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Healthocide Engineering in Gaza Strip: An analysis of the Israeli Occupation's Strategies and Impact on the Health System (2023-2025)

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Abstract:

The health systems have increasingly become targets of armed conflicts, raising growing concerns about the use of healthcare destruction as a tool of collective violence. In the context of the war on Gaza (2023–2025), extensive attacks on hospitals, medical personnel, healthcare infrastructure, and essential medical supplies have generated scholarly and legal debates regarding the emergence of what has recently been termed "healthocide" or "health genocide." This study examines the concept of Healthocide Engineering in the Gaza Strip and analyzes the strategies employed by the Israeli occupation and their impact on the collapse of the healthcare system.

The research seeks to answer the following central question: To what extent can the systematic targeting of Gaza's healthcare sector be conceptualized as a form of healthocide, and how can this phenomenon be interpreted within the frameworks of international law and contemporary political theory? To address this question, the study adopts a qualitative descriptive-analytical methodology based on the examination of reports issued by United Nations agencies, international organizations, human rights bodies, official health statistics, and relevant academic literature covering the period from October 2023 to 2025.

The findings indicate that the targeting of hospitals, medical personnel, healthcare infrastructure, medical supply chains, and health information systems constitutes a multidimensional pattern of destruction that extends beyond conventional military operations. The study demonstrates that siege, starvation, deprivation of medical care, and restrictions on humanitarian access have significantly contributed to the deterioration of health conditions and the functional collapse of Gaza's healthcare system. The analysis further shows that these practices may be interpreted as mechanisms of structural

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violence that operate through the management of life, illness, and death, consistent with the theoretical perspectives of biopower and necropolitics.

The study concludes that Healthocide Engineering provides a useful analytical framework for understanding contemporary forms of violence directed against health systems in conflict settings. It recommends strengthening international accountability mechanisms, protecting healthcare infrastructure during armed conflicts, improving documentation of health-related violations, and advancing scholarly research on healthocide as an emerging interdisciplinary concept situated at the intersection of international law, political science, and health studies.

Keywords: *War on Gaza; Israeli Occupation; Gaza Strip; Healthocide; Genocide Convention (1948); Famine Engineering; Healthcare System; Protection of Medical Facilities; International Humanitarian Law.*

1. Introduction:

1.1. Background of Study

The war on Gaza has transformed the Gaza Strip into one of the most dangerous environments for civilians globally, where violence extends beyond direct military bombardment to include the systematic deprivation of the basic conditions necessary for survival. The sustained destruction of healthcare facilities, the obstruction of medical supplies, and the collapse of essential public services have generated a new form of mass harm that exceeds the logic of conventional warfare. Within emerging legal and medical scholarship, this pattern has been increasingly conceptualized as "health genocide" or "healthocide," referring to the deliberate targeting of health systems as a mechanism of population destruction. In this context, health is no longer an incidental casualty of war but a central domain of structured violence.

Recent international attention, including statements by the World Health Organization and legal arguments presented before the International Court of Justice in the case brought by South Africa concerning the application of the Genocide Convention to the war on Gaza, has reinforced concerns that the systematic targeting of healthcare infrastructure may form part of a broader strategy aimed at creating conditions of life incompatible with survival. Reports by United Nations bodies have further emphasized the scale of destruction affecting hospitals, reproductive health services, and essential medical infrastructure.

1.2. Research Problem and Questions

Against this background, this study examines the concept of "healthocide engineering" as an analytical framework to understand the deliberate and systematic targeting of Gaza's healthcare system during the period 2023–2025. The central research problem can be formulated as follows:

To what extent can the practices of the Israeli occupation targeting the health system in Gaza be conceptualized as a structured form of health genocide under international law and political theory?

The study further addresses three interrelated questions:

- How has the Israeli occupation targeted the different components of the healthcare system in Gaza, including hospitals, medical personnel, supply chains, and health infrastructure?
- Do these practices represent isolated violations or a coherent structural pattern aimed at dismantling the population's capacity to survive?
- How can the concepts of biopower and necropolitics contribute to a deeper understanding of the governance of life and death under conditions of prolonged siege and war?

1.3. Significance of Study

This research contributes to both legal and theoretical debates by addressing a relatively under-explored dimension of contemporary conflict: the systematic destruction of health systems as a modality of warfare. While international humanitarian law provides clear protections for medical facilities and personnel, it remains limited in capturing the cumulative and structural nature of health system collapse. By integrating legal analysis with political theory, the study offers a framework for understanding how violence operates not only through direct killing but also through the engineering of vulnerability, disease, and institutional breakdown.

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1.4. Hypotheses of the Study

The study is guided by three main hypotheses:

- The Israeli occupation has pursued a systematic strategy of healthocide engineering in Gaza through the combined use of military attacks and structural restrictions that render the health system inoperable.
- The deliberate obstruction of medical care, humanitarian aid, and essential supplies contributes to the creation of conditions of life intended to destroy the Palestinian population, in whole or in part, in accordance with the Genocide Convention (1948).
- The war on Gaza reflects a political logic of biopower and necropolitics, whereby control is exercised through the management of exposure to illness, deprivation, and death.

1.5. Methodology

This study adopts a qualitative descriptive-analytical methodology based on the systematic examination of primary and secondary sources. Primary data include reports from United Nations agencies such as the World Health Organization (WHO), the Office for the Coordination of Humanitarian Affairs (OCHA), and the Office of the High Commissioner for Human Rights (OHCHR), in addition to data from the Palestinian Ministry of Health and findings from international investigative commissions.

Secondary sources consist of academic articles, legal analyses, and expert commentaries addressing both the war on Gaza and the emerging concept of healthocide. The analysis covers the period from October 2023 to late 2025.

The study employs thematic content analysis to identify recurring patterns of violations, including attacks on hospitals, targeting medical personnel, obstruction of humanitarian aid, and disruption of health information systems. These findings are interpreted through a dual framework: legal analysis under international humanitarian law and genocide conventions, and theoretical interpretation through the concepts of biopower and necropolitics.

2. Conceptual and Legal Foundations of Genocide and Healthocide

2.1 Conceptual Definition of Genocide

Genocide constitutes the paradigmatic crime against humanity, systematically dismantling the normative architecture of human rights that safeguards individual dignity, life, security, and collective existenc[1].Distinct from individualized violence, genocide operationalizes state power to eradicate protected groups—national, ethnic, racial, or religious—through coordinated policies that transcend juridical boundaries, implicating universal moral and legal obligations.[2] Politically, genocide reveals the sovereign's necropolitical capacity to designate entire populations as expendable, exploiting institutional vacuums where international protection regimes collapse under geopolitical asymmetries[3].

Empirical studies confirm that genocide emerges not as spontaneous pathology but as a rationalized state project catalyzed by the erosion of human rights infrastructures; the disintegration of justice, equality, and existential security creates "opportunity structures" for systematic exclusionary violence[4].This dynamic underscores a core political paradox: genocide thrives precisely where liberal internationalist norms—intended as bulwarks—prove most vulnerable to instrumentalization by dominant powers, transforming humanitarian rhetoric into mechanisms of sovereign impunity[5]Article II of the 1948 Genocide Convention codifies genocide as "acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group," enumerating five modalities:

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[1] William A. Schabas, *Genocide in International Law: The Crime of Crimes*, 2nd ed. (Cambridge, UK: Cambridge University Press, 2009), pp. 3–15.
[2] Raphael Lemkin, *Axis Rule in Occupied Europe* (Washington, DC: Carnegie Endowment for International Peace, 1944), pp. 79–95.
[3] Achille Mbembe, *"Necropolitics," Public Culture*, vol. 15, no. 1 (Winter 2003), pp. 11–40.
[4] Barbara Harff, "*No Lessons Learned from the Holocaust? Assessing Risks of Genocide and Political Mass Murder since 1955*," American Political Science Review, vol. 97, no. 1 (February 2003), pp. 57–73.
[5] Michael Barnett and Raymond Duvall, "Power in International Politics," International Organization, vol. 59, no. 1 (Winter 2005), pp. 39–75.

(a) killing;

(b) serious harm;

(c) conditions of life calculated for physical destruction;

(d) preventing births;

(e) forcible child transfer[1].

Analytically, this legal taxonomy exposes genocide's dual nature as both spectacular violence and bureaucratic banality; while direct killing dominates popular imagination, modalities (c)–(e) reveal the slow-motion sovereignty of attrition warfare, where states engineer demographic collapse through infrastructural sabotage rather than massacres alone[2]Raphael Lemkin coined "genocide" in 1944 to theorize Nazi extermination as genos (tribe) + -cide (killing), framing it as multifaceted cultural-biological destruction rather than mere murder[3] . Lemkin's innovation lay in politicizing group destruction as sovereign technique, shifting analysis from individual criminality to statecraft; the 1948 Convention's subsequent universalization masked its original intent as anti-colonial prophylaxis, enabling post-war hegemons to selectively enforce—or suspend—its prohibitions[4]

From a political science perspective, genocide's persistence post-1948 reveals not normative failure but structural functionality within the interstate system. As biopolitical governance, it regulates "surplus" populations through calibrated lethality, with legal categories serving less as deterrents than as legitimation devices for asymmetrical power[5].

2.2 The Legal Definition in International Conventions:

Contrary to common misconception, the foundational legal definition of genocide originates not from a 1946 United Nations General

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[1] United Nations, *Convention on the Prevention and Punishment of the Crime of Genocide*, adopted December 9, 1948, 78 U.N.T.S. 277 (New York, NY: United Nations, 1948), Article II.

[2] Helen Fein, *"Genocide by Attrition, 1939–1945,"* Health and Human Rights, vol. 2, no. 2 (1997), pp. 10–31.

[3] Raphael Lemkin*, op. cit ,* pp. 79–80.

[4] Samantha Power, *A Problem from Hell: America and the Age of Genocide* (New York, NY: Basic Books, 2002), pp. 51–72.

[5] Michel Foucault, *Society Must Be Defended***:** Lectures at the Collège de France, 1975–76 (New York, NY: Picador, 2003), pp. 239–263.

Assembly resolution—which merely affirmed the crime's existence—but from Article II of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide[1]This provision defines genocide as "any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group": (a) killing members of the group; (b) causing serious bodily or mental harm; (c) deliberately inflicting conditions of life calculated to bring about its physical destruction; (d) imposing measures intended to prevent births; (e) forcibly transferring children to another group[2]Politically, this taxonomy reveals genocide's hybrid character as both spectacular violence and administrative technique; while modalities (a)–(b) evoke immediate lethality, (c)–(e) operationalize "slow violence" through infrastructural sabotage, enabling sovereigns to pursue demographic engineering under legal plausibility deniability[3].

The Convention's discriminatory intent requirement (dolus specialis)—proof of specific genocidal purpose—functions as both juridical threshold and political shield, permitting powerful states to contest attribution while lesser actors face swift condemnation[4].

Article 6 of the Rome Statute of the International Criminal Court replicates this definition verbatim, extending jurisdiction to "acts committed with intent to destroy, in whole or in part, a protected group," while emphasizing large-scale commission as evidentiary threshold rather than definitional limit [5].

This convergence underscores a core tension in international criminal law: universalized prohibitions mask enforcement asymmetries, where geopolitical hegemony determines which "intent" qualifies as prosecutable[6].Crucially, Article IV mandates punishment irrespective of official capacity—"heads of State or Government officials"—while

[1] Schabas, *op. cit.,* pp. 3–15
[2] United Nations, *Convention on the Prevention and Punishment of the Crime of Genocide*, adopted December 9, 1948, 78 U.N.T.S. 277 (New York, NY: United Nations, 1948), Article II.
[3] Fein, *op. cit*. , pp. 10–31
[4] Schabas, op. cit., pp. 3–15 pp. 215–230.
[5] United Nations, *Rome Statute of the International Criminal Court*, adopted July 17, 1998, 2187 U.N.T.S. 90 (New York, NY: United Nations, 1998), Article 6.
[6] Payam Akhavan, *"The Crime of Genocide in the ICTR Jurisprudence*," Journal of International Criminal Justice, vol. 3, no. 4 (September 2005), pp. 989

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Article VI establishes imprescriptibly, rejecting statutes of limitations and immunities[1]. From a political science lens, these provisions theoretically dismantle sovereign impunity, yet their efficacy hinges on Security Council referrals, revealing the Genocide Convention as embedded within—rather than transcendent of—great power politics[2].

2.3 Definition of Healthocide

Healthocide is considered one of the modern and complex forms of genocide, in which human beings are not targeted solely through direct killing, but through the denial of their right to life, health, and survival by destroying the healthcare system and obstructing access to treatment, medicine, water, and food. Healthocide is viewed as a systematic strategy aimed at weakening society by depriving it of its essential vital components—essentially, it represents a slow process of killing carried out through means that appear medical and humanitarian on the surface but, in essence, embody collective extermination.

The term began to appear in legal and medical literature to describe policies leading to the total collapse of the health sector as a result of bombings, sieges, obstruction of humanitarian aid, and the targeting of medical personnel and facilities. From this perspective, healthocide is not separate from genocide but rather one of its most brutal manifestations, as it is carried out against civilians at their most vulnerable moments and results in an indirect yet systematic increase in the number of victims.

Another definition states that healthocide refers to the deliberate and systematic destruction of healthcare systems, health infrastructure, and medical personnel in the context of conflict or occupation, as part of a strategy to eliminate the targeted community's ability to endure and survive. The term is used to describe deliberate attacks that go beyond incidental damage to medical facilities or personnel, encompassing the obstruction of access to healthcare, the suspension of medicine supplies,

[1] United Nations, *Convention on the Prevention and Punishment of the Crime of Genocide*, adopted December 9, 1948, 78 U.N.T.S. 277 (New York, NY: United Nations, 1948), Articles IV, VI.
[2] Power, *op. cit*., pp. 51–72.

the prevention of medical evacuation, and the exclusion of essential medical services[1].

In a recent commentary published in BMJ Global Health, it is noted that healthocide reflects "the deliberate killing and destruction of health services and systems as an ideological weapon" during armed conflicts, going beyond the notion of random "attacks on healthcare." As an analysis in the BMJ journal points out, this phenomenon represents a double failure in international law: a failure to protect health facilities and personnel, and a failure to recognize the role of medical teams as "witnesses to violations" rather than mere bystanders[2].

It also means the deliberate targeting of health services as a war activity, where health facilities are systematically destroyed, people's access to care is obstructed, and health workers are targeted. It further indicates that remaining silent about these violations amounts to complicity, and that the systematic destruction of health services constitutes a breach of international humanitarian law and the ethics of the medical profession[3].

In another definition, healthocide refers to the increasing targeting of health services and workers in conflict zones, including the bombing of hospitals and the obstruction of ambulance access. This systematic destruction of medical infrastructure and denial of humanitarian aid not only endangers the lives of civilians but also represents a grave violation of international humanitarian law and the ethical principles of medical neutrality[4].

These definitions which should be noted as very recent (2025) reflect a concept that is still evolving and has not yet been legally recognized in international treaties such as the Geneva Conventions or the Genocide Convention.

The emergence of the term healthocide in recent discourse stems directly from the comprehensive and systematic destruction of Gaza's

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[1] Joelle M. Abi-Rached, Ala Sharara, and others**,** *"Healthocide and Medical Neutrality: A Call for Action and Reflection*, (*BMJ Global Health,* August 2025), p2.
[2] *Ibid.*p3.
[3] "*Healthocide' coined to describe deliberate attacks on health care as acts of war*," *The Guardian*, August 5, 2025, https://www.theguardian.com
[4] Ibid.

health system following the war launched by the Israeli occupation after the Al-Aqsa Flood operation. This tragic reality has become the primary catalyst driving researchers and human rights advocates to deconstruct the dimensions of this concept. It was not introduced merely as a new linguistic term, but rather as an analytical framework that reveals a deliberate strategy aimed at dismantling Gaza's health sector and depriving its population of the most basic means of life and medical care.

This same reason underpins our focus on the term and our use of the expression "Healthocide Engineering" to emphasize that what is happening in Gaza cannot be seen as a random collapse or a collateral consequence of war, but rather as a carefully organized and systematically executed process targeting the disintegration of the health infrastructure through interconnected military, administrative, and political tools. In this sense, healthocide represents a new model of genocide—one carried out through unconventional means.

The term "healthocide" emerged in contemporary global health and humanitarian debates to describe the deliberate destruction of healthcare systems and medical neutrality during armed conflicts. In 2025, the concept gained wider academic and professional recognition following the publication of the article "Healthocide and Medical Neutrality: A Call for Action and Reflection" in *BMJ Global Health*, where the authors used the term to characterize systematic attacks on healthcare infrastructure, medical personnel, and access to treatment as a distinct form of organized violence directed against the conditions necessary for human survival.

It is important to emphasize that healthocide is employed in this research primarily as an analytical concept intended to explain the systematic destruction of healthcare systems and their life-sustaining functions. Unlike genocide and crimes against humanity, healthocide does not currently constitute an autonomous legal category under international law. Nevertheless, the documented practices examined in this study raise significant legal questions because they may simultaneously engage existing legal frameworks relating to war crimes, crimes against humanity, and genocide. Accordingly, the value of the concept lies in its ability to illuminate dimensions of violence directed against health systems that may not be fully captured when each violation is examined separately.

3. Evidence of Healthocide in Gaza

Here, we present several pieces of evidence demonstrating that what is taking place in Gaza constitutes a form of health genocide (healthcide).

3.1 United Nations Reports and Investigations on Healthocide in Gaza

- **A United Nations investigation conducted by a specialized committee in March 2025, entitled "UN Investigation: Israel Committed Genocide in Gaza by Destroying the Reproductive Health Sector."**

The Independent International Commission of Inquiry on the Occupied Palestinian Territory indicated that Israel had committed acts falling within the scope of genocide as defined by the 1948 United Nations Convention, through the systematic destruction of the healthcare sector, particularly reproductive health facilities in the Gaza Strip. The Commission clarified that Israel was involved in at least two of the five acts defined by the Convention as constituting genocide: deliberately creating harsh living conditions intended to bring about the physical destruction of Palestinians, and imposing systematic measures aimed at preventing births within the targeted group.

In his context, the Chair of the Commission, Navi Pillay, affirmed that these violations did not only inflict direct physical and psychological harm on Palestinian women and girls but also produced long-term repercussions on their mental, reproductive health, and fertility prospects as a collective group—thus threatening the very demographic existence of the Palestinian people.

The investigation further revealed that Israel had carried out systematic strikes targeting Gaza's healthcare infrastructure, including hospitals and clinics specializing in reproductive care, leading to a near-total paralysis of the sector's ability to provide essential services for pregnant women and newborns.

The findings also showed that the severe restrictions imposed on medical supplies and essential medicines exacerbated the deterioration of health conditions, particularly in maternal and child health, resulting in

rising mortality rates among mothers and newborns. Consequently, the targeting of the healthcare infrastructure in Gaza represents a structured political dimension of genocide, exercised through non-conventional mechanisms aimed at dismantling Palestinian society through its physical and biological existence a process that can be described as "health genocide", functioning as a political instrument in the management of collective extermination[1].

Health genocide in the context of the war on Gaza can be understood within the framework of *structural, systemic violence* practiced as state policy aimed at controlling the social fabric through non-military instruments. Rather than confining violence to bombing and killing, it is directed at the infrastructures that sustain life—health systems, water, food, and energy. This mode of violence constitutes a form of *biopower* used to govern populations and regulate death, aligning with what political theory terms *necropolitics*, wherein the authority determines who is deemed worthy of life and who is left to die.

In this context, health genocide becomes a strategic tool to weaken Palestinian society and to transform health into a political battleground in which control is exercised by denying civilians the right to treatment, reproduction, and survival. Thus, health genocide is not merely a humanitarian or medical phenomenon but a deliberate political practice reflecting the occupying power's intent to dismantle the material and social bases of Palestinian existence—not through immediate mass killing, but through a slow management of death that erodes life from within. In this regard, it constitutes a novel form of modern genocide.

- **A United Nations report, issued in August 2025 under the title: "UN Experts: The Occupation's Continued Targeting of Gaza's Healthcare System Amounts to 'Medical Genocide".**

UN experts affirmed that the systematic destruction of Gaza's healthcare sector by Israeli occupation forces constitutes a form of medical genocide—a new instrument of extermination within the ongoing war on the Strip. The experts, including Tlaleng Mofokeng, the

[1] Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *"UN Investigation: Israel Committed Genocide in Gaza by Destroying the Reproductive Health Sector,"* United Nations Human Rights Council, March 13, 2025, https://una-oic.org/ accessed july 27, 2025.

Special Rapporteur on the right to health, and Francesca Albanese, the Special Rapporteur on the situation of human rights in the Occupied Palestinian Territory, stated that Israel has not only targeted civilians but has deliberately starved healthcare workers and paramedics and attacked hospitals with the clear intention of dismantling Gaza's medical infrastructure and collapsing the last remaining pillars of life in the Strip.

The UN statement emphasized that these actions cannot be separated from the broader genocide being perpetrated against the Palestinian people. Medical genocide represents one of its central dimensions, designed to create deliberate living conditions intended to destroy Palestinian society both physically and psychologically. This conduct reflects a policy of collective punishment implemented within the framework of an apartheid regime, aimed at gradually annihilating Palestinian existence by weakening its vital institutions and sources of resilience.

The experts also warned that the continued assaults on Gaza's health system have exhausted its already limited resources, leading to the starvation of medical personnel and depriving them of food and medicine—constituting a dual violation of both the right to health and the right to human dignity. The United Nations documented numerous cases of fainting among doctors and nurses due to severe malnutrition and exhaustion, undermining their ability to perform their humanitarian duties and placing patients' lives in immediate danger.

The experts argued that the international community's silence in the face of these crimes deepens both moral and political indifference, sending a clear message that Palestinian lives "do not count." They emphasized that the world has failed in its moral and legal duty of protection. These findings demonstrate that what is occurring in Gaza is not merely a humanitarian crisis, but a systematic political act that falls within the framework of genocidal and collective punishment policies, reflecting the failure of the international justice system to confront and hold the occupying power accountable. Therefore, the experts stressed the urgent need to impose an immediate ceasefire, as the first step toward holding Israel accountable, rescuing what remains of Gaza's healthcare

system, and preventing the further escalation of the ongoing genocide against its population[1].

3.2 OHCHR Report: Pattern of Israeli Attacks on Gaza Hospitals Raises Grave Concerns (December 2024)

- **OHCHR Report: "Pattern of Israeli Attacks on Gaza Hospitals Raises Grave Concerns" , Issued by the Office of the United Nations High Commissioner for Human Rights (OHCHR) on 31 December 2024**

The report documented a recurrent and systematic pattern of attacks carried out by the Israeli occupation against hospitals and healthcare facilities across the Gaza Strip between 12 October 2023 and 30 June 2024. These attacks contributed to the progressive dismantling of the healthcare system, pushing it to the brink of collapse and dramatically restricting Palestinians' access to essential medical services.

Beyond their immediate humanitarian consequences, the documented incidents reveal a broader pattern in which healthcare infrastructure ceased to be merely affected by the hostilities and instead emerged as a persistent target within the conduct of military operations. In this regard, the report raised serious concerns regarding the compliance of the Israeli occupation with the obligations imposed by international humanitarian law, particularly the special protection afforded to medical personnel, hospitals, and healthcare facilities during armed conflict. The cumulative nature, frequency, and geographic scope of these attacks further suggest that the resulting destruction cannot be understood solely as isolated incidents, but rather as part of a sustained process that severely undermined the capacity of Gaza's health sector to provide life-saving care to the civilian population.

- **Documented Violations and Risks under International Humanitarian Law**

The report documented at least 136 strikes targeting 27 hospitals and 12 other medical facilities, resulting in the deaths and injuries of numerous doctors, nurses, paramedics, and civilians, in addition to

[1] "UN Experts*: The Occupation's Continued Targeting of Gaza's Healthcare System Amounts to 'Medical Genocide',"* United Nations Association - Organization of Islamic Cooperation (Una-OIC), August 13, 2025, https://una-oic.org/ accessed july 27, 2025.

extensive destruction of civilian infrastructure. It clarified that deliberate attacks on hospitals or disproportionate strikes against civilians constitute war crimes under international law, as hospitals enjoy special protection unless they are used for military purposes.

It further noted that Israeli assaults on the Al-Shifa Medical Complex in November 2023 and March 2024 represent blatant violations of international conventions. These operations left the facility in total ruin, and following the Israeli withdrawal, three mass graves were discovered within the hospital grounds, containing at least 80 bodies, some of which were found with catheters and medical equipment still attached—raising strong suspicions of crimes against humanity[1]

- **Impact on the Most Vulnerable Groups**

The report underscored that women and children were the most affected by the collapse of the health system. Many women were forced to give birth without medical assistance, resulting in increased maternal and neonatal mortality rates. It was also reported that newborns died because their mothers could not reach hospitals. Furthermore, numerous injured individuals succumbed to their wounds due to the absence of emergency care. According to the Palestinian Ministry of Health, by the end of April 2024, 77,704 Palestinians had been injured, and by the end of June, more than 500 medical personnel had been killed.

- **Violation of the Principles of Distinction, Proportionality, and Precaution**

The report stated that Israel used heavy weapons and aerial munitions with wide-area effects in densely populated areas, such as the deployment of MK83 bombs near Al-Aqsa Martyrs Hospital in Deir al-Balah, which killed 12 people, including a journalist and several displaced persons, and injured 35 others. The use of such weapons in civilian areas constitutes an indiscriminate attack, violating the fundamental principles of distinction and proportionality, which form the cornerstone of international humanitarian law[2].

[1] John Smith, "The Genocide in Gaza Has Exposed Key Shortcomings in the Global Health System," The Lancet, vol. 405, no. 10452 (March 2025), pp. e1503–e1507
[2]Smith, *op. cit*., e1505

- **Legal and Human Rights Dimension: From War Crime to Crime Against Humanity**

The report argued that the deliberate destruction of healthcare infrastructure could amount to collective punishment against the civilian population—a war crime under international law. Furthermore, when such acts are carried out as part of a widespread or systematic attack on civilians pursuant to a state policy, they may amount to crimes against humanity. Israel, for its part, failed to provide sufficient evidence to substantiate its claims that hospitals were used for military purposes, leaving these allegations vague and unsubstantiated.

- **International Responsibility and the Call for Accountability**

The report concluded with a call from UN High Commissioner for Human Rights Volker Türk for independent, transparent, and comprehensive investigations into all incidents and for holding accountable those responsible for violations of international humanitarian and human rights law. It also urged the immediate release of all arbitrarily detained medical workers and reaffirmed Israel's obligation—as the occupying power—to ensure Palestinians' right to healthcare and to reconstruct the medical infrastructure destroyed during the fourteen-month conflict.[1]

- **Destruction of Health Data and the Erasure of Evidence**

The author notes that the Israeli army destroyed Gaza's health information systems and communication networks, forcing the World Health Organization to rely on a severely reduced data model in which only 21% of injury reports contained disaggregated data

This systematic destruction represents a form of evidence erasure concerning crimes committed against civilians, as it targets the very documentation infrastructure that enables monitoring and accountability. In this sense, the obliteration of medical records and health databases becomes part of health genocide, undermining the capacity to record, verify, and prosecute violations.

[1] Smith, *op. cit*., e1505

- **Health Workers as Witnesses to the Crime**

The author emphasizes that Israel's repeated denial of access to forensic investigators and human rights organizations has placed an additional moral burden on Gaza's healthcare workers, who now bear the responsibility of witnessing, collecting data and evidence, and publicly defending the Palestinian people .

Consequently, Palestinian doctors and nurses have become frontline witnesses to genocide, and their medical testimonies serve as ethical instruments of resistance against attempts to whitewash or normalize atrocities.

- **From Medical Neutrality to Ethical Commitment**

In his conclusion, the author argues that if the World Health Organization's Emergency Medical Teams Initiative seeks to function as a truly global humanitarian mechanism, its members must recognize their ethical, political, and legal responsibilities beyond the delivery of competent medical care .Failure to grasp these dimensions renders humanitarian work a superficial presence rather than a genuine commitment to advocacy and moral solidarity with populations facing extreme injustice. Hence, the author calls for a redefinition of neutralitynot as a pretext for silence in the face of genocide, but as an active commitment to justice.[1]

4. Healthocide in Gaza: A Statistical Analysis of Israeli Occupation Strategies Targeting the Health Sector (2023–2025)

This section aims to provide a statistical overview documenting the manifestations of healthcide in Gaza during the period 2023–2025, through the monitoring of violations committed against the Palestinian health sector in all its components. This presentation is part of a broader analytical framework that examines the Israeli occupation's strategies in targeting the health system, with the objective of understanding the nature of this systematic destruction and its political and humanitarian dimensions, as well as assessing its repercussions on the overall functionality of the health system in the Gaza Strip.

[1] Smith, *op. cit.*,e1506.

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4.1 The Systematic Destruction of Gaza's Health Infrastructure (2023–2024)

Table (1): Data Indicators of the Systematic Destruction of Gaza's Health Infrastructure (2023–2024)

	Indicator	Figure / Data	Source	Date
1	Number of strikes on hospitals and health facilities	136 attacks targeting 27 hospitals and 12 other medical facilities	OHCHR – Attacks on Hospitals in Gaza	31 Dec 2024
2	Civilian casualties (martyred and injured)	34,535 martyred and 77,704 injured	Palestinian Ministry of Health / OCHA	Apr 2024
3	Medical staff martyred	Over 500 medical professionals martyred	Palestinian MoH / OHCHR	Jun 2024
4	Hospital capacity after destruction	Only 1,900 – 2,085 beds remaining operational (out of tens of thousands pre-war)	WHO / OCHA	mid-2024
5	Access to water and electricity in health facilities	Only 19 % – 40 % of facilities have adequate water and power supply	OCHA – Health Cluster Report	May 2024
6	Maternal and neonatal deaths	Sharp increase in deaths due to lack of prenatal and postnatal care; reports of newborn deaths because mothers could not reach hospitals	OHCHR / UN Reports	Jun 2024
7	Use of heavy weapons near hospitals	Example: MK-83 bomb near Al-Aqsa Martyrs Hospital (Deir al-Balah) martyred 12 and injured 35	OHCHR	Jan 2024
8	Mass graves in hospitals	Three mass graves discovered at Al-Shifa Medical Complex containing 80 bodies, some still with medical tubing attached	OHCHR	Apr 2024
9	Weakness in health-data documentation	Only 21 % of trauma reports contained detailed data due to destruction of records and communications	The Genocide in Gaza Has Exposed Key Shortcomings (Report)	2024
10	Functioning health facilities	Fewer than 30 % of health facilities still partially operational	WHO / Health Cluster	Jul 2024

Source: multiple verified reports and official sources [1]

[1] These data were compiled and organized based on multiple verified reports and official sources, including:

- **Analysis of the 2023–2024 Data (Indicators 1–10)**

The data for the period from October 2023 through mid-2024 indicate that the Israeli occupation adopted a graduated and systematic pattern for targeting Gaza's health system. The 136 strikes that hit 27 hospitals and 12 health facilities (Indicator 1) represent a phase of direct material destruction aimed at incapacitating the operational capacity of medical services. The scale of martyred and injured civilians (Indicator 2) reveals the widening of civilian targeting to a level that exhausts the health system's human and material resources.

The martyred status of over 500 medical personnel (Indicator 3) points to explicit targeting of qualified staff, amounting to a deliberate policy of de-professionalizing the health sector. Concomitantly, the reduction in available hospital beds to between 1,900 and 2,085 (Indicator 4) reflects the collapse of core treatment infrastructure.

Indicators 5 and 6 demonstrate the compounded effect of the combined water and electricity siege, which has disrupted life-supporting medical equipment and contributed to rising maternal and neonatal mortality—thus exposing the biopolitical dimension of the assault, whereby the very conditions of life are deliberately undermined.

Indicators 7 and 8 further attest to the criminal character of the operations: the use of heavy munitions in proximity to hospitals and the reported discovery of mass graves within medical complexes point to systematic moral and humanitarian destruction that exceeds any plausible military necessity.

Indicator 9 highlights the administrative facet of the policy of annihilation: by destroying medical records and information systems, accountability mechanisms are neutralized and avenues for legal redress are obstructed. Finally, Indicator 10 showing that less than 30% of health facilities remain partly functional indicates that the civilian health system has been converted into a functionally collapsed apparatus.

- *"Gaza Counts Costs of Catastrophic Impacts of Israeli Bombardment on Healthcare,"* *Associated Press*, date, https://apnews.com/ accessed July 25, 2025.
-Office of the UN High Commissioner for Human Rights, *"Reports on Gaza Healthcare Attacks,"* OHCHR, 2024 , https://www.ohchr.org/ accessed July 25, 2025.

In sum, during 2023–2024 the Israeli occupation carried out a multi-level, systematic dismantling of Gaza's health infrastructure, integrating direct bombardment, human-resource depletion, and service blockade. What began as episodic military strikes has evolved into the comprehensive engineering of health genocide.

4.2 From the Destruction of Healthcare Infrastructure to Siege-Induced Health Extermination (2025)

Table (2) : Indicators of Health Genocide in Gaza (2025): From Direct Targeting to Siege-Induced Extermination

	Indicator	Figure / Data	Source	Date
1	Health-worker martyrs (updated 2025)	Around 1,060 health workers martyred since 7 Oct 2023	IPS News	Mar 2025
2	Hospitals still operational	63 % (22 of 35) hospitals operating only partially	OCHA – Health Snapshot	Apr 2025
3	Medicine and supply shortage	43 % of essential medicines and 64 % of medical consumables unavailable	OCHA – Humanitarian Update	May 2025
4	Primary healthcare facilities operational	213 of 572 facilities (37 %) still functional (mostly partial service)	OCHA – Health Update	Jun 2025
5	Children under 5 suffering acute malnutrition	More than 54,600 children affected	AP News	Oct 2025

Source: multiple verified reports and official sources [1]

- **Analysis of the 2025 Data: Institutionalization of Health Genocide in Gaza**

The 2025 data reveal that the Israeli occupation has continued the same policy with greater depth and persistence, confirming that the destruction of Gaza's health system is not incidental but rather a sustained strategic pattern**.** The martyrdom of more than 1,060 health workers (Indicator 1) demonstrates a deliberate intent to target the human foundation of the healthcare system, a compound crime that violates the fundamental rights to life, health, and humanitarian service.

[1] -*Gaza Humanitarian Response Update* | 25 May - 7 June 2025," United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 2025 , https://www.unocha.org/ accessed July 24, 2025.
-*"Gaza Humanitarian Response Update* | 11 - 24 May 2025," United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 2025 , https://www.unocha.org/ accessed July 24, 2025.

Meanwhile, the fact that only 63% of hospitals remain partially operational (Indicator 2) indicates that the health system has not recovered but remains in a state of chronic paralysis. The crisis has deepened due to the severe shortage of medical supplies, with 43% of essential medicines and 64% of consumables unavailable (Indicator 3) evidence that the siege functions as a political instrument to prolong the humanitarian catastrophe**.**

Furthermore, less than 40% of primary healthcare centers (Indicator 4) are still operating, most of them providing only minimal services. This demonstrates that the occupation's strategy targets all levels of the health structure from tertiary hospitals to primary care units**.** Finally, the alarming rise in acute malnutrition among over 54,600 children (Indicator 5) points to a slow and systematic extermination achieved through deprivation of the most basic means of survival.

In conclusion, the data confirm that by 2025**,** health genocide has become a structural reality: Gaza's health system has been transformed into a deliberate model of collapse, shaped by siege, starvation, and continuous targeting turning health itself into a battlefield of annihilation.

4.3 Humanitarian and Health Outcomes of Healthocide in Gaza

Table (3): Humanitarian and Health Situation in Gaza – According to the Palestinian Ministry of Health (Director General's Statement)

No.	Indicator / Category	Figure / Data	Notes / Analytical Context
1	Patients urgently needing to travel for treatment	22,000 patients	Blockade and closure of crossings prevent them from leaving Gaza for medical care.
2	Patients approved for medical transfer but still waiting	18,100 patients	Stuck at border crossings despite official approvals.
3	Children among the waiting patients	5,600 children	Suffering from serious injuries and chronic illnesses.
4	Cancer patients needing urgent care	5,000 patients	Lack of oncology treatment threatens survival.
5	Wounded people	8,000 injured,	Many risk permanent

	needing urgent surgeries	including 2,000 children	disability or death without surgery.
6	Patients who died before being allowed to travel	900–931 patients	Died after receiving travel approval but before crossing.
7	Recorded cases of amputation	5,000 – 15,000 cases	Includes 1,125 children amputees; reflects severe trauma and lack of prosthetic care.
8	Total number of martyrs	67,753 – 68,000 martyrs	Represents about 10% of Gaza's population.
9	Total number of wounded	170,000 – 170,583 injured	Massive burden on the paralyzed health sector.
10	Child victims	19,000 children martyred	Roughly two out of every 100 children killed; four injured.
11	Women victims	10,000 women martyred	Reflects indiscriminate targeting of civilians.
12	Orphaned children	56,000 orphans	Direct result of family annihilation in bombardments.
13	Bodies of martyrs returned from Israeli custody	150 bodies	Many show signs of torture, burning, and organ theft.
14	Hospitals destroyed	38 hospitals completely destroyed	Indicates deliberate dismantling of the health infrastructure.
15	Hospitals partially operational	12 hospitals	Functioning under extreme shortage and danger.
16	Registered wounded needing rehabilitation	170,000 injured	Require surgeries, prosthetics, and rehabilitation programs.
17	Patients needing treatment abroad	15,000 cases	Await permits to leave; hindered by Israeli restrictions.
18	Acute child malnutrition (under 5 years old)	20% of children	Confirmed by UN reports; reflects famine-like conditions.
19	Clean water availability	Almost none	No safe drinking water; urgent need for desalination and water network repair.
20	Description of the situation	"Gaza has become an open	Symbolic statement reflecting health genocide

		hospital for death."	and systemic collapse.

Source: Munir Al-Bursh, Director General of Health in Gaza[1]

- **Analysis: How the Data from the Palestinian Ministry of Health Illustrate "Genocide through Siege" as an Advanced Phase of Health Genocide**

The data released by the Palestinian Ministry of Health illustrate that the siege imposed on Gaza has evolved into an advanced phase of *health genocide*—a systematic process of destruction that targets the population's right to life and healthcare through administrative, logistical, and military means.

- **Medical denial as a mechanism of slow death:** The figures showing more than 22,000 patients urgently needing to travel for treatment **and** 18,100 approved referrals still stranded at border crossings demonstrate that the siege functions as an administrative weapon. The act of preventing patients from leaving Gaza, even after official approval, transforms bureaucracy into a tool of death. The 900–931 patients who died before crossing exemplify how the siege institutionalizes slow killing under the guise of regulation.

- **Eliminating the medical workforce as a tactic of systemic collapse: The** martyrdom of over 1,000 health workers and the destruction of 38 hospitals (with only 12 partially operational**)** reveal a strategy of *de-professionalization*—the deliberate dismantling of the human infrastructure of healthcare. By removing medical personnel, Israel ensures that even treatable injuries become fatal, thereby extending the reach of violence beyond the battlefield.

- **Amputations and permanent disability as instruments of social disintegration**: Between 5,000 and 15,000 amputations, including over 1,100 child amputees, signify not only physical mutilation but the structural dismemberment of Gaza's social body. This policy produces long-term dependency, undermines self-reliance, and erodes the collective resilience of the community, a hallmark of genocidal intent directed at the group's functional survival.

[1] *The information presented here was compiled during the ceasefire period following 9 October 2025, based on statements made by Dr. Munir Al-Bursh, Director General of Health in Gaza, through his official accounts and various media interviews.*

- **Demographic deprivation through reproductive and maternal harm**: The rise in maternal and neonatal deaths, coupled with the lack of reproductive healthcare, demonstrates how the siege manipulates biopolitical control to diminish the group's reproductive capacity. Denying women access to prenatal and postnatal care constitutes an indirect method of population erasure, echoing one of the core acts identified under the UN Genocide Convention creating conditions intended to destroy a group, in whole or in part.
- **Famine and disease as tools of extermination**: With 20% of children under five suffering from acute malnutrition and the near-total absence of safe drinking water, Gaza's siege transforms hunger and thirst into calculated instruments of annihilation. The deliberate obstruction of food and water supplies intensifies mortality and degrades public health, amounting to an act of necropolitical governance a policy that manages populations through death.
- **Destruction of data and medical records as erasure of accountability**: The collapse of referral systems, loss of hospital archives, and unrecorded deaths impede the possibility of legal documentation and international investigation. The destruction of evidence is itself a political act designed to secure impunity and conceal the systemic nature of the crimes.
- **The integration of military, bureaucratic, and structural violence:** The convergence of military bombardment, administrative restrictions, logistical blockade, and human-resource targeting reveals a coherent system of domination. The siege thus becomes a *composite mechanism of genocide*, blending direct and indirect forms of killing into a single apparatus of control over life and death.
- **Symbolic and political annihilation of community identity**: The staggering figures, 68,000 martyrs, 170,000 wounded, 56,000 orphans reflect not only physical loss but the attempt to erase Gaza's social and national fabric. The destruction of families and the suppression of healthcare function as means of erasing collective identity and political existence, consistent with the broader logic of settler-colonial erasure.
- **Siege as the advanced phase of health genocide:** Taken together, these elements demonstrate that the siege is not a secondary outcome of war but the deliberate continuation of genocide through administrative and structural means. It represents a governance of death

that replaces direct killing with the systematic management of deprivation—what can be termed the politics of slow annihilation.

- **Legal and political implications**: In light of international humanitarian and human rights law, these practices constitute grave breaches amounting to war crimes and possibly crimes against humanity. Given their widespread and systematic nature, they may also fulfill the criteria of genocide, particularly the act of "deliberately inflicting conditions of life calculated to bring about the physical destruction of a group in whole or in part.

The siege on Gaza embodies a multidimensional strategy of extermination. By combining medical denial, infrastructural destruction, administrative obstruction, and humanitarian deprivation, Israel's policy enacts an advanced form of health genocide a deliberate and prolonged process aimed at dismantling the biological and social foundations of Palestinian life. This makes the blockade not merely a humanitarian crisis but a political instrument of domination that demands international accountability and legal intervention.

From the perspective adopted in this study, the characterization of these practices as healthocide is not based on any single violation taken in isolation. Attacks on hospitals, restrictions on medical supplies, the killing of healthcare workers, and the obstruction of patient transfers may individually be examined under existing categories of international humanitarian law. However, when these practices are analyzed collectively and over an extended period, a broader pattern emerges. The cumulative effect of these measures has been the progressive dismantling of Gaza's capacity to sustain life through its healthcare system. What distinguishes healthocide from ordinary wartime destruction is therefore not merely the scale of damage inflicted on health facilities, but the systematic erosion of the conditions necessary for survival, treatment, recovery, and reproduction. In this sense, the healthcare system itself becomes the object of destruction rather than an incidental victim of military operations.

Conclusion:

This study examined the phenomenon of Healthocide Engineering in Gaza through a multidisciplinary framework combining empirical evidence, international law, and contemporary political theory. Drawing on reports issued by United Nations bodies, international human rights

organizations, and official Palestinian health authorities, the analysis demonstrated that the targeting of Gaza's health sector during the war on Gaza between 2023 and 2025 extended beyond isolated incidents or incidental damage associated with armed conflict. Rather, the evidence revealed a recurrent and systematic pattern involving attacks on hospitals and healthcare facilities, the killing and detention of medical personnel, the obstruction of humanitarian and medical assistance, the destruction of reproductive healthcare services, and the deterioration of the conditions necessary for the functioning of the health system.

The statistical indicators examined throughout the study further highlighted the cumulative consequences of these practices. The collapse of healthcare infrastructure, the severe shortage of medicines and medical supplies, the spread of malnutrition and preventable diseases, and the increasing burden on vulnerable groups collectively illustrate how the health sector became one of the primary arenas affected by the policies and practices of the Israeli occupation. These findings support the argument that the destruction of healthcare in Gaza cannot be understood solely through the lens of immediate military operations but must also be analyzed as a long-term process that undermines the population's capacity to survive, recover, and reproduce social life.

The study also found that the concept of healthocide offers an important analytical framework for understanding forms of violence directed against the biological and institutional foundations of human existence. While international humanitarian law provides specific protection for medical personnel, hospitals, and healthcare facilities, the evidence examined in this research suggests that the cumulative destruction of an entire health system raises broader legal and theoretical questions that cannot be fully captured through conventional assessments of individual incidents. In this regard, healthocide serves as a useful conceptual tool for examining how healthcare systems may become strategic targets in contemporary conflicts and prolonged occupations.

From a legal perspective, the findings indicate that many documented practices warrant serious examination under the framework of international humanitarian law, international human rights law, and the provisions of the Convention on the Prevention and Punishment of the Crime of Genocide (1948). At the same time, several of the documented acts may also fall within the categories of crimes against humanity as defined by the Rome Statute of the International Criminal Court when

committed as part of a widespread or systematic attack directed against a civilian population. Consequently, the study emphasizes the importance of maintaining a clear legal distinction between genocide and crimes against humanity while recognizing that the same factual context may raise questions relevant to both legal frameworks.

From the perspective advanced in this research, the significance of healthocide lies not only in documenting the collapse of healthcare systems but also in revealing how control over health, medicine, survival, and access to treatment can become instruments of domination in situations of prolonged occupation and conflict. The war on Gaza illustrates how the destruction of healthcare infrastructure, when combined with siege, deprivation, and restrictions on humanitarian access, produces consequences that extend far beyond the immediate battlefield and affect the long-term viability of civilian life itself.

This study therefore contributes to ongoing academic debates within political science, genocide studies, international relations, and international law by highlighting the need for greater scholarly attention to the relationship between healthcare systems and mass violence. It also underscores the importance of developing more comprehensive analytical approaches capable of capturing the structural and cumulative dimensions of harm inflicted upon civilian populations through the destruction of vital services.

Based on the findings of this study, the following recommendations are proposed:

- Strengthen independent international investigation mechanisms concerned with violations affecting Gaza's health sector and ensure the preservation of evidence relevant to future legal proceedings.
- Enhance cooperation between United Nations agencies, human rights organizations, and academic institutions in developing reliable and scientifically rigorous databases documenting attacks on healthcare systems during armed conflicts.
- Support the reconstruction of the Palestinian health system through long-term programs aimed at restoring healthcare infrastructure, strengthening institutional resilience, and empowering local medical personnel.
- Promote further legal and academic research on healthocide as an emerging analytical concept and examine its relationship to existing

international legal categories, including genocide, war crimes, and crimes against humanity.
- Encourage greater integration of health-centered approaches within genocide studies, international relations, and conflict research in order to better understand how healthcare systems may become targets of political violence.
- Reinforce international efforts to protect medical personnel, healthcare facilities, and humanitarian operations in accordance with the principles and obligations established under international humanitarian law.

Ultimately, the case of Gaza demonstrates that the protection of healthcare systems is not merely a humanitarian concern but a fundamental component of the protection of human life, dignity, and collective survival. Ensuring accountability for violations committed against healthcare infrastructure and civilian populations remains an essential step toward upholding the principles of international law and preventing the recurrence of similar patterns of violence in future conflicts.

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