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Physicians For Human Rights - Israel



Israel has Pledged to Ease the Closure, What Now?

A Situation Report on Obstacles Facing Gaza Residents in Need of Medical Treatment

July 2010



Photo: Ibrahim Habib, PHR-Israel

Background

The Gaza Strip is an integral part of the Palestinian territories occupied by Israel in 1967, together with the West Bank and East Jerusalem. Israel's ongoing control over various aspects of life in Gaza even today, five years after the Disengagement, shows that it has maintained its responsibility as an occupying force to the rights and well-being of the residents of the Gaza Strip.

For additional background see [*A Legacy of Injustice: A Critique of Israeli Approaches to the Right to Health of Palestinians in the Occupied Territories* \(2002\)](#) and [*The Disengagement Plan and its Repercussions on the Right to Health in the Gaza Strip* \(2005\)](#).

The Israeli Cabinet decision of June 20, 2010 to ease the Closure on the Gaza Strip was a positive step toward improving the lives of Palestinians. The test however lies in the Government's implementation of the decision and what steps will be taken in practice to improve the humanitarian situation on the ground. What's more, regardless of the specific measures that will be adopted by the Government and the Army, the Closure policy remains in place, constituting a much broader and comprehensive means of control over the Gaza population.

[PHR-Israel position on the Israeli Cabinet decision of June 20](#)

This situation report focuses on aspects of the Israel's Closure policy that can and must be amended over the short term, in line with the Cabinet's decision. The report presents information gathered in recent months by Physicians for Human Rights- Israel (PHR-Israel) as part of its casework from Gaza patients, as well as an analysis of the obstacles patients face in accessing adequate medical treatment.

Section A: Israel puts Gaza between a rock and a hard place -preventing the development of the healthcare system in the Gaza Strip while restricting patients' exit for medical treatment

1. Background: Decline of the Gaza healthcare system

The medical system in Gaza is getting progressively worse as a result of the continuing occupation of the Palestinian territory and the blockade on the Gaza Strip, among others. As part of this process, major sectors of the Gaza healthcare system are unable to provide adequate services to patients due to lack of medical expertise, medicine and medical equipment. The International Committee of the Red Cross (ICRC) recently determined that the quality of health care in Gaza was "at an all time low."

• Medical Supplies

- o The World Health Organization (WHO) reported last month that Israel prevented suppliers from delivering a CT scanner from Ramallah to the Shifa' Hospital in Gaza, as well as defibrillators and monitors used to monitor patients' vital signs.
- o The Palestinian Health Ministry in Ramallah reported last month that Israel confiscated 7 oxygen machines that were donated by a Norwegian development agency en route to the occupied Palestinian territory (oPt). Israel claimed that the attached generators "came under the category of possible use for non-medical purposes." All the machines were seized, including those designated for the European Hospital in northern Gaza as well as hospitals in the West Bank.
- o Periodic studies conducted by the Health Ministry in Gaza point to shortages in medication and equipment. In May 2010, for example, the Ministry reported that 110 types of medication and 123 types of medical equipment ran out of stock and that additional 76 types of medication and 60 types of equipment are expected to run out within the next three months, harming first and foremost patients suffering from chronic diseases.

- o In March 2010, the Health Ministry in Gaza reported that Israel had refused to allow x-ray machines to be brought into Gaza. It also noted a severe lack of medication for cancer and cystic fibrosis, supplies required for kidney dialysis treatment, and medical syringes and needles.
- o According to data gathered by the Palestinian Center for Human Rights, in May 2010 there were severe shortages of infant medications and medical baby milk, of medication for epilepsy, hemophilia, and thalassemia, and of supplies used during childbirth and surgery.
- o For years, Israel has been preventing the entry into Gaza of radioactive materials that are necessary for radiation treatment and for detecting secondary growth among cancer patients.

These shortages are caused by problems within the Palestinian healthcare system (including a lack of funding, which prevents the Health Ministry from purchasing equipment and medication, as well as delays caused by the authorities in Ramallah). Another reason for these shortages is the delays caused by Israel in processing the entry of already-purchased supplies into Gaza.

For additional information, see ['Gaza in Context: A Closer Look at the the Israeli MFA's Numbers on Humanitarian Activity'](#), June 2010, by PHR-Israel and Gisha.

• **Medical Training**

In addition to the shortages in the medical inventory, the exit of Palestinian doctors from Gaza for medical training outside the Strip has ceased almost completely since June 2007. Sources in the Gaza Health Ministry told PHR-Israel that there is tension between them and the Fatah-controlled Health Ministry in Ramallah resulting in a lack of official cooperation on training for Gaza doctors in hospitals in East Jerusalem, the West Bank and Jordan - cooperation which existed in the past. It should be emphasized that during this period several doctors have exited Gaza for medical training, primarily through the Erez Crossing; yet, these cases do not constitute a formal, regular policy by the Palestinian Health Ministry but rather specific trainings conducted for a small number of doctors by the WHO in East Jerusalem hospitals

(for example, for obstetricians and nursing staff) or by the Red Cross, as well as private initiatives based on the personal connections of Gaza doctors with hospitals outside the Strip.

Such arrangements are not enough to meet the clear need to train doctors in Gaza, including in those fields where the local system is in desperate need of knowledge and expertise. As this report will show, Israel also prevents the entry of specialist doctors from Israel, the West Bank and East Jerusalem into the Gaza Strip, harming the professional development of doctors in Gaza.

2. Access of patients through the Erez crossing: Recent trends

In view of the lack of accessible healthcare services in Gaza, hundreds of patients are referred each month for medical treatment outside the Gaza Strip. **40% of referred patients suffer from medical problems in four fields in which the local healthcare system shows particular weakness: oncology, ophthalmology, orthopedics, and cardiology.**

Below is a quantitative analysis of Gaza patients' applications for entry permits to Israel and the responses they have received since the beginning of 2010 and during 2009 (based on WHO data).

• 2010

- o Between January and May 2010, 5,361 patients applied for permits to cross Erez for medical treatment unavailable in Gaza. 4,046 patients (75%) were approved during this period. The applications of 1,315 patients (25%) were either rejected or delayed, causing them to miss hospital appointments.
- o In May 2010, 13% of patients who applied for permits (155 cases) were rejected. This proportion is significantly higher than previous months.
- o In the beginning of 2010 there was an increase in the number of patients referred for cancer treatment due to the ongoing lack of medication in Gaza.
- o Between January and May 2010, PHR-Israel represented 550 patients who contacted the organization. This

number represents close to 42% of the total number of patients whose applications were denied or rejected during these months.

- **2009**

- o Between January and December 2009, 7,534 patients applied for permits and 5,211 (69%) were approved. Over 2,300 patients (31%) were either rejected or delayed.
- o Between January and December 2009, PHR-Israel represented 1,178 patients who contacted the organization. This number represents almost 50% of the total numbers of patients whose applications were denied or rejected during 2009.

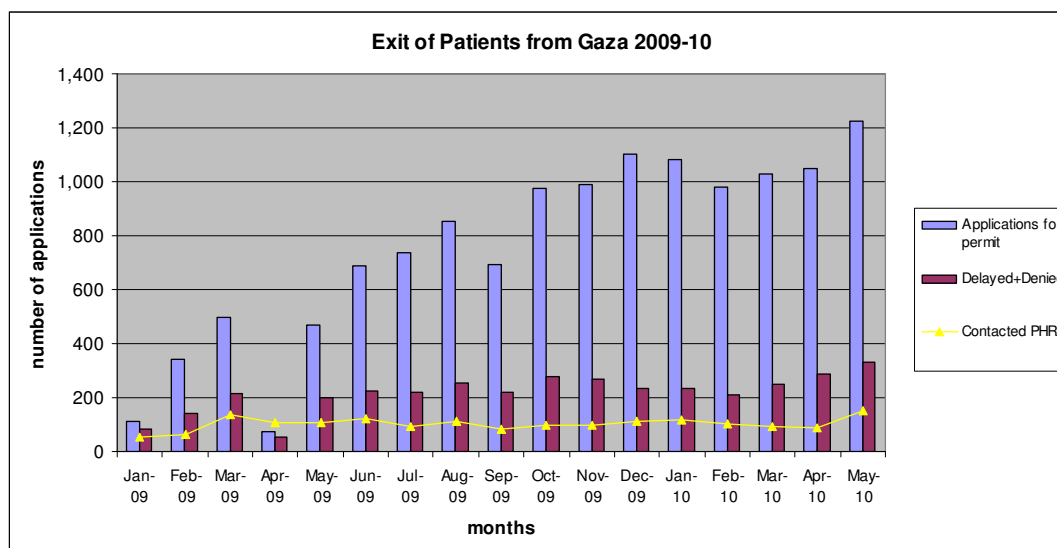


Table is based on WHO figures and PHR-Israel's data

The procedure that a patient has to go through to receive an entry permit to Israel for medical treatment is detailed in PHR-Israel's report from 2008 [Holding Health to Ransom: GSS Interrogation and Extortion of Palestinian Patients at Erez Crossing](#) as well as in [The Beaten Track](#) with drawings by Moran Barak and design by David Moscovitz from 2010.

3. Israel prevents medical delegations from entering Gaza

The Israeli authorities have recently rejected two requests by a medical delegation from the Musallam Center in Ramallah to enter Gaza in order to perform eye surgery and cornea transplants. Gaza patients are in great need of services in these fields as the local healthcare system suffers from a lack of knowledge, expertise, and equipment. Patients who require cornea transplants are being referred each month for medical treatment in the West Bank and East Jerusalem. Yet, similar to other patients, many patients who require eye surgery are also rejected or experience delays in getting permits to exit Gaza for such treatment.

For example, in January 2010 Israel prevented 17 patients from going to Ramallah to undergo cornea transplants, resulting in the disposal of all corneas that were donated from the United States and that were only useable for a limited period of time. In view of such cases, it is essential to get doctors into Gaza in order to perform surgery and treat patients who are otherwise unable to receive adequate care. In fact, the Musallam Center's delegation, whose applications have been rejected, was scheduled to treat [17 patients](#) unable to reach the West Bank for treatment. Therefore, Israel's decision to reject the Musallam Center's applications has left patients in Gaza without hope of treatment. This decision also undermines the efforts to develop medical capacities in Gaza, train local doctors, and reduce the dependency of the Gaza healthcare system on external sources.

The Israeli authorities have also prevented PHR-Israel's medical delegations from entering Gaza for the past year. These delegations operated during 2008 as part of the organization's Mobile Clinic to provide treatment and medical counseling, perform surgery, train Palestinian medical staff, distribute medication, and sometimes refer patients for follow-up treatment in Israeli hospitals. Preventing PHR-Israel's doctors from entering Gaza since the summer of 2009 has therefore undermined the organization's humanitarian activity and has added to the Israeli restrictions on medical delegations seeking to enter Gaza.

Section B: Israel's Shin Bet security service uses unacceptable methods towards patients in need of medical treatment

1. The Israeli security service continues to threaten and extort patients; public opinion poll shows many Israelis disapprove Shin Bet's policy

Between January and May 2010, 247 patients who applied to exit Gaza for medical treatment were summoned for interrogation by the Israeli security service (Shin Bet) at Erez. This number represents close to 5% of the total number of patients who applied for an exit permit during this period. During 2009, over 600 patients were summoned for interrogation, representing around 8% of the total number of patients who applied for such permits.

These numbers reflect a continuation of Shin Bet policy to interrogate patients, a policy PHR-Israel first identified in 2007. As in past years, the Shin Bet regularly summons patients for interrogation **after their hospital appointment date has already passed**, thus causing them to miss their appointment and forcing them to reschedule with the hospital. Moreover, while the lion's share of patients being interrogated eventually receives permits, many are subject to threats and extortion by Shin Bet interrogators. Others decide to stay home and avoid interrogation out of fear of being threatened by the Shin Bet and of possible reaction in Gaza if they are viewed as collaborating with Israel.

"Interrogator "Abu Elabed" asked me about the residents of the Alburej refugee camp where I live, about whether the [residents] belong to any groups, about my neighbors and other people they described as being associated with Hamas. He then said there was something wrong with his computer and that he would call me back later so that he could enter the information into the computer. I refused to cooperate. He asked me how much I earn. I told him NIS 2,000 [per month]. The interrogator told me, 'Your salary's low. How do you manage with all your expenses and rent? You're married with a kid. A menial worker in Israel earns more than the most senior employee [in Gaza].' I answered, 'My salary is fine, and I have enough, even more than I need.' The interrogator then asked me about my family and my sisters' husbands in great detail, and exclaimed about one, 'That one works for the Islamic Jihad as a rocket launcher.' He asked me to tell him exactly where he lives and then said again that his computer wasn't working properly and that he would call me back. When I refused he said to me, 'If this is how you speak to me, you'll never make it into Israel.' The interrogator then mentioned the names of some of my relatives and asked if they were active Hamas members. I told him they were not and then he asked, 'What do you think about using this Orange telephone number I'll give you and then we can talk to each other.' I refused yet again."

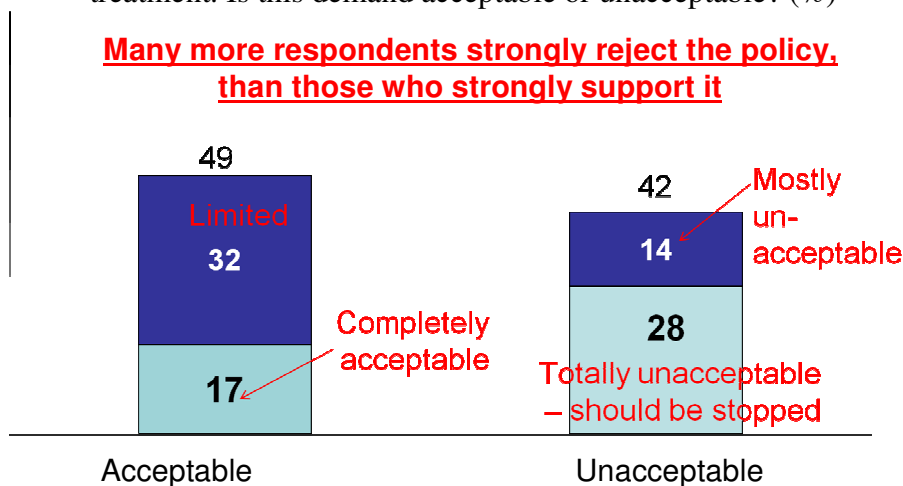
Testimony from Gaza Strip resident, 27 years old, who underwent Shin Bet interrogation after submitting a request for an exit permit to receive medical treatment in the West Bank.

For additional information see [PHR-Israel's report *Holding Health to Ransom* \(2008\)](#)

[PHR-Israel update on Shin Bet interrogations of patients \(2009\).](#)

A public opinion poll from January 2010 shows many Israelis strongly disapprove of Shin Bet's policy of threatening and extorting patients. The poll, initiated and sponsored by PHR-Israel and conducted by the independent New Wave Research company, reveals that 42% either reject Shin Bet policy in full or in most cases. This viewpoint was shared by one third of conservative, religious and ultra-Orthodox voters. 49% support Shin Bet policy. Besides showing that a significant portion of the population from various backgrounds is averse to Shin Bet interrogations of patients, the numbers represent a relatively small gap (7%) between Israelis who support Shin Bet policy and those who oppose it.

The Shin Bet demands that Palestinian patients collaborate as a condition for crossing roadblocks and checkpoints for medical treatment. Is this demand acceptable or unacceptable? (%)



Dahlia Scheindlin and New Wave Research, n=500 ,1/13-14/2010, error: +/- 4.5

2. The Israeli Shin Bet summons patients to Erez only to detain them

The Shin Bet deliberately misled four patients who recently applied for an exit permit to believe they would be permitted to leave for medical treatment immediately or after undergoing questioning. Yet, upon arriving at the Erez Crossing, three were immediately arrested and taken to detention facilities in Israel. The fourth was arrested and imprisoned after his interrogation. There appears to be a deliberate policy of taking advantage of patients' medical condition in order to lure them into contact with security officials so that they can then be detained. A health worker from the Palestinian Red Crescent Society (PRCS) was also recently detained upon arriving at the Crossing. The worker was part of a group of paramedics and ambulance drivers on their way to a training course in Ramallah. The PRCS employee was arrested and transferred to a prison facility in Israel.

PHR-Israel, Adalah - The Legal Center for Arab Minority Right in Israel, and Al Mezan Center for Human Rights in Gaza filed a compliant against this policy with Israel's attorney general in January 2010. A response received from the Prime Minister's Office said: "The State of Israel reserves the right to detain elements who seek medical treatments in

Israel following information indicating that they are terror activists or that their entry to Israel might pose a security risk." The response also mentioned that Israel may consider informing the Palestinian health coordinator of this policy so that patients are aware of the possibility of detention. This response therefore confirms not only that Israel has a policy which allows patients to be detained but also that Israel does not consider using patients' medical condition to make an arrest as a moral failure.

A.Z., 26 years old, was referred for stomach surgery at the Hussein Hospital in Jordan after suffering a gunshot injury in 2006. To review his current application to exit Gaza for follow-up treatment and plastic surgery on his stomach in Israel, A.Z. was recently summoned for Shin Bet interrogation at Erez, after he had already missed the original appointment set for him at the Hospital in Jordan. At the end of the interrogation, A.Z. was arrested and taken to Ashkelon Prison where he has been held since.

[Press Release by PHR-Israel, Adalah \(Israel\) and El-Mezan \(Gaza\) on Shin Beit practice of setting traps for sick patients in Gaza.](#) (April 2010).

Section C: Israeli policy on patients' access to medical treatment involves extraneous considerations

1. Israel tends to reject applications of patients whose life is not in danger

A position paper recently published by PHR-Israel, together with Adalah and Al Mezan, includes an analysis of 48 appeals that PHR-Israel submitted during 2009 on behalf of patients whose applications for permits were rejected. This analysis indicates that the applications of patients whose lives were not in danger were approved significantly less frequently than those of patients in life-threatening situations; this distinction was made even in cases in which patients suffered from medical problems that might have led to limb amputation or vision loss, and in contrast to medical ethics demanding the equal treatment of patients.

Moreover, in several correspondences with PHR-Israel, the Israeli authorities mentioned there are specific criteria against which patients' applications are measured and that these criteria take the seriousness of an individual's medical condition into account. These criteria are not consistent with international and Israeli human rights law nor are they consistent with normative medical ethics standards. Ethical standards mandate that all patients receive the best medical treatment available to them without giving consideration to the urgency or seriousness of their condition.

A.T., 24 years old, was shot in his right arm in 2007 and since then has completely lost the use of his hand and has been suffering from intense pains and atrophied muscles. According to a medical opinion issued by Dr. Josef Leitner, a specialist in orthopedic surgery, the only treatment available to restore partial function to A.T.'s hand would be a tendon transplant. Shifa Hospital, the largest and most advanced medical center in the Gaza Strip, does not have the technical capacity to carry out such a procedure. As a result, A.T. was referred by his doctors to Al-Makassad Hospital in East Jerusalem. A.T.'s permit request was submitted in August 2009 and was later denied. A.T. immediately contacted the Al Mezan Center in Gaza, which then transferred the case to PHR-Israel. On September 9, 2009 PHR-Israel resubmitted the patient's request, yet it was not until three months later, on December 13, that the Israeli army finally responded. The appeal was also denied, effectively blocking the patient's ability to receive medical treatment.

For additional information see [*Who Gets to Go? In Violation of Medical Ethics and International Law: Israel Restricts the Access of Gaza Patients to Urgent Medical Treatment if their Condition is Not Life-Threatening*](#), A Position Paper by PHR-Israel, Adalah, and Al-Mezan (June 2010).

2. Israel prevents patients from receiving quality medical treatment

Israel has recently prevented Palestinian patients from receiving treatment in advanced medical centers outside the oPt and has referred them to centers within the oPt where the quality and/or availability of

treatment is significantly lower. As described above, the low quality of the Palestinian healthcare system results in hundreds of patients being referred each month to medical facilities outside the oPt. In some cases, the patients themselves seek to fulfill their right to adequate medical treatment and ask to be treated in hospitals in Israel and East Jerusalem, where medical capacity is better. Yet, to the extent that treatment in Gaza or the West Bank exists - and even if it is of lower quality - the Israeli authorities often refuse to allow patients access to treatment outside the oPt. By so doing, Israel violates the right of patients to receive the best medical treatment available to them. It also demonstrates how Israel's policy on patients' access fails to sufficiently take medical considerations into account.

A.K., 28 years old, suffers from recurring dislocation and pain in his left shoulder. He required surgery to correct the tendons in his arm and a cartilage tear in his shoulder socket. The accepted method for the procedure, especially with young patients, is to use arthroscopic surgery. For this reason, A.K. was referred for treatment at Al-Makassad Hospital in Jerusalem where the procedure is available. His request for an exit permit was rejected at the beginning of January 2010. PHR-Israel appealed against the army's decision, submitting an expert opinion from Dr. Har'el Arzi, an orthopedic surgeon and PHR-Israel volunteer. According to Dr. Arzi, the treatments A.K. received in Gaza were causing limited function in his hand and pains that were not necessarily a direct result of his injury. Dr. Arzi added that arthroscopic procedures leave virtually no scarring and have a fast recovery rate, while A.K.'s current treatment was leading to extensive scarring and a very long recovery period. Despite the information from Dr. Arzi, the patient's permit request was again rejected, this time on grounds that it "strayed from the criteria," or in other words, that some form of treatment was available in Gaza.

3. Israel undermines the continuity of medical treatment

Israel has rejected applications from patients who received permits for medical treatment in Israel several months ago and who have re-submitted entry permit applications for follow-up treatment. From a medical perspective, ensuring the continuity of treatment and the regular monitoring of a patient's condition are essential parts of medical ethics and the right to access adequate treatment. Preventing patients

from continuing their treatment without interruption forces them, at best, to switch doctors in the middle of treatment. In addition, they risk having to undergo tests and procedures they may have already done resulting in unnecessary delays and added strain. In some cases, including those that involve rehabilitation after injury, rejecting patients' applications might result in them not being able to receive follow-up treatment at all because such treatment is not available in Gaza due to lack of equipment or expertise.

Dr. Danny Rozin, an expert in internal medicine at the Sheba Medical Center in Israel, wrote about this practice as follows: "It is important to understand that in many cases providing a complete, effective treatment requires more than a one-time appointment and many patients need follow up, post-surgery checks, or an additional medical or rehabilitative treatment. Some of the procedures that are performed on patients are designated from the beginning as a series of treatments because a single session is not enough. The lack of continuity might bring about a failure of treatment in part or in full and resources allocated to treat patients might go down the drain. Sometimes there is also a real danger that the patient will suffer a functional damage or even lose his life... Preventing the continuity of treatment harms patients and is inconsistent with the many efforts made by medical staff to provide full and optimal care."

In addition to these medical considerations, it is simply not clear how a patient given security clearance and allowed into Israel just months before suddenly becomes a security threat. The use of security in this context reinforces the suspicion that Israel's decision-making process regarding the granting of entry permits may in some cases be arbitrary.

H.S., 16 years old, suffers from severe scars on his face. He was admitted to Sheba Hospital in September 2009 for a series of tests for plastic surgery scheduled for May 2010. Israel rejected his second application submitted in April 2010 to enter Israel for the scheduled surgery. In yet another case, **H.A.A., 52 years old** received neurosurgical treatment at the St. Joseph Hospital in East Jerusalem last March and was called for follow-up treatment on May 24, 2010. This month, the Israeli authorities rejected his application for an entry permit.

4. Israel denies treatment from patients it fears will stay in the West Bank

The Israeli authorities have recently rejected patients' requests to travel for medical treatment, including in urgent cases, on the grounds that patients might use their permits to leave Gaza permanently and unite with their families in the West Bank. In all of these cases, Israel admitted it has no security objection to the patients' passage and that its sole purpose in denying them access to medical treatment was its fear that they may move to live in the West Bank. These rejections signal a new and worrisome step in preventing patients from accessing healthcare; while in the past patients were prevented first and foremost on security grounds, Israel now admits it has political grounds for rejecting patients' applications. This new policy not only violates these patients' right to medical care unrelated to political considerations, it is also in violation of Israel's obligations under the Oslo Accords to respect the territorial unity of the Gaza Strip and the West Bank. As such, Israel's policy can only be interpreted as advancing its political goal of "divide and conquer" in the oPt and of strengthening the Gaza blockade at patients' expense and while separating the Gaza Strip from the West Bank.

Issam Hamdan, 40 years old, has been suffering from severe back pains due to cervical disc disorders that are pressuring the nerves in his left limbs. Mr. Hamdan's doctors ordered urgent neurosurgical treatment but concluded that such treatment was unavailable in the Gaza Strip. As such, he was referred for urgent care in East Jerusalem. An Israeli specialist in orthopedic surgery at the Sheva Medical Center wrote that urgent surgical intervention is required to avoid irreversible harm. Yet, the Israeli army refused to allow Mr. Hamdan entry for treatment based on the fear that he might permanently join his wife and four of his children who live in the West Bank after concluding his medical treatment. This was despite the fact that Mr. Hamdan was willing to commit that at the end of his treatment he would return to Gaza where he lives with his parents and daughter who is in his custody. Given the army's refusal, PHR-Israel and Gisha - Legal Center for Freedom of Movement petitioned the administrative court in Beer Sheva on behalf of Mr. Hamdan but the petition was denied. It was only after an appeal to the Supreme Court in February 2010 that the Israeli army withdrew its objection and allowed Mr. Hamdan to go to East Jerusalem for treatment.

[Press Release by PHR-Israel and Gisha describing Mr. Hamdan's Case.](#)

5. Israel confiscates personal belongings of patients returning home after treatment

PHR-Israel recently addressed several cases of Palestinian patients who returned to Gaza after receiving medical treatment and, upon their arrival at the Erez Crossing, had some of their personal belongings confiscated by soldiers. The soldiers required that patients leave behind some of their belongings before being allowed to return to their homes. Patients were told that according to procedures they were not allowed to enter the Strip carrying more than one bag. Even those who carried only one bag were still forced to throw away every new piece of equipment which was either purchased or brought to them during their stay outside Gaza (which sometimes lasts many months). These have included children's clothing, shoes and toys purchased during patients' stay in Israel.

Conversations with army sources reveal that this is a systematic policy at the Erez Crossing. In response to PHR-Israel's letter of April 2010, the Coordinator of Government Activities in the Territories (COGAT)

argued that "sadly, there is an increasing phenomenon of residents taking advantage of the permits to transfer merchandise into the Strip." COGAT referred PHR-Israel to the Israeli Crossings Administration in charge of operating the Erez Crossing.

Conclusions and Recommendations

The decline of the Gaza healthcare system, as a result of Israel's policy as well as of other factors, has led to this system's current failure to provide adequate care for thousands of patients each year, including those suffering from cancer, heart disease and serious chronic illnesses. As such, many patients are referred each month for treatment in hospitals outside Gaza and are required to obtain an entry permit to Israel via the Erez Crossing. The lion's share of patients is allowed to access treatment; yet, hundreds of others are denied this opportunity and remain without proper care.

All patients have to go through an exhausting process of obtaining an entry permit to Israel, a process full of bureaucratic obstacles, rejections, and delays that prevent many patients from accessing timely medical care. Many patients find themselves between a rock and a hard place as they are subject to extortion and threats by Shin Bet interrogators, on the one hand, and face a harsh reaction by the Gazan authorities for cooperating with Israel, on the other. In several cases the Shin Bet has summoned patients to the Erez crossing under false pretences and upon arriving at the crossing these patients have been detained and taken to prison facilities in Israel.

There are more and more signs that Israeli policy on patients' access to care outside the Gaza Strip takes into account extraneous considerations. For example, the Israeli authorities sometimes refuse patients access to the best treatment available as long as some treatment, even if of much lower quality, is available in the Strip. The continuity of medical treatment is also undermined as some patients are not allowed to enter Israel for follow-up treatment. In addition, the Israeli authorities tend to differentiate between patients with life-threatening illnesses and those whose lives are not in danger but who might suffer limb amputation or vision loss, a distinction which is prohibited according to medical ethics. Israel has also recently implemented a "divide and conquer" policy by rejecting patients' applications to exit Gaza for vital medical care on the grounds that they may move to reside in the West Bank while also rejecting the

applications of medical delegations from the West Bank who seek to enter Gaza and treat patients there.

PHR-Israel emphasizes the need to ensure Palestinian patients' full access to timely, quality health services.

Israel must take the following steps immediately:

- Lift the Gaza closure entirely and allow the residents of the Gaza Strip to move freely to the West Bank and Jerusalem to maintain family, social, cultural, and economic relations.
- Ensure the free and ongoing flow of medicine, medical equipment, and medical supplies into the Gaza Strip and allow the development of the healthcare system in the Strip as part of the Palestinian healthcare system in the oPt.
- Refrain from delaying patients' access to medical treatment outside Gaza.
- Allow the free movement of medical delegations and crews as well as of teachers and students in the medical professions into and outside the Gaza Strip for medical treatment and professional training purposes.
- Cease from putting pressure on, extorting, and threatening patients who apply for permits to exit Gaza.
- Cease from summoning patients to the Erez Crossing under false pretences in order to detain and imprison them in Israel.
- Cease from discriminating against patients who require treatment to ensure quality of life and apply an equal policy to them and to patients whose lives are in danger.
- Ensure patients' access to the best medical treatment available to them as well as its continuity.
- Allow patients access medical treatment regardless of any political consideration, such as the fear that they may move to live in the West Bank.

- Cease from confiscating personal belongings of patients returning home after treatment.
- Allow construction materials to enter Gaza for purposes of building and repairing medical facilities.
- Compensate the Gaza healthcare system for all damages caused by the Israeli closure and attacks during operation Cast Lead.
- Allow and fund the rehabilitation of Gaza residents hurt by Israel's activities.

The Palestinian authorities must take the following steps immediately:

- Resolve the inter-Palestinian disputes that prevent or delay the entry of medical supplies into the Gaza Strip on time.
- Allow and encourage the passage of doctors for professional training.
- Speed up the processing of patients' referrals for treatment outside Gaza and ease the inter-Palestinian process which surrounds their exit for treatment.
- Cease from putting pressure on and threatening patients who are on their way to the Erez crossing to receive an entry permit to Israel.

For additional information please contact Ran Yaron, Director of oPt Department, PHR-Israel at ranyaron@phr.org.il.

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Physicians for Human Rights-Israel (PHR-Israel) believes that every person has the right to health in its widest possible sense, as defined by the principles of human rights, social justice and medical ethics. It is the responsibility of the State of Israel to ensure the fulfillment of this right in an egalitarian manner for all populations under its legal or effective control: residents of Israel who are eligible for National Health Insurance, Bedouin residents of unrecognized villages in the Negev desert, prisoners and detainees, migrant workers, refugees and asylum seekers, and Palestinian residents of the occupied Palestinian territory.

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