

VIEWPOINT

Prescribing Death: Israel's Regional War on Health

MIRA YOUNES, SAMIRAH JARRAR, SAHAR SAEIDNIA, MALAK MAKKI, AND NIZAR HARIRI

On March 13, 2026, amid Israeli preparations for a ground invasion of southern Lebanon, an airstrike killed two paramedics at a health facility in Al Sowana (Marjayoun District). That same night, Israeli bombardments destroyed the primary health care center in Burj Qalawiya (Bint Jbeil District), one of the few still operating in the area. Nearly all staff present in the center (12 doctors, paramedics, and nurses) were killed in the strikes.¹

On March 14, 2026, an official statement by the Israeli army spokesperson declared that Israel “will act in accordance with international law against Hezbollah’s military activity using these facilities and ambulances,” although independent investigations have consistently refuted claims about Hezbollah using health care infrastructure for military purposes.²

This declaration has provoked only limited international condemnation and mobilization—even as witnesses reported that Israeli special forces, wearing Lebanese military uniforms, used ambulances resembling those of Hezbollah’s Islamic Health Organization to carry out a deadly raid on Nabi Chit in the Bekaa Valley on March 6–7, 2026.³

During the brief period from March 2 to April 14, 2026, alone, the World Health Organization has verified the killing of 88 health workers in Lebanon in Israeli attacks.⁴

These systematic killings are part of a broader pattern of repeated and routinized attacks on health care institutions and personnel, as documented in Gaza since October 2023, paired with a recurring justificatory framework.⁵ Recent conflict-monitoring data show that the weaponization of health care, in violation of international humanitarian law, has reached unprecedented levels globally, with attacks on hospitals, ambulances, and health workers becoming a habitual feature of contemporary warfare.⁶ However, Israel

MIRA YOUNES, PhD, is a postdoctoral researcher at the French Institute of the Near East, Beirut, Lebanon.

SAMIRAH JARRAR is a PhD candidate at Aix-Marseille University, France.

SAHAR SAEIDNIA, PhD, is a researcher at the French Institute of the Near East, Beirut, Lebanon.

MALAK MAKKI, PhD, is a postdoctoral researcher at the French Institute of the Near East, Beirut, Lebanon.

NIZAR HARIRI, PhD, is a researcher at the French Institute of the Near East, Beirut, Lebanon.

Please address correspondence to Mira Younes. Email: m.younes@ifporient.org.

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has presented these attacks as compatible with international law, under the pretext that enemy combatants were embedded within medical facilities, a narrative designed to manufacture public consent for destroying health care systems.⁷

The recurrence of these attacks, which have been woven into a predictable routine both in this context and globally, combined with the surrounding propaganda, has gone hand in hand with a progressive erosion of public outrage.⁸ This shift is visible in Lebanon's public response to attacks on health care. While the destruction of Al-Ahli Hospital in Gaza prompted a national day of mourning in Lebanon on October 18, 2023, the destruction of the Burj Qalawiya health care center in March 2026 has elicited only minimal public response.⁹

According to a report by the Safeguarding Health in Conflict Coalition, more than 470 health workers were reported arrested or detained across 15 countries and territories in 2024, with over 55% of those arrests attributed to the Israeli military in the occupied Palestinian territory.¹⁰ The report also found that Lebanon recorded the highest number of health workers killed that year—"at least 408, accounting for nearly 50% of all reported health worker killings in 2024."¹¹ Separate reporting has documented the arbitrary detention, torture, ill treatment, and deaths in custody of Palestinian health workers held by Israeli authorities.¹²

Israel's assertion of its power to prescribe death not only to health care and rescue personnel but to all who rely on them represents just one facet of what scholars have described as an expansion of the Israeli military's war plan, from the "Dahiya Doctrine" to a "Gaza Doctrine."¹³

What requires emphasis, however, is the cumulative nature of attacks on health care and rescue infrastructure over time. Such attacks are part of a broader historical process of colonial destruction directed not only at people but also at the material and institutional conditions of collective survival.

Recent scholarship has situated the systematic targeting and degradation of Palestinian health care within a longer colonial history. Layth Malhis conceptualizes this as "de-healthification"—the dismantling of health systems as a condition for

colonial rule—tracing this process from the British Mandate to the present.¹⁴ Malhis's analysis includes the 1982 Israeli invasion of Lebanon, during which medical infrastructure was massively bombarded under the pretext of its use by the Palestine Liberation Organization.¹⁵ This framework bridges earlier foundational studies that, rather than focusing solely on direct attacks, examined the administrative and economic policies of structural dependency that impeded the development of a robust Palestinian health system.¹⁶ Yara Asi interprets this de-development as part of a broader strategy of dispossession.¹⁷ Constraints on patient and physician mobility, restrictions on medications and medical equipment importation, budgetary limitations, infrastructure destruction, and territorial fragmentation exemplify the everyday systemic violence and control imposed on the Palestinian population and their health care.¹⁸

In both Lebanon and Palestine, the intensification of attacks must be understood within a long-term process of colonial destruction, in which war accelerates the erosion of the very capacity of communities to project themselves into the future. It also targets those who bear witness to the violence—health workers, rescue personnel, journalists, and gravediggers alike.

However, health has also historically been central to strategies of Palestinian resistance and national liberation. Since 2023, health care workers have established collectives around the world, either to volunteer in Gaza directly or to lobby their colleagues, unions, and governments to support the Palestinian struggle.¹⁹ Against the backdrop of what Joelle Abi-Rached and colleagues describe as "healthocide" in Gaza, Ghassan Abu Sitta foregrounds the response of doctors, nurses, and medics who continued to provide care under siege.²⁰ He points to those who, after being blockaded in al-Shifa Hospital for ten days without food or water, immediately sought to join another hospital upon their release. For Abu Sitta, this reflects the way health care in Gaza has become inseparable from a broader struggle to sustain life under conditions of siege, destruction, and attempted erasure.²¹

This perspective also extends to all rescue

workers across Palestine and Lebanon, most of whom are unpaid volunteers. Confronted with colonial necropolitics, their work is, quite literally, an insistence on providing burials for the dead and a determined effort to sustain life and protect their people and their “landscapes of togetherness.”²² It is precisely because this work carries such profound political significance that those who perform it are punished by colonial powers. Killing these volunteers inflicts, for the same reason, a deep wound upon their communities.

Against the normalization of this war on health, we assert and defend this political understanding of rescue and health care work in a colonial context as an act of stubborn persistence. We call for its support and amplification through speaking out, international solidarity, and a collective commitment from the health research community to ensure that the lives and labor of those who sustain health under deadly conditions are neither ignored nor erased.

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