# Operational Resilience of an Internal Medicine Division Following a Direct Missile Strike

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## Abstract

Medical centers in conflict zones face unique challenges in maintaining patient care during direct infrastructure attacks. We describe the immediate and ongoing response of the Internal Medicine Division at Soroka University Medical Center to a direct missile strike that severely compromised its inpatient facilities.

On June 19, 2025, an Iranian ballistic missile struck the medical center, severely damaging the buildings that housed all seven internal medicine wards. Before impact, the hospital's emergency preparedness team relocated all patients: ventilated and bedridden patients to protected areas and mobile patients to partially protected areas. With one department destroyed and the others severely damaged, the Division rapidly established alternative care sites: an emergency hospitalization area in a protected basement, a department relocated to a private hospital, and existing protected areas. Other patients were transferred to other hospitals.

Initial operations were constrained by limited resources (no showers, few hand-hygiene sinks, and little privacy in the basement) and by logistical difficulties (elevator failures and limited external patient transfers). Despite these conditions, internal medicine teams continued to care for an acutely ill population, including hemodynamically and respiratorily unstable patients. Stricter emergency department admission criteria, supported by community services, lowered the admission rate. Within ten weeks, four damaged wards had returned to their original locations.

Pre-emptive patient relocation, rapid establishment of alternative care sites, and interdepartmental cooperation allowed the Internal Medicine Division to maintain continuous inpatient care and begin recovery within weeks. This experience offers lessons in disaster preparedness and operational resilience for hospitals in high-threat environments.

**Keywords:** Soroka University Medical Center; direct missile strike; compromised inpatient facilities; alternative care sites

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## INTRODUCTION

Soroka University Medical Center (SUMC; 1,191 beds) in Beer-Sheva, the third-largest hospital in Israel, is the only tertiary medical center in southern Israel and operates the region's only level 1 trauma center. Its catchment area covers approximately 60% of Israel's territory and a population of about 1 million. The region's geopolitical context necessitates robust disaster preparedness protocols. SUMC has been at the

forefront of medical care in all of Israel's wars in the south and has well-established protocols for mass-casualty incidents and considerable experience in applying them in emergencies [1].

The 313-bed Internal Medicine Division comprises seven general internal medicine wards, specialized departments (nephrology, geriatrics, and dermatology-venereology), and a full range of outpatient services.

SUMC staff, including those in the Internal Medicine Division, are trained and experienced in coping with national and international emergencies. They gained this experience during previous wars and military conflicts in Israel and during the COVID-19 pandemic, when internal medicine wards carried a heavy burden of complex patients [2].

Israeli medical staff, including SUMC clinicians, have also worked under extreme conditions in field deployments such as the response to Typhoon Yolanda in the Philippines, the National Israeli Field Hospital in Ukraine in 2022, and other disaster missions [3,4].

Differences in how staff in different sectors and departments respond to crises should inform hospital preparedness, resource allocation, and interventions to support staff wellbeing [5].

This report describes the acute response and subsequent adaptation of the Internal Medicine Division after a direct missile strike on the hospital.

## Ethics Statement

This report describes a hospital division's operational response to a missile strike and is based solely on aggregated administrative data (bed numbers, hospitalizations, and emergency department visits). No individual patient data were collected, and no patient or staff member is identifiable in the text, tables, or figures. The report did not involve access to medical records or any intervention, and therefore does not constitute research involving human participants. Accordingly, ethics (Helsinki) committee approval and informed consent were not required.

## Event Description

On June 19, 2025, an Iranian ballistic missile directly struck the SUMC compound. The strike destroyed one building housing several departments and services, including an internal medicine department (30 beds), and severely damaged a second main building containing the six other internal medicine departments (38 beds each). All internal medicine departments were located in buildings not designed for wartime protection (Figure 1).

## Pre-Impact Mitigation

Two days before the strike, ventilated and bedridden patients were proactively transferred from internal medicine departments to protected sites: underground protected areas and the new, fully protected oncology building. When the missile alert sounded immediately before impact, staff moved mobile patients rapidly to partially protected areas within the hospital. We believe this combination of pre-emptive and alert-triggered relocation helped prevent patient casualties.

## Post-Impact Operational Reconfiguration

The strike rendered all internal medicine inpatient departments non-functional due to structural damage, shattered infrastructure (including windows, doors, and ceilings), and compromised delivery of water, electricity (including elevators), and medical gases. As a result, some patients were discharged, while others were urgently transferred to other medical centers across the country. Overall, 103 patients were discharged, 25 were transferred to other hospitals, and 35 were transferred to nursing facilities. Operational internal medicine beds fell from 313 to a low of 140 in the week after the strike, and hospitalizations fell by 59% compared with the same week in 2024 (Table 1). For the remaining 52 patients, as well as for newly admitted patients (including those of the specialized wards), the Internal Medicine Division rapidly established alternative care sites:



**Figure 1. Soroka University Medical Center after the direct missile strike, June 19, 2025**

| Week | Beds | | | Hospitalizations | | |
|---|---|---|---|---|---|---|
| | 2024 | 2025 | Range (2025) | 2024 | 2025 | Difference |
| 24[a] | 313 | 304 | 277–313 | 452 | 487 | 8% |
| 25[b] | 313 | 184 | 110–277 | 525 | 248 | −53% |
| 26 | 313 | 140 | 130–157 | 516 | 214 | −59% |
| 27 | 313 | 201 | 157–216 | 503 | 280 | −44% |
| 28 | 313 | 216 | 216–216 | 523 | 276 | −47% |
| 29 | 313 | 216 | 216–216 | 519 | 286 | −45% |
| 30 | 313 | 216 | 216–216 | 523 | 306 | −41% |
| 31 | 313 | 216 | 216–217 | 511 | 319 | −38% |
| 32 | 313 | 259 | 225–274 | 500 | 345 | −31% |
| 33 | 313 | 271 | 271–274 | 490 | 374 | −24% |
| 34 | 313 | 276 | 276–278 | 477 | 364 | −24% |
| 35 | 313 | 278 | 278–278 | 502 | 332 | −34% |
| 36 | 313 | 278 | 278–278 | 461 | 342 | −26% |
| 37 | 313 | 278 | 278–278 | 500 | 359 | −28% |

**Table 1. Internal medicine beds and hospitalizations by week, before and after the missile strike (2024 vs 2025).** Beds: operational internal medicine beds (excluding hematology and oncology); range, lowest–highest count during the week. Difference: change in hospitalizations, 2025 vs 2024. [a]War with Iran began (Friday). [b]Direct missile strike on SUMC (Thursday).

## Protected Oncology Building

Two internal medicine departments were re-established in halls of this building, caring for approximately 43 patients with hemodynamic or respiratory instability.

## Emergency Hospitalization Area (Minus 2 Basement)

Three internal medicine departments (55 beds in total) were spread across four halls in this fully protected underground area, which served as warehouses during routine times. Conditions were far from optimal: there

were no showers, sanitation was inadequate (one water tap per hall), and patients were separated only by curtains.

### Assuta Hospital, Beer-Sheva (private facility)

One internal medicine department was temporarily relocated to this hospital, which could admit up to 20 patients in relatively mild and stable condition. The site could not admit patients with respiratory instability (no capacity for mechanical ventilation), cardiac conditions requiring catheterization, or infectious diseases (the hospital focuses on elective surgery). Its distance from SUMC and the difficulty of transporting patients further limited its use.

### Unplaced department

Initially, one internal medicine department had no designated space, and its clinical staff was reassigned to other departments.

Specialized departments (nephrology, hematology, oncology, geriatrics, and dermatology-venereology) were relocated to a protected building with fewer beds.

### Operational Challenges and Supportive Measures

The shift to these alternative, often suboptimal, environments created considerable operational difficulties for medical and nursing teams. Overcrowding, a lack of privacy, and shortages of basic amenities were common, particularly in the basement facility. To manage patient flow and optimize limited inpatient capacity, the emergency department director and staff applied strict admission criteria, which reduced the proportion of visits resulting in hospitalization (Table 2). Support also came from community medical services and the day-hospitalization unit, which expanded home-hospitalization programs, as well as from institutions that facilitated patient transfers.

| Week | Emergency department visits | | | Admission rate | |
|---|---|---|---|---|---|
| | 2024 | 2025 | Difference | 2024 | 2025 |
| 24[a] | 1628 | 1863 | 14% | 32% | 29% |
| 25[b] | 1737 | 1277 | −26% | 34% | 24% |
| 26 | 1873 | 1447 | −23% | 31% | 22% |
| 27 | 1720 | 1732 | 1% | 32% | 23% |
| 28 | 1734 | 1769 | 2% | 32% | 22% |
| 29 | 1763 | 1805 | 2% | 32% | 20% |
| 30 | 1842 | 1884 | 2% | 32% | 21% |
| 31 | 1792 | 1844 | 3% | 31% | 21% |
| 32 | 1733 | 1856 | 7% | 32% | 25% |
| 33 | 1717 | 1956 | 14% | 31% | 24% |
| 34 | 1711 | 1793 | 5% | 31% | 25% |
| 35 | 1677 | 1809 | 8% | 33% | 24% |
| 36 | 1697 | 1834 | 8% | 30% | 23% |
| 37 | 1785 | 1865 | 4% | 32% | 24% |

**Table 2. Internal medicine emergency department visits and admission rate (2024 vs 2025).** Visits: internal medicine emergency department visits. Admission rate: proportion of visits resulting in hospitalization. [a]War with Iran began (Friday). [b]Direct missile strike on SUMC (Thursday).

At the time of writing, ten weeks after the strike, 278 internal medicine beds were operational, compared with 313 before the strike (Table 1), and occupancy was approximately 80%.

By then, four internal medicine wards had returned to their original locations after partial repairs, and two were undergoing major renovation to restore full capacity. According to the latest data, five wards are expected to be fully renovated by the end of 2026 and the remaining two during the first quarter of 2027.

One internal medicine ward remained in the oncology building. Its future location had not yet been decided.

## DISCUSSION

The response of SUMC staff, including the Internal Medicine Division, to the direct missile strike underscores several critical aspects of disaster preparedness and medical resilience. The pre-emptive transfer of vulnerable patients and the alert-triggered relocation of mobile patients highlight the importance of dynamic, context-aware disaster protocols. Despite extensive damage to infrastructure, multidisciplinary teams of physicians, nurses, and support staff adapted rapidly and maintained continuous patient care in improvised environments.

The partial renovation and return of some patients to their original departments within ten weeks reflect rapid facility rehabilitation. While ongoing challenges persist, including long-term rehabilitation and sustained operation under difficult conditions, this event serves as a powerful case study for medical centers in conflict-prone regions. Similar flexibility has been described in Israeli field-hospital deployments, where teams adapted rapidly to unfamiliar environments and integrated with local health systems [3,4]. It suggests that professional unity, leadership, and commitment to patient care can sustain essential services even after catastrophic external events.

Throughout the period after the strike, the hospital monitored the well-being of all employees and provided psychological support and treatment as needed. This is particularly relevant for internal medicine teams, which reported the highest burnout levels of all hospital departments during the COVID-19 pandemic [5].

**Limitations.** This report has several limitations. It describes the experience of a single division in a single medical center and is descriptive. We did not collect patient-level outcome or quality-of-care data, such as mortality, adverse events, or infection rates, during the period of operation at alternative sites. The comparison with 2024 does not account for wartime changes in demand or referral patterns. Finally, data were reported at an interim time point, while recovery was still in progress.

## CONCLUSIONS

The response of the SUMC Internal Medicine Division to the direct missile strike illustrates operational resilience. Rapid adaptation and interdepartmental cooperation allowed continuous patient care and an early start to recovery after the attack. This case offers valuable lessons for disaster management planning and underscores the crucial role of human capital in maintaining healthcare services during extreme crises.

Our experience of operating the internal medicine departments as a single division during this event may help hospital managers prepare and train healthcare workers for future large-scale emergencies, including pandemics, natural disasters, and war.

The event also highlights the need for national investment in constructing new and reinforcing existing protected hospital buildings for patients, visitors, and staff in wartime.

**Disclaimer:** The views expressed in the submitted article are the authors' own and do not represent an official position of Ben-Gurion University, Soroka Medical Center, the Israel Defense Forces (IDF), or the Israel Medical Association (IMA).

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