



OUT OF OUR HANDS

**The experiences of Palestinian healthcare professionals
at Jerusalem's Augusta Victoria Hospital in the aftermath
of 7 October 2023**

METHODOLOGY

This report is based on observations of the work of nurses and social workers at three departments of Augusta Victoria Hospital and on background interviews with the hospital management spanning from 15 August 2023 to 1 March 2024. Additionally, the experiences of twelve nurses, social workers, and physicians were explored through semi-structured interviews, which were thematically analyzed for shared topics. After 7 October 2023, all interviews had to be conducted online, as the principal investigator resides in Ramallah and was restricted from crossing into East Jerusalem. Data collection was conducted within the framework of the project titled *Care, Moral Distress and Solidarity at Jerusalem's Augusta Victoria Hospital: Strengthening Palestinian Community Health Resilience*, which was funded by the Dutch Research Council.

While Augusta Victoria Hospital provided access to their staff members, its representatives were not involved in the analysis or the writing of this report. The responsibility for the content of this publication rests solely with the authors, and the views expressed do not necessarily represent the position of Augusta Victoria Hospital, the Dutch Research Council, or the University of Humanistic Studies (The Netherlands).

Ethical approval for this research has been obtained from the Ethical Review Committee of the University of Humanistic Studies, as well as from the Ethical Committee of the Augusta Victoria Hospital.

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COLOPHON

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University of Humanistic Studies
Utrecht, The Netherlands
www.uvh.nl

Authors: Zeina Amro, Sarah Kuhail & Pieter Dronkers

Graphic Design: Loor Amin

Photos: Joleen Mashaala

Note: The individuals in the photos were not part of this research. The quotes are in no way related to persons in the picture.

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TABLE OF CONTENTS

Executive Summary	4
Key Recommendations	4
Uphold the right to health	5
Ensure freedom of movement	5
Recommendations for healthcare institutions	6
Recommendations on the position and role of specialized hospitals	7
Introduction	8
1. Referral care before 7 October 2023	12
Holistic care	12
The patient's journey	13
Satellite clinics	14
The experiences of healthcare professionals	15
2. Patients	17
Further infringements on the freedom of movement	17
Implications for medical treatment	18
Psychosocial support	19
Supporting Palestinians from the Gaza Strip	20
3. Companions	23
The eyes of the nurses	23
Caring for the companions	24
4. Healthcare professionals	27
The burden of commuting	27
Collegial support	28
Crisis measures by the hospital	28
Conclusions	31

EXECUTIVE SUMMARY

The six referral hospitals in East Jerusalem play a crucial role in the Palestinian healthcare system. When specific forms of tertiary healthcare are unavailable in the West Bank or the Gaza Strip, the Palestinian Authority sends patients to these institutions. Drawing from interviews with staff members of the Augusta Victoria Hospital (AVH), one of those six, this report offers initial insights into how the situation of patients, their companions, as well as healthcare professionals, changed following 7 October 2023.

Even before the Israel–Gaza War, providing referral healthcare in East Jerusalem was complex. Patients, their companions, and the large majority of staff members were fully dependent on the Israeli permit system. In cases of delayed or denied travel permits, diagnostic appointments and treatments were severely affected. Additionally, the precariousness of the funding structure of East Jerusalem hospitals, which is highly intertwined with geopolitical dynamics, hindered stable investments in medical equipment, medicines, staff, and the development of new healthcare services. Despite these challenges, the six institutions have always managed to continue their operations and to offer high-quality healthcare according to international standards.

However, the situation worsened after 7 October 2023. All permits of patients and their companions from the Gaza Strip were revoked. Those who were already in Jerusalem were either deported or could not return. Travelling in and from the West Bank became dangerous, necessitating organized collective transportation. Some patients and staff had to remain at AVH for prolonged periods. The web of care connecting patients, their families, hospital staff, and the wider Palestinian community was fundamentally disrupted. Interviews reveal how these circumstances led to feelings of anxiety, distress, and anger, while also fostering solidarity and initiatives for mutual support. The financial burden on the East Jerusalem hospitals increased due to a drop in the number of patients and severe delays in reimbursements by the Palestinian Authority. In the case of AVH, this decrease in treatments exceeded 35%. Staff members experienced temporary salary retention, which could only be compensated after six months. Nevertheless, the hospital persisted in treating patients from the West Bank and kept all its staff employed. Supported by their colleagues and their employer, the staff members found the resilience to continue providing care despite the challenging context.

The stories of healthcare professionals collected in this publication shed light on their experiences over the past months and on how they assess the impact of the war on the treatments and psychological wellbeing of the patients and their companions. Based on these insights, this report presents the following recommendations.

KEY RECOMMENDATIONS

An immediate ceasefire and an end to the siege, ensuring unimpeded humanitarian access, are crucial to spare the lives of civilians in the Gaza Strip and to provide adequate access to food, basic supplies, and to re-establish the healthcare system on which the survival of the people of

Gaza depends.¹ This includes the following actions, which also pertain to the Palestinians living in the occupied West Bank:

UPHOLD THE RIGHT TO HEALTH

Any obstruction or delay in providing optimal healthcare represents a breach of the fundamental right to accessible and dignified healthcare.

- **Enable continued treatment at Augusta Victoria Hospital and the other referral hospitals in East Jerusalem:** Patients from the Gaza Strip suffering from chronic diseases, especially cancer, should be permitted to resume their treatment at the referral hospitals where they began before 7 October 2023. Good and effective healthcare relies on a comprehensive understanding of the patients' medical and personal history, as well as on established care relationships. AVH maintains regular communication with many of its patients and stands ready to transfer them to Jerusalem whenever possible.
- **Ensure access to essential medicines and medical equipment:** Facilitating the entry of all essential medicines and medical supplies, particularly into the Gaza Strip, is essential for maintaining the right of access to medical treatment.² These resources are vital to address the healthcare needs of the population and ensure effective treatment outcomes.
- **Protect medical personnel and facilities:** Compliance with international humanitarian law necessitates the respect and protection of medical personnel and facilities. Acts of intimidation, violence, or attacks on healthcare professionals are unacceptable and must be unequivocally condemned.³ Safeguarding the security and integrity of healthcare providers and facilities is essential for upholding the right to health for all individuals.

ENSURE FREEDOM OF MOVEMENT

It is essential to put an end to the arbitrary delays and denials of permits and to ensure safe and unimpeded access for patients in need of medical care, their companions, and healthcare providers. Decisions concerning the necessity of referrals should exclusively be based on medical grounds and should be made by the Palestinian Ministry of Health and the patient's physician.⁴ Removing restrictions not only enhances the effectiveness of treatment plans but also enables close relatives to accompany patients, bolstering their emotional wellbeing. Specifically, no child applying for a patient permit with the accompaniment of a parent should be denied that company. Moreover, safe and unrestricted travelling alleviates the stress of daily commutes for healthcare providers, contributing to better patient care at the workplace. It also enables home

1- Médecins sans Frontières, [Gaza's silent killings: The destruction of the healthcare system and the struggle for survival in Rafah](#), MSF, 2024.

2- Association for Civil Rights in Israel, [Israel's obligations toward the protected population in the Gaza Strip](#), Tel Aviv: ACRI, 2024.

3- Physicians for Human Rights, [Staggering levels of violence against health workers in Gaza warrant investigation and accountability](#), 14 March 2024.

4- World Health Organization, [Right to health: Barriers to health and attacks on health care in the occupied Palestinian territory: 2019 to 2021](#), Cairo: WHO Regional Office for the Eastern Mediterranean, 2023, 12.

visits to patients, such as those requiring palliative care.

RECOMMENDATIONS FOR HEALTHCARE INSTITUTIONS

Addressing the current distress among healthcare professionals is paramount. Providing care amid conditions marked by physical and economic insecurity, along with anxiety about the situation in the Gaza Strip, including concerns about colleagues and patients, poses a significant challenge. Taking a proactive approach to offer support will better equip healthcare professionals to provide their patients with the best care possible.

- **Recognize the political dimension of the distress faced by healthcare professionals:** Dealing with dilemmas, often under high pressure, on how to provide the best care possible and how to allocate the always limited time and resources, is inherent in any healthcare profession.⁵ However, the political context in Palestine, often experienced as an 'abnormal normal', adds extra layers of complexity. It is crucial to acknowledge how these circumstances affect healthcare providers and their ability to meet professional standards, often developed in and for a different political context.
- **Acknowledge the institutional responsibility to support staff in managing and alleviating this distress:** Coping with the effects of a context of war and violence is not solely an individual task but also an institutional one. Rather than expecting individuals to manage alone, it is important to demonstrate understanding and institutional responsibility by implementing supportive policies. Measures may include providing collective transportation and offering flexible work schedules to enhance security. Individuals should not be blamed for issues fundamentally tied to the political situation, such as delays at checkpoints.
- **Implement psychosocial care policies for staff members:** Seeking support when needed is part of one's professional responsibility. It is not a sign of weakness or a reason for shame but a proactive step towards maintaining personal wellbeing while caring for others. Organized forms of psychosocial care can include monthly support group meetings facilitated by specialized external supervisors, peer support networks, and individual coaching opportunities. While healthcare providers may also rely on family and friends, access to professional support is beneficial. It is important to engage staff members in developing the policies in this domain to ensure they address their actual needs.
- **Respect the professional autonomy of healthcare providers:** Especially in challenging circumstances, it is vital that staff members retain their sense of agency and feel empowered to provide the best possible care given the complex context. Well-trained staff should have the space and trust to deliver care in a manner they believe is most beneficial for patients and their companions, within the boundaries of their professional roles.⁶ All perspectives, including those of nurses, social workers, and companions, should be integrated into relevant decision-making processes to ensure everyone feels valued and acknowledged.
- **Develop a coherent policy on the role and support of patient companions:** Companions

5- Helen Kohlen, '[Caring about care in the hospital arena and nurses' voices in hospital Ethics Committees: Three decades of experiences](#)'. In: Franziska Krause & Joachim Bold (Eds.). *Care in healthcare: Reflections on theory and practice*. London: Palgrave Macmillan, 2017, 237-264, 239.

6- Katja Pursio et al., '[Professional autonomy in nursing: An integrative review](#).' *Journal of Nursing Management* 29, no. 6 (2021), 1565–1577.

play a crucial role in Palestinian referral care, providing emotional and practical support, and assisting with home care after hospital discharge. It is crucial to establish clear expectations about the role of companions and to organize support and training for them at the ward level. This collective approach will facilitate the individual interactions and communication between healthcare professionals, companions, and patients.

RECOMMENDATIONS ON THE POSITION AND ROLE OF SPECIALIZED HOSPITALS

The referral hospitals in East Jerusalem play a crucial role in the Palestinian healthcare system. They offer care and treatments not available elsewhere, contribute significantly to education and development, and are a source of pride and identity for Palestinians in Jerusalem.⁷ Strengthening their position, as well as the entire health infrastructure in which they are embedded, is essential.

- **Ensure unconditional funding for Palestinian healthcare:** Healthcare in Palestine relies financially on public, private, and international contributions. For the referral hospitals in East Jerusalem, funding from international donors is particularly important. This means that medical treatments partly depend on the political goodwill of the international community, which can review its commitments at any time.⁸ As health is a basic right, it is imperative to transition to a funding framework that ensures consistent, stable, and unconditional support. This would secure access to tertiary care, promote the sustainability of healthcare institutions, and alleviate the stress experienced by staff regarding funding continuity. It would also strengthen other levels of healthcare, such as local care by community nurses, enabling hospitals to discharge patients earlier.
- **Support the role of hospitals in education and training:** Palestinian hospitals play a vital role in educating the next generation of healthcare professionals through internships and on-the-job training. These institutions also provide continuous training for their staff and colleagues from other hospitals, often collaborating with external experts or sending their personnel to training courses offered by other parties. Additionally, some staff members often serve as instructors at nursing departments in Palestinian universities, sharing their knowledge and expertise. It is essential to remove any obstacles that hinder hospitals from effectively fulfilling this crucial role.
- **Recognize hospitals as hubs for research and development:** Specialized hospitals play a significant role in shaping policies and treatment protocols that are adaptable and sensitive to the needs of patients and their families, fitting the specific social and political context. This includes designing flexible treatment plans and offering additional support such as accommodation and assistance with daily errands. Encouraging the use of telehealth services is a promising way to mitigate access barriers. As specialized institutions like AVH and other members of the East Jerusalem Hospital Network have an intimate understanding of the healthcare needs of Palestinians, they should also get a leading role in rebuilding the devastated health infrastructure in the Gaza Strip in the years to come.

7- LWF World Service – Jerusalem, [2019 Annual report](#), Jerusalem: LWF, 2020, 5.

8- Cf. European Commission, [Review of ongoing financial assistance for Palestine](#), Strasbourg: EC, 2023.

INTRODUCTION

'When the pain is unbearable and patients are on the verge of refusing any further treatment, I always try to give them hope that the future will be better. However, now I have lost all hope myself. So, how can I still do my job?'

These are the words of a nurse at Augusta Victoria Hospital (AVH) in East Jerusalem, which provides advanced medical care to Palestinians from the West Bank and the Gaza Strip. This report documents how 7 October 2023 and its aftermath changed the work and life of this Palestinian nurse and his colleagues. The stories below illustrate how the Israel–Gaza War intensified the strain on Palestinians' right to health and, for those living in the Gaza Strip, threatened their very survival. The International Court of Justice even ruled that the Israeli actions could amount to genocide.⁹ Despite these very bleak circumstances, healthcare professionals found the resilience to adapt to the new situation and continue providing care, and therefore also, in the words of the nurse, hope. Based on interviews with healthcare professionals and learning from the institutional interventions of AVH, this report presents lessons learned in mitigating the impact of war on the work of healthcare professionals.

Central to this report are the staff members of AVH. Except for general hospital Al Makassed, AVH is the largest of the six Palestinian hospitals in East Jerusalem, offering specialized referral care, particularly in oncology and nephrology. All six East Jerusalem hospitals are an integral part of the Palestinian health care system as they provide tertiary care that is not available on the West Bank or in the Gaza Strip. Already before 7 October 2023, access to healthcare in the occupied territories was precarious at best.¹⁰ Specific services, such as radionuclide imaging and therapy, were simply lacking, while

medical equipment and medicines were often in short supply.¹¹ Over 95% of AVH patients came from the West Bank and the Gaza Strip, referred by or through the Palestinian Ministry of Health (MoH). Before they can travel to Jerusalem, Palestinians need an Israeli permit. Moreover, since the healthcare sector is financed, besides private payments, through public funds collected by Israel and contributions from foreign donors, both of which are susceptible to politicization, sufficient and reliable funding was never guaranteed. In 2021 and 2022, AVH had to halt new admissions on several occasions due

9- International Court of Justice, [Application of the Convention on the Prevention and Punishment of the Crime of Genocide in the Gaza Strip \(South Africa v. Israel\)](#), 26 January 2024.

10- Yara Asi et al., ['Reassembling the pieces: Settler colonialism and the reconception of Palestinian health.'](#) *Health and Human Rights* 24, no. 2 (2022), 229-235, 229.

11- WHO, [Right to health 2018](#). Cairo: WHO Regional Office for the Eastern Mediterranean, 2019, 27-33.

to cash-flow shortages caused by the Palestinian Authority's delay in paying up to 72 million USD for administered treatments.¹²

After 7 October 2023, the situation for patients in need of treatment further deteriorated. All permits, including medical ones, to leave the Gaza Strip were revoked and patients could no longer make the journey to East Jerusalem. Most of the hospitals in and around Gaza were attacked, often several times, forcibly evacuated, and in some cases completely destroyed. Palestinians found themselves in a permanent condition of shortages of all basic goods, including food, water and medical care, and had to look constantly for shelter from the Israeli bombardments. Still, some cancer patients were able to find their way to Arab countries to get treatment.¹³

Meanwhile, at AVH, the staff members sought ways to give care and comfort to patients and their companions from the Gaza Strip who got stuck in Jerusalem. They also continued the treatments of patients coming from the West Bank. For them, travelling for medical reasons remained possible, but commuting between places and passing checkpoints became increasingly insecure. Healthcare professionals themselves faced the challenge of dealing with the emotional impact of the war, including the anxiety about the

fate of (former) patients from the Gaza Strip and that of Gazan colleagues with whom they had been in close contact for medical consultation, the transfer of patients and shared trainings. As over 84% of the staff members are from the West Bank, they themselves also had to cope with the challenges of the new reality, including the daily disruptions at the checkpoints.

This research project began in August 2023 to understand the moral distress of the AVH staff: the disparity between what professionals consider to be good care and the actual possibilities to deliver it.¹⁴ After 7 October 2023, the project took a new direction and documented how staff members, as well as the hospital as an institution, sought ways to provide care during a deepening humanitarian crisis. By exploring the lived experiences of healthcare professionals, this report highlights the inequities embedded within healthcare systems in the context of occupation and showcases the complexities of care provision within this environment. It offers recommendations for healthcare institutions facing similar challenges and calls for a just healthcare system where the right to health applies equally to everyone.

12- Hilmi S. Salem, *'Difficulties, problems, limitations, challenges, and corruption facing cancer patients in the Occupied Palestinian Territories: The West Bank, including East Jerusalem, and the Gaza Strip.'* *Med Discoveries* 2, no. 3 (2023), 1-13, 5.

13- WHO, *Children with cancer evacuated from Gaza for treatment to Egypt and Jordan*, 10 November 2023.

14- Rabia Salim Allari & Fathieh Abu Moghli, *'Moral distress among Jordanian critical care nurses and their perception of hospital ethical climate.'* *Journal of Natural Sciences Research* 3, no. 5 (2011), 144-153.

*'In the first few weeks **we worked 24/7** to support patients, companions, and staff. However, soon we realized that there is **not much we can do** for our patients in Gaza at the moment. **It is out of our hands.**'*



1. REFERRAL CARE BEFORE 7 OCTOBER 2023

Augusta Victoria Hospital is a private hospital specialized in oncology, nephrology, pediatrics and palliative care. In 2023, the hospital treated a total of 8,116 patients, with 6,412 hailing from the West Bank, including East Jerusalem, and 1,704 from the Gaza Strip. As the sole referral hospital for complex cancer treatments for Palestinians from the West Bank and the Gaza Strip, AVH is a vital component of the healthcare system. Being a leading Palestinian hospital means that any change in the political context immediately impacts the operation of AVH, including the daily routines of its staff, the medical treatments, and the care provided to patients and their companions.

The hospital is a project of the Lutheran World Federation (LWF), a global communion of Lutheran churches headquartered in Geneva, Switzerland. While Lutheran member churches support the hospital financially, most of the funding comes through the Palestinian Authority that receives earmarked funding from the European Union and the United States Agency for International Development (USAID) to support the East Jerusalem Hospital Network, including AVH. This funding is crucial for maintaining the hospital's services, sustaining specialized equipment, and investing in the quality of healthcare provision. When the Palestinian Ministry of Health (MoH) refers individuals to AVH, it covers the actual costs of the treatments. However, the hospital's financial stability is precarious, as there is always the risk that either one of its international donors or Israel, which collects the public funds the MoH relies on, will unilaterally decide to halt or withhold funding.¹⁵ All members of management and staff are Palestinian. From the 496 employees, 84% live in

the West Bank. Still, for the functioning of the hospital, the involvement of the LWF remains crucial in terms of protective presence, fundraising and advocacy with the Israeli authorities and the international community. The LWF is present and engaged through an official Representative, who is an expatriate.

HOLISTIC CARE

In this complex political context, AVH strives to provide the best possible care. It undergoes external evaluation and certification by the Joint Commission International. Adhering to procedures and established policies is ingrained in the daily routines of all staff members. In its commitment to maintaining excellent healthcare standards, the hospital invests heavily in the continuous professional development of its (future) personnel. Students in nursing, pharmacy, and medicine from universities such as Bethlehem, Birzeit, and An-Najah receive training at AVH. The hospital also offers courses

¹⁵- ToI, ['In fresh blow to Palestinians, US to slash aid for East Jerusalem hospitals.'](#) *The Times of Israel*, 8 September 2018; LWF World Service – Jerusalem, [2020 Annual report](#), Jerusalem: LWF, 2021, 4.

and seminars for its personnel and colleagues from other clinics to enhance accurate cancer diagnosis and treatment.

At the center of AVH's care philosophy is the ideal of 'holistic care'. This concept recognizes that good care consists of not only the best possible medical treatment but also comprises high quality nursing care and access to psychosocial support. The latter type of care focuses on maintaining the mental and social wellbeing of patients, especially of those that undergo long-term treatments. It helps individuals in coping with the impact of their disease on their lives, as well as the medical procedures they undergo. Psychological care is even more valuable given the Israeli restrictions on the freedom of movement that strip patients from their social network and the support that this might provide. To realize the ideal of a holistic approach, the medical staff closely collaborates with the nursing department and their colleagues from the social work unit. Nurses and social workers, especially, often complement each other's work and take on additional responsibilities to provide support that otherwise would have come from the patient's social network.

THE PATIENT'S JOURNEY

The complex political context not only impacts AVH as an institution, but it also affects the way in which patients

receive care. If Palestinians from the West Bank and the Gaza Strip manage to get a referral from the Palestinian MoH, they then face the challenge of obtaining a medical permit. This, first of all, means sharing personal and medical information with the Israeli authorities. After that, the waiting starts, as it might take up to several weeks before a decision is made. From 2019 to 2021, the average approval rate for patient permit applications was 65%.¹⁶ In most other cases, no official decision was made by the time of the hospital appointment, preventing people from attending. Not being able to show up at the scheduled appointment delays a proper diagnosis of the disease and hinders a quick start of chemo- and/or radiotherapies, thus reducing the chances of survival.¹⁷

It is not only the patients who have to go through this application process but also the companions travelling with them. For patients from the Gaza Strip, only one person is allowed to accompany the patient. From 2019 to 2021, the average permit approval rate for companions was 46%.¹⁸ Due to the low number of granted permits, patients are not always accompanied by their first-choice person; instead, it may be a neighbor or a distant family member who managed to obtain a permit. Patients from the West Bank can bring two companions; 84% of their applications are approved, whereas the approval rate for companions is 78%.¹⁹ These differences in the handling of Palestinian

16- WHO, [Right to health: Barriers to health and attacks on health care in the occupied Palestinian territory; 2019 to 2021](#), Cairo: WHO Regional Office for the Eastern Mediterranean, 2023, 37.

17- Ben Bouquet et al., '[Comparative survival of cancer patients requiring Israeli permits to exit the Gaza Strip for health care: A retrospective cohort study from 2008 to 2017](#),' PLOS One (2021), 1-12.

18- WHO, [Right to health: Barriers to health and attacks on health care in the occupied Palestinian territory; 2019 to 2021](#), Cairo: WHO Regional Office for the Eastern Mediterranean, 2023, 41.

19- *Ibid*, 49.

permits show the divisive character of the system, in which Gazans are at the lowest tier, resulting in increased fragmentation and isolation.²⁰

To ensure that as many patients as possible can make it to the appointments, the referral hospitals in East Jerusalem have dedicated liaison officers who are engaged full-time in the permit application process. Still, when permit decisions are delayed, revoked or checkpoints are closed, it can happen that patients are not able to show up at their appointments, or arrive alone without a companion. If people are allowed to travel, this can be an exhausting experience, in particular for severely ill patients, due to long distances and the checkpoints where they may need to switch transportation modes, as Palestinian vehicles are not allowed to cross. Additionally, this journey often incurs high costs. To alleviate this burden, AVH offers shuttle buses, including from the border of the Gaza Strip, while non-governmental organizations such as the Mariam Foundation, Road to Recovery, and Humans without Borders provide taxi services.

Upon arrival at the hospital, patients must undergo a new diagnosis, as the initial one may not always be reliable due to limitations such as insufficient equipment at the referring clinic, the use of outdated machinery, a shortage of specialized medical personnel, and a lack of training opportunities to learn how to interpret diagnostic equipment at the clinic.²¹ When individuals require prolonged forms of chemotherapy

and travelling back and forth is not feasible, they need to be housed near the hospital. This responsibility falls on the social workers. As these additional costs are not compensated by the MoH, the hospital must engage in additional fundraising activities, either within the local Palestinian community or through partnerships with Lutheran churches abroad.

Because many of their patients have complex and often advanced forms of cancer, it is crucial for AVH staff to maintain ongoing consultations with their families about the treatment process, particularly when patients are under 18 or in critical condition. Due to the inability of family members to visit, communication relies on telephone lines and internet connections that are not always reliable. Since palliative care is often unavailable at home—such as when there are no community nurses available to administer medications—doctors frequently decide to keep patients at AVH. Consequently, individuals remain separated from family and friends during difficult times. This also means that these hospital beds are not available for new patients.

SATELLITE CLINICS

Before 7 October 2023, due to the high number of patients from the Gaza Strip, AVH had established a robust medical network in that territory. It functioned as a teaching and training center for Gazan healthcare professionals. Collaborative workshops were organized to exchange knowledge on new therapies and nursing

20- PAX, *Fragmented Jerusalem: Municipal borders, demographic politics, and daily realities in East Jerusalem*. Utrecht: PAX, 2020.

21- We would like to thank Aitana Piñeiro for sharing her insights on this topic and her valuable feedback on the report as a whole.

techniques. The relationship with the Turkish–Palestinian Friendship Hospital was especially close, as it is the primary cancer clinic in the Strip where many patients are initially diagnosed and, if they require advanced treatment, are referred to East Jerusalem.

After years of preparation, AVH was on the verge of opening its own diagnostic center at the Al–Ahli Arab Hospital in Gaza City in autumn 2023.²² Previously, AVH had established a similar clinic in Ramallah in the West Bank. The aim was to enhance cancer diagnosis and improve access to adequate care, thus positively contributing to the treatment and survival of patients. By 7 October 2023, AVH had already invested approximately 4 million EUR, primarily in technical equipment. Additionally, the hospital had recruited and trained ten medical and technical staff members for this clinic, who were ready to receive the first patients.

THE EXPERIENCES OF HEALTHCARE PROFESSIONALS

After 7 October 2023, providing care at AVH became even more challenging. The following three chapters detail how healthcare professionals were affected by and responded to this new reality, as well as their perspectives on how the Israel–Gaza War impacted the treatment of patients and their wellbeing. The effects included increased movement restrictions, delayed diagnoses, disrupted treatment schedules, and reduced access to social support, all contributing to suboptimal care. The narratives of the AVH staff underscore the critical importance of freedom of movement in safeguarding the right to health and emphasize the urgent need to protect and guarantee both rights for Palestinians.

²²- LWF, [AVH trying to get vital medical supplies into Gaza](#), 9 November 2023.

'He just asked me to pray for them. After that I did not dare to ask him anymore how he and his family were doing.'



2. PATIENTS

Healthcare professionals highlight how heightened restrictions on freedom of movement since the start of the Israel–Gaza War have affected medical care for patients with life–threatening diseases. As obtaining support from their social networks became more challenging, the staff of Augusta Victoria Hospital sought ways to assist patients and their companions beyond medical treatment.

FURTHER INFRINGEMENTS ON THE FREEDOM OF MOVEMENT

In the aftermath of 7 October 2023, Israel restricted the freedom of movement in an unprecedented way. All permits to leave the Gaza Strip were cancelled. New applications were no longer processed. Travelling to Jerusalem became impossible. One of the nurses interviewed shared:

Even before the war, patients from Gaza often had to wait many weeks for a medical permit. This delayed their treatment and negatively impacted their chances of survival. Now that patients are denied all entry, any treatment we provided in the last few months is, in hindsight, pointless. This is especially true for those who were receiving chemotherapy. All treatment plans are disrupted.

While the travel restrictions were implemented, the AVH staff did what it could to remain in contact with their patients and check up on them. However, the continuous communication cuts and the Israeli bombardments of the Gaza Strip made contact increasingly difficult. While AVH managed to remain in contact with some of its patients, the fate of many

others is uncertain. As one nurse said:

We had a patient from Gaza who had been in treatment with us for about three years. I really wanted to know how he was doing, whether anything had happened to him, whether he had, God forbid, perhaps died. As I was worried, I tried to call him to ask how he was doing. When I finally got through to him, he told me that things had become very difficult and he just asked me to pray for him and his family. After that call, I no longer dared to inquire, and I did not hear from him anymore.

Meanwhile, patients from the West Bank could still obtain a medical permit, but the application process often took up more time than before. AVH staff assessed that the prolonged stress patients experience while waiting for a decision diminishes their sense of wellbeing and that the new delays could further affect their chances of survival. The same goes for the actual journey to the hospital. Since 7 October 2023, patients, often in a bad condition, have to deal with extra checkpoints and the delays they cause, as well as with reroutes and detours to ensure their own safety, as settler violence significantly increased.²³

23- UN OCHA, [Hostilities in the Gaza Strip and Israel | Flash update #149](#), 3 April 2024.

The security situation in the West Bank also impacted the operations of the hospital itself. More than ever, the scheduling of appointments with physicians, the diagnostic scans, the therapies, and surgeries was geared towards the increasingly unpredictable opening hours of the checkpoints. Those patients and companions who must return home on the same day are especially anxious about whether all their appointments will go according to plan, as they do not want to find themselves in front of a closed gate. The head nurses in charge of planning reported that they invested a lot of their time in replanning the daily treatment schedule, to accommodate patients who arrived too late because of roadblocks, needed to leave in time to reach their homes before the evening, or in the end failed to get a permit for the day an appointment was set.

The temporary and often unpredictable checkpoint closures and the violence in the West Bank also affected the way in which the relatively new palliative care unit could function. The AVH palliative care protocol allows patients who do not need daily supervision to return home with all the medications they need, thus freeing up beds for new patients. However, as there is no network of community nurses in Palestine, it is the staff members of the palliative care unit that regularly check on these patients through home visits. This approach ensures that pain relief is adequately administered, with in-person visits being a crucial part of palliative care, as one nurse recounted:

There was one instance where I had planned to see a patient in Bethlehem. He was exhausted, but his state was relatively stable.

However, on the day of my visit, the patient experienced a sudden oxygen drop, just when I arrived at the house. When I entered his bedroom, the family obviously did not know what to do or how to act. I gave the patient the appropriate medication, calmed everyone, and explained how this could have happened, especially since he had lung cancer. The family was glad that I helped, and it gave them comfort. Most importantly, the patient and family did not need to be burdened by visiting the hospital themselves.

Since 7 October 2023, such consultations are no longer feasible due to increased restrictions in the West Bank. This affects the extent to and the way in which palliative care is provided, as one nurse summarized:

Now, patients have to return to the hospital instead of receiving care at home. This is a pity, as they had appreciated the comfort that home visits provided. They have to rely on ambulances again, switching between different services, paying huge fees, and enduring the exhausting experience of travelling in pain.

IMPLICATIONS FOR MEDICAL TREATMENT

The new realities patients face also have implications for their medical treatment. While some lost all access to healthcare, others have had to deal with changes and delays in their treatment, along with the anxiety about how this would impact their health and chances of survival. In the first month of the war alone, at least 39 Gazan patients missed their radiation

sessions, while up to 180 others were unable to get their chemotherapy.²⁴ There was a drop of approximately 35% in the surgeries performed. As one physician stated:

Sixty percent of the children we treat are from Gaza. We had hoped, wished, to get them all here, but that was completely impossible. And not even that, part of the patients who were in Jerusalem were forcibly returned to Gaza. This occurred at our neighboring hospital Al Makassed, here down the road. Right after the start of the war, Israeli forces entered the hospital and took patients and their companions and sent them to Gaza. Red lines that should never have been crossed are crossed now. We are seeing things we have never seen. All international laws are being broken and everyone and everything is being violated.

In the first months, the hospital tried many different ways to get medicines and medical supplies to its patients in the Gaza Strip. This would have enabled patients to perform some medical procedures themselves. Due to the chronic nature of the diseases it treats, the hospital has a long-term relationship with many of its patients and is well-acquainted with their needs. However, all efforts were unsuccessful, leaving the management with no choice but to halt these attempts. A nephrology nurse spoke about her patients from the Gaza Strip:

One of them even went on the radio and was interviewed about

her situation. I heard her saying that she had only one week of medical supplies left, including the bags she used for the dialysis. She stated that she did not know what to do after that. We at AVH were unable to provide them, and also could no longer stay in communication with her. Since the war started, the hospital has failed our patients in Gaza.

PSYCHOSOCIAL SUPPORT

Oncology and nephrology departments are characterized by the frequent return of patients for treatments, allowing mutual sympathy and understanding to develop. Given their limited access to family and friends, AVH patients have good reason to invest in strong relationships with the staff. In turn, nurses often dedicate additional time to their patients, viewing it as their duty to provide emotional support in the absence of other sources. The bonds that develop sometimes transcend professional boundaries, with patients occasionally becoming friends, as explained by this nurse:

The same patients come and go many times. We end up seeing them over an extended period of time, and sometimes for eight hours a day. I spend more time in the hospital with the patients than I do at home. Of course, we become friends.

These new friendships, however, can also lead to increased feelings of anxiety and concern. One nurse talked about a patient who became dear to him:

24- Tania Krämer, [‘Israel at war: Gazan cancer patients can’t return home’](#), Deutsche Welle, 22 November 2023.

We are of the same age, so the friendship developed quite naturally and we became emotionally attached. This one patient from Gaza has been getting treatment for around four years here. Now, I find myself constantly wanting to reach out, wanting to ask how things are now in Gaza, how he is doing.

Although such friendships carry the risk of becoming an emotional burden, the psychosocial support nurses provide is essential, as the needs in this area are great. After 7 October 2023, this was especially true for the nearly 100 Gazan patients and their companions who happened to be at AVH for a therapy or another form of treatment.²⁵ Far away from home, they experienced deep anxiety and fear about the fate of their loved ones they had left behind. One of the social workers shared this story about how she tried to help:

There was one young mother here at the hospital while her child was in Gaza. It was very difficult for her. She was constantly crying, and I was afraid that this would impact her treatment, because her psychological state was so bad. You really need to be there with them, to support them, to alleviate their fear and anxiety resulting from the war.

Some patients from the Gaza Strip even thought about giving up on their treatment or plainly refused to eat anything anymore. They simply did not see the point of continuing.

SUPPORTING PALESTINIANS FROM THE GAZA STRIP

The care AVH and its staff provided to the Gazan patients stuck in Jerusalem comprised more than medical treatments and emotional support. AVH employees also arranged hotels and other forms of accommodation where patients could stay for a prolonged period of time. As the days grew colder in the winter, social workers also provided them with warm clothing. Indeed, people had not expected to spend wintertime in Jerusalem and had not brought these themselves. One of the social workers summarized:

We did our best to provide the patients from Gaza with everything they needed. When they required anything beyond their medical needs, we tried to organize it. We see it as our responsibility to help them as much as possible now they are here, for example by covering the costs of transportation by ambulances and the expenses for daily errands, especially when the economic position of the patients does not allow them to pay themselves.

In the initial two weeks, a crisis team at AVH spent many hours in daily meetings, closely monitoring the unfolding crisis in the Gaza Strip and addressing tasks such as extending permits and travel documents, arranging accommodation, and advocating with the Palestinian Authority for compensation for the hospital's added expenses. However, the majority of these supplementary costs were covered by an emergency fundraising campaign organized

²⁵- Tania Krämer, [‘Israel at War: Gazan cancer patients can’t return home.’](#) Deutsche Welle, 22 November 2023.

among Lutheran churches globally. The Palestinian community in Jerusalem also contributed to the funding of emergency supplies. After the first weeks, the dedicated crisis team was dissolved as the hospital had adjusted to the new context of the war and it had become clear that in the short term, there were no viable options to provide the necessary care to AVH patients in the Gaza Strip.

'We started organizing group meetings for the patients and companions from the Gaza Strip to talk about their experiences. Sometimes, all we could do was cry together.'



3. COMPANIONS

Access to a robust social support network of family and friends is vital during treatment for life-threatening diseases. Such a network serves as a key source of support when enduring pain or the side effects of therapy. It provides much-needed distraction during extended periods of bed rest and offers a space for reflection when making challenging decisions about further treatment. Additionally, a support network can help to find extra finances for purchasing medications not covered by insurance. As permits are only granted to one, maximum two companions, this not only restricts patients from an important resource for support and recovery, it also leaves the one person that is allowed to accompany the patient with a host of responsibilities and duties. Due to the travel restrictions after 7 October 2023, the role of companions in the patient care at AVH became even more significant.

THE EYES OF THE NURSES

Companions play an important and specific role in Palestinian referral care in East Jerusalem. For the patients, they are the only member of their social network they can directly rely on. They are also a crucial reference point for healthcare professionals. An AVH staff member described companions as ‘the eyes of the nurse on the ward’. During the interviews, nurses emphasized the importance of companions being fully aware of the significant responsibility they have. The staff expects these informal caregivers to be truly committed to the patient and to be present on the ward as much as possible. Wherever protocols allow it, they are expected to support the patients. How crucial the reliance on companions is becomes clear from the indignation of a nurse about a parent who left her child for a few hours to say prayers without informing the hospital staff: ‘How could she leave him? This creates problems for the nurses’.

Companions also play a role in informed decision-making concerning, for instance, starting a new chemotherapy, especially when patients are young or are in a very precarious condition because of their disease.²⁶ In this process, the staff is well aware of the importance of respecting the privacy of the patient. If the companion is a close family member, all relevant information is shared. When patients are accompanied by distant relatives or nonrelated acquaintances, healthcare professionals are inclined to share less about the patient’s health to maintain privacy and confidentiality. However, this makes informed decision-making about the next step in the treatment process more difficult, especially since it is not always possible to communicate with the direct family. At the same time, the companion at the hospital might feel left out of the process, which negatively affects their commitment to the patients. Thus, healthcare professionals have to navigate between respecting privacy and ensuring engagement.

26- WHO, *Right to health: Barriers to health and attacks on health care in the occupied Palestinian territory; 2019 to 2021*, Cairo: WHO Regional Office for the Eastern Mediterranean, 2023, 42.

As companions are anticipated to continue to care for the patient after the discharge from the hospital, nurses dedicate time and effort to instructing them in these responsibilities. One nurse recounted:

We tell the companions that they have to share anything with us that feels or seems abnormal. We explain how some patients may have side effects from the chemotherapy. In fact, we need to teach them everything as at home they will be the nurse.

CARING FOR THE COMPANIONS

Managing all these responsibilities is challenging, and it also means that companions are unable to fulfill other obligations and tasks they may have at home. On top of that, companions must find their own ways of dealing with the disease of their loved one and the difficult decisions that need to be made, all while being alone and isolated from their own social support networks. This became even more pronounced after 7 October 2023. A social worker shared how she and her colleagues began organizing group meetings for Gazans. She observed that it was important to assist them in expressing their conflicted feelings:

We worked with companions as well as patients from Gaza in groups and on an individual basis, so that they could talk and share about the situation their families in Gaza are living in, and about their own experiences here in Jerusalem. They felt a lot of guilt that they were safe here, while their children in Gaza were facing the complete opposite. Moreover,

they felt guilty that they could eat food, which their child here in the hospital perhaps did not even like, while they also knew that in Gaza people could not even find a bite to eat.

A community of companions emerged at AVH. In particular, mothers at the pediatric ward started meeting in the corridors of the hospital to share their anxieties, anger, and grief. They came together not only to console each other when a loved one had died, but also to provide mutual support in the face of the events in Gaza that were endangering and killing their families and friends.

While the companions' stressful situation produced solidarity and mutual understanding, social workers also observed that over time the fear and uncertainty also resulted in frictions and tensions between the companions, especially in the pediatric ward. One social worker recollected how she encouraged the companions to allow each other a bit more space:

Honestly, in the beginning there was a period that these mothers were very much engaged with each other. They got to know each other really well. Beautiful relationships developed. Indeed, they did not have much to do, and were all spending time together at the hospital. However, this also started to create problems. Jealousy for example. People compare a lot. In the end, I had to sit with each of them individually, and to tell them that it was nice that they had created this family feeling, but that everyone must give space to the others and set some boundaries. That you should

cherish your room and child as your own space where you can enjoy your privacy.

The AVH staff provided psychosocial support and individual counselling to companions and also gave physical assistance. As people younger than 40 are often labelled a security risk by the Israeli authorities and are thus denied a permit, many of the companions tend to be older.²⁷ This also means that their health is more precarious. According to the social workers, the stress of being away from home and having numerous responsibilities to fulfill while being alone further threatened their wellbeing. One of them shared:

Many of the companions, especially the older ones, have chronic diseases. As they had expected to be in Jerusalem for a short period of time, they had brought only a limited amount of medication and quickly ran out. Therefore, the hospital opened twice a week a clinic, especially for the companions. They get checked

by the physicians and they are provided with the medicines they need. The hospital spared nothing, I believe we did our duty and more.

As the stories in this chapter demonstrate, companions are an important component of the referral care that is part of the Palestinian healthcare system. Before 7 October 2023, the freedom of movement was already limited, but since then, the situation has exacerbated. All unnecessary travel restrictions should be lifted. Meanwhile, it is essential for patients to be able to choose which family member they desire to have by their side. The commitment to the patient, the sense of mutual trust, as well as the opportunities to share medical information and to educate people how to provide care at home, are greater when a close family member is present at the ward.

27- WHO, [*Right to health: Barriers to health and attacks on health care in the occupied Palestinian territory; 2019 to 2021*](#), Cairo: WHO Regional Office for the Eastern Mediterranean, 2023, 42.

'One patient from Gaza refused treatment. Normally, as a nurse, you try to give hope to encourage people. But now I do not see hope myself. How can I still do my job?'



4. HEALTHCARE PROFESSIONALS

Commuting to and working at Augusta Victoria Hospital fundamentally changed after 7 October 2023. Healthcare providers had to cope with their anxieties about the fate of their Gazan patients and their feelings of powerlessness regarding the situation of their fellow healthcare professionals struggling to provide care in the Gaza Strip amidst the destruction of all relevant infrastructure. Staff living in the West Bank had to contend with increased insecurity due to settler violence. Despite these challenges, staff members found the resilience to continue caring for patients and to adjust to the new situation. Colleagues supported each other as much as possible, and the hospital, both as a central institution in the Palestinian healthcare system and as an employer, sought ways to adapt its operations.

THE BURDEN OF COMMUTING

When asked why healthcare professionals sought employment at AVH, interviewees mentioned that working at a specialized hospital in a highly skilled environment had always been a professional ambition. For some, working anywhere other than AVH was not an option, as the Israeli authorities banned the import of certain equipment into the West Bank and the Gaza Strip. Moreover, the interviewees highlighted that by working at AVH, they wanted to put their expertise and knowledge to the benefit of the Palestinian community. Well-trained medical specialists, for instance, could have found jobs in the Gulf States, but the respondents stated that they see it as their national duty to stay and work in Palestine. Finally, for many, AVH is also an attractive employer because, due to the Israeli policies of economic and social fragmentation and segregation, salaries in East Jerusalem are higher than at West Bank hospitals.

At the same time, working in East Jerusalem comes with challenges for the majority of the staff, 84% live in the West Bank, and among nurses, this

figure is as high as 96%. To start with, hospital employees must obtain a work permit from the Israeli authorities, which is only issued after sharing detailed personal information. Then, there is the daily commute to the workplace, which involves crossing checkpoints, getting screened by Israeli soldiers, and spending much more time on transportation than necessary, given the actual distance. The travel is more than a logistical challenge; it is also emotionally exhausting to spend hours at checkpoints during the week, never sure how you will be treated and examined, and having to control any emotions that might trigger extensive checks. Once the employees finally arrive at the hospital, they might already be tired or still recovering from experiences at the checkpoint, but then have to quickly shift their attention and focus on patients and their needs.

As these limitations to the freedom of movement have become part of the daily reality for Palestinians, dealing with them has become a normalized aspect of an exceptional state of existence. After 7 October 2023, these challenges intensified, making people acutely aware

of them again. As a nurse said:

I have to cross several checkpoints to travel from the northern West Bank to Jerusalem. To be honest, in general, that is not too difficult, but still it entails many challenges. Now, however, we have to cross those same checkpoints in an abnormal context. Now we are scared but we still want to get to work.

COLLEGIAL SUPPORT

In the aftermath of 7 October 2023, a sense of solidarity and cooperation grew inside and outside the hospital. Colleagues from the same areas began coordinating to travel together. Carpooling was a way to increase personal security and reduce stress and anxiety. A nurse explains:

You know, between Qalqilya and Qalandia: we are talking about almost 12 settlements, all this in addition to the checkpoints: the road is not easy, and it is completely different from what it used to be in the past years.

AVH employees also took over each other's shifts, allowing them to work several days in a row and decrease the frequency of their travel. Some even decided to sleep over at the AVH compound and return home only on weekends. Respondents reported that the whole staff was cooperative and worked together to minimize travel difficulties and ensure everyone could take the necessary rest. Despite adjustments to the travel arrangements, several employees shared that they still felt forced to leave their houses even earlier than they did before 7 October

2023, just to make it to work on time. This further reduced the time they had for their personal life and family duties. An increased sense of fear and anxiety became the norm, directly impacting how healthcare providers perform their jobs and relate to their patients.

Our shifts had to be made according to what region we are from and whether we can get to the hospital. Today, for instance, I am here two hours early because you cannot guarantee that you can arrive on time. Still there is a sense of understanding between everyone, for example if there are difficulties on the roads for me or my colleague, someone can cover for us. There is agreement on this.

The social workers stepped in wherever they could: 'We're always working together, the nursing staff and we, the psychosocial team.' They not only provided psychosocial care to the patients but also mobilized the local Palestinian community to donate to the Gazan patients and their companions stranded in Jerusalem. The mutual support and cooperation, coupled with a deep sense of duty ingrained in their professional identity and loyalty to fellow Palestinians, served as crucial sources of resilience to overcome the distress many professionals were experiencing. The collegiality strengthened the commitment to continue treating patients, adapt to the new circumstances, and deliver the best care possible under the challenging conditions.

CRISIS MEASURES BY THE HOSPITAL

As an employer, AVH made significant investments in supporting its staff

members during these challenging times. The institution arranged shuttle buses to transport employees from specific locations in the West Bank to the hospital. AVH also provided accommodation at its compound for employees who wanted to work several shifts in a row without returning home. This was especially important at the beginning of the Israel–Gaza War when tensions were high and checkpoints often closed. In this way, the hospital attempted to reduce the time spent on the road and pressures that arise from this. AVH also tried to rearrange the working schedules and shifts accordingly. It allowed for flexibility when nurses switched shifts among each other to facilitate their presence and support one another.

Outside the hospital compound, the possibilities for the hospital to act were much more limited. For instance, students coming from the universities in the West Bank could no longer access AVH as their permits to enter Jerusalem were denied after 7 October 2023. Only people with a Jerusalem ID could access the clinical training. Even more precarious was the situation at the clinic AVH was about to open in Gaza City, along with the fate of the staff hired to operate this new diagnostic center. The facility, situated at the Al–Ahli Arab Hospital in Gaza City, sustained severe damage.²⁸ The staff members had to flee several times during the war but the hospital managed to remain in

contact with them and also continued to pay their salaries. This is just one example of the devastation of the health infrastructure in the Gaza Strip.²⁹ It remains uncertain whether this clinic will ever serve patients in the manner it was planned.

Finally, at the beginning of the war, the European Union and other donors threatened to suspend all funding to Palestinian institutions.³⁰ This highlights the conditionality and continuous uncertainty even in terms of funding for health care and services.³¹ Had these decisions been executed, this would have crippled the operations of the referral hospitals in East Jerusalem, including AVH. It would have had a devastating impact on the right to health—in the case of AVH, jeopardizing access to specialized cancer and nephrology care. Therefore, guaranteeing the right to health also necessitates establishing a stable funding mechanism that is not dependent on the political dynamics within the Palestinian Authority or the humanitarian goodwill and agendas of Israel and third–party states. Moreover, if the lack of funding had resulted in layoffs, this would have exacerbated the ongoing impoverishment of the Palestinian population in the West Bank. One nurse emphasizes the dire employment situation in other institutions:

Right now you cannot sacrifice a guaranteed job. You take into

28- American Friends of the Episcopal Diocese of Jerusalem, [Ahli Hospital struck by rocket fire](#), 15 October 2023.

29- Layth Hanbali, [The destruction of the health sector in the Gaza Strip](#), Beirut: Institute for Palestine Studies, 2024.

30- Patrick Wintour & Lisa O'Carroll, [‘EU aid to Palestinians will “not be cancelled” as decision reversed.’](#) *The Guardian*, 10 October 2023.

31- Yara Asi, [The conditional right to health in Palestine](#), Ramallah: Al Shabaqa, 2019.

consideration that many are unemployed, while you have work. So you thank God that you have a job. For example, in some other institutions they are only paying half a salary to their employees, while I also heard stories of others who are going several months without pay, so you come to the conclusion that it is better to remain where you have job security.

Investing in healthcare is not only crucial for protecting the right to health but also for strengthening an infrastructure of independent institutions that serve the Palestinian community and contribute to the economic survival of all those employed in this vital field.

CONCLUSIONS

Drawing from interviews with healthcare professionals, this report outlined how referral care in East Jerusalem was impacted in the aftermath of 7 October 2023. With heightened restrictions on freedom of movement, patients and their companions from the Gaza Strip could no longer access treatment at hospitals they often had long-standing relationships with. Although healthcare professionals did what they could to assist their patients and to provide them with medical supplies, they ultimately had to give up. It was out of their hands. However, this did not mean that they stopped caring. Staff members tried to maintain contact whenever possible and they did what they could to support the Palestinians from the Gaza Strip who were in Jerusalem on 7 October 2023. Social workers arranged accommodation, clothing, as well as psychosocial and medical care for the companions. Although most patients from the West Bank could still access the referral hospitals in East Jerusalem, they had to face a much more challenging journey and the anxieties that come with it. Through adapting schedules and treatment plans and by providing extra services, such as transportation, hospitals sought to facilitate the commute.

The ongoing war also has its repercussions on the healthcare professionals working in East Jerusalem. They are concerned not only about the fate of their patients but also about their fellow healthcare professionals in the Gaza Strip who have to provide care amidst complete destruction. In their own daily life, the commute to their workplace in East Jerusalem is

not just a logistical challenge; but it is also a source of anxiety and distress. Despite these daunting circumstances, healthcare professionals have demonstrated resilience, adapting to the new situation and delivering the best care possible in the current context. Crisis measures implemented by their employers, alongside collegial support and a deep sense of duty to care were important resources for this resilience. Nevertheless, there is an urgent need to extend support and solidarity to healthcare professionals who are struggling to provide care in this complex context.

Palestinian referral hospitals like AVH remain indispensable institutions, steadfast in their commitment to providing specialized tertiary care. Their ongoing operation serves as a source of pride not only for their employees but also for the Palestinian community. These healthcare institutions are pivotal in protecting the right to health of Palestinians, offering high-quality healthcare delivered by skilled physicians, nurses, social workers, and other staff members. Moreover, as training centers and knowledge hubs, such specialized institutions are well positioned to contribute to the strengthening and rebuilding of the Palestinian health infrastructure in the West Bank and the Gaza Strip in the years to come. It is essential that institutions that are deeply rooted in the Palestinian community and have a profound understanding of local needs and history take the lead in this process.

ABBREVIATIONS

AVH	<i>Augusta Victoria Hospital</i>
EU	<i>European Union</i>
LWF	<i>Lutheran World Federation</i>
MoH	<i>Ministry of Health of the Palestinian Authority in Ramallah</i>
USAID	<i>United States Agency for International Development</i>

