

MAP
MEDICAL AID FOR PALESTINIANS



Advancing Arab-British Relations

BRITAIN AND PALESTINE: A PARLIAMENTARY FOCUS





DEAR FRIEND,

My visit to the West Bank in June 2011 with Caabu and MAP provided a valuable insight into life in the Palestinian Territory.

The visit gave my fellow parliamentarians and me a very good perspective on some of the key issues facing Palestinians in the West Bank today. We had the opportunity to see at first hand the effect of Israeli settlements on cities like Hebron; the impact of military restrictions on Bedouin herding communities; patients from Gaza struggling to reach hospitals in Jerusalem; and the treatment of Palestinian children in the Israeli military court system.

We engaged in valuable and productive discussions with Palestinian and Israeli officials, allowing us better to understand key issues of importance, such as Palestinian statehood and the legitimate security concerns of both sides.

Sadly we were unable to visit Gaza due to Israeli access restrictions and therefore couldn't see for ourselves the lack of progress in reconstruction following Operation Cast Lead. I continue to call on the Israeli authorities to allow British parliamentarians unimpeded access to Gaza as the humanitarian situation there remains of deep concern to politicians of all political stripes.

This report provides a valuable assessment of the issues that define Britain's engagement with Palestine. Delegations provide parliamentarians with crucial first-hand experience of the region and of the issues we frequently need to debate in parliament.

The Israeli-Palestinian conflict continues to define events in the Middle East and is close to the hearts of a large section of the British public. For these reasons among others, I urge my parliamentary colleagues in both the Commons and the Lords to take part in future delegations and see for themselves the issues that define the conflict.

RT HON SIMON HUGHES MP

Deputy Leader, Liberal Democrats
Autumn 2011

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INTRODUCTIONS



Caabu: Our parliamentary delegations to the West Bank and Gaza Strip

The West Bank and Gaza have remained under occupation for over four decades. Settlements have continuously expanded in size and number, the West Bank has been dislocated by checkpoints and since 2003 an illegal barrier, whilst Gaza is encircled and has been under siege in its current form since 2007. Israel's policies have brought untold suffering to the lives of the Palestinian people and have done nothing to help secure the long term security to which all people are entitled.

Parliamentary delegations to the region are therefore crucial to increasing understanding of the region in Westminster. No amount of briefings or reports can rival first-hand experience of the reality on the ground. Since 1997 Caabu has taken over 40 parliamentary delegations to the Middle East, including the first visit to the Gaza Strip in the immediate aftermath of Operation Cast Lead. During recent delegations we have highlighted key issues such as the treatment of over 7,000 Palestinian children in Israel's military court system, the plight of the West Bank's Bedouin community struggling for space in Area C and the impact of the siege upon the humanitarian situation in Gaza.

Palestine remains a central issue for the whole of Middle East. These visits are an essential contribution to promoting constructive debate in parliament. They help to inform a productive British foreign policy towards the region.

CHRIS DOYLE

Director, Council for Arab-British Understanding



MAP: Advocating the right to health

MAP's overarching aim is to safeguard the right to health for Palestinians across the region. Our humanitarian and development work goes hand in hand with a strong commitment to understanding and challenging the root causes of the crises to which we respond.

Delivering aid to the Gaza Strip is a major part of MAP's current programme. The continuing Israeli blockade of Gaza has placed civilian lives at risk and is still delaying and denying essential and routine supplies. As Gaza's hospitals are less able to cope, further restrictions and delays are placed on patients seeking medical treatment outside Gaza. Meanwhile, in the West Bank the ongoing construction of the Separation Wall, the settlement infrastructure and hundreds of checkpoints compromise the right to health in terms of accessible, affordable and appropriate services.

Our advocacy is an ongoing process aimed at raising public awareness of key issues and building strong networks of likeminded organisations and individuals. Taking British parliamentarians, delegations and political figures such as Lord Patten to visit our projects gives them an unforgettable perspective on the practical realities of the situation. These visits also give Britain's decision-makers and opinion-formers a chance to meet Palestinian families and to learn, at first-hand, about their struggles. MAP can also provide access to the leaders of Palestinian civil society, its doctors and surgeons, and can arrange visits to hospitals and clinics across the West Bank and Gaza Strip.

PHYLLIS STARKEY

MAP Trustee & former Member of Parliament

EXECUTIVE SUMMARY

This report reflects upon some of the key issues examined during recent parliamentary visits.

■ The number of settlers inside the West Bank has now surpassed 500,000. They are spread out across 149 settlements and 100 so-called 'outposts'. All are explicitly illegal under international law, while 'outposts' are also illegal under Israeli law. The construction of the Separation Wall continues. It creates enclaves and cuts off towns and villages from their surroundings, and Palestinians from their land.

■ Approximately 700 Palestinian children are prosecuted every year in Israeli military courts. Since 2000, more than 7,000 children have been detained and in August 2011, 202 Palestinian children were being held in Israeli jails¹. Children are often arrested in early-morning raids, during which time they are hooded, shackled and regularly subjected to abuse. Interrogations are not recorded and generally take place without the presence of a lawyer or a parent. Israel's actions in relation to the treatment of minors constitute serious breaches of the Fourth Geneva Convention, the UN Convention Against Torture and the UN Convention on the Rights of the Child.

■ Area C, under total Israeli control, accounts for 60% of the West Bank and is home to 150,000 Palestinians, including 18,000 Bedouin. In these areas, Israeli restrictions on daily life are severe. Whilst Israeli construction in the Occupied Palestinian Territory is encouraged in order to increase control over the area, Palestinians are prevented from any meaningful activity in two thirds of the West Bank, leading to a lack of access to housing, schools and health facilities.

■ The continued occupation of the West Bank has a serious impact on Palestinians' access to health. Studies estimate that over a seven-year period 10% of pregnant Palestinian women were delayed at checkpoints while travelling to hospital to give birth. One result has been a dramatic increase in the number of home births. Women prefer to avoid road trips while in labour for fear of not being able to reach the hospital in time. Between 2000 and 2007 69 babies were born at checkpoints, of whom 35 died, as well as five of the mothers².

■ Since the autumn of 2007 (when Hamas consolidated its power in the Gaza Strip) the Israeli government has viewed the territory as a "hostile entity". It has imposed a crippling blockade built on existing restrictions. The borders of Gaza have been largely closed and access has been severely hampered for people, food, fuel, medical supplies and construction materials needing to enter. In June 2010 Israel announced that it would 'ease' the blockade. Despite this, only 39% of the pre-blockade traffic had entered Gaza by July 2011.

■ 2011 has seen a series of medical emergencies in Gaza. In July the Director of Public Medical Supplies in Gaza warned of an impending "humanitarian catastrophe" in hospitals due to a shortage of fuel and medical supplies. The lack of electricity has resulted in the closure of operating theatres. Open heart surgeries and other medical procedures have had to be cancelled. Recent reports warn that Gaza's medicine shortage has reached "alarming proportions". A total of 178 types of medication and 123 types of medical supplies have already run out and others have reached their expiration date.

ISRAELI SETTLEMENTS: CREATING FACTS ON THE GROUND



Settlers inside the West Bank now number over 500,000. They are spread out across 149 settlements and 100 so-called outposts. Four of these settlements are now cities: Ma'ale Adumim, Ariel, Beitar Illit and Modi'in Illit. All of these are illegal under international law. Settlements in the West Bank enjoy the protection of the Israeli military, as well as 505 obstacles to Palestinian movement. These do not include the eight checkpoints situated on the 'Green Line' border with Israel. This combination of factors very seriously impairs everyday life in Palestinian communities.³

In Hebron 500 Israeli settlers are guarded by thousands of Israeli police and soldiers. The imposition of the settlements upon the centre of the town has led to the creation of a "secure zone" in the heart of the city. H2, as it is named by the Israeli military, is surrounded by checkpoints. Only Palestinians with properties inside the area are permitted to enter. The remaining 120,000 residents of Hebron are restricted to H1, a 20 sq km area outside the zone.



Palestinians are barred from the main thoroughfare of H2, formerly home to scores of Palestinian businesses. These have all been closed under military orders, rendering the once bustling central district of Hebron into something of a ghost town. The closures and restrictions have been made ostensibly to protect the settlers from attack.

They can wander freely around Hebron, whilst Palestinians living near settler properties are not even permitted to have visitors to their homes.

A recent delegation visited Hebron and witnessed a graphic demonstration of the restrictions faced by Palestinians there. Their local guide was prevented from walking through the centre of H2 by an Israeli soldier using the phrase "no Arabs". The rest of the party were permitted to visit the Grave of Yishai and Ruth, a holy site for Jews and the focus of much of the settlement.

Whilst all settlements are clearly prohibited under international law, the settlement within Hebron, as with those built within the heart of Arab communities in East Jerusalem, are particularly disruptive to Palestinians. Settlements have destroyed the fabric of these cities. They have led to the closure of scores of businesses and evictions of Palestinians from their homes. The settlements, by contrast, enjoy the full support of the Israeli state and provides a stark example of the impact of settlements upon the lives of Palestinians.

"Like many people, even those quite well informed about the region, it was only by going there I got a better understanding of the whole geography of the place and witness the systematic and deliberate planning being done by Israel in terms of the settlements, the roads, checkpoints, road blocks and the wall. These things are not accident – they are planned and causing great disruption to the lives of Palestinians."

Margaret Curran MP

THE WALL: DIVIDING COMMUNITIES

In 2003 Israel began erecting a physical barrier along the border of, and crucially within, the West Bank. Israel claims the motivation for this is the protection of its citizens against attacks from Palestinian groups, and that the move is a strictly temporary measure. The wall ranges from an electronic fence, sandwiched by barbed wire and trenches on both sides, to a full concrete wall, eight metres high in some places. When the remaining sections of the barrier are completed 85% of the route will lie on Palestinian land and nearly 10% of the West Bank will become *de facto* Israeli territory. This will either form part of one of the 60 settlements included within the 'Israeli' side of the wall or will be incorporated into the 'seam zone' – a prohibited and militarised zone made up of the land located in between the 1967 Green Line and the Separation Wall.

Construction of the wall has been classed as illegal under international law by the International Court of Justice (ICJ). A 2004 advisory opinion by the ICJ stated that the Wall violated the right to Palestinian self-determination, aided the expansion of settlements and severely undermined Palestinians' right to freedom of movement, right to work and right to an adequate standard of health and education.⁴ The Court's ruling, supported by a resolution from the UN General Assembly, called for Israel to cease construction of the barrier, dismantle what sections of it that had already been erected and to pay reparations to those whose homes and livelihoods have been affected by the wall. Israel has so far refused to comply.

An examination of the barrier's route, in both its planned and completed stages, suggests that along with security considerations its two primary objectives are the inclusion of as many settlements as possible within the 'Israeli' side of boundary and the earmarking of as much land as possible for the future expansion of these settlements. As a result, the rights and needs of the Palestinian inhabitants of the West Bank have been repeatedly violated. The lives of residents who own land located near to or surrounding either the 'seam zone' or settlement enclaves face particular disruption. Access to schools, medical facilities, markets and surrounding villages is extremely limited.

The agricultural sector has suffered a particular impact. Thousands of farmers have been cut off from their livelihoods.



"My first visit to the Occupied Palestinian Territories since I was Minister for the region nine years ago left me shocked. No amount of reading about what has been happening can make up for witnessing it at first-hand:

the remorseless growth of illegal Jewish settlements on Palestinian land; their increasing encircling of East Jerusalem. It makes it hard to see how a functioning Palestinian capital could be based there. Israeli police and army defend the illegal settlements while doing little or nothing to protect Palestinians from settler violence.

The impact of the separation barrier is grotesque. It is twice as high as the Berlin Wall and built for much of its length well inside Palestinian territory. The demolition of Palestinian homes and the revocation of residence permits amounts to the deliberate displacement of Palestinians from East Jerusalem. The treatment of Palestinian children by Israeli military courts is cruel, inhuman and illegal."

Rt Hon Ben Bradshaw MP, former Middle East Minister

In addition to the terrible damage wrought on the West Bank's economy, the social fabric of the territory has also suffered dramatically as a result of the barrier's construction. The creation of 'enclaves' – areas of land left isolated by the wall's route – has led to towns, villages, communities, families and, in some cases, single houses being completely cut off from their wider surroundings.

East Jerusalem in particular has suffered as a result of the wall's construction. The wall has effectively prohibited Palestinian access to the city. In the process it has separated families and communities, damaged the city's economy and considerably restricted its residents' access to education and health facilities.

AREA C: PRISONERS ON THEIR OWN LAND

Today over 150,000 Palestinians live in Area C of the West Bank, where construction of even the most basic of structures is prohibited. This has denied Palestinians living in the area access to adequate housing, education and health care.

Particularly affected by these restrictions is the West Bank's Bedouin community. At present around 18,000 Bedouin herders live in the occupied Palestinian territory, the majority in Area C. At Wadi Abu Hindi the community of 600 trace their roots back to the Negev, from where they were displaced following the creation of the state of Israel. They have lived on their current site for 41 years, but in 1997 the community was demolished along with a school that served the needs of local children. Rudimentary shack dwellings have been rebuilt on the site but, given the restrictions placed on Palestinian activity in Area C, demolition orders have repeatedly been placed on all of the properties.

Living standards amongst Bedouin communities are extremely poor. Communities suffer from a lack of access to even basic services. At Wadi Abu Hindi two thirds of the population are under 16, yet there is no school in the immediate area and transport costs make access to education prohibitive for many families.

It is not uncommon for children to walk for over one hour to reach the nearest school. Neither is there a permanent health clinic in the area. The community must therefore rely on a weekly visit by the United Nations Relief and Works Agency (UNRWA) or MAP mobile health clinics. Many Bedouin communities are also denied access to electricity and running water. By contrast, Israeli settlements suffer few restrictions. Settlements on either side of Wadi Abu Hindi have expanded in recent years, depriving the community of access to herding grounds and water resources.

THE OSLO ACCORDS: AREAS A, B, C

Following the Oslo Accords, the oPt was divided into three categories – Area A, B and C.

AREA A: 18% of the West Bank – mainly the large urban areas, such as Ramallah, under Palestinian administrative and security control.

AREA B: 22% of the West Bank- under Palestinian administrative, but *Israeli* security control.

AREA C: 60% of the West Bank- under total Israeli control.

This was viewed as a temporary arrangement and lands in Area C were meant to be gradually transferred to the control of the Palestinian Authority. This process never happened, however, and there are increased fears that the division of the Palestinian territory is becoming permanent, 11 years after the Oslo process was due to finish.



Israeli restrictions in Area C make the construction of infrastructure, schools and health clinics for Palestinians nearly impossible. At present only 1% of Area C is zoned for Palestinian development.

CHILD DETAINEES: ISRAEL'S DUAL LEGAL SYSTEM



Approximately 700 Palestinian children are prosecuted every year in military courts after being arrested, detained and interrogated by Israeli forces. Since 2000, more than 7,000 children have been held.⁵ In August 2011 202 Palestinian children were in detention in Israeli jails, including 40 children between the ages of 12 and 15.⁶

Children are taken to military detention centres, often outside the occupied Palestinian territory, in contravention of international law. The family is rarely informed of their child's location and may only find this out once they appear in court or via contact with the International Committee of the Red Cross. Once in detention children are held for up to eight days without access to a lawyer. Some are held in solitary confinement.

Interviews take the form of military-style interrogations and, despite UN demands to end the practice, without video recording. Lawyers and family members are not present. It is common that the first time a detainee sees their legal representative is inside the military court itself.

The forms of abuse frequently reported during detention include: sleep deprivation, beatings, slapping and kicking, denial of food and water, prolonged periods in uncomfortable positions, exposure to extreme heat or cold, and denial of access to toilets and washing facilities. NGOs such as the Public Committee Against Torture in Israel, Adalah and DCI-Palestine report that abuse is widespread.



SANDRA OSBORNE MP DESCRIBES A VISIT TO THE MILITARY COURTS

"There was a jangle of chains outside the door of the courtroom. All the visitors froze. Army officers led child detainees into the military courtroom, their legs shackled, their hands cuffed, kitted out in brown jumpsuits. Did the soldiers feel threatened by 13 and 14 year old boys? For the children we saw that morning, the only thing that mattered was to see their families, perhaps for the first time in months. They showed no faith in the proceedings neither caring what the judge was saying nor expecting to be released. One child shouted out to his parents the name of the prison inside Israel where he was being held.

These children largely get picked by Israeli soldiers from their homes in the middle of the night and are bundled into military vehicles, blindfolded and cuffed. Their families are not told where they are taken. In the vehicles they are usually harassed by armed soldiers. Their interrogations are not videotaped; no lawyer or family member is present. There are consistent reports of abuse, intimidation and actual torture. A whole generation is criminalised through this process. They never lose these criminal records and as a result suffer even more restrictions than other Palestinians in the Occupied Territories."

⁵ Defence for Children International – Palestine Section, *Palestinian Child Prisoners*, June 2009.

⁶ Defence for Children International – Palestine Section, *Detention Bulletin*, Volume 19, July 2011.



Of a sample of 100 sworn affidavits collected by lawyers from these children in 2009, 69% reported being beaten and kicked, 49% reported being threatened, 14% were held in solitary confinement, 12% were threatened with sexual assault, including rape, and 32% were forced to sign confessions written in Hebrew – a language few understand.⁷ Between 2001 and 2010, over 645 complaints were filed against Israeli Security Agency interrogators for alleged ill-treatment and torture. To date, there has not been a single criminal investigation.⁸

While stone-throwing is the most common charge levied against Palestinian children, they are regularly arrested indiscriminately and remanded in detention with little or no evidence, and with the military court often relying on soldiers' testimonies and children's confessions, commonly extracted by coercion, to convict them. Confessions serve as the primary evidence against the children when they are prosecuted before the court. With no fair trial guarantees, and the prospect of harsh sentences,⁹ 81% of children plead guilty, regardless of whether or not they committed the offence.¹⁰ The system appears to be designed to encourage this. On average, children are swiftly sentenced to between two and six months imprisonment for throwing stones if they plead guilty. If they plead innocent, however, they are generally held on remand for extended periods before their trial is heard, at which point they are likely still to be convicted and sentenced to an even harsher sentence. The granting of bail and trials that end in an acquittal are very rare.

THE DUAL LEGAL SYSTEM IN THE OPT

Whilst Palestinians are subject to military law, Israeli minors in the illegal settlements live under Israel's civil code. Palestinian children are classified as adults from 16, while for Israeli children the age is 18. Palestinian children in the West Bank are tried in a military court, Israelis in a civilian one. An Israeli child has to see a judge within 24 hours of arrest; a Palestinian within eight days. An Israeli minor can be held on remand for 15 days, a Palestinian three months. In Israel there are severe limitations as to when a child can be handcuffed, but there are no such protections for Palestinians. What's more a Palestinian child's sentence is decided on the basis of their age at the time of sentencing, and not at the time when the alleged offence was committed.

Israel's actions in relation to the treatment of minors – cuffing, shackling, physical abuse, denial of access to legal representation, the widespread use of custodial sentences and detention inside Israel – represent serious breaches of the Fourth Geneva Convention, the UN Convention Against Torture and the UN Convention on the Rights of the Child.

⁷ Adalah, PCATI, DCI-PAL, *Open Letter to PM Netanyahu Re HRC Recommendations*, September 2010

⁸ B'Tselem and Hamoked, B'Tselem and Hamoked, *Kept in the Dark: treatment of Palestinian Detainees in the Petah Tikva interrogation Facility of the Israel Security Agency*, October 2010

⁹ Defence for Children International – Palestine Section, *Palestinian Child Prisoners*, June 2009.

¹⁰ According to Yesh Din, in 2006 full acquittals were obtained in just 23 of the 9,123 cases – 0.29% of those before the military courts. Of those who were charged in 2007, approximately 90% were convicted. Approximately 98% of those convictions were the result of plea bargains. *Ibid.*

JERUSALEM: ERODING THE ARAB IDENTITY



Since the Israeli occupation of East Jerusalem began in June 1967, Israel has pursued a policy of reducing the Arab identity of the city. This has involved the forced displacement of part of the Palestinian population and the construction of illegal settlements in and around the city, for Israelis. Today, 200,000 settlers live in Jerusalem and the surrounding area in contravention of international law. Israel claims Jerusalem as its 'undivided' capital, a claim rejected by the international community and the British government, whilst the Palestinians insist the illegal annexation must be reversed in order for East Jerusalem to form the capital of a future Palestinian state.

Along with the annexation of East Jerusalem, Israel added 64km² to the municipal zone of the city. Palestinians in this area were effectively separated from the West Bank and brought under domestic Israeli law. They were given residence permits for Jerusalem, but not Israeli passports. Residency status, however, is at best a temporary measure which can be revoked at the will of the Israeli authorities. The most current publicly available figures show that in 2008 the residency of 4,577 Palestinians in East Jerusalem was revoked.¹¹

The situation in Jerusalem has been increasingly tense over recent years. In 2010 82 Palestinian homes were demolished in East Jerusalem, whilst since 2000 over 800 Palestinian-owned structures have been demolished.¹²

In addition, Israelis are moving into East Jerusalem in increased numbers, either living in confiscated properties or constructing new homes on the site of demolished Palestinian buildings. Delegations have visited various Israeli settlements built in Palestinian areas. These have included Nof Zion, in the middle of the Palestinian neighbourhood of Jabal Mukabber, constructed in 2005. Stage two of the settlement began in November 2009 and will see the scope of Nof Zion increase significantly. In nearby Sheikh Jarrah, the neighbourhood that is home to most of the diplomatic missions in the city, including Britain's Consulate General in Jerusalem¹⁴, Israel drew international condemnation after a settler organisation demolished part of the historic Shepherd Hotel, situated next door to the British diplomatic compound.

In Silwan, home to 45,000 Palestinians, settlers are protected by private security firms, and have begun moving in at an increased rate. The Jerusalem Local Planning Committee in Silwan has

SAMIRA HASSASSIAN

Samira Hassassian, a MAP Patron and the wife of the Palestinian Ambassador to the United Kingdom, was diagnosed in 2009 with breast cancer and sadly passed away in August. In a tragic turn of events, a recent trip to Jerusalem considerably worsened her condition.

This trip was not a voluntary one. Palestinians born and living in East Jerusalem have residency permits issued by Israel. As a result they have to return home several times a year just to ensure their residency is not revoked, making them stateless.

The Ambassador is quick to point out they are not the only ones suffering this situation; thousands of other Palestinians who live abroad must do the same. The alternative is to risk losing their residency rights and becoming stateless individuals. In such circumstances one would lose the right to return, to visit family, ownership of any possessions and even the choice to be buried in one's homeland.

Earlier this summer, as Samira's condition deteriorated, the date for renewing their residency came up again. Samira was weak and fragile and in the middle of treatment. The Palestinian Ambassador requested the Israeli Embassy in London and the Israeli Ministry of Interior to grant leniency to his wife, in light of her condition, so that her course of treatment was not interrupted. The response was a sharp refusal.

Samira was left with a stark choice: either to stay and continue her treatment, thereby losing her residency in the place of her birth, or to return to East Jerusalem and delay her treatment. She summoned as much energy as she could and made the trip back with the support of a wheelchair. She returned, exhausted, to continue her treatment. Doctors informed the Ambassador and his family that the cancer had become more aggressive and that Samira did not have long to live.¹³

Samira Hassassian passed away at the age of 57.

recently approved the construction, by Israeli settler organisation El'Ad, of a historical "theme park" in the Al Bustan area of the neighbourhood. According to the plans, at least 88 Palestinian buildings in the western section of Al Bustan will be demolished to make way for the park, displacing 500 Palestinians in the process. This has been condemned by the UN Secretary-General Ban Ki Moon. He labelled Israel's plans "contrary to international law, and to the wishes of Palestinian residents". So far El'Ad is believed to have moved 500 Israelis into 15 sites in Silwan.¹⁵ Such moves are provocative to Palestinian residents, leading to clashes and confrontations, generally between stone-throwing youths and Israeli security services. Despite the actions of El'Ad, it enjoys the popular support of the Israeli state.

The present pattern of eviction and demolitions, accompanied by plans to establish settlements in the heart of Arab neighbourhoods, weakens the Palestinian integrity of the city, while forging a contiguous link between Israeli settlements in East Jerusalem and the remainder of the West Bank.

Silwan is also reflective of the widespread discrimination that Palestinians suffer in East Jerusalem. There is a clear lack of investment in the infrastructure of Palestinian areas of the city, where roads are in worse condition, rubbish is not collected, street lights are intermittent and many areas do not have proper piped sewage. Only 13% of the area of the city is zoned for Palestinian construction, despite Arabs constituting almost 50% of Jerusalem's population.

ACCESS TO HEALTH CARE DENIED

The Palestinian health system is suffering from chronic de-development. After so many decades of occupation and conflict the needs of the population grow ever greater while the tools for response are being steadily eroded.

MAP has taken the opportunity, open to all international agencies, to draw on and support Palestinian self governance within their programmes. There is a real need for the international community to take an active interest in strengthening local health capacity in the occupied Palestinian territory and within the refugee

communities. MAP's emphasis on true partnership throughout its programmes has enabled a balanced and flexible approach, with a strong link between emergency work and long-term health development.

East Jerusalem, with its six hospitals, is the main provider of specialised care to the population of the oPt. The hospitals have 624 beds, 12.4% of the total available in the oPt, and provide a range of specialised treatment unavailable elsewhere in the West Bank and Gaza Strip: dialysis and oncology at Augusta Victoria hospital; open-heart surgery at Maqassed Hospital; neurosurgery at St. Joseph Hospital; neonatal intensive care at the Red Crescent and Maqassed Hospital; eye surgery at St. John Eye Hospital and rehabilitation for children with disabilities at Princess Basma.

Restricted access to East Jerusalem for the vast majority of the Palestinian population started before the construction of the barrier. In 1993, Israel introduced a permit regime which obliges any Palestinian who does not have residency rights in East Jerusalem or Israeli citizenship to apply for a permit to access Jerusalem. This is also the case for medical patients, who must apply for a permit through a complicated and time-consuming process. The patient's physician submits a request to the Referral Abroad Department (RAD) of the Palestinian Ministry of Health which determines the eligibility of the patient and the hospital required. The patient then sets up an appointment with the hospital, following which the RAD or the hospital 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 the permit to be issued (or denied), permits can be granted for shorter periods than the treatment requires, particularly if multiple consultations or operations are necessary. Males aged between 15 and 30 often have their requests for permits turned down on the grounds of security. In many cases it is also difficult for the parents of sick children or for family members to obtain permits to escort patients to Jerusalem. Furthermore, permits are invalid during periods of general closure: between April 2009 and the end of March 2010 the Israeli authorities imposed a general closure on the West Bank for a total of 50 days due to Israeli holidays and 'security alerts'.¹⁶



¹⁵ Nir Hasson, "How the State Helped Right-Wing Groups Settle East Jerusalem" Haaretz November 2010

¹⁶ Nir Hasson, "How the State Helped Right-Wing Groups Settle East Jerusalem" Haaretz November 2010

THE GAZA STRIP: PARLIAMENTARY ACCESS DENIED



Kashfi Halford

The entry of goods and personnel to Gaza having been restricted by the Israeli authorities from as early as 2000, but in June 2007 Israel raised a total blockade upon the territory. The Agreement on Movement and Access (AMA) stipulates that 500 trucks per day (around 15,500 per month) are required to supply the people of Gaza. The closest that Israel has ever come to allowing this access was before the blockade in May 2007 when 475 trucks entered Gaza on a daily basis. In November 2008, over a year into the siege, only 137 trucks were permitted to enter during the entire month.

“The policy of blockading Gaza has been a terrible failure – immoral, illegal and ineffective. It has triggered an economic and social crisis which has many humanitarian consequences”.

Chris Patten (former MAP President)

At the end of 2008 Israel launched a wide-scale military campaign in the Gaza Strip, named Operation Cast Lead. The 22 day-long invasion, which began on 27th December, relied upon the use of overwhelming air power, before a ground invasion was launched on 3rd January. Israel claimed that the targets were Hamas’ military installations, but the conflict was characterised by widespread attacks on the civilian infrastructure of the territory. Hospitals, schools, mosques, civilian homes and a United Nations compound were severely damaged or destroyed. Operation Cast Lead represented the most brutal and sustained attack on Gaza since the start of the Israeli occupation in 1967. By its conclusion, over 1,300 Palestinians had been killed, the majority of them civilians, and 352 of them children¹⁷. Over 5,000 more were wounded.

UNRWA reports that 3,540 houses were destroyed during the conflict, whilst a further 2,866 sustained major damage and

52,900 minor damage. The town of Rafah in southern Gaza was hit particularly hard due to the location of smuggling tunnels under the border with Egypt, whilst areas near to the border with Israel were also particularly badly affected. A number of schools were even hit during the conflict. The American International School in northern Gaza was completely destroyed. Two United Nations schools in Beit Lahya and Gaza City were also partially destroyed, whilst the Department of Agriculture at Gaza University was completely devastated in a bombing raid. In the wake of the conflict Israel refused to allow any construction materials into Gaza, much needed to repair the shattered infrastructure.

THE BLOCKADE CONTINUES

In May 2010 the Mavi Marmara, sailing as part of an international flotilla attempting to deliver aid to Gaza and break the siege, was attacked by Israel. Following this Israel announced it was easing the closures and would shift from a system where a limited number of “white list” goods were allowed into Gaza, to operating a “black list” of prohibited items. Despite this, however, only 32% of the pre-blockade traffic entered Gaza five months after the announcement.¹⁸

The UN are unable to import anywhere near the level of construction materials required for its projects. The situation is even worse for Palestinian businessmen and private individuals. The Karni crossing point has been closed since March 2011, whilst Sufa, which should be used for construction supplies, has remained shut since August 2008. Nahal Oz, the primary crossing point designed for the import of fuel, last functioned in January 2010. Karem Shalom is therefore the only functioning crossing point, but is not designed to handle large bulk transfers, such as gravel or concrete. Its location in the far south of the Gaza Strip, at the opposite end of the territory to Gaza City, also adds to transportation costs.

"We found it ironic and deeply concerning that Hamas and related private individuals can have all the materials they need to build anything, from apartment blocks to bunkers, while the only effective constraints appear to be on the UN, non-governmental organisations and legitimate businessmen. That is surely counter-productive to Israel's interests."

Dr Julian Huppert MP, Caabu delegation November 2010

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reports that whilst access to Gaza has improved since May 2010, "major private reconstruction and the revival of the private sector continue to be limited by Israeli restrictions on both construction materials and exports."¹⁹ The International Committee of the Red Cross reports that the whole of Gaza's civilian population is being punished for acts for which they bear no responsibility. "The closure therefore constitutes a collective punishment imposed in clear violation of Israel's obligations under international humanitarian law...Israel's right to deal with its legitimate security concerns must be balanced against the Palestinians' right to live normal, dignified lives."

During Operation Cast Lead UN Security Council Resolution 1860 called for "the unimpeded provision and distribution throughout Gaza of humanitarian assistance, including of food, fuel and medical treatment". The resolution's demands remain unfulfilled. At the end of July 2011 imports to Gaza represented only 39% of pre-blockade levels.²⁰

ACCESS TO HEALTH CARE DENIED

MAP's work in Gaza is focused on strengthening emergency services, including life-support training, and providing essential drugs and equipment to maintain hospital services. Parliamentary delegations to Gaza have had a chance to see for themselves the conditions in Gaza's hospitals, as well as to hear the stories of those battling to cope - not only with the injuries of conflict.

The Director of Public Medical Supplies in Gaza warned in July of an impending "humanitarian catastrophe" in hospitals due to a shortage of fuel and medical supplies. The lack of electricity has led to the closure of operating theatres, with open-heart surgeries and other procedures being cancelled. A recent Oxfam report stated that Gaza's medicine shortage had reached 'alarming proportions', with a total of 178 types of medications and 123 types of medical supplies already having run out and others having reached their expiration date.

This June the Ministry of Health in Gaza called on international agencies to mobilise emergency health and surgical supplies. In response, MAP released its emergency surgical and injury treatment kits. As the situation in Gaza grows increasingly tense and unpredictable it is essential that we replace these emergency supplies as soon as possible. During the war on Gaza MAP's emergency stock allowed the organisation to respond within hours. Each kit we released was able to treat over 100 casualties. Without these prepositioned supplies, MAP will not be able to respond immediately if shortages reach another critical low or if the conflict escalates.



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MEDICAL REFERRALS

According to international law, the Occupying Power is required to ensure, to the fullest extent of the means available to it, the medical supplies of the population, and to bring in the necessary articles when the resources of the occupied territory are inadequate. This obligation translates into Israel's duty to provide necessary medical services that are not available in Gaza and to enable the exit of patients for treatment. However, since June 2007 an average 17% of patients with referrals were refused exit permits for treatment in Israel, East Jerusalem or abroad. Between January 2008 and June 2009 the situation deteriorated further, with 40% of the applications for permits to leave Gaza delayed or rejected.

Medecins du Monde reported that, along with oncology, ophthalmic, orthopaedic and cardiology interventions account for 40% of medical referral cases. The lack of advanced diagnostic and treatment services in these areas, either due to the lack of equipment or the unavailability of trained staff and specialists, contributes to the ongoing need for external medical referral.

The need for medical referral also results from the low quality of health services such as intensive care units (ICU) in Gaza or the non-functioning of equipment due to delays in importing spare parts. Many referral cases arise from a lack of specific drugs inside the Gaza Strip. During Operation Cast Lead, routine operations were affected and many elective interventions suspended. Consequently, the need for referrals outside of Gaza grew even further, restricted by delays and denials of passage.

THE REFERRAL PROCESS

A Medical Committee in Gaza is required to approve all referrals for treatments abroad. If approved, the referral is sent along with an official request to the Palestinian Ministry of Health in Ramallah to obtain financial coverage for the treatment. The patient is then required to submit these papers to the Palestinian Ministry of Health in Gaza which then schedules an appointment for the patient in an Israeli or Palestinian hospital.

These steps can take on average 7-10 days to complete. In addition to the delays in issuing permits for travel, Israel also imposes severe restrictions at the Erez crossing point. After undergoing a security check, patients must wait to receive a final approval, even with a valid permit.

This again can take several hours, and the crossing can be closed without warning. Even critically ill patients must wait.

PARLIAMENTARY ACCESS DENIED

A delegation to the region was denied access to Gaza by the Israeli authorities in June. No reason was given for this. Access to Gaza via the Erez crossing is restricted to aid workers, some journalists, foreign diplomats and UN agencies. A small number of Palestinians with permits are allowed to leave and enter Gaza via Erez, each week. Delegations wishing to visit the territory must therefore enter via Egypt, preventing them from accessing the West Bank or Israel on the same trip.



PALESTINE IN PARLIAMENT

Delegations play a valuable role in informing parliamentary debate on the Middle East. Follow-ups to the 2010-11 trips have included a House of Commons Adjournment Debate on access for construction materials to Gaza; a Westminster Hall Debate on the detention of Palestinian children; Parliamentary Questions to the Prime Minister and debates in the House of Lords. Meanwhile, issues such as access to health care, the expansion of settlements, the impact of the barrier and the prospects for Palestinian statehood have been repeated subjects of extensive parliamentary discussion, meetings in Westminster and fringe events at the party conferences.

Richard Graham MP,
Conservative PPS to Lord Howell of Guildford, FCO



"I'm very grateful indeed to Caabu and MAP for arranging this trip. We packed an enormous amount into a few days and managed to get a brief but very powerful glimpse into the lives of some of those at the sharp end of this

perpetual conflict. We also understood a little better how international, national and local policy combine with history, ethnic and religious prejudice to make life almost impossible for many ordinary people in Israel and Palestine. The courage, tenacity and patience of those we met was inspiring and gave us hope that a peaceful settlement to this conflict will one day be possible. It was useful to meet both senior officials within Fatah but also the Israeli Ministry of Foreign Affairs, to hear both sides of some of the arguments but also to hear common themes such as the need to avoid violence and work towards a viable two-state solution.

The official Israeli government spokesman underlined the central importance of security for Israeli citizens but it was particularly encouraging to hear them describe many in the settler movement as extremists and acknowledge that territory now occupied by settlements will one day have to be given up if lasting peace is to be achieved. I'm afraid we saw with our own eyes how the aggressive settlement process is still continuing day by day at the moment, how difficult it is for ordinary Palestinians to challenge it and what an increasing obstacle to peace these settlements and the wall that defends them represent."

Martin Horwood MP, Co-chair, Liberal Democrat parliamentary party committee on international affairs, Caabu MAP delegation June 2011

Caabu wish to thank the Sir Joseph Hotung Programme for Law, Human Rights and Peace Building in the Middle East, SOAS, for funding the delegations and providing legal analysis. MAP wish to thank the thousands of individuals in Britain who continue to support our critical work.

ABOUT Caabu

Founded in 1967 Caabu is the oldest and largest NGO of its kind in Europe. Caabu has over 90 British Parliamentary members and provides Secretariat services for the Britain Palestine All Party Group, as well as the Jordan and Qatar APPGs. Caabu has organised over 40 delegations to the Middle East since 1997 and works to advance Arab-British relations by supporting international law, human rights and democracy. For more information please visit www.caabu.org.



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ABOUT MAP

MAP works for the health and dignity of Palestinians living under occupation and as refugees.

Established in the aftermath of the massacre at Sabra and Shatila, MAP delivers health and medical care to those worst affected by conflict, occupation and displacement. Working in partnership with local health providers and hospitals, MAP addresses a wide range of health issues and challenges faced by the Palestinian people. With offices located in Beirut, Ramallah and Gaza City, MAP responds rapidly in times of crisis, and works directly with communities in the longer term on health development.

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