

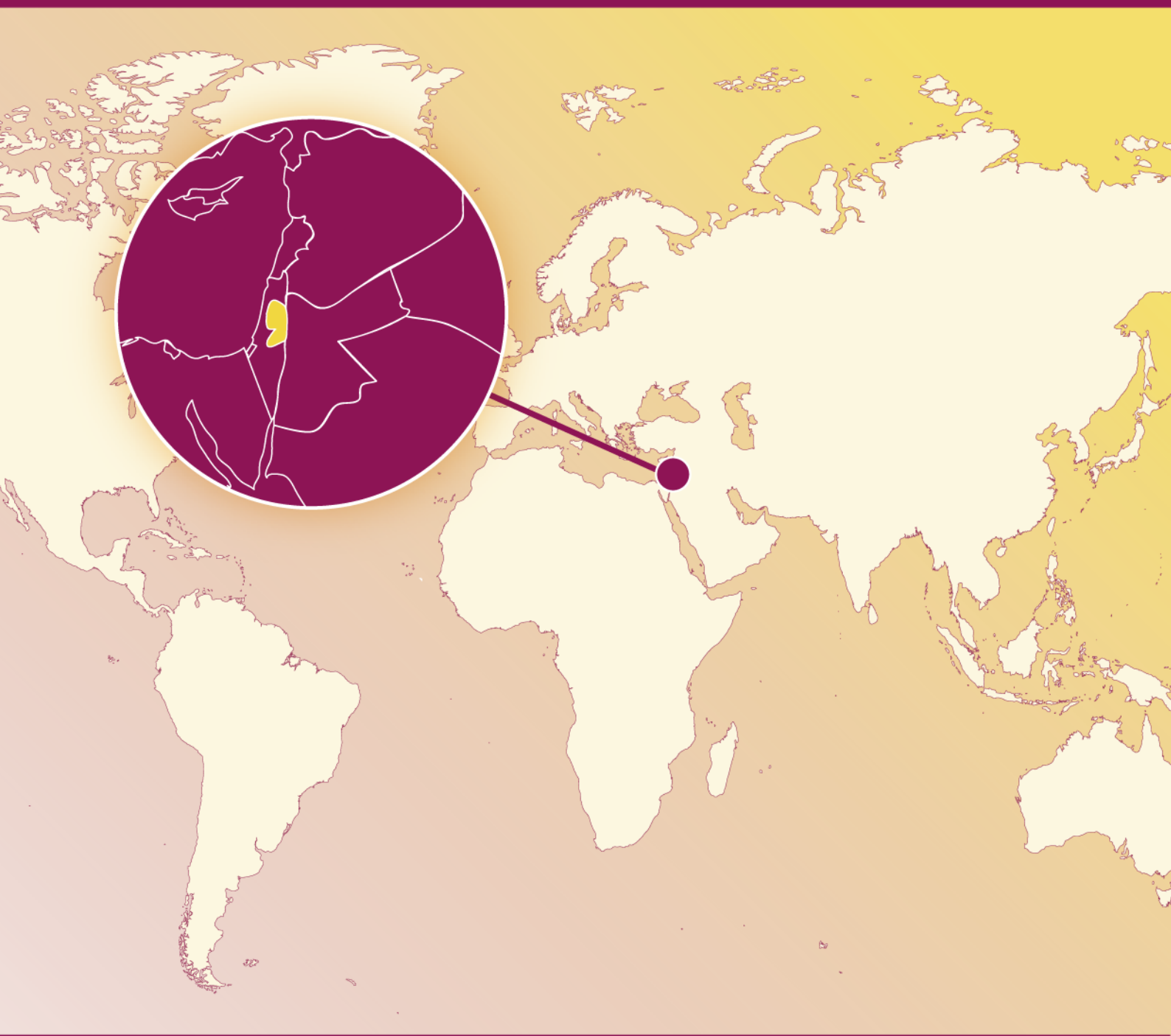
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Occupied Palestinian Territory

Violence Against Health Care in Conflict

2022



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink, reading "Len Rubenstein".

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



171

REPORTED
INCIDENTS



136

HEALTH WORKERS
INJURED



60

ACCESS TO
HEALTH CARE OBSTRUCTED

↓ Source: 2022 SHCC Health Care oPt Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 171 incidents of violence against or obstruction of health care in the oPt in 2022, a slight decrease from 196 in 2021.¹ In these incidents, 136 health workers were injured, and patients' access to health care was obstructed at least 60 times. Violence resulted in the temporary closure of health facilities, and health care was interrupted during hospital raids. Palestinians seeking health care continued to be delayed or denied access to care by Israel's permit system. Closures of crossings and roads further reduced access to health care. This factsheet is based on the dataset [2022 SHCC Health Care oPt Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Political violence in the oPt increased by almost 30% in 2022 compared to 2021, according to incidents documented by the Armed Conflict Location & Event Data Project.² Israeli forces killed 151 Palestinians in the West Bank, the highest number since the UN started systematically counting fatalities in 2005 and a 94% increase on the previous year. This upsurge in violence came as Israeli authorities expanded settlements throughout the West Bank – including East Jerusalem – accompanied by increased settler attacks on Palestinians. In 2022, 10 Israelis, including five settlers, one settlement guard, and four members of the Israeli security forces, were killed by Palestinians in the occupied West Bank.

Livelihoods continued to be severely limited by Israel's policies that restricted both the movement of Palestinians and the development of housing and necessary infrastructure, leading to electricity and sanitation crises in the West Bank.

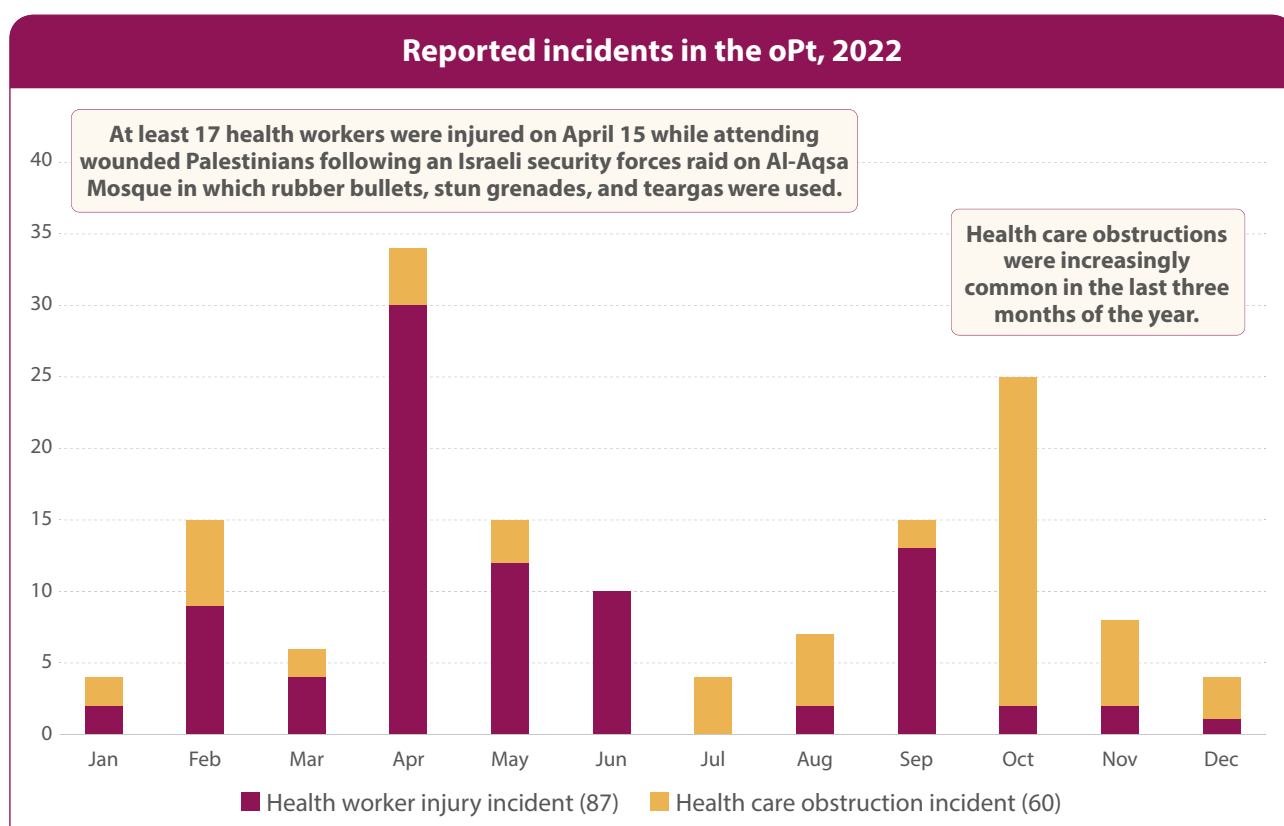
In 2022, a total of 953 Palestinian homes and businesses were demolished across the West Bank, including East Jerusalem, the highest, since 2016. The demolitions displaced over 1,000 people.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Health worker injuries more than doubled from 61 in 2021 to 136 in 2022 and were frequent in April, May, and September, while health care staff were providing care to Palestinians wounded during protests and as a result of violence from Israeli security forces and settlers. Health care was frequently undermined by obstructions in the last three months of the year. Most reported incidents affected health workers working for the national health structure, with seven reported as directly affecting the Palestinian Red Crescent Society (PRCS) and two the UN.

Israel Defense Forces (IDF) soldiers were the most commonly named perpetrators of incidents of violence.³ The exception was when Israeli settlers attacked and damaged a vehicle carrying patients at a checkpoint in the West Bank in October.⁴



HEALTH WORKERS INJURED

Health workers, including ambulance drivers, doctors, and paramedics, were injured by rubber bullets, tear gas, and, in one case, a gas bomb fired by the IDF. Often, multiple health workers were injured on the same day. On May 13, 14 health workers were injured when armed Israeli police fired teargas grenades, sound bombs, and rubber bullets in the grounds of St Joseph Hospital in East Jerusalem during the funeral of Al Jazeera journalist Shireen Abu Akleh.⁵



HEALTH WORKERS ARRESTED

Nine health workers were arrested or detained at checkpoints or during protests and clashes, including paramedics and PRCs ambulance drivers. In one case, two paramedics were assaulted while being detained by the IDF after an attack by Israeli settlers on Palestinians in September near an illegal settlement outpost in the West Bank.⁶ A male Palestinian doctor and a reported commander in the Al-Aqsa Martyrs Brigades were shot and killed by IDF soldiers in clashes outside a West Bank hospital in October.⁷



HEALTH WORKER TESTIMONIES

Acts of violence have had far-reaching effects on individual health care workers. During an interview conducted by Medical Aid for Palestinians in January 2023, a PRCs paramedic detailed the physical and psychosocial consequences of an 2022 attack by soldiers at a checkpoint when he was trying to provide health care services to injured demonstrators. He and his colleague had to be hospitalized and were unable to work for several weeks:

This attack had a significant impact on our mental health. We were shocked and scared. The attack came out of nowhere, without any prior warning. We felt humiliated. If our work as health workers is not respected, if our PRCs vest and ambulance that clearly display the Red Crescent (protection) emblem can be brutally attacked like this, what is left? This had a major scar in my life. I still feel insecure and humiliated.

Male PRCs paramedic in the oPt

A volunteer paramedic in Nablus Old City also reported his experience as he was trying to assist injured protestors:

I immediately went to respond, and there were another two paramedics behind me. Around five meters before reaching the guy, I was shot in the right side of my upper body [...]. A sniper had been shooting between the two ambulances on site and me. [...] The open wound on my back is the one that hurts the most. Moving is still very painful for me.

Male PRCs paramedic in Nablus Old City, oPt

OBSTRUCTIONS TO HEALTH CARE

Ambulances were blocked at checkpoints and hospital entrances were obstructed at least 60 times in 2022, including by closures of roads and crossings in and out of Palestinian cities. Over a third of the incidents occurred in October, the same month that Israeli forces closed all entrances and exits to the city of Nablus for more than three weeks while they raided the town searching for alleged militants. The closure restricted the city's 170,000 residents' travel, including to access medical care. Similarly, in October, the Shu'fat Refugee

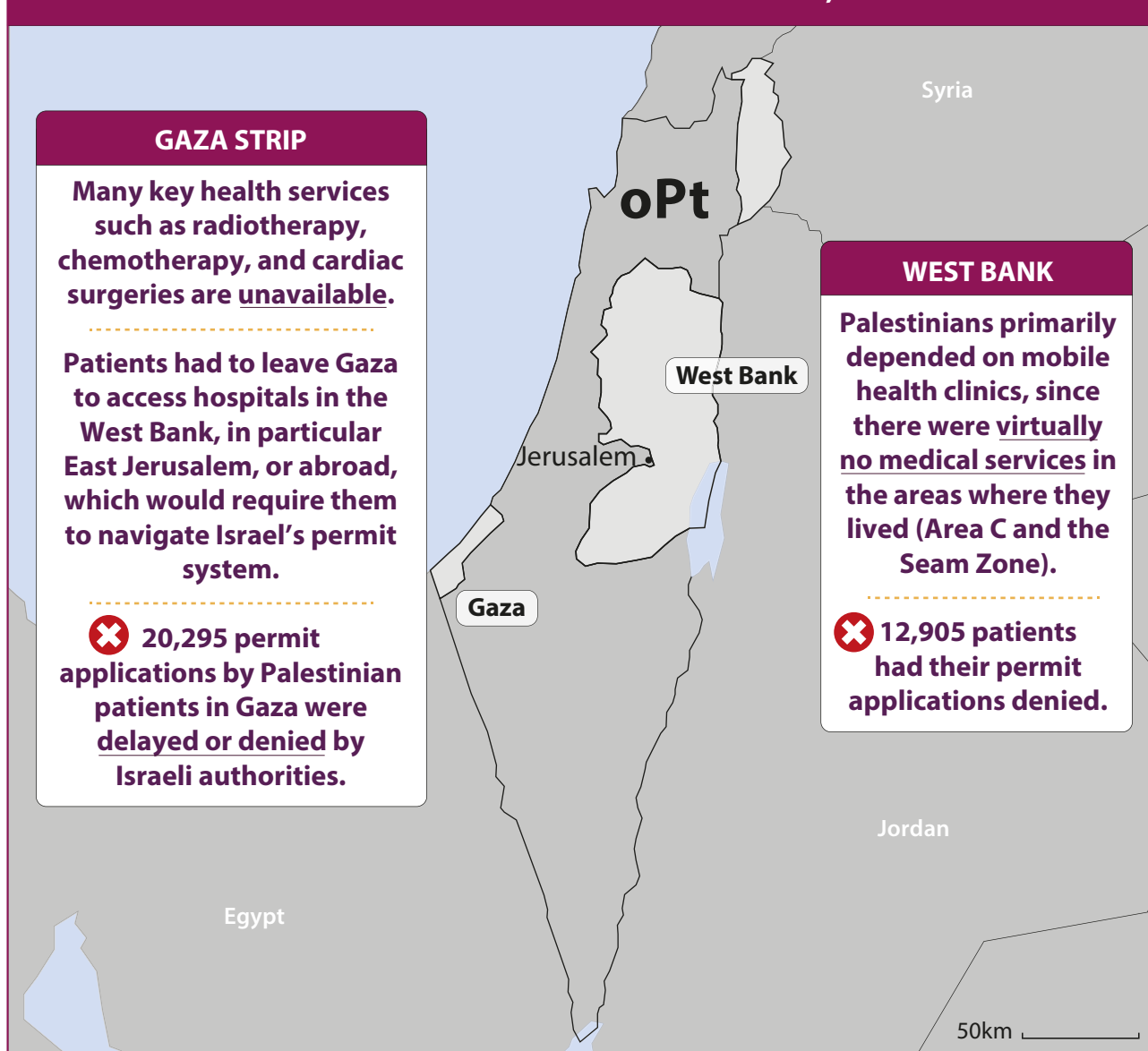
Occupied Palestinian Territory



Camp in the West Bank was closed for four days by the IDF, which cited security reasons for the closure. As a result, patients in the camp could not leave for treatment. Throughout 2022, 92.8% of PRCs ambulances trying to access hospitals in East Jerusalem were denied access and forced to transfer patients to another ambulance. This so-called 'back-to-back' (B2B) process often involved ambulances being searched while staff were harassed and obstructed from providing care to patients.

Hospitals were raided by the IDF searching for alleged suspects. During these raids, IDF personnel often used teargas, rubber bullets, and sound bombs that caused harm and distress to staff. In one case in September, two staff members were injured in an IDF raid on an INGO health facility in the Jenin Refugee Camp in the West Bank. The IDF forces were searching for the perpetrators of an attack that occurred in Tel Aviv in April.⁸ The facility, which serves 35,000 people, was damaged by bullets and forced to suspend operations for the day.

Obstructions to health care in the oPt, 2022





THE IMPACT OF ATTACKS ON HEALTH CARE

Palestinians continued to be delayed or prevented from accessing care by Israel's permit system. According to the WHO, 33% of patients' permit applications from Gaza were delayed or denied past the dates of the appointments, while 62% of applications for their companions were delayed or denied. In the West Bank, 15% of patients' permit applications and 20% of companions' applications were denied. In Gaza, permits are often suspended during conflict escalations, meaning that patients injured because of the conflict face additional barriers to obtaining treatment. Multiple patients died in 2022 following permit delays. A 19-month-old baby girl from Khan Younis in the Gaza Strip died in March after access to lifesaving cardiac surgery was delayed for almost three months.

The increasing regularity of Israeli-imposed closures of Palestinian governorates and certain localities in the West Bank not only hindered patients' access to hospitals, but also that of health workers to their workplaces. Of the 47 primary health care facilities in Nablus, 41 were heavily impacted by the abovementioned closure of the city, because staff were unable to reach their places of work. Patients with standing appointments for treatments, including dialysis and chemotherapy, experienced disruptions to their treatment, with health workers reporting a 20% drop in patients keeping their appointments.⁹

There is a growing risk of maternal mortality and morbidity due to increased home deliveries as a result of difficulties in reaching hospitals. For example, to avoid crossing checkpoints during the closure of Nablus, women from Beit Furik village were forced to give birth at home or in primary health care facilities that were not equipped for such cases. People with non-communicable diseases and mental health problems also faced difficulties in accessing essential health services.

CANCER TREATMENT IN THE oPt

Cancer treatment has been affected by obstruction of access to health care. A 40-year-old Palestinian woman in Gaza with three children has lived with breast cancer for almost three years. She recalls the difficulties she faced after her permit application for radiotherapy in October 2021 was refused:

'After receiving four rejections for my permit, I asked a human rights organization for help. That was when I finally got my permit approved and traveled to Jerusalem in July 2022 to receive my first radiotherapy session It was delayed for nine months. I was always crying and wondering why I have been receiving rejections.'

Similarly, a 16-year-old from Gaza with leukemia died in January after the permits they needed to receive treatment were denied on three occasions.

In Area C, an estimated 100 vulnerable communities have no or limited access to health care, due to discriminatory planning and zoning policies that prevent communities from building permanent health facilities and paved roads for ambulances to reach the communities. As a result, they are reliant on mobile clinics, which are also at risk of violence from Israeli security forces and settlers.



Moreover, Israel's policies have long-term cumulative impacts on Palestinian communities and the health care system available to them. Permit request denials create barriers for Palestinian health professionals seeking to attend 'external training courses, scientific conferences, and other professional development opportunities that would equip them with up-to-date skills and knowledge.'

A lack of basic resources exacerbated difficulties for hospitals and patients. The work of hospitals in Gaza was impaired in August 2022 when Gaza's only power plant shut down after Israel closed border crossings and prevented fuel supplies from reaching the territory. Following the power plant's shutdown, Mohammad Abu Salmiya, director of the Shifa Medical Complex in Gaza City, noted: 'The electricity crisis only came to exacerbate the sector's woes, paralyzing all departments and especially the intensive care unit, the oxygen-generating stations and nurseries.' The poor state of basic services also increases the pressures on hospitals, since it leads to more patients requiring treatment. For example, a quarter of all childhood diseases in the oPt are caused by water pollution alone.

These impacts feed mental and psychological health problems, especially among children: 54% of Palestinian boys and 47% of Palestinian girls aged six to 12 exhibit emotional and/or behavioral disorders.

- 1 The number of incidents recorded by the SHCC is lower than that of other organizations. The WHO documented 187 attacks, while the Palestine Red Crescent Society reported 939 incidents, including those affecting its emergency medical teams and ambulances.
- 2 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed February 2, 2023).
- 3 Ninety-five incidents that had not been reported elsewhere were reported by the WHO SSA. Information on the perpetrators or locations is unavailable.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 35235.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident numbers 34407; 34375.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 34928.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 35260.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 35046.
- 9 As of 24th October, compared with the same period prior to the closure.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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