

11

Am I Not a Human?

Edited by

Dr. Mohsen Saleh
Rana Sa'adah

Translated by

Mohammed El-Jadili
Saja El-Shami

The Suffering of the **Palestinian Patient** *under the Israeli Occupation*



By

Fatima H. Itani

Atef Daghlal



Al-Zaytouna Centre for Studies & Consultations

Am I not a Human?

(11)

Book series discussing
the sufferance of the
Palestinian people
under the Israeli
occupation

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Preface

Al-Zaytouna Centre for Studies & Consultations presents the eleventh book of the *Am I Not a Human?* series. The series sheds light on various aspects of the suffering of the Palestinian people. *The Suffering of the Palestinian Patient under the Israeli Occupation* considers prominent violations carried out by Israel in the field of health care, including the existing gaps in primary health care between Jews and Arabs, operations performed on Palestinian patients, the effects of the crossings and blockade on patients in the Gaza Strip, the blackmailing of Palestinian patients, the impact of Israeli checkpoints and the Separation Wall, the suffering of Palestinian patients in Israeli prisons and the deliberate targeting of paramedics.

Between the devil and the deep blue sea, the Palestinian patient lives with his own suffering and the racist practices of Israel which has reduced his access to medical supplies and necessary health care. Israel makes no significant differentiation between women, men, the elderly and children, and further makes no exceptions for critical and serious cases. The Israeli practices have denied the Palestinian patients their right to proper medical treatment under occupation.

Following the *Am I Not a Human?* series, this book reports, in a systematic and scientific way, the suffering of the Palestinian people. It addresses both heart and mind, making use of first hand accounts and photos that can bring the reader closer to the Palestinian suffering under Israeli occupation.

Al-Zaytouna Centre would like to extend its deepest gratitude to Israa Institution in the UK, for its generous sponsorship of the publication of this book. It also extends its gratitude to the wonderful translation team, from the Islamic University of Gaza, and its head Dr. Mohammed El-Haj-ahmad.





Introduction

The suffering of the Palestinian was not limited to the seizure of their homes and confiscation of their land, but went further in depriving him his basic rights set forth in international conventions and treaties to which Israel is a signatory.

The World Health Organization (WHO) defines Health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.” In light of this definition and the ongoing occupation in the West Bank (WB) and the Gaza Strip (GS), we can say that health conditions have deteriorated because of Israeli practices, including the siege imposed on the GS since 2007 with the closure of all the crossings between GS and Israel. This collective punishment has affected most aspects of life: economic, social and health, and has prevented the arrival of medicines, medical equipments



and spare parts. The result has been the deaths of many Palestinians denied proper medication and unable to travel abroad to continue their treatment.

The blockade has also reduced the supply of fuel, electricity and many other goods to GS. The Rafah border crossing with Egypt, the only exit for GS citizens to the outside world, was also closed. Military operations launched by Israel on GS have destroyed infrastructure, targeted ambulances and increased the number of patients and diseases due to the prohibited weapons used in the latest war. Israeli checkpoints and the Separation Wall have increased the Palestinians' suffering, preventing them from reaching medical centers.

This book discusses the suffering of the Palestinian patient. Many Palestinians die on the crossings and at checkpoints while searching out medication that is their right. By preventing Palestinian patients from reaching medical centers, Israel has created a small prison in which patients are left either to wait for permission to continue their treatment, or die inside the prison.



The second Aya abu Mouwais opens her eyes she starts crying. The three-year-old is in pain every waking moment and has been for two years.

She is suffering from oxalosis, a condition which occurs when the kidneys fail. Doctors in Israel say that if this Palestinian girl doesn't have a liver and kidney transplant she could die within months.



At sunrise, Aya's parents leave their house in a northern WB village. The dialysis Aya needs is not available in any Palestinian hospital, so Aya's father, Iyyad, drives his wife and child to the border between the WB and Israel.

"This is very difficult, this is my child, my daughter," he said. "I drive them as far as the checkpoint then go home because we have other children to look after, two in school and two still toddlers [including an eight-month-old baby]." Aya's mother, Suhair lost a daughter eight years ago to the same disease and now faces a repeat of the tragedy.

The round trip to the Israeli hospital of Rambam in Haifa takes five hours. Each journey involves a 45-minute drive from their WB home to the border crossing where it can take up to an hour to enter into Israel. The family then drives for another 45 minutes to the hospital for treatment, where Aya undergoes four hours of dialysis, a treatment paid for by the PA.

Professor Israel Zelikovic, one of the Israeli doctors treating Aya said: "Simply, this dialysis treatment is life-saving for her; without daily dialysis therapy she would not live." But her doctors also say that if she doesn't have liver and kidney transplants she will not last a year.

Her parents are acutely aware of that. But only Israeli citizens are allowed organ transplants in Israel unless the patient sources organs themselves. Her only hope is at a hospital in Belgium which helps Palestinians to undergo transplants, but the overall cost of that could exceed \$700 thousand.

➤ Cable News Network (CNN), Palestinian girl fights life-threatening condition, 28/11/2010, <http://edition.cnn.com/2010/WORLD/meast/11/28/palestinian.toddler/index.html>



Chapter 1: Health Institutions in Palestine

According to Article 25/1 of The Universal Declaration of Human Rights (UDHR) in 1948:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.¹

There are many organizations providing health services to the Palestinians in the WB, GS and East Jerusalem. These include the Ministry of Health (MOH), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), non-govenmental organizations (NGOs), military medical services and the private sector.



1. Ministry of Health

Upon its creation in 1994, the Palestinian Authority (PA) inherited deteriorating health conditions. In spite of all the efforts exerted by the MOH, the conditions of health in GS and the WB are still facing serious problems affecting the supply of services to the Palestinian people.

There are 25 governmental hospitals² out of the 76 distributed in the WB and GS,³ accounting for 32.8% of the total. The MOH runs 57% of hospital bed capacity in the WB and GS, including East Jerusalem.⁴ There are 12 hospitals of those in the WB, including the National Hospital and the hospitals in Rafidia, Jenin, Qalqilya, Tulkarm, Salfit, Ramallah, Beit Jala, Jericho, Hebron, Yatta and Bethlehem. The hospitals have 1,324 beds, accounting for 45% of the beds administered by the MOH; whereas there are 1,593 MOH beds in GS, 55% of total MOH beds.⁵

2. UNRWA

The services of UNRWA are limited to providing primary health care by UNRWA centers in refugee camps in the WB and GS. These centers include: outpatient clinics, dental clinics, heart diseases, blood pressure treatment, diabetes treatment and laboratory tests, in addition to centers for maternal and childcare, family planning, environmental health services, delivery departments and physiotherapy. At the end of 2009, there were 61 primary health centers, including 41 in the WB⁶ and 20 in GS.⁷



UNRWA operates a 63-bed hospital in Qalqilya, providing secondary and specialized health care,⁸ accounting for 1.3% of beds in the WB and GS.⁹ The average daily bed occupancy rate was 57.3%, with 24,831 patients admitted to hospitals in 2009.¹⁰

However, UNRWA is facing enormous financial problems due to limited budget and it is struggling to maintain its free of charge health services.

3. NGO Health Services

The number of NGOs working in the health sector in the WB and GS in 2009 totaled 61, running 170 primary care centers in all Palestinian governorates.¹¹ These centers provide health services for minimal prices. One of the most important NGOs is the Palestine Red Crescent Society (PRCS).

Complementing the role of the MOH, these NGOs own 30 hospitals with capacity for 1,639 inpatients,¹² accounting for 33.8% of the hospitals in the WB and GS in 2009.¹³ They also run 27.5% of total beds in the WB and GS.¹⁴

4. Military Medical Services

Military medical services run 2.7% of hospitals in the WB and GS, as well as 1.5% of the beds in the WB and GS.¹⁵ These services supervise only one hospital; Al-Karama hospital in Abasan town in the district of Khan Yunis with 50 beds.¹⁶ In 2009, the military medical services had 25 well-equipped ambulances,¹⁷ providing services at minimal cost.





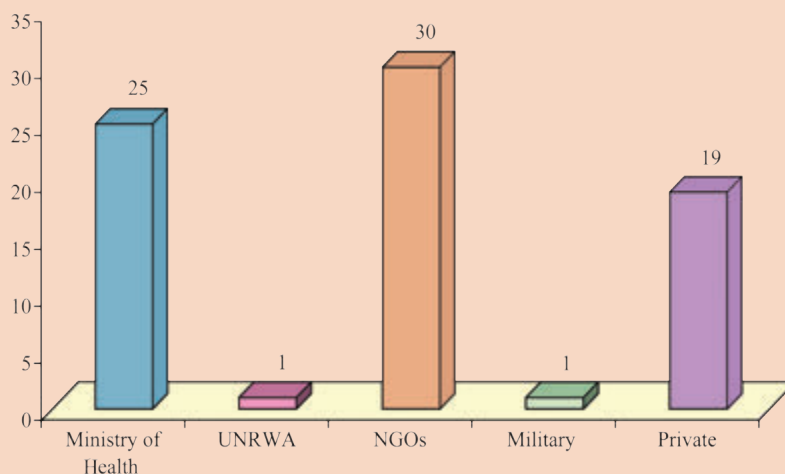
5. Private Health Services

The private health sector has 19 hospitals with 439 beds in the WB and GS.¹⁸ It runs 29.7% of the hospitals and 12.7% of the beds in the WB and GS.¹⁹ In 1999, the private sector had 545 clinics and medical centers.

Table 1: Health Institutions in Palestine

Supervising Body	Number of Hospitals
Ministry of Health	25
UNRWA	1
NGOs	30
Military	1
Private	19
Total	76

Health Institutions in Palestine





Chapter 2: Health Inequality Between Arabs and Jews

Article 5 of The International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) of 1965 states that States Parties undertake to guarantee the right of everyone to equality before the law, notably in the enjoyment of many rights including “public health, medical care, social security and social services.”²⁰

Non-discrimination and equality in gaining health services are stipulated in many laws, including Paragraph 19 of General Comment no. 14 of the Committee on Economic, Social and Cultural Rights (CESCR), which states:

With respect to the right to health, equality of access to health care and health services has to be emphasized. States have a



special obligation to provide those who do not have sufficient means with the necessary health insurance and health-care facilities, and to prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health.²¹

Since its establishment, Israel has exerted strenuous efforts not only to prevent the development of Palestinian health centers, but also to destroy those in existence. Using policies based on degradation, humiliation and subjugation, Israel has tried to destroy the Palestinian people, alienating them from their homeland.

Since the Israeli occupation of the WB and GS in 1967, health conditions have dramatically deteriorated, with Israel refusing to give permission for the building of new medical centers which could compensate for the shortcomings of the public health sector so badly affected by the Israeli occupation.

After the annexation of East Jerusalem, Israel has undermined health institutions, preventing East Jerusalem citizens from utilizing the health insurance of people in the WB. Israel has also closed a number of hospitals, health centers and laboratories. Some health centers have been turned into military facilities. These actions not only resulted in a decline in the number of hospital beds, but also failed to meet the medical needs of Palestinian citizens.²² In Ramallah, for example, in 1967, the number of beds was 209 beds per 115 thousand persons, declining to 116 beds for 140 thousand persons by 1987.²³



Since it took over responsibility of the Health Sector in the GS in 1994, the PA has not been allowed to make any tangible changes to the health centers, including secondary health care. Governmental hospitals in the WB and GS still face difficulties, with deficiencies in medicine,

Article 25/1 of the Universal Declaration of Human Rights in 1948 stated:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

- United Nations, The Universal Declaration of Human Rights, <http://www.un.org/en/documents/udhr/>



specialist doctors and qualified staff. There is also a shortage of medical supplies and existing medical equipment is outdated. The hospitals are also in desperate need of emergency departments and specialist centers. Low paid workers and unfair geographical distribution of hospitals in the WB and GS are other significant problems facing the Palestinian health sector.



At the end of 2009, Israel had a population of approximately 7.5 million, including 5.664 million Jews. The number of the Palestinians in the 1948 occupied territories was about 1.26 million,²⁴ while the number of the Palestinians living in the WB, including Jerusalem, was 2.45 million with a further 1.48 million in GS.²⁵

In 2009, the crude birth rate (CBR) was about 25.8 per one thousand inhabitants in the WB and about 35.9 in the GS,²⁶ while in Israel it was 19.77.²⁷ The crude death rate (CDR) was 2.6 per one thousand inhabitants in the WB and 3.5 in the GS,²⁸ whereas it was 5.43 in Israel during the same year.²⁹

In 2009, life expectancy was estimated to be 72.9 years in the WB and GS, while it was 80.3 years in Israel.³⁰ In 2009, infant mortality rate (under the age of one) was 19.5 deaths per one thousand live births in the WB, and 20.2 in the GS.³¹ In Israel, it was 3.8 in the same year.³²

In 2009, the under-five mortality rate was 39 deaths per one thousand live births in the WB and GS, while it was 11 in Israel.³³

Table 2: Birth Rates, Deaths and Life Expectancy 2009

	WB & GS	Israel
Population (million)	3.93	7.5
CBR (per 1,000 inhabitants)	30.85	19.77
CDR (per 1,000 inhabitants)	3.05	5.43
Life expectancy	72.9	80.3
Infant mortality rate under the age of one (per 1,000 live births)	19.85	3.8
Under five mortality rate (per 1,000 live births)	39	11



In 2008, the average health expenditure per capita for the WB and GS was \$165.5,³⁴ while it was \$2,145 in Israel (The symbol \$ used throughout this book is the US\$).³⁵

In 2009, the total expenditure on the MOH of the PA was 1.255 billion shekels, i.e., about \$320 million.³⁶ This is equivalent to 6.2% of its GDP, which was \$5,147.2 million.³⁷ In contrast, Israel's national expenditure on health was \$15,390 million, i.e., 7.9% of its GDP,³⁸ which was 766,118 million shekels (\$194,812 million).³⁹

Table 3: Expenditure on Health in Israel and the PA 2009 (\$ million)

	PA	Israel
Expenditure on health	320	15,390

Expenditure on Health in Israel and the PA 2009 (\$ million)

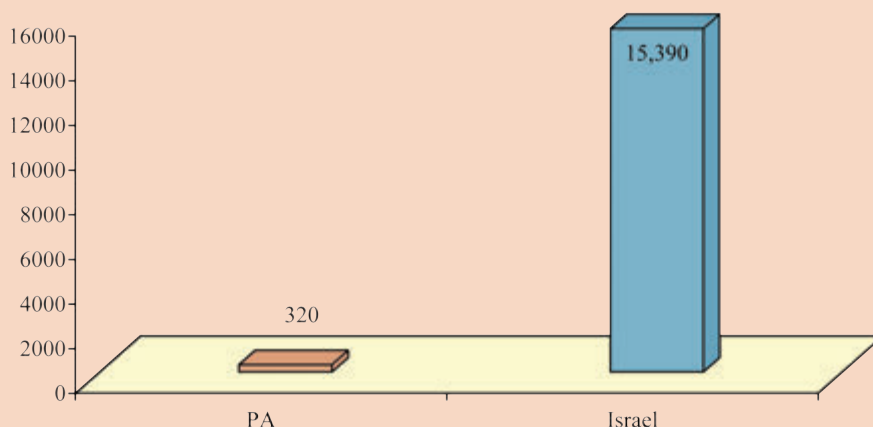
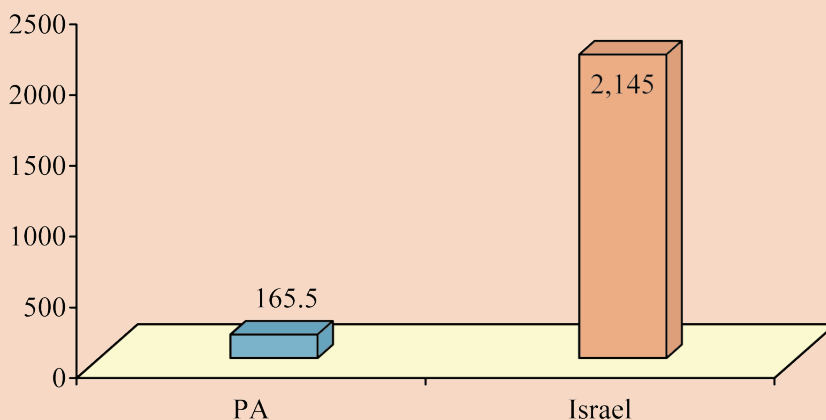




Table 4: Average Health Expenditure per Capita in Israel and the PA 2008 (\$)

	PA	Israel
Average health expenditure per capita	165.5	2,145

Average Health Expenditure per Capita in Israel and the PA 2008 (\$)



The decline in the average health expenditure per capita for the WB and GS compared to that of the Israel, the rising infant and child mortality rates in the WB and GS compared to those of Israel as well as the decline in life expectancy compared with increasing life expectancy among the Israelis are indicative of severe shortages and discrimination in health care provision for the Palestinians.



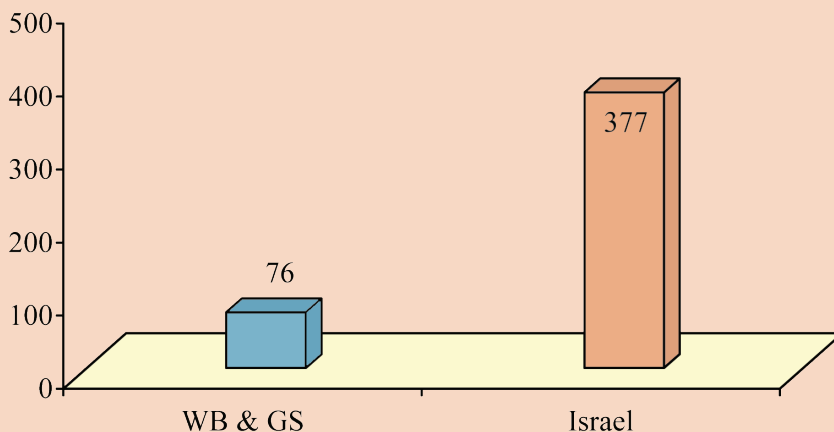
This discrepancy can also be seen when the number of hospitals in the WB and GS is compared with that of Israel. For example, in 2009, there were 76 hospitals in the WB and GS⁴⁰ including 5,058 beds⁴¹ (roughly 1.3 beds per thousand people). In Israel the number was 377 hospitals⁴² including 42,119 beds⁴³ (roughly 5.6 beds per thousand people).

In addition, the number of physicians in the WB and GS has decreased; accounting for 1.74 physicians per thousand persons, while in Israel the number is approximately 25,542, accounting for 3.4 physicians per thousand persons.⁴⁴

Table 5: Number of Hospitals, Beds and Average Number of Doctors in 2009

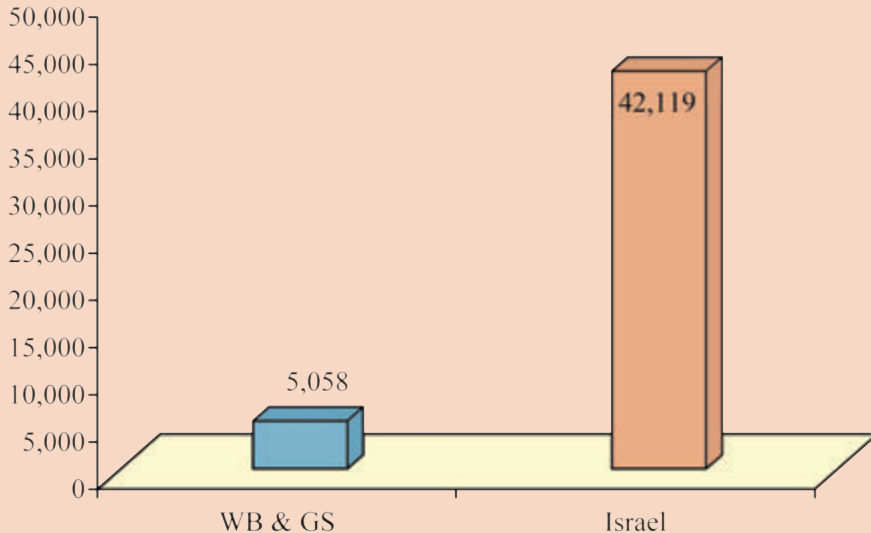
	WB & GS	Israel
Number of hospitals	76	377
Number of beds	5,058	42,119
Number of physicians per thousand people	1.74	3.4

Number of Hospitals 2009





Number of Beds 2009



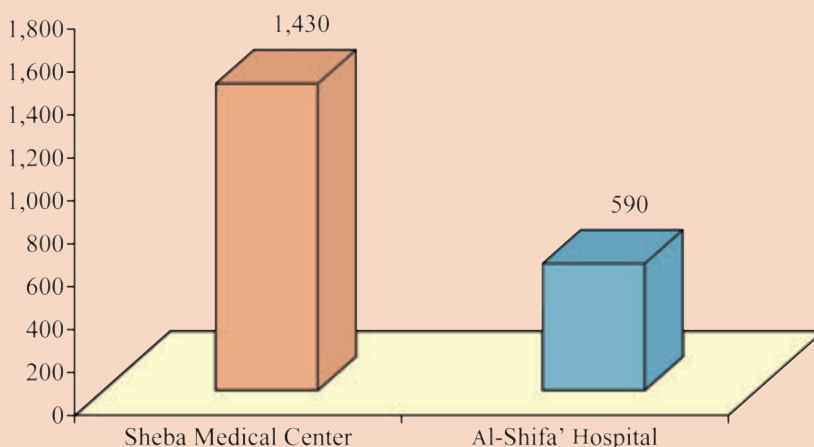
A huge difference in health care provision can also be seen when an Israeli hospital is compared with a Palestinian one. For example, the Hadassah hospital in Israel has 850 physicians, 1,000 beds, 31 operating rooms and 9 specialist intensive care units.⁴⁵ On the other hand, al-Shifa' Hospital, the largest Palestinian hospital in GS has 590 beds, four operating rooms, one intensive care unit, one pharmacy and one medical laboratory.⁴⁶ In the WB city of Salfit, the main government hospital has 49 beds, accounting for 0.8 beds per thousand persons.⁴⁷ The hospital serves around 65 thousand people.⁴⁸



Table 6: Number of Beds in the Largest Israeli and Palestinian Hospitals

Hospitals	Number of beds
Sheba Medical Center ⁴⁹ Tel Hashomer	1,430
Al-Shifa' Hospital	590

Number of Beds in the Largest Israeli and Palestinian Hospitals



The Israeli budget allocated to hospitals in the WB and GS does not exceed one-tenth of the total budget of an Israeli hospital and the salary of an Arab physician is roughly one third of that of an Israeli physician.⁵⁰ Israeli doctors make between \$5,000 and \$6,000 per month,⁵¹ while a Palestinian general practitioner receives \$500 and a specialist \$2,000 a month.⁵²

There is a strong correlation between an individual's health status and his socioeconomic status. Poverty, low level of education, overcrowded living conditions and unemployment result in the spread of disease and increase mortality rates.





A severe shortage of beds and medical services at Ramallah hospital.

According to the Palestinian Central Bureau of Statistics (PCBS), in the first quarter of 2009, 41.5% of the working-age population of GS was unemployed. The International Committee of the Red Cross (ICRC) household survey conducted in May 2008 indicated that over 70% of the surveyed families were living on an income of less than one dollar a day per person.⁵³ In Israel, in 2009, 20.5% of families were living below the poverty line. Statistics indicate that Arab families are among the most impoverished, with 53% living below the poverty line.⁵⁴

The discrepancies in health services between Israelis and the Palestinians are enormous. In addition to the gaps mentioned before it is important to note gaps caused by the establishment of health centers and emergency departments in remote areas as well as the barriers, such as the wall and checkpoints, set up in the WB and GS, all contributing to the misery of Palestinian patients trying to get access to health centers.





Chapter 3: Experiments on Patients and Stealing their Organs

Some doctors in Israeli medical centers have used patients, including the elderly, children and mentally infirm, as human “guinea pigs”. Experiments, usually to examine unlicensed medications, are sometimes conducted by researchers who were not even doctors, and without permission from their legal guardians. In 2005, for example, some children had their eardrums deliberately pierced in order to apply a drug, not approved for medical use anywhere else in the world. This is according to a report by Eliezer Goldberg, the Israeli state comptroller, who said also that it took researchers more than a week to pass on the information in 21 out of 37 deaths. Some took more than a month, even though any fatality during such clinical tests should be reported to the ministry within 48 hours.⁵⁵





Israel is committed to the 1964 Declaration of Helsinki, which was amended in 1983 and adopted by the World Medical Association. The third article of its Basic Principles states:

Biomedical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest with a medically qualified person and never rest on the subject of the research, even though the subject has given his or her consent.

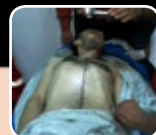
While the sixth article states:

The right of the research subject to safeguard his or her integrity must always be respected. Every precaution should be taken to respect the privacy of the subject and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject.

As for the ninth article, it states:

In any research on human beings, each potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. He or she should be informed that he is at liberty to abstain from participation in the study and that he or she is free to withdraw visor her consent to participation at any time...⁵⁶

What the Israeli doctors have done is a gross violation of the principles of the Helsinki Declaration. It has been reported, however, that a medical team at the Meir Hospital in Kfar Sava, including Professor



Mordechai Ravid, five doctors and interns conducted an illegal medical experiment on 60 women, most of whom were Arabs. The experiment, conducted between 2001 and 2003 on diabetic patients aged 45 to 70, was to test two medications for treatment of diabetes. The experiment was conducted without the required approval of the hospital's Helsinki committee on human experimentation and without having the signed consent of the patients.⁵⁷

The suffering of Palestinian patients has continued after their death. In many cases Palestinians, transferred to Israeli hospitals for treatment due to the lack of such treatment in Palestinian hospitals, were transferred, after passing away, to the Abu Kabir Forensic Institute before their bodies were given in to their families.⁵⁸

An investigation published by the Swedish newspaper *Aftonbladet* on 17/8/2009 showed the Israeli army had stolen organs from the bodies of Palestinians killed by the Israeli army or in accidents. The investigation added that the Israeli Medical Corps, in cooperation with the Abu Kabir Forensic Institute, had stolen the organs and implanted them in the bodies of Israeli soldiers injured in clashes with Palestinians. The investigation also noted that the Israeli army removed the skin of the dead, to be later implanted in the bodies of Israeli soldiers suffering skin burns.⁵⁹

Prisoners as Experimental Subjects

The Israel Prison Service not only practiced torture and medical negligence against Palestinian prisoners, but they also used them as subjects for medical experimentation.



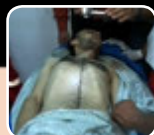


In 2009, the Swedish journalist, Donald Bostrom, revealed that the Israeli army killed Palestinians in order to trade in their organs, and that Palestinian



youths who were snatched from their villages in the middle of the night were buried after being dismembered. That same year, the American Cable News Network (CNN) reported that an Israeli citizen, living in Brooklyn, New York, was arrested for organ trafficking and admitted that he has been engaged in the practice for a long time and that all of the donors “come from Israel.”

- Swedish daily: IDF killed Palestinians for organs, *Yedioth Ahronoth* newspaper, 18/8/2009, <http://www.ynetnews.com/articles/0,7340,L-3763958,00.html>; and New York man accused of trying to broker kidney sale, CNN, 23/7/2009, http://articles.cnn.com/2009-07-23/justice/nj.corruption.kidney_1_sale-of-human-organs-complaint-kidney?_s=PM:CRIME



Abdul Nasser Farwana, a researcher in Palestinian prisoners' affairs and director of the Statistics Department at the Ministry of Detainees and Ex-Detainees Affairs said that many male and female prisoners were injected with needles they had not seen before, resulting in the loss of their hair and facial hair forever. Other prisoners lost sight and sense and others suffered mental breakdowns; while the mental conditions of some prisoners have deteriorated and others have since suffered from infertility.⁶⁰

Farwana referred to the relationship between the thousands of experiments conducted on Palestinian prisoners and the high percentage of cancer cases among prisoners. Farwana, a former prisoner, said, "we're talking about more than five thousand experiments a year" adding that dozens of ex-prisoners have had cancers months and even years after their release; some have died while others are living with the disease. He believes that the experiments prisoners have been subjected to in prison are the direct cause of these illnesses, in addition to deliberate medical negligence.⁶¹





Chapter 4: The Suffering of Patient Prisoners in Israeli Prisons

The conditions of patient prisoners in Israeli prisons are the most pressing issue given the considerable amounts of suffering and cruelty involved. This is represented in deliberate medical negligence, failure to provide prisoners with appropriate treatment, using prisoners as experimental subjects and extortion.

According to law, patient prisoners have the right of medical care and proper treatment. As set forth in Article 91 of the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War:

- Every place of internment shall have an adequate infirmary, under the direction of a qualified doctor, where internees may have the attention they require, as well as an appropriate diet.



Isolation wards shall be set aside for cases of contagious or mental diseases.

- Maternity cases and internees suffering from serious diseases, or whose condition requires special treatment, a surgical operation or hospital care, must be admitted to any institution where adequate treatment can be given and shall receive care not inferior to that provided for the general population.
- Internees shall, for preference, have the attention of medical personnel of their own nationality.
- Internees may not be prevented from presenting themselves to the medical authorities for examination....
- Treatment, including the provision of any apparatus necessary for the maintenance of internees in good health... shall be free of charge to the internee.⁶²

However, Israel is using hospitals and health institutions as torture chambers, where the wills of prisoners are crushed, leaving them vulnerable to deadly diseases. In these hospitals prisoners suffer instead of being provided with medical treatment. For example, the Ramla Prison Hospital, established in 1967 after protests and pressure from human rights groups, lacks basic health standards. It has only 22 beds and is run by a non-specialist doctor and a nurse.

Dr. Fathi Abu Maghali, Palestinian Health Minister compared the hospital to a graveyard, where patient prisoners have been shackled for years while the international community stands by, observing but doing nothing.⁶³



He spent nearly two years and a half in the Ramla Prison, where he was in desperate need of dialysis and lived on analgesics; he was released only after his condition had deteriorated further. Zuhair Lubada, an ex-prisoner from Nablus, reported his bitter story. Israeli prison policy aims to increase the suffering of Palestinian patient prisoners by using them as subjects for medical experimentation. The abrades, a name given to prison beds, are two-floor beds that are too difficult for patient prisoners to climb on to. There is little treatment available at the



Ramla prison, where the surgical operations performed on prisoners only increase their suffering.

The eight kgs of water found in his abdomen were removed only after his condition deteriorated. When he told the duty doctor that he had lost 11 kgs, the doctor replied that he should eat bread. Lubada was taking 10 types of analgesics.

When his illness became aggravated he was transferred to a hospital where he was tied up to a bed with his hands and feet shackled for eight days. The security officer told him that Israeli security comes before his treatment.

➤ Palestine's Dialogue Forum, 7/11/2010, <http://www.paldf.net/forum/showthread.php?t=697287>





Although every prison in Israel has a clinic, the health standards of prisoners remain awful. The treatment provided is routine and is diminishing in the light of the increasing number of patients. The provision of treatment for prisoners is subject to negotiation and pressure from the Israel Prison Service. This treatment is a flagrant violation of international conventions and treaties, which assure the right of patient prisoners to treatment, medical care, and medical examination.

Article 92 of the same Convention states that “Medical inspections of internees shall be made at least once a month. Their purpose shall be, in particular, to supervise the general state of health, nutrition and cleanliness of internees, and to detect contagious diseases...”⁶⁴

Israeli prison clinics and detention centers are lacking health services, necessary equipment, medications and specialist doctors to examine and treat a variety of diseases. The only available medicine is Akamol (a paracetamol-like tablet). The treatment offered is sometimes as little as a glass of water, and in critical cases patients are given anesthetic to treat their diseases.⁶⁵ For example, at the Nafha Prison, the only medication available to the 70% prisoner population, most of whom suffer from one disease or more, is Akamol.⁶⁶ Israeli prison authorities often procrastinate in transferring patient prisoners to clinic or hospital for medical check-ups, unless there are large scale-protests by the prisoners. Patient prisoners may wait for months or years before they are allowed to go through medical examinations or have an X-ray. The deliberate delay in examining and providing treatment for prisoners has resulted in the delay of early diagnosis of diseases, leaving them in a very critical condition. One of these cases concerns the prisoner



Murad Abu Sakoot, who was given a six-month conditional release by prison authorities to continue his treatment. The release of Murad came only after cancer has spread in his body. As a result, his right lung and half of his left lung were extirpated, and despite the several calls by human rights organizations to provide him with treatment in the early stages of disease, prison authorities had refused either to provide him with treatment or to release him to be treated abroad.⁶⁷ After his release, Murad's condition deteriorated, and he was transferred to Jordan for more treatment, where he died at the age of 29.⁶⁸

In cases in which prison authorities have agreed to transfer a patient to a clinic or hospital, the patient is transferred, with his hands cuffed and legs tied, in a poorly ventilated vehicle rather than being transferred in a well-equipped ambulance. In addition, prisoners are isolated and subjected to brutal treatment. For example, prisoners with chronic diseases are not provided with medication,⁶⁹ and in some cases prisoners are forced to leave their rooms late at night to be inspected by prison authorities, regardless of the poor medical conditions of the prisoners.

For example, prisoner Muhammad Mustafa Abu Lebda from the GS, who was spending his 12 year imprisonment at the Ramla Prison Hospital, was forced out of his room at one o'clock in the morning for inspection. He asked what kind of security requires getting him out of his room after midnight while he is in a wheelchair, suffering from open wounds after an unsuccessful operation in his backbone (third and fourth spines)? He added that he still suffers from inflammation in his spinal cord. In addition to having tubes in his back oozing water and suffering from severe headaches.⁷⁰





The lack of medical specialists, such as ophthalmologists, dentists, and Otolaryngologists, in addition to the prevention of doctors from outside the country from visiting patient prisoners and follow up their health, have worsened prisoners' health problems. Nadir Abu Turki, from Hebron, is one of these cases. Nadir, who is spending his imprisonment in the Hadarim prison, is losing his eyesight due to an acute inflammation in his eyes and the refusal of the prison authority to refer him to an ophthalmologist.⁷¹

Prison clinics lack alternative doctors during night shifts for the treatment of emergency cases. There is also a shortage of medical equipment that would help people with special needs and an absence of healthy meals for prisoners suffering from chronic diseases such as diabetes, blood pressure and heart disease.

In addition, the clinics are not equipped with isolation rooms for patients with contagious diseases. They also provide expired medicines resulting in the spread of diseases among prisoners. For example, Samir 'Ajaj, 27 years, from Tulkarem, who was spending his imprisonment in the Negev prison, was suffering from acute inflammation in the right eye and needed surgery. The clinic doctor gave him expired eye drops, and when he asked the doctor about that, the latter stated expiration dates are not checked.⁷² Other reasons resulting in the increasing number of patient prisoners and the worsening of their conditions include the existence of pools of wastewater near the prison, high temperatures and humidity, a lack of ventilation, bad odors, infestations of insects, a lack of water, overcrowdedness and the denial of cold water in solitary confinement.⁷³



On 17/12/2007 Fady Abu al-Rob left his cell to clean his teeth at the Gilboa prison clinic. His gum was injured while cleaning his teeth. The doctor gave him Metronidazole. An hour after taking the medication, he turned pale and started vomiting, with a fever and itching all over his body. As a result, he had to go to the prison clinic at least once a day but was told by the clinic doctor that he was not suffering from any disease. Several days later Fady's body turned blue and his condition worsened. He died 12 days later without knowing the causes of his sudden deterioration.

- Palestine News Network (PNN), 2/1/2008, http://www.pnn.ps/index.php?option=com_content&task=view&id=23805&Itemid=30



Because of medical negligence, the number of patient prisoners has steadily risen, ammounting to 1,500 prisoners suffering from various diseases in 2009,⁷⁴ including 16 with cancer.⁷⁵ One of them is Ahmad Hamid al-Najjar, who lost the ability to speak due to injury in the throat. He has been imprisoned since 11/7/2007, and he is spending his prison term of eight life sentences in the Ramla Prison Hospital.⁷⁶ The patient prisoners also include 88 prisoners who suffer with diabetes, 25 with kidney failure, and 20 disabled prisoners in need of mobility assistive devices, three of whom are partially paralyzed.⁷⁷ There are dozens of visually impaired prisoners needing special care and assistive devices, and there are those who were shot and then arrested but received no treatment.⁷⁸ ‘Abdul Nasser Muhammad Rizq from Jericho, has been serving a life sentence since 9/7/2007 and was arrested while suffering from shrapnel wounds in several parts of his body.⁷⁹ The wounds were caused by bullets fired by Israeli soldiers.

Another example is prisoner Obaidah Mahir al-Qudsi al-Dwaik, aged 25, from Hebron. Obeidah was arrested on 26/8/2009 suffering from earlier wounds. However, he was not provided with treatment and was tortured to death on 13/9/2009; he is the 197th prisoner to be murdered in Israeli prisons.⁸⁰ Other prisoners became infected with respiratory diseases while others suffered from diseases of the circulatory system. Between 1967 and April 2010, the number of prisoners who died in Israeli jails due to medical negligence rose to 51 prisoners.⁸¹ Skin diseases are common diseases due to unclean prisons and a lack of hygiene.



Other diseases affecting prisoners include orthopedic diseases. These result from extreme cold, the spread of moisture, and a lack of adequate mattresses, as many prisoners have to sleep on floor. Prisoners also suffer from mental illnesses, including acute depression and introversion caused by anxiety and sleeping problems in addition to the long periods prisoners have to spend in solitary confinement.

In the Ramla Prison Hospital, there is one section for security prisoners. These 22 prisoners are subject to procrastination, indifference and delays in medical examinations and operations for which they normally have to wait two to three years. They also suffer from food shortages.⁸²

The Minister of Detainees and Ex-Detainees Affairs, 'Issa Qaraqeh in Ramallah, has revealed that the Israeli violations against patient prisoners have increased. He stated that the health situation is one of the most serious problems facing prisoners interned in Israel, especially in light of the increasing number of illnesses.⁸³ It has become clear that the Israeli authorities are pursuing a deliberate policy of mistreatment and often slow death.

Anat Litvin, who is the director of Prisoners and Detainees Department at Physicians for Human Rights-Israel (PHR-Israel), said that Palestinian patient prisoners face big obstacles in seeing a prison physician. She added that the core problem is the absence of censure on the performance of the Israeli Prison Authority when it fails to take prisoners' health status into consideration.⁸⁴





1. The Suffering of Female Prisoners

A report issued by the Information Department at the Ministry of Detainees and Ex-Detainees Affairs stated that Palestinian prisoners do not have access to gynecologists, causing problems for pregnant prisoners in desperate need of a specialist to follow up their cases. The only available doctors are the general practitioners. An example is what happened to Samar Subaih, arrested in her third month of pregnancy. Although Subaih had problems with her unborn baby, she was denied access for the basic medical treatment by the prison authorities.⁸⁵

Pregnant Palestinian prisoners face extremely difficult circumstances during their pregnancy, labor and delivery, which usually takes place in unusual and severe conditions. Lacking the required health services, pregnant prisoners are, for example, transferred on the day of delivery under heavy military guard, with their wrists or ankles shackled, their families denied permission to be with them at the hospital bed. The prisoners are shackled to their beds until they are moved to the operating room, and they are shackled again after delivery.⁸⁶

The systematic policy of medical negligence practiced by the Israeli Prison Authorities is not limited to female prisoners, but includes infants who were born in prison where they are deprived of basic medical care.⁸⁷ This contradicts Article 12/1 of the International Covenant on Economic, Social and Cultural Rights of 1966, which stipulates: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”⁸⁸



Amal Jum'a: A Palestinian Prisoner Living Her Last Days

Amal Jum'a is a Palestinian prisoner whose health has deteriorated in prison as a result of suffering from a cervical cancer. Despite her deteriorating health, she only receives sedatives and sleeping pills. Amal's brother, Jameel Jum'a, said that Amal has been subjected to continuous torture since she was arrested. She has not been provided with treatment during the various stages of illness. Instead she is being transferred to different Israeli prisons and being deprived of family visits for supposed security reasons.

Jum'a added that his sister's health problem began only after her arrest. The 22 tablets she took take per day resulted in internal bleeding (hemorrhage), and as a result, she lost 24 kg as her weight dropped dramatically from 75 to 51 in less than one month; her hemoglobin level fell to four.

Jum'a pointed out that his sister had two operations in prison all without her family being informed. He added that the prison authorities omitted an important part of her hospital report for fear that it would be passed to human rights and legal institutions.

➤ Aljazeera.net site, 31/10/2008.





2. Blackmailing Patient Prisoners

According to a report issued by the Information department at the Ministry of Detainees and Ex-Detainees Affairs, the Israeli prison authorities exploit prisoners' desperate need for treatment. The exploitation includes trying to force prisoners to collaborate with the Israeli forces, or provide the intelligence agency with information about themselves and other prisoners. If prisoners refuse to collaborate, treatment is withheld.⁸⁹ This is a clear violation of international conventions relevant to the medical care and health of patient prisoners, in particular Article 92 of the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War.

3. The Suffering of Child Patients in Israeli Prisons

Article 24 of the 1989 Convention on the Rights of the Child states the following:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;
 - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.⁹⁰



There are 30 child patient prisoners, 9% of all child prisoners. Child patients are deprived health care and medical treatment, and the only medicine available for them is analgesics. According to child patients' testimonies, the Israeli prison authorities routinely deny these children access to prison clinics. However, when they are admitted, they are subject to beatings and other abuses, including at the hands of doctors and nurses. The Israeli authorities also refuse to perform any urgent surgery on children. There are child prisoners denied operations to remove shrapnel or bullets from their bodies, and others who suffer from mental illness as well as eye and ear illnesses. Nearly 40% of illnesses reported in child prisoners are a result of unhealthy prison conditions, poor quality food and unhygienic conditions, according to a report issued by the Ministry of Detainees and Ex-Detainees Affairs.⁹¹





Chapter 5: Israeli Attacks on Medical Staff

The right of life, liberty and personal security are fundamental rights approved enshrined under international human rights law. Article III of UDHR states, “Everyone has the right to life, liberty and security of person.”⁹² The Fourth Geneva Convention of 1949 Relative to the Protection of Civilian Persons in Time of War also prohibits “violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture,” against persons “taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause.”⁹³ The 1977 Protocol Additional to the Geneva Conventions states that medical units shall be “respected and protected at all times and shall not be the object of attack.”⁹⁴



The Convention shall seek to ensure that freedom of movement is respected; and shall provide necessary facilities for these medical personnel to perform their tasks. These principles are pursuant to Article 14 till Article 23 of the Convention.⁹⁵ In addition, Article 12 of the above Protocol state: “Medical units shall be respected and protected at all times and shall not be the object of attack,” while Article 15 states: “Civilian medical personnel shall be respected and protected” and “shall have access to any place where their services are essential.”⁹⁶



Israeli soldiers prevented a medical team from entering the Bait Rima village during an Israeli army operation in the village.

Article 21 of the Fourth Geneva Convention of 1949 states: “Convoys of vehicles or hospital trains on land... conveying wounded and sick civilians, the infirm and maternity cases, shall be respected and protected.” Article 23 of the same Convention states that:

Each High Contracting Party shall allow the free passage of all consignments of medical and hospital stores and objects necessary for religious worship intended only for civilians of another High Contracting Party, even if the latter is its adversary. It shall likewise permit the free passage of all consignments of



essential foodstuffs, clothing and tonics intended for children under fifteen, expectant mothers and maternity cases..... Such consignments shall be forwarded as rapidly as possible.

Article 63 stipulates that recognized “National Red Cross (Red Crescent, Red Lion and Sun) Societies shall be able to pursue their activities in accordance with Red Cross principles, as defined by

Let Him Die!

On Wednesday, 24/8/2005, 2:30 pm, Israeli soldiers stopped a PRCs ambulance at the Sarra checkpoint. The ambulance, which was taking a patient from Sarra village, had to wait before being checked and allowed in. After a ten-minute wait, and to inform the soldiers that they had to take an urgent patient from the village, the crew turned on the siren once, following the instructions given by the Red Cross and Coordination and Liaison Administration. After five minutes, the soldier gave permission to the crew to come forward and when they arrived, the soldier asked them to turn off the engine and to get out of the ambulance. When the crew tried to explain the patient’s need for their help, the soldier replied, “Let him die.”

- Palestinian Centre for Human Rights (PCHR), The Fourth Report on Israeli Violations Against Palestinian Medical Crews (1/1/2005–30/4/2007), May 2007, http://www.pchrgaza.org/files/REPORTS/arabic/pdf_medical/medical%20report4.pdf





the International Red Cross Conferences. Other relief societies shall be permitted to continue their humanitarian activities under similar conditions.⁹⁷

In breach of international law, Israel has a history of attacking medical staff in the WB and GS. These attacks include direct shooting incidents, physical and verbal abuses, as well as impeding PRCS's access to evacuate the sick and wounded. Since *al-Aqsa Intifadah* of 29/9/2000 up until 9/4/2011, the number of medical personnel killed has reached 32.⁹⁸

PRCS also recorded a total of 455 violations against its facilities and medical teams. Its ambulances were delayed or denied access 440 times, including 289 incidents at checkpoints leading to Jerusalem and 132 incidents in GS, during the 22 day Israeli military campaign on GS, known as Operation Cast Lead.⁹⁹



This is the ambulance in which paramedic Mahmud Zaqt was killed. On 1/3/2008, he was evacuating the wounded from the Jabal al-Kashef, east of Jabalyia, and was killed by a missile fired by an Israeli military helicopter.

- The Israeli Information Center for Human Rights in the Occupied Territories-B'Tselem, <http://www.btselem.org/photos/59>



Other incidents were reported in other areas, including five incidents of delay and denial at the al-‘Alami gate leading to al-Karama (the Allenby) bridge, two in Ramallah and two others in Nablus and Qalqilya.¹⁰⁰

The table below shows Israeli violations against PRCS medical staff, starting from the beginning of *al-Aqsa Intifadah* until September, 2009.¹⁰¹

Table 7: Total Number of Attacks, Casualties and Damage Caused to PRCS Medics & Ambulances

	1/1/2009–30/9/2009	28/9/2000–30/9/2009
PRCS personnel killed	1	17
Total emergency medical technicians (EMT) personnel injured	10	242
Number of personnel and volunteers detained	1	87
Total attacks on emergency teams & ambulances	19	476
Number of ambulances partially damaged	22	191
Number of ambulances completely damaged (out of service)	3	34
Delay & denial of access	375	3,368





Health Centers Bombed by the Israeli Army

On 3/1/2009, Israeli aircrafts bombarded and destroyed the civil defense headquarters located at Bani Sheila, east of Khan Yunis.

On 5/1/2009, Israeli F-16 aircraft fired a missile at the Union of Health Care Committees in al-Rimal neighborhood in Gaza City. The building and three mobile clinics were completely destroyed.

On 7/1/2009, Israeli aircraft bombarded the civil defense headquarters in Rafah. One of the offices was completely destroyed. Heavy damage was caused to neighboring houses.

On 10/1/2009, Israeli aircraft bombarded the northern wall of the European Gaza Hospital, south east of Khan Younis. About 20 meters of the wall was destroyed. Damage was also caused to the main water pipe and to the electricity network, power generator and the fuel stocks.

- PCHR, "A PCHR report on attacks perpetrated by the Israeli Occupation Forces (IOF) against Palestinian medical personnel during the IOF military offensive in Gaza 27 December 2008–13 January 2009," 13/1/2009.



During the GS war (27/12/2008–28/1/2009), 14 medical staff were killed.¹⁰² The sea, ground and air attacks carried out by the Israeli forces damaged a number of medical centers and ambulances, including 15 hospitals, 43 out of 110 health care centers, and 29 out of 148 ambulances.¹⁰³

The attacks of the Israeli army against Palestinian medical personnel have undermined their work by obstructing, and sometimes forcibly preventing, their access to dozens of dead and injured civilians across the GS. In many cases, medical personnel were only able to access the dead and injured up to 72 hours after they had been killed or injured. The Israeli army has denied medical personnel access to people who subsequently bled to death. Palestinian medical personnel were also prevented from performing their duties despite having secured prior coordination with the Israeli army via ICRC. Many eyewitnesses reported that the Israeli forces had killed seven Palestinian medical personnel, including two doctors while they were evacuating and attending to casualties. This happened despite them wearing their medical uniforms. The Israeli forces also killed an UNRWA driver carrying humanitarian aid near Beit Hanoun (Erez) crossing, while another was seriously injured.¹⁰⁴

In January 2009, Pierre Wettach, the head of the ICRC's delegation in Israel and the occupied territories reported that the ICRC had requested safe passage for ambulances to access the al-Zaytoun neighborhood in GS. These ambulances had to wait for four days until they were allowed to evacuate casualties. In one house, for example, they found four small children who were crouched next to their dead mother and





were too weak to stand up alone. There were at least 12 corpses lying on mattresses, while three corpses were lying in another house. “This is a shocking incident,” Mr. Wettach said. “The Israeli military must have been aware of the situation but did not assist the wounded. Neither did they make it possible for us or the Palestine Red Crescent Society to assist the wounded.” Wettach added that “Large earth walls erected by the Israeli army had made it impossible to bring ambulances into the neighborhood. Therefore, the children and the wounded had to be taken to the ambulances on a donkey cart”!¹⁰⁵

The Israeli army continued their aggression against medical personnel despite the frequent calls issued by the ICRC, PRCs and many international human institutions working in the GS. Dozens were injured as a result of the targeting of ambulances and shelling of medical buildings and their surroundings.

The killing and targeting of medical staff was not just a result of the excessive use of force by the Israeli army and their indiscriminate attacks. They aimed not only to frighten the staff but also to prevent them from providing any medical help to the injured.

On 15/1/2008, al-Quds hospital was targeted by an Israeli missile, setting the whole building on fire. Hundreds of injured people rushed to the street. At least three premature babies were rescued after their incubators were withdrawn to the street.

Some doctors tried to rescue a man in the intensive care unit (ICU) by putting an oxygen mask on his face, while the Israeli forces shelled



the building. Afterwards, the hospital's roof collapsed, sending flames into the sky. Hospital officials said that the fire had resulted from the use of white phosphorous shells.¹⁰⁶

These facts confirm that such Israeli army practices are a clear breach of the 1949 Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War.

Israel also violates the 1977 Protocol Additional to the Geneva Conventions applicable in the Palestinian territories. These Conventions provide for the protection of medical units whose purpose is “the search for, collection, transportation, diagnosis or treatment—including first-aid treatment—of the wounded, sick and shipwrecked.” These laws also “ensure respect for and protection of the civilian population and civilian objects” during war.

The next table shows the Israeli attacks against the PRCS ambulances in 2008.



The PRCS building in GS after being targeted by phosphorous shells on 15/1/2009.

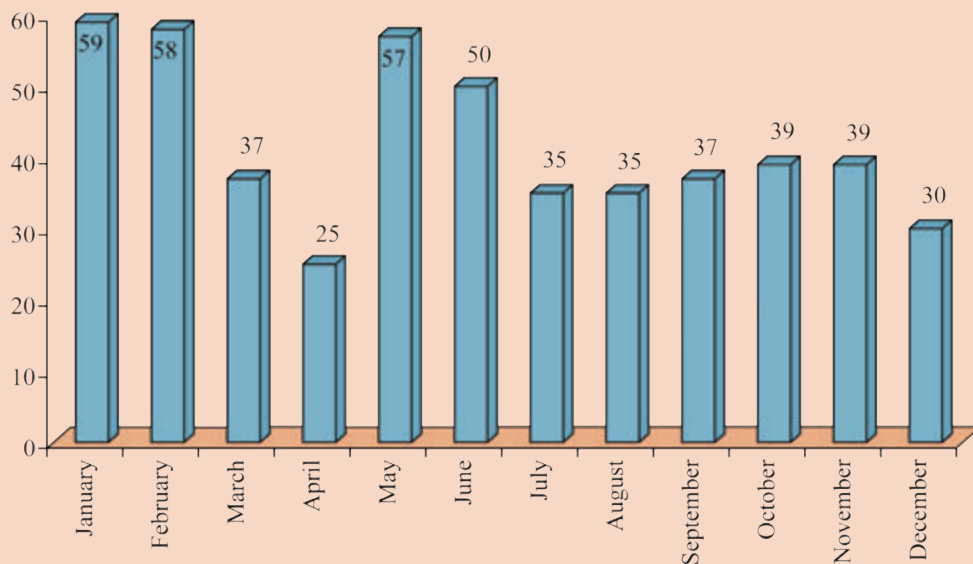


Table 8: Delay and Denial of Access of PRCS Ambulances & Medical Teams 2008¹⁰⁷

Month	Jan	Feb	Mar	April	May	June
Number of delay & denial of access incidents	59	58	37	25	57	50

Month	July	Aug	Sep	Oct	Nov	Dec
Number of delay & denial of access incidents	35	35	37	39	39	30

Delay and Denial of Access of PRCS Ambulances & Medical Teams 2008





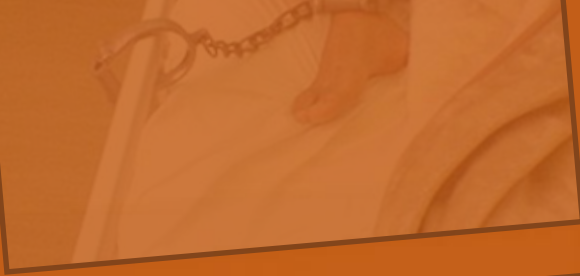
Yahya Abdul Halim Abdul Hamid Hassan, a member of a paramedic team targeted during the 2008/2009 Cast Lead war, explains what happened as he drove an ambulance:

“I was working at the Feta Hospital in Tal al-Hawa when we started getting a lot of calls from civilians living in al-Dahdouh. They said a number of local people had been injured in the area. I immediately drove [to al-Dahdouh] with two paramedics... My colleague, ambulance driver Hazim al-Barrawi, also headed to the area with paramedic Yaser Kamal Shbeir. When we arrived, we met a young child, who was crying, and he pointed out where the injured people were located. It was a dirt track... so the three paramedics... started to walk... As they were walking with the child, who was guiding them, the Israelis fired a missile at them. They [the Israelis] also fired missiles towards me, and towards Hazem al-Barrawi, whose ambulance was stuck in the ruts in the road. Hazem climbed into my ambulance, and we quickly drove away.... we reported what happened to the head of the ambulance station....

Then, three ambulances drove to the area of the attack. But even after coordinating with the Israelis, they could only evacuate two of the paramedics; the Israelis only allowed them to take one dead body in each ambulance. So, the body of [the paramedic] Ra’afat Abdul ‘Al, plus the body of the young child, and the bodies of other martyrs who had been killed, all remained in the area. Our crews were not able to evacuate them at the time, though I know these bodies were evacuated later.”



- PCHR, “A PCHR report on attacks perpetrated by the Israeli Occupation Forces (IOF) against Palestinian medical personnel during the IOF military offensive in Gaza 27 December 2008–13 January 2009,” 13/1/2009.



Chapter 6: The Impact of the Siege and Crossings on Patients in the GS

The Israeli siege of the GS that began in mid 2007 has serious repercussions on the Palestinian health sector, resulting in an aggravation of the humanitarian situation facing Gaza's 1.5 million people.

Many medical services and specialized treatments are not available. Hospitals suffer from shortages of specialized medical services, skilled doctors, beds and diagnostic devices. Most available devices are old and used up. In addition, a large number of patients are suffering from serious diseases such as cancer, where some of these cases may be cured by stem cell transplants. Some need open heart surgery and emergency operations.



Since 2008, neither upgrading nor improvements were made to hospitals; maintenance of equipment and spare parts haven't been provided to GS.¹⁰⁸ These conditions contradict Article 56 of the Fourth Geneva Convention, which stipulates:

The Occupying Power has the duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics. Medical personnel of all categories shall be allowed to carry out their duties.¹⁰⁹

GS is facing a severe shortage of medical equipment and medicines. The WHO reported that 38% of essential drugs were out of stock in GS in early 2011. These shortages affect all Ministry of Health facilities, which provide 40% of primary health care and 80% of hospital care services in GS.¹¹⁰ There is also a serious shortage in children's vaccinations resulting in low immunity and the spread of diseases.¹¹¹ 60% of Gazan children suffer from malnutrition and anemia, and 35% of the victims of the siege are children.¹¹²

On 28/6/2006, the Israeli army bombed the sole power plant in the GS, cutting off the electricity supply to vital health centers for more than 102 days. It led to "fuel shortages and the depletions of strategic stocks, in addition to water shortages in a number of districts."¹¹³ There were also breakdowns in the programming of medical equipment and



Al-Nasser Pediatric Hospital in GS is suffering from severe shortages in electricity and a lack of fuel supplies.



a decline in the quality of medical services. For example, in early 2008, diagnostic and dental services in 32 of the 56 emergency MOH medical centers in GS stopped due to a lack of fuel to operate the generators.¹¹⁴

Due to the lack of fuel supplies, 60% of 225 MOH ambulances stopped working. This had negative impacts on the provision of health services for the GS people.¹¹⁵

More than 40% of GS pharmacies ran out of medicines and necessary medical supplies, including medicines for cancer and liver disease.¹¹⁶ Power blackouts have affected all patients connected to machines, including ventilated patients and those undergoing dialysis treatment. “When a circuit board in a dialysis machine fails during treatment, a nurse has to pump the blood manually to prevent coagulation. In 2007, one ventilated patient died because no medical staff were with him when the power failed.”¹¹⁷



In 2010, all elective surgeries were cancelled three times at al-Shifa' and the European Gaza Hospital as a result of fuel shortages. The two hospitals accepted emergency cases only. The ICRC stated that: "The European Gaza Hospital, among others, was forced to close its laundry services several times. Gaza's pediatric hospital once had to transfer its patients to another facility because it could no longer function. The list of fuel-related crises is getting longer by the day."¹¹⁸

The use of radioactive and toxic weapons by the Israeli army during the 2008-2009 GS war has resulted in birth defects, disabilities, a high number of cancer cases and high abortion rates (40% higher than usual).¹¹⁹

After Operation Cast Lead, the GS health sector was overloaded due to its damaged infrastructure. In addition, due to the siege, the lack of construction materials, such as cement and glass, has made it difficult to rebuild demolished buildings.¹²⁰

1. Treatment Abroad

From 1/5/2007 and until 15/7/2007, Israeli Army hindered and/or banned the entry of tens of patients across the Beit Hanoun crossing. As a result, an average of nine patients a day only (total of 650) passed through. It is noted that only seriously ill patients apply for transfers to Israeli and WB hospitals. They were unable to travel to Egypt for treatment due to the closure of the Rafah Border Crossing.¹²¹ However, the number of patients transferred to Israeli hospitals declined before it stopped during the GS war. After that only critical cases were accepted. This is in violation of the Universal Declaration of Human Rights, Article 13/2, which states: "Everyone has the right to leave any country, including his own, and to return to his country."¹²²



In addition, transferring patients out of GS requires the approval of three parties: Israel, the PA and Egypt. This aggravated the situation of Palestinian patients, their families and sometimes led to deaths during the long wait.

2. Closing the Borders

Although Israel's Gaza Disengagement Plan was completed in September 2005, Israel still controls many aspects of life in GS, including access in and out. According to International Humanitarian Law and International Human Rights Law, Israel is obliged to protect civilian people, the wounded and sick in times of armed conflicts. It must prevent the deterioration of the humanitarian situation and allow the free passage of all consignments of medical stores with a decent medical care. However, Israel continues to violate these rights. Consequently, the request for permits to receive treatment outside GS increased.

a. Closing Beit Hanoun Crossing

Since Hamas came to power, Israel has restricted its policy towards medical permits regarding hundreds of patients needing urgent treatment outside the GS. The only crossing available for such patients is Beit Hanoun, where Israel allows a limited number to pass through in order to receive treatment in the WB or abroad.

According to reports issued by the MOF and WHO, dozens of Palestinian patients died because they were denied access to receive medical treatment abroad. A WHO Gaza Health Fact Sheet reported





that 1,103 applications for permits for patients to cross Beit Hanoun were submitted to the Israeli Authorities in December 2009. 21% of them were rejected or delayed. As a result, they “missed their hospital appointments and had to restart the referral process... 27 patients have died while awaiting referral since the January 2009.”¹²³

b. Closure of Rafah Border

The Rafah border has been completely closed since June 2007. It is opened for short periods and for patients leaving GS to attend Egyptian and Jordanian hospitals, according to the coordination between Hamas and the Egyptian authorities.

The lives of thousands of Palestinians leaving or returning to GS, many of them elderly people, children and women, are jeopardized daily, especially when they have completed treatment or undergone major surgery. They stand in queues for days on end at crossings in conditions that lead to the worsening of their health and sometimes to their death. The Palestinian Health Information Centre (PHIC) reported that, from the beginning of the *Intifadah* in 2000 until May 2007, 22 patients had died at the Rafah border crossing after receiving their treatment at Egyptian and Jordanian hospitals; six deaths occurred between January 2006 and May 2007.¹²⁴



Mahmud Abu Taha, a 21-year-old patient with stomach cancer, arrived at Beit Hanoun in a Palestinian intensive care unit ambulance, escorted by his father. The patient's entry was delayed for two and a half hours, after which the Israeli army asked the father to cross to the Israeli side of Beit Hanoun. His son, the patient, was to enter on a walker and not with the ambulance. The patient was denied access after reaching the end of the 500 meter long tunnel, while the father was arrested by the Israeli army and held for nine days. After 10 days, a second arrangement for the patient was approved and he was admitted to an Israeli hospital, where he died the same night.



- UN, General Assembly, Human rights situation in Palestine and other occupied Arab territories: report of the Special Rapporteur on the Situation of Human Rights in the Palestinian territories Occupied since 1967, John Dugard, 21/1/2008, A/HRC/7/17, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G08/402/29/PDF/G0840229.pdf?OpenElement>





Ashraf 'Aliwa is the son of Laila, the 16th fatality caused by the siege. With eyes full of tears, Ashraf said that his mother was suffering from colon cancer. She could not receive her treatment in Egypt because of the siege. However, she obtained urgent travel permission due to her critical condition. The disease began to erode her body when she was 50. A few hours after allowing her to pass through the border, she died.

Laila participated in a sit-in for patients at al-Shifa' Hospital square. She said that she had lost hope for life because of the siege, adding that she did not know what her future would be after her medical condition aggravated.





Chapter 7: Blackmailing Palestinian Patients

Israel is an occupying power that must protect the lives of all civilians in areas under its control. The Fourth Geneva Convention, Article 27, stipulates that “Protected persons are entitled, in all circumstances, to respect for their persons, their honour, their family rights... They shall at all times be humanely treated, and shall be protected especially against all acts of violence or threats.”¹²⁵

1. Medical Treatment in Exchange for Collaboration

After the Israeli withdrawal from GS in September 2005, Israel’s direct contact with the local citizens was affected. It therefore looked for new ways to recruit collaborators. The Israeli Security Agency—ISA (*Shabak*) took advantage of patients’ illnesses and their desperate



need for treatment outside the GS. Patients were forced to communicate with the occupation; they were interrogated for hours to provide information about their neighbors and relatives, as a precondition to receiving treatment.

A report issued by PHR-Israel pointed out that the proportion of applicants interrogated by the ISA at the Beit Hanoun crossing to northern GS reached 17% in January 2009. The report also pointed out that between January 2008 and March 2009, at least 438 patients had been interrogated at Beit Hanoun crossing before obtaining an exit permit to get medical treatment outside of GS.¹²⁶ 200 patients were also interrogated at Beit Hanoun between January and March 2010,¹²⁷

After the conversation with the officer, a GSS agent [ISA], around 27 years old, arrived, and asked, “Do you need to get treatment at the hospital?” I replied, “Yes.” He said, “You have to answer a number of questions.” I said, “Let’s hear.” He said, “Which members of the Executive Force do you know from... Refugee camp?” I replied, “I know people by face, not by name.” The GSS agent asked, “Who is the main person in charge in the central area?” I replied, “I don’t know.” Then he spoke in Hebrew and I did not understand. The GSS agent said to me, “If you want to go to the hospital, take my private cell phone number, talk to me and give me information about people.”

- Physicians for Human Rights-Israel (PHR-Israel), “Holding Health to Ransom: GSS Interrogation and Extortion of Palestinian Patients at Erez Crossing,” August 2008, p. 27, http://www.phr.org.il/uploaded/HoldingHealthToRansom_4.pdf

in return for medical permits. Many patients were denied access to Israeli hospitals, even after being granted permission. A WHO report stated that 421 people were called for interrogation by the ISA in 2010.¹²⁸



The story begins when the Palestinian patient receives approval from the Referral Abroad Department in GS to be referred to medical facilities in the WB (including East Jerusalem), Israel, Jordan and Egypt. Those approved submit to the Israeli Coordination and Liaison Administration for the issuance of permits to leave GS through the Beit Hanoun crossing.¹²⁹

After a tremendous struggle, patients receive medical permits. When they reach Beit Hanoun, the ISA attempts to blackmail patients in return for quick access for treatment. The ISA has questioned minors, photographed patients against their will, detained patients for long periods, and harassed, accused, cursed and intimidated patients. Those who did not cooperate were refused exit permits.¹³⁰

Such ISA practices are a conspicuous breach of international law and violate the right to receive proper medical treatment approved in Article 31 of the Fourth Geneva Convention, which stipulates that:

“No physical or moral coercion shall be exercised against protected persons, in particular to obtain information from them or from third parties.”¹³¹

2. Israel's Unreasonable Conditions for Treatment

Israel has instructed their hospitals not to treat Palestinian patients unless they obtain approval from the Israeli security authorities. Hospitals have to provide patients' names to the Coordination and Liaison Administration whether for GS or WB, which is subordinate to the Coordinator of Government Activities in the Territories. The latter is responsible for coordinating civil affairs between the government, the military, international organizations and the PA. The names are checked by security offices before giving the final approval.¹³² Israel said that





Qusai Issa, a four-year-old child, suffered neuroblastoma, a childhood cancer that needs to be treated aggressively and quickly. Qusai's treatment began at Al-Nasser Pediatric Hospital in the Gaza City. As there was no significant improvement, Qusai was then transferred to Egypt. After his condition improved, Qusai came back to GS. However, when his condition worsened, he was transferred to an Israeli hospital in the company of his 65-year-old grandmother, Safiyyah. His medical journey lasted for 45 days, beginning on 27/7/2007.



Qusai's health started to improve, but he had to return to Tel Hashomer hospital to follow up his chemotherapy, unavailable in GS. However, the Israeli authorities refused to give permission for Qusai and his father.

As for Qusai's grandmother, she could no longer accompany him, as she is an ailing, elderly woman who struggles to travel. His father was interrogated at the Beit Hanoun crossing despite obtaining

an entry permit. Israeli officers there questioned him and offered incentives to collaborate with them. However, he rejected the offer after a nine-hour interrogation.

The family was denied permission to leave GS four times. Only when Physicians for Human Rights-Israel became involved was Qusai finally given permission to exit GS to receive care in Israel after an 80 day delay. At that point he was so ill that treatment was not considered possible. He returned to GS the same day and died five days later.

- Child Rights Information Network (CRIN), www.crin.org/docs/FileManager/gaza_child_cancer_report_ara.doc; and Sources news Releases, Gaza: Health System in Collapse, 5/5/2008, <http://www.sources.com/Releases/GazaOpEd.htm>



there are “people who have asked to come into Israel for medical reasons, and who have been exploited” by Palestinian factions.¹³³

Israel also routinely offers patients treatment in return for information on a wanted Palestinian’s whereabouts, often a patient’s family member. For example, Mariam Mizher, 71 years old, from Dheisheh refugee camp near Bethlehem was suffering from renal failure and diabetes, resulting in loss of her vision. Mariam had to go on dialysis three times a week, but the Israeli authorities rejected her request for treatment at the Augusta Victoria Hospital (AVH) for security reasons. Mariam submitted an appeal to the Israeli Court of Justice, but the Israeli authorities offered her a treatment bargain for information on her wanted son.¹³⁴

In at least 35 cases since July 2007 and until December 2009, the ISA interrogated patients with permits at Beit Hanoun Crossing, asking them to provide information about relatives and acquaintances as a precondition for being allowed to exit GS. According to patients’ testimonies, they were denied permission to exit GS for the purpose of receiving medical treatment if they refused or could not provide the information requested by the ISA.¹³⁵

Israeli authorities also charged Palestinian patients exorbitant sums of money, amounting to \$500 per patient, to be transferred by Israeli ambulances to an Israeli hospital via the Beit Hanoun crossing. Palestinian ambulances were prevented from offering this service to Palestinian patients. In 2006, the number of emergency and normal cases which were granted treatment in Israeli hospitals was six cases per day.¹³⁶





Chapter 8: Israeli Checkpoints

The roadblocks and checkpoints set up by Israel in the WB at the entrances to Palestinian towns and villages are catastrophic, increasing the suffering of Palestinian citizens. They are among the worst human rights violations that can be carried out in occupied lands and impact on all aspects of civilian life.

Israeli military checkpoints at every Palestinian exit and crossing are a harsh collective punishment and a symbol for people's continued catastrophic suffering. This suffering is exacerbated by the provocative practices of Israeli soldiers at the checkpoints.

In spite of the peace agreements and truce signed between the PA and Israel, the Israeli army continues to establish military roadblocks to divide regions and turn them into closed military zones. Palestinians are routinely treated inhumanely at these roadblocks including the arbitrary prevention of ambulances from transferring the sick to hospitals.



A crippled lady in a wheelchair being helped to pass through an earth mound in Hebron.

Military checkpoints have restricted the Palestinians' movement, imposing restrictions on East Jerusalem and impeding the citizens of the WB and GS from reaching the city except in accordance with special permits issued on special occasions. These roadblocks, which take a variety of forms such as mobile, fixed, earth mounds, iron gates, borders, crossings and the Separation Wall, are one of the most dangerous, aggressive and lethal methods used around the clock by the Israeli army.

The military checkpoints are provided with electronic devices and sniffer dogs to carry out security checks on baggage, individuals and vehicles.¹³⁷

These roadblocks impose exhausting waiting periods on Palestinians and force them to walk long distances in difficult weather conditions. They also impede the access of ambulances to transfer the sick and wounded or move patients from one ambulance to another. This has led to a deterioration in the Palestinians' physical health.

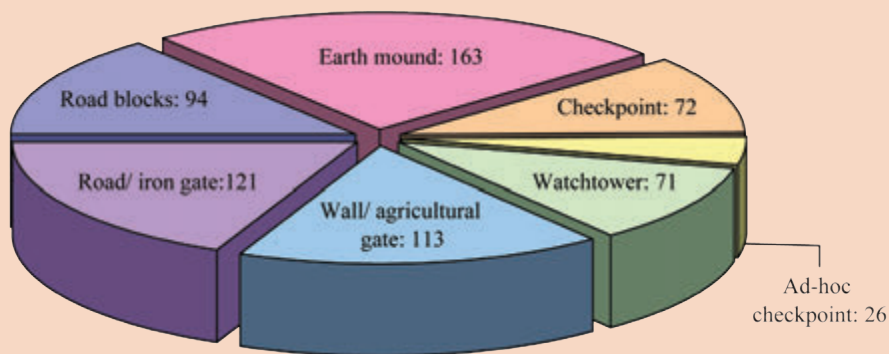
The number of Israeli closure obstacles reached 660 roadblocks in 2011. They are distributed as follows:¹³⁸



Table 9: Closure Obstacles in WB 2011

Type of obstacle	Number	Percentage (%)
Checkpoint	72	11
Ad-hoc checkpoint	26	4
Watchtower	71	11
Wall/ agricultural gate	113	17
Road/ iron gate	121	18
Road blocks	94	14
Earth mound	163	25
Total	660	100

Closure Obstacles in WB 2011



The obstacles to movement described above have had serious impacts on all aspects of Palestinian life, including health and humanitarian conditions. They have negatively affected Palestinian public health, converting traveling between villages and cities from a routine matter to an urgent and anxious journey for treatment.





The closure obstacles stand as a stumbling block in the way of Palestinian children, pregnant women and elderly patients, leading to the death of many patients and abortion of dozens of unborn babies, while the Israeli soldiers are watch on. From the beginning of *al-Aqsa Intifadah* on 28/9/2000 until May 2007, 69 pregnant women were forced to give birth at the checkpoints in front of the Israeli soldiers who chose not to let them reach maternity clinics to receive the necessary care; as a result 35 babies and five women died.¹³⁹ This is a conspicuous breach of the provision of Article 12/2 of the 1979 Convention on the Elimination of all Forms of Discrimination against Women, which clearly states:

“State Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”¹⁴⁰

As a result of the checkpoints, since *al-Aqsa Intifadah* in 2000 and up until the beginning of 2007, 10% of pregnant Palestinian women wanting to give birth in a hospital were delayed on the road between two to four hours before reaching health facilities, while 6% took more than four hours for the same journey. However, it took 15–30 minutes to reach the hospital before *al-Aqsa Intifadah*.¹⁴¹

As a result of Israel’s practices, the number of home deliveries has increased from 8.2% before the *Intifadah* to 14% during the *Intifadah*. In addition, the number of women benefiting from postnatal care has fallen from 95.6% before the *Intifadah* to 82.4%.¹⁴²



Death at the Huwara Checkpoint

My first baby girl was born in my seventh month of pregnancy and she was fine. In my second pregnancy, and after seven months, I had sharp stomach pains and I started to bleed badly, and the pains got worse. I asked my husband to take me to the hospital, and my mother-in-law went with us, too.

When we got to the Huwara checkpoint, the soldiers said we didn't have a permit to cross by car. The pain got worse. I was really worried about the fetus, and couldn't stop thinking that I'd have to give birth in the car while the soldiers watched. I kept screaming and crying and calling for help when suddenly I felt the fetus coming out. I asked my mother-in-law her to pull him, and she said, "Breathe! Push!" I don't remember exactly what happened then, but I didn't feel the baby moving any more. The medics took away the dead baby and took me to the hospital.

It hurts me a lot when I remember how the baby moved inside me and what happened to him. What did he do wrong? I also gave birth to my daughter in my seventh month, and now she is healthy. This poor baby died because there wasn't anybody to help me deliver him.

- B'Tselem, Testimony: Soldiers prevent pregnant, bleeding woman from crossing checkpoint and she gives birth to a stillborn baby, September 2008, http://www.btselem.org/testimonies/20080904_nahil_ridah_ridah_forced_to_give_birth_at_checkpoint

From the beginning of the *Intifadah* in 2000 until 31/01/2011, the number of death at checkpoints totaled 401,¹⁴³ a direct result of the Israeli army preventing patients from accessing hospitals, despite their deteriorating health. For example, in February 2009, Fawzia al-Darak, 59, started to experience severe chest pains. The Israeli army stationed on the checkpoint prevented the ambulance from entering her village. The woman's family put her in a private taxi and tried to take her to





the ambulance to reach a hospital in Tulkarem. However, the Israelis prevented the vehicle from passing through the checkpoint despite being informed of the woman's deteriorating condition. The ambulance was waiting on the other side of the checkpoint; but the troops did not allow it to pass. The family was forced to attempt to take the woman back to a private physician in the village but she died of a heart attack before being able to receive treatment.¹⁴⁴

The suffering of Palestinian patients was not limited to delays at checkpoints, but went as far as forcing them to leave buses or cars and walk while they are in a critical state of health, unable to walk, or prohibited from walking, thus aggravating their condition. Sometimes, patients are forced to accept their illnesses, abandoning hope of treatment because of the burden of complex procedures, long delays at checkpoints, and the costs arising as a result. This trend is exacerbated by the consequent closures of barriers for successive days during Jewish holidays and days of heightened security alerts, which further put the lives of patients at risk.¹⁴⁵ In addition, in 2009 for example, PRCs recorded 440 incidents in which its ambulances were delayed or denied access.¹⁴⁶



A member of the Palestinian Medical Relief Society helps an old Palestinian woman to cross Surda checkpoint, which extends 700m.



A cancer patient is being transferred to another ambulance at the Qalandiya checkpoint on her way to the Augusta Victoria Hospital.



Chapter 9: The Separation Wall

Most of the Separation Wall is located in the WB. It aims at destroying the potential for establishing a viable, sovereign, and independent Palestinian state. Since it was established in June 2002, the Wall has had serious effects on Palestinians' life, including preventing patients from reaching doctors and hospitals. This, of course, violates the basic human rights of Palestinians, where 65% of Palestinian families, within localities through which the Separation Wall passes, face obstacles in accessing health services owing to their separation from medical services (hospitals and health centers) available in towns.¹⁴⁷ Along with the permit regime, the Wall is the largest obstacle to Palestinian movement within the WB, including East Jerusalem, and in particular to rural communities. Its intrusive route cuts through eight of eleven WB governorates, preventing Palestinians from accessing their basic services.¹⁴⁸



For Those who Help Patients... the Same Misery

Abu Rami, a member of the Barta'a village council, coordinates medical cases with the Israeli Authorities. He said:

I deal almost daily with cases of sick people who need to cross the checkpoint, and what was a 15 minutes drive to or from Jenin now takes about one hour.

I remember the day that my mother died, as if it was yesterday. She was old and had health problems for some time, but during the day her condition deteriorated. I called the Israeli authorities to get permission for the ambulance from Jenin to come and pick up my mother. The ambulance arrived at the checkpoint 3 km outside our village. But the security guards at the checkpoint searched the ambulance and then ordered it to turn back. Why? I don't know. They were probably just in a bad mood. I asked for permission to drive my mother to Jenin in my own car. This was granted.

However, just after we had crossed the checkpoint, my mother passed away. My mother was old and I knew she would probably die. But the feeling of helplessness was terrible. I am the person responsible for medical coordination in Barta'a so I know the procedure and I have all the telephone numbers. Nevertheless, I could not even save my own mother.

- Office for the Coordination of Humanitarian Affairs-occupied Palestinian territory (OCHA-oPt) and World Health Organisation-occupied Palestinian territory (WHO-oPt), "The Impact of Barrier on Health," Special Focus, July 2010, http://www.ochaopt.org/documents/ocha_opt_special_focus_july_2010_english.pdf



Most of the areas located between the Separation Wall and the Green Line have been designated as “closed military zones” or “Seam Zones.” Approximately 7,800 Palestinians live in these areas without basic health and education services. Patients have to go to Jerusalem hospitals for treatment, where six non-government hospitals are the main providers of medical care to the Palestinians of the WB and GS. However, movement and access restrictions have prevented doctors and mobile medical teams from reaching these areas. For example, the Barta’a enclave, the largest of the isolated local communities with 5,600 inhabitants, was visited twice a week by an UNRWA mobile health team. However, since September 2007, UNRWA has been unable to access Barta’a, and the programs have been suspended.¹⁴⁹ Moreover, the lack of advanced health services in Qalqilya city has forced 46 thousand citizens to look for treatment in other cities such as Nablus. Due to the Separation Wall and closure obstacles, the trip to Nablus which used to take 20 minutes, now takes three and a half hours.¹⁵⁰

Applying for access permits to East Jerusalem hospitals is a very complicated and time-consuming process. A Palestinian physician has to submit a request to the Referral Abroad Department (RAD) of the MOH, which determines the eligibility of the patient and the hospital required. The patient has to set up an appointment with the hospital. The RAD or the hospital then sends a request to the Israeli Civil Administration to issue a permit for the period of the appointment or operation. In addition to the stress involved in waiting for permits (whether accepted or declined), permits may be granted for shorter periods than the treatment requires, particularly if multiple consultations or operations are necessary.





In most cases the Israeli authorities rejected the requests of males aged between 15–30 for security reasons, and in many cases, it is difficult for parents of sick children or for family members to obtain permits to accompany their patients to Jerusalem. Permits are also invalid during periods of general closure (Israeli holidays, security alerts, etc).¹⁵¹

WB residents are only allowed to use three out of the 14 checkpoints: Qalandiya, Gilo and Zaytoun. The checking procedures are arduous and queues are long, especially during rush hour. The time to cross the checkpoint is approximately two hours, depending on the number of people queuing. This is particularly stressful for those with serious conditions or disabilities.

In addition, vehicles carrying Palestinian license plates are not allowed to pass the checkpoints into East Jerusalem, intensifying the suffering of sick or injured people, especially those who have difficulty walking.¹⁵²

The Israeli authorities have also imposed entry restrictions on WB staff working in East Jerusalem hospitals who have to enter Jerusalem through three designated checkpoints. Previously, medical staff were allowed to use any checkpoint by means of a special stamp on their permits. In 2010, only doctors had these special stamps, while other Hospital employees from the WB have to cross the checkpoints on foot and use public transport to reach their hospitals. This has resulted in chronic lateness and disruption in the efficient functioning of the hospitals.¹⁵³



Eight and a half year old Ala' Zawahri is mentally and physically handicapped. She lives in a house located between the Har Homa settlement and the Separation Wall. Her parents have to make an arduous journey to get medical treatment for their daughter. Her mother says: "When she was little, we could drive to Bethlehem or Beit Sahur in less than 15 minutes. That was before the Barrier was built



just outside our home. Now we have to find a taxi driver who actually comes here, to drive us to Gilo checkpoint." We then have to cross on foot carrying Ala' in our arms. Then we have to take another taxi to the clinic or hospital. This usually takes one to one-and-a-half hours.

Here, where we live, we don't have any medical care for Ala'. However, all medical services are available in the Israeli settlement, about 100 meters from here.

We have six other children. They are older than Ala' but they live with our relatives in Beit Sahur so that they can get easily to school and university. From the hill outside our house, we can see where they stay – but in order to visit their handicapped sister Ala' they need to make the long journey through the checkpoint.

➤ OCHA-oPt and WHO-oPt, "The Impact of Barrier on Health," Special Focus, July 2010.



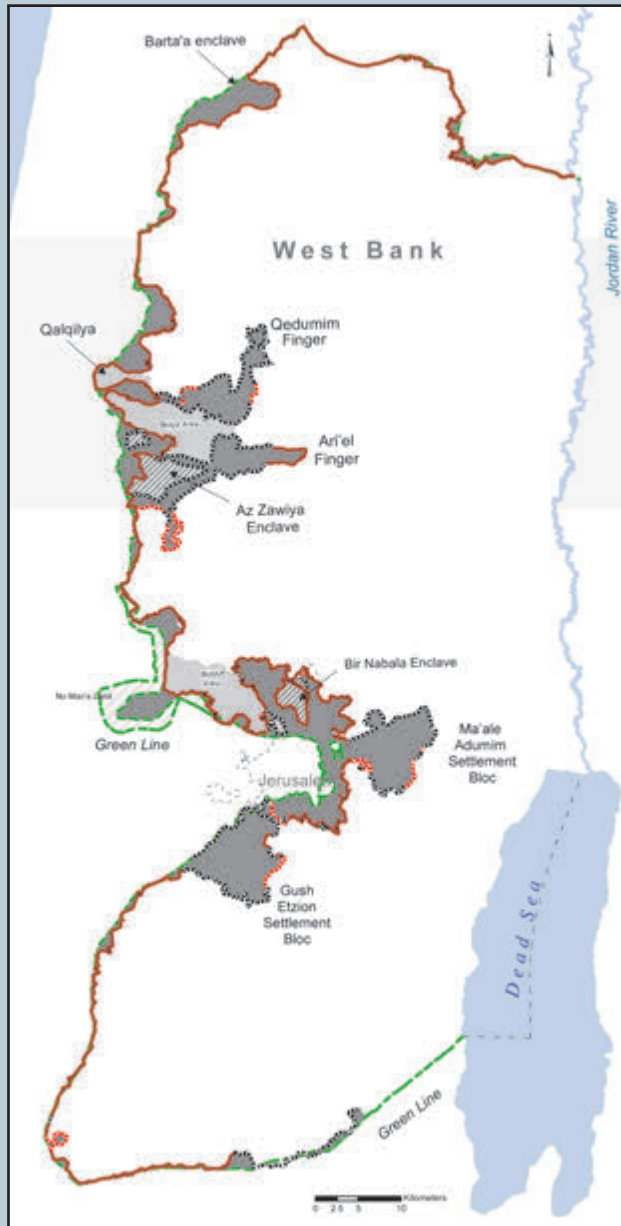
A study issued by the Health, Development, Information and Policy Institute showed that 92% of Patients living to the west of the wall have encountered difficulties in reaching medical centers.¹⁵⁴ Some died at checkpoints after being delayed or prevented from reaching hospitals. For example, twin female premature babies died after their mother had given birth to the first baby at the Deir Ballut checkpoint and the second one in the ambulance.¹⁵⁵

Israel is also depriving Arab dominated areas and villages from medical services. These villages are visited on a weekly basis by UNRWA mobile clinics and specialist doctors, when allowed by the Israeli military forces. For example, in the Nu‘man village which is a few kilometers away from Jerusalem, there are no clinics. UNRWA dispatches a mobile clinic on a monthly basis although clearance to enter the village is often denied. Before 2004, a doctor was allowed to visit patients in Nu‘man once a week, but due to Israeli army harassment at Mazmuriyya checkpoint, he discontinued this service. Ambulances are not allowed to enter Nu‘man, so residents have to reach the checkpoint on foot or by car in order to be transferred from the checkpoint to medical services.¹⁵⁶

According to Palestinian Red Crescent Hospital statistics, child birth deliveries coming from the WB to the Jerusalem declined to 50% between 2007 and 2008. In the past, child birth deliveries constituted 30% of the registered delivery cases at the Palestinian Red Crescent Hospital but that has decreased to 15% due to separation policies and the ongoing denial of access to occupied Jerusalem.¹⁵⁷



West Bank Wall Route Projections



Source: www.ochaopt.org/documents/ocha_opt_special_focus_july_2010_english.pdf



Chapter 10: Hospitals in East Jerusalem

Article 55 of the Fourth Geneva Convention of 1949 states:

To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring the food and medical supplies of the population; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate..... The Protecting Power shall, at any time, be at liberty to verify the state of the food and medical supplies in occupied territories, except where temporary restrictions are made necessary by imperative military requirements.¹⁵⁸

Since the 1967 war, Israel has systematically Judaized the health sector in Jerusalem, bringing in laws and regulations that have crippled the capacities of East Jerusalem Hospitals. Such hospitals provide health services unavailable in the WB and GS. As a result of these laws,



bed capacity in East Jerusalem has decreased to 524 beds, accounting for 11.2% of the total beds in the WB and GS.¹⁵⁹

Following a decision adopted by the Israeli authorities in February 2009, Palestinian hospitals in East Jerusalem were prohibited from importing medical equipment from the WB, which, according to these authorities, does not meet Israeli standards. A similar decision was taken in 2008 regarding pharmaceuticals.¹⁶⁰ This ban is implemented although all medical supplies reach the Palestinian importers through the same Israeli ports at which they passed the Israeli process of inspection to ensure that they meet Israeli standards. As a result of this action, the Palestinian hospitals became dependent on the Israeli market. This had a serious impact on the Palestinian hospitals, resulting in the high costs of medicine and medical supplies purchased from Israeli agents.



Al-Makassed Islamic Charitable Society hospital was opened in Jerusalem in June 1968. The hospital was built to provide medication for critical cases from the WB and the GS shortly after the Israeli occupation.

In recent years, the hospital has suffered from many problems resulting in a huge financial deficit of \$12 million in 2009 because of the decreasing number of patients referred to the hospital due to the occupation's procedures.

This is also exacerbated by the Separation Wall which has impeded patients, their escorts and employees in reaching the hospital as they require permits from the Israeli authorities and many are denied the permits. The PA's latest financial crises have also contributed to the problems of the hospital, the majority of whose budget (60%) comes from the PA.

- Partners International Medical Aid (PIMA), Al-Makassed Hospital in Jerusalem.. Quality Services despite Financial Deficit, 10/5/2009, http://www.pimacare.net/news_details.php?id=1021



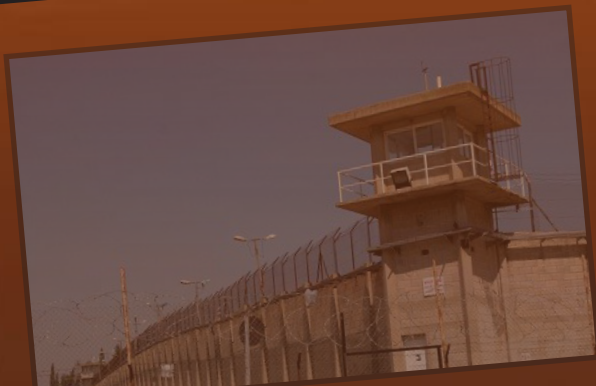
The price of equipment is in some cases ten times higher than those of WB pharmaceutical firms, and beyond their financial capacities, thus threatening their very existence.¹⁶¹

Palestinian hospitals in East Jerusalem face another serious problem: the reduction in the number of patients who have access to be treated there. This is due to Israeli measures such as checkpoint closures, limited access via crossings and the policy of denying permits to patients under security pretexts. The number of patients referred to Jerusalem hospitals decreased by almost half in 2003. The data from al-Makassed Islamic Charitable Society hospital, shows that the number of patients decreased from 15,858 in 1992 to 11,579 in 2008, while emergency patients decreased from 33,124 in 2002 to 17,779 in 2008, noting that these numbers continue to decline.¹⁶²

The Israeli authorities also prevented about 48% of GS patients requiring therapeutic and diagnostic services from reaching the hospitals in the WB and East Jerusalem; 624 patients were referred to them in 2006 compared to 1,206 patients in 2005. Moreover, 18% of WB patients were prevented from reaching Jerusalem hospitals for treatment; only 5,682 patients were allowed access in 2006 in comparison with 6,917 in 2005.¹⁶³

Palestinian hospitals in Jerusalem are still facing severe shortages of specialized medical staff due to the closure, the ban on crossings and the denial of permits to many specialized medical personnel from the WB. The number of medical professionals able to obtain permits from the Israeli authorities to work in Palestinian hospitals in Jerusalem is far fewer than the number applying.¹⁶⁴





Chapter 11: Health Insurance

The Israeli National Health Insurance Law, in effect since January 1995, sets forth the state's responsibility to provide health services for all residents of the country.¹⁶⁵ By law every Israeli resident must be registered with one of the health maintenance organizations (HMOs).¹⁶⁶

However, Israeli policies make it difficult for Palestinians to make use of the HMO system. As a result many patients passed away as the Israelis refused to give them access to medical services in its hospitals; either because they do not have Jerusalem ID or they are no longer live within the municipality borders due to Separation Wall, making it difficult for them to enjoy national insurance and other services. The insurance is also usually cancelled by the authorities if the beneficiary lives outside Jerusalem for more than six months. As a further penalty,



Palestinians then have to wait one month for each year he lives outside the state before he can reclaim from the health insurance.

Through practices Israel seeks to uproot the citizens of Jerusalem from their homeland, further seizing and Judaizing the city. Israel humiliates and pressurizes Palestinian citizens to the extent that many highly educated men work as dustmen in order to benefit from national insurance and its related services.¹⁶⁷ Young Palestinians have two options: either live in poor economic conditions, or accept having no medical services due to a lack of insurance.

Figures show that 68% of Palestinians aged 60 and over have chronic diseases. However, only 51% have a supplemental insurance (extra health insurance in addition to regular health insurance), compared with 85% of the Jews.¹⁶⁸ 42% of the 1948 Palestinians are sometimes obliged to forego vital medication because of its high costs, even though they are protected by the health insurance law.¹⁶⁹

Israel refuses to recognize Palestinian villages in the Negev area and in Palestinian-populated areas and it does not provide these villages with basic services, especially health services. Israel also fails to take the initiative and build hospitals in these areas. Because of these practices, Palestinians have to depend on centers or hospitals in the nearest Jewish settlements. The patients' suffering worsens with the Separation Wall and the Israeli military crossings that force Palestinian land owners to abandon their villages and land, paving the way for settlers to confiscate them.



Getting Medical Treatment is Not a Threat to the Country

A mother of three, Rania Jarbou', from the Arab village of 'Ein Rafa near Abu Ghosh in the 1948 territories. She got married when she was 14, but because of her age could not be issued an ID card. Several years later she was issued an ID card as a resident of Bethlehem, although her husband is an Israeli citizen born in Jaffa.

When Rania was pregnant, she suffered from a serious liver infection, and her gallbladder had to be removed. She had to pay for all the medical treatment on her own, as no institution in Israel was willing to provide her with medical insurance because she is not an Israeli citizen. Denying that she represents a threat for Israel, Jarbou' said, "How am I a threat when I'm living with my husband and children? Is receiving medical care a threat to the state? I don't think so."

There are about 15 thousand Palestinians living in Israel, who cannot obtain citizenship and are not entitled to health services, and most of them are women.

- Receiving Medical Care is not a Threat to the Country, *Haaretz* newspaper, 27/6/2008, <http://www.haaretz.com/print-edition/news/receiving-medical-care-is-not-a-threat-to-the-country-1.248659>





Chapter 12: Israeli Practices Aggravating the Number of Palestinian Patients

1. Negev Prison

Negev Prison is one of the largest prisons in Israel. It was established on 17/3/1988. The location, design, content and prisoners' treatment methods have been carefully chosen. The prisoners are experimental subjects who are subject to various group drug tests, and exposed to harmful toxins as a result of the nearby Dimona nuclear reactor. This explains the occurrence of strange and chronic diseases where some of the prisoners die due to dangerous illnesses.¹⁷⁰ Some symptoms were noticed on prisoners after they were released from the prison, where Israel makes use of this situation, by recording all diseases that have





become common among the prisoners and following up their cases after release. Consequently, Israel tries to protect its soldiers there by providing them with appropriate vaccines.¹⁷¹

The prison lacks basic amenities and is infested with reptiles, rodents, rats, insects and snakes. Harsh weather conditions during summer and winter exacerbate the problems and bring further chance of disease.¹⁷²



The Israeli Negev Prison or “Ansar 3” as Palestinians call it. It is a symbol of the Israeli oppression of Palestinians.

In January 2010, the Israeli Environment Ministry published a report which warned of the presence of toxic waste, including nuclear waste and asbestos in the Negev area, where the prisons of Nafha and Ramon, and the Negev detention center, are situated. This may, advised the ministry, cause malignant diseases including cancer due to being in the vicinity of the Dimona reactor.¹⁷³

The Negev prison, which was opened when the first *Intifadah* broke out, has been used to contain expelled Palestinian leaders. It was considered one of the worst prisons in Israel due to its location in the desert and the practices of the prison authority.



The prison was closed due to pressures exerted by human rights and international organizations, but was re-opened after the second *Intifadah*. Since that date and until 2010, thousands of Palestinians served their sentences there; 9 prisoners passed away, most of them as a result of medical negligence. At the beginning of 2010, there were 2,400 prisoners serving their terms in the prison.¹⁷⁴

2. Israeli Practices Against the Environment in Palestinian-Inhabited Territories

The Palestinians commonly suffer from environment-related pollution that causes diseases. Most of this pollution comes from Israeli chemical factories located in inhabited Palestinian areas.

Water and environment pollution, garbage burial and stealing soil are different pollutants that have a large-scale impact on the environment; indeed, they threaten the Palestinians' future and their lands. One of the most dangerous incidents was when settlers "spilled 15 thousand liters of sewage stored in an artificial pool onto adjacent Palestinian lands in the Mawasi area, contaminating them completely and polluting three aquifer wells used for irrigation." Another environmental violation happened during the last two weeks of July 2005, when more than 50 thousand tons of industrial waste was moved from inside Israel into the to-be-evacuated Jewish settlements of GS, specifically Gush Katif. Israel also destroyed thousands of buildings within the former settlements in GS before it pulled out, leaving 1.2 tons of rubble which included asbestos—a substance that can penetrate the ground and pollute Gaza's groundwater table.¹⁷⁵





After the Israeli withdrawal from GS, the UN responded to the Palestinian request to send specialists to examine the area and prepare reports about the buried rubbish and to use the best and most effective methods of garbage removal. This coincided with the confirmation of Palestinian experts that the effects of the garbage had started to spread, as diseases such as Leukemia became common among children.

Before the start of the *Intifadah*, Israel realized that the GS area was suitable to bury garbage and other unused substances. To conceal this strategy Israel declared that the area was unfit for human habitation. Israeli bulldozers then carried out digging work to nearly five thousand meter square of land, 30 meter in depth, and buried garbage. The area was previously full of sand and mud.

For more than 30 years, Israel has recycled and refined waste in different ways. It disposes of dangerous waste away from the settlers and close to Palestinian areas. The waste, particularly radioactive waste, causes environmental pollution. The buried rubbish is dangerous because it reaches the GS aquifer. In winter, the garbage together with water drift to the bottom of the earth dissolving and polluting a large area. This deterioration in water quality will make it unusable in the near future.

The situation in the WB is as dangerous as that of GS in terms of danger and pollution. The establishment of the Negev Nuclear Research Center near the city of Dimona, close to Palestinian areas, and the moving of pollution-generating factories to the Palestinian cities of Tulkarem and Hebron have led to a further deterioration of Palestinian health conditions.



The PA worked on moving these factories from Tulkarem after conducting studies on their effects. The PA Environment Quality Authority obtained documents involving the board of the nearby Sana Oz settlement and the owners of the factories. The documents state that these factories do not affect the people of the settlement when the wind moves towards the east, but factories will stop working once the direction of the wind changes.

Studies prove the dangerous effects of the environment on Palestinians' lives. For example, there has been an increase in cancer among children and in other diseases including respiratory, skin, eye and chest diseases. This is attributed to factories producing internationally banned gases such as the soil fumigant methyl bromide gas, which is highly toxic and has severe effects on health and the environment.¹⁷⁶

Highly radioactive waste from the Dimona Nuclear Facility has been dumped primarily at two locations. One being close to Hebron and the other in central Gaza. Israeli residents of the southern town of Dimona say that they suffer high rates of cancer, and the employees at the Dimona reactor said that they have also suffered high levels of cancer and other illnesses due to radioactive leaks, where some have died.



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Conclusion

In terms of health insurance standards, the gap between Arab and Jewish citizens in Israel is widening to the extent that blatant discrimination between the two groups is identifiable. This contradicts all health rights stipulated in numerous international declarations and conventions.

In spite of acknowledging these declarations and conventions, Israel has always prevented Palestinian patients from reaching health centers, discriminated against the Palestinians in the health sector, and punished Palestinian prisoners by denying them medication, leaving them to suffer from the agony of imprisonment and illness.

Infant mortality has increased, life expectancy has decreased, and the spread of diseases including chronic diseases have also increased. In this regard the Fourth Geneva Convention, article 146, stipulates:



“The High Contracting Parties undertake to enact any legislation necessary to provide effective penal sanctions for persons committing, or ordering to be committed, any of the grave breaches of the present Convention...” Israel has undeniably made these grave breaches and caused “great suffering or serious injury to body or health.”

Thus, under International Humanitarian Law, Israel has committed war crimes in the WB and GS. Only by ending the occupation and freeing the land can stability, security and an adequate level of healthcare for Palestinians be restored.



Nimr Muhammad Salim Shuheibar, 77 years old, from al-Sabra neighborhood in Gaza City, was transferred to the ICU at al-Shifa' Hospital on 21/10/2007, suffering an acute heart attack. Since he was in a serious condition, the

Palestinian MOH decided to transfer him to an Israeli hospital. The patient's son, Nahid, said that after obtaining permits, he and his brother accompanied their father to Beit Hanoun crossing. When the ambulance was allowed to move forward, the Israeli soldiers fired at the ambulance, so the driver was forced to drive back and the patient was not able to travel to the Israeli hospital even though he was in a critical condition.

The following day, they returned to the same checkpoint in a Palestinian ambulance after the MOH coordinated their passage again with Israeli forces. However, they had to wait for nearly three hours before the Israelis allowed the ambulance to pass towards the Israeli side of the crossing. After that, they were forced to wait for another two hours to conduct a security check on the ambulance. During the checking, Israeli troops placed his father on the ground under the sun for nearly an hour despite his deteriorating health. At the end of the security check, Israeli troops ordered taking the patient back to al-Shifa' Hospital. He died soon after.

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The Suffering of the Palestinian Patient under the Israeli Occupation

معاناة المريض الفلسطيني
تحت الاحتلال الإسرائيلي

This Book

The Suffering of the Palestinian Patient exposes the brutality of the Israeli occupation. Its measures make, almost, no difference whether the patient is a man, a woman, a child or an elderly person. Even critical cases were not spared from such sufferance. The various Israeli actions against Palestinian patients constitute unequivocal breaches of basic patient rights under occupation.

This book is the eleventh in the Am I Not a Human? series, in which al-Zaytouna endeavors to present to its readers the full and complete picture of the suffering of Palestinians, under Israeli occupation. It tries its best to address the hearts and minds with the most accurate, concrete and documented information. The authors tried to convey the different aspects of the suffering of the Palestinian patient under Israeli occupation.



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