

POSITION PAPER

DESTRUCTION OF CONDITIONS OF LIFE:

A HEALTH ANALYSIS OF THE GAZA GENOCIDE

JULY 2025

Physicians for Human Rights Israel (PHRI) is an Israel-based human rights organization working to advance the right to health for all under Israel's control, including Palestinians in the West Bank and Gaza, individuals without legal status in Israel, people held in Israeli incarceration facilities, and residents of Israel's social and geographic periphery. For over 37 years, PHRI has documented Israel's human rights violations and exposed the ways in which occupation and apartheid structurally undermine Palestinian health and dignity.

The following position paper was authored by PHRI, with legal consultation from Prof. Itamar Mann.

We dedicate this paper to Gaza's healthcare providers, medical workers, humanitarian teams, and all those who continue to care for others under fire, while risking their lives and enduring the genocide alongside their loved ones.

"Whoever stays until the end will tell the story.
We did what we could. Remember us."

- Dr. Mahmoud Abu Nujaula ¹

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Executive Summary:
A Health-Centered
Analysis of the
Gaza Genocide

Executive Summary: A Health-Centered Analysis of the Gaza Genocide

Physicians for Human Rights Israel (PHRI) presents this health-focused legal analysis of Israel's military campaign in Gaza since October 2023, concluding that it constitutes genocide under the 1948 Genocide Convention. The evidence shows a deliberate and systematic dismantling of Gaza's health and life-sustaining systems - through targeted attacks on hospitals, obstruction of medical aid and evacuations, and the killing and detention of healthcare personnel.

Over a 22-month period, Israel's actions have destroyed Gaza's healthcare infrastructure in a manner that is both calculated and systematic. The chronology of attacks reveals a deliberate progression: beginning with the bombing and forced evacuation of hospitals in northern Gaza, the health system's collapse extended southward as displaced populations overwhelmed remaining facilities, which were then subjected to further bombardment, siege, and resource deprivation. Gaza's health system has been systematically dismantled - its hospitals rendered non-functional, medical evacuations blocked, and essential services like trauma care, surgery, dialysis, and maternal health eliminated. The killing and detention of over 1.800 healthcare workers, including many senior specialists, has decimated Gaza's medical capacity and rendered recovery nearly impossible. Humanitarian relief has been deliberately restricted, forcing civilians to approach militarized distribution points that have often become sites of mass killings. This coordinated assault has produced a cascading failure of health and humanitarian infrastructure, compounded by policies leading to starvation, disease, and the breakdown of sanitation, housing, and education systems.

This paper also addresses evidence of mass killing and widespread harm. As of mid-2025, over 57,000 Palestinians - primarily women and children - have been confirmed killed, with estimates nearing 100,000 when indirect deaths are included. Tens of thousands have been injured, including thousands of amputees and individuals requiring long-term care that is unavailable due to the collapsed health system. Gaza residents who have been detained and held in Israeli facilities

report systematic torture, medical neglect, and degrading treatment, contributing to both physical and psychological harm. Children face psychological trauma, while women endure sharp increases in miscarriages, preterm births, and maternal mortality amid famine and lack of reproductive healthcare services.

PHRI concludes that these acts are not incidental to war, but rather part of a deliberate policy targeting Palestinians as a group. They fulfill at least three core acts defined in Article II of the Genocide Convention: (a) killing members of the group; (b) causing serious bodily or mental harm to members of the group; and (c) deliberately inflicting on the group conditions of life calculated to bring about its destruction in whole or in part.

Despite international legal rulings, Israel has not complied with its obligations, and global enforcement remains weak. PHRI urges international bodies and states to fulfill their duty under Article I of the Genocide Convention to stop the Gaza genocide. The organization also calls on the global health and humanitarian communities to act, as the destruction of Gaza's health system is not only a legal violation but a humanitarian catastrophe demanding urgent global solidarity and response.

I. Context

I. Context

- 1. Understanding the devastation in Gaza from 2023 onward requires following key events at least since the 1948 war the Palestinian Nakba ("Catastrophe"). Israel forcibly displaced over 80% of the indigenous Palestinian population through mass deportations, internment of civilians, massacres, and the systematic destruction of Palestinian infrastructure. More than 200,000 of the 751,000 Palestinians recorded as refugees fled to the Gaza Strip, tripling its prewar population. The Nakba had a devastating impact on Palestinian health. Hundreds of depopulated villages were demolished, barring displaced residents from returning and consigning them to life as refugees, healthcare infrastructure was destroyed, medical professionals were displaced or expelled, and a public health crisis emerged in overcrowded refugee camps, marked by a sharp rise in infant and maternal mortality.
- 2. In 1967, Israel occupied the West Bank (including East Jerusalem) and the Gaza Strip, displacing over 400,000 additional Palestinians.⁶ As the occupying power, Israel is legally responsible for the health and well-being of the Palestinian population under international humanitarian law.⁷ In practice, more than five decades of systemic de-development have severely undermined health outcomes in the occupied Palestinian territory (oPt).⁸ According to a May 2023 report by the World Health Organization, Palestinian life expectancy in the oPt was approximately ten years lower than that of Israelis, while infant mortality was four times higher.⁹
- 3. Since Israel's unilateral disengagement from the Gaza Strip in 2005, the area has remained under an Israeli regime of closure, covering its land crossings (including the southern Rafah crossing, in coordination with Egypt), airspace, maritime access, and the movement of people and goods. Since 2007, Israel has imposed a comprehensive blockade on the Gaza Strip. Prominent international legal scholars, UN bodies, and judicial institutions have recognized this situation as amounting to continued occupation under international humanitarian law. This has also been PHRI's position for many years and has underpinned our efforts to secure access to health in Gaza.

- 4. Within this framework, Israel has exercised extensive control over Gaza's healthcare infrastructure restricting access to treatment outside the Strip, the entry of medical supplies, the training of medical professionals, and the overall capacity of the health system. These policies have consistently obstructed the development of Palestinian health services and caused lasting harm. Israel has effectively fractured what was once an integrated Palestinian system across Gaza, the West Bank, and East Jerusalem. As a result, Gaza's medical services have been systematically underdeveloped, remaining less available and inferior to those accessible to Israelis. Policies influencing Gaza thus constitute one aspect of apartheid in health.
- 5. In 2022, the Gaza Strip had just 2,614 hospital beds¹6 1.2 per 1,000 people less than half the World Health Organization's recommended minimum of 3 beds per 1,000 people. Shortages were acute: 40% of essential medicines were regularly at "zero stock" levels, and hospitals operated with depleted equipment and consumables.¹7 Gaza's health system lacked the capacity to provide many specialized treatments, forcing thousands of patients to seek care outside the Strip, often delayed or denied due to restrictions on movement.¹8 Repeated Israeli military escalations between 2008 and 2021 severely damaged healthcare infrastructure and exhausted its emergency response capacity. During the "Great March of Return" protests (2018-2019), more than 35,600 Palestinians¹9 around 2% of Gaza's population were injured, overwhelming an already fragile health system.²0
- 6. On October 7, 2023, Hamas and other armed groups attacked Israel, targeting and killing over 1,200 persons, approximately 800 of them civilians, and abducting 251 civilians and combatants, including children and the elderly, 50 of whom are still held in Gaza. Though Palestinian armed groups had previously carried out attacks against Israeli civilians, the October 7 attack was by far the most violent. The assault included the deliberate targeting of medical personnel and facilities, during which emergency teams were prevented from reaching the wounded, while some of those attempting to provide care were killed.²¹
- 7. Following Hamas' attack, Israel launched a sustained and farreaching military offensive against the Gaza Strip. Twenty-two months later (at the time of writing), the Israeli offensive is still underway.

9

Key Findings

2. Key Findings

- 8. Multiple experts and organizations have concluded that the conduct of Israeli state organs and the systemic effects of the campaign against Gaza's civilian population meet the legal definition of genocide under Article II of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide (hereinafter "Genocide Convention").²² Our analysis, which focuses on the right to health and draws on information from the ground some gleaned through our own investigations and some meticulously gathered and analyzed in other reports corroborates this conclusion.
- 9. Our analysis does not purport to be comprehensive. Rather, it focuses on those areas most closely tied to our expertise and mandate. We consider multiple health manifestations of Israel's conduct in Gaza: not only the number of those killed and the bodily and mental harm caused (which we briefly analyze, with reference to the overwhelming evidence presented in other reports) but also the deliberate infliction of conditions of life calculated to bring about the physical destruction of the Palestinian people in Gaza. This latter aspect stands at the center of our analysis.
- 10. We closely follow the pattern of Israel's multi-layered attacks on hospitals, analyzed region by region. This pattern is part of a broader targeting of Gaza's health system, which has included the mass killing, detention, torture, and abuse of medical personnel. It has also involved the blocking of supplies, aid, and evacuations. The sum of Israel's conduct has dismantled existing conditions of life with effects into the future. Today's rampant starvation and malnutrition in the Gaza Strip carry critical long-term effects, particularly for children. The dismantling of long-term critical care, as well as preventative and diagnostic medicine, will have lasting consequences for the treatment of infectious, cardiac, oncological, and other diseases, extending well beyond any potential ceasefire. Mass displacement and the destruction of buildings have rendered the education system - from schools to universities - inoperable, while also destroying family and community structures. Collapsed water and sanitation systems have

led to detrimental environmental effects. These impacts, all closely linked to health in a broad sense, profoundly undermine Gaza's long-term recovery prospects.

- 11. These issues are deeply interwoven with at least three of the categories enumerated in the definition of genocide under Article II of the Genocide Convention, which we analyze in detail: killing; causing bodily and mental harm; and, especially, deliberately inflicting destructive conditions of life.²³ They also implicate a fourth category in the Convention preventing births within the group which we address only briefly here, with a view to further analysis in the future.
- 12. Though Israel has cited military necessity as the rationale for its actions, the scale, pattern, and nature of the operations, as well as accompanying statements, indicate the implementation of a broader policy aimed at destroying Palestinian society in Gaza and making the enclave uninhabitable.
- In what follows, we examine the relevant acts enumerated in Article II of the Genocide Convention. We then examine the mental element of the prohibition of genocide specific intent (*dolus specialis*) drawing from the overwhelming pattern of Israel's conduct, the scale of atrocities perpetrated, and public statements by Israeli officials, while demonstrating the nature of the group attacked *as such*. Our findings are grounded in international legal standards, particularly the jurisprudence of the International Court of Justice (ICJ) and the International Criminal Tribunals for Rwanda and the former Yugoslavia (ICTR and ICTY), and supported by extensive documentation of facts, including direct evidence gathered by PHRI.²⁴

The Material Element of the Prohibition on Genocide

3. The Material Element of the Prohibition on Genocide

- 14. Article II of the Genocide Convention defines Genocide as follows: "In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: (a) Killing members of the group; (b) Causing serious bodily or mental harm to members of the group; (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) Imposing measures intended to prevent births within the group; (e) Forcibly transferring children of the group to another group." Our assessment of Israel's campaign in Gaza implicates Articles II(a), (b), and (c), which we analyze in turn below.
- 15. While each of the first three acts mentioned in Article II is analyzed separately for clarity, our analysis aims to contribute primarily to the applicability of Article II(c). It is for this reason that our analysis does not follow the order presented in the Genocide Convention, but instead begins with Article II(c).
- 16. To be sure, overlaps in evidence and legal characterization are inevitable. For example, the destruction of healthcare infrastructure may constitute both the infliction of conditions of life (Article II(c)) and serious bodily or mental harm (Article II(b)). Similarly, acts of killing (Article II(a)) may also contribute to broader patterns of deprivation. These overlaps are acknowledged, even as the analysis remains structured according to the Convention's framework.

3.1 Article II(c): Deliberately Inflicting on the Group Conditions of Life Calculated to Bring About its Physical Destruction in Whole or in Part

17. The deliberate infliction of life-destroying conditions, where undertaken with the intent to eliminate a protected group, constitutes genocide under Article II(c) of the Genocide Convention. The deprivation of basic necessities such as food, water, shelter, and medical care can thus fulfill the material element of the internationally wrongful

act (or the actus reus for criminal law purposes). The principle has been recognized in the ICJ case of *Bosnia and Herzegovina v. Serbia and Montenegro* [henceforth: *Bosnia v. Serbia*] (paras. 344-345),²⁵ and reaffirmed in the ICJ's Order on Provisional Measures in *South Africa v. Israel* (26 January 2024, paras. 66-67).²⁶

- 18. The facts in Gaza demonstrate the implementation of a deliberate, calculated campaign aimed at dismantling the infrastructure that sustains civilian life, pursued over time and in defiance of legal prohibitions. This is evident in the destruction of Gaza's health system. Through sustained military attacks, siege policies, and the obstruction of humanitarian access, including medical supplies, Israel has dismantled the institutions and services essential to health and survival. Hospitals, clinics, ambulances, and medical personnel have been systematically targeted, rendered non-functional, or killed. Diagnostic and treatment capacities have been eliminated, resulting in deaths due to acute and chronic life-threatening conditions, including infectious, cardiac, and oncologic diseases. The prolonged famine will have severe long-term effects, particularly on children. Not least, the mental effects of the atrocities will persist for years to come.
- 19. What follows is our account of the collapse of Gaza's health system as a central method of inflicting genocidal conditions not only through its destruction, but through measures designed to prevent its recovery.
- 20. In January 2024, when the ICJ reached a decision to indicate provisional measures in South Africa's application, it was required to examine the plausibility of the rights claimed by South Africa. The Court not only concluded that such rights under the Genocide Convention are plausible, but also highlighted Article II(c), and specifically matters of *health*, taking note that "The health-care system in Gaza is collapsing" (para. 67). The Court further warned that "in these circumstances, the Court considers that the catastrophic humanitarian situation in the Gaza Strip is at serious risk of deteriorating further before the Court renders its final judgment" (para. 72). The latter result is what the Court sought to prevent. Today, the only reasonable inference is that this outcome has, in fact, occurred.

21. Below, we begin from a chronological account of Israel's violation of Article II(c), and then proceed to a thematic account and a legal analysis.

3.1.1 Chronological Account

October-December 2023: Attacks in Northern Gaza

- 22. Since the start of Israel's military campaign in October 2023, Gaza's health system, particularly in the north, began to collapse under intense bombardment, forced evacuation orders, fuel blockades, and ground incursions. Very early into the war, all major hospitals in northern Gaza, including al-Shifa, the Indonesian Hospital, al-Quds, al-Ahli Arab, and al-Awda, were shelled, besieged, or forcibly evacuated.²⁷ On October 13, Israel ordered the evacuation of northern Gaza,²⁸ including 22 hospitals caring for 2,000 patients, giving only 24 hours to comply with the order.²⁹
- 23. In mid-October, strikes damaged essential facilities, including al-Ahli Arab Hospital's cancer diagnostic center. 30 Gaza's only cancer hospital, the Turkish-Palestinian Friendship Hospital, warned of fuel depletion threatening life-saving treatments.31 By late October, over one-third of hospitals in Gaza (12 of 35) and nearly two-thirds of primary healthcare clinics (46 of 72) had shut down due to damage from hostilities or lack of fuel. 32 The Ministry of Health in Gaza warned that hospital generators would cease to function with 48 hours due to fuel shortages and intensified Israeli air raids.33 On October 28 and 29, the areas surrounding al-Shifa, al-Quds, and the Indonesian hospitals were bombarded, reportedly causing damage, following renewed Israeli evacuation orders. All 13 remaining hospitals in Gaza City and northern Gaza had received repeated calls to evacuate - despite housing thousands of patients and staff, along with approximately 117,000 displaced people sheltering on hospital grounds.³⁴
- 24. The health system's collapse accelerated in November, as repeated strikes, fuel cutoffs, and sieges rendered nearly all northern hospitals inoperative. The Turkish Friendship Hospital,³⁵ Kamal Adwan,³⁶ the Indonesian Hospital,³⁷ and al-Amal³⁸ all lost generator power

between early and mid-November, forcing the suspension of critical care. Israeli forces encircled and raided the al-Shifa medical complex on November 14, taking control of its surroundings and restricting freedom of movement, while approximately 50,000 internally displaced people were reportedly sheltering inside. Between November 3 and 17, strikes and other attacks in and around the hospital resulted in the killing of at least 25 Palestinians, including three medical workers, and caused extensive destruction.³⁹ After the Israeli military forced thousands of sheltering, sick, and injured persons and medical staff to evacuate, the UN confirmed on November 19 that five of the 36 premature babies at the hospital had died in the preceding days due to electricity and fuel cuts. The remaining 31 were evacuated to Rafah's neonatal intensive care unit.⁴⁰ On November 24, Israeli forces withdrew from the area, leaving al-Shifa almost completely non-functional.⁴¹

25. By December, northern Gaza's health system had nearly collapsed. Between early November and mid-December, Israeli forces attacked Kamal Adwan, 42 the Indonesian, and al-Awda hospitals. 43 Al-Awda was besieged on December 5, with 250 people trapped inside. It was then raided on December 17 and 18, during which several staff members were detained, including Dr. Adnan al-Bursh. 4 As detailed later in this document, his story is emblematic of what transpired with many other medical staff. Dr. al-Bursh was head of orthopedics at al-Shifa Hospital. After being forced to evacuate in November following the raid on al-Shifa, he relocated to the Indonesian Hospital, where he survived Israeli military attacks later that month, only to then move to al-Awda, where he was detained. He died in detention. Kamal Adwan was raided mid-December - tents were demolished, patients and internally displaced persons were forcibly evacuated, and staff were arrested. 45 At al-Ahli, displaced persons were expelled by Israeli forces. The facility was partially destroyed, reduced to a "shell of a hospital" that could no longer perform surgeries, with only minimal care provided by 10 junior staff members.46

26. By late December 2023, only nine of the Gaza Strip's 36 hospitals remained partially functional - all located in the south. Not a single hospital in the north remained operational.⁴⁷ Even if later, through extraordinary efforts, medical teams managed to provide limited care in specific locations and at certain times, this chronological account makes clear that full capacity and functionality were never regained, nor could they be. Repeated direct attacks on hospitals, the consistent obstruction of supply flows and aid, and the decimation of medical personnel through killings and detentions made recovery impossible.

January-February 2024: Attacks in Central and Southern Gaza

- 27. As Israel's military campaign intensified in southern Gaza, hospitals in Deir al-Balah and Khan Younis including al-Aqsa, al-Nasser, and al-Amal faced mounting pressure from mass displacement, staff shortages, and direct attacks in and around them.
- 28. Al-Aqsa Hospital in Deir al-Balah began showing signs of collapse. By late December, the WHO warned that patients would die while waiting for treatment, as the hospital experienced repeated blackouts due to fuel depletion. It took in far more patients than its bed capacity and staff could handle, in part because hospitals in northern Gaza had collapsed, forcing thousands of displaced patients and families south. This placed enormous pressure on al-Aqsa and other central hospitals.⁴⁸
- 29. By January 2024, pressure in Khan Younis had intensified. Al-Nasser and al-Amal Hospitals, already operating with severely reduced staff, faced repeated shelling in their vicinity. Al-Aqsa Hospital reported operating with only 10% of its staff, while al-Nasser was overwhelmed with double its previous capacity.⁴⁹
- 30. On January 22, Israeli forces besieged al-Amal Hospital and the Palestinian Red Cross Society (PRCS) headquarters, blocking surrounding roads and cutting off access. 50 The area surrounding the hospital was bombed, killing 43 and injuring 153 inside the facility, 51 while 7,000 displaced people sheltering there were forcibly expelled. 52

- 31. On January 23, the Israeli military issued evacuation orders via social media for parts of Khan Younis, covering an area of approximately four square kilometers. This zone included an estimated 88,000 residents and 425,000 displaced people sheltering in 24 schools and institutions. It also encompassed al-Nasser Hospital (475 beds), al-Amal Hospital (100 beds), and the Jordanian Hospital (50 beds) together accounting for nearly 20% of Gaza's remaining partially functioning hospitals, as well as three health clinics. Around 18,000 displaced people were sheltering at al-Nasser Hospital, with an unknown number in the other facilities. 54
- 32. By early February, the WHO reported that the Gaza European Hospital in eastern Khan Younis was operating far beyond capacity, treating 800 patients while sheltering 22,000 displaced people, due to intensifying attacks in the area.⁵⁵
- 33. On February 13, thousands of displaced people were ordered to evacuate al-Nasser Hospital,⁵⁶ endangering the lives of 300 medical personnel, 450 wounded, and some 10,000 displaced people who reportedly were sheltering in the hospital compound.⁵⁷ After over a week under siege, the WHO confirmed that humanitarian missions had been denied access to the hospital for more than four days and that contact with the hospital's personnel had been lost.⁵⁸ On February 18, the WHO reported that al-Nasser Hospital was no longer functional, following a week-long siege and an ongoing military raid.⁵⁹ The dismantling and degradation of the Nasser medical complex the second-largest hospital in the Gaza Strip delivered a massive blow to Gaza's health system.

March-September 2024: Attacks Across the Entire Gaza Strip

34. From March 2024 onward, Israel intensified its campaign throughout Gaza, dismantling what remained of the health system. Following a partial reopening, Israeli forces carried out a two-week raid on al-Shifa Hospital (March 18-April 1), trapping thousands inside without food, water, electricity, or medical care, while cutting communications, blocking ambulances, and depriving patients of life-saving treatment. At the time of the raid, a reported 7,000 patients and displaced people were sheltering in the facility. At least 22 civilians in the vicinity of the hospital and three physicians were killed, and at least five patients

died due to lack of treatment.⁶¹ After the military's withdrawal, mass graves were uncovered on the hospital grounds, and at least 80 bodies were exhumed. Some bodies were found with catheters and cannulas still attached,⁶² and others with their hands tied.⁶³ The destruction of critical hospital units, including intensive care and maternity wards, has been documented.⁶⁴ Numerous reports also indicate widespread disappearances and summary executions.⁶⁵

- on March 22, PHRI issued an urgent request for the evacuation of siblings Rafiq (16) and Rafif (14) Dughmush, both of whom lost a limb and their mother in an Israeli strike that killed 11 family members. The Israeli military denied the request, claiming that they were already receiving care. The two amputated and orphaned minors were left alone in the hospital, without an accompanying adult or adequate medical and psychological support. Their case is just one among many patients forced to evacuate due to Israel's systematic destruction of hospital infrastructure, only to be denied critical evacuation and left effectively trapped.
- 36. When the Israeli military withdrew from al-Shifa Hospital on April 1, the hospital was in complete ruin.⁶⁷
- 37. On May 7, the Israeli military seized and closed the Rafah crossing Gaza's last medical evacuation route thereby severing all remaining access to care outside the Strip, leaving 14,000 critically ill patients with no access to care amid a collapsing health system.⁶⁸
- 38. By early June, the health system had reached a state of near-total collapse. With only 14 out of 36 hospitals only partially functional, and most major facilities in Rafah and central Gaza either shuttered or overwhelmed, medical staff faced impossible conditions. Al-Aqsa Hospital, serving over a million people, was running on a single generator and providing care to more than 700 patients, many of them whom were critically injured.⁶⁹

October-December 2024: Erasure of Northern Gaza

39. From October 2024, Israel executed a military campaign aimed at physically and functionally erasing northern Gaza.⁷⁰ Israeli forces

imposed successive sieges north of the "Netzarim Corridor" - tighter than the broader blockade on the Strip - encircling Gaza City, Jabalia, Beit Hanoun, and Beit Lahia, and blocking virtually all humanitarian aid." The Israeli military declared that residents displaced from northern Gaza would not be allowed to return.

- 40. Northern Gaza faced an intensified siege and ground assault that dismantled its remaining health infrastructure. Hospitals such as al-Awda, the Indonesian, and Kamal Adwan were besieged and deprived of fuel, water, and medical supplies. Over 400,000 civilians were cut off from aid, and 50,000 were displaced under heavy bombardment. Health facilities were overwhelmed, sheltering thousands without the resources to provide care. Vital public health efforts, including polio vaccinations, were suspended due to access restrictions and intensified attacks.⁷³
- 41. Kamal Adwan Hospital, the last lifeline in the north, endured months of bombardment and raids. During a major raid in late October, Israeli forces detained 44 of its 70 medical staff. 14 In late December, after more than 80 days of siege, bombardment, and systematic obstruction of humanitarian access, the hospital was rendered completely inoperative following a large-scale military raid by Israeli forces. The hospital's essential infrastructure, including its surgical unit, laboratory, operating theatres, and oxygen production systems, was destroyed or severely burned during the assault.75 Israeli forces transferred some patients, caregivers, and healthcare workers to the non-functional Indonesian Hospital, while others were moved to an unspecified nearby location. The WHO also reported that some individuals were stripped and forced to walk toward southern Gaza. 16 Dr. Housam Abu Safiya, the director of Kamal Adwan Hospital and the central voice who testified to the collapse of the health system in northern Gaza, was detained - and remains in Israeli custody to this day without formal charges.
- 42. With the Indonesian Hospital already out of service and al-Awda barely operational, the destruction of Kamal Adwan marked dealt a decisive blow to northern Gaza's healthcare system. Despite PHRI's urgent petition to the Israeli High Court on December 24 seeking protection for Kamal Adwan and the entry of aid, the Court refused

to take action. A second request, on December 27 - amid reports of a military raid - was again denied, minutes before the hospital was set ablaze. Immediately after, Gaza's Ministry of Health declared Kamal Adwan Hospital "out of service". With no remaining medical facilities, no operational ambulances, and no rescue infrastructure, northern Gaza's health system was erased.

January-February 2025: Temporary Ceasefire

During January and February 2025, a temporary ceasefire was in effect. While the pause briefly delayed the killings, Gaza's health system remained severely debilitated. The WHO and UN agencies partially restocked critical facilities by delivering some fuel, oxygen, and medications. Several field clinics resumed limited services, and humanitarian teams reached previously inaccessible areas, especially in northern Gaza. However, most hospitals were still non-functional or operating under extreme constraints, with collapsed infrastructure, destroyed equipment, and critical staff shortages.

March-June 2025: Complete Siege and Collapse of Aid Infrastructure

- 44. On March 2, Israel imposed a second total siege on the Gaza Strip the longest yet closing both the Rafah and Kerem Shalom crossings and cutting off all humanitarian and medical access. The World Food Programme (WFP), WHO, and other UN agencies reported that bakeries ran out of flour and fuel, food stocks were depleted, and hospitals were unable to operate even at minimal levels. In May alone, 5,000 children in Gaza were diagnosed with malnutrition an alarming form increase from April and a 150% surge since the temporary ceasefire in February.
- 45. Attacks on healthcare resumed. On March 23, Israeli forces opened fire on marked ambulances and a fire-fighting vehicle, killing 15 Palestinian medics who were attempting to assist wounded civilians after an airstrike. They were buried in an apparent attempt to eliminate evidence.⁸¹ The International Federation of the Red Cross called it "the most deadly attack on medical workers in a decade."⁸² The pattern of

targeted assaults continued. Al-Awda Hospital in northern Gaza was besieged for the fourth time since October 2023, its emergency room struck, staff injured, and vital water and medical storage facilities destroyed. Kamal Adwan and the Indonesian Hospitals, already overwhelmed by displacement and malnutrition, were rendered completely nonfunctional by direct strikes and fuel deprivation. As of May 23, over 90% of Gaza's 531 health service points were either entirely or partially out of service, with many of the last remaining sites located inside declared evacuation zones, inaccessible to civilians and medics alike.⁸³

Israeli attacks and the killing of medical professionals continued to intensify. On May 23, an Israeli strike hit the home of Drs. Hamdi and Alaa al-Najjar in Khan Younis, killing nine of their ten children. Dr. Hamdi died of his wounds a week later. 4 On May 29, Dr. Ahmad Nabhan, director of the Indonesian Hospital's emergency department, was killed in an airstrike on his home in Jabalia. 5 On June 6, 2025, the first day of Eid Al-Adha, Israeli strikes on homes in Jabalia killed nine healthcare workers sheltering with their families. Among them were Dr. Ayada Khader, head of midwifery in the Ministry of Health; her sister Faten Khader, a nurse at the Indonesian Hospital; and Deeb al-Batsh, the hospital's chief nurse. On July 2, a strike killed Dr. Marwan al-Sultan, director of the Indonesian Hospital and one of Gaza's last remaining cardiologists. 6

Interim Summary

- 47. Each of the multiple attacks on Gaza's hospitals was disproportionate. Israeli forces blocked medical evacuations, prevented patients from entering or leaving the hospitals, and killed or detained both patients and medical staff. The raids caused significant damage to medical equipment and infrastructure while denying hospitals access to critical resources, including electricity, water, and medical supplies. These actions not only endangered the lives of those inside the facilities but also severely undermined the hospitals' ability to function.⁸⁷
- 48. Over 22 months, Gaza's health system was systematically dismantled in a cascading sequence, each phase compounding the damage of the last. As hospitals in northern Gaza were bombed,

besieged, and denied access to fuel, patients and displaced families fled south, overwhelming already fragile facilities in Deir al-Balah, Khan Younis, and Rafah. The collapse of care in one area produced impossible burdens elsewhere: when al-Shifa collapsed, al-Nasser was flooded with patients; when al-Nasser was dismantled, the Gaza European Hospital began to break down. With each assault, more hospitals collapsed, staff were killed or detained, and essential services could not be provided. Systemic failure became self-reinforcing: displacement led to overcrowding, overcrowding accelerated disease, and disease spread unchecked amid collapsing sanitation. The siege deepened this collapse: medical evacuations were halted, crossings were sealed, and the little remaining humanitarian aid dried up entirely. Malnourishment surged - especially among children, whose bodies deteriorated rapidly in the absence of food, water, and medical care.⁸⁸

3.1.2 Thematic Account

- 49. The following sections trace, theme by theme, how Israel's actions in Gaza have systematically dismantled the conditions necessary for life and health. From the obstruction of medical evacuation, the use of starvation as a weapon, and the weaponization of aid; to the collapse of social and environmental determinants of health, including housing, education, sanitation, and environment; to systemic destruction of the potential to recover these sections expose how the foundational structures of survival have been deliberately targeted and destroyed.
- Blocked medical evacuations: Before the war, around 2,000 patients per month exited Gaza to receive crucial medical care, mostly at East Jerusalem hospitals like Augusta Victoria and Al-Makassed (together receiving over 40% of all patients referred from Gaza), as part of an integrated West Bank-Gaza health system. This pathway collapsed on October 7, 2023, while the final remaining route was cut off following Israel's seizure and closure of the Rafah crossing on May 7, 2024. In the eight months that followed, fewer than 450 patients were evacuated an average of less than two people per day despite over 14,000 urgently needing care.⁸⁹ The resulting harm is multifaceted, further tightening the chokehold on the health system's ability to function. Blocking prospects

of healing, rehabilitation, and efforts to reduce long-term harm for the sick and injured has the effect of artificially disabling an entire generation.

- 51. Starvation as warfare: Warnings of famine have circulated since the earliest weeks of the war, yet Israel has repeatedly ignored alerts from the WFP, UNICEF, the Integrated Food Security Phase Classification (IPC), and others, continuing to block food, fuel, clean water, and life-saving aid. The IPC's first analysis, in December 2023, warned that northern Gaza was on the brink of famine; by mid-2025, half the population faced emergency or catastrophic food insecurity. Still, restrictions only tightened - most dramatically during the 80-day siege between March and June 2025, when nearly no aid entered Gaza. UN agencies made clear that this was not a natural disaster, but a manmade policy, and that starvation was being deliberately imposed as a tool of war. From January to May 2025, more than 16,700 children were admitted for treatment for acute malnutrition - 5,000 of them in May alone, including 636 suffering from its most lethal form (severe acute malnutrition). One in five babies is now born preterm or underweight, while mothers are increasingly unable to breastfeed due to starvation and trauma. The collapse of sanitation systems has fueled outbreaks of diarrhea and Hepatitis A, exacerbating malnutrition and pushing infants and small children closer to death. Medical workers warn of a deadly cycle: starvation weakens immunity, which in turn increases disease and worsens malnutrition.
- <u>Weaponization of aid</u>: From the outset of the war, Israel has obstructed humanitarian aid to Gaza through a policy of deliberate restriction, selective approvals, and total shutdowns effectively weaponizing the flow of basic necessities. Control over aid has been exercised through crossings, inspections, and internal coordination, enabling Israel to dictate not only what enters Gaza, but when, where, and to whom. This policy was first formalized during the total siege declared on October 9, 2023, when Israel halted the entry of food, water, fuel, and medicine into Gaza. For nearly six weeks, no aid was permitted to enter. When entry partially resumed in late October, the volume remained severely restricted and subject to Israeli pre-approval on an item-by-item basis, leading to months of arbitrary denials and

insufficient deliveries. In January 2024, Israeli Defense Minister Yoav Gallant declared: "No electricity, no food, no fuel." On-the-ground consequences of this policy include exacerbated suffering and death due to the obstruction of the flow of life-saving medical supplies. The lack of even the most basic supplies - such as anesthesia, gauze, sanitation materials, and orthopedic tools - has led to amputations performed without anesthesia, surgeries carried out without scalpels, infections left untreated, and treatable injuries transformed into terminal harm.⁹³

- 53. In February 2024, PHRI, alongside partner organizations, petitioned the Israeli High Court to remove unlawful barriers to the entry of humanitarian aid. Over the following year, the petition presented evidence of famine, malnutrition, and the collapse of Gaza's health and sanitation systems, all caused by Israel's control over aid access. Despite widespread evidence to the contrary, the state claimed its policy was adequate. In March 2025, the Court accepted this claim, choosing to defer to the state's assessment rather than enforce humanitarian law, thus legitimizing the continued weaponization of aid.
- 54. This was followed in February 2025 by the launch of the socalled "Gaza Humanitarian Foundation" (GHF), a new joint US-Israeli aid scheme that claimed it would increase the flow of aid into Gaza. In practice, however, this scheme failed to relieve the crisis and instead intensified it. Rather than reaching the most vulnerable, in accordance with humanitarian principles, it has forced starving civilians to travel to fixed military-controlled distribution zones, which have become sites of mass killing. Reports guickly emerged of mass shootings at these sites. As of July 13, UN bodies documented over 875 Palestinians killed in Gaza while trying to obtain food - 674 of them in the vicinity of GHF sites.95 Multiple investigations have identified patterns of lethal force used against individuals waiting for food. Humanitarian actors have warned that the model undermines all principles of humanitarian protection, and the UN and other major humanitarian organizations have refused to participate in it."

- 55. Social determinants of health: These are the non-medical conditions in which people are born, grow, live, work, and age, such as housing, education, social support, economic stability, and the physical environment profoundly influencing health outcomes and inequities. Since October 2023, these determinants have been catastrophically eroded in Gaza. As of January 2025, Israel's mass forced displacement campaign had uprooted nine out of ten Gaza residents. Most have been displaced multiple times, some more than ten times. At its peak, Israeli evacuation orders covered 86% of the Gaza Strip's territory.98 Domicide the deliberate destruction of homes - has left approximately 92% of all housing units damaged or destroyed, equal to 436,000 homes." Educational infrastructure has essentially collapsed: Gaza's 625,000 school age students are deprived of education, 100 with those under 18, constituting 47% of Gaza's population (approximately 1.07 million children), left without functioning schools or routine. The Israeli attack has also fractured families. By April 2025, around 40,000 children were orphaned, having lost one or both parents.101 These compounded traumas - displacement, home loss, disrupted education, and the collapse of social networks have driven poverty, food insecurity, and psychological distress, further undermining health far beyond what medical services alone can address.
- Environmental determinants of health: These refer to the essential conditions in our physical surroundings that shape human health and include access to clean water, safe air, proper sanitation, fertile land for food production, and a stable, uncontaminated environment, which have been systematically dismantled in Gaza. Over 700 water wells and purification stations have been destroyed, while Israeli attacks on major pipelines, alongside fuel and electricity cuts, have brought pumping and desalination to a halt.¹⁰² As of June 2025, 93% of households faced water insecurity,¹⁰³ relying instead on polluted or brackish sources, often transported manually or purchased at unsustainable prices. Croplands have been razed, 80% of trees destroyed,¹⁰⁴ 95% of livestock killed,¹⁰⁵ and the fishing sector decimated, erasing critical food sources and causing one million people to face emergency levels of food insecurity, with 470,000 facing catastrophic

levels.¹⁰⁶ These conditions, compounded by overcrowded displacement camps and fuel shortages, have triggered widespread outbreaks of disease, including Hepatitis A,¹⁰⁷ meningitis, and severe skin infections. Public health itself has collapsed: routine vaccinations have ceased, communicable diseases spread unchecked, and preventive services have disappeared entirely. In a stark indication of this collapse, Gaza recorded its first confirmed case of polio paralysis in over 20 years – a ten-month-old infant – in August 2024.¹⁰⁸

- This direct, cumulative, and foreseeable pattern of destruction renders Gaza incapable of supporting human life. The facts reflect not the incidental consequences of war, but a policy of extermination pursued through the systematic collapse of health, water, food, and shelter. The comprehensive reach of these measures support the conclusion that they are calculated to bring about the physical destruction of the group in whole or in part. Under the jurisprudence of the ICJ and ICTY, the legal standard for Article II(c) is met. These conditions of life are deliberately designed to be unlivable. Their imposition is not accidental; it reflects the operational logic of a broader campaign of destruction. This constitutes genocide.
- 58. Israel's actions have not only collapsed Gaza's health system, but destroyed its ability to recover due to the debilitating reduction of Gaza's medical staff through their killing and detention, the breakdown of critical care, and the long-term blockade on essential supplies and diagnostics.
- 59. <u>Killing of medical staff</u>: The destruction of Gaza's health system is inseparable from the systematic targeting of its medical personnel through killing, detention and displacement. Since October 2023, over 1,580 healthcare workers have been killed, including Gaza's most senior physicians and hospital leaders. Among them were Dr. Omar Farwana, former dean of the Faculty of Medicine at the Islamic University of Gaza; Dr. Rafat Labad, director of internal medicine at al-Shifa Hospital; Dr. Musa Khafajeh, a top gynecologist; Dr. Ahmad Nabhan, head of emergency at the Indonesian Hospital; and Dr. Eyda Khader, head of midwifery at the Ministry of Health. Since the start of the war, six heads of departments at al-Shifa Hospital were killed (internal medicine,

ob-gyn, emergency care, pathology, radiology, and orthopedics). Dr. Marwan al-Sultan, director of the Indonesian Hospital and one of the last cardiologists in northern Gaza, was killed alongside four relatives in a targeted airstrike on his temporary apartment. This is not collateral damage, but a pattern. Physicians are not easily replaceable – a single specialist requires decades of training. By eliminating Gaza's medical leadership and degrading its professional core, Israel is not only collapsing healthcare today but ensuring it cannot recover.¹¹⁰

- Detention of medical staff: Gaza's medical community has 60. also faced systematic detention, abuse, and delegitimization. Medical professionals have been detained without charge and subjected to degrading treatment and torture. Their continued detention not only violates their protected status under international law but also depletes Gaza's medical capacity. The directors of Kamal Adwan, al-Awda, and al-Nasser hospitals have all been detained. At least four medical workers died in Israeli custody. Among them is Dr. Adnan al-Bursh, head of orthopedics at al-Shifa Hospital, who later relocated to al-Awda following the raid on al-Shifa. He died in April 2024, after reportedly suffering torture and neglect.111 Others, such as al-Shifa director Dr. Mohammed Abu Salmiya,112 were detained for extended periods - only to be released without charge. Dr. Nahed Abu Taima, 113 director of al-Nasser Hospital, and Dr. Housam Abu Safiya, 114 director of Kamal Adwan Hospital, are still detained without charge - their absence further undermining the functioning of their institutions. Dozens more have been beaten, blindfolded, stripped, or held in stress positions for months. Medical staff have been filmed in humiliating conditions and denied the right to treat patients while detained. This abuse is not incidental - it is consistent with the broader Israeli campaign to delegitimize Palestinian medical workers by portraying them as complicit in acts that ostensibly render them "fair game". Since the beginning of the war and up to February 25, 2025, 339 healthcare providers in Gaza have been unlawfully detained. 115
- 61. <u>Collapse of long-term critical care</u>: Israeli attacks on healthcare facilities have severely undermined hospitals' ability to treat the 350,000 people with chronic illnesses in Gaza,¹¹⁶ address women's health needs, and deliver care for other medical conditions. Before the war, facilities

like the Turkish-Palestinian Friendship Hospital provided limited oncology services. In October 2023,117 the hospital was bombed, shut down due to fuel depletion, and ultimately demolished by Israeli forces in March 2025. As of June 2025, over 11,000 cancer patients in Gaza remain in need of treatment. Of these, 2,900 require evacuation, 338 have died while waiting, and 20 have been killed in airstrikes. Gaza now lacks functioning operating rooms, radiotherapy, pathology services, and nuclear imaging capabilities. The number of CT scanners has dropped from 19 to 7, and MRI machines from 7 to none. Over 64% of cancer medications are out of stock. Dialysis care has also disintegrated - of the 1,100 patients who were receiving dialysis before the war, only 650 remained alive as of June 2025. Of the 178 previously operational dialysis machines, only 93 remain fully or partially functioning, forcing many sessions to be shortened or skipped altogether. 118 Critical kidney medications are unavailable, exposing patients to lethal complications. Maternal and neonatal care has similarly collapsed. Maternity wards have been damaged, electricity is unreliable, and sterile surgical rooms are scarce. Starving mothers cannot breastfeed, and complicated births often go untreated. Israeli attacks and restrictions have severely disrupted the delivery of diabetes care, limiting access to treatment and medication for Gaza's 71,000 pre-war diabetic patients.¹¹⁹

62. <u>Foreseeable deaths</u>: An end to the current military offensive will not curb Gaza's death toll. The destruction of healthcare infrastructure – alongside famine, resurgent disease, including infectious disease, and the collapse of treatment capacity – will continue claiming lives for years. ¹²⁰ One year into the offensive, estimates show that life expectancy in the Gaza Strip has already plummeted by 34.9 years, to just 40.6. ¹²¹ The psychological toll will persist for generations to come. Rebuilding Gaza's health system will take years, during which access to adequate care will remain limited. An increase in deaths from otherwise treatable illnesses – such as certain forms of heart disease, renal disease, cancer, and diabetes – is expected.

3.1.3. Legal Analysis of Article II(c)

- Gas. Under international humanitarian law (IHL), hospitals and other medical units benefit from heightened and continuous protection. As established in Article 19 of the First Geneva Convention of 1949 and Article 12 of Additional Protocol I of 1977, such units "shall not be the object of attack." This protection may be suspended only "after due warning has been given, naming, in all appropriate cases, a reasonable time limit, and after such warning has remained unheeded." Article 19 of the Fourth Geneva Convention further provides that "The fact that sick or wounded members of the armed forces are nursed in these hospitals, or the presence of small arms and ammunition taken from such combatants and not yet handed to the proper service, shall not be considered to be acts harmful to the enemy." Under the general rule of "direct participation in hostilities" hospitals only lose protection "for such time as they take a direct part in hostilities."
- 64. Although the Genocide Convention constitutes a distinct legal regime (*lex specialis*), it cannot be detached from the broader IHL framework, ¹²⁵ including the protection of hospitals. Article II(c) prohibits the deliberate infliction of "conditions of life calculated to bring about [a group's] physical destruction in whole or in part." Systematic attacks on hospitals, denial of medical care, and the collapse of healthcare infrastructure when carried out with specific intent to target a protected group and foreclose its possibility of survival may support a finding of genocide. ¹²⁶
- 65. In the context of Gaza, the cumulative collapse of the health system across all regions and over an extended period cannot be explained by isolated instances of military necessity. The widespread targeting of hospitals, the denial of evacuations, the killing and detention of medical staff, and the repeated obstruction of humanitarian access have produced a structural deprivation of care. From the earliest phase of the war, through to mid-2025, the health system of the protected group was not merely degraded but dismantled. These developments support the conclusion that the sustained elimination of Gaza's healthcare capacity contributes to the imposition of conditions of life falling within the scope of Article II(c) of the Genocide Convention. This assessment,

while grounded in the specific legal logic of genocide, necessarily draws on the principles and violations articulated within IHL.¹²⁷

- Throughout the proceedings in South Africa v. Israel, several 66. ICJ judges issued increasingly urgent warnings about the humanitarian crisis in Gaza, with particular emphasis on Article II(c) of the Genocide Convention. In January 2024, Judge Nolte raised concerns over the deprivation of life-sustaining essentials, questioning whether Israeli authorities were unjustifiably restricting aid. By March, President Salam warned of worsening conditions (para. 21-22),128 citing the obstruction of humanitarian access, while Judge Yusuf emphasized the emergence of conditions "aimed to destroy," noting that "the alarm has now been sounded."129 Judge Charlesworth went further, asserting that only a suspension of military operations could ensure the delivery of basic services.130 These judicial assessments culminated in the Court's May 2024 Order, which explicitly referenced Article II(c) and called for an immediate halt to Israel's offensive in Rafah due to life-threatening conditions for Palestinians - warnings that, to date, have not been heeded.131
- 67. The cumulative effect of Israel's conduct in Gaza through systematic attacks on healthcare infrastructure, obstruction of humanitarian access, and deprivation of the means necessary for survival has produced conditions of life incompatible with the continued existence of the protected group. These measures have rendered the provision of basic medical care structurally impossible and foreclosed recovery, undercutting The Genocide Convention's purpose of protecting the right to life of the group. The material element of Article II(c) of the Genocide Convention is thus met.

3.2. Article II(a): Killing Members of the Group

68. Gaza's Ministry of Health - in what is considered a conservative assessment - has indicated (as of July 9, 2025) that 57,680 Palestinians have been killed by direct military strike. The number represents approximately 2.5% of the Gaza Strip's population, with an average rate of about 90 people killed each day, including 28 children and 15 women. More than 15,000 children have been killed, and about 50,000 children in Gaza have either been killed or injured. These figures only include

individuals who have been fully identified, meaning their full names have been verified along with ID numbers issued by Israel. 135

- 69. According to the Ministry of Health, by December 2024, more than 1,000 medical personnel had already been killed. That figure has since risen to over 1,580.¹³⁶
- 70. Recent expert studies indicate an undercount of 40% by Gaza's Ministry of Health, and assess the number of direct casualties to date, as a result of violence, hunger, and disease, at close to 100,000. Estimates are even higher when indirect causes are taken into account. While we cannot conclusively determine the exact higher figure, it is precisely an analysis such as the one presented here examining the effects of the destruction of Gaza's health and other life-sustaining systems, specifically in relation to Article II(c) that captures the full dimensions of the catastrophe.
- 71. In *Bosnia v. Serbia*, Bosnia argued that Serbia intended to destroy the Bosniak population. The ICJ held that the "massive killings" of that conflict satisfied the material element under Article II(a) of the Genocide Convention. Although Serbia was ultimately found responsible "only" for failing to prevent genocide in Srebrenica, the Court acknowledged that the killings met the objective threshold for genocide, including shelling, executions, and other military actions. The Court assessed incidents region by region, regardless of scale, recognizing that the material element can be met even amid armed conflict. The killing of over 55,000 Palestinians in Gaza most of them women and children appears consistent with the material threshold of genocide, far beyond the notion of collateral damage under IHL.
- 72. In the present case, the mass killing ultimately constituting genocide is closely intertwined with a specific, extraordinarily expansive interpretation by Israel of the authority to kill under IHL, which ultimately eliminates IHL's protective object and purpose. This has been demonstrated above, in the context of breaching the protection of hospitals and thereby the ability to access healthcare which is at the heart of our mandate. Yet this hollowing out of IHL extends far beyond the targeting of hospitals.

- 73. The early phase of Israel's military campaign, in October 2023, reflected the expansive approach that bifurcated the authority to kill under IHL from limitations of proportionality and distinction.138 Authoritative observers have thus documented extraordinary breaches of proportionality that began in October 2023 and continue to this day. Such breaches were characterized, among others, by the vast amount of airstrikes hitting densely populated residential areas; numerous incidents in which entire families were killed in their homes; frequent and repeated strikes on civilian and UN shelters (according to an Airwars investigation, over 50 such incidents occurred within the first three months) and later, through 2024, in areas designated as humanitarian zones. Israeli forces repeatedly engaged in fatal airstrikes with no apparent military objective, immediately after issuing evacuation orders to civilians. 139 One such instance occurred on October 13, 2023, when over one million civilians were ordered to evacuate from the northern to the southern Gaza Strip within 24 hours. 140 Such numbers demonstrate a deliberate disregard for the civilian nature of the targeted spaces and a dangerous tolerance for disproportionate harm.
- 74. The siege and storming of hospitals in multiple cases and recurring fashion, as detailed above, provide clear evidence of direct, unlawful killing of civilians in a hospital. Among other methods, Israeli soldiers pursued such killing by sniper fire, targeting anyone attempting to move between departments.¹⁴¹
- 75. Attacks on aid convoys and distribution sites further illustrate the systematic nature of civilian targeting. One example is the February 29, 2024 "flour massacre," during which over 118 civilians were killed and more than 760 were injured near an aid convoy on al-Rashid Street in Gaza. According to international experts, Israeli forces were involved in the incident. However, this event has been partially eclipsed by multiple recurring aid-related shootings throughout 2024 and rising again in 2025, particularly through the militarized lethal aid provision schemes implemented by Israel and the GHF (detailed above). The recurrence of lethal force at aid delivery points in itself indicates either the deliberate use of aid as bait or a disregard for civilian life, both of which are not only incompatible with the requirements of IHL but also

indicate a broader violation of Article II(a). Since the operation of the GHF distribution scheme, close to 700 Palestinians were killed in its vicinity and thousands injured, placing this conduct squarely within Article II(a) of the Genocide Convention. Weapons used included tank-mounted heavy machine guns, drone-fired missiles, tank shells, and artillery. A June 2025 Haaretz investigation documented testimonies from soldiers describing the systematic lethal force used against civilians seeking food. "It's a killing field... Where I was stationed, between one and five people were killed every day. They're treated like a hostile force — no crowd-control measures, no tear gas... Our form of communication is gunfire." These were not rogue impressions. Multiple soldiers confirmed that such actions were carried out under standing orders, without warning shots or distinction between aid recipients and bystanders.¹⁴³

- 76. The targeting logic applied at GHF sites amounts to the suspension of civilian protection in a context that does not come close to meeting the threshold for "direct participation in hostilities" under IHL. Hunger, presence at an aid line, or mere proximity to others seeking food were treated as grounds for summary execution. Precautionary measures, warning procedures, or legal crowd management techniques were not employed in any effective way. The operational assumption that civilians near aid lines were "looters" or "suspects" translated, in effect, into a policy of lethal repression of hunger.
- 77. In conclusion, the killings in Gaza meet the material element of genocide under Article II(a). Lethal force was used as a policy against a group, far beyond identifiable military necessity.

3.3 Article II(b): Causing Serious Bodily or Mental Harm to Members of the Group

78. Severe bodily and mental harm due to the military campaign is pervasive across the Gaza Strip, as well as in Israeli detention sites, where Gazans are being tortured. Within Gaza, the health effects on children are especially alarming. Many have been orphaned, displaced multiple times, and exposed to scenes of extreme violence. The continuous bombardment of civilian areas, the displacement of nearly

all residents, bereavements, and the collapse of civil order have inflicted enduring psychological trauma on an entire population. International humanitarian and medical organizations report widespread symptoms of traumatic stress, anxiety, and developmental regression among Gaza's children.

- 79. According to Gaza's Ministry of Health, as of July 2025, more than 140,000 Palestinians in Gaza have been injured since the start of hostilities. At least 4,700 individuals have undergone amputations 20% of them children and more than 4,300 require prosthetics or mobility aids. 144 Over 18,500 wounded people are currently in need of rehabilitation services. However, the collapse of Gaza's health system has left them without access to physiotherapy, pain management, or post-surgical care. The blockade on medical evacuation has further exacerbated this crisis, leaving thousands of seriously injured patients stranded in a non-functional medical environment.
- 80. Detainees in Israeli camps have testified to systematic torture, including prolonged blindfolding, painful restraints causing nerve damage, beatings, electric shocks, sleep deprivation, and stress positions. At the Sde Teiman military detention facility, reports included isolation, forced nudity, and sexual humiliation. Medical neglect has been widespread; care has been often withheld, delayed, or conditioned on further abuse. Multiple investigations have shown that these detention camps function not only to gather intelligence but to punish and deter. This intentional infliction of pain - targeting detainees stripped of legal status and held without due process - reflects a policy of domination and degradation.¹⁴⁵ The abuse, repeated across sites and inflicted on the elderly, wounded, and medical personnel, amounts to a campaign of serious bodily and mental harm. Investigations have uncovered a pattern within the general state of widespread torture and abuse, of medical workers in detention subjected to beatings, humiliation, and prolonged denial of medical care, compounding the injury crisis by further depleting Gaza's ability to treat the wounded (see Article II(c) above).

- 81. The infliction of serious bodily and mental harm on Palestinian women in Gaza has taken distinctly gendered forms. As of May 2025, at least 50,000 pregnant women have been denied regular prenatal care or access to safe delivery. Over 11,000 pregnant women now face famine; 17,000 require treatment for acute malnutrition.146 More than 130 babies are born daily in conditions devoid of sterile equipment or skilled personnel. According to recent Ministry of Health data, between January and June 2025, Gaza's birth rate declined by 41%, with 2,600 miscarriages and over 220 maternal deaths. Women report undergoing surgeries and amputations without anesthesia, suffering from untreated infections, and being denied basic hygiene and medical needs. These harms are compounded by the destruction of Gaza's family planning infrastructure and the total unavailability of contraception, leaving women without control over their reproductive health. 147 While outside the scope of this paper, it is worth noting that legal experts and the UN High Commissioner for Human Rights warn that such sustained and systemic harm may fall under Article II(d) of the Genocide Convention - imposing measures intended to prevent births within the group. 148
- 82. The mental harm inflicted on Gaza's population through starvation, continuous bombardment, forced displacement, and the destruction of civil infrastructure has reached a scale that international organizations and bodies, including the ICJ, have described as catastrophic. Over 730,000 individuals, including more than half a million children, have accessed mental health and psychosocial support services, with a 292% rise in fluoxetine use (an antidepressant) and a 49% rise in risperidone (an antipsychotic), signaling a surge in mental health needs. A survey of medical students found that nearly all respondents reported symptoms of depression (97.05%), anxiety (84.37%), and stress (90.56%), with 63.4% showing signs of PTSD. The starvation, multiple displacements and bereavement experienced by Gaza's children will carry consequences beyond their generation.
- 83. The ICJ has repeatedly acknowledged that mental harm can form part of the genocidal *actus reus* when it is severe and inflicted with intent (*Bosnia v. Serbia*, para. 319).

As with our analysis of Article II(a), here too, Israeli policies are largely comparable to allegations Bosnia made against Serbia, decided back in 2007. In that case, too, the applicants described a harrowing mixture of bodily harm due to military attacks and abuses in detention including torture (para. 319). In *Prosecutor v. Kayishema and Ruzindana,* the Trial Chamber considered the words "serious bodily harm" as largely self-explanatory but added that what is required is harm that "seriously injures the health, causes disfigurement or causes serious injury to the external, internal organs or senses" – conditions that are clearly met in the patterns observed in Gaza.¹⁵² The pattern thus fulfills the material element of Article II(b).

4. The Mental Element of the Prohibition of Genocide

4. The Mental Element of the Prohibition of Genocide

85. Central to the prohibition of genocide is the requirement of specific intent, or dolus specialis: 153 the intention to destroy, in whole or in part, a protected group as such. As a prohibition under general international law, the Genocide Convention requires discerning the intent of a state (rather than individuals). Such attribution must be guided by Articles on the Responsibility of States for Internationally Wrongful Acts (ARSIWA).154 Below, we begin by explaining how genocidal intent emerges from Israel's patterns of conduct in Gaza, especially in the context of the destruction of the health system. This is where PHRI's organizational mandate is most relevant, and we believe the pattern we have observed in this context reveals, on its own, a genocidal plan.¹⁵⁵ To complete the picture, we also turn to statements by organs of the State of Israel, updating previous similar opinions with several key declarations that make the planned aspect of Israel's policy ever more observable. Finally, we conclude with a legal discussion of the relevant evidentiary threshold.

4.1 Inferring Genocidal Intent from Patterns of Conduct

86. As the ICJ has recognized, for the purpose of state intent, genocidal intent may be inferred from the pattern of conduct.¹⁵⁶ As the ICTR has observed:¹⁵⁷

"It is possible to deduce the genocidal intent inherent in a particular act charged from the general context of the perpetration of other culpable acts systematically directed against that same group, whether these acts were committed by the same offender or by others. Other factors, such as the scale of atrocities committed, their general nature, in a region or a country, or furthermore, the fact of deliberately and systematically targeting victims on account of their membership of a particular group, while excluding the members of other groups, can enable the Chamber to infer the genocidal intent of a particular act."

- 87. The campaign to delegitimize Gaza's health system has been ongoing for at least the past decade and a half. In that context, Palestinians' conditions of life and their systems of care have been targeted long before their current annihilation. Since 2008, Israeli officials have repeatedly accused Gaza's health system of serving Hamas militant objectives, undermining its protected status under international law. That year, Shin Bet chief Yuval Diskin claimed Hamas operatives were hiding in hospitals and disguising themselves as medical staff, without providing evidence.¹⁵⁸
- 88. This narrative intensified in the following years, most dramatically since October 2023, and transformed into a veritable *campaign* to destroy the health system. During this period, Israeli leaders asserted that hospitals, especially Gaza's largest, al-Shifa, were "Hamas command and control centers". Similar accusations were made against Rantisi, Kamal Adwan, Indonesian, European, and additional hospitals. Prime Minister Netanyahu himself declared, "al-Shifa has become a central Hamas terror command center... This is not how a hospital looks... *This is how a house of terrorists looks*" (emphasis added). The gravity of this formulation cannot be overstated. Netanyahu did not say that the hospital was used to house terrorists; he declared it a 'house of terrorists'. The clear implication is that *the hospital became a military target in the eyes of Israel*, above and beyond any military activity allegedly taking place in the hospital.
- 89. Two consecutive Defense Ministers, Yoav Gallant¹⁶⁴ and Israel Katz,¹⁶⁵ as well as Cabinet member Benny Gantz¹⁶⁶ and Finance Minister Bezalel Smotrich,¹⁶⁷ all echoed these claims. Media¹⁶⁸ and various public figures amplified the narrative, with physicians¹⁶⁹ and rabbis¹⁷⁰ even petitioning to bomb hospitals.
- 90. In all instances where the Israeli military has attacked hospitals, apart from al-Awda Hospital in Northern Gaza and al-Aqsa Martyrs Hospital in Deir al Balah in central Gaza, Israel has alleged that the hospitals were being used by Palestinian armed groups. Although there are cases suggesting that Hamas may have unlawfully used medical infrastructure to shield military objectives,¹⁷¹ Israel has not provided sufficient evidence to substantiate its allegations, which have remained vague and broad.¹⁷²

- 91. As explained above, hospitals enjoy protection under IHL, which can only be suspended, after an effective warning, for a limited duration for strict purposes of military necessity.¹⁷³ When hospitals are targeted beyond what military necessity may allow, the result is a war crime. Indeed, in February 2024, PHRI demanded that such instances be investigated as war crimes.¹⁷⁴ When a state destroys an entire system of hospitals, it is no longer merely suspending IHL protection for military purposes; such actions may constitute a crime against humanity. However, when such actions reach the scale observed during the current campaign, they reflect an intent to destroy the civilian population, at least in part, *for the long term*. The pattern in question does not only concern the voluminous harm meted. It also concerns the fact that this health system is distinctly Palestinian, for Palestinians, and part of a larger national project.¹⁷⁵
- 72. The deliberate obstruction of humanitarian aid, starvation conditions, forced displacement, and the annihilation of critical environmental and civilian infrastructure all follow the same pattern. The intention behind these policies should be understood as indivisible from the destruction of the health system. Each policy alone may raise grave legal concerns. Together, they form a plan and policy of systemic erasure.
- As explained above, in its first order on Provisional Measures in the case of *South Africa v. Israel*, from January 26, 2024, the ICJ warned Israel of the catastrophic outcome in terms of the health of Gaza's population. The ICJ framed this strictly within the scope of protection granted by the Genocide Convention. That this warning was not heeded sheds further light on Israel's intent to reach the catastrophic results we are now seeing. In the present context, we identify a clear pattern of conduct revealing an intention to destroy the Palestinian health system in Gaza as a constitutive part of inflicting destructive conditions of life.

4.2 Statements by Organs of the State

94. While locating the intent of a non-natural person may seem difficult, the approach of the ICJ on this issue is clear. In *Bosnia v Serbia*, the ICJ 'affirms': 176

'[T]he Contracting Parties are bound by the obligation under the Convention not to commit, through their organs or persons or groups whose conduct is attributable to them, genocide and the other acts enumerated in Article III. Thus if an organ of the State, or a person or group whose acts are legally attributable to the State, commits any of the acts proscribed by Article III of the Convention, the international responsibility of that State is incurred' (emphasis added).

- 95. In the present case, genocidal intent has also been repeatedly and publicly declared by organs of the state and persons acting *exofficio*. Israeli political and military leaders have made numerous statements that reveal a logic of collective punishment and destruction targeting Palestinians in Gaza.¹⁷⁷
- 96. We refer to the statements collected by South Africa for its case before the ICJ and supplement them with more recent, similarly grave or even more severe statements. A few examples from the early stages include: Prime Minister Benjamin Netanyahu's references to the biblical command to annihilate "Amalek" a term echoed in official government communications, evoking a purported historic and religious duty to carry out total elimination; Finance Minister Bezalel Smotrich's call to "blot out" entire cities; and National Security Minister Itamar Ben-Gvir's endorsement of policies that indiscriminately target civilians and reflect an ideological commitment to collective erasure.
- 97. While Giora Eiland is not currently an organ of Israel, the retired Major General has nonetheless been highly influential. He has led the drafting of the so-called "Generals' Plan", a blueprint for Gaza's siege and mass displacement the implementation of which, on its own, would amount to crimes against humanity or genocide. But his genocidal statement from November 2023 touches, perhaps most directly, upon PHRI's mandate: "The international community is warning us of a humanitarian disaster in Gaza and of severe epidemics. We must not be deterred by this, despite the difficulty involved. After all, severe epidemics in the southern part of the Strip will bring victory closer and reduce casualties among IDF soldiers." 178

- 98. In *South Africa v. Israel*, Judge Nolte observed in his statement from January 26, 2024: "South Africa has provided evidence, *not contradicted by Israel*, that inflammatory parts of relevant statements have been echoed in a threatening way by members of the Israeli armed forces" (emphasis added). Below, we demonstrate that in the many months that have passed since this finding, the evidence has been continuously confirmed rather than being contradicted. As Judge Nolte recognized, "such statements may contribute to a 'serious risk' that acts of genocide *other than direct and public incitement* may be committed, giving rise to Israel's obligation to *prevent genocide*" (emphases added).
- 99. Indeed, state organs - including executive, legislative, and judicial branches - continued to express genocidal intent in the weeks and months that followed, through explicit declarations. Finance Minister Smotrich stated in August 2024 that starving Gaza's civilian population "may be justified and moral," 179 later calling for the expansion of a campaign of annihilation in the West Bank.¹⁸⁰ In February 2025, Prime Minister Netanyahu promoted transforming Gaza into a "Riviera" after removing the Palestinian population.¹⁸¹ By May, he conditioned the delivery of humanitarian aid on recipients' agreement not to return to northern Gaza. 182 In March 2025, Israeli Supreme Court Justice David Mintz invoked the potential justifiability of widespread destruction under concepts of "obligatory war" and total annihilation, referencing the duty to kill 'Amalek'. 183 Knesset members Amit Halevi and Limor Son Har-Melech explicitly rejected the moral objections not to starve children in May,184 while MK Zvi Sukkot expressed satisfaction at public desensitization to mass civilian deaths ("100 per day"). 185 Attorney General Gali Baharav-Miara and State Prosecutor Amit Eisman declined to investigate MK Nissim Vaturi's calls to "burn Gaza," as well as Smotrich's annihilatory remarks.¹⁸⁶ Netanyahu's Shin Bet nominee Major General David Zini declared "this is an eternal war," 187 signaling state elevation of advocates for endless conflict to senior security positions. Defense Minister Israel Katz publicly confirmed that military operations were explicitly aimed at "concentrating and moving the population" of Gaza, 188 later announcing in July a plan to forcibly relocate 600,000 Palestinians into a confined desert compound. 189 This is a centrally coordinated plan

- announced by a *senior state official* to impose closed, militarized containment on a besieged civilian population already enduring famine, infrastructural collapse, and ongoing bombardment.
- 100. On January 26, 2024, the ICJ required Israel to "take all measures within its power to prevent the commission of all acts within the scope of Article II of this Convention" (Order, para. 78). It also took the view that "Israel must take all measures within its power to prevent and punish the direct and public incitement to commit genocide in relation to members of the Palestinian group in the Gaza Strip" (para. 79). That more than a year later these crucial measures have been left unheeded, further reflects that their violation is a matter of policy and plan.

4.3 Destruction of a Group "As Such"

- 101. As the Court found in *Bosnia v. Serbia* (para. 198) and reaffirmed in the *South Africa v. Israel* order on Provisional Measures, "the intent must be to destroy at least a substantial part of the particular group [...] the part targeted must be significant enough to have an *impact on the group as a whole*" (emphasis added).
- 102. To determine responsibility for genocide, it is necessary to define the protected group in question. Under Article II of the Genocide Convention, the relevant categories are national, ethnic, racial, or religious groups. The ICJ has consistently affirmed that the Convention protects groups based on objective and stable characteristics (*Bosnia v. Serbia*, para. 193).
- 103. In the context of Gaza, the targeted group consists of Palestinians, who qualify as a national group within the meaning of the Convention. Under international law, the Palestinian people enjoy a right to self-determination, which is a core element of the legal identity of a national group. As the ICJ has held, genocide may target not only physical survival but also the group's capacity to exist and act *as such* that is, as a collective political subject (see *Bosnia v. Serbia*, para. 344). The forced removal of a people from their land and the destruction of the institutional and territorial foundations of collective life constitute not only violations of international humanitarian and human rights law, but also a direct assault on the group's existence as a bearer of self-determination.

Palestinians, form a distinct and identifiable part of the Palestinian people and have been explicitly treated by Israeli authorities as a coherent and homogenous adversary. The Palestinian population of Gaza is, in the language of the ICTR, a "stable group", especially since the Israeli policies of closure, which have been in place for the entire lives of around 50% of Gaza's population, have further solidified the group. As the ICTR has explained: "it is particularly important to respect the intention of the drafters of the Genocide Convention, which according to the *travaux préparatoires*, was patently to ensure the protection of any stable and permanent group." The ICTR has further affirmed that an intent to destroy part of a protected group is sufficient to meet the requirements of the Convention, as is clearly indicated in the language of the Convention.

105. Accordingly, for the purposes of this analysis, we focus on the Palestinian population of Gaza as the relevant protected group, targeted *as such.*¹⁹²

4.4 The "Only Reasonable Inference" and State Responsibility

106. Under the ARSIWA, the conduct and statements of Israeli officials - across all branches and levels of government - must be attributed to the State of Israel and may be used to infer genocidal intent. Pursuant to Article 4, the acts of state organs, whether executive (e.g., Prime Minister Netanyahu; Ministers Smotrich, Gallant, and Katz), legislative (e.g., Members of Knesset such as Zvi Sukkot and Limor Son Har-Melech), or judicial (e.g., Justice David Mintz), are attributable to the State. Their repeated statements endorsing the total destruction, starvation, and the permanent displacement of Palestinians in Gaza, combined with policies operationalizing such aims, reflect not roque positions but official state intent. Furthermore, under Article 8, conduct of non-state actors, such as news outlet Channel 14, may be attributed to the State where those persons act on its instructions, under its direction, or its control. Channel 14, for instance, has functioned with state endorsement as a platform for systematic incitement to genocide, and its impunity suggests tacit approval or acquiescence by state authorities.

Finally, under Article 15, where multiple state organs contribute to a composite wrongful act - here, a sustained campaign of destruction of the Palestinian group in Gaza - the cumulative conduct reflects a single breach of an international obligation: the prohibition of genocide.

- 107. The patterns of conduct on their own, let alone in conjunction with the consistent, numerous, and overt statements of state actors, meet the threshold articulated in *Bosnia v. Serbia* for attributing genocidal intent. Genocidal intent is the only reasonable inference, triggering Israel's international responsibility under the Genocide Convention and customary international law. We therefore find that the specific intent required under Article II of the Genocide Convention, of "an organ of the State, or a person or group whose acts are legally attributable to the State," is clearly established.
- 108. Critics of the genocide designation often argue that Israel's military campaign was driven by the objective of rescuing hostages and dismantling Hamas's military capacity. Even on its own terms, however, this rationale cannot explain the scale of systematic violence directed against the civilian population. Such a purported justification shows no regard for a basic proportionality test. A thought experiment may illustrate this point: if a state were to bomb its own hospitals, water infrastructure, and population centers to extract information from suspected hostage-takers, such conduct would be universally condemned. The logic of hostage rescue cannot rationally extend to the mass deprivation of civilians. Where patterns of destruction persist despite foreseeability, and where civilian harm is not an accident but an integral part of military design, the only reasonable inference is that of an intent to destroy the group in whole or in part.
- 109. Genocidal intent may crystallize over time. 193 What matters is whether it stands as the only reasonable explanation for the facts at the moment of evaluation. This threshold has been met. The scale, repetition, and targeting of conditions essential to life, alongside the declaration of a plan to concentrate a civilian population, while continuously bombing it, cannot be coherently explained by military necessity or by any other non-genocidal plan.

5. Conclusion

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- Taken together, the facts and arguments presented above demonstrate that Israel's conduct satisfies three key acts enumerated in Article II of the Genocide Convention. In our area of expertise the right to health the legal and moral conclusion is unavoidable. The destruction of life-sustaining systems, the cumulative patterns of destruction, the bodily and mental trauma inflicted, and the direct killing of civilians, when understood in light of the implemented policy and the public rhetoric, make clear that Israel's campaign in Gaza constitutes genocide under international law.
- 111. We thus conclude that, based on the available evidence and the applicable legal standards under the Genocide Convention:
- Israel is committing acts under Article II(a), (b), and (c), including killing, inflicting serious bodily and mental harm, and deliberately imposing conditions of life intended to destroy the Palestinian population in Gaza, in whole or in part;
- There is sufficient evidence to establish that these acts are carried out with the specific intent required by Article II.
- As an organization committed to the right to health and the principles of international humanitarian and human rights law, we are acutely aware of the limitations of compliance, let alone enforcement, within the international system. Despite multiple binding decisions and provisional measures issued by the ICJ, Israel has, to date, failed to comply with its obligations under international law, including those arising under the Genocide Convention. Third parties have generally not played a sufficient role in enforcing the underlying international rules. The international institutions entrusted with preventing and punishing genocide have been slow to act decisively, and their ability to enforce accountability remains uncertain. 194
- 113. Nonetheless, we believe that this determination's legal and moral weight cannot remain confined to expert forums. We call upon the relevant international bodies to initiate appropriate proceedings and investigations as mandated by international law. We further call

upon states to act in accordance with their obligations under Article I of the Genocide Convention. While *prevention* may no longer be a real possibility, we remain concerned that the genocidal campaign is not over. Alongside the need for accountability and punishment, third parties should realize their duty to terminate it.

114. We recognize that the task of confronting genocide cannot be borne by legal institutions alone. In our domain - the protection of life, health, and dignity - we call for the mobilization of a global network of solidarity, especially among health professionals, humanitarian actors, and institutions charged with preserving public health. The destruction of Gaza's medical system, its urban and environmental collapse, and the deliberate targeting of the conditions necessary for human survival are matters that concern the global health community no less than the legal one.

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