

Five Months under Iron Wall: The Human Toll of Prolonged Displacement & Territorial Fragmentation in the West Bank

The recent surge in violent military operations in the West Bank – marked by repeated violations against civilians and the medical mission – is part of a longstanding pattern. As documented in MSF’s February 2025 report, [Inflicting Harm and Denying Care](#), these violations long predate the events of October 7, 2023. This continued pattern reflects a deeply entrenched system that systematically restricts Palestinians’ access to healthcare and essential services – a system that the International Court of Justice has described as amounting to racial segregation and apartheid.¹ The Iron Wall operation, however, represents a sharp intensification – representing the **most prolonged and destructive** Israeli military campaign in the West Bank **in over two decades**.²

This note aims to urgently highlight the ongoing humanitarian crisis in the northern West Bank, now persisting five months since the start of the military operation. Based on MSF’s field presence, operational data, and a rapid humanitarian assessment, it outlines the severe and escalating needs of forcibly displaced refugees – needs that are expected to intensify as forced displacement persists and living conditions continue to deteriorate. It calls for a **scale-up of assistance**, the **safe and voluntary return** of displaced communities, unimpeded **humanitarian access**, and concrete international action to address the **coercive policies driving forced displacement and deepening fragmentation** – patterns that appear part of a broader strategy of territorial and demographic transformation, raising serious risks of forcible transfer, de facto annexation, and the erasure of Palestinian presence.

Ongoing Humanitarian Situation – Five Months On. Since December 2024, the northern West Bank has witnessed successive waves of forced displacement. An initial Palestinian Authority operation in Jenin was followed in January 2025 by the Israeli military’s Iron Wall operation – an offensive that is still ongoing. **More than 42,000 refugees**, primarily from Jenin, Nur Shams, and Tulkarem camps, **have been forcibly displaced**.³ Prior to the escalation, Jenin Refugee Camp was home to nearly 24,000 residents and had one UNRWA health center. Nur Shams hosted 13,700 people, and Tulkarem Refugee Camp had a population of 27,600; each was similarly served by a UNRWA health facility.⁴ Israeli forces have depopulated the camps, caused extensive destruction to infrastructures and homes, and signaled their intention to maintain a long-term presence – effectively barring return. This unprecedented wave of forced displacement – the largest in the West Bank since 1967⁵ – has significantly exacerbated humanitarian needs and disrupted the operations of humanitarian actors, all within an increasingly volatile and violent environment across the West Bank.

In response, MSF rapidly adapted its operations by deploying mobile medical teams **across 42 public sites and IDP shelters in Tulkarem and Jenin governorates**, while supporting some of the Ministry of Health’s structures. Between February and May 2025, MSF teams provided primary healthcare services to **more than 2,200 forcibly displaced individuals**. Chronic illnesses remain the most common conditions, with over 50% of patients suffering from hypertension, type 2 diabetes, or both. During the same period, mental health services – including Psychological First Aid and individual or family support – reached more than 1,300 people. With support from local partners, MSF teams distributed more than 1,800 blankets, pillows, and mattresses, nearly 1,400 hygiene and NFI kits, and over 450 food parcels. In Tulkarem, MSF supported approximately 450 IDPs sheltering in unfinished buildings by distributing electric and water heaters, water tanks, and

“We fled the camp suddenly — my pregnant wife, our five young daughters, and I — taking only the essentials. After we rented a house in a nearby village, my biggest fear was that my wife would go into labour at night. The nearest hospital is in Tulkarem, and reaching it after dark would have meant passing through areas where we risked encountering Israeli forces. [...] Shortly after, we heard that our home in the camp was destroyed without warning. It took us a month just to get beds, and we only recently got a fridge. And still, we’re among the lucky ones — many have even less.”

– MSF staff, displaced from Nur Shams Refugee Camp

¹ ICJ, [Legal Consequences arising from the Policies and Practices of Israel in the oPt](#), para. 229, 19 July 2024.

² Philippe Lazzarini's statement, [60 Days to the Start of the Operation 'Iron Wall' in Jenin Camp](#), March 2025.

³ UNRWA, [Situation Report #172 on the Humanitarian Crisis in the Gaza Strip & West Bank](#), Mai 2025.

⁴ UNRWA, [Jenin, Nur Shams & Tulkarem Camp Profiles](#), 2023.

⁵ ACLED, [Iron Wall or iron fist? Palestinian militancy and Israel's campaign to reshape the northern West Bank](#), May 2025.

showers, to help improve their living conditions. MSF has also been directly impacted by the widespread violence, destruction, and strict movement restrictions, initially resulting in a scale-down of activities in Tulkarem, the complete suspension of medical operations in Jenin for over a month, and the forced displacement of three MSF staff members from Tulkarem.

A Glimpse into Displacement Realities. To better understand the displacement experience, current living conditions and needs of the displaced population, MSF conducted **299 interviews** between May 5 and May 15, at 17 locations where MSF operates mobile clinics operate. These included IDP shelters and communal sites such as municipal halls, primary health care centers, and schools. All interviewees were forcibly displaced from Jenin, Tulkarem, and Nur Shams refugee camps after fleeing their homes due to the ongoing Israeli Iron Wall operation. The following section outlines the assessment's key findings which highlight the wide-ranging impact of said military operation on Palestinian communities in the West Bank.

The displaced population in the West Bank continues to live in uncertainty and fear, subjected to indiscriminate violence. Nearly half of the respondents have been displaced three times or more, with nearly one in four displaced 5 times or more in a period of less than 4 months, January to early May 2025. Close to 70% of respondents expressed uncertainty or an inability to remain in their current location, citing economic hardship (41%), poor living conditions (39%), lack of services (20%), and safety concerns

*"We live in a **constant state of fear**. IF soldiers frequently patrol the area near where I'm staying. My family and I keep our bags packed at all times, ready to flee if we're displaced again."*

"We don't want food parcels. We only want one thing: to return home, in the camp. Even if it means setting up a tent on the rubble of what used to be our house."

(16%) as key reasons in particular the fear of Israeli authorities' raids, interrogations, and arrests. **34% of respondents reported not feeling safe** where they currently reside. The majority (56%) cited Israeli forces as the main source of insecurity, mentioning fears of raids, interrogations, and arrests.

Most alarmingly, respondents reported over 100 incidents of indiscriminate violence during attempts to return to the camps to retrieve belongings – most people having fled with nothing but the clothes on their back. Their accounts reveal a **recurring pattern of assault, detention, intimidation, and obstruction**. Among reported incidents of violence, **one in three respondents reported being shot at** (more than 30 instances). **Detention and arrest were reported by one in four respondents (25+)**, typically lasting between two to five hours and often involving threats of violence or harm to family members. **Physical assaults** were widespread, with over 20 people – including women and persons with disabilities – reporting they were beaten while trying to access their homes.

*"They beat us, hit me on the leg, pushed me, and tried to arrest my mother, who is **disabled**."
"My wife and daughters were beaten and verbally abused, and they prevented us from getting our belongings."*

The sudden and violent displacement, compounded by ongoing

"I seek sleep to run away from reality."

violence, has resulted in severe psychological distress, especially among women and youth. This mental strain, coupled with other hardships like loss of income, health problems, and protection risks, is pushing people to the edge and eroding their abilities to cope.

The displaced population in the West Bank continues to lack access to essential services and dignified living conditions. Access to healthcare has been severely disrupted by the closure of the camps, the shutdown of all UNRWA centers inside them, and the broader impacts of forced displacement – heightened by long-standing movement restrictions affecting the entire West Bank. **Nearly 1 out of 3 respondents reported being unable to access to a doctor** when needed, mainly due to cost, no nearby facility, or no transport. MSF teams on the ground also reported cases of **skin conditions**, such as scabies, likely resulting from unsanitary living conditions associated with displacement. **The widespread medication shortages** in health centers – driven in part by UNRWA's inability to import because of the Israeli ban and the Ministry of Health's financial constraints – have severely impacted continuity of care. Among respondents with chronic conditions, 35% reported no or irregular access to medication. Some individuals were forced to borrow money or rely on partial doses, raising serious concerns about long-term health outcomes.

Over 47% of respondents reported inconsistent or no access to food and water. Aid dropped sharply after Ramadan, with many relying on sporadic donations or personal spending. Two meals a day is now common; some survive on one or less. Moreover, almost one out of three respondents had not received NFIs while access to hygiene and feminine product is even less – **undermining dignity and health**, especially for women and girls.

*“We don’t even have the most basic necessities of life. Right now, my wife, our three children, and I survive **on just one meal a day.**”*

Humanitarian Aid Gaps & Shortfalls. Findings point to gaps in humanitarian assistance, underscoring the need for a coordinated scale-up of aid in displacement-affected areas. A significant share of respondents reported relying primarily on local communities (31%), NGOs and UNRWA (23%), and informal networks (20%) to meet their basic needs – while 22% report having received no assistance. Government support was very limited (4%). There was a decline of aid support after Ramadan, as most support had come from overstretched local communities whose capacity to give has been eroded by ongoing coercive measures and economic hardship. Reports of perceived favoritism and lack of transparency further reflect declining trust in the aid response. Without a substantial and sustained scale-up of impartial humanitarian assistance, unmet needs will continue to rise.

Instability is set to continue as return to the camps remains impossible, savings are depleted, and many live in temporary shelters like schools and mosques, not meant for long-term use. Repeated displacement, insecurity about the future, and deepening economic hardship **all erode people’s ability to rebuild their lives**, with cumulative stressors posing serious risks to both mental and physical health.

Beyond Iron Wall: A Broader Pattern of Domination & Control across oPt. The current displacement crisis in the northern West Bank is **not a temporary emergency but a protracted one** – with no end in sight to the Iron Wall operation and no prospects for return to Jenin, Nur Shams, or Tulkarem camps. MSF teams witness the toll of this crisis daily: unmet medical needs, including access to primary and chronic care, mental health support, and essential items such as clean water and food. Patients are not only suffering physically but also emotionally – experiencing heightened fear, uncertainty, and the psychological toll of repeated displacement.

MSF is deeply concerned that the **humanitarian situation will continue to deteriorate further**. Local and international humanitarian actors, including UNRWA, are overstretched or under threat, while the Palestinian Authority’s ability to respond is severely constrained. The broader context – a deepening economic collapse, shrinking humanitarian space, and the systematic obstruction of humanitarian access – exacerbates this emergency and suggests a wider pattern of coercive measures aimed at making life untenable.

This crisis must be understood **not in isolation, but as part of a broader, long-standing system of policies that fragment, displace, and control** Palestinians across the whole occupied territory.

In light of these concerns, MSF calls for:

- **An urgent scale-up of humanitarian assistance in displacement-affected areas of the northern West Bank** – with a focus on addressing critical gaps in shelter (as many can no longer – or soon won’t be able to – afford rent), water and sanitation, access to specialized medical care, treatment for non-communicable diseases, education, protection, and mental health. Basic needs remain largely unmet, and the current response is insufficient to match the scale and complexity of the crisis.
- **Safe, voluntary, and dignified return** for forcibly displaced refugees, and **an immediate halt to the Iron Wall operation** and related military activities forcibly displacing communities and preventing their return.
- **Unimpeded humanitarian access and protection of medical missions** in line with international humanitarian law, including in and around refugee camps.
- Concrete international action to **halt coercive practices and policies** that fuel displacement, prevent return, and **entrench a reality of fragmentation and annexation** in the West Bank.