



Inflicting Harm and Denying Care

*Patterns of Attacks and Obstructions
of Healthcare in the West Bank*

About Médecins Sans Frontières

MSF is an international, independent medical humanitarian organisation. We provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistic and administrative staff - bound together by our charter. Our actions are guided by medical ethics and the principles of impartiality, independence, and neutrality. We are a non-profit, self-governed, member-based organisation.

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MSF in the Occupied Palestinian Territory

MSF has been present in the Occupied Palestinian Territory (OPT) since 1988. In the West Bank, MSF teams, which comprise **30 international staff and 140 local staff**, work in Jenin, Tulkarem, Nablus, Qalqilya, Tubas, and Hebron governorates, providing **primary healthcare via mobile clinics, mental health services, and capacity-building in emergency care** for medical personnel and first responders, amid violence and displacement stemming from Israel's military occupation.

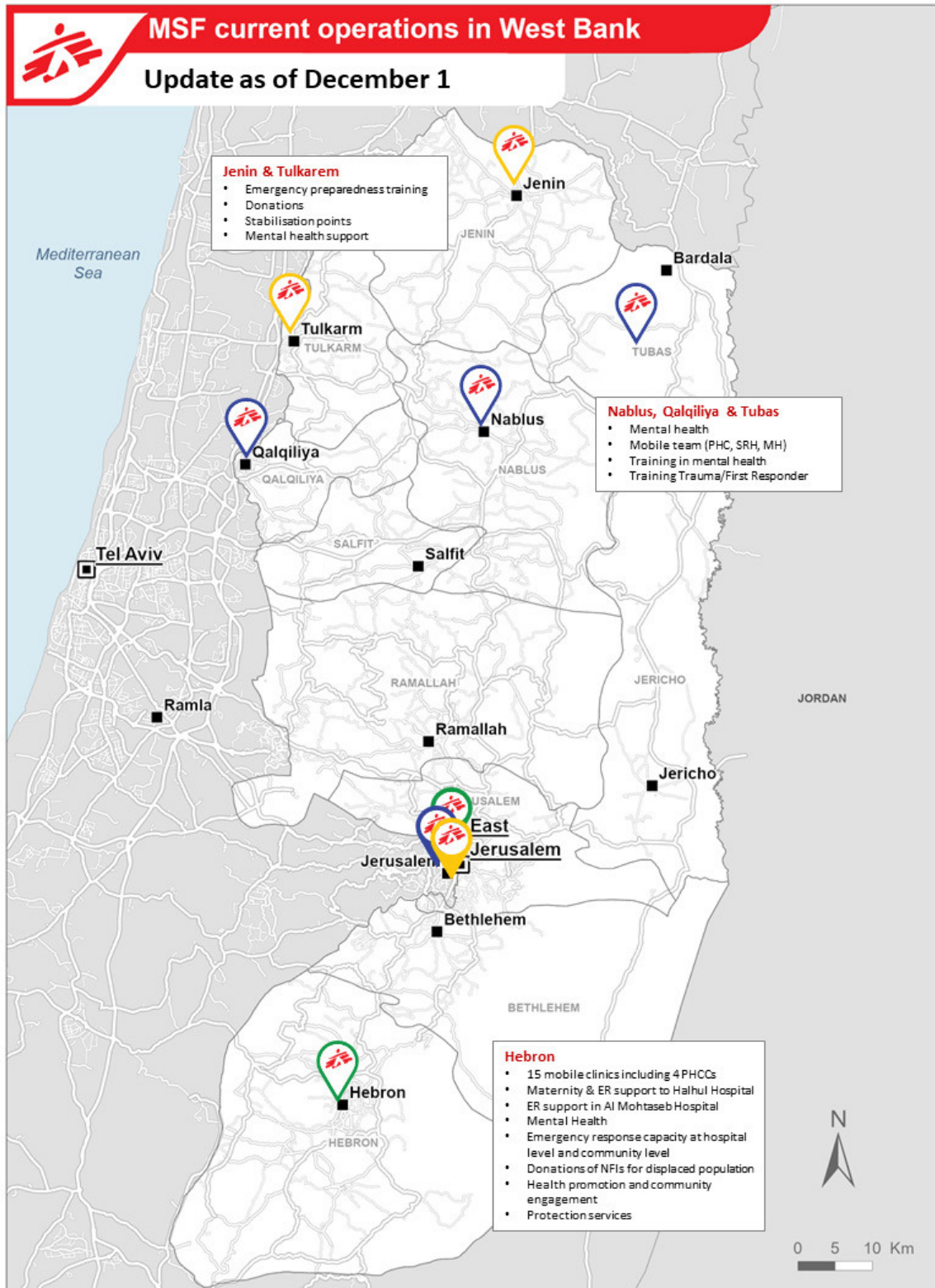
From January to October 2024, MSF teams in the northern West Bank, **in Jenin, Tulkarem, Nablus**, Qalqilya and Tubas, trained more than **1,700 persons**, mostly first responders and paramedics, **on emergency medical care**, and over **200 on mental health**. In the same period, nearly **3,500 psychological consultations** were conducted as well as **505 sessions of various mental health activities**. Mobile teams offer primary healthcare in six locations despite movement restrictions and settler violence.

MSF also supports **stabilisation points** in centres of the Ministry of Health (MoH), and offers **psychological first aid, group sessions**, and **crisis interventions**. In Nablus, Qalqilya, and Tubas, MSF provides **SGBV case management** and **mental health support for moderate and severe cases**. MSF runs a **psychologist internship program** in collaboration with the Palestinian Union of Social Workers and Psychologists.

MSF is also present in the southern part of the West Bank. In **Hebron**, MSF supports hospitals and communities through mobile clinics, maternity ward support, sexual and reproductive health services, and emergency training. From January to October 2024, MSF teams have conducted more than **11,200 psychological consultations** as well as **21,250 outpatient consultations**. Additionally, MSF distributes relief items and improves infrastructure for displaced populations, especially in Masafer Yatta and other violence-affected areas.

In Gaza, MSF has **35 international staff** who work with **over 900 local Palestinian staff**. MSF currently supports or manages **11 medical facilities** throughout the Gaza Strip: **two permanent structure hospitals** (Al-Aqsa Hospital in Deir al-Balah, and Nasser Hospital in Khan Younis), **two field hospitals** that MSF constructed and launched in late August and mid-September in Deir al-Balah, and **eight primary healthcare centres and clinics** in the following locations: Al-Mawasi, Khan Younis, Al Qarara, Al Heker, Deir al-Balah, and Gaza City. Services in these facilities focus on surgical support, wound care, physiotherapy, post-partum care, primary health, sexual and reproductive health, nutrition, vaccinations, and mental health. MSF is also **one of the largest water distributors** in Gaza. Other water, sanitation and hygiene activities include distribution of hygiene kits, and shower and latrine construction.

Figure 1 – MSF Activities in the Occupied West Bank



This map is for information purposes only and has no political significance.

Background

The occupied West Bank, including East Jerusalem¹, has witnessed **a significant escalation in violence since October 2023**.² Across the West Bank, physical violence by both the Israeli army and settlers has become more frequent, aggressive, and lethal, which is reflected in an unprecedented number of Palestinians killed and injured, shattering all previous records.

According to the World Health Organisation (WHO) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), **between 7 October 2023, and 7 October 2024, over 700 Palestinians were killed and over 6,000 people were injured by Israeli soldiers or Israeli settlers in the West Bank, where the army is conducting near daily raids**.³ More than 95% of those killings and injuries are attributable to Israeli forces, with nearly 75% of these fatalities occurring during violent military operations by the Israeli army in cities, villages and refugee camps, particularly in Jenin and Tulkarem.⁴ According to OCHA, **two-thirds of Palestinian fatalities** in the West Bank between October and December 2023 **occurred during Israeli so called “search-and-arrest operations”, with over half involving no armed clashes**.⁵ Between October 2023 and October 2024, **25 healthcare workers were killed, 120 injured and 96 detained**⁶ by Israeli forces, while at least **1,492 incidents of settler violence** in the occupied West Bank were recorded – **an average of four every day**.⁷

This increased wave of violence takes place in a context of oppression Palestinians endure under Israeli occupation, which recently the International Court of Justice (ICJ), on 19 July 2024, deemed **unlawful and in clear violation of international prohibitions against racial segregation and apartheid**.⁸ As already highlighted by MSF in August 2024,⁹ impediments to Palestinian access to healthcare by Israeli forces are part of a **wider system of collective punishment imposed by Israel**, under the guise of its crackdown on armed Palestinian men.

The **already-strained Palestinian healthcare system** in the West Bank has been further weakened since October 2023 and is facing significant budget constraints stemming from **Israel’s increased withholding of tax revenues** meant for the occupied Palestinian territory (OPT) – that it collects on behalf of the Palestinian Authority, as stipulated in the Oslo Accords. WHO reports that 45% of essential medications are out of stock and health workers have not received their full salary for over a year – meaning that **most clinics and hospitals are running at significantly reduced levels**.¹⁰ The recent **ban which effectively inhibits the United Nations Relief and Work Agency for Palestinian Refugees (UNRWA)** from operating in the OPT presages a further

1 Under international law, East Jerusalem is considered part of the West Bank and therefore, of the Occupied Palestinian Territory (OPT).

2 2023 is the deadliest year for Palestinians in the West Bank since OCHA began recording casualties in 2005, with triple the total number of Palestinian killed in 2022. See OCHA, [Humanitarian Snapshot – West Bank \(2005-2023\)](#); OCHA, [West Bank – Violence, Destruction and Displacement](#), October 2024.

3 These include 702 Palestinians killed by Israeli forces, 12 by Israeli settlers, and seven where it remains unknown whether the perpetrators were Israeli forces or settlers. During the same period, 23 Israelis, including 16 members of Israeli forces and six settlers, were killed by Palestinians in the West Bank, including East Jerusalem. In Israel, attacks by Palestinians from the West Bank resulted in the killing of 16 Israelis and eight Palestinian perpetrators. OCHA, [Humanitarian Situation Update #228 – West Bank](#), October 2024.

4 [OCHA, Humanitarian Situation Update #178 – West Bank](#), June 2024.

5 OCHA, [Hostilities in the Gaza Strip and Israel | Flash Update #70](#), December 2023.

6 [WHO, oPt Emergency Situation Report #48](#), 7 October 2023 – 15 October 2024.

7 OCHA, [Humanitarian Situation Update #230](#) – West Bank, October 2024.

8 ICJ, [Legal Consequences arising from the Policies and Practices of Israel in the Occupied Palestinian Territory, including East Jerusalem](#), 19 July 2024.

9 See MSF, [‘Occupied Lives: The Risks of Forcible Transfers of Palestinians in Hebron’](#), 2024.

10 [WHO concerned about escalating health crisis in the West Bank](#), July 2024.

deterioration of the Palestinian healthcare system, as UNRWA currently runs 43 primary healthcare facilities and one hospital in the West Bank, employing nearly 800 medical staff, and provides free health insurance to 871,000 refugees – a third of the West Bank population.¹¹

Executive Summary

Since October 7 2023, the West Bank has seen a **dramatic escalation in violence**, marked by prolonged Israeli military incursions and stricter movement restrictions. These measures have severely **hindered access to essential services**, particularly healthcare, exacerbating already dire living conditions for many Palestinians. This surge in violence is **not an isolated event**, but part of a long history of systemic oppression and colonisation by Israel. It is also important to note that, since the drafting of this report, MSF teams have received reports of **additional instances of medical care obstruction**, including actions during the confrontations between the Palestinian Authority Forces and Palestinian armed men in Jenin, starting in December 2024, such as the storming of Ibn Sina Hospital and the searching of ambulances.¹²

MSF teams are active on the ground to support the healthcare system and are bearing witness to the violations committed against the civilian population and the medical mission.¹³ This report, based on in-depth interviews with healthcare workers and patients as well as data analysis from reliable external sources, collected over a year, examines **the attacks and the obstructions of healthcare in a context of, what has been described by the ICJ, as segregation and apartheid**. It reveals a pattern of systematic interference by Israeli forces and settlers in emergency healthcare delivery, marked by multiple **interconnected violations of the medical mission**.

Firstly, access to healthcare is severely impeded by a **sprawling system of checkpoints and roadblocks** that obstruct ambulance movements, compounded by the escalation of violent military raids involving the use of **disproportionate tactics**, such as airstrikes. These raids frequently result in **injuries, fatalities**, and the **destruction of vital civilian infrastructure**, including roads, water pipelines, and electrical systems. The situation is especially dire in **remote areas**, which are often almost completely isolated from healthcare facilities, effectively creating zones of medical exclusion. It is equally critical for patients with **chronic conditions**, who are unable to access life-sustaining treatments during military incursions. The unpredictable surge in violence has also generated a pervasive atmosphere of fear and insecurity, taking a profound toll on Palestinians' **mental health**.

Secondly, **frequent attacks on medical personnel and facilities** further undermine access to healthcare. Hospitals and healthcare structures are often **encircled** by military forces, with troops sometimes occupying the buildings themselves, compounding the risks to both patients and staff. **Makeshift medical sites**, such as stabilisation points in refugee camps, are often damaged or completely destroyed, rendering alternative means of accessing medical care ineffective. Finally, in addition to being obstructed from carrying out their life-saving duties, first responders and medical workers are frequently **harassed, detained, injured, and even killed** by Israeli forces.

¹¹ UNRWA Health Activities in the West Bank.

¹² Al Jazeera, 'Jenin battalion commander killed in clashes with PA security', 14 December 2024.

¹³ In international law, medical structures and personnel benefit from special protection. See, from [The Practical Guide to Humanitarian Law](#): "The term medical duties (sometimes known as the 'medical mission') describes the entire set of medical activities aimed at the civilian population in general, as well as wounded and sick persons, in times of conflict. They come under a specific protection regime within the framework of humanitarian law." See also [Customary IHL, Rule 28 on Medical Units](#).

What is the ‘medical mission’?

In international law, the **medical mission** – including medical personnel, activities, units, and transports – is protected by **specific legal measures**. The obligation to ‘respect’ requires that these entities must be **free from attack, destruction, or requisition**. The obligation to ‘protect’ imposes a positive duty on States (or ‘parties to the conflict’ during an armed conflict) to **proactively safeguard** medical facilities, transports, and personnel from harm. The requirement to respect and protect medical units at all times ensures that **protections remain intact even during disruptions, suspensions, or periods when they are not actively used to accommodate patients or transport the wounded and sick, as long as they remain exclusively assigned to medical purposes**. While security measures such as checkpoints and searches are permitted, **they must not delay or obstruct the timely evacuation of the sick and wounded**. Medical structures lose their protected status only if they commit, outside of their humanitarian function, acts harmful to the enemy, but only after **due warning** has been given and after a **reasonable time limit** is given to stop such acts, allowing the structure to return to its humanitarian function, and after such warning has remained unheeded (and to allow for the safe evacuation of its personnel, wounded and sick and any other civilians present in the facilities).

Thirdly, **settler violence** – often tolerated and even encouraged by the Israeli government¹⁴– fuelled by the **ever-increasing expansion of settlements**, considered illegal under international law, significantly worsens these challenges. This type of violence creates an **additional barrier** to accessing healthcare, further hindering the well-being of the Palestinian population.

Israel, as the occupying power, is failing to fulfil its legal obligations under both International Humanitarian Law – which applies in situations of military occupation – and human rights law, which upholds the right to life and **prohibits the excessive and disproportionate use of force**.

As a result of those violations, the healthcare system in the West Bank is under **immense strain** and forced **into a state of perpetual emergency**. Medical staff and facilities face constant threats of unpredictable military incursions, attacks, and movement restrictions – all of which severely disrupt healthcare services. **Healthcare services, with high skilled medical workforce, are often available and physically close but deliberately rendered inaccessible when they are needed most.**

¹⁴ See [NRC, Report on Attribution of Settler Violence to the State of Israel](#), March 2024.

MSF is **urgently** calling for:

- Israel to stop its **disproportionate and lethal use of force** in the West Bank leading to civilian deaths and injuries;
- Israel to **stop the violence against medical staff and patients**, and for the **cessation of attacks on medical facilities** that obstruct medical personnel from performing life-saving duties, and patients from accessing healthcare;
- **Independent investigations** to be conducted to determine the facts and responsibilities behind the repeated attacks on civilians and healthcare in the West Bank;
- Israel to facilitate the **provision of impartial medical care** for all in need, respecting medical ethics, before any arrest or detention; and
- **UNRWA to be enabled to effectively continue its operations** in the OPT, given its indispensable role in healthcare delivery.

Methodology

The report focuses on obstruction patterns observed in Jenin, Nablus, Qalqiya, Tubas, and Tulkarem governorates.¹⁵ It concentrates on attacks and obstructions of healthcare perpetrated by Israel, as they account for the overwhelming majority of violence observed and reported to MSF teams during the report's time frame.

The report covers the period from **October 2023 to October 2024** and draws on **38 interviews** with MSF patients, MSF personnel, hospital staff supported by MSF, and paramedics and volunteers supported by MSF. For security reasons, the names of the respondents have been replaced with a letter and marked by (*).

The information gathered in this report is either based on MSF teams' direct observations in the West Bank, or on what MSF patients and Palestinian health staff have reported to them. While these accounts provide only a snapshot of the situation in the West Bank, they bear witness to the suffering of Palestinians under Israel's military occupation in the West Bank.

¹⁵ MSF cannot comment on trends impacting Israeli citizens' access to healthcare as MSF does not currently operate in Israel. Furthermore, unlike Palestinians in the West Bank and East Jerusalem, Israeli settlers have access to Israel's advanced and protected healthcare system.

I. The New Normal: The Multiplication of Physical Barriers, Movement Controls, and Military Raids

i. CHECKPOINTS AND OTHER BARRIERS TO HEALTHCARE AND THEIR IMPACT ON HEALTHCARE

MSF teams have observed that movement restrictions constitute a fundamental barrier to accessing and delivering healthcare and are a key instrument of Israel's occupation in the OPT. In the aftermath of 7 October 2023, this existing system of control has been dramatically intensified through additional layers of restrictions. Israeli authorities have expanded their network of permanent checkpoints while increasingly deploying "flying" (temporary) checkpoints which appear without warning, creating unpredictable obstacles for medical transport. Physical barriers have been multiplied across the territory: new concrete blocks, earth mounds, metal gates, and trenches have been strategically placed to sever access routes. According to OCHA, the movement of people across the West Bank was controlled by at least **790 obstacles, including checkpoints, road-blocks, road gates and earth-mounds as of June 2024**.¹⁶ The intensification of Israeli military incursions and the closure of village and town entrances has created isolated enclaves, forcing Palestinians to use longer, more dangerous alternative routes to reach medical facilities. Even short journeys to nearby healthcare facilities that would normally take minutes can become prolonged ordeals lasting hours as Palestinians navigate multiple checkpoints and barriers.

Physical barriers to healthcare are compounded by administrative ones. Between October 2023 and August 2024, 44% of applications for

patients to seek specialised medical care outside the West Bank, in East Jerusalem, or in Israeli health facilities have been denied or remain pending. A comparison of application made from October 2022 to May 2023 and those made from October 2023 to May 2024 shows a **48% decrease in patient permit applications and a 21% decrease in approval**.¹⁷ This lack of permits, coupled with movement restrictions, detrimentally impacts patients with chronic conditions requiring specialised care, as well as medical staff residing in the West Bank who may no longer be allowed to travel to East Jerusalem.

These movement restrictions have particularly severe implications for emergency medical services, chronic patients requiring regular treatment, maternal healthcare, and specialised medical care. Ambulances must navigate an ever-changing maze of obstacles, often forced to transfer patients between vehicles at checkpoints or find alternative routes when faced with sudden closures. The cumulative effect has been the creation of a system in which access to healthcare becomes a complex logistical challenge, with patients forced to factor in potential delays, closures, and denials of passage when seeking medical attention, often with life-threatening consequences.

In Nablus, home to the main trauma hospital serving the northern West Bank, the movement of ambulances is strictly controlled and obstructed by the numerous checkpoints and metal gates established by Israeli forces at every single entrance of the city.

16 OCHA, [Humanitarian Situation Update #175](#) – West Bank, June 2024.

17 WHO, [West Bank Health Access, October 2023](#) – August 2024.



“When we moved from Beita [13 km from Nablus] to go to Nablus with the wounded patient, Israeli forces stopped us at Awarta checkpoint [east of Nablus]. They took our IDs and the person accompanying the wounded, then they ordered us to get out of the vehicles and to sit on the ground at gunpoint. This lasted for 45 minutes. They then let us pass through Nablus, but they stopped us again at Murabba checkpoint for another 15 minutes.”

– M*, Palestinian Red Crescent Society (PRCS) ambulance crew member, supported by MSF

In the same area, the road between Huwara and Nablus, regularly used by MSF medical teams, is controlled by gates and at least three check-

points, and passes through several illegal Israeli settlements. Even prior to October 2023, access between Huwara and Nablus was obstructed.

“Once, during an emergency movement, while we had a patient and their family in the ambulance and the siren on, Israeli forces stopped us and confiscated my ID, as well as the IDs of my colleagues, the patient and their family. They told us that the siren disturbed them and that we needed to switch it off. They stopped us for at least 30 minutes and delayed our movement. Because of that, and because it wasn’t the first time it had happened, we are forced to take secondary roads, which are usually bumpy and not asphalted. On these roads we have to slow down to avoid damaging the ambulance and/or harming the patients inside the ambulance.

When we are transferring urgent cases to Nablus, about 90% of the time we need to pass through Huwara checkpoint, where we are stopped, searched and delayed.”

– B*, PRCS ambulance crew member, supported by MSF

The situation further deteriorated after October 2023. At the time of the writing of this report,

the Huwara checkpoint is still completely closed.

ii. IMPACT ON REMOTE AREAS: THE CASE OF THE BEDOUIN COMMUNITIES IN TUBAS GOVERNORATE

The system of movement restrictions in the West Bank creates severe barriers to healthcare access for remote Palestinian communities, particularly Bedouin communities in the Jordan Valley area, where MSF is developing psycho-social support activities. Two major checkpoints – Al Hamra and Tayaseer – con-

trol access to the region, creating significant barriers to essential medical care. Community members interviewed by MSF report extreme difficulties accessing hospitals for emergency care, prenatal services, childbirth, chronic disease management, preventive care, vaccinations, and specialist appointments. Healthcare workers also face major challenges reaching these communities to provide basic medical services.

The impact of these movement restrictions is starkly illustrated by emergency medical personnel:

“Usually when we are called from that area of the governorate, or when people living there try to reach Tubas hospital, it is for a medical emergency. I would say that the vast majority of these emergencies are pregnant women about to deliver. The Palestinian communities living in the Jordan Valley area are separated from Tubas by Tayaseer checkpoint. The checkpoint is closed at 8:00 pm with a gate, making passage impossible without special authorisation from the Israeli forces – which is extremely difficult to obtain. When Tayaseer checkpoint is closed, we must use Hamra checkpoint instead. This alternative route takes 90-120 minutes, compared to just 20 minutes via Tayaseer.

*A year ago, at around 1:00 am, a family brought their child requiring emergency care to Tayaseer checkpoint, trying to reach Tubas Turkish hospital. They were stopped at the checkpoint and called us [PRCS] for support. When we arrived, the child was still alive, but we were delayed as our staff and ambulance were searched. **By the time the search was over, the child had died. Imagine the trauma – seeing an ill child just metres away but being unable to help. This stays with you.**”*

– H*, PRCS paramedic, supported by MSF

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iii. PATTERNS OF RAIDS AND EXCESSIVE USE OF FORCE, IMPACT ON PHYSICAL AND MENTAL HEALTH

Israeli military incursions into the West Bank have intensified dramatically since October 2023, and are characterised by increasingly aggressive raids, expanded use of armed vehicles, deployment of sound bombs, drone attacks, and aerial bombardments in densely populated areas, including refugee camps. Clashes and crossfire between the Israeli forces and Palestinian armed groups are endangering the lives of the people.

MSF teams have witnessed a **consistent pattern in these military operations**: Israeli forces enter the West Bank at any time of the day or night, and they reach cities or densely populated refugee camps in convoys of several armoured vehicles, and position snipers on rooftops and even inside civilian houses. The operations are characterised by **heavy use of force**, including the deployment of D-9 bulldozers, the immense destructive power of which is routinely used to devastate basic civilian infrastructure. MSF teams have witnessed the aftermath of several incursions where military operations target and destroy critical utilities, including water systems and electrical networks – thus creating long-lasting medical and humanitarian impacts on Palestinian communities and obstacles to reaching healthcare facilities or the movement of ambulances.

Nur Shams refugee camp, Tulkarem, 6 December 2023

A representative example of this destruction occurred during the Israeli forces' incursion into Tulkarem's Nur Shams refugee camp – home to some 15,000 Palestinians – between 6-7 December 2023. During this night-long operation (from 10:30 pm to 6:30 am), Israeli forces established a military cordon around the camp of more than 6,000 people, while simultaneously positioning soldiers near the hospital compound, effectively blocking all hospital entrances, as reported to MSF by Ministry of Health staff who were inside the hospital. The camp was completely sealed off by Israeli vehicles, preventing any movement in or out of Nur Shams. MSF's assessment, which was conducted at midday on 7 December 2023, after the withdrawn of Israeli forces, revealed catastrophic damage to essential infrastructure: **the camp was left with-**

out functioning water supply, electricity, or telecommunications. The destruction had been methodical: phone and electrical cables were cut, and the main water supply line was targeted and destroyed by bulldozers at its source point. According to the engineer MSF team spoke to, the damage caused to the water infrastructure was so severe that it necessitated complete replacement of the pipeline system. Lack of access to clean water has severe and immediate health consequences. "When the water is cut off, which can last for days, people in Tulkarem camp are so desperate they're collecting and drinking water that drips from air conditioning units," reports A*, a nurse trained by MSF working in the camp. "As a healthcare worker, I know this water isn't safe to drink, but people have no alternatives for survival."

This significant escalation in tactics began in June 2023, when **Israeli forces started employing airstrikes** – a method not used since the second intifada in the early 2000s¹⁸ – **and armed drones in the West Bank**, resulting in the killing and injuring of dozens. According to OCHA, between 7 October 2023, and 2 September 2024, there were **55 documented airstrikes** in the West Bank, resulting in **146 Palestinian fatalities** and **54 injuries**, with 135 deaths concentrated in the northern governorates. This represents a dramatic increase in fatalities compared to the six Palestinians killed in airstrikes in 2023 (until October 2023).¹⁹

This shift in tactical approach is further evidenced by OCHA's documentation that **34% of injuries** across the West Bank since 7 October 2023, have been **caused by live ammunition**, compared to just 9% in the first nine months of 2023.²⁰

This increasingly aggressive modus operandi since October 2023 has not only severely impacted Palestinians' physical health and access to medical care but has also created a **pervasive climate of fear and insecurity** – rooted in the intensity and unpredictability of the violence – taking a **profound toll on their mental well-being**.

¹⁸ MSF, 'Staggering increase in Israeli attacks against civilians and health-care in Jenin', December 2023.

¹⁹ OCHA, [Humanitarian Situation Update #216 – West Bank](#), September 2024.

²⁰ OCHA, [West Bank – Violence, Destruction and Displacement](#), September 2024.

*“We see the negative consequences on people’s mental health, not only during the incursions and immediately after, but also in between. **It is actually when it is quiet, when there are no incursions, that people are most tense and anxious, because they know that an incursion could happen at any time.** Just the sound of a drone or a plane can make people jump. We observe numerous signs of stress among the population, including psychosomatic symptoms such as changes in eating behaviour, loss of appetite, headaches, stomach aches, and joint pain. Many people struggle to perform daily tasks; they experience low energy levels at work caused by insomnia and recurring nightmares. Students are also significantly affected; they have difficulty concentrating at school and, in some cases, impaired learning abilities.”*

– G*, MSF psychologist and mental health supervisor

People, particularly those living in the camps with the unpredictability of incursions, are compelled to develop strategies to cope



“Some individuals choose to stay awake through the night, monitoring social media for any signs of an impending raid. In other households, family members take turns to sleep, so that someone is always awake and ready to evacuate the house at a moment’s notice. When people receive information about an incoming incursion, they often flee their homes in the camps and seek refuge with relatives or friends. Some even go as far as renting houses outside the camps to shelter there during these raids.

Since October 2023, the level of aggression has skyrocketed. Even young children show significant signs of stress. Before, there were incursions, but they were much shorter, and they targeted specific houses and people. Now we know that any building can be targeted and that anyone can be a victim.”

– Y*, MSF community mental health worker



During the last incursion, Israeli forces destroyed a significant amount of road infrastructure as well as cutting off access to electricity and water, 12 September, 2024. Photograph © Alexandre Marcou/MSF.

iv. CHRONIC CARE INTERRUPTED: ISRAELI INCURSIONS' INDIRECT VICTIMS

Movement restrictions and Israeli military incursions also create **severe disruptions in chronic healthcare delivery**, forcing patients to miss crucial medical appointments and treatments. These forced interruptions in care have devastating consequences: patients

with chronic illnesses requiring consistent medications such as diabetes, heart conditions, other chronic illnesses may run out of their medications. Patients requiring regular treatments such as chemotherapy, dialysis, or regular blood transfusions may miss these treatments due to infrastructure breakdown (including, but not limited to, a lack of public transportation or the necessity to seek care at a facility much further away due to ongoing incursions).

“Life in Tulkarem camp has become unbearable for people because of Israeli incursions. The situation is particularly dramatic for people in the camp with chronic diseases and elderly people. With people not able to move out of the camp, I’ve had to treat patients with diabetes whose conditions have worsened significantly. If the frequency of Israeli military attacks continues at this rate, we will have more and more people dying simply because their treatment has been interrupted.”

– A*, MSF-trained nurse, Tulkarem camp

During the raids, patients with chronic diseases face life-threatening interruptions to their essential treatment. People with kidney disease can require regular dialysis sessions – typically four-hour sessions, three times a week – in order to survive, as their kidneys cannot filter waste products from their blood. When Israeli forces' actions prevent access to hospitals, these patients face **severe medical complications** including fluid overload, dangerous electrolyte imbalances, and acute respiratory distress. Missed dialysis sessions can rapidly lead to life-threatening conditions: severe hyperkalaemia (dangerously high potassium levels) that can cause fatal heart arrhythmias; metabolic acidosis that affects vital organ function; uraemia causing confusion, seizures, and coma; severe hypertension risking stroke; and pulmonary oedema leading to respiratory failure.

The physical obstacles created by checkpoints, combined with the fear of encountering violence while traveling to medical facilities, force patients into a **difficult dilemma: either forgo their life-sustaining treatments or undergo them while facing potentially life-threatening risks**. For dialysis patients, each missed session increases their risk of hospitalisation and death. The disruption of this time-sensitive care has both immediate and long-term consequences on their health, creating a devastating ripple effect that extends far beyond the days of active military operations.

Some patients have shared with MSF how they were forced to rely on makeshift medical facilities – often farther away or less equipped than their usual one – to access their treatments:

Volunteer paramedics drive tuk-tuks donated by MSF to carry people in need of medical treatment, 12 September 2024. Photograph © Alexandre Marcou/MSF.



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“The journey from my village, located between Jenin and Tubas, to Khalil Suleiman hospital in Jenin usually takes 15 to 20 minutes by car. However, during incursions by Israeli forces, it can take six to eight hours to reach the hospital. For instance, in February 2024, during an incursion into Jenin camp, it took me 13 hours from when I left Jenin to when I returned home, because ambulances could not move, so they could not take me back home. I had to rely on a brief 30-minute ceasefire window for my brother to drive me home from the hospital. This experience made me fearful of going to the hospital whenever Israeli forces are present in my village or in Jenin, as Israeli soldiers don’t care whether or not you are a patient. I prefer being referred to the Turkish hospital in Tubas, despite its smaller dialysis capacity, which means I may have to wait longer for my turn – sometimes until late in the evening or even the next day. Now, whenever an incursion occurs on the day that I have a treatment session scheduled, I don’t even try to go to Jenin. I prefer to stay at home to avoid danger, and if I need to travel to Tubas, I prefer to use a private car or public transport rather than an ambulance.”

– S*, MSF patient at Khalil Suleiman hospital, Jenin

“I am 64 years old and I have had both legs amputated due to diabetes. Because of the Israeli incursions, especially in 2024, I’ve often been unable to reach Thabet Thabet hospital in Tulkarem for dialysis sessions. I’ve had to reschedule the sessions many times. Nowadays, when there is a military operation in progress, I don’t even attempt to reach the hospital because I am too scared to move. Travel is anyway impossible, whether by private transport or by ambulance, as movements in and out of the camps are not allowed, and the risk of being shot at indiscriminately is very high. **Since the beginning of 2024, I’ve missed my dialysis sessions at least 10 times. When I miss an appointment, my blood pressure usually fluctuates, I get very tired and my whole body is in pain.** I typically need to wait another two days [after an incursion] as I prefer to have the treatment in Thabet Thabet hospital, since I don’t want to risk going elsewhere. When I do get the treatment at the hospital, if an Israeli incursion occurs, I have to wait a few hours before going back home safely.”

– N*, MSF patient from Nur Shams camp, Tulkarem



An MSF team is doing an assessment round in Jenin camp with the camp committee members and volunteer paramedics to evaluate the damages and needs following the brutal Israeli military incursion on May 21-23, 2024. Photograph © Oday Alshobaki/MSF

II. Healthcare Under Siege: Attacks on Medical Infrastructure, Ambulances and Medical Personnel

Besides the detrimental impacts of the increased movement restrictions and excessive use of force by the Israeli forces, healthcare access and delivery has been further compromised by escalating **attacks on medical infrastructure, ambulances, and medical personnel**. Between 7 October, 2023 and 7 October, 2024, WHO has recorded 647 attacks on healthcare in the West Bank, resulting in 25 Palestinian deaths and 120 injuries²¹ and affecting 123 health facilities and 451 health transports.²² These actions include attacks on health infrastructure and ambulances, detention of health workers and patients, obstruction of their access to health facilities, use of force on health workers and militarised searches of ambulances and staff.²³

i. HEALTHCARE UNDER ATTACK THROUGH THE ENCIRCLEMENT AND SIEGE OF HOSPITALS

Military raids have been characterised by systematic disruptions to the delivery of healthcare services, with Israeli forces routinely encircling hospitals, refugee camps, and villages – hence creating unprecedented barriers to medical access. MSF teams have witnessed Israeli forces deploying armoured vehicles and snipers around the perimeters of hospital facilities supported by MSF, cutting off all access points. In some cases, soldiers have even entered the hospital grounds, positioning themselves within the premises effectively trapping patients, medical staff, and any injured individuals inside and outside the facility, preventing emergency transport or the free movement of healthcare workers. Israeli military forces have justified

their hospital incursions through claims of armed men or weapons, and conduct these operations without providing evacuation orders or notifications to protect civilians, healthcare workers, and patients.

On 19 November 2023, during an Israeli incursion in the densely populated Jenin refugee camp – where 12,000 displaced individuals are crammed together in less than half a square kilometre – MSF witnessed Israeli military vehicles blocking ambulances from reaching the MSF-supported Khalil Suleiman hospital. On that day, **MSF teams, who were in the front of the emergency room (ER), witnessed Israeli forces fire at its entrance, with bullets hitting the wall directly above the ER door.**²⁴

On 14 December 2023, Jenin city and its refugee camp were again subject to an incursion, involving air and ground strikes, and exchange of fire with Palestinian armed militants. Israeli forces enforced a curfew for approximately 60 hours during which 11 Palestinians, including three children, were killed, and dozens were injured by Israeli forces²⁵. During the entire time of the incursion, the Israeli forces were surrounding the hospital, preventing a young boy experiencing an unrelated medical emergency from reaching it, resulting in his death.²⁶ Another **unarmed boy was shot and killed by Israeli forces within the Khalil Suleiman hospital compound, according to eyewitness accounts by MSF medical teams.**²⁷

21 WHO, [oPt Emergency Situation Report #48](#), 7 October 2023 – 15 October 2024.

22 WHO, Health Cluster oPt, [Microsoft Power BI](#).

23 *ibid*.

24 MSF, [Israeli Forces must stop attacks on medical care in Jenin](#), November 2023.

25 OCHA, [Flash Updates #69](#), December 2023.

26 *ibid*

27 [MSF post on X](#), 14 December 2023.

In Tubas, similar events unfold, such as on 5 August 2024, when an Israeli plane was seen flying low over the city while Israeli armed vehicles were heading towards the area. Shortly after, said vehicles positioned themselves in front of the Tubas Turkish hospital. An exchange of fire between Palestinian men and the Israeli army started close to the said hospital, and during the confrontation, Israeli forces fired live ammunition at unarmed individuals gathered in the courtyard of the hospital, **resulting in the death of a 14-year-old boy from a serious abdominal injury.**²⁸ **The Israeli army pulled back after having paralysed the hospital for over an hour.**

On 28 August 2024, MSF teams witnessed an important coordinated incursion in several cities of the West Bank, notably Jenin, Tulkarem, and Tubas. The incursion lasted **nine days** – the longest recorded in the West Bank since

28 OCHA, [Humanitarian Situation #201 | West Bank](#), August 2024.

2002. According to OCHA, it resulted in 36 Palestinian being killed, including 8 children, 87 injured and at least 60 arrested.²⁹ During this incursion, **entry points into Tulkarem and Jenin were blocked and the two hospitals in Tulkarem encircled by Israeli forces. In Jenin, Israeli armoured vehicles were stationed at the entrances of the Khalil Suleiman hospital, and hospital staff were struggling to maintain activities amid electricity and water shortages. Due to insecurity, MSF medical teams were forced to suspend their activities in each of the three raided cities. In Jenin and Tulkarem, the extreme violence caused by the Israeli forces forced MSF medical teams to be confined throughout the entirety of the Israeli military incursions.**³⁰

29 OCHA, [Humanitarian Situation Update #216 | West Bank](#), September 2024.

30 MSF, [Jenin after nine days of military incursion](#), September 2024.



“The population was trapped and access to healthcare restricted, as military vehicles were placed in front of the hospitals and ambulances and health workers were repeatedly searched and even attacked. Access to electricity, water and other basic necessities were compromised, and residents faced the risk of being shot when leaving their homes.”

– R*, MSF project coordinator in Jenin

Prior to the intensification and multiplication of Israeli raids between October and December 2023, MSF’s medical teams in Jenin would go to Khalil Suleiman hospital during Israeli military incursions to provide support and care for the influx of patients. However, as the frequency

and intensity of these operations increased, it became significantly more difficult and dangerous for MSF staff to access the hospital – the respect of those medical facilities no longer being guaranteed.

ii. BLOCKING LIFE-SAVING CARE: RESTRICTIONS ON FIRST RESPONDERS AND AMBULANCES

Between 7 October 2023, and 30 September 2024, the PRCS has reported a staggering 160 incidents of denial of access to patients, 132 incidents of delay, and 129 attacks against ambulances in the West Bank. Additionally, they have documented 209 incidents of harassment against patients and 172 against their own medical teams.³¹ MSF teams have observed this

multiplication of obstacles, with ambulances being immobilised, and first responders being prevented to move, even to help and treat people requiring emergency medical care.

A PRCS ambulance driver describes the challenges he endured during an Israeli incursion in the city of Tulkarem at the beginning of May, when **he was not able to transfer injured patients inside the camp to a hospital for about 44 hours.**

³¹ PRCS, [Humanitarian Response Report - September 2024](#).

*“During the most recent incursion [on 6 May 2024], all the paramedics, myself included, were blocked from going into the camp for a while. We had received a call from a woman needing help in the camp and it took us 90 minutes to get to her. Her child had been injured by broken glass when gunshots shattered their window. I managed to treat the child on the spot, but I couldn’t transport them to the hospital, so I had to take them to my own house to treat them in safety. They had to stay there for 24 hours. I had three other situations like this, where I managed to stabilise injured people and had to keep them in my house until it was safe enough for them to move. It was only **after 44 hours** of incursion that they managed to move and get proper medical care at the hospital. **One of them even refused to go as he was scared the hospital would also be surrounded by Israeli troops and they would shoot him again.**”*

– N*, PRCS paramedic supported by MSF, Tulkarem

In Tubas, M*, a PRCS first aid worker, told MSF teams how, during an incursion, an injured 16-year-old boy was injured not too far from him, but he was blocked by the Israeli army

from reaching him to provide him with medical care. **The unarmed injured boy was then shot and killed despite being seriously injured and not representing a threat.**

“During another Israeli incursion on 5 September 2024 in Al Fara’a camp, at around 3:00 am a 16-year-old kid was wounded in the leg by Israeli forces. I remember this very clearly – he was a friend of my son. We were there as PRCS, a few metres away from him, and when the kid saw us, he started to scream for help, asking the Israelis not to shoot him again. **Israeli forces asked him to remove his shirt while he was injured on the ground, which he did; they then proceeded to shoot him multiple times in his legs again. They then ordered him to remove his trousers, but he was injured in his legs and so could not do so, so they shot him in the neck and he died.** We were just a few metres away but were not allowed to intervene. They [Israeli forces] dragged him out of the camp using a military bulldozer. At 7:30 am we were finally allowed to retrieve his corpse. The bulldozer had mutilated the kid’s body, breaking his bones and leaving his guts spilling from his body.¹”

– M*, PRCS first aid worker supported by MSF

1 Wafa, ‘[Minor, 16, shot and killed by Israeli forces in Tubas-area refugee camp](#)’, September 2024. This is not an isolated incident. See, for instance: [Al Jazeera, ‘Israel soldiers filmed pushing bodies off roof in deadly West Bank assault’ article](#) describing that “the Israeli army had thrown three men off the building, having earlier shot them on the rooftop, a military bulldozer later taking their bodies away.”

The Al Fara’a camp, home to over 6,000 Palestinian refugees, is located in a rural area, some 12 kilometres south of Jenin and 17 kilometres northeast of Nablus. Many essential services, including healthcare, are only available in the larger cities, making the camp’s geographic isolation all the more problematic that Israeli forces nearly **systematically block the entrances** to the camp using military vehicles, earth mounds, or other obstructions, preventing any movement, even for medical emergencies.

A PRCS first aid worker supported by MSF explained that to circumvent these blockades,

they **proactively position two or three ambulances inside the camp whenever they have advance notice of a potential incursion**, while keeping additional ambulances waiting just outside the camp’s perimeter. This allows them, at the very least, to transfer patients from within the camp to the waiting vehicles by the exit. This workaround is not always effective, and the team must constantly adapt their strategies. Despite these efforts, providing urgent medical care to the Al Fara’a refugee camp residents remains an immense challenge during Israeli incursions.

“Ambulances are crucial to save more lives. Thanks to ambulances, we can stabilise patients before taking them to hospital. Without them, it gets very difficult. Because of restrictions on movements put in place by Israeli forces, and because of the state of the roads leading to the camp, we often need to move on foot to rescue casualties, exposing us to very high risks of being killed by Israeli forces or in crossfire.”

– A*, PRCS first-line worker supported by MSF

When camps are surrounded and cut off, ambulances cannot reach patients, losing critical time before victims are able to receive urgent care. Often suffering from gunshot or shrapnel wounds, these patients face life-threatening situations without prompt treatment. Delays increase the risk of severe bleeding, infection, and complications, drastically impacting chances of survival and long-term recovery. Without timely access to emergency surgery, blood transfusions, and antibiotics within the crucial ‘golden hour’ after injury, survivable injuries can become fatal, leading to permanent disability or death.

In response to these alarming challenges stemming from Israeli forces’ actions, **MSF has been forced to shift its operational strategy**

and has now adopted a more decentralised approach involving providing extensive trainings and support to first aid responders, such as PRCS paramedics and volunteer initiatives within the different refugee camps. By equipping and building the capacities of these community-based teams, MSF aims to ensure that victims can receive critical stabilisation and emergency treatment even when access to hospitals is blocked or severely restricted. The goal is to **enable these first responders to provide urgent medical interventions** – stemming life-threatening bleeding, administering first aid, and preparing patients for transport – all before they can be transferred to functioning healthcare facilities.



*“Here in Jenin, we have become accustomed to military raids, but one day I realised that **many of those wounded during these raids could be saved if caught in time and stabilised**. The problem is that, during the raids, Israeli vehicles block every entrance to the camp, consequently also blocking the ambulances from reaching the wounded, or at a minimum hindering and delaying the movements of the ambulances, with great risks for the wounded. As a result, a group of medical volunteers was formed in December 2022 in Jenin camp. The goal was to avoid repeating the mistake made in 2002, when Israeli occupation forces besieged Jenin camp and many people died because of the lack of first aid.”*

– H*, Jenin camp volunteer supported by MSF

Between February and September 2024, MSF facilitated the training of 249 PRCS volunteers in Nablus, as well as 67 in Qalqilya governorate and 50 in Tubas governorate. Of these, 201 volunteers were trained in first aid, while 167 received specialised first responder training. In Jenin, MSF trained 298 people, amongst PRCS

and independent camp volunteers, between January and August 2024. Similarly, during the same period, in Tulkarem, 313 individuals were trained as first aid responders. Altogether, **977 volunteers received first aid and first responder training through MSF support.**

iii. DESTRUCTION OF MAKESHIFT MEDICAL FACILITIES: THE CASE OF STABILISATION POINTS

In several governorates across the West Bank, frequent attacks on healthcare facilities and barriers to hospital access have compelled the Palestinian Ministry of Health and humanitarian organisations, including the PRCs, to implement emergency plans aiming at ensuring timely access to healthcare and the delivery of medical aid to injured individuals within camps. Key objectives include strengthening first aid and stabilisation services to ease the strain on hospitals and ensuring that patients can be reached and treated, even amid challenges such as hospital sieges by Israeli forces, road blockages, or isolated areas. The goal is to **provide on-site stabilisation for injured individuals until they can be safely transferred to hospitals for comprehensive care.**


MSF participates in this new approach to support these community-driven stabilisation efforts; four basic medical structures have been equipped – often simple rooms with a few beds and essential supplies – in Jenin and Tulkarem, and five existing stabilisation points have also been supported in Nablus and Qalqilya governorates.

These **makeshift stabilisation points have, however, not been spared either** by the increased wave of violence perpetrated by Israeli forces – with medical volunteers reporting to MSF that they no longer feel safe working there due to frequent attacks and vandalism by Israeli soldiers during incursions.

An MSF Project Coordinator recalls an incursion in Nur Shams camp, in Tulkarem, conducted by Israeli forces between 16 and 17 December 2023.



Damage done to the stabilisation point in Nur Shams camp, Tulkarem, following an Israeli incursion on 16-17 December 2023. Photograph © MSF



*“The incursion in Nur Shams camp, Tulkarem, started at around 10:00 pm and ended around noon the day after. **Our colleagues in the camp witnessed two drone attacks.** Ground forces were using **missiles.** MSF visited the camp the day following the end of the incursion. Volunteers showed us videos and photos as well as the stabilisation point and the house where people were evacuated to. It’s the **same as always: hospital entries were obstructed, both camps surrounded, the main routes and roundabout blocked. Checkpoints were set up along the main roads, while ambulances were stopped.** I talked to a medical volunteer who had been trained by our team: when they understood there would be an incursion – as more than 40 military vehicles and several bulldozers had gathered by the camp’s entrance – the medical volunteers had mobilised. S* was outside the camp coordinating medical teams, identifying evacuation routes and liaising with PRCs ambulances. He followed the soldiers’ movements and directed volunteers to evacuate when soldiers neared key points.*

The first patient he treated was a man suffering from a severe panic attack after being near a missile strike. At around 1:30 am, two patients arrived at the stabilisation point, both injured in drone attacks. One had shrapnel wounds in the shoulder, a lower abdomen injury and a fractured tibia with heavy bleeding. The second had a maxillofacial fracture and severe bleeding.

*By 2:00 am, Israeli soldiers approached the stabilisation point, ordering medical volunteers to evacuate. The nurse explained the urgency of treating the patients and the risks of moving them, but was forced to comply. They relocated to a new spot with minimal equipment, **only to be shot at by soldiers**, who quickly reached the new location. The volunteers took refuge inside a building. Meanwhile, a third patient arrived as the first two died from their injuries. It wasn’t until around 4:30 am, two hours later, that the volunteers were able to transfer him to the hospital.*

That day, the stabilisation point supported by MSF was stormed and destroyed by the Israeli army under the pretext that it was hosting ‘terrorist activities’.

*While discussing with the volunteers, I noted a lot of anger and anxiety. They were feeling guilty, telling themselves: ‘If only I’d had a [medical] monitor’; ‘if only I’d moved faster’; ‘if only I’d better stabilised the fracture or the wound’. The videos they showed me depicting their efforts to stabilise patients under heavy shelling were shocking. The truth is, **there was nothing more they could have done. The injuries would have been manageable, and not lethal, had they had access to immediate hospital emergency care.**”*

– V , MSF project coordinator in Tulkarem*

N*, an MSF-trained nurse at the Thabet Thabet Government Hospital in Nur Shams camp, took the initiative to establish a stabilisation point in Nur Shams and encouraged volunteers from Tulkarem camp to do the same. Initially, Nur Shams camp had one stabilisation point, while

Tulkarem camp had two. Unfortunately, these stabilisation points were targeted by the Israeli forces during incursions, resulting in partial destruction, including damages to materials donated by MSF.

“During the incursion on 6 May 2024 in Tulkarem, I was alone in the stabilisation point and could hear explosions. I was pondering whether I should intervene, but there was no electricity in the camp, the air outside the stabilisation point was full of smoke, drones were flying within the camp, and I was worried I would be targeted and killed. At 9:00 am, Israeli forces stormed a house close to the stabilisation point and later started interrogating us volunteers, asking us what we had studied, why we were providing this support and who we were supporting.”

– N*, nurse trained by MSF in Tulkarem

In Fara’a camp, in Tubas, MSF has supported the PRCS in scaling up a stabilisation point. On 28 August 2024, the refugee camp was attacked at 12:18 pm by Israeli forces. **By 1:00pm, the**

stabilisation point was already stormed. A PRCS first-line worker, trained and supported by MSF, recalls the following events:

*“Israeli forces surrounded the stabilisation point, closing both its entrances, **even though it was very clear that this was a PRCS building, clearly indicated by signs and flags.** They ordered all the paramedics to exit the stabilisation point. **There were around 22 of us paramedics there. Israeli soldiers shot inside and outside the building,** damaging our supplies and damaging the stabilisation point. All the paramedics were kept outside, against a wall, with their hands raised. It was very scary. The attack lasted for 30 minutes. Everybody was shocked and traumatised after what had happened. We started to clean up inside the stabilisation point while the military incursion was still going on. I spent hours thinking about what happened to us, thinking about the risks we face because of the nature of our job, thinking about our families. We should also think about our family’s safety and our own. The humiliation I felt and the abuse were worse than being physically assaulted. **What happened injured my soul and cannot heal easily.**”*

– C*, PRCS first aid worker supported by MSF

iii. SAVING LIVES AT THE COST OF ONE'S OWN: THE HARASSMENT, DETENTION, AND KILLING OF HEALTH WORKERS, PARAMEDICS, AND FIRST AID VOLUNTEERS



“From summer 2023, Israeli forces started to use drones, and one volunteer was injured. After that, the number of volunteers dropped, for two main reasons: fear for one’s safety and the risks associated with being a volunteer; and family pressure to stop volunteering in the camp during incursions.”

– J*, volunteer from Jenin camp supported by MSF

Rather than protecting first responders and facilitating their work, medical personnel have reported to MSF that the **Israeli forces have routinely fired at them** – opening fire, assaulting them, detaining them, and, in some instances, killing them – as they were trying to reach and evacuate injured civilians. For example, on 9 November 2023, **an MSF medical team stationed in the emergency room in Jenin Khalil Suleiman Hospital treated a paramedic who had been shot by Israeli forces while inside an ambulance.**³²

Just a few days later, on 18 and 19 November, 2023, during an incursion in Jenin, MSF medical teams were **stopped and delayed** by Israeli forces despite having previously notified the movement to the relevant Israeli authorities. **The MSF-marked vehicle, clearly displaying the MSF logo, was stopped by Israeli military vehicles blocking the road while it was on its way to the Khalil Suleiman hospital to provide support to the emergency room.** All the staff in the car were asked to provide identification. **The car was searched, and only the Palestinian MSF driver was ordered to leave the vehicle**

during the search. A few days later, on 28 November, on their way to the same hospital, **MSF medical teams were stopped again and held at gunpoint even though MSF car was identified with MSF logo and Israeli forces had been pre-notified of the movement.** Reaching the hospital that day was impossible as Israeli ground troops were positioned inside the hospital perimeters, blatantly disregarding the protection of the medical mission and the neutrality of medical structures. As Christos Christou, MSF International President, who was in Jenin that day, stated: *‘There is no way for the patients to reach the hospital, and there is no way for us to reach those people. There is nothing worse for a doctor to know that there are people there, needing our care, and not able to get it.’*³³ After waiting for three hours without being able to enter the hospital to perform their medical duties, the MSF team was forced to leave the site. Shortly thereafter, Jenin was declared a **‘closed military zone’**³⁴ with heavy explosions echoing throughout the night until the early morning.

³² MSF, [Israeli Forces must stop attacks on medical care in Jenin](#), November 2023.

³³ [Christos Christou post on X, 29 November 2023](#).

³⁴ An area of land in the West Bank that the Israeli military declares off-limits to anyone but the Israeli military and those they allow to remain in the area, or those with permits issued by the Israeli authorities.

In a context where hospitals and the protection of the medical mission are under threat, healthcare workers do not feel safe. All hospital staff, paramedics, first

aid responders, and volunteers interviewed by MSF have expressed a feeling of insecurity stemming from their profession.

“Today, for us Palestinians, the PRCS vest is not a protection. Nothing can protect us. On the contrary, it puts us in even more danger because it turns us into targets. We are targeted because we are health workers.

When we are in private cars, we prefer not to use the PRCS vest or carry the PRCS ID, because this can put us in danger. Once, my brother was beaten and arrested by Israeli forces because he had a PRCS ID with him. Today I am here speaking with you, but tomorrow I don’t know; maybe yes [I will still be here], maybe not.”

– O*, PRCS ambulance driver, Nablus

In April 2024, **another MSF-trained paramedical volunteer was shot in the leg while on duty** during a three-day incursion in Tulkarem and Nur Shams refugee camps. He was wearing his vest, clearly indicating his

medical role. Because of the ongoing hostilities, **it took him seven hours to reach the hospital.** When we asked him if he had a message to the world, he told us he did not, since no one was willing to listen anyway.³⁵

³⁵ [MSF post on X, 21 April 2024.](#)

“It’s been almost a month since I was shot while trying to save someone’s life and I’m still bedridden. In April, during a major incursion – I don’t remember the exact date, it’s hard to distinguish one incursion from the other as it happens on an almost daily basis – I received a call from someone who was injured in the camp. It was dark, there was no electricity in the camp and the person was in a narrow street, so I had to go on foot. I climbed about 50 steps and, just as I reached the top and finally caught sight of the victim, I heard a gunshot. When I looked down, I realised that I was the one who had been hit.”

– D*, volunteer paramedic, Tulkarem

”

Fearing harassment, humiliation, and violence inflicted by Israeli soldiers, PRCS ambulance crews are increasingly hesitant to travel certain routes in some governorates. Ambulance drivers

shared that they feel a pressing need for bullet-proof vests, as they worry that Israeli forces do not adequately distinguish between medical personnel, civilians, and armed militants.

*“During this incursion [18-21 April 2024, Tulkarem], I was driving the ambulance to reach a nurse colleague who could not leave her home. An Israeli forces jeep approached us, they asked me to step out of the vehicle and then **they spat in my face**. I was then interrogated and asked for my ID **before being spat on again**. When I asked them why they felt the need to humiliate us, a soldier called his colleagues and **they started to beat me up, causing me to fall on the ground**. They ordered me to stay on my knees and tied my hands behind my back. I was asked for my ID again, then the soldiers threw it on the ground and they left the scene, leaving me on the ground with my hands tied. Residents from a nearby building came to help me break free. **Once freed, I got back to work for the rest of the incursion.**”*

– L*, ambulance driver, Tulkarem

An MSF-trained nurse recounts the day he was attacked in his home by the army. He had been storing medical supplies donated by MSF to

ensure he could quickly respond and treat the wounded in Nur Shams camp.



During the last incursion, Israeli forces destroyed a significant amount of road infrastructure as well as cutting off access to electricity and water. One week after military forces withdrew, people still struggled to access clean water as many of the pumps were cut and water tanks had been shot and ruptured. 12 September 2024. Photograph © Alexandre Marcou / MSF



*“I work as a nurse and began volunteering in Nur Shams camp in October 2023, **after witnessing so many people, including my friends, dying because they did not receive appropriate medical care.** I specifically remember one Israeli incursion on 27 August 2024 in Tulkarem. Around 7:00 am, Israeli forces stormed my family’s house, breaking down the door despite our offer to open it. Fifteen soldiers entered my house, accompanied by dogs. They grabbed my father by his shirt and took him upstairs. They saw that I had medical supplies at home, including some from MSF. I explained that I keep some supplies in my house since, during military incursions, we are often prevented from accessing the stabilisation point, leaving me no choice but to take the injured home to stabilise them. **They accused me of helping ‘terrorists’ and started to provoke their dogs in the house. After vandalising my house, they tied my hands and forced me outside, making me sit in the middle of the street, at risk of being targeted by snipers.** I asked for a jacket and to use the bathroom, but they refused. I was ordered to stay put and look at the ground while they stormed nearby houses. I remained in the middle of the street for 30 minutes. When they left the area, they did not bother to untie me.”*

– R*, MSF-trained nurse and volunteer at Nur Shams camp, Tulkarem

Hospital staff are equally unsafe. In May 2024, during a 42-hour Israeli incursion in Jenin, a **surgeon working at the MSF-supported hospital Khalil Suleiman was shot in the back while on his way to work.**³⁶

Instead of arriving to perform surgeries, he arrived on a stretcher, leaving his colleagues to cope with both the emotional toll of his injury and the added strain during the incursion. In total, Israeli forces killed 12 Palestinians during this raid.

³⁶ MSF, [West Bank: When a two-minute walk to a hospital becomes an hours-long death trap](#), June 2024.

“Of course, I do not feel safe at all. We always keep a safe distance from the windows to protect ourselves from shattering glass in case of gunfire. In some cases, we’ve had to evacuate certain rooms of the hospital. **Everybody in the hospital is terrified**, especially after the killing of our colleague, a surgeon, on 21 May – though he was not the first colleague to be killed during an Israeli incursion.”

– S*, medical worker at Khalil Suleiman hospital, Jenin

Based on the interviews MSF has collected, **fully identified healthcare staff feel more threatened than protected by their identification**. On 27 July 2024, a PRCS paramedic was

killed by Israeli forces in Balata Camp.³⁷ One of his colleagues reported the terrifying moment where he and his team were struck by a drone:

³⁷ OCHA, [Humanitarian Situation Update #201 – West Bank](#), August 2024.

“Israeli forces do not distinguish between paramedics and civilians: even if we wear the paramedic vest, it does not mean anything to them. That day, I put my vest on and joined the other volunteers in the camp to coordinate and divide into groups in charge of covering each area of the camp. Around 3:00 pm, E* told me he wanted to stay with me as my group often works the hardest. After asking me for a cigarette, he stepped back and, suddenly, the drone strike hit. Everything around me went white, my ears were buzzing. I was on the ground, disoriented, unable to remember who was with me before the explosion. When I opened my eyes, I saw a couple of bodies on the ground. One person, injured by shrapnel in his leg, managed to stand up and escape from the area. I don’t know how he managed to move. Then I heard people calling for E* – and I realised what had happened. Two volunteers moved E* a few metres away to stabilise him. I heard a woman calling for help for another injured person. Once I saw that E* was being helped, I went towards the woman to move the casualty to another place, with the help of other people. **Then Israeli forces started to shoot at us.** I had to stabilise the wounded in one house. **E* died one week later in the hospital.**”

– K*, PRCS volunteer supported by MSF

”

A*, an MSF-trained nurse recalls the incursion on 2 September 2024, in Tulkarem. She was on her way to volunteer when she was injured by a drone strike.

*“During an incursion on 2 September 2024, I was in the Al-Hammam area of Tulkarem camp. Many people in the camp were leaving their houses to try to find shelter outside. I was informed of two casualties near me. I decided to go to them, but it was nearly dark so I could not see much, and I preferred not to use a flashlight for fear of being targeted by drones. Later that night, at around 11:30 pm, as I was leaving my house to volunteer, I heard a loud noise and an explosion nearby and I fainted. When I woke up, I was being cared for in another house. I was told a drone had struck a house near me. **My eye and my thigh were injured.** I had to be transported by ambulance to the hospital. On the way, we got stopped by two Israeli jeeps. They interrogated us, asked us what had happened to me. We claimed that I had fallen, fearing that if we mentioned the strike, they would keep us longer. I stayed several days in the hospital. I remember **the hospital was not crowded, as most injured people are too scared to go to hospital during incursions. Israeli forces patrol hospital entrances and people fear being arbitrarily arrested.**”*

– A*, MSF-trained nurse, Tulkarem camp

“It is very scary to drive in the streets as we can get shot at any moment” explains S*, “but it is the only way to take patients out of the camp to receive medical attention”

–S*, MSF-trained volunteer paramedic



“It is very scary to drive in the streets as we can get shot at any moment” explains an MSF-trained volunteer paramedic working in Jenin, “but it is the only way to take patients out of the camp to receive medical attention”. Volunteer paramedics drive tuk-tuks donated by MSF to carry people in need of medical treatment. Volunteer paramedics risk their lives to provide life-saving treatment for the population in the camp, 12 September 2024. Photograph © Alexandre Marcou/MSF

III. Adding Fuel to the Fire: Settler Violence as an Additional Layer of Obstruction

These violations and barriers are further exacerbated by additional obstacles to healthcare access and delivery in the West Bank, stemming from rising settler violence directly tied to Israeli government policies in the OPT.³⁸ The expansion of Israeli settlements in the West Bank, including East Jerusalem, has been ongoing for decades. Despite widespread international opposition and legal rulings by the ICJ and UN Security Council resolutions declaring such settlements illegal under international law, construction has surged, reshaping the region's demographics. In 2023, in the West Bank, excluding East Jerusalem, the **number of settlers exceeded 503,000**, reflecting a steady acceleration in annexation with a 5% increase compared to 2022 and over a 10% rise since 2020.³⁹ At the time of this report, there are **147 settlements** in the West Bank, alongside **46 outposts** – settlements established without government approval, but a fair share of which are retroactively legalized or in the process of being legalised⁴⁰ – set up in 2024, compared to 31 in 2023.⁴¹

The expansion of settlements has been accompanied by **intensified confiscation of Palestinian land, home demolitions, and forced displacements**. In 2024, more than

1,600 Palestinian structures were demolished, with 75% located in Area C,⁴² displacing nearly 3,700 people.⁴³ **2024 witnessed the highest level of land seizures in three decades; the total area confiscated surpassed the amount taken over the previous 20 years combined**, with approximately 5,930 acres of the West Bank declared “state lands” by the Israeli government.⁴⁴

Between October 2023 and October 2024, OCHA recorded nearly **1,500 attacks by Israeli settlers against Palestinians**, resulting in 149 cases of Palestinian casualties, 1,188 instances of property damage, and 155 incidents involving both.⁴⁵ This corresponds to an **average of four settlers attack per day**, with Ramallah, Nablus, and Hebron being the governorates the most affected.⁴⁶ Violence perpetrated by armed settlers – often operating with military presence and protection⁴⁷ – has led to new patterns of healthcare obstruction through coordinated assaults on Palestinian communities, direct intimidation of healthcare workers, and road blockades – creating zones of **medical exclusion**, particularly impacting remote communities and those living near settlements.

38 The Israeli government bears responsibility for settler violence because it: 1) enables, supports, promotes, and legitimises settlements; 2) neglects its duty to regulate the conduct of its citizens; 3) fails in its obligation as an occupying power to ensure the safety of Palestinians; 4) has been complicit in or directly supported acts of violence; and 5) fosters near-total impunity for such attacks. This accountability extends even to settlers who are not formally part of the military. See NRC, Report on Attribution of Settler Violence to the State of Israel, March 2024.

39 Peace Now Data – [Number of Settlers by Year](#).

40 See for instance: Peace Now, ‘[Israel Expands Shilo Settlement’s Jurisdiction to Legalize the Ahiya Outpost](#)’, March 2024, and ‘[Return of the Outpost Method](#)’, July 2019.

41 Peace Now Data – [Number of Settlements and Outposts](#).

42 The Oslo Accords partitioned the Palestinian West Bank into three administrative zones: Area A, comprising 18% of the territory, where the Palestinian Authority (PA) oversees both civil and security affairs; Area B, covering 22%, where the PA manages civil matters while security remains under Israeli control; and Area C, constituting 60%, where Israel exercises full administrative and security authority.

43 OCHA, [Data on Demolition and Displacement in the West Bank](#).

44 Peace Now, ‘[The Government Declares 12,000 Dunams in the Jordan Valley as State Lands](#)’, July 2024.

45 OCHA, [Humanitarian Situation Update #230 – West Bank](#), October 2024.

46 OCHA, [West Bank – Violence, Destruction and Displacement](#), September 2024.

47 See for instance: OHCHR: ‘Palestinians have been subjected to waves of attacks by hundreds of Israeli settlers, often accompanied or supported by Israeli Security Forces (ISF)’ from [Türk urges all States to act over crises in Gaza](#), West Bank, April 2024; Human Rights Watch, [West Bank: Israel Responsible for Rising Settler Violence](#), August 2024.

With Israeli forces failing to prevent violence, and sometimes even enabling it and attacking health personnel,⁴⁸ Palestinians are more exposed to brutality than ever. This is the case particularly in Nablus governorate where OCHA has recorded more than 320 incidents perpetrated by settlers against Palestinians between 7 October 2023 and end of September 2024.⁴⁹ In this governorate, the high presence of Israeli settlers severely hinders the movement of Palestinian healthcare workers. MSF has documented settler violence against healthcare workers and civilians, as well as the long detours ambulances and residents must take to avoid roads where attacks are likely.

48 Israeli military avoids confronting violent settlers as a matter of policy, although soldiers have the authority and duty to detain and arrest them. Israeli security forces routinely enable settler violence against Palestinians and their property. Source: [B'Tselem, Settler Violence](#).
49 OCHA, [West Bank – Violence, Destruction and Displacement](#), September 2024.

Settler violence is not a new phenomenon; it was already affecting Palestinians prior to October 2023. The nearby town of **Huwara is a striking example**, as it has regularly been the target of settler attacks, such as in February 2023, when hundreds of settlers – some carrying knives and guns – went on a rampage after a Palestinian gunman killed two settlers. The raid led to indiscriminate violence that left one civilian dead, over 100 people injured, and important material damage to Palestinian properties – ranging from broken windows to burnt cars.⁵⁰ Israeli soldiers were nearby while the rampage by the settlers unfolded and chose not to intervene. The rampage was called a ‘**pogrom**’ by an Israeli commander in charge of the area.⁵¹

50 Al Jazeera, [‘Rampaging Israeli settlers burn Palestinian homes, cars in Nablus’](#), February 2023; UNGA, Report of the Secretary General, ‘Israeli Settlements in the oPt’, A/78/554, paras. 54–74, October 2023.
51 CNN, [‘Israel’s military called the settler attack on this Palestinian town a ‘pogrom.’ Videos show soldiers did little to stop it’](#), June 2023.

*“Around November 2023, in Huwara, during an attack by settlers, we experienced another alarming incident. The settlers started throwing stones at us, attempting to damage our vehicle. Israeli forces were present and targeted us with tear gas, which hit our ambulance. **The ambulance caught fire** while we were still inside. We couldn’t extinguish the flames. Eventually, we were rescued by another PRCS ambulance. When I got out of the vehicle to run towards the second ambulance, settlers were throwing stones at me.”*

– F*, paramedic and ambulance driver supported by MSF, Nablus

On 19 July 2024, around 4:00 pm, intense clashes erupted on Huwara’s main street, when Israeli settlers from Brakha settlement, located about an eight-minute drive away, invaded the village. Israeli forces arrived on the scene and

used tear gas against residents. On its way to assist, a PRCS ambulance driver reported he was pelted with stones thrown by settlers, shattering all the vehicle’s windows.

”

“On site, we treated four people suffering from tear-gas inhalation, including children. Two other people required emergency care, so we took them in the ambulance, even though it was covered with shattered glass from the broken windows. We managed to safely transfer them to Ibn Sina clinic.

We are constantly exposed to settler violence. *If settlers see us pass near Shilo or Eli settlements, they gather on the street and harass us. Because of this risk, even with an urgent medical case in the ambulance, I avoid getting too close and prefer to wait for settlers to clear from the road, or I take an alternative road, which delays our movements.”*

– N*, ambulance driver supported by MSF

In Qalqilya governorate, MSF runs mobile clinics to provide medical care to patients who face access challenges because of the Israeli and settlers-imposed barriers. On 15 August 2024, just two hours after MSF had left Jit’s primary healthcare centre, located 10 kilometres west

of Nablus, the village was attacked by settlers.⁵² A nurse working with MSF describes the terrifying events of that night:

⁵² OCHA, [Humanitarian Situation Update #207 – West Bank](#), August 2024.

The main street in Jenin camp, devastated by the continuous military incursions by Israeli forces, 26 May 2024. Photograph © Oday Alshobaki/MSF.



“Since 7 October [2023], and with the expansion of the nearby Gilad settlement, our safety in Jit has worsened. Before, I felt safe going out at night to visit friends and family. Today, I am too scared. Recently, Israeli settlers put in place an earth mound between Jit and Gilad, restricting our movements. On 15 August 2024, at around 4:30 pm, a couple of hours after MSF’s mobile medical team had left Jit, settlers entered the village. **One group started throwing stones, another group had Molotov cocktails, and the last group had guns.** They set several cars on fire and tried to break into a Palestinian house. Around 200 people gathered to protect the house and the family. (...) The situation in the village escalated. Around 100 settlers, most of them masked, came from other settlement, and soon 20 Israeli military jeeps arrived with around 120-150 Israeli soldiers. (...) **One person got shot in the chest.** Even though some people tried to stabilise him and get him to Nablus hospital, **they could not reach the ambulance, which was just a few meters away, as Israeli military vehicles were blocking the main road.** Then they tried to use side roads, but those streets were also blocked by Israeli soldiers. During the attack, Israeli forces erected a ‘flying’ checkpoint at the entrance of the village. **It felt like everything was orchestrated to make sure that this person would die – and eventually he did. During a medical emergency, Israeli forces will just let you die here.** They won’t let you through. They might tell you to go through Deir Sharaf checkpoint, which might be closed or very busy.

The attack continued and **a second person, who was not involved in the confrontation, was shot in the thorax by settlers** while he was in his house. Fortunately, **he was successfully transferred to Nablus by private car since ambulances could not move.** Over the following days, around 10 people came to the clinic in the village with respiratory difficulties from the tear gas used by Israeli forces during the attack, along with two others injured by stones thrown by settlers. (...) **My daughter was traumatised after the attack; she could not sleep and started vomiting from fear. Now she hides in the bathroom whenever settlers arrive. We are being collectively punished,** as is the rest of the West Bank. In fact, whenever something happens elsewhere in the West Bank, we always need to expect retaliation by settlers or Israeli forces.”

– Z*, MSF-trained nurse from Jit

URGENT CALL FOR ACTION

Israel, as the occupying power, must fulfil its obligations under international law.

Considering the situation in the West Bank, Israel has obligations **under both International Humanitarian Law (IHL), as the occupying power, and under International Human Rights Law (IHRL)**, regulating, inter alia, the right to health, as well as the use of force, when it conducts military raids.

Under IHL, Israel has **specific obligations to ensure and maintain medical services for the Palestinian population**. These obligations require Israel to guarantee that Palestinians can **access healthcare without impediment nor discrimination**, and to **actively protect medical facilities, personnel, and transport** from attack or interference. Israel must facilitate the rapid and unobstructed passage of all medical supplies and equipment, while ensuring the safe evacuation and transport of the sick and wounded. This includes maintaining functional health services and guaranteeing that military operations do not impede access to medical care. Furthermore, Israel must take proactive measures to prevent any deterioration of medical services and infrastructure in the occupied territory, while ensuring medical personnel can perform their duties safely and without interference. **These fundamental obligations remain applicable at all times, including during military operations or security measures.**

Under IHRL, the **use of force is prohibited** unless absolutely necessary, and is to be employed as a last resort to protect from an imminent threat of death or serious injury, and applied in a manner proportionate to the threat faced. These principles **explicitly prohibit security forces from deliberately using lethal force**, including against members or suspected members of cells or armed actors, when no immediate danger to life exists. Any intentional killing by security personnel outside these legal boundaries constitutes a grave violation of the right to life as protected under IHRL.

Ending disproportionate violence and protecting the medical mission

- Israel must **stop its disproportionate and lethal use of force** in the West Bank leading to civilian deaths and injuries.
- **Israel must stop the violence against medical staff and patients. Attacks on medical facilities must cease** as well as **all actions that arbitrarily obstruct medical personnel** from performing life-saving duties, and **patients to access healthcare.**
- **Independent investigations** must be conducted to determine the **facts and responsibilities** behind the repeated attacks on civilians and healthcare in the West Bank.

Ensuring swift and unimpeded impartial medical assistance

- Israel must facilitate the provision of impartial **medical care to all persons in need, in accordance with medical ethics, and prior to any arrest or detention measures.**
- Given its indispensable role in healthcare delivery, **UNRWA must be enabled to effectively continue its operations in the OPT.**

