

# HEALTH UNDER OCCUPATION



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**Front page photo:** A MAP-supported mobile clinic visits a Palestinian Bedouin community in the Jordan Valley

Sir Terence English speaks to reporters in Gaza during the 2014 military offensive (August 2014)



**It is a pleasure to introduce these four important reports. With offices in London, Ramallah, Gaza City and Beirut, Medical Aid for Palestinians (MAP) has been doing valuable work for Palestinians under occupation and as refugees since 1984.**

My association with MAP is more recent and started in 2009 when it arranged for me and my colleague, John Beavis, who is a retired orthopaedic and trauma surgeon and Founding Chairman of the much smaller charity IDEALS, to visit Gaza to assess whether courses in Primary Trauma Care (PTC) would be welcome. During our stay we visited about 10 hospitals, meeting both senior and junior doctors and were impressed by the difficulties under which they were working. This had increased after Israel blockaded Gaza in 2007 and intensified after the Israeli offensive in 2008/2009. Drugs and medical equipment were in short supply and healthcare at every level was seriously compromised.

Our offer to provide courses in PTC, in which doctors of all grades are taught how best to manage patients at the time of their injury, was met with enthusiasm, and with continuing invaluable help from the MAP office in Gaza our volunteers from the UK began to deliver the courses. As we continued to return our involvement became much appreciated and we made many good friends amongst the senior medical staff.

The next eight years saw two further Israeli offensives on Gaza, the last being in July/August 2014. The bombing resulted in destruction and damage to huge numbers of homes, medical buildings and ambulances with the loss of hundreds of children and civilians, including health workers. Since then, with the continuing blockade by Israel and with Egypt restricting the passage of goods and people at the Rafah crossing the situation has become worse. Yet during my last visit in March I was, as always, amazed by the resilience of the local people and their determination to try and live as normal a life as possible despite their difficult circumstances.

MAP and its partners continue to provide Palestinians with access to essential health services and to build up local knowledge and skills and in times of emergency is ready with aid and assistance. MAP also highlights barriers to healthcare, as in these four reports which demonstrate the consequences of the 50 year occupation of the West Bank and Gaza: on access to healthcare; on the need to protect health workers and facilities; on the mental health and quality of life of those subjected to the violence and challenges all around them; and, finally, the urgent need to support the development of accessible and affordable Palestinian-led medical services. I hope the reports will help more people become aware of some of the problems that MAP is dealing with and encourage generous contributions towards the continuing success of their important work.

**Sir Terence English KBE FRCS, Patron of MAP**

# INTRODUCTION

Medical Aid for Palestinians' vision is a future where all Palestinians can access an effective, affordable, sustainable and locally-led system of healthcare, and fully realise their rights to health and dignity. Our project teams in Lebanon and the occupied Palestinian territory work ceaselessly towards this goal with trusted local partners, providing access to essential health services and building up local expertise.

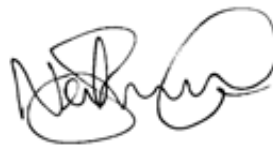
Yet we recognise that MAP's project work can only go so far, given that the fundamental barriers to fulfilling this vision are political. That is why we are also committed to bearing witness to the injustices caused by occupation, displacement and conflict, and advocating for change. The health and development crises faced by Palestinians are man-made, and the solutions must be too.

In 2017, as Palestinians in the West Bank, including East Jerusalem, and Gaza mark a half-century under Israel's military occupation, and in Gaza a decade of stifling blockade and closure, we committed to documenting the many ways in which these prolonged injustices inhibit the provision of healthcare and endanger the lives and welfare of Palestinian people.

The result is this report, which focuses on four essential components of the right to health and illustrates the ways in which they are violated by occupation and blockade: access to healthcare; the protection of healthcare facilities and personnel; mental health and quality of life; and development. Each theme is set out in its international legal context with infographics, case studies, and recommendations for action.

The rights to health and dignity for Palestinians, and peace for Palestinians and Israelis alike, cannot be realised under prolonged occupation and blockade. Governments must redouble their efforts to bring these injustices to an immediate end.

We are deeply grateful to our colleagues, partners and networks – too numerous to list here – without whose support and research this report would not be possible.



**Neil Sammonds**

Director of Advocacy and Campaigns at MAP

## PROTECTION FOR HEALTHCARE

- Al Wafa Hospital, Gaza's only dedicated rehabilitation hospital, was completely destroyed during Israel's 2014 military offensive
- As of August 2017, there has been no credible investigation into its destruction
- Impunity for such attacks makes recurrence more likely

**NO ACCOUNTABILITY**



## ACCESS TO HEALTHCARE

- The destruction of Al Wafa restricts access to critical rehabilitation care
- Israel's permit regime also restricts patients ability to travel outside Gaza for care. According to the hospital's Director, Basman Alashi, "many patients choose to live through their pain at home."

**RESTRICTED**



## MENTAL HEALTH AND QUALITY OF LIFE

- **17 PATIENTS** were at the hospital when it was attacked and evacuated
- Exposure to violence causes trauma and increases the likelihood of chronic stress and diminished quality of life



## DEVELOPEMENT

- After **1 YEAR** at a temporary location with limited supplies, 2016 saw the replacement of some, but not all, equipment lost in the attack
- **3 YEARS** after the attack, the temporary site is providing only 70% of the hospital's original services
- Construction of a new hospital did not start until February 2017



**IN FOCUS:  
AL Wafa  
REHABILITATION  
HOSPITAL**





RICHARD GRAY

# ACCESS TO HEALTHCARE

## EXECUTIVE SUMMARY

The accessibility of healthcare is a fundamental component of the right to health. If patients are unable to physically get to centres of care, other aspects such as the quality and availability of treatment are rendered meaningless. Yet Palestinians in the West Bank and Gaza, living under 50 years of occupation, face numerous physical and bureaucratic barriers to accessing effective treatment and care.

These primarily relate to limitations placed on freedom of movement as manifested by the Israeli permit system and the restricted access of ambulances through checkpoints. As a result of these restrictions, the United Nations has defined “individuals in need of medical referrals” as a vulnerable group within the Palestinian population, who, when delayed or denied access to specialised medical services **“can suffer from deteriorating medical conditions which can affect their quality of life and contribute to death in some cases.”**<sup>1</sup>

This chapter focuses on the ways in which Israel’s 50 year occupation of Palestinian territory, and its restrictions on freedom of movement, affect the physical accessibility of treatment for Palestinian patients, with potentially severe consequences for their medical recovery.

## RECOMMENDATIONS FOR ACTION

There are a number of ways that the UK and other governments can support Palestinians to access adequate medical treatment and care:

- **Placing pressure on the Government of Israel to remove the obstacles to the right to movement which undermine access to treatment.**  
This should include:
  - 1) Allowing **free movement of patients and their companions to treatment in all areas of the occupied Palestinian territory** (Gaza, West Bank, East Jerusalem), including ending the restrictive permit regime which hinders access to adequate care.
  - 2) Allowing the **free movement of ambulances, and removing the policy of “back to back” ambulance transfers** at checkpoints which cause dangerous delays to patient care.
- Working through bilateral and multilateral engagement towards **ending the blockade of Gaza and the separation between the West Bank, Gaza, and East Jerusalem.** Such efforts should pay particular attention to removing barriers to effective medical treatment, especially the impediments to the development of the Palestinian health sector within Gaza.

## INTERNATIONAL LAW

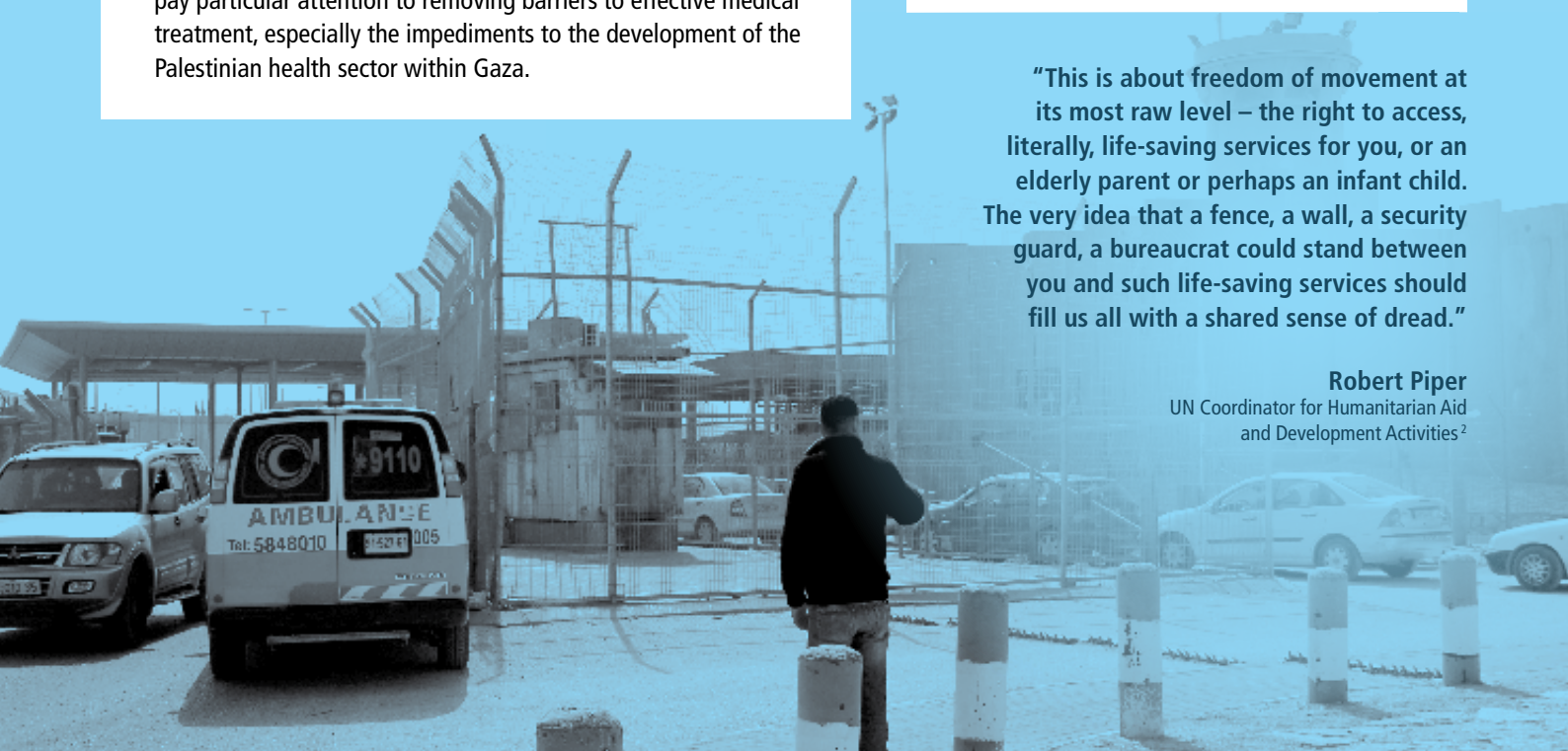
International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. This includes:

- Ensuring the population’s access to adequate medical treatment;
- Ensuring the medical supplies of the population if the resources of the occupied territory are inadequate; and
- Ensuring and maintaining medical establishments and services in the occupied territory.

The International Covenant on Social, Economic and Cultural Rights, to which Israel is a signatory, also requires Israel to create the conditions in which the necessary medical services can be delivered in the event of sickness

**“This is about freedom of movement at its most raw level – the right to access, literally, life-saving services for you, or an elderly parent or perhaps an infant child. The very idea that a fence, a wall, a security guard, a bureaucrat could stand between you and such life-saving services should fill us all with a shared sense of dread.”**

**Robert Piper**  
UN Coordinator for Humanitarian Aid  
and Development Activities<sup>2</sup>





## ACCESS TO HEALTHCARE



Baby waiting in a cot at the Erez Crossing out of Gaza

The medical administration of the occupied Palestinian territory is divided into three regions: Gaza, the West Bank and East Jerusalem. Consequently, the Palestinian health system also spans these three regions, each having different challenges and limitations on resources and expertise as a result of 50 years of occupation, meaning that referrals between regions are frequent and essential. However, the passage of Palestinian residents between and within these regions is controlled by Israel and there is no free passage between regions and medical institutions.

Palestinian residents who need medical care outside of their region of residence require an exit permit from the Government of Israel. This is primarily an issue for residents of the West Bank and Gaza, who are often referred for treatment in East Jerusalem, where the most advanced Palestinian hospitals are located. Residents of Gaza are also often referred to hospitals in the West Bank, for which they need a permit from the Israeli authorities.

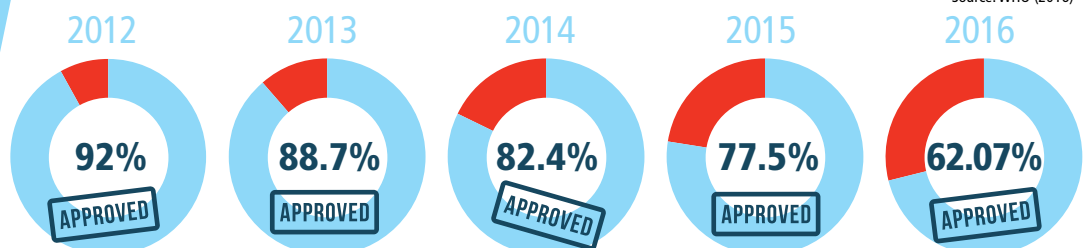
On a yearly basis, tens of thousands of patients are referred for treatment outside the Palestinian healthcare system when the medical treatment they require is unavailable in the Palestinian territory. In these cases, the cost of treatment is covered by the Palestinian Ministry of Health. In 2015, approximately 87,000 patients received such referrals. Of these, some 52,000 – over half – needed an Israeli permit in order to access treatment.<sup>3</sup>

Obtaining Israeli permits is a process that is, as stated by the World Health Organisation (WHO), “neither transparent nor timely”<sup>4</sup>. Security services frequently deny travel permits without explanation, citing “security reasons”. There have also been cases where patients from entire geographical areas were denied exit permits, in what the UN has said may amount to collective punishment, or where permits were denied as a result of political events or Israeli holidays.<sup>5</sup>

According to WHO, in 2014-15 more than 110,000 Ministry of Health and private patients applied through Palestinian coordination offices for Israeli-issued health access permits, 18% from Gaza and 82% from the West Bank<sup>6</sup>. Relatively similar numbers of patient companions – first-degree relatives who accompany patients to treatment and support them on their journeys – also apply for permits.

## DECLINING RATE OF PERMIT APPROVALS FOR PATIENTS NEEDING CARE OUTSIDE OF GAZA

Source: WHO (2016)



# WHY REFER TO EAST JERUSALEM?

Six Palestinian hospitals in occupied East Jerusalem provide many medical specialities which the Palestinian Ministry of Health is unable to provide in the West Bank and Gaza.



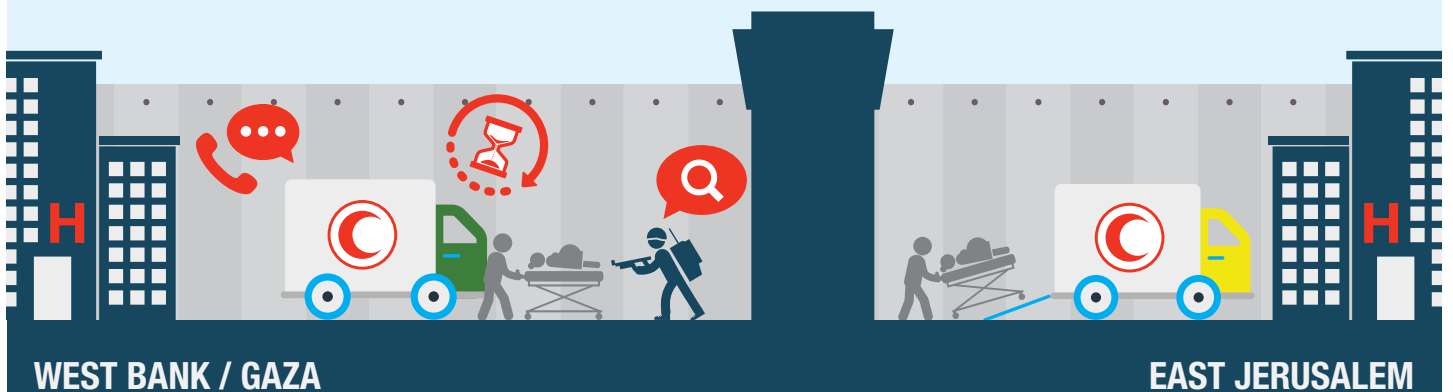
OVER  
**50%**

of patients in East Jerusalem's hospitals are referred from the West Bank or Gaza by the Ministry of Health

	 CARDIAC SURGERY	 SPECIALIST CANCER CARE	 CHILDREN'S DIALYSIS	 SPECIALIST REHABILITATION SERVICES	 COMPLEX EYE SURGERY
GAZA	×	×	×	×	×
WEST BANK	×	×	×	×	×
EAST JERUSALEM	✓	✓	✓	✓	✓

# HOW DO PATIENTS GET TO HOSPITAL?

Palestinian patients entering East Jerusalem must undergo the “back-to-back” ambulance transfer process. The average back-to-back delay at checkpoints for emergency cases is 24 minutes.\*



## WEST BANK / GAZA

## EAST JERUSALEM

### 1. COORDINATE

Hospital, ICRC, PRCS and military coordinate

### 2. EMERGENCY

Ambulance leaves hospital

### 3. SEARCH

At checkpoint ambulance is searched

### 4. WAIT

Avg. delay in an emergency 6mins - 1hr depending on checkpoint

### 5. TRANSFER

Patient moved to second ambulance

### 6. HOSPITAL

Second ambulance takes patient to hospital



You may adapt the artwork, so long as you attribute us and share alike on a non-commercial basis.  
Image by The White Canvas; thewhitecanvas.co.uk

Sources: WHO, PRCS, PHRI  
\*Data collected by PRCS between October to December 2015



# EXITING GAZA: WHO CAN GET A PERMIT?

Palestinians without a Jerusalem I.D. must obtain an Israeli-issued permit to travel to hospital in East Jerusalem. Those from Gaza experience the harshest restrictions.

## PATIENTS MAY BE REFUSED BASED ON



### AGE

People aged 18-45 experience the most delays and denials



### GENDER

Men are more likely to be refused than women



### ASSOCIATION

Patients with family considered to be a security risk by Israeli authorities have more chance of delay and denial



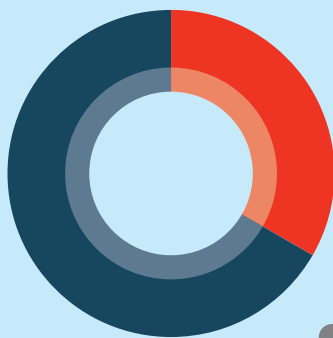
### SEVERITY

Patients requiring non-life saving treatment experience increased denials and delays



## APPROVAL TIME

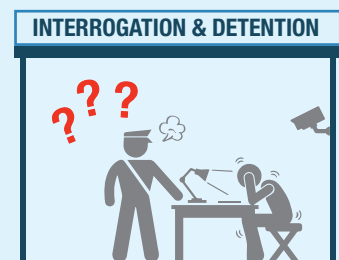
Patients only find out if their application was successful the evening before they are due to travel



**1/3**  
OF PATIENTS  
WERE DENIED  
OR DELAYED  
IN 2016

## SECURITY INTERVIEW

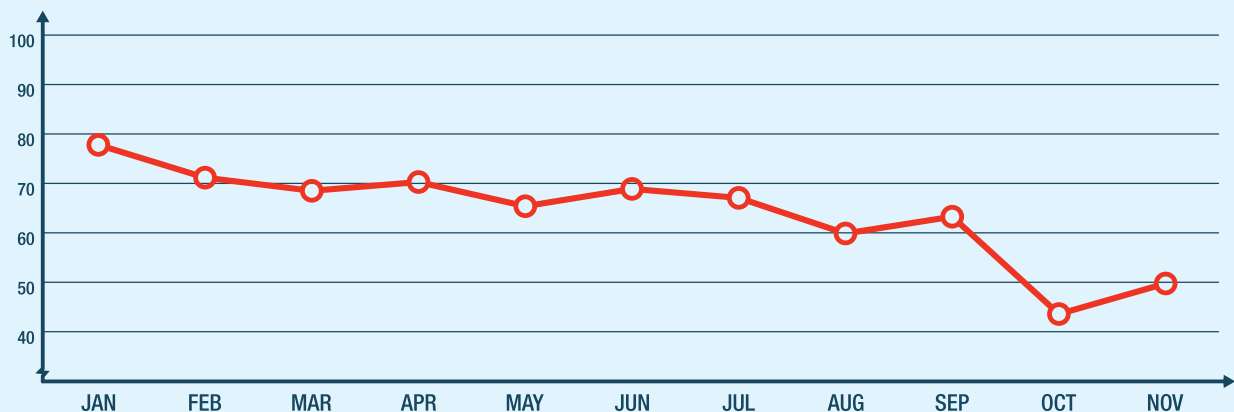
Patients and accompaniers risk being detained and interrogated by the Israeli security services



## PATIENT COMPANIONS

Patients are only allowed one companion, who must also apply for a permit. Companions under the age of 55 (94% of Gaza's population) are more likely to be refused

## PERMIT APPROVAL RATES TO EXIT GAZA THROUGH EREZ CHECKPOINT IN 2016 (%)



## PERMIT DELAYS

### TAREQ'S STORY

53-year-old Tareq suffered from severe headaches. An MRI scan conducted in Gaza on 22 June 2016 identified a suspected cancerous tumour. Tareq was urgently referred for tests and surgery at the Augusta Victoria Hospital in East Jerusalem, scheduled for 7 July. His permit was turned down.

PHRI turned to the Israeli authorities demanding that the decision be reversed, submitting a medical opinion stating that *"the patient's situation is seriously deteriorating... the operation is urgent"*. Tareq was then requested to undergo an interrogation. After he presented himself on 6 August on a stretcher, he was kept waiting for several hours before being dismissed. No permit was given.

Only after PHRI intervened for a second time was he given permission to travel on 15 August, more than a month after the initially scheduled surgery date. After the operation where the tumour was indeed found to be cancerous, Tareq was invited to follow-up chemotherapy, but once again faced delays each time he applied for a permit. At the end of 2016 he was in a critical condition in Augusta Victoria Hospital.



## ISRAEL'S PERMIT REGIME

Whether patients are travelling to an East Jerusalem hospital from a hospital elsewhere in the West Bank or from Gaza they will require a permit from the Israeli authorities. In all cases this can be a time-consuming process fraught with delays and arbitrary denials for certain age groups. However, the permit regime is particularly problematic for Palestinians from Gaza.

The health system in Gaza has been severely impacted by a decade of blockade and repeated conflict. Shortages of medical equipment and medications are frequent, and doctors are often prevented from being able to exit Gaza for training, leaving them unable to keep up to date with advances in medical practice.<sup>7</sup> As a result, patients are frequently required to seek treatment in other areas of the occupied Palestinian territory (West Bank or East Jerusalem) or abroad, especially for more specialised surgeries and care. Yet exiting Gaza is a lengthy, unpredictable process.

Applications must be submitted at least 10 days before the hospital appointment, accompanied by medical documentation. If approved, patients are only informed the night before their travel. The waiting time, however, can extend to weeks, and even months. These delays can mean that patients will lose their appointments, and in several recorded instances, such inability to access treatment has resulted in death.<sup>8</sup>

The Israeli authorities have also taken advantage of patients seeking exit permits to undertake interrogations for the purpose of gathering information about communities in Gaza, as a prerequisite before requests are considered. As noted by WHO, *"delays are often the result of patients and companions being called to appear for a security interview by security officials as a condition for a permit"*.<sup>9</sup> In 2015, Israeli television station Channel 10 aired a conversation with Lior Lotan, the Prime Minister's representative for prisoners and missing persons. During that conversation, Lotan said the following: *"When people, relatives of Hamas big boys, senior people! ... When they wanted to enter Israel for medical treatment in Israel, we told them: 'No, bring us information on Abera'"*.<sup>10</sup> WHO documented 327 incidents of patients being questioned by security officials while seeking to travel for treatment in 2015.<sup>11</sup> Additionally, on more than one occasion in 2016 patient companions were arrested at the crossing, leaving the patient, sometimes a young child, to wait alone at the checkpoint until a relative can be contacted to take them back to Gaza. This systematic exploitation of a patient's need for treatment as a way of gathering information is a clear violation of the patient's right to access treatment.

Physicians for Human Rights – Israel (PHRI) has found that people aged 18-45 experience the most delays and denials.<sup>12</sup> This is possibly as a result of arbitrary restrictions imposed by Israeli authorities on this age group based on security considerations, and can inevitably have a harmful impact on the health of patients in this age range. Similarly, patient companions are not permitted to be younger than 55, thereby preventing the majority of parents of younger children

### DIFFICULTIES OVERTURNING PERMIT DELAYS & DENIALS

IN 2016 PHRI SUPPORTED:

**239** patients from Gaza and the West Bank whose permits had been delayed or denied



The decision was overturned in only **27.2%** of the cases

IN 2015 PHRI SUPPORTED:

**243** patients from Gaza and the West Bank whose permits had been delayed or denied



The decision was overturned in **67%** of the cases

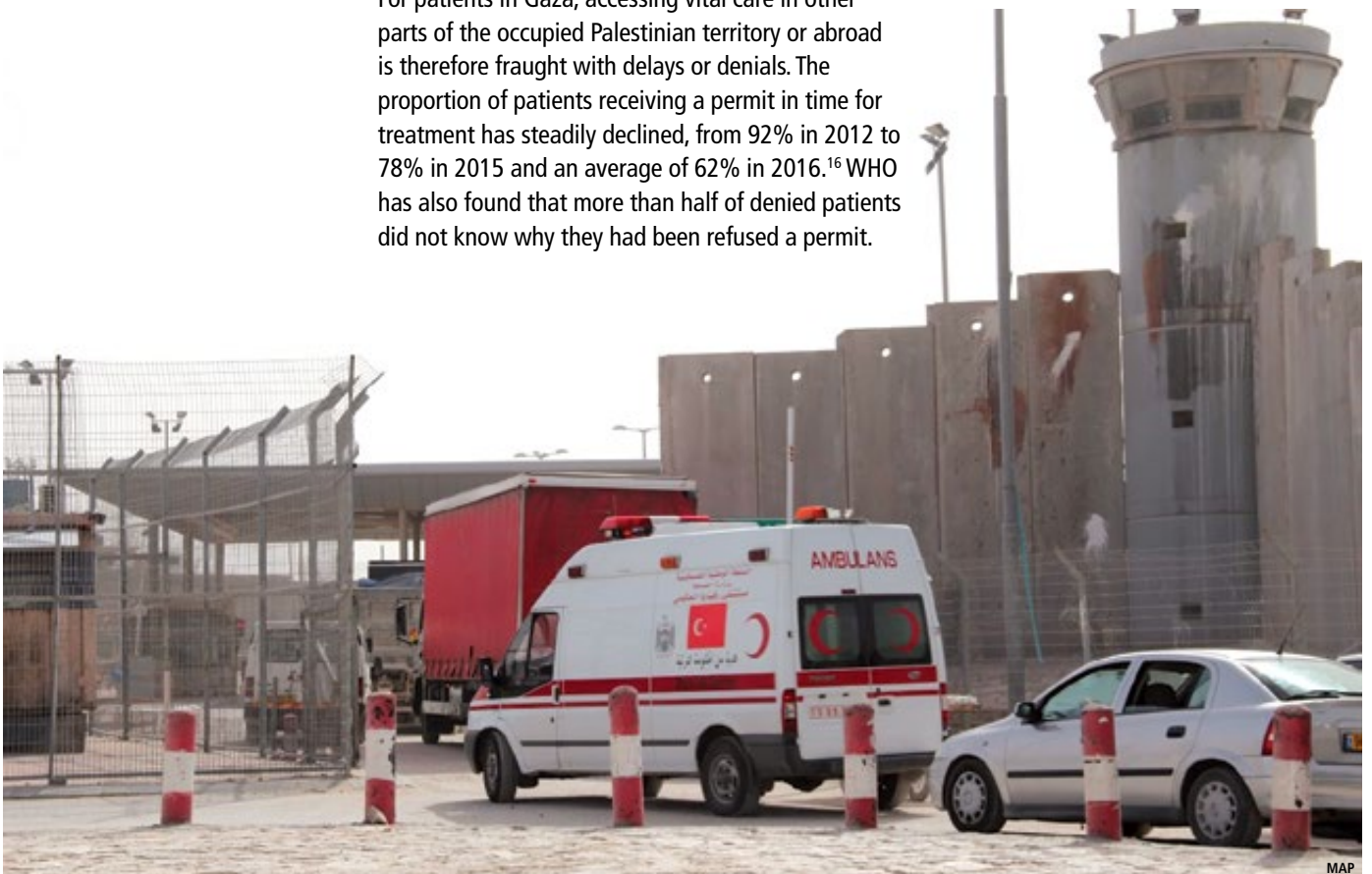


Erez checkpoint, baby's ambulance being checked/changed.

from accompanying them to hospital appointments and preventing patients from free choice of accompanier. According to the Palestinian Central Bureau of Statistics, only 6% of the population in Gaza is over age 55.<sup>13</sup>

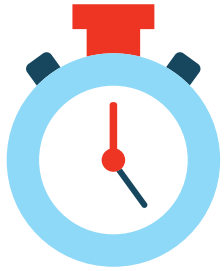
With the current permit regime, political considerations are often given precedence over medical need. In February 2014, the Israeli District Liaison and Coordination Office in Gaza began refusing to accept any stationery, including that of the ministries of the Palestinian Authority, which included the "State of Palestine" logo, thereby leading to a large increase in requests for help with refusals.<sup>14</sup> Similarly, a 2015 directive by the Coordination of Government Activities in the Territories (COGAT) stated that when deciding on access there must be a distinction between patients requiring life-saving treatment, and those who could benefit from a drastic improvement in their quality of life, including those living with severe orthopaedic pain.<sup>15</sup> Such a restriction is contrary to medical ethics and the right to health.

For patients in Gaza, accessing vital care in other parts of the occupied Palestinian territory or abroad is therefore fraught with delays or denials. The proportion of patients receiving a permit in time for treatment has steadily declined, from 92% in 2012 to 78% in 2015 and an average of 62% in 2016.<sup>16</sup> WHO has also found that more than half of denied patients did not know why they had been refused a permit.



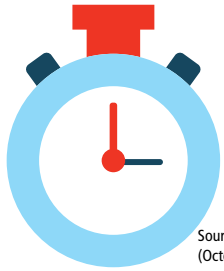
Average delay in  
back-to-back emergency  
transfers is

**24 MINUTES**



**41%** of back-to-back  
emergencies  
are delayed more than

**15 MINUTES**



Source: PRCS data  
(October-December 2015)

## BARRIERS TO AMBULANCE ACCESS

As East Jerusalem's hospitals are the sites of many medical specialties and treatments unavailable elsewhere in Palestine, such as radiotherapy, patients from the West Bank and Gaza are often referred there for care.

**Yet, for Palestinian patients, the process of entering East Jerusalem is fraught with obstacles to free movement.**

A Memorandum of Understanding signed in 2005 between the Palestinian Red Crescent Society (PRCS) and the Israeli Magen David Adom (MDA) stipulates that the area of free operation of PRCS ambulances should include all areas of the occupied Palestinian territory, including East Jerusalem, as per the framework of the 4<sup>th</sup> Geneva Convention. Nevertheless, the Independent Monitor of the ICRC Movement has stated that **"the rules and restrictions imposed by the occupying authority do not allow the PRCS to perform its duties in a satisfactory way"**.<sup>17</sup>

In all but a few cases, the Israeli government does not allow Palestinian patients, even emergency cases or those receiving critical care, to enter East Jerusalem from the West Bank freely in a Palestinian registered (PRCS) ambulance. Instead, they must undergo a procedure known as the "back-to-back" transfer at a checkpoint, whereby they are moved from the Palestinian ambulance to an Israeli-registered one. This process leads to delays, which can mean that transfers through a checkpoint take sometimes five times longer, causing substantial discomfort and medical risk for the patient as they are walked or wheeled between ambulances, sometimes in a critical condition.

According to an agreement with the International Committee of the Red Cross (ICRC), after 15 minutes of delay the PRCS can contact the ICRC to intervene to help transfer patients.<sup>18</sup> Delays at checkpoints often exceed this 15 minute guideline, with potentially serious impacts on patients' treatment and recovery. Monitoring by the PRCS across several checkpoints in December 2015 revealed that the average delay for 106 patients was 27 minutes, more than double the recommended time.<sup>19</sup>

"We arrived in a Palestine Red Crescent Society ambulance at one of the checkpoints outside Jerusalem. The soldiers stopped us. I heard the driver talking to them, but I didn't understand what the problem was. I was lying in the ambulance, feeling totally helpless. I, an old man, was seeking medical treatment and it seemed no one was helping me. One and a half hours later, I was finally transferred to the ambulance that had come from Jerusalem to take me to the hospital."

PRCS Patient <sup>20</sup>



MAP



PHYSICIANS FOR HUMAN RIGHTS  
רופאים אדם לחقوق الإنسان  
ISRAELI HUMAN RIGHTS

## THIS FIRST CHAPTER OF THE HEALTH UNDER OCCUPATION REPORT WAS PRODUCED IN COOPERATION WITH PHYSICIANS FOR HUMAN RIGHTS – ISRAEL:

Founded in 1988, PHRI works to promote a just society where the right to health is granted equally to all people under Israel's responsibility. PHRI employs a multi-faceted approach to achieve its goals through the provision of humanitarian aid and work promoting policy change. Through our open and mobile clinics, volunteer medical professionals provide services free of charge to people with limited or no access to health care—primarily migrants, refugees, and Palestinian residents of the West Bank and Gaza. PHRI also works to change discriminatory structures policies towards Palestinians in the Occupied Territory, prisoners and detainees, migrant workers, refugees, undocumented persons, and Israeli residents. PHRI is supported by more than 3,500 members and volunteers, serves more than 20,000 people year on year by providing medical care or assistance in accessing the right to health.



# PROTECTION FOR HEALTHCARE

## EXECUTIVE SUMMARY

Without adequate protection during times of conflict, every health worker's life is at risk. Since the occupation began 50 years ago, Palestinians have suffered frequent violence and conflict in both the West Bank and Gaza, with medical teams sometimes put in harm's way and medical facilities damaged or destroyed as a result of Israeli military action.

The impacts on health go far beyond the immediate damage. The capacity of the Palestinian health sector to provide adequate care to the population is reduced and the right to health is undermined. When violations against the health sector occur in a culture of impunity, the international norms which ensure the essential protection of civilian infrastructure and humanitarian personnel in conflicts worldwide are eroded.

It is vital that the UK and other influential governments act to ensure accountability for any violations against the Palestinian health sector, and deter the recurrence of such attacks.

## RECOMMENDATIONS FOR ACTION

Governments can support the protection of Palestinian healthcare by:

- Recognising the extremely poor compliance of Israeli domestic investigations and accountability processes with international law and raising relevant concerns in bilateral and multilateral relations;<sup>1</sup>
- Reiterating a commitment to strengthening international law pertaining to respect for and protection of medical personnel and facilities, including by promoting adherence to UN Security Council Resolution 2286 (2016);
- Promoting the establishment of an international mechanism to monitor and assess breaches of international humanitarian law and the effectiveness of steps taken to ensure accountability and justice in accordance with international law standards; and
- Supporting all international efforts to promote impartial investigations of alleged war crimes and pursuing accountability when war crimes are identified.

## INTERNATIONAL LAW

International humanitarian law stipulates that, as the occupying power, Israel is responsible for providing protection and access to healthcare for the Palestinian population under its control. This includes:

- Respecting the protected status of civilians and civilian infrastructure, including medical personnel and facilities;
- Ensuring respect and protection for personnel engaged in the transportation of or search for the wounded and sick; and
- Establishing local agreements for the removal of civilians, the wounded and sick from areas under attack, siege or encirclement.

Where international humanitarian law appears to have been violated, attacks must be investigated promptly, impartially, and in a credible and effective manner. Civilians who suffer injury or damage due to unlawful attacks must have access to appropriate reparations.

**"A hospital must be a safe place, not a target. An ambulance must be a sign of hope, not a target. A doctor or nurse must be a ray of light, not a target."**

Matthew Rycroft,  
UK Ambassador to the United Nations<sup>2</sup>





## PROTECTION FOR HEALTHCARE



A PRCS team assist an injured colleague

**“It is vital for health facilities and staff to be able to perform their life-saving work without fear of attack.”**

World Health Organization,  
28 July 2014<sup>4</sup>

June 2017 marks 10 years of the blockade and closure of Gaza and 50 years since Israel’s occupation of the West Bank and Gaza began following the 1967 War.

The prolonged presence of the Israeli military in the occupied Palestinian territory (oPt) has exposed Palestinian civilians to ongoing violence. Recent years have also witnessed the erosion of the protection of medical facilities and personnel.

The protected status of medical infrastructure and personnel during times of war is a result of universal recognition that these facilities and their staff are engaged in essential efforts to relieve the suffering of the civilian population and prevent loss of life wherever possible. Any actions failing to give due regard to the protected status of medical facilities not only put the lives of those in the facilities at risk, but also undermine their capacity to meet the health needs of the population.

Successive Israeli military operations in Gaza between 2008 and 2014 saw 147 hospitals and primary health clinics and 80 ambulances damaged or destroyed, and 145 medical workers injured or killed.

Hospitals and medics have not been free from attack in the West Bank either. During a spike in violence between October and December 2015, eight hospitals were raided by Israeli forces. The Palestine Red Crescent Society (PRCS) reported 92 instances of damage to ambulances and 147 instances of injury to medical workers.<sup>3</sup>

The last decade has seen an unprecedented rise in attacks on healthcare providers in conflicts around the world. Serious and repeated violations not only in the oPt but also in Syria, Afghanistan and Yemen have prompted fears that the international law which ensures safety for medical staff and facilities is eroding.

This prompted the UN Security Council to adopt Resolution 2286 in May 2016. This resolution was co-sponsored by 84 states, including all five permanent members of the Security Council as well as Israel. It condemned attacks against medical personnel and facilities in conflicts, and:

- Affirmed “the need for States to ensure that those responsible [for attacks on medical personnel and facilities] do not operate with impunity, and that they are brought to justice, as provided for by national laws and obligations under international law”; and
- Reaffirmed that attacks on medical personnel and facilities and the obstruction of medical care “undermine the efforts of the Security Council to maintain international peace and security under the Charter of the United Nations.”

The failure to ensure credible investigation, accountability, or redress for attacks on healthcare in the oPt outlined in this briefing paper contribute to the increasingly permissive global climate for serious violations of international humanitarian law.

# ATTACKS ON MEDICAL FACILITIES

## MEDICAL SAFE SPACES UNDER INTERNATIONAL LAW



HOSPITALS AND CLINICS



AMBULANCES



MEDICAL WORKERS



The 4th Geneva Convention requires that hospitals, clinics, ambulances and their staff must be protected at all times so the wounded and sick can be freely treated.

Attacks against medical staff and facilities are violations of international law and can constitute war crimes.

## HEALTH SECTOR UNDER ATTACK



During Israel's military offensives on Gaza and recent periods of heightened violence in the West Bank, medical facilities have repeatedly suffered severe damage, destruction and raids, while medical teams have risked death or injury when assisting the wounded or sick.

### GAZA \*

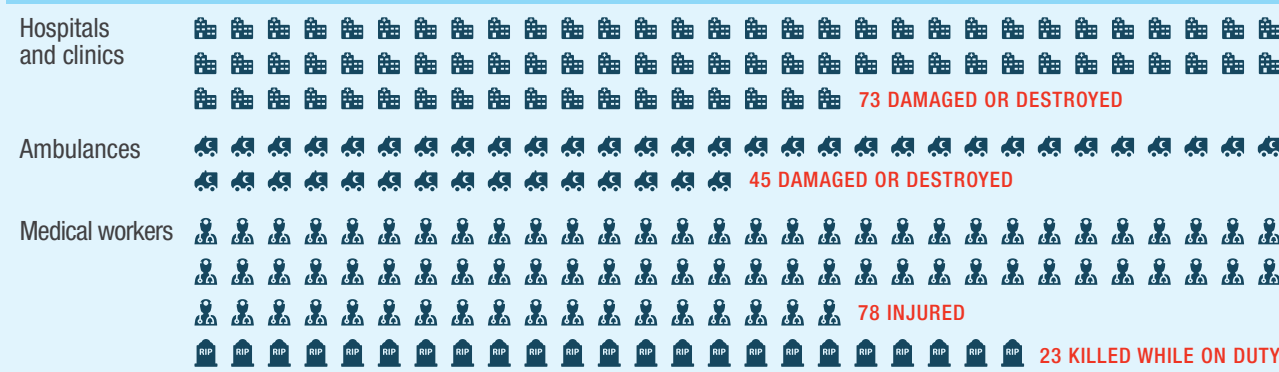
#### 2008/9 offensive



#### 2012 offensive



#### 2014 offensive



You may adapt the artwork, so long as you attribute us and share alike on a non-commercial basis.  
Image by The White Canvas; [thewhitecanvas.co.uk](http://thewhitecanvas.co.uk)

\* Source: World Health Organization  
\*\* Source: Palestine Red Crescent Society  
For full references: [map.org.uk/ighuoc2](http://map.org.uk/ighuoc2)

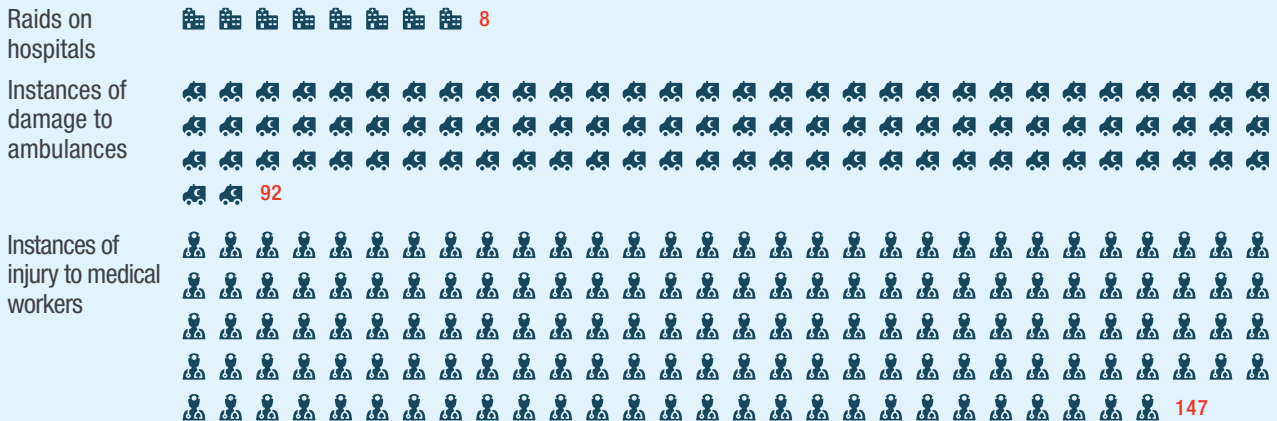


# FACILITIES AND PERSONNEL

THE WORLD HEALTH ORGANIZATION FOUND THAT GAZA AND THE WEST BANK HAD THE SECOND HIGHEST NUMBER OF ATTACKS ON HEALTHCARE AMONG EMERGENCY COUNTRIES IN 2014-2015.

WEST BANK \*\*

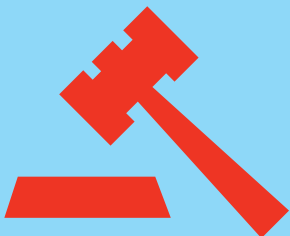
October – December 2015



UN Security Council Resolution 2286 reaffirmed that parties involved in a conflict must take all precautions to ensure medical staff and facilities are not attacked. It was co-sponsored by more than 80 Members States, including Israel and the UK.

## THE EROSION OF INTERNATIONAL LAW

Impunity for attacks against medical facilities and personnel makes repeated attacks more likely



NUMBER OF PROSECUTIONS: 0

“

Israel must break with its recent lamentable track record in holding wrongdoers accountable, not only as a means to secure justice for victims but also to ensure the necessary guarantees for non-repetition.

”

The United Nations Independent Commission of Inquiry on the 2014 Gaza Conflict

## ATTACKS ON MEDICAL PERSONNEL

Palestinian medical personnel undertake vital, but increasingly hazardous, duties in the oPt. Emergency medical technicians are early to arrive following attacks, and are often nearby at protests or clashes to assist the wounded.<sup>5</sup> Medics stationed in hospitals and clinics provide essential front-line care for those injured in times of heightened violence or relative calm. However, reoccurring attacks and threats against Palestinian medics by the Israeli military and settlers are placing them in the firing line, and affecting the sustainable provision of healthcare.

The erosion of protection of medical personnel in the oPt is of critical concern. During a period of heightened violence between October and December 2015 the PRCS reported 147 instances of injury to medical workers and 92 instances of damage to ambulances in attacks by Israeli forces and settlers.<sup>6</sup> This includes physical assaults and shots fired at medical teams and ambulances.

During Israel's 2008/09 assault on Gaza, 16 healthcare workers were killed and 25 were injured while on duty.<sup>7</sup> During the 2014 offensive casualties more than doubled, with a further 23 killed and 78 injured, the majority of which were ambulance staff.<sup>8</sup> In total, 145 medical workers have been killed or injured in military offensives on Gaza since 2008.<sup>9</sup>

During the 2014 Gaza offensive, coordination was arranged through the International Committee of the Red Cross (ICRC) to ensure combatants were aware of incoming medical vehicles and the presence of medical personnel. Effective communication and coordination on ambulance movements, and the exercise of extreme caution from frontline combatants in targeting, are essential to protecting medical teams and civilians. Nevertheless, testimony from an Israeli military sergeant published by the Israeli NGO Breaking the Silence, suggests this may have been lacking during the 2014 offensive: *"there were no special intelligence warnings such as some person, or some white vehicle arriving... No vehicle is supposed to be there – if there is one, we shoot at it."*<sup>10</sup>

Medical teams can also face unnecessary delays and denials of access to the wounded. During the 2014 offensive, ambulance teams were regularly frustrated in their attempts to reach the injured due to the imposition of "closed military zones". In some cases, ambulances were just a few metres away from a location where medical personnel had been informed injured people remained, but would be unable to reach the victims for hours or even days.<sup>11</sup>

511 of the 2,217 Palestinians who were killed during the 2014 attacks never received medical assistance due to obstruction of ambulance access. Some of these people may have survived if paramedics had been able to reach them in time.<sup>12</sup>



An ambulance damaged in the 2014 attacks

### OBSTRUCTION OF AMBULANCE ACCESS

2014 Gaza offensive

**511**   
**of 2,217**

**PALESTINIANS KILLED  
NEVER RECEIVED MEDICAL  
ASSISTANCE**



## CASE STUDY:

### MEDICAL WORKERS KILLED IN 'DOUBLE TAP' INCIDENTS

A "double tap" incident involves an initial strike on a target or area, followed by a brief interval and then a second attack on the same target or area, often causing multiple additional casualties. Medical first responders are at heightened risk of being hit by any subsequent strike as they rush to impact sites.

On Friday 1 August 2014, a Palestinian Ministry of Health ambulance was hit by a drone strike after arriving to evacuate people injured by a missile attack on a mosque in the Msabbeh neighbourhood in Rafah, southern Gaza.<sup>13</sup> Jaber Hassan Darabieh, an ambulance driver whose son was also a medical volunteer, described the aftermath of the second attack to MAP:

*"We picked up the fatalities who had been burned. They were three children, a woman, three ambulance crew members, and a person on a stretcher who it seemed was being carried by the ambulance crew before the attack. I carried in my ambulance the dead bodies of my three colleagues, the rest were carried by other ambulances that had arrived at the location.*

*I took my colleagues to Abu Youssif an-Najjar Hospital and put them in the mortuary that was filled with a large number of dead bodies. I sat near the mortuary with sadness for losing my colleagues. I was near my colleague, Sho'ayeb, who was crying and hugged me firmly and was saying, "Yousef, Yousef" [...] He meant my son. I was shocked. I collapsed and cried. My son was burnt in front of me and I didn't know that he was my son. I carried him to the hospital and I didn't know that he was my son."*



Jaber Hassan Darabieh



MAP

## INCREASING ATTACKS ON MEDICAL FACILITIES AND A LACK OF ACCOUNTABILITY

The protected status afforded to medical facilities under international law and the perception of safety that they offer for staff and patients are eroded when violent attacks on these facilities are met with impunity.

The World Health Organization (WHO) has documented an increase in attacks on healthcare facilities in the oPt since 2008. Fifteen hospitals, 43 clinics and 29 ambulances were damaged or destroyed during Israel's military offensive on Gaza in 2008/09.<sup>14</sup> During the 2014 offensive, 16 hospitals and 51 primary health clinics were damaged and five clinics and Gaza's only rehabilitation hospital were completely destroyed.<sup>15</sup> In addition, 45 ambulances were damaged or destroyed.<sup>16</sup> During three major military assaults in the last decade, 147 hospitals and clinics and 80 ambulances have been damaged or destroyed in Gaza.<sup>17</sup>

The WHO has noted that, prior to the beginning of the 2014 attacks, *"the Israeli military had been given GIS coordinates of all hospitals specifically to prevent targeting, and that Wikimaps had been used to determine exact locations of healthcare facilities"*.<sup>18</sup> Under international humanitarian law the targeting of hospitals can only be deemed legal if they are being used for hostile or harmful acts unrelated to their humanitarian function. Even in this instance, protection may cease only after effective warning has been given with a reasonable time-limit set, and after such warning has remained unheeded. Furthermore, their civilian status must be presumed where any doubt exists, and military attacks would still have to comply with the general principles under international humanitarian law of distinction and proportionality.<sup>19</sup>

The Israeli military claims that, during its 2014 offensive, there were instances when they targeted civilian infrastructure because it was being used for military purposes.<sup>20</sup> This includes the Al Wafa rehabilitation hospital, which they destroyed on 23 July 2014.<sup>21</sup> Israeli officials claimed it was being used as a firing platform by Hamas, although the hospital's Director and other testimony contests this.<sup>22</sup> The disputed incident highlights the need for a thorough and impartial investigation.

The Israeli Government has failed to adequately cooperate with international investigations, and denied members of the UN Commission of Inquiry (COI) entry to Gaza to investigate alleged violations. The COI has expressed concern about “*a number of procedural, structural and substantive shortcomings*” in Israel’s military investigation system, and pointed to the urgent need for proper investigations.<sup>23</sup>

The destruction of medical infrastructure is detrimental to the long-term provision of healthcare in the oPt, particularly in Gaza where the right to health is already undermined by restrictions to movement, a decade of blockade and closure and grindingly slow reconstruction.

In the context of increasing attacks on healthcare facilities worldwide, it is vital that perpetrators are held to account whenever and wherever they take place. The UK and other influential governments should help ensure accountability for any such attacks in Gaza and the West Bank.



Basman Alashi,  
Executive Director of the  
Al Wafa Hospital, on the  
site of its destruction

## CASE STUDY:

### HOSPITAL RAIDS

The protected status of medical facilities has not only been violated in Gaza. During the heightened violence in the West Bank between October and December 2015, hospitals were raided eight times by the Israeli military, disrupting and delaying the work of medical teams and using excessive force.

Al Mekassed Hospital in East Jerusalem was raided five times between October and December 2015, with tear gas, rubber bullets and stun grenades fired into hospital grounds.<sup>24</sup> Staff and patients reported assaults by Israeli security forces even though they did not mount any resistance. On 12 November 2015, a relative of a patient being treated at Al Ahli Hospital in Hebron was killed during the course of an arrest operation.<sup>25</sup>

Testimonies from hospital staff and patients collected by Physicians for Human Rights – Israel (PHRI) indicated that the apparent aims of the raids included arresting patients and collecting medical files and patient information.<sup>26</sup>



Israeli military footage of striking the hospital

**“[The ICRC] called again after 15 minutes and told me that the Israeli military would stop bombing. I answered her that it’s too late because the hospital was already on fire.”**



RYAN RODRICK BEILER

# MENTAL HEALTH AND QUALITY OF LIFE

## EXECUTIVE SUMMARY

Physical and psychological wellbeing are equally intrinsic components of the right to health. As the occupying power with effective control over Gaza and the West Bank, including East Jerusalem, Israel has an international legal obligation to respect, protect and progressively realise the right to health for Palestinians residing there.<sup>1</sup>

Israel's 50 year occupation of the West Bank and Gaza nevertheless poses significant and well-documented challenges to the physical health of Palestinians. Restrictions on free movement, military action, and breaches of international humanitarian and human rights law in the West Bank and Gaza have resulted in deaths and injuries, and impeded the accessibility and availability of medical care.

Equally important, but less focused-upon, are the mental health impacts of the insecurity, humiliation and exposure to violence which are inherent in life under occupation. This briefing exposes how the political and social conditions endured by Palestinians undermine their psychological wellbeing and cause unnecessary trauma and suffering.

## RECOMMENDATIONS FOR ACTION

Palestinians' right to health cannot be realised under perpetual occupation, which poses constant threats not only to physical safety, but also psychological and emotional wellbeing.

Governments can support the Palestinian right to physical and mental health by:

- **Placing pressure on the Government of Israel to end practices which constitute both violations of Palestinians' human rights and threats to their mental health**, including military attacks on hospitals and civilian objects, the demolition of homes, detention of children, restrictions of movement, and blockade and closure of Gaza;
- **Supporting all international efforts to ensure accountability for suspected attacks on civilians and civilian infrastructure** by the Israeli military and settlers, not only to ensure essential enforcement of the law and ensure redress and dignity for victims, but also to reduce the likelihood of future recurrence and consequent traumatic impact on Palestinian communities; and
- **Supporting the sustainable development of the Palestinian health sector** and other vital infrastructure, with particular emphasis on developing services prepared to respond to current mental health challenges and able to provide effective local models of care.

## INTERNATIONAL LAW

International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. As a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Israel has also recognised *"the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"* and committed to take steps to achieve the full realisation of this right.<sup>3</sup>

The Government of Israel is therefore obliged to:

- *Respect* the right to health of Palestinians, by refraining from taking actions which undermine their physical and psychological wellbeing;
- *Protect* the right to health of Palestinians, by preventing violations of this right by third parties; and
- *Fulfil* the right to health of Palestinians, by taking action to ensure equal access to healthcare and the determinants of physical and mental health such as clean water and adequate housing.

Where international humanitarian law appears to have been violated, attacks must be investigated promptly, impartially, and in a credible and effective manner. Civilians who suffer injury or damage due to unlawful attacks must have access to redress and appropriate reparations.

**"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."**

Article 25 of the Universal Declaration of Human Rights, 1948<sup>2</sup>

**"The right to health includes entitlements to both healthcare services and certain pre-conditions which support mental health – social and underlying determinants. The longstanding biomedical tradition of medicalizing various forms of psychosocial distress and human suffering has cast a long shadow over the importance of addressing the social and underlying determinants of health."**

Dainius Puras, UN Special Rapporteur on the Right to Health, 2017<sup>4</sup>

# MENTAL HEALTH AND QUALITY OF LIFE



JUSTIN MCINTOSH



MAP

2016 saw the highest rate of demolition of Palestinian homes in seven years

**“An increase in the burden of mental and psycho-social disorders can be expected in a population experiencing prolonged occupation, lack of personal security, severe movement restrictions and human rights violations, including displacement in a post-conflict situation.”**

World Health Organization, 2016 <sup>10</sup>

The prolonged occupation of the West Bank and Gaza is characterised by frequent violations of international human rights and humanitarian law, including the detention of children, demolition of homes and livelihoods, and restrictions on movement. Palestinians are frequently exposed to violent conflict, especially those in Gaza who have also endured a decade of blockade and closure. Demonstrating the impact of Israel’s 50-year military occupation on physical health therefore only tells part of the story, as Palestinians are also exposed to constant insecurity and significant threats to their mental health and psychological wellbeing.

The World Health Organization (WHO) established mental health as being an essential component of health in its 1946 Constitution, which states: *“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*.<sup>5</sup> The organization has further determined mental health and wellbeing to be *“fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.”*<sup>6</sup>

Physical and mental health are also functionally linked. Just as poor physical health can affect mental health, experience of psychological stress and trauma is associated with physical health complaints including the two highest causes of deaths in the occupied Palestinian territory (oPt): cerebrovascular and cardiovascular disease.<sup>7</sup>

Mental health is therefore also an essential component of the right to health that States are obliged to respect, protect, and progressively realise. Israel, as a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), has recognised *“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”* and committed to take steps to achieve the full realisation of this right. As the occupying power in the West Bank and Gaza, the Government of Israel is obliged to protect and promote this right amongst the Palestinian population under its control in international humanitarian law.

Furthermore, frequent, large-scale military offensives have caused heavy damage to civilian infrastructure such as homes and hospitals, and exposed the entire population of Gaza to traumatic events. Given Israel’s failure to adequately investigate and prosecute the perpetrators of possible war crimes,<sup>8,9</sup> the international community has a duty to ensure accountability for suspected violations of international law during these periods of heightened violence in order to deter recurrence, provide dignity to victims, and protect the population from further physical and psychological trauma.

The personal insecurity, restrictions on freedoms and humiliation experienced by Palestinians living under occupation as explored in this report are harmful to mental health and wellbeing, and therefore indicate Israel’s failure to meet its obligations under international law. Ultimately, the “highest attainable standard” of health – both physical and mental – can only be met once the occupation of Palestinian territory and the blockade and closure of Gaza are ended.

# WHAT QUALITY OF LIFE? THE OCCUPA

## RIGHT TO PHYSICAL AND MENTAL HEALTH

As the occupying power, Israel has an obligation to protect the health and welfare of the Palestinian population under its control. However, the 50-year occupation is characterised by frequent threats to Palestinians' physical and mental health, including breaches of international humanitarian and human rights law that are committed with impunity.

“ There can be no health without mental health and everyone is entitled to an environment that promotes health, well-being, and dignity. ”

UN Special Rapporteur on the Right to Health, 2017

## EXPOSURE TO VIOLENCE

Palestinians are exposed to regular and often deadly violence, constituting direct risks of psychological trauma and negative health outcomes among the population.

### WEST BANK

In 2016 in the West Bank, including East Jerusalem, there were:



**411**

Israeli military arrest and search raids per month on average



**97**

Palestinians killed by the Israeli army or settlers



**3,209**

Palestinians physically injured by the Israeli army or settlers

### GAZA

During Israel's military offensive on Gaza in 2014:

**6,000**

Airstrikes were conducted by Israeli military forces, many on residential areas



**35,000**

Artillery shells were fired



**14,500**

Tank shells were fired



**2,217**

Palestinians were killed, including **556** children



**1,500**

Palestinian children were orphaned. **142** families had 3 or more members killed in the same incident



**11,231**

Palestinians were physically injured, **10%** of whom were permanently disabled



**18,000**

Homes were destroyed, making **110,000** people homeless



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Sources used: UN, World Health Organization, UN OCHA, DCI-P, World Bank



# PALESTINE'S THREATS TO MENTAL HEALTH

## CHILD DETENTION

**700,000**

Palestinians have been convicted in Israeli military courts since 1967



**500 - 700**

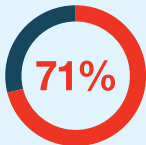
Palestinian children are detained and prosecuted in Israeli military courts each year

**3 out of 4** Palestinian children detained by Israeli forces experience physical violence during arrest, transfer or interrogation.

Of children detained between 2012-2015:



Were interrogated without a family member or lawyer present



Endured verbal abuse, humiliation or intimidation



Were strip searched



Were held in solitary confinement for more than two days

Arrest and detention can have serious repercussions for long term psychological well-being:

- STRESS
- ANXIETY
- DEPRESSION
- ATTENTIONAL AND EDUCATIONAL DIFFICULTIES

## HOME AND LIVELIHOOD DEMOLITIONS

Demolitions cause personal insecurity, trauma and suffering among Palestinians.

**2016**

THE HIGHEST RATE OF DEMOLITIONS IN 7 YEARS



**1,094**

Palestinian structures and homes in the West Bank, including East Jerusalem, were demolished or seized by Israeli authorities

**1,601**

Palestinians were displaced from their homes and **7,101** livelihoods were destroyed

## BLOCKADE AND CLOSURE OF GAZA

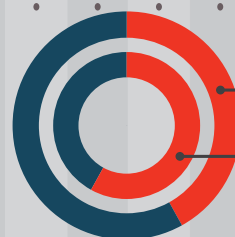
The blockade and closure of Gaza exposes Palestinians to stress, anxiety and feelings of hopelessness.



Of people in Gaza are dependent on some form of aid



Live below the poverty line



The unemployment rate in Gaza is among the highest in the world at **42%**  
**58%** of youth (15-24 year olds) are unemployed



MAP

## EXPOSURE TO VIOLENCE

In Gaza, the past 10 years of intensified blockade and closure have been punctuated by three large-scale military offensives, in 2008-9, 2012 and 2014, causing mass casualties and significant damage to homes and infrastructure. Israel's 2014 offensive resulted in the deaths of 2,217 Palestinians – including 556 children – and injuries to a further 11,000 people.

The Israeli military also conducts regular cross-border raids and firing into Gaza, attacks on Palestinian fishing boats, and violent and sometimes deadly repression of protests close to the wall.

The relationship between exposure to conflict and human rights abuses and psychological trauma and affective disorders such as depression and anxiety is well established.<sup>11</sup> Exposure to multiple violent events is also associated with higher levels of trauma and depression symptoms in conflict-affected communities.<sup>12</sup>

Military offensives on Gaza have had an undeniable impact on the mental health and psychological wellbeing of the population. One study of adolescents conducted after the 2008-9 offensive found that 91% had seen mutilated bodies on TV, 86% had heard or seen artillery shelling or jetfighters and 67% had witnessed deaths as a result of rocket attacks. Most reported some symptoms of Post-Traumatic Stress Disorder (PTSD) such as re-experiencing, avoidance or hyperarousal, with 30% reporting symptoms meeting the criteria for full diagnosis of PTSD.<sup>13</sup>

Among children living in bombarded areas of Gaza, the rate of severe PTSD has been recorded as 54%.<sup>14</sup> Immediately after the 2014 offensive, the WHO estimated that up to 20% of the population of Gaza may have developed mental health conditions, corresponding to 360,000 people requiring mental health or psychosocial interventions.<sup>15</sup> Six months later, UNICEF estimated that more than 300,000 children in Gaza required some form of psychosocial care.<sup>16</sup>

To focus only on those identified with clinically significant psychological conditions such as PTSD would, however, understate the true scale of the mental health effects of exposure to violence in Gaza. As one of the most densely populated areas of the world, few people – if any – would be free from experiencing chronic stress, fear and diminished quality of life as a result of military offensives.

Prolonged stress can cause lifelong impairments to children's educational achievement, physical and mental health, and cognitive functioning.<sup>17</sup> The cumulative effects of a decade of blockade and violence mean there is arguably no 'Post' to Post-Traumatic Stress in Gaza. This is of critical concern in a population where 43% of people are below the age of 15.<sup>18</sup>

Research in the West Bank after the Second Intifada (2000-5) also found a strong relationship between the level of exposure to violent events – such as witnessing shootings or being beaten by soldiers – and self-reported depressive symptoms, somatic complaints and emotional problems among adolescents.<sup>19</sup>

The UN Special Rapporteur on the Right to Health has stated that exposure to violence constitutes a threat to this right not only because of its direct physical and medical impact, but also because it "often results in significant ... psychological and emotional harm to individual victims and contributes to social problems for individuals, families and communities."<sup>20</sup>

Israel's obligation to protect the population it occupies therefore extends to curbing its use of violence not only for the sake of protecting the lives and physical health those directly impacted, but also for the wider communities whose quality of life and mental health are harmed by it. It is imperative that States act to ensure Israel meets this obligation.

## CASE STUDY:

### SHAYMA, 13, WHOSE HOME WAS DESTROYED DURING THE 2008-9 MILITARY OFFENSIVE ON GAZA

*"Before the offensive, I had my own room. I had pictures of Barbie posted in every corner of my room. Now I sleep with my three sisters and three brothers in the same area. Before the offensive, I used to go to school, come back, have a shower, eat, study and then sleep. Now I go to school and come back without taking a shower because we always have a water shortage. I don't study, because I'm not comfortable. I don't feel at home at all. I stopped doing all the things I like, such as drawing and playing. I don't even like watching TV now, which was my favourite hobby of all. My academic achievement is much worse than before the offensive. I was getting very good marks but now I'm not that good at all, and I'm afraid that now I won't be able to be a doctor."<sup>21</sup>*



Children play on the rubble of destroyed homes in Gaza

MOHAMED ASKARI

## QUALITY OF LIFE UNDER OCCUPATION

The trauma caused by violent conflict is only one aspect of the threat posed to the mental wellbeing of Palestinians living under occupation. In the West Bank, constant restrictions on free movement as a result of checkpoints and barriers, harassment by settlers, regular contact with a foreign occupying military force, and demolitions of homes and livelihoods feed pervasive experiences of humiliation, personal insecurity, and 'feeling broken or destroyed' among Palestinians.<sup>22</sup>

A survey conducted by the Palestinian Center for Policy and Survey Research found that 78% of Palestinians reported having had their home raided, 62% had been verbally abused, and 43% had been physically assaulted by soldiers or police between 1987 to 2011. A further 68% reported being unable to access medical care at some point due to movement restrictions including checkpoints, barriers and curfews.<sup>23</sup>

Surveys using the WHO's "quality of life" (QoL) assessment tool, which measures subjective wellbeing, have shown lower self-reported quality of life among people in the oPt when compared to other countries where the tool has been used:

*"In a population that has endured generations of war-like conditions and chronic exposure to violence, the results potentially point to the influence of the political context in explaining QoL differences."* Mataria et al, 2007<sup>24</sup>

Humiliation – *"an internal experience where the victim has feelings of having been unjustly treated and debased"*<sup>25</sup> – is a commonly expressed emotion among Palestinians living under occupation. Chronic exposure to humiliating experiences has been associated with higher levels of fear, depression and stress among Palestinians in the West Bank.<sup>26</sup>

A 2007 study of 3,415 adolescents living in the West Bank found that 23% reported having been humiliated themselves, 67% having seen a stranger humiliated, and 29% having seen a family member humiliated in the preceding year. Those experiencing higher levels of humiliation also reported a higher number of health complaints, highlighting a nexus between the context of protracted military occupation, psychological wellbeing, and physical health.<sup>27</sup>

*"It is clear that the painful experiences of families, including those who have suffered loss or trauma or have had their houses destroyed, as well as the sense of humiliation, lack of security and persistent fear are all integrally linked to the violence of the occupation. There are often long-term feelings of frustration, lack of opportunity and crushed dreams. Indeed, the indirect consequences of the occupation and the restrictions placed on the lives of Palestinians have a huge effect on mental health and amount to much more than simple psychological disturbances."* Dr Jawad Awwad, Minister of Health, 2016<sup>28</sup>

**"The anger we are witnessing is bred from nearly five decades of Israeli occupation. It is the result of fear, humiliation, frustration and mistrust. It has been fed by the wounds of decades of bloody conflict, which will take a long time to heal."**

UN Secretary General Ban Ki-moon, 2015<sup>29</sup>



Many Palestinian children have to pass through checkpoints on their way to school

In Gaza, a decade of blockade and closure poses additional challenges to wellbeing, including severe restrictions on movement and a lack of access to basic resources such as water and electricity. The unemployment rate in Gaza is among the highest in the world at 42%, approximately 80% of people are dependent on some form of aid, and nearly 40% live below the poverty line.

Common mental health disorders such as depression and anxiety have been found to be twice as prevalent among people living in poverty compared to higher income groups in international studies, with the association between poverty and mental health conditions mediated by factors such as insecurity, hopelessness, and a lack of opportunities.<sup>30</sup>

Depressive and anxiety disorders are respectively the second and seventh highest causes of disability in the oPt.<sup>31</sup> The Gaza Community Mental Health Programme reported an 18% rise in depression in the first five years of the intensified closure of Gaza (2007-2012).<sup>32</sup> There have also been reports of increasing drug addiction<sup>33</sup> and suicides<sup>34</sup> in Gaza.

*“The compounded effects of the blockade have also had a less visible, but yet profound and palpable psychological impact on the people in Gaza. Whatever resilience people have left, it is being eroded with every day the blockade continues . . . Palestine refugees in Gaza are experiencing increasingly higher levels of stress and distress. The reporting of suicide cases across the Gaza Strip, once unheard of but now becoming a regular occurrence, clearly suggest that the coping capacity of Palestinians is being exhausted.”* Bo Schack, Director of UNRWA Operations in Gaza, 2017<sup>35</sup>



## CHILDREN IN DETENTION

The presence of an occupying military force can be particularly damaging to the mental wellbeing of children. Since 1967, Israel had convicted an estimated 700,000 Palestinians in military courts.<sup>36</sup> Among these, 500 to 700 children are detained and prosecuted each year.

Defence for Children International – Palestine (DCIP) collected affidavits from 429 children detained in the West Bank between 2012 and 2015, and found that three quarters had endured some form of physical violence following arrest. Many also endured verbal abuse, humiliation or intimidation (71%), strip searches (70%), interrogation without a family member or lawyer present (97%) and even solitary confinement of more than two days (15%).<sup>37</sup>

Arrest and detention can have serious repercussions for long-term psychological wellbeing, causing high rates of stress, anxiety and depression,<sup>38</sup> as well as causing attentional and educational difficulties.<sup>39</sup> As the UN Special Rapporteur on Torture noted in 2015:

*“Even very short periods of detention can undermine a child’s psychological and physical wellbeing and compromise cognitive development. Children deprived of liberty are at a heightened risk of suffering depression and anxiety, and frequently exhibit symptoms consistent with post-traumatic stress disorder. Reports on the effects of depriving children of liberty have found higher rates of suicide and self-harm, mental disorder and developmental problems.”*<sup>40</sup>



RICHARD GRAY

# DEVELOPMENT

## EXECUTIVE SUMMARY

50 years of Israeli occupation have devastated the development of the Palestinian economy and society and the provision of vital services. The development of the Palestinian health sector is far from immune, and is determined by a variety of barriers and processes imposed by Israel. Across the West Bank, including East Jerusalem, and Gaza, Israel's policies and practices breach Palestinians' right to development in multiple ways.<sup>1</sup> Through its prohibition of the construction of permanent health facilities for communities in Area C, restrictions on reconstruction materials and some medical supplies into Gaza and denials of permission for health workers and trainees needing to travel around the occupied Palestinian territory and abroad, Israel's occupation is stifling the development of Palestinian health services.

States and international organisations can help address the problem by prioritising investment in sustainable Palestinian-led health infrastructure, and ensuring that the root causes of the obstacles to Palestinian healthcare – including the closure and blockade of Gaza and the occupation of Palestinian territory – are brought to an end.

## RECOMMENDATIONS FOR ACTION

Governments should promote the development of Palestinian healthcare by:

- Supporting measures aimed at ending the blockade of Gaza and the separation of the West Bank, East Jerusalem and Gaza through bilateral and multilateral engagement;
- Taking steps to reverse the harmful effects on Palestinian health and healthcare caused by the severe fragmentation of the occupied Palestinian territory (oPt) due to settlements, the separation wall and other barriers to movement;
- Supporting the provision and development of essential water, sanitation and electricity infrastructure in Gaza, and demanding that Israel permit entry of all the necessary materials;
- Demanding that Israel, and also Egypt and Jordan, end excessive restrictions on movement for Palestinian health personnel;
- Supporting access to training opportunities for Palestinian health workers in the oPt and abroad, including by facilitating appropriate international visas where necessary; and
- Investing in and/or providing technical support for locally-led, sustainable, affordable and effective healthcare programmes and the development of the Palestinian health sector.

## INTERNATIONAL LAW

The Declaration on the Right to Development, which states that everyone has a right to fair and participatory economic and social development, is incorporated into the framework of the Sustainable Development Goals.<sup>2</sup>

The Declaration encompasses civil, political, economic, social and cultural rights documents that are binding on Israel. This includes the International Covenant on Economic, Social and Cultural Rights (ICESCR), which obligates Israel to create the conditions in which necessary medical services can be delivered. Israel is further obligated to refrain from policies or measures that could be considered retrogressive with regard to realising the rights to health and self-determination of Palestinians.<sup>3</sup>

International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. This includes:

- Ensuring the population's access to adequate medical treatment;
- Ensuring the provision of medical supplies of the population if the resources of the occupied territory are inadequate; and
- Ensuring the functioning and maintenance of medical establishments in the occupied territory and allowing all health workers to carry out their duties.<sup>4</sup>

Additional legal frameworks promote humanitarian and development assistance. A comprehensive analysis of the legal context of development assistance in the oPt was recently published by Diakonia.<sup>5</sup>





Al Shifa Hospital, Gaza

**“The current restrictions on the operating environment mean that much of the focus remains inevitably on short-term humanitarian and reconstruction projects, while the measures needed to move towards more sustainable recovery and development are continuously postponed.”**

Office of the UN Special Coordinator for the Middle East Peace Process<sup>10</sup>

The right to development is fundamental to the progressive realisation of all human rights and freedoms. It recognises that development is a comprehensive economic, social and political process and at the improvement of the well-being of the population *“through their free and meaningful participation in development and in the fair distribution of benefits resulting there from.”*<sup>6</sup> For Palestinians, self-determination is core to their right to development: determining how their health system is developed, delivered and improved, and ensuring equal access to employment and education.

Israel is obligated to respect the Palestinian people’s rights to self-determination and development. Yet its entrenched 50-year occupation continues to violate these rights.<sup>7</sup> The UN has reported that the Palestinian economy would be at least twice as large without the presence of the occupation.<sup>8</sup> In 2016, the UN Special Rapporteur for human rights in the occupied Palestinian territory (oPt) described the impact in Gaza as “de-development”:

*“Over the past decade, Gaza has undergone a process of “de-development”, with Israel enforcing a policy of maintaining Gaza at a level of essential humanitarian requirements and little more. A major study by the United Nations in 2012 questioned whether, under then-current conditions, Gaza would even be a sustainable place to live by 2020.”*<sup>9</sup>

Israel’s policies inhibit the construction and maintenance of medical infrastructure and the essential services needed to promote health, such as water, sanitation and electricity. Restrictions on free movement between different areas of the oPt (the West Bank, including East Jerusalem, and Gaza) limit the access of health workers to training and professional development. Restrictions on access to medical equipment and materials further prevent the development of services in some areas of the oPt.

These restrictions hamper the ability of Palestinian Ministries and international donors to invest in long-term infrastructure projects. In turn, the Palestinian health sector is forced to make frequent external medical referrals and use outdated treatments while patients suffer delays and obstacles to their treatment pathways.

As the occupying power, Israel is responsible for the progressive realisation of the rights to health and development for Palestinians living under its effective control. This means ensuring access to sustainable, Palestinian-led health infrastructure development, supported by the free movement of people and medical supplies.

Medical Aid for Palestinians (MAP) is working towards this goal in collaboration with key health providers in the oPt. We invest in local training programmes for Palestinian health workers and support the development of essential community and hospital based services. But sustainable development of Palestinian healthcare requires coordinated international pressure to create the necessary political conditions, including full self-determination for the Palestinian people, an end to the separation between the West Bank, East Jerusalem and Gaza and, ultimately, an end to Israel’s occupation.

# HOW THE OCCUPATION OBSTRUCTS THE DE

## RIGHT TO DEVELOPMENT

As the occupying power, Israel has an obligation to support the development of the health sector in Gaza and the West Bank, including East Jerusalem. After 50 years, Israel's occupation is stifling the provision of healthcare.



**States are legally bound under international humanitarian and human rights law to ensure that their policies create an enabling environment for available and accessible health care for all in the shortest possible time.**



World Health Organization, 2016

## HEALTHCARE FACILITIES

**According to the UN Special Coordinator for the Middle East Peace Process, in Gaza since 2000:**



The Palestinian population in Gaza has **doubled**



Functioning primary health care **clinics** have decreased from **56 to 49**

Resulting in:



**Overstretched services**



**Decreased doctor-patient time**



**Overcrowding**

**Area C** constitutes the **60% of the West Bank** under full Israeli civil and military control.

Between 2010 and 2014 Israel approved only **1.5%** of Palestinian **building permit** applications.

**There are still no permanent Palestinian health facilities in Area C.**

**Of the 351 Palestinian communities living in Area C:**



**23%** have **no access** to healthcare at all



**50%** are more than **30km away** from the closest clinic

By contrast, **illegal settlements** in the West Bank **have modern health clinics** and easy access to hospitals.

## MEDICAL SHORTAGES IN GAZA

In May 2017, **34% of essential medicines** and **32% of medical disposables** were at **“zero stock”**, meaning that less than a month's supply was available.

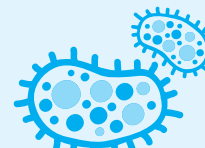
This included:



Cancer medications



Medical disposables needed for operating rooms, emergency departments and intensive care



Treatments for immunological diseases

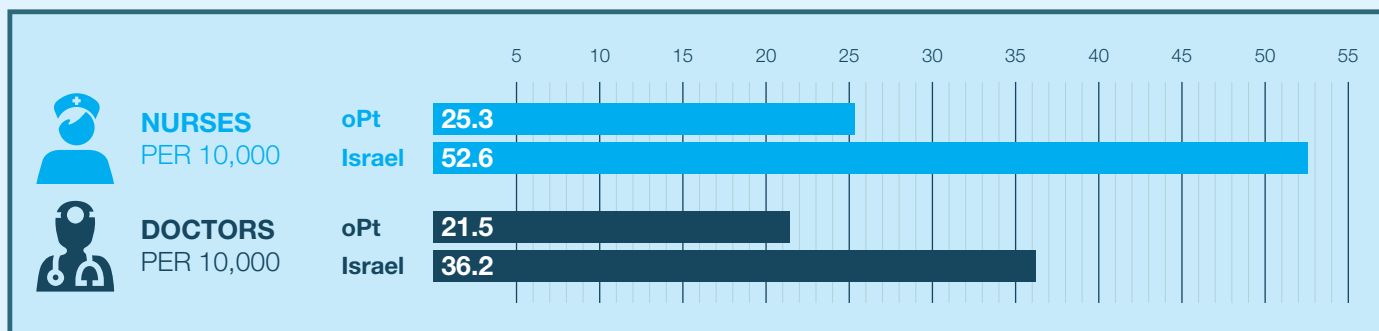


# DEVELOPMENT OF PALESTINIAN HEALTHCARE

## HEALTH WORKFORCE

The **freedom of movement** for health professionals is **restricted by Israel, as well as Jordan and Egypt**.

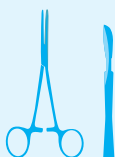
Between 2015-2016 there was a **28% decrease in permits** issued to Palestinian health workers by Israel to travel through Israeli checkpoints for work or training.



In **Gaza** there are **shortages of doctors and nurses** specialised in:



Heart surgery and catheterization



Oncology and cancer surgery



Ophthalmology



Neurosurgery

## PRIORITISING SUSTAINABLE DEVELOPMENT

The **shortcomings of the Palestinian health sector** mean that many Palestinian patients must be **referred** either to other areas of the **occupied Palestinian territory or to Jordan, Egypt or Israel**.



Medical referrals are the Palestinian Ministry of Health's **second largest expense, at 40% of the budget**, costing **£130 million for 49,000 patients** in 2015.



### MAP'S EXPERIENCE

MAP and IDEALS **trained a local team of surgeons, nurses and physiotherapists** to provide **limb reconstruction treatment** at Al Shifa Hospital, Gaza.

This contributed to a **33% reduction in orthopaedic management referrals** between 2014-2016, potentially **saving the Palestinian Ministry of Health over £1 million**.

**States, NGOs and international organisations must invest in sustainable Palestinian-led infrastructure to reduce costs and ensure impartial access to healthcare without the need for permits.**

## HUMAN RESOURCES

The development of the Palestinian health sector is impeded by barriers to the development of its workforce. There are 21.5 medical doctors and 25.3 nurses and midwives per 10,000 people in the oPt<sup>11</sup>, significantly fewer than for the occupying power, Israel (36.2 and 52.6).<sup>12</sup> According to the World Health Organization (WHO), Gaza in particular lacks specialist doctors and nurses in the fields of heart surgery and catheterisation; oncology and cancer surgery (particularly specialist surgeons to treat oesophageal, breast, pancreatic and lung cancer); ophthalmology; and neurosurgery.<sup>13</sup>

This contributes to the high rate of referral of patients for specialist treatment, either to other areas of the occupied Palestinian territory or to hospitals in Jordan, Egypt, Israel or elsewhere abroad. In many cases, this requires an Israeli-issued permit and travel through checkpoints, or access through the Rafah crossing with Egypt which is closed for most of the year. In Gaza, where the barriers to professional development are greatest, the need for referrals is extensive. In 2015, 15,561 patients in Gaza received referrals for medical treatment elsewhere, costing the Palestinian Ministry of Health 176 million NIS (approximately £38 million).<sup>14</sup>

Part of the reason for the lack of medical specialisations in the oPt is this same restriction on freedom of movement. Israel's permit regime prevents many health professionals and trainees in the West Bank and Gaza from being able to travel for short or long training fellowships or conferences elsewhere in the oPt or abroad. This is particularly problematic for those seeking to travel to work or train at hospitals in occupied East Jerusalem, where six Palestinian hospitals providing vital specialised services are located.

Between 2015 and 2016, the number of permits approved for Palestinian health personnel to travel through Israeli checkpoints dropped by 28%, from 6,914 to 4,985.<sup>15</sup>

## CASE STUDY:

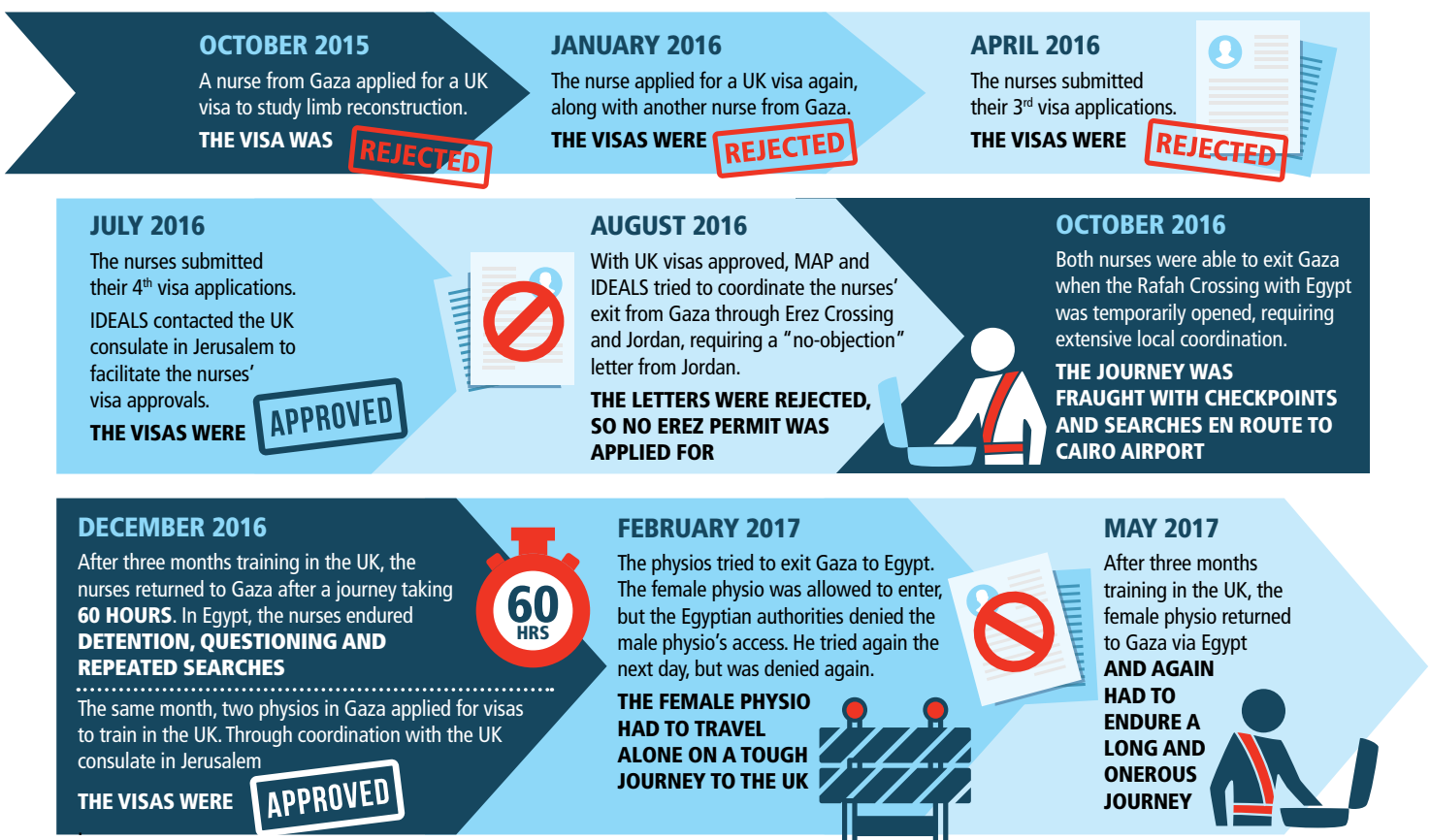
**In April 2017, Physicians for Human Rights – Israel (PHRI) reported that the Molecular Genetics Department at al Makassed hospital in East Jerusalem had been severely affected by the fact that its head of department, Dr. Suheil Aesh, who has worked at al Makassed since 1997, has been denied an exit permit from Gaza since August 2016.<sup>16</sup>**

*“No specialist surgeons are available [in Gaza] for several types of cancer, such as cancer of the esophagus, pancreas and lungs. Israeli restrictions on the movement of people out of Gaza curtail opportunities for medical staff to receive training in specialized fields of oncology – as well as in other medical fields.”*

World Health Organization, 2010<sup>17</sup>

## THE STRUGGLE FOR TRAINING: MAP'S EXPERIENCE

Israel's 2014 military offensive killed 2,217 Palestinians and left approximately 11,000 injured. Many suffered limb injuries requiring complicated surgical intervention. With IDEALS, MAP began training a permanent team of surgeons, nurses and physiotherapists at Al Shifa Hospital to support these patients, and to establish Gaza's first permanent Limb Reconstruction Unit. For some staff, this training included study in the UK. This infographic shows the obstacles placed in the way of their travel by the governments of the UK, Jordan, Egypt and Israel.



## CASE STUDY:

In December 2015, a 28-year-old Palestine Red Crescent Society radiology technician trainee was detained by Israeli authorities at Erez crossing, on his way to medical training in the West Bank. He had a valid permit and was traveling with a group of health professionals to the West Bank for training on cardiac catheterization. He was released after 25 days without charge or trial.<sup>18</sup>



Bedouin communities in Area C are routinely prevented from building permanent structures

**“The limited access to construction materials and critical equipment since 2007 has delayed the construction, repair and upgrade of homes and infrastructure, needed to address rapid population growth and the devastation caused by recurrent hostilities. This has undermined the quality of health, education, and water and sanitation services available in Gaza.”**

UN OCHA<sup>27</sup>



## HEALTH INFRASTRUCTURE

In Area C – which represents 60% of the West Bank and where Israel maintains full military and civil control – Palestinians are routinely prevented from building permanent infrastructure. Consequently, there is not a single permanent healthcare centre for approximately 300,000 Palestinians living there. For half of the 351 Palestinian communities in Area C the closest clinic is more than 30km away.<sup>19</sup> Israelis living in illegal settlements on the same land, however, have access to permanent and modern health facilities.

In Gaza, the development of health infrastructure is impeded by Israel’s 10-year blockade and closure, and the destruction-rebuilding cycle caused by three major military offensives. 17 hospitals and 56 primary care clinics were damaged or destroyed in 2014. Reconstruction was slow,<sup>20</sup> in part due to the imposition of a “dual use list” by Israel, restricting the import of basic building materials Israel considers to have a potential military function.

In May 2017, nearly three years on from the offensive, the WHO reported that Ministry of Health facilities have been repaired but that *“some private and nongovernmental organization facilities are still damaged”*.<sup>21</sup> This includes Al Wafa Rehabilitation Hospital, the only centre of its kind in Gaza, which was completely destroyed in the offensive and has not been rebuilt. As a result, Gaza has been left without a dedicated rehabilitation hospital.

Gaza contends with severe economic constraints caused by the closure, ongoing separation from the West Bank, and decreasing international donor engagement. In November 2016, UN OCHA identified 10 primary healthcare centres where capacity and services, including laboratory and physiotherapy, needed to expand to accommodate the increasing number of patients. Only two had received donor funding for expansion, while the others faced *“significant gaps in their ability to respond to existing health needs in their catchment areas.”*<sup>22</sup>

Stifled development in Gaza further extends to the infrastructure needed to keep the health system functioning, including water treatment, desalination and power generation. Even before Gaza’s sole power plant ceased operating on 16 April 2017, Gaza had only half the power it needed.<sup>23</sup> Irregular supply means that hospitals rely on backup generators to keep vital machinery operating. Limited fuel for these generators has caused severe cuts to medical services, with hospitals cancelling operations, discharging patients early, and scaling back cleaning and sterilisation services.<sup>24</sup>

In some cases, the development of the health sector may even be going backwards, in part due to the effects of conflict. A recent report from the UN Special Coordinator for the Middle East Peace Process reported that:

*“While the population in Gaza has doubled since 2000, the number of functioning primary health care clinics in Gaza has decreased from 56 to 49, resulting in crowded conditions, decreased doctor-patient time and reduced quality of service.”* Office of the UN Special Coordinator for the Middle East Peace Process, May 2017<sup>25</sup>

Over the next 30 years, the UN has predicted that Gaza’s population will double.<sup>26</sup> If the current slow rate of development of health infrastructure in Gaza is not addressed, this will mean further disparity between healthcare needs and institutional capacity.



A Physiotherapist chats with her patient in Gaza

## MEDICAL MATERIALS

The blockade's stifling effect on Gaza's economy, ongoing political divisions with the West Bank, and Israel's 'dual use' list limit the availability of essential medicines and equipment in Gaza. Consequently, hospitals and clinics in Gaza have had to deal with constant stock shortages.

In May 2017, 34% of essential medicines and 32% of medical disposables were at 'zero stock' in Gaza, meaning that less than a month's supply was available. Among the 170 items affected were medications used to treat cancer and immunological diseases, and medical disposables needed for use in operating rooms, emergency departments and intensive care.<sup>28</sup>

These shortages can prevent or interrupt patient treatment, and in turn restrict the development of medical services inside Gaza and increase the rate of costly patient referrals. For example, relatively simple hip and knee replacement operations are often referred outside Gaza because sterilisation and other infection control procedures are dangerously compromised by missing equipment and supplies.

The Israeli authorities also ban the entry of certain materials to the West Bank and Gaza which they say constitute a security risk, including short-lived radioisotopes used to assess the spread of breast cancer.<sup>29</sup>



Medical supplies are often in short supply in Gaza

***"Gaza lacks radioisotope diagnosis and radiotherapy services due to the highly restrictive Israeli policies controlling movement of people and goods into Gaza, as well as due to the poor financial situation of the Palestinian Ministry of Health ... These restrictive conditions have led to the current situation of a lack of trained physicians and technicians to support the services, as well as a lack of radioisotope equipment and materials, some of which Israel considers to be 'dual use' and therefore subject to lengthy coordination procedures."***

World Health Organization, 2014<sup>30</sup>

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

MAP provides immediate medical aid to those in need while also developing local capacity and skills to ensure the long-term development of the Palestinian healthcare system.

MAP is also committed to bearing witness to the impact of occupation, displacement and conflict on Palestinian health and wellbeing, and campaigns for the realisation of Palestinian rights to health and dignity.

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