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Persecution of Palestinian Physicians
in Israeli Hospitals

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Silenced Voices and Militarized Spaces: The Aftermath of October 7th and the Persecution of Palestinian Physicians in Israeli Hospitals

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Abstract

Since October 7th, 2023, intimidation and surveillance¹ of Palestinian medical staff, who make up 21% of Israel's healthcare workforce,² have significantly intensified. Palestinian physicians and other workers in Israel's healthcare system have been criminalized for expressing basic empathy toward civilian victims in Gaza and for criticizing or questioning Israel's actions and human rights violations in the Strip. Such expressions of compassion and dissent have been reframed as grounds for persecution, as part of a broader effort to suppress their voices and curtail their political expression. This study investigates the experiences of Palestinian physicians working in the Israeli healthcare system after October 7, focusing on how they have navigated the escalating campaign of intimidation and silencing, and an increasingly militarized atmosphere. By situating their experiences within the wider context of their integration into the Israeli healthcare system, the paper highlights the ways in which the system has enforced silence and suppressed dissent, as well as its response to the surge in violence since October 7.

Introduction

This research paper was written in light of incidences of persecution of Palestinian physicians and other healthcare providers during the war on Gaza, cases that reveal a troubling increase in the repression and silencing of Palestinian voices within the Israeli healthcare system. There has been a flood of reports of Palestinians in Israel being dismissed from their workplaces for making expressions of solidarity with Gaza's victims, which have been labeled 'support for terrorism' and used as grounds for termination. Documented cases include firings, disciplinary actions, and even police interrogations of Palestinian healthcare professionals accused of endorsing terrorism and inciting violence.³

In recognition of the urgent need to monitor, study, and conceptualize this unprecedented situation, it examines the escalating dynamics of control and persecution and provides critical insights into their broader implications.

* Thanks to Guy Shalev, PhD, and Dr. Osama Tanous for their invaluable comments.

1. Physicians for Human Rights Israel. (2023, October 17). Now more than ever: True partnership in the healthcare system. [Physicians for Human Rights Israel](#). [in Hebrew]

2. Ministry of Health. (2022). Healthcare professions manpower 2022. [Ministry of Health](#). [in Hebrew]

3. Zoabi, B. (2023, November 20). Since the war: Unprecedented persecution of Arab healthcare workers. [Mekomit](#). [in Hebrew]

A case in point is that of Dr. Abed Samara,⁴ head of the Cardiac Intensive Care Unit at the Hasharon Hospital in the town of Petah Tikva. Samara was summarily suspended just days after October 7th without an investigation over allegations that he had posted a Facebook message expressing support for terrorism. In addition to suspending him, the hospital management also filed a police complaint against him. It took a month and a half for the accusations to be proven unfounded; however, despite being cleared, Dr. Samara decided to leave his job in the hospital where he had worked for 15 years. Reports have emerged of several similar cases across the country involving the suspension or dismissal of Palestinian healthcare providers for allegedly 'expressing views in support of terrorism', many of which were merely expressions of empathy toward innocent civilians in Gaza.

This paper examines the experiences of nine Palestinian doctors employed at Israeli hospitals and health insurance funds (*kupat holim* in Hebrew) following the events of October 7th and the ensuing genocidal war on Gaza. In doing so, it addresses three key themes. First, it contextualizes their integration into the Israeli healthcare system over the past two decades via policies of inclusion and co-optation that have depoliticized their professional roles and their identity. Second, it explores the recent wave of intimidation and persecution of Palestinian healthcare professionals based on nine in-depth interviews conducted by the author with Palestinian physicians working at various Israeli hospitals and health insurance funds. The interviews provide insights into how Palestinian doctors have navigated and responded to the intimidation, persecution and increasingly militarized atmosphere prevalent within healthcare facilities in Israel. In addition to the interviews, the study draws on analysis of relevant texts, news reports, and documented cases of persecution reported in the media. Third, the study investigates how an increasingly militarized environment shapes their daily experiences, analyzing the personal and professional toll this hostile climate has taken on them. The paper also sheds light on how these developments have reinforced preexisting mechanisms of control and surveillance of Palestinians within the Israeli healthcare system, while highlighting the broader issue of the infiltration of state politics into the medical field, particularly in contexts where healthcare serves as a site of political power. It further describes and analyzes the dynamics of Palestinian subjectivity, agency and patterns of compliance or submission.

The paper begins with a conceptual framework that contextualizes the situation of Palestinian medical professionals working in Israeli hospitals and other healthcare facilities after October 7th. This is followed by a section that presents, discusses and synthesizes the key findings that emerged from analysis of the interviews, and offers insights into the broader implications for Palestinian healthcare professionals operating under conditions of political repression and militarization. The paper ends with a section of conclusions.

4. Efrati, I. (2023, December 20). Arab-Israeli doctor leaves job after being wrongly accused of supporting terrorism. [Haaretz](#).

This study was written at a time when the Israeli army is engaging in the systematic targeting of the healthcare system in Gaza, through military attacks on healthcare facilities, medical staff, and displaced persons seeking shelter inside hospitals in the Gaza Strip. Since the beginning of the war, Israeli forces have systematically and deliberately dismantled the health care infrastructure in Gaza by bombing hospitals and healthcare centers, cutting off electricity and medical supplies, forcing patients and staff to evacuate at gunpoint, and shooting hospital workers and sheltering or receiving care there.⁵

Conceptual Framework

Healthcare infrastructures are commonly shaped by powerful political forces, particularly within colonial contexts, a subject that scholars have extensively explored over the last several decades.⁶ The Israeli healthcare system is no exception in this respect, and its internal dynamics can be understood through the lens of Israel's broader policies toward non-Jewish populations within the state.⁷ These include Palestinians, whose political agency is often perceived as a threat to the Jewish majority. In the Palestinian context, civilian infrastructures such as the healthcare system mirror broader Israeli state policies toward Palestinians. As Osama Tanous, et al. have argued, structural racism and settler colonialism contribute to systemic health disparities for Palestinian citizens of Israel, particularly in terms of patients' access to healthcare.⁸ In recent decades, numerous scholars, including Nadera Shalhoub-Kevorkian, have examined the intersection of settler colonialism and healthcare within the Palestinian context, emphasizing in particular how Israel weaponizes and militarizes healthcare access for Palestinians in the occupied Palestinian territory.⁹ Several documented cases reveal the complicity of the

5. For more information about the Israel's attacks on Gaza's healthcare system, please see the annex "Physicians and Hospitals under Bombardment: The Systematic Annihilation of the Public Healthcare System in Gaza during the 2023-2024 war." In the pages 25- 28.

6. Comaroff, J. (1993). "The diseased heart of Africa: Medicine, colonialism, and the black body". In Lindenbaum, S. & Lock, M. (Eds.), **Knowledge, power, and practice: The anthropology of medicine and everyday life**. University of California Press. Pp. 305- 329; Anderson, W. (2007). **Colonial pathologies: American tropical medicine, race, and hygiene in the Philippines**. Duke University Press.

7. See, e.g., the case of Depo Provera birth control injections given to Ethiopian women in Israel without their knowledge or consent in: The Guardian. (n. d). Ethiopian women in Israel 'given contraceptive without consent'. [The Guardian](#).

8. Tanous, O., Asi, Y., Hammoudeh, W., Mills, D., & Wispelwey, B. (2023). Structural racism and the health of Palestinian citizens of Israel. [Global Public Health](#), 18 (1).

9. Shalhoub-Kevorkian, N. (2015). The politics of birth and the intimacies of violence against Palestinian women in occupied East Jerusalem. [The British Journal of Criminology](#), 55 (6). Pp. 1187– 1206; Majadle, G., & Ziv, H. (2022). Amputating the body, fragmenting the nation: Palestinian amputees in Gaza. [Health and Human Rights](#), 24 (2). P. 281; Asi, Y. M. (2022). Palestinian dependence on external health services: De-development as a tool of dispossession. [Middle East Law and Governance](#), 14 (3). Pp. 366- 387.

Israeli healthcare system in enforcing these policies.¹⁰ While Tanous briefly touched on the Israeli healthcare system as an infrastructure of settler colonialism,¹¹ this framework has further key insights to offer in terms of the experiences of Palestinian healthcare providers in the aftermath of October 7th and the Israeli healthcare system's responses to their expressions about the ensuing war in Gaza. It sheds light on the challenges these doctors face, the increasing militarization of healthcare in Israel, and the impact on their professional roles and political identities. Additionally, it can offer explanations about how the healthcare system is embedded within broader power structures and parallels the state's overall policies toward its Palestinian citizens, especially when their 'undisciplined' political identities do not fall in step with the state's expectations of their conduct. These dynamics are explored in more detail in the sections that follow.

Several Palestinian scholars have examined Israel's evolving policies toward its Palestinian citizens over the past two decades, highlighting how these are closely linked to broader political shifts. Policies of containment and assimilation intensified in the 1990s and further evolved after the October 2000 Uprising, which generated a pivotal shift in how Palestinians in Israel engaged with the broader Palestinian cause. In response, the Israeli state sought to undermine their growing engagement by pursuing two parallel strategies: political intimidation and co-optation.¹²

These policies, promoted as economic integration, have created a structure of economic dependency for Palestinians in Israel without granting them full political inclusion.¹³ Scholars emphasize here the role played by neoliberal policies since the 1980s in transforming Israel's economy, under the pretext of modernization.¹⁴ The combination of economic integration and political control ensures that any progress made by Palestinian citizens is carefully regulated to align with state interests. This dual strategy highlights the twofold purpose of these policies: advancing national economic goals and fulfilling demands for labor, while ensuring political loyalty and suppressing resistance among the Palestinian Arab population in Israel. Thus, economic inclusion comes at the cost of political repression.¹⁵

10. Tanous, O., & Majadli, G. (2022, March 3). A medical school in the service of colonialism. [+972 Magazine](#); Tanous, O., & Majadli, G. (2022, June 7). When hospitals become battlefields. [+972 Magazine](#).

11. Tanous, O. (2020). Covid-19 fault lines: Palestinian physicians in Israel. *Journal of Palestine Studies*, 49 (4). Pp. 36- 46.

12. Anabtawi, K. (2024). **Uprising amidst liminality: The Karamah [Dignity] Uprising of May 2021 and popular insurrectionary action among Palestinians within the 'Green Line' – A sociological perspective**. Mada al-Carmel: The Arab Center for Applied Research. [in Arabic]

13. Ibid.

14. See Maron, A., & Shalev, M. (Eds.). (2017). [Neoliberalism as a state project: Changing the political economy of Israel](#). Oxford University Press.

15. Bloch, O. (2021). Hierarchical inclusion: The untold history of Israel's affirmative action for Arab citizens (1948–68). [Law and History Review](#), 39 (1). Pp. 29- 67.

This approach was adopted in a five-year plan, Government Resolution 922 (2015–2020),¹⁶ which was marketed as an initiative for the "economic development of the Arab community" in Israel. It was followed by a further five-year plan, Government Resolution No. 550 (2021–2026),¹⁷ which carried the same title. Both initiatives were designed to modernize Israel's economy by addressing labor shortages and stimulating economic growth, while also managing the Palestinian population, and therefore had a clear political dimension. They were intended to maintain control over the Palestinian population by restricting their political agency, ensuring political compliance and limiting resistance.

The implementation of the latter plan, Resolution 550, especially after the 'Dignity Uprising' of May 2021, highlights the intertwining of economic initiatives with political objectives, as several think tanks have argued. According to these institutions, in implementing Resolution 550, the State of Israel affirmed its national interest in promoting the integration of Arab youth into the Israeli economy and general labor force, including academia.¹⁸ Others have asserted that the state's response to the events of May 2021 should include a government plan designed to combat violence and crime among the Arab population in Israel, comprising multi-year economic and social programs in areas such as education and employment. According to these bodies, such policies are expected to increase the integration of Arab citizens into Israeli society and politics and further their 'Israelization', while allowing them to retain their Arab identity.¹⁹

The growing presence of Arab workers in the Israeli healthcare system exemplifies these policies. The state's policies of integrating marginalized populations into this system have been driven by both economic and political motives. The growing number of Palestinian doctors and nurses —rising from 9% in 2010 to 25% in 2022, according to the Israeli Ministry of Health²⁰— reflects the success of this two-pronged approach. While Palestinian medical professionals have been incorporated into the system and recognized for their contributions, their inclusion remains conditional on their political containment, as evidenced by their persecution and silencing after October 7th, 2023 in particular. It thus serves as a mechanism of control over the Palestinian workforce, offering economic opportunities while limiting political expression, as part of the state's broader strategy of co-optation and containment.

16. Prime Minister's Office. (2015, December 31). Government activity for economic development of minority populations in the years 2016- 2020: Government resolution no. 922 of 30 December 2015. [Prime Minister's Office](#). [in Hebrew]

17. Prime Minister's Office. (2021, October 24). Economic plan for reducing gaps in Arab society by 2026: Government resolution no. 550 of 24 October 2021. [Prime Minister's Office](#). [in Hebrew]

18. The Myers-JDC-Brookdale Institute. (2017). Arab youth in Israel: A comprehensive statistical review. [The Myers-JDC-Brookdale Institute](#).

19. Institute for National Security Studies. (2021, May 31). Jewish-Arab relations in Israel, April-May 2021. [Institute for National Security Studies](#).

20. Ministry of Health. Reference No. 2.

The events of May 2021 and October 2023 and their aftermath provide clear examples of how these dynamics unfold in practice. During the 'Dignity Uprising' in May 2021, for instance, Palestinian healthcare professionals reported facing harassment and institutional surveillance for expressing solidarity with fellow Palestinians in Gaza and East Jerusalem.²¹ At the same time, their integration into the Israeli healthcare system was used by governmental civil systems as a tool to quash tensions and suppress dissent.²² As Guy Shalev (2016) notes, these silencing practices were portrayed as efforts to uphold medical neutrality, and are indicative of a broader mechanism through which neutrality is politicized in order to pressure Palestinian health providers to suppress their political identities.²³ This manipulation of the concept of neutrality serves to silence expressions of solidarity and dissent, thereby further entrenching state control over Palestinian healthcare professionals.

The clearest indication of the effectiveness of these practices is the low participation of Palestinian doctors in a general strike announced in May 2021 throughout historical Palestine. Estimates suggest that approximately 90% of Palestinian healthcare workers did not participate in the strike, highlighting the impact of the aforementioned measures in limiting political engagement.²⁴ This repression, along with some limited resistance to it, has only intensified in the aftermath of the events of October 7th.

Methodology

This study employed qualitative methods, including in-depth interviews and document analysis, to capture the lived experiences of Palestinian physicians working in Israeli healthcare facilities. It contextualizes the personal and professional challenges they face within the broader framework of political co-optation and erasure, particularly during major political events such as the war that began on October 7th and the May 2021 Uprising. The study seeks to shed light on the mechanisms of repression and the experiences of the Palestinian healthcare professionals affected by them. Document analysis and thematic analysis of semi-structured interviews further contextualize their experiences within these dynamics. It also examines correspondence by the President of the Israeli Medical Association addressed to its members and to international health and academic associations and integrates them into a section on the militarization of the Israeli healthcare system.

21. Physicians for Human Rights Israel. Reference No. 1.

22. Shalev, G., & Tanous, O. (2021, May 20). To achieve 'coexistence,' Palestinian healthcare workers in Israel cannot show up as their full selves. [Forward](#).

23. Shalev, G. (May 2018). **Medicine and the politics of neutrality: The professional and political lives of Palestinian physicians in Israel**. [[Doctoral dissertation](#), University of North Carolina].

24. Orr, Z., & Fleming, M. D. (2023). Medical neutrality and structural competency in conflict zones: Israeli healthcare professionals' reaction to political violence. [Global Public Health](#), 18 (1).

It should be noted that the research was conducted during wartime, in an atmosphere of intimidation and self-censorship that exposed Palestinian physicians to significant risks of surveillance and silencing. As a result, it was challenging to recruit participants. The nine participants were selected at random, after they provided informed consent and received a clear explanation of the research objectives and an assurance of anonymity. Efforts were made to ensure diversity among the participants, including in terms of geographical location and career stage, resulting in representation from nine different hospitals and medical clinics.

The findings are intended to shed light on individual experiences, provide insights, and generate observations to allow for a deeper understanding of the dynamics within the Israeli healthcare system following October 7th and how these Palestinian doctors experience and navigate them. More comprehensive research into the role of the Israeli healthcare system in controlling Palestinian health care providers, by enforcing state policies, would allow for a more complete understanding of these dynamics and mechanisms, as well as the experiences and responses of Palestinian healthcare providers. However, the participants in this study, while limited in number, shared illuminating personal experiences and offered reflections on the general atmosphere in their workplaces, providing valuable insights into the challenges faced by Palestinian health providers and the ways in which they navigate them.

The study explores the voices, perceptions, personal and professional experiences, and challenges faced by nine Palestinian physicians working within the Israeli healthcare system, particularly in the wake of heightened tensions and reported persecution after October 7th, and assesses the actions taken by the healthcare system, situating them within a broader conceptual framework. Through interviews and thematic analysis, the study aims to gain understanding of the healthcare system's responses following the events of October 7th in particular. Additionally, it explores the associated implications for the roles and positions of Palestinian doctors within this system.

Semi-structured interviews were conducted with nine Palestinian physicians working in different geographical areas and at various stages of their careers. Thematic analysis was used to identify key themes and issues raised during the interviews, offering insights into the broader implications of their lived experiences.

Given the sensitive nature of the study, guaranteeing the participants' anonymity was of utmost importance. All participants were assured that their identities would be protected, through the replacement of their real names with pseudonyms and the removal of any identifying details during transcription and analysis. This commitment to anonymity did, however, present a notable limitation, in that certain aspects of the participants' experiences and specific examples had to be excluded, potentially reducing the depth and impact of the findings.

Findings and Discussion

The analysis of the nine in-depth interviews uncovered four distinct yet interconnected categories of experiences reported by participants, who each mentioned some or all of them: dehumanization, characterized by the denial of Palestinian humanity; racism and racial discrimination, entrenched within the healthcare system; intimidation and silencing, designed to suppress dissent; and militarization, reflecting the system's alignment with state violence and militaristic ideologies.²⁵

Dehumanization

In the interviews, participants frequently referred to instances of 'dehumanization' (نزع الإنسانية) and racism, explicitly integrating these concepts into their narratives. 'Dehumanization' was associated with views expressed by their Israeli colleagues about the population in Gaza, while 'racism' was predominantly used to describe their own personal encounters. Participants reported that the people in Gaza— regardless of whether they were civilians, adults or children— were viewed by their Jewish Israeli counterparts as subhuman and unworthy of empathy or moral consideration.²⁶ Notably, several participants also employed the term 'dehumanization' to articulate their own sense of being constrained in voicing expressions of solidarity and empathy towards the victims in Gaza, and limited in their ability to voice expressions of humanity and solidarity. What emerged in the interviews is that generalized and dehumanizing statements made about Palestinians in Gaza in their presence are experienced by the interviewees in a direct and personal manner, as though they were being levelled at the physicians themselves.

Several scholars, such as Frantz Fanon (1952) and Achille Mbembe (2020), in his theory of necropolitics, have examined the concept of dehumanization in colonial contexts, particularly at the nexus of medicine and colonialism. The dehumanization of Palestinians in Gaza by Israeli healthcare providers, along with the wider criminalization of expressions of empathy toward them, conforms to Frantz Fanon's analysis of colonialism as a system that dehumanizes the colonized by denying their humanity, reducing them to mere objects of control and erasing them politically by stripping away their agency and rights.²⁷ When Israeli healthcare providers view Palestinians in Gaza as unworthy subjects of empathy, and the healthcare system criminalizes expressions of sympathy with them by Palestinian doctors, it echoes Achille Mbembe's concept of necropolitics, according to which the sovereign power dictates who may live and who must die.²⁸

25. The period during which the interviews were conducted was August- October 2024.

26. Smith, D. L. (2011). *Less Than Human: Why We Demean, Enslave, and Exterminate Others*. New York: St. Martin's Press.

27. Fanon, F. (1967). *Black Skin, White Masks* (C. L. Markmann, Trans.). Grove Press. (Original work published 1952).

28. Mbembe, A. (2020). *Necropolitics*. Duke University Press.

One of the interviewees, 'Hasan', recalled dehumanizing remarks being made about the population of Gaza by a Jewish Israeli colleague during a staff meeting —statements such as, "There are no civilians in Gaza," and "Let them annihilate Gaza"— while the speaker was looking directly at Hasan and observing his reactions. In Hasan's words:

I had a room in the clinic that I would sometimes lock myself in, tearing up and crying alone, especially during the first few months. I would shut myself in and just cry. I constantly felt physical, not just emotional, pain; it was as if I were carrying the weight of an elephant when I went to work. I always locked the door behind me... that was my only way to release the burden.²⁹

'Qais' recounted his experiences of being dehumanized by the healthcare system when he was barred from aiding Palestinians in Gaza, whom he believed to be facing genocide. For Qais, the most fundamental duty of a doctor is to help those in need. However, he found himself not only unable to go to Gaza to offer assistance directly or to sign a letter condemning the war and the killing of civilians, but even that the mere expression of empathy was prohibited. Within the Israeli healthcare system, any display of compassion or criticism of the war was framed as support for terrorism, which left Palestinian healthcare workers paralyzed and unable to take action, even merely expressing empathy for the victims.

Qais emphasized that dehumanization, in his experience, occurs when someone else dictates with whom you are allowed to sympathize and with whom you should side. He added that not only was he barred from helping the people in Gaza, but that they (the Palestinian doctors) did not even release a letter or statement in response to the war. He remarked:

I am not sure how things will turn out for the doctors, but ultimately we will pay the price for our actions, because we will be judged for our actions. People will ask, 'What did you do during that time?' You will have to explain to the world why you made those choices. You will have to explain it to the Palestinians, and you will have to explain it to your children.³⁰

This sentiment was echoed by 'Waseem', who said:

You feel powerless when something so big is happening, and if there is ever a time to raise your voice, it is now. It feels like a betrayal of your people, and that is a very dark place to be in. At the same time, you are part of the other side, helping to reinforce the Israeli healthcare system and prepare it for emergencies... It makes you feel unethical, like there is no way to be a moral human being.³¹

29. Interview with Hasan, in person, (2024, August 23).

30. Interview with Qais, in person, (2024, August 6).

31. Interview with Waseem, via Zoom, (2024, September 4).

The guilt or sense of failure arising from the inability to provide active support to the people of Gaza or to challenge Israel's repressive actions—whether by vocally opposing the war, participating in demonstrations, exerting pressure through strikes, mobilizing to action within the healthcare system, or providing medical assistance on the ground—mirrors a broader experience among Palestinians in Israel. In previous wars, they were at least able to participate in protests, organize humanitarian aid deliveries, or donate to relief efforts. However, since October 7th, these acts have been criminalized by the Israeli state, leaving Palestinians in Israel watching from the sidelines as a genocidal war unfolds just kilometers from their homes and unable to take any meaningful action in response.

This guilt is particularly acute for healthcare providers because the purpose of their work is to alleviate human suffering. It becomes even more painful when those in need are members of their own people and they find themselves powerless to help them. Moreover, their sense of guilt is compounded not only by a sense of powerlessness, but also by a nagging question that many Palestinians in Israel ask themselves: have they succumbed to fear and abandoned Gaza when they could have done more to resist the intimidation that has been carefully constructed by the state, its civilian infrastructure, and wider society?

For Palestinian doctors, the sense of guilt is deepened by their professional role. As 'Waseem' stated, while they remain silent and are unable to help the people in Gaza, they are simultaneously working to strengthen the Israeli healthcare system and increase its emergency preparedness. This contradiction aggravates their sense of internal conflict, as their role as healers comes into conflict with their inability to extend that care to their own people in need.

According to 'Samer', his Jewish Israeli colleagues engaged in the dehumanization of Palestinians in Gaza on a daily basis. This conduct culminated in the sharing of images from their military service in Gaza at a staff meeting attended by Palestinian medics. He shared, "For example, how they describe the people in Gaza... even the children... saying that there are no innocent people there. Everyone is either involved in terrorism or referred to as rats or similar names".³² Samer also concluded, "Nowadays, to continue working in the hospital, you are required to become inhumane. You are not allowed to express sympathy for anyone dying on the other side, even if it is a child".³³

For Samer, the dehumanization he experienced in the healthcare system after October 7th is linked to the collapse of an entire set of values that define what it means to be a doctor. This encompasses his belief in the principle of humanity, empathizing with a person who dies no matter where they are from, and the responsibility to offer treatment to every person, regardless of their identity. It felt to him as though this entire moral framework had been demolished when, for instance, Israeli doctors signed a statement endorsing the

32. Interview with Samer, in person, (2024, August 10).

33. Ibid.

bombing of hospitals in Gaza,³⁴ and when he was prevented from expressing sympathy for those dying in Gaza. Under such conditions, continuing his work meant abandoning his own humanity.

According to 'Lubna', the erosion of morality within society has been conspicuous within the Israeli healthcare system since October 7th. In her words:

There was a nurse who had a confrontation with a [Palestinian] colleague of mine, and it was at the beginning of the war... she said to him, 'Wow, we've already killed 6,000 terrorists.' He looked at her and said, 'But we are talking about more than half of them being women and children... they are not terrorists.' She went and filed a complaint against him. Just questioning this narrative... speaking about women and children... there is no place for that at all.³⁵

In Hasan's interview there emerged multiple incidents that point to a total lack of discretion among Israeli medical staff, who used dehumanizing expressions against Palestinians without restraint. In doing so, they demonstrated a complete disregard for their Palestinian colleagues and for the potential impact of their words and actions upon them. More importantly, they exhibited a blatant disregard for the fundamental values of the medical profession. As Hassan explained:

In the early days [of the war], or perhaps a month later... the consultant said in a staff meeting that Gaza should be eliminated, and she looked at me like that... most of the people there believe there are no civilians in Gaza. At the time, the manager herself said that the people of Gaza bring dolls and put ketchup on them... Then she directed a question at me, asking, 'Hassan', what is the name of those dolls they put ketchup on?³⁶

Hassan added:

I was shocked on the day the Baptist Hospital was bombed. In a meeting, a doctor said it was best that they were shelled because the place could no longer be considered a hospital. Even the medical principles we were taught seem to have been swept away. It is as if you have to erase your humanity just to adapt. It is deeply humiliating... a sense of being invisible, completely erased.³⁷

34. Middle East Eye. (2023, October 18). Israeli doctors call for Gaza hospitals to be bombed. [Middle East Eye](#).

35. Interview with Lubna, via Zoom, (2024, August 7).

36. Interview with Hasan. Reference No. 29.

37. Ibid.

The perception of Palestinian lives being unworthy of value, or their suffering undeserving of empathy, corresponds to the aforementioned concept of necropolitics. A stark example was given by then-Defense Minister Yoav Gallant, who, immediately after the October 7th attack, referred to Palestinians as "human animals".³⁸ This dehumanizing rhetoric quickly gained traction within Israeli society, including, as the interviews indicate, in the healthcare system. When the entire population of Gaza is cast as legitimate military targets, when their innocence is denied, and indeed their annihilation is applauded, all this signifies a profound process of dehumanization. What makes it even more disturbing is the fact that this mindset is prevalent in spaces such as hospitals, designated for care and healing, which magnifies the moral crisis experienced by Palestinian physicians and other healthcare providers.

Racism and Racial Discrimination

Racism has long existed within the legal and institutional framework of the healthcare system in Israel. Since October 7th, 2023, however, Palestinians have found it increasingly difficult to challenge and resist it, which leaves them with an amplified sense of powerlessness, alienation and isolation. Thus, the experience of racism is now compounded by the loss of the limited avenues they once had to oppose it.

Interviewees noted that Israeli healthcare workers generally refrain from making openly racist remarks towards themselves, since there are clear rules in place to prevent such conduct to avoid hospital staffing issues, as Qais explained. In a similar vein, 'Sameh'³⁹ observed that the healthcare system does not allow racism to become overt, since Israel seeks to present itself as a democratic state based on equality as a foundational principle. They believe this is the only reason that racism is not permitted to become more explicit; otherwise, it could become rapidly normalized. Despite this limitation, however, participants consistently described experiencing racist and dehumanizing expressions against Palestinians in Gaza and the West Bank as deeply personal because they also identify themselves as Palestinians.

According to Shalev, the Israeli healthcare system operates within a framework of exclusionary Zionist nationalism that systematically erases the Palestinian political identity. This erasure finds expression in the manner in which Palestinian physicians are treated in Israeli hospitals, where their political subjectivity is either ignored or reframed under labels such as 'Israeli Arabs' or the 'Arab sector'.⁴⁰ This political marginalization is reflected in the dismissal of racist remarks about Palestinians from Gaza or the West

38. Middle East Eye. (2023, October 9). Israel-Palestine war: 'We are fighting human animals', Israeli defence minister says. [Middle East Eye](#).

39. Interview with Sameh, via Zoom, (2024, August 26).

40. Shalev, G. (2022, August 25). Helsinki in Zion: Hospital ethics committees and political gatekeeping in Israel/Palestine. [American Anthropologist](#), 124 (3). Pp. 1- 15

Bank as being irrelevant to 'Arab-Israeli' doctors. This attitude is part of the broader repression of Palestinian identity within Israeli institutions, including the healthcare sector, in which Palestinians are expected to suppress their national identity. As Shalev argues, these mechanisms not only marginalize Palestinian political identity, but also align the healthcare system with the state's Zionist goal of maintaining Jewish ethno-national dominance.⁴¹

Even before October 7th, some Palestinian doctors chose to overlook racist incidents, constrained by the ethos of medical neutrality and the dominant Israeli narrative that paints the healthcare system as apolitical and a model of coexistence. Indeed, this system is often held up as an example for other sectors,⁴² in a manifestation of the twin processes of co-optation and exclusion within the health care system. Since October 7th, the expression of discomfort or offense at racist or dehumanizing comments made about Gazans, as the aforementioned interviews and cases of dismissals demonstrate, has frequently been interpreted as 'siding with' Gaza, which is in turn equated with supporting Hamas and, by extension, terrorism. More importantly, anyone voicing such expressions risks being perceived by their Jewish Israeli colleagues as 'against us', i.e. the Jewish majority, which may constitute grounds for persecution and even dismissal, as was clearly communicated to healthcare workers from the earliest days of the war. According to Waseem, "They told us directly... anyone who criticizes the army or sympathizes with Gaza has no place here".⁴³

Seven of the nine Palestinian doctors I interviewed reported encountering racism throughout their education and training period and in their professional careers. It is manifested not only in overt discrimination, but also in the repression of their political identity and restrictions on their political engagement, both on university campuses and in the medical workplace. For instance, one interviewee was dismissed before October 7th for participating in a demonstration against the 2018 war on Gaza and refusing to apologize for it. Another recounted witnessing Israeli medical staff making racist remarks about Palestinian detainees from Gaza and the West Bank, describing it as a racist encounter. According to Lubna:

Racism is deeply rooted in the health system, and you often find yourself facing dilemmas about what you should do because it is something you see and experience every day, and it becomes routine... I was afraid this would happen... I do not want this to happen because it is scary to internalize racism and have it become an everyday part of life, just as is happening now.⁴⁴

41. Ibid.

42. Linder, R. (2017, March 31). Israel's medical field: A model of Jewish-Arab equality and coexistence. [Haaretz](#).

43. Interview with Waseem. Reference No. 31.

44. Interview with Lubna. Reference No. 35.

Samer and Qais articulated a similar sentiment about the internalization and normalization of racism among Palestinian medical professionals. According to Samer, "It is like there is a normalization of racist remarks to the point that you sometimes stop feeling that they are racist; they start to feel like something normal".⁴⁵ Qais also referred to frequently repeated comments when recounting his experiences in the first days after the 7th of October; he said, "There were many things, for example, when someone says these Arabs are terrorists, they are all terrorists... let them all be killed, within earshot of you".⁴⁶ Qais additionally reflected on encountering content his colleagues post on their personal social media accounts about Palestinians and Arabs. In his view, no one would openly express these views directly to him or other Palestinian doctors, as it could damage staff relations. However, such posts provide insights into their personal beliefs and attitudes. In his words:

When I walk in unnoticed and hear them say things like, 'the Arabs here are even bigger terrorists than those in Gaza.' It bothers me... but you learn to swallow it; it is not a big deal. In my view, Palestinian doctors within Israel have developed a certain level of adaptation. It is not indifference, it is adaptation. And that requires mental resilience, which I think is a valuable strength.⁴⁷

The adaptation of Palestinian doctors to the dehumanization of Palestinians—which often extends to the doctors themselves through racism or political erasure—merits closer examination. The normalization of racist remarks, coupled with a pervasive sense of powerlessness to challenge or resist it, is a testament to the healthcare system's effectiveness in 'disciplining' Palestinian doctors. This system operates within the framework of Jewish hegemony, a narrative that excludes even those Palestinians who distance themselves from a Palestinian identity and refer to themselves as 'Israeli Arab', from full inclusion.

Intimidation and Silencing

Seven out of the nine interviewees provided detailed accounts of their experiences of intimidation and enforced silence. All recounted instances of Palestinian healthcare professionals being fired from their positions due to social media activity and spoke about the associated personal consequences for themselves. Additionally, enforced silence was observed to trigger profound emotional distress, including feelings of repression, humiliation and erasure. As Qais stated: "The event at the hospital days after October 7 made everyone stay silent... You are either here or there... they conduct a pre-dismissal

45. Interview with Samer. Reference No. 32.

46. Interview with Qais. Reference No. 30.

47. Ibid.

hearing if someone posts something or even expresses sympathy for the children of Gaza... meanwhile, the other side is free to post whatever they like on Facebook".⁴⁸

Lubna's testimony provided a comprehensive account of the extreme manner in which the healthcare system reacted to the events of October 7th and to any dissenting views regarding Israel's military actions in Gaza, even when compared to earlier periods of political tension:

Since October 7th, there has been a pervasive atmosphere of intimidation and fear, more intense than ever. Throughout all the waves of escalation and attacks on Gaza that I have experienced, this time feels different—it is the worst. From October 7th until now, the silencing and repression have cut deeply, reaching the very core. The persecution, racism, and fear are affecting everyone. It is my first time seeing anything like this, even from colleagues and friends. For the first time, I did not even dare to speak... Initially, the workplace sent letters stating that, under the Anti-Terrorism Law, any expression that could be interpreted as support for terrorism would result in disciplinary action and could lead to dismissal. This threat was issued from day one and came directly from Human Resources. Soon after, we started hearing stories about people being fired from their jobs, even for something as simple as posting a flag or a peace dove. These stories of persecution quickly began to spread.⁴⁹

Lubna gave a poignant account of her experiences of pain and repression as a result of the enforced silencing, stating that: "It is extremely difficult to live in a state of oppression, unable to speak out or protest against injustice. I wish I could openly say that genocide is happening and express everything I genuinely believe. But of course, I cannot. You constantly feel like barriers are stopping you from voicing your beliefs and thoughts".⁵⁰

Samer voiced the conviction that discussing these issues was pointless given the profound militarization and imbalanced power dynamics between Arabs and Jews within the healthcare system, which hinders genuine dialogue: "If I say anything that could be misinterpreted as supporting terrorism, even something as basic as opposing the killing of children, they would fire me".⁵¹

Waseem described a staff meeting held in the weeks after October 7th to address tensions between Jewish and Arab staff. He stated:

There was an attack on us— this big meeting was not called to hear us out. They launched straight into an attack, questioning why we are not condemning,

48. Ibid.

49. Interview with Lubna. Reference No. 35.

50. Ibid.

51. Interview with Samer. Reference No. 32.

what we are doing, and why our public representatives are not condemning... You understand... these were the statements they were throwing at us. And, like I told you, I am fully aware of all these things— the power dynamics, the racism within the healthcare system, and its militarization. But there is this searing fear that burns inside you because, in the background, you are hearing about doctors who were fired and others who were arrested. The work environment has become one of surveillance— not just surveillance, but actual threats. Even though I had not said anything, the fact that I remained silent also raised questions: Why are not you speaking out? You are aware that every word you say can and will be used against you, and they might even twist it.⁵²

Perhaps one of the most revealing examples of the significant shifts that Palestinian doctors underwent was shared by Waseem, who stated:

Even though I had reached a point where I believed I had nothing to fear— because if you open the door to fear, it will take over—and I had trained myself hard for this, everything has been turned upside down. Everything I had learned and promised myself, like not letting any Jewish or Zionist person intimidate me or feeling secure in my stable and well-established position, has collapsed. There is something new that we have not seen before in their militancy and in their power. They were in an existential struggle for their sons and daughters, for their spouses, and now I understand they can do whatever they want. They can call the police, contact your workplace to get you fired, and the police will arrest you. The vengefulness is unmistakable.⁵³

One participant was targeted by patients for their Facebook posts, with patients accusing them of supporting Hamas terrorism and demanding their removal. To their surprise, the workplace stood by them. However, they said that, since this incident, they have stopped posting on social media, even though their posts were focused on civilians and human rights violations.

Systematic, structural silencing and censorship have long been prevalent within the Israeli healthcare system, predating the events of October 7th.⁵⁴ Interviewees noted a significant escalation, with individuals who had previously spoken out about Israeli violations now refraining from doing so due to intimidation. The dismissals that immediately followed October 7th instilled a collective sense of fear among Palestinian medical professionals, ingraining their enforced silence.

52. Interview with Waseem. Reference No. 31.

53. Ibid.

54. Shalev, G., & Tanous, O. Reference No. 22.

Many Palestinian doctors felt disempowered to confront the healthcare system even before October 7th. After October 7th, with the criminalization of empathy and the branding of dissent as support for terrorism, the expectation of silence increased. In cases where Palestinian doctors failed to submit to being 'disciplined' and questioned the dominant narrative, immediate actions were taken to reestablish control. These are the points at which intimidation escalates from heightened monitoring and surveillance to dismissals and criminalization. This draconian approach is designed to ensure that Palestinian doctors do not disrupt the hegemonic narrative legitimizing the war and portraying all associated actions as justified.

Militarization

The militarization of the healthcare system has both structural and formal aspects, and they predate the October 7th events.⁵⁵ For example, senior officials such as hospital directors are often permanent army reservists. Hospitals have openly declared their support for the war effort, and significant numbers of medical staff constantly move back and forth between reserve duty and their hospital work. Additionally, the Israeli Medical Association (IMA), which has historically supported Israel's policies in the occupied Palestinian territory,⁵⁶ has been actively working to influence global public opinion since October 7th by publishing articles and issuing letters to international organizations that oppose Israel's war in Gaza. This work can be tracked in a number of emails sent since October 7th by Zion Hagay, President of the IMA, to members of the healthcare system. The IMA is a powerful body within the country's healthcare system that represents about 95% of all physicians in Israel.⁵⁷ In a written communication sent by Hagay to healthcare professionals on October 25th, 2023, he stated:

The Israeli Medical Association works relentlessly to influence global public opinion, which is reflected in articles or through various international organizations that attempt to condemn Israel's warfare in Gaza. Each week, the IMA counters dozens of critical, and sometimes even false or irrelevant claims, backing their responses with facts and truthful data, such as the bombing of hospitals in Gaza, the use of bombs prohibited by the Geneva Convention, and the creation of a deliberate humanitarian crisis.⁵⁸

On November 15th, 2023 the following letter was forwarded to an undisclosed recipient regarding the Italian academic boycott of Israel:

As the representative organization of Israel's physicians, we were shocked and dismayed to read the content of 'Call for urgent action for an immediate

55. Tanous, O., & Majadli, G. Reference No. 10; Tanous, O. Reference No. 11.

56. Tanous, O., & Majadli, G. Reference No. 10.

57. Jewish Medical Association UK. (n.d.). [Israeli Medical Association](#).

58. Ibid.

ceasefire and respect for international humanitarian law' signed by Italian academics. We cannot speak for the Israeli government or the Israeli military. We speak as Israeli physicians.⁵⁹

He went on to praise Israel's medical treatment of Palestinian patients from Gaza and the West Bank and training given to Palestinian doctors from the occupied territory in Israeli hospitals, before asking, "In the case of an academic boycott against Israel, who do you think will suffer the most?" In the same letter, he referred to the exploitation of academia to further political agendas. Zion also forwarded to members his letter to the Director General of the Israeli Ministry of Health to IMA members, dated December 12th, 2023 regarding travel by Israeli physicians. He wrote:

Since the outbreak of the war, we have witnessed attempts by various entities and medical and academic organizations abroad to exclude Israeli doctors and associations from important academic, research, and clinical activities due to the war, accompanied by sharp negative criticism of Israel's conduct... The Israeli Medical Association is doing everything possible to counter these positions and publications, responding to the claims continuously and substantively. In this context, allowing doctors to travel abroad and participate in academic and research conferences and activities is crucial. This will enable them to contribute to Israel's public diplomacy, particularly regarding the healthcare system.⁶⁰

It is important to note that there is no independent labor union designated for Palestinian doctors in Israel, and nor do they have meaningful representation in the IMA, even though it claims to be a professional body representing all physicians in the country. The IMA aligns itself with the state's interests, often at the expense of medical ethics and international law.⁶¹ It also selectively labels certain actions as 'political'. For example, it condones pro-Israel diplomacy and military assistance by physicians, while condemning activities such as endorsing an academic boycott as political overreach. This approach reinforces how the healthcare system, through leading bodies like the IMA, is not a neutral entity, but one that facilitates the state's production of violence and the marginalization of Palestinian voices within the medical community. The lack of Palestinian representation in the IMA underscores the need for a dedicated union, as at least four of the interviewees stated. These interviewees expressed the urgency nature of establishing a labor union exclusively for Palestinian doctors, based on their sense

59. The correspondence from Zion Hagay, President of the Israeli Medical Association (IMA), was addressed to doctors in Israel and focused on the IMA's effort to refute international criticism of Israel's military actions in Gaza. It was sent on October 25, 2023.

60. Hagay forwarded his letter to the Director General of the Ministry of Health, dated December 12, 2023, to Israeli doctors. In it, he emphasized the importance of traveling abroad to counter efforts to exclude Israeli medical professionals and support Israel's public diplomacy.

61. Tanous, O., & Majadli, G. Reference No. 10.

that the IMA not only fails to represent their concerns, but is actively complicit in anti-Palestinian racism.

In addition, eight of the interviewees made reference to a noticeable increase in the militarization of the Israeli healthcare system following October 7th. Participants noted that since October 7th, health facilities have increasingly been displaying military symbols, similar to those put up in other institutions and public spaces. Signs bearing the motto 'Together We Will Win' were prominently visible in various settings. Health teams were directed to affix a pin with the same motto to their lab coats, and the Israeli flag was conspicuously displayed at numerous locations around medical facilities.

Backing for the war went far beyond symbolic displays in hospitals and healthcare facilities, extending to active military participation in the war by individuals employed in the healthcare system. Several examples were mentioned by interviewees, including Qais, who stated, "There is nothing more frightening than seeing a doctor in military uniform walking through the hospital... They enter with weapons... We even have department heads walking around armed. There are about four department heads carrying firearms." He added: "It is claimed that the hospital administration forced every department head to carry a gun... but I do not believe it. I have not verified the matter, and I doubt it is true because those carrying guns are racists. One of them might even be one of those who signed the letter saying it is permitted to destroy hospitals in Gaza".⁶²

Both Samer and Qais reported that some Israeli medical personnel shared personal photos from their military service in Gaza with the other staff members, either during meetings or on messaging app group chats. According to Samer, "Every day, I feel like I am going to work alongside war criminals. The hospital is entirely militarized, with constant emails and flags everywhere... The hospital feels like part of a war operations control center".⁶³

Waseem shared his experience in the staff meeting mentioned earlier; he recounted:

I naïvely believed that we would be able to discuss the pain felt on both sides and maintain respect for the fact that this work environment should remain neutral, empty of politics, where no one imposes their views on others so that we could continue working together. But I was taken aback by how, from the very first moment, and despite my position as a manager who oversees many people, they would say things like, 'We have heard that there are many Arab supporters of terrorism, and the workplace needs to take action to investigate if we have any employees who are sympathetic to terrorism.' Even my supervisor bluntly stated that it must be made clear: anyone who criticizes the army, anyone who criticizes the state, or calls these actions war crimes

62. Interview with Qais. Reference No. 30.

63. Interview with Samer. Reference No. 32.

has no place here. This, as a starting point, was terrifying. They said it with such militancy. I was struck by how easily everyone could transform into a soldier with this kind of authority, especially the women, because they are the mothers of soldiers.⁶⁴

These examples highlight how military values, principles, and practices become ingrained and normalized within civilian life and institutions through the process of militarization. One such practice is the constant movement of personnel between reserve military service in Gaza and medical work in hospitals. The approval of a new plan for the admission of students who were drafted for the war under Emergency Order 8 and who were studying abroad to medical faculties in Israel is another example. Finally, soldiers and their families are provided with an extensive array of privileges, accommodations and other preferential arrangements. These measures illustrate how resources are reallocated for military purposes, leading to the reshaping and synchronization of institutions with military goals, as articulated by Catherine Lutz.⁶⁵

Four of the nine interviewees mentioned that an open letter that was signed by around 100 Israeli physicians in which it stated that it is the Israeli army's "right and duty" to attack hospitals in Gaza, referred to as "terrorist nests".⁶⁶ One of the interviewees indicated that she has an Israeli colleague who endorsed the open letter, and that he has an administrative role through which he is responsible for supervising numerous Palestinian physicians. Furthermore, she said that he had reiterated his endorsement of the statement during a subsequent discussion meeting at the hospital.

The examples discussed above, and the increasing involvement of medical professionals in facilitating civilians' access to firearms, underscore the pervasive normalization of violence within the Israeli healthcare system. It is now incumbent upon family physicians to complete a 'health declaration' as a prerequisite for a person to be able to procure a firearms license,⁶⁷ which exposes the violence entrenched within the healthcare sphere in Israel.

64. Interview with Waseem. Reference No. 31.

65. Lutz, C. (2002). Making war at home in the United States: Militarization and the current crisis. [American Anthropologist](#), 104 (3). Pp. 723- 735.

66. Middle East Eye. Reference No. 34.

67. For more information about the role of the Israeli family, see: Physicians for Human Rights Israel. (2024). The medicalization of civilian armament. [Physicians for Human Rights Israel](#).

Conclusion

The experiences of Palestinian doctors within the Israeli healthcare system after October 7th reveal a deeply-entrenched and growing system of dehumanization, political erasure and militarization. Palestinian doctors, while constituting a significant portion of the healthcare workforce, have been stripped of their political agency and denied the ability to express solidarity with Palestinians in Gaza subjected to severe and lethal violence. The Israeli healthcare system is deeply embedded within state structures, and is not a politically neutral space. Health facilities have publicly declared their support for the war effort, and reservists in the system have continually moved back and forth between military service and their regular medical work in hospital departments. Their support has also extended to suppressing dissent and criticism of the war by Palestinian medical professionals and working to sway global public opinion in the aftermath of October 7th, thereby aligning the Israeli healthcare system with the state's broader military and political objectives.

A key theme that emerged from the interviews conducted during research for this paper is the erasure of Palestinian identity and political agency within the healthcare system. Despite Palestinians' accounting for around a quarter of all doctors and nurses in Israel, they are effectively marginalized, and their presence in the system serves to mask broader power dynamics that are at play. They are frequently labeled 'Israeli Arabs', a term that denies their Palestinian identity and reduces their presence to a form of token inclusion without political weight. The healthcare system ensures that they are able to contribute professionally, but that they cannot mobilize themselves politically or raise the concerns of their own communities. This political erasure has been compounded by the criminalization of empathy following October 7th, whereby any expression of sympathy for civilian victims in Gaza is equated with support for terrorism and penalized.

Dehumanization takes two primary forms in this context. First, there is the dehumanization of Palestinians in Gaza, routinely dismissed as unworthy of empathy, even by Israeli healthcare professionals, in an echo of the broader state narrative devaluing Palestinian lives and disregarding their suffering. Second, Palestinian doctors working in Israel are themselves dehumanized by being denied the ability to act. The system not only prevents them from providing medical aid to patients in Gaza, but also criminalizes basic expressions of empathy. The result is a profound internal conflict among these doctors, whose professional role is to alleviate human suffering, but who are paralyzed by the threat of state persecution.

The doctors interviewed all expressed a sense of guilt and powerlessness in the face of their inability to take meaningful action. In previous rounds of the conflict, Palestinians in Israel were able at least to organize protests or engage in humanitarian aid work. However, since the criminalization of such actions after October 7th, Palestinian doctors have been left to watch the war unfold from the sidelines, unable to intervene.

For healthcare personnel, this inaction is particularly painful as they are denied the opportunity to practice the humanitarian role associated with their profession.

The prevailing sense of guilt is compounded by the fact that, while they are prohibited from aiding Palestinians in Gaza, as physicians they are involved in maintaining the Israeli healthcare system, which is becoming increasingly militarized. Several participants noted the heightened presence of military symbolism and values within healthcare institutions, reinforcing the link between healthcare and state militarism. The sense of conflict they experience at being healers and yet unable to help members of their own people in need creates a profound moral and ethical predicament for Palestinian doctors, which intensifies their sense of dehumanization.

Despite their integration into the Israeli healthcare system, Palestinian doctors in Israel wield little actual influence. Their presence is carefully managed to ensure that they pose no political threat to the state. This structure mirrors broader state policies of co-optation that allow for Palestinians in Israel to be economically integrated but politically marginalized within the state. Palestinian doctors' professional contributions may be recognized, but their voices, particularly when addressing the concerns of their own communities, are silenced. This dynamic reinforces the broader settler-colonial agenda of domination, through which Palestinian participation is closely controlled and conditioned on their political compliance.

In sum, the findings of this study underscore the profound impact of dehumanization, erasure and militarization on Palestinian healthcare professionals in Israel in the aftermath of October 7th. Despite their significant presence within the healthcare system, Palestinian doctors are systematically silenced and stripped of their political subjectivity. Their ability to express empathy and act in accordance with their professional ethics is severely curtailed by the threat of criminalization, which leaves them feeling powerless and complicit in a system that actively dehumanizes their fellow Palestinians. This twofold process of dehumanization —of both victims of Israeli military aggression in Gaza and the Palestinian doctors themselves— reflects the broader dynamics of settler colonialism and domination that shape the Israeli healthcare system. Unless Palestinian healthcare workers gain independent representation and political agency, the system will continue not only to fail to protect their rights, but also to perpetuate their marginalization.

Annex

Physicians and Hospitals under Bombardment: The Systematic Annihilation of the Public Healthcare System in Gaza during the 2023-2024 War

Amid the explosive anger that has characterized Israel's conduct following the operation carried out by Palestinian militant factions on October 7, 2023, the Israeli army targeted the public healthcare system in Gaza in a systematic and deliberate manner. It did so on the pretext that health facilities had been converted into Hamas command and control centers. What resulted was an extremely difficult and complex healthcare reality. In this report, we shed some light on Israel's assaults on the healthcare system, on medical personnel, and on displaced persons sheltering in hospitals in the Gaza Strip.

While Israel's assaults on the healthcare system in the West Bank have taken the form of attacks on ambulances and medical crews, raids on hospitals and clinics, and blocking ambulances from accessing critical locations,⁶⁸ it has taken a different type of action against the healthcare system in Gaza. During the course of four successive wars on the Gaza Strip (in 2008, 2012, 2014 and 2023), attacks on healthcare facilities have involved the regular shelling of clinics, hospitals and medical laboratories.⁶⁹

Since the start of the war, Israeli forces have systematically and intentionally dismantled the healthcare infrastructure in the Gaza Strip by shelling hospitals and healthcare centers, cutting off their electricity and supplies, forcing patients and staff to evacuate at gunpoint, and opening fire on hospital workers, people seeking shelter, and patients receiving medical care.⁷⁰ The Israeli Occupation has destroyed the major healthcare institutions including the Al-Shifa Hospital in Gaza City. In the south, it has put the Abu Yousef al-Najjar Hospital, the Emirates Red Crescent Hospital, the Kuwaiti Hospital, and the Dar Al-Salam Hospital out of action. Meanwhile, the European Hospital is functioning on a partial basis, the Nasser Hospital remains under threat, and the Shuhada al-Aqsa Hospital is operating at around 10% capacity.

* Thanks to Dr. Mansour Abu Karim, political researcher, for his contribution in writing the annex.

68. Tanous, Osama. (2024). Israeli Attacks on the Healthcare Sector: The new norm also in the West Bank. [Institute for Palestine Studies](#). [in Arabic]

69. Asi, Y. M., et al. (2021). Are There 'Two Sides' to Attacks on Healthcare? Evidence from Palestine. **European Journal of Public Health**, 31 (5). Pp. 927– 928.

70. Hanbali, Layth. (2024). The Destruction of the Healthcare System in the Gaza Strip. [Institute for Palestine Studies](#). [in Arabic]

The Occupation has also destroyed the Turkish-Palestinian Friendship Oncology Hospital, thereby exacerbating the suffering of cancer patients. It has also razed and put three pediatric hospitals out of service: the Al-Nasr Hospital, the Abdul Aziz Al-Rantisi Hospital, and the Mohammed Al-Durrah Hospital.⁷¹

The World Health Organization has documented 102 attacks on primary healthcare centers, and reports that 13 healthcare institutions have received orders to evacuate in Gaza and northern Gaza.⁷² According to reports by the Government Media Office in Gaza, 33 hospitals and 64 healthcare centers have been put out of action as a result of the war on Gaza. Data confirms that 160 healthcare institutions have been targeted by the Occupation.⁷³ NGO Human Rights Watch has also documented attacks on healthcare facilities in Gaza, finding that "Israeli forces bombed the Indonesian Hospital several times between October 7 and 28, 2023, killing at least two civilians." The International Eye Hospital was the target of repeated bombings before being completely destroyed in an airstrike carried out on October 10, 2023. Recurrent Israeli airstrikes also caused damage to the Palestine Red Crescent Society Al-Quds Hospital, wounding a man and a child who were in front of it. Israeli forces also stuck ambulances that were clearly marked on several occasions, including in an incident on November 3 in which at least 12 people were killed or wounded, including children, in front of the Al-Shifa Hospital.⁷⁴

It is therefore evident that there is a recurrent, consistent pattern of attacks on hospitals throughout the Gaza Strip, carried out using intimidation, attacks on surrounding areas, direct strikes, and blockades. The effects of this systematic, widespread pattern of destruction targeting the medical infrastructure, along with the forcible transfer of the population, has put the majority of hospitals and healthcare centers in Gaza out of service. This includes all hospitals located in the north of the Strip.⁷⁵ Attacks on hospitals have assumed several forms, including shelling in the vicinity of hospitals, raids, the use of sniper fire, blockades, and turning their courtyards into mass graves.⁷⁶

Israeli attacks on hospitals and health centers have not stopped, and they have also extended to attacks on human medical crews. 1,057 health workers in Gaza have been killed since October 7, 2023. The latest death was that of Dr. Saeed Jouda, who was

71. Aljazeera Net. (2024, October 2). How has the war affected the health of the population of the Gaza Strip? [Aljazeera Net](#). [in Arabic]

72. United Nations Development Programme (UNDP). (2024). **The Gaza War: Anticipated Economic and Social Implications for the State of Palestine**. Jerusalem: United Nations Development Programme (UNDP). P. 5.

73. ALRYAN. (2024, July 15). 283 days of the war on Gaza. [ALRYAN](#). [in Arabic]

74. Human Rights Watch. (2023, November 24). Gaza: Unlawful Israeli Hospital Strikes Worsen Health Crisis. [Human Rights Watch](#). [in Arabic]

75. Forensic-Architecture. (2024). Destruction of the Medical Infrastructure in Gaza. [Forensic-Architecture](#).

76. Tanous, Osama. Reference No. 68.

directly shot by Israeli forces in Beit Lahia in the northern Gaza Strip.⁷⁷ In addition, Occupation forces have arrested and killed large numbers of medical staff from Gaza's hospitals, including Dr. Adnan Al-Bursh, head of the Orthopedics Department at Al-Shifa Hospital. Al-Bursh was arrested in December 2023 at the Al-Awda Hospital in northern Gaza, along with a group of other doctors.⁷⁸ Rohan Talbot, Director of Advocacy and Campaigns at the British charity organization Medical Aid for Palestinians (MAP), gave testimony before the British Parliament about the crimes committed by the Israeli Occupation against doctors in Gaza. In his testimony, he confirmed that there is evidence indicating that Israel has deliberately targeted Palestinian medical personnel.⁷⁹

Israel has also attacked displaced persons taking cover within the walls of hospitals. On October 17, 2023, Israel began a series of attacks on Palestinian hospitals by targeting the inner courtyard of the Al-Ahli Baptist Hospital. Nearly 500 Palestinians were killed in the attack, most of whom were women and children who were seeking refuge in the hospital.⁸⁰ Israeli officials claimed that a failed local rocket launch was responsible for the explosion. Specifically, officials identified a barrage of seventeen rockets that were fired from inside Gaza in the direction of the hospital, and claimed that one of these rockets missed its target and caused the explosion and the resulting destruction at the Al-Ahli Hospital. However, Palestinian authorities and reports from the field placed the blame on an Israeli airstrike. A report subsequently published by the organization Forensic Architecture furnished evidence refuting Israel's claims.⁸¹

Two people were killed and 26 others injured by Israeli fire targeting tents used by journalists and displaced persons inside the walls of the Shuhada al-Aqsa Hospital, in the ninth strike on the facility since the beginning of the war.⁸² These attacks are being launched against hospitals and healthcare centers in the Gaza Strip in spite of the fact that they have immunity under international law: hospitals and other medical facilities are considered to be civilian objects and have special protection under international humanitarian law (IHL), or the laws of war.⁸³

77. Anadolu Agency. (2024, December 12). Gaza Health: Death toll in the healthcare sector rises to 1057. [Anadolu Agency](#). [in Arabic]

78. Anadolu Agency. (2024, May 5). Adnan Al-Bursh, the most famous surgeon in Gaza. Arrest, torture and martyrdom in Israeli prisons (profile). [Anadolu Agency](#). [in Arabic]

79. Alaraby TV. (2024, November 17). Raped to death... This is how Israel treated a Palestinian doctor it captured from Gaza. [Alaraby TV](#). [in Arabic]

80. Aljazeera Net. (2024, April 23). The War on Hospitals. A strategy adopted by the occupation forces in their assault on the Gaza Strip. [Aljazeera Net](#). [in Arabic]

81. Forensic Architecture. (2024, February 15). Israeli Disinformation: Al-Ahli Hospital. [Forensic Architecture](#).

82. Alaraby TV. (2024, November 9). For the ninth time... The occupation targets the tents of displaced people in the Shuhada al-Aqsa Hospital. [Alaraby TV](#). [in Arabic]

83. Human Rights Watch. (2023, November 24). Gaza: Unlawful Israeli Hospital Strikes Worsen Health Crisis. [Human Rights Watch website](#). [in Arabic]

The effects of the war on Gaza are clearly evident within the healthcare sector, which has suffered devastating setbacks that will have a long-term impact in terms of disease prevention and social cohesion. An estimated 16,854 children have been unable to receive routine vaccinations, which has resulted in the spread of a number of epidemic diseases such as hepatitis, which points to a worrying future for the state of health in the Gaza Strip, and highlights the need for urgent intervention in this health crisis.⁸⁴ The severe shortage of water and water contamination, the acute shortage of medical staff as a result of the assassinations and arrests, the critical lack of medicines and other medical supplies, and of blood and blood products, as well as the lack of access to healthcare services, have all led to a major deterioration in the medical services provided to the people of Gaza.⁸⁵

Conclusion

The healthcare system in Gaza is going through an extremely difficult period as a result of the war and its ramifications. Israel has directly targeted the health sector from the very first day of the war on Gaza, carrying out airstrikes on hospitals and healthcare centers, most of which have now ceased operating entirely or are working on a partial basis. The systematic destruction visited upon it has left the healthcare system unable to meet the needs of approximately 100,000 people who have been wounded in the war, in addition to regular patients and the general population. This situation has contributed to the outbreak of several diseases and epidemics, including polio, smallpox and hepatitis, all of which signals further negative health repercussions in case the attacks on the healthcare system continue and there is an ongoing shortage of healthcare personal, medicines, and other medical supplies.

84. Palestinian Bureau of Statistics. (2024, October 6). Palestinian Bureau of Statistics reviews social, economic and environmental conditions a full year after the start of Israeli occupation's assault on the Gaza Strip and West Bank. [Palestinian Bureau of Statistics](#). [in Arabic]

85. Al-Husseini, Abdul Latif. (2024, February 7). On the Edge of the Abyss: War and Public Health in Gaza. [Birzeit University](#). [in Arabic]



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