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The challenges faced by gaza-strip amputees
in seeking medical treatment

May 2016

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About “Abandoned By All” and “Amputees” - why are we issuing both reports together?

In July 2014, Israel mounted an offense on the Gaza Strip, which included a land-based invasion and bombardment from the air and sea. In the course of the 51 days of fighting there was not one safe place to hide from the attacks. Homes, hospitals, and bomb shelters were directly hit; civilians were no more protected than fighters. More than 2,200 people were killed, and 11,000 were wounded. In Israel, all residents of the country, but primarily residents of the South, were exposed to a massive rocket attack from the Gaza Strip. 67 soldiers and five civilians were killed, and more than 2,000 were wounded.

Physicians for Human Rights – Israel (PHRI) brings the voices and experiences of the people who were directly hurt by the war. In the “Amputees” report, we address the condition of the wounded persons who reside in the Gaza Strip and were left with amputated limbs following Operation Protective Edge, who in many cases do not receive appropriate medical care. The report reviews the limited care and rehabilitation possibilities, primarily in the Gaza Strip but also in the West Bank, and the obstacles facing the amputees who try to receive care outside the Gaza

Strip. This report is being published alongside the blog #GazaAmputees, which showcases the people behind the numbers and tells the story of eight amputees from the Gaza Strip.

The "Abandoned By All" report addresses the privatization of mental health services during crises in Israel and the impact of privatization on the residents of the southern region of Israel. While the Iron Dome system provided a certain sense of safety in areas far from Gaza, residents in the south of Israel and in Gaza border towns, like Sderot in particular, were exposed to rockets both before and during the military operation with little to no prior alert. Using two case studies from Sderot and from the unrecognized Bedouin village of Awjan, the report describes how the privatization of the mental health system during crises creates inequity in service provision, particularly in the south but throughout the country at large, and hinders residents from obtaining both crucial mental health care during crises and rehabilitation thereafter.

Israel's policies concerning the people who live under its control—policies that are characterized by separation and discrimination—are not only implemented to an extreme extent in times of war, but also have an individual impact during periods of calm. Israel runs a colonial occupation regime in the West Bank and continues to be the effective sovereign of the Gaza Strip as well. It is the entity that prohibits or permits the entry and exit of individuals into and out of the Palestinian territories—including patients leaving in order to seek medical care. Israel also restricts the flow of goods into the Gaza Strip including all imports by the Palestinian Authority. The State of Israel has the power to halt the Palestinian Authority's cash flow by confiscating its income from customs and taxes collected on its behalf. Israel also has the power to imprison Palestinian men and women for engaging in political activity. At the same time in peripheral Jewish towns and Bedouin villages in its southern region, Israel abandons and neglects its residents and gears children towards a life of destitution through policies of privatization and ineffective budgeting. The state "embraces" the residents of the South when the cameras are rolling during conflict, but disappears immediately when hostilities have ended, leaving residents to cope with lack of employment, growing gaps in health and welfare, and ongoing psychological traumas that are part of life on the frontlines of the conflict.

Both reports deal with the casualties of the war without creating a judgmental ranking of suffering. However, the very choice of our subjects—the rehabilitation of amputees in Gaza and emergency mental

health care in Israel- displays the power dynamics between the two sides. The reports cannot be symmetrical as the reality is not symmetrical: the well-organized regular forces of the Israeli army cannot be compared with the various military organizations in Gaza; the enormous scope of destruction in the Gaza Strip cannot be compared with the damage to buildings and infrastructure in Israel; and 2,200 deaths cannot be compared with 72 deaths.

The stories of Gazan residents and Southern Israeli residents reflect entirely different daily realities; however, the common space in which they play out, in both a geographic as well as a political sense, requires that we discuss them together. There is one single reason for the damage in both the Gaza Strip and in Israel: the war is the same war, and the consistent policy that preserves the conflict hurts men and women on both sides of the fence. It is for this reason that we have decided not to separate the stories.

At PHRI, we believe that the struggle against privatization and for equality inside Israel is closely linked to the struggle against oppression, the apartheid regime, and colonialism in the Occupied Territories both historically and ideologically, and that only the combination of both struggles will bring about essential equality and justice. One cannot criticize the government's renunciation of its responsibility for the safety of the residents of the South without looking at the broader geographic and political context, which includes the Israeli oppression and control of Palestinians. Likewise, we cannot demand accountability for the oppression of the Palestinians without looking unflinchingly at the price paid by Israelis, particularly by the residents of the South but also the citizens of Israel at large, as a consequence of the ongoing hostilities. It is through the recognition of the lack of symmetry on the one hand, and the understanding that we are all hurt by the hostilities and by the routine oppression on the other hand, that our struggle is a joint struggle.

In the attached reports we offer our systemic analyses alongside the testimonies of men and women living on both sides of the fence that expose the long-term and generally invisible implications of life under the shadow of war.



Abstract

The summer 2014 offensive on the Gaza Strip produced approximately one hundred new amputees among its residents. The end of the war was the start of a new one for the amputees—a battle to cope with the reality of their new life. To a certain extent, the story of the amputees—and of those injured in general—is the story of Gaza's healthcare system and the obstacles it faces.

The Amputation

During the fighting, medical teams were often forced to work in field conditions without suitable equipment. Chaos also reigned in the hospitals due to the heavy workload, the time pressure, the lack of coordination between the various actors and the shortage in resources to provide care. Attacks on ambulances and transfers between the various hospitals meant that many of those injured were not evacuated to hospital in time, which delayed their treatment and caused unnecessary complications. And with wounded individuals prematurely discharged from hospital in order to clear beds for hospitalization, their treatment remained partial and faulty. For all these reasons, many individuals who were injured in the limbs underwent improper limb amputation, which

prevents the fitting of an artificial limb without surgery to correct the stump. Such surgery is not available in the Gaza Strip on a permanent basis, and is sometimes performed by medical teams from international organizations.

Fitting Prostheses

The only place in the Gaza Strip where prostheses can be fitted is the Artificial Limb and Polio Center (ALPC), considered to be a central establishment for various rehabilitation treatments. The center makes prostheses, tailors them to patients and fits them. Its services are provided free of charge, and it has indeed treated a number of amputees from the recent war. A rehabilitation physician who visited the center on behalf of Physicians for Human Rights – Israel (PHRI) estimated that the artificial limbs manufactured there, good though they are, were not as good as the ones fitted in Israel, in terms of both quality and two other significant parameters: They were relatively heavy, affecting mobility and ease of operation; and, more importantly, the upper – extremity prostheses were solely cosmetic rather than functional, thereby failing to meet the principal need of the mostly-young amputees to function in a way that will allow their return to a routine in life. Another problem is that amputees from across the Strip have a hard time getting to the center, which is located in Gaza City, and some give up on their treatment there due to the high cost of transportation involved. Furthermore, the center is not part of Gaza's public health system, and thus not all amputees are consistently referred there for treatment. Artificial limbs can also be fitted in West Bank hospitals, but referrals and funding for those are very hard to obtain from the Palestinian Ministry of Health, not to mention the difficulties involved in crossing over to the West Bank as a result of Israeli policy.

Rehabilitation

After being fitted with prostheses, amputees who have lost their limbs need to undergo a rehabilitation process involving various treatments. These treatments are provided in Gaza at a number of centers, hospitals and clinics operated by various organizations. The central institutions providing rehab services in the Gaza Strip are the Gaza center for prostheses previously mentioned, and the team from Al-Wafa rehabilitation hospital. Al-Wafa used to be the main and largest rehab center in the Gaza Strip before it was bombed during the latest offensive. Following its destruction, the hospital staff relocated to Al-Amal medical center for the elderly. As a result, the Al-Wafa team now has only 35 hospitalization beds at its disposal as opposed to its previous 125.

Problems in the Rehabilitation Apparatus

- **Insufficient services within the Gaza Strip:** The existing services do not fully meet the needs of the amputees. The head of rehabilitation services at the Palestinian Medical Relief Society¹ estimates that all providers of rehabilitation services in the Gaza Strip combined are able to meet only 15% of the population's rehabilitation needs, and that many organizations registered as providers of rehabilitation services are not actively engaged in this field. In the Gaza Strip, there are 1.95 rehabilitation beds per 100,000 inhabitants, compared to 9 beds per 100,000 inhabitants in Israel.
- **Prevention of passage for treatment in the West Bank:** The decentralization of the Palestinian healthcare system and the severance of the Gaza Strip from the West Bank and East Jerusalem make it hard for Gaza residents to access medical treatments in the West Bank. Treatment centers in the West Bank, which could have offered rehabilitation care to patients from Gaza, remained only half full during the months of fighting, due to the Palestinian Ministry of Health's refusal to fund the treatments and Israel's refusal to grant wounded individuals transit permits.
- **No coordination or overall program on amputee rehabilitation:** Ever since the destruction of Al-Wafa hospital, previously the main establishment catering to amputees in the Gaza Strip, there has been no central body in charge of treatment and coordination between the Palestinian healthcare system and the other non-governmental organizations (NGOs) and centers providing amputees with services. This results in some services being duplicated at times, and others not being provided at all; in the absence of any directive on further community care for amputees; and in failure to collect and analyze information regarding their condition.
- **Action through "projects":** Rehabilitation services are largely provided within "projects" run by non-governmental organizations. This gives rise to certain problems and difficulties. These organizations depend on funding that does not always come in, and thus treatments might get either stopped or else continued in a way that does not meet the medical need; the involvement of NGOs in providing rehabilitation services blurs the lines between public community healthcare services and healthcare services provided by the organizations in a way that disrupts the operation of the

¹ A Palestinian medical organization in operation since 1979, offering medical services in Gaza and the West Bank
<http://www.pmr.ps/>

system as a whole; the projects are short-term ones, and when one ends, the patient is left devoid of medical follow-up—even though the gravity and repercussions of an injury often take a while to be discovered. Then, the next project carrying on the treatment will bring with it a different approach, another team and other treatment methods, and the patient—assuming he was able to make it into the project—will have to start the process all over again. Another problem is that most of the projects target individuals injured in the war of summer 2014, leaving all the other patients in need of rehabilitation services abandoned.

The challenges facing limb amputees in Gaza

The challenges include the amputation itself and the rehabilitation process; the physical conditions in the Gaza Strip, with its poor infrastructures, ruined streets and non-powered elevators; the difficulty eking out a living in a place with a high unemployment rate to begin with, plus other financial burdens related to the costs of treatment and rehabilitation; the loss of their social role before the injury; the psychological trauma following the injury, and having to grapple with it in the absence of a well-organized support system.

Various actors are responsible for the situation

First and foremost Israel, as the entity that exercises effective control over the Gaza Strip, especially in light of the restrictions placed on the introduction of medical equipment into the Strip and on the comings and goings of patients and medical staff. Secondly, the Palestinian Authority, suffering from chronic financial distress, is not putting up enough funding for treating amputees. Finally, responsibility also lies with the states donating money to the Palestinian authority and with the Gazan authorities for their failure to coordinate courses of action between them for the treatment and rehabilitation of the injured.

Israel must:

- Lift the restrictions and difficulties it imposes on amputees, including facilitating their passage for medical treatment outside the Gaza Strip; and
- Honor its obligation to allow fulfilment of the right to health as defined by international law, and grant medical care to injured individuals who need it.



Introduction

During the offensive on Gaza in July–August 2014, representatives of Physicians for Human Rights – Israel (PHRI) kept in touch with injured Gaza-Strip residents. We collected testimonies for a report by an independent mission of medical experts.² Many of the patients we talked to were amputees who had lost an arm or a leg and whose recovery process—their second war—had just begun.

About 2.4% of Gaza's residents, or 42,240 people, live with some form of disability, mostly (47.2%) movement restrictions (not just due to amputation).³ The summer 2014 war added approximately one hundred new amputees to tens of others who were left amputated by previous wars and operations.⁴ Among them are at least 14 women and 10 boys and girls, the youngest of whom was one year old at the time of his injury; the absolute

² Gaza 2014, The Findings of an Independent Medical Fact-Finding Mission, <http://gazahealthattack.com/>

³ According to the data of the Palestinian Central Bureau of Statistics for 2011, updated in 2014. Some of them were injured in wars over the years, others in other circumstances: http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/disabilities2011_A.pdf

⁴ Based on figures received from Dr. Hazem A-Shawwa, Director of Gaza's ALPC, by email on 3.5.2015, and in a conversation with the head of the WHO office in Gaza, Mahmoud Daher (May 2015). Dr. Khamis Alassi, a neurology expert and senior lecturer at the College of Applied Medical Sciences in Gaza, puts the real number of amputees from the summer 2014 attack higher, in the hundreds. According to him, the statistics included those amputees who lost key limbs and showed up at treatment centers. He believes that those who underwent amputations of body parts whose impact on general function are not as significant (e.g. fingers) were not included in this number, since they probably did not present themselves at treatment centers.

majority of amputees are young people under thirty.⁵ Among those injured in the attacks are families with two or more of their members left without limbs.

In addition to this, more than one thousand residents of the Gaza Strip, at least 300 of them minors, suffer from injury to their limbs after being hit during the summer offensive.⁶ Even if their injury did not lead to amputation, they too need rehabilitative treatment and physiotherapy.⁷

The hundreds of amputees and people with limb injuries from the war of summer 2014 have joined hundreds of others who were hit in previous wars and operations—in 2012, 2009 and even earlier. According to the figures of the Artificial Limb and Polio Center (ALPC) in Gaza, which provides services to most amputees in the Gaza Strip, the center handled 300 amputees who were injured in Israeli attacks from 2009 to the eve of the 2014 war.⁸ According to representatives of the World Health Organization (WHO) in Gaza, approximately 100 Gaza-Strip residents had limbs amputated in 2009 after being injured in the military offensive that year.⁹ Some of them were still being treated after the war of summer 2014.¹⁰

In seeking rehabilitation treatments, amputees face a host of problems. Firstly, the Palestinian health system is decentralized, both geographically and in terms of service providers. Geographically, the system is divided between three different regions: the West Bank, East Jerusalem and the Gaza Strip.¹¹ Any movement between these regions requires Israeli authorization; this is not always granted, and even when it is, there are bureaucratic delays and complications involved.

As far as the service providers go, since the public system cannot fully cope with the population's needs, there are numerous nonprofit and other organizations operating alongside it, both local and international, funded by donations. The various service providers are poorly coordinated between them, and as a result some services are provided by a number of players concurrently, while others are not at all available.

Another issue is the Palestinian Authority's economic troubles, which severely limit its ability to fund medical treatments outside the Gaza

⁵ Based on data from the Palestinian Center for Human Rights (PCHR), as provided in a clinical opinion on the state of amputees injured during the war of summer 2014, Gaza Community Mental Health Programme (May 2015).

⁶ According to data from the Palestinian Central Bureau of Statistics, 2014: <http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=ar&itemID=1270&mid=3915&wversion=Staging>.

⁷ According to information received from Dr. Tony Lawrence of the MAP organization (Medical Aid for Palestinians) by email on 16.8.2014, and from Dr. Bassel Nassar from the Abu Raya rehabilitation hospital during a meeting in Jerusalem on 26.8.2014.

⁸ Al-Moheet website, ["ضحايا 'البرق' في غزة ينتظرون أطرافهم](#), retrieved on 4.9.2014.

⁹ Based to information received in a telephone interview with Mahmoud Daher, head of the WHO office in Gaza, on 17.5.15.

¹⁰ According to information provided to Dr. Hussam Odeh during his visit to the Center on behalf of PHRI, June 2015.

¹¹ For elaboration on this, see Mahmoud Abu Arisheh, Denied, PHRI, 2015.

Strip in cases where the necessary treatment is unavailable within it. Thus, for example, corrective surgery for stumps is unavailable in Gaza, due also to Israel's blockade. Budgetary constraints have led the Palestinian Authority to cut back on referrals for treatment in the West Bank, which leaves the amputees who need this operation unattended to.

This report is concerned with the situation of amputees injured during the summer 2014 war, and with the obstacles they face. The report is part of a comprehensive PHRI project that includes an online blog in which eight amputees from the Gaza Strip write how they deal with the amputation and life in its aftermath.¹² While this is admittedly a relatively small group of patients, in-depth examination of their situation can nevertheless tell us about the acute situation of Gaza's healthcare system as a whole, since the systemic failures in treating amputees reflect problems running deep and wide and affecting all patients and injured individuals in the Gaza Strip.

¹² PHRI's Amputees blog, <http://gazaamputees.com/>.



The amputation

Improper amputation and the unavailability of corrective stump surgery in Gaza

During the military operation, ambulances evacuating the wounded were often delayed for long periods of time for various reasons, ranging from fire directed at them to road damage obstructing their passage.¹³

Once evacuated, patients arrived at emergency rooms loaded to the point of collapse, which caused their triage—the initial medical prioritisation of cases—to be poorly managed, amongst other things because the chaos allowed family members to intervene on behalf of their loved ones to the detriment of objective medical considerations. According to testimonies made available to us, confusion was such that, in some cases, people who were severely injured were taken for dead and moved to the morgue, and taken care of only after the mistake had been discovered. Others among the injured were repeatedly transferred from one hospital to another—even between three or four hospitals; this greatly delayed their treatment and gave rise to unnecessary complications. In some cases, according to

¹³ Based on The Findings of an Independent Medical Fact-Finding Mission, Gaza 2014.

doctors' testimonies, injured people had a limb amputated even though this was not really medically warranted; with the impossible workload that the medical teams were under, they sometimes preferred amputating a limb in order to save a life, as they lacked both the time and the means to focus on saving the injured limb. As a result of premature discharges from hospital, made in order to admit new injured people, medical treatment was not completed, and some patients saw their condition deteriorate, including complications and disabilities that could have been avoided or minimized. Moreover, not all injured individuals in need of rehabilitation were indeed referred to rehab treatments and adequate medical follow-up.¹⁴

The conditions described above meant that in many cases, the medical treatment of the stump, or the amputation itself, if done at a hospital, were performed in such a way that a prosthesis cannot be fitted. In order to have an artificial limb fitted, these amputees have to undergo further surgery to repair and prepare the stump for a prosthesis, surgery that cannot currently be performed in Gaza, owing to the lack of sufficient medical expertise. Once every few months, doctors come in to perform these operations from two international organizations-PCRf (the Palestine Children's Relief Fund) and MAP UK (Medical Aid for Palestinians). Other injured individuals have been referred to treatment abroad, especially in the first months after the war.¹⁵

PHRI is in touch with a number of amputees residing in the Gaza Strip who needed corrective stump surgery before being fitted with a prosthesis and who encountered difficulties in accessing surgery. One of them is Wael A-Namla.

The story of Wael A-Namla, 26, from Rafah

Wael was injured on the morning of 1 August 2014 in Rafah, in an event named "Black Friday", from a direct missile hit.¹⁶ He fled his apartment together with his family members after a missile hit the staircase of the building in which they resided. A few minutes after they left the building, another missile, fired from a drone, hit them and other residents. Wael was injured and lost his right leg; his wife Asraa lost both legs; and their three year-old son Sharif lost his left foot. Not all family members survived: Wael's sister, brother and sister in law were killed. Another sister was moderately injured.

¹⁴ Gaza Strip, Joint Health Sector Assessment Report, Prepared by the Health Cluster in the OPT:

http://reliefweb.int/sites/reliefweb.int/files/resources/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014.pdf

¹⁵ This information is based on conversations held by a PHRI team with a number of amputees in the Gaza Strip who contributed to the Amputees blog, and on a telephone interview with Mahmoud Daher, head of the WHO office in Gaza, on 17.5.2015.

¹⁶ For the full testimony on Wael's condition, see The Findings of an Independent Medical Fact Finding Mission Report, p. 217, <http://gazahealthattack.com/>.



Photo: PHRI, 26.3.15

Wael's journey to receive medical treatment after his injury was long and complicated, and spanned a number of hospitals. At Maqassad Hospital in East Jerusalem, where he was hospitalized for about two months, he also underwent—beside abdominal operations and many skin-graft operations for his left leg—four operations on his amputated right leg (in addition to his first surgery in the Gaza Strip). However, since the amputation itself and the treatment he received thereafter were suboptimal, the team at the ALPC determined that he could not be fitted with a prosthesis without undergoing further surgery to correct the stump and prepare it for a prosthesis. Roughly one year after his injury, in July 2015, Wael went through the surgery privately, at his own expense. The operation caused various complications, and, as of 2016, Wael is following a rehab process at the ALPC in preparation for having an artificial limb fitted.¹⁷

¹⁷ For Wael A-Namla's blog: <http://goo.gl/gld6sZ>.



Fitting artificial limbs

Treatment in the Gaza Strip

Gaza's Artificial Limb and Polio Center (ALPC)¹⁸ is one of the two main bodies providing treatment to amputees in the Gaza Strip. The center is the only body supplying artificial limbs to amputees in the Gaza Strip, and is considered a central institution for various rehabilitation treatments. The center is located in Gaza City and run by the municipality, under the supervision of and in coordination with the Red Cross. The center is financed by the Palestinian Ministry of Health together with the Red Cross, UNRWA and other donors,¹⁹ and provides its patients with free services including the adjustment, fitting and maintenance of prostheses, alongside various rehabilitation treatments such as physiotherapy and psychological treatment.

The ALPC employs 32 members of staff with the necessary qualifications, including five physiotherapists. According to the center's director, Hazem A-Shawwa, the center receives approximately 3,000–3,500 patients annually, among them 150–200 amputees in need of prostheses. Between 25

¹⁸ See <http://bit.ly/1Q11D9n>.

¹⁹ According to information provided to Dr. Hussam Odeh during his visit to the Center on behalf of PHRI, June 2015.

to 30 patients come to the center every day without having to make an appointment ahead of time. By December 2015, the center had treated 65 amputees from the war of summer 2014, 55 of whom were fitted with prostheses. The center manufactures and fits artificial limbs for all body parts, but does not hospitalize patients. Apart from prostheses, the center supplies patients with some of the equipment they require, such as wheelchairs, wooden or aluminum crutches, special shoes and other aids.²⁰

Treatment in the West Bank

Another way for amputees to have a prosthesis fitted is to obtain a referral from the Palestinian Ministry of Health for treatment in the West Bank, but this entails a long and complicated bureaucratic procedure. As a first condition, patients must obtain a referral document and approved financial coverage to fund the treatment from the Palestinian Authority; the latter, however, scarcely gives out referrals, due to the high costs of treatments on the one hand and the lack of budgeting on the other hand. Thus, the treatment options available in the Palestinian healthcare system in the West Bank are inaccessible, de facto, for patients and injured individuals from the Gaza Strip.

Patients who end up getting a referral for treatment in the West Bank are required to apply to the Israeli authorities for a transit permit. Applications are reviewed by the army and the Shin Bet (the Israeli Security Agency), who have the authority to approve or reject them. Every year, hundreds of patient requests to go out for medical treatment in the West Bank and East Jerusalem get rejected by the Israeli side, or approved very late, in a way that interferes with the continuity of medical treatment and diminishes its chances of success. According to WHO figures, approximately 20% of requests for a transit permit are turned down; in many cases, moreover, the actual consideration of a request to leave the Gaza Strip for medical treatment is made conditional upon undergoing Shin Bet questioning. This is a problematic procedure recorded by PHRI many times in recent years which involves a flagrant violation of human rights.²¹ Only patients who were able to overcome the numerous hurdles described above will eventually get to one of the medical centers in the West Bank in order to receive treatment.

There are three major hospitals providing rehabilitation services in the West Bank: Abu Raya Rehabilitation Center in Ramallah, Bethlehem

²⁰ According to data provided to PHRI by Dr. Hazem A-Shawwa, Director of the ALPC, in conversations from March and December 2015.

²¹ For elaboration on this, see Mahmoud Abu Arisheh, Denied, PHRI, 2015.

Arab Society for Rehabilitation in Beit Jalla, and Princess Basma Center in East Jerusalem. All three are private centers, and the first two offer prosthesis-fitting services.

The Abu Raya Rehabilitation Center, located in the city of Ramallah, covers treatment of fractures; limb amputation and prosthesis fittings; burns; paralysis; speech impediments; and psychological treatment. The center also owns a facility that manufactures prostheses for its patients.²² The hospital holds 27 beds, all for rehabilitation patients.²³ According to the hospital staff, capacity could be increased to 60 beds if funding were received enabling the purchase of additional equipment and the hiring of additional staff according to need. During the summer of 2014, the hospital allocated seven beds for hospitalizing injured patients from the Gaza Strip, but only three of them were used for that purpose in reality, since budgetary considerations kept the Palestinian Authority from referring amputees to private hospitals.

The Bethlehem Arab Society for Rehabilitation is located in the town of Beit Jalla, near Bethlehem. The hospital offers various rehabilitation services, including treatment of injured amputees and orthopedic surgery, and manufactures and fits prostheses for its patients.²⁴ The hospital houses 49 rehabilitation beds, five of which were allocated to injured Gazans in the war of summer 2014. According to the hospital staff, all five beds were occupied during the war.

Difficulties Obtaining Proper Prostheses

The prostheses fitted at the ALPC in Gaza, considered low-tech, do not optimally meet the needs of the amputees. They are technologically less advanced and lower in quality compared to prostheses available in countries with advanced healthcare services. The services of the ALPC, which provides support to prosthesis owners, including current maintenance, repairs and even spare parts if necessary, are limited to patients fitted with these low-tech prostheses. The center is incapable of servicing patients who had been referred to other countries and fitted with more advanced prostheses;²⁵ children who had been previously referred to be fitted with a prosthesis in a foreign country and need another one to fit their growing body, receive a lower-quality prosthesis than the one they had before, which adds another frustrating challenge for them.

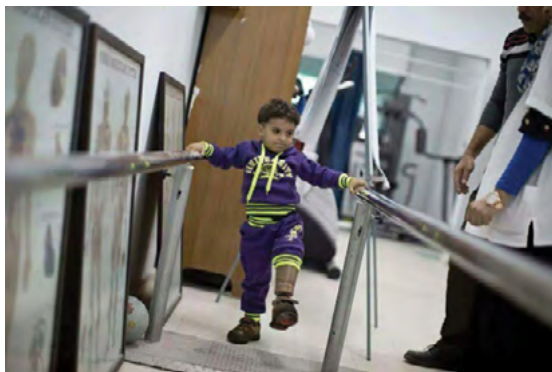
²² Based on information received in an interview with Dr. Basel Nassar from Abu Raya hospital on 26.8.2014.

²³ Based in the annual report of the Palestinian Ministry of Health for 2014, published in July 2015: <http://www.moh.ps/attach/957.pdf>.

²⁴ According to information received from the Bethlehem Arab Society hospital, September 2015.

²⁵ Gaza Strip, Joint Health Sector Assessment Report, Prepared by the Health Cluster in the OPT.

Dr. Hussam Odeh, a rehabilitation expert who visited the ALPC on behalf of PHRI in June 2015, also believes that the prostheses offered by the center are lacking in some respects. According to Dr. Odeh, while they are good-quality prostheses, both cosmetically and mechanically, they are considered relatively heavy, making them harder for patients to manipulate compared to more advanced, higher-quality prostheses. And this is indeed one of the main problems reported by amputees treated at the ALPC. Thus, for example, one of the amputees who is in touch with PHRI, Osama Al-Batesh, 31 from Gaza,²⁶ lost his leg and had a prosthesis fitted for him at the center, but he says that the prosthesis is heavy and that using it to walk is hard and cumbersome. Sharif A-Namla, Wael's four year old son (see box on page 16), who had his left foot amputated, also has a very hard time moving around with his prosthesis. According to his father, the prosthesis is awkward, heavy and uncomfortable, and Sharif does not use it much.



On the right: Sharif A-Namla, 4 years old. On the left: Sharif's prosthesis

Another significant problem highlighted by Dr. Odeh was that the upper-limb prostheses fitted at the center were only cosmetic rather than functional, and thus do not meet the key need of amputees—most of whom are young people—to restore function to their hands so as to be able to lead a normal life. Another difficulty lies in the fact that the center operates in Gaza City alone. Many patients who live in different areas across the Gaza Strip, some quite far from Gaza City, come to the center irregularly, if at all, due to the high cost of transportation. Fadi Al-Arja, 30, amputated in both legs, lives in Rafah, at the southern end of the Strip, relatively far from Gaza City. Fadi underwent physiotherapy at the center, but the cost of travelling there and back made him stop coming for treatments, even though he says they helped him considerably.²⁷

²⁶ For Osama Al-Batesh's blog: <http://goo.gl/Eyu3ON>.

²⁷ For Fadi Al-Arja's blog: <http://goo.gl/mvFyji>.

The ALPC does not belong to the Palestinian Ministry of Health, but to Gaza municipality, which is why the Ministry of Health does not refer all of the injured amputees for treatment at the center; this was especially true after the end of the summer 2014 war, when injured people were sent for medical treatments in different countries. The center itself appeals to and invites amputated residents of Gaza to come to it for further treatment. The center's detachment from the Ministry of Health is part of a broader problem: the absence of a public Palestinian healthcare system that would ensure a complete response to the needs of the population.



Rehabilitation

In addition to having prostheses fitted, amputees need a rehabilitation process that includes various treatments, such as physiotherapy and psychological treatment. There are several centers and clinics in the Gaza Strip offering rehabilitation services, the main ones being the ALPC discussed above, and the team of Al-Wafa rehabilitation hospital, which was bombed in the war of summer 2014. Al-Wafa, which was located in the Shuja'iya neighborhood in Gaza City, was one of a kind in the Gaza Strip and offered a long line of rehabilitative treatments. The hospital housed a men's ward with 57 beds, a women's ward with 38 beds, a therapeutic garden and two operating rooms. The total number of beds in the hospital was 125. The hospital's personnel numbered 170 male and female employees, among them eight specialists, eight general physicians, 63 male and female nurses, and tens of other medical personnel. The hospital did not manufacture or fit prostheses for amputees, but it did specialize in other rehabilitation services, among them: rehabilitative medical supervision, physiotherapy, occupational therapy, hyperbaric oxygen therapy, psychological treatment and various types of surgery.²⁸ In addition, it had two ambulances at its disposal.²⁹

²⁸ According to information provided in an interview with Al-Wafa hospital Director, Dr. Basman Al-Ashi, on 14.5.2015.

²⁹ Based on figures from the Palestinian Ministry of Health: <http://www.moh.ps/?lang=0&page=8>

The hospital's management believes that the damage caused following its bombing amounts to over USD 10 million. In addition, damage was caused to a lot of equipment, worth an estimated USD 316,000.³⁰

Following the hospital's destruction, the Al Wafa team has set up at Al Amal medical center for the elderly. The team's capabilities are now greatly diminished relative to the hospital's capabilities prior to the bombing. The team uses equipment salvaged from the hospital, as well as several other basic instruments acquired since.³¹ The number of hospitalization beds at the team's disposal was 35 as of May 2015, as opposed to the previous 125. In order to overcome the shortage of hospitalization beds, the center's medical team also offers house calls at patients' homes as well; this service is provided to around 5,000 patients per year. During the summer of 2014, the center provided physiotherapy services only and had five beds with no option for hospitalization.³²

According to hospital Director Dr. Basman Al-Ashi, Israel has been delaying, for many long months, the entry into the Gaza Strip of medical equipment, medications and supplies purchased abroad by the center. This delay in getting the equipment into the Strip results in damage to instruments, the expiration of medications, and a lower quality of service given to patients. The Director of Al-Wafa hospital told PHRI of a plan to re-establish the hospital elsewhere in Gaza City, but this is delayed due to the substantial financial cost involved, estimated at USD 10 million. Apart from that, construction materials are likewise in very short supply throughout the Gaza Strip, as their entrance there is highly restricted.³³

Physiotherapy, occupational therapy and other services can also be accessed at a number of other medical centers in the Gaza Strip, such as A-Shifa hospital, the largest medical center there; A-Rantissi hospital in Gaza City; A-Nasser hospital in Khan Younes; and A-Najjar hospital in Rafah. In addition, there are a number of clinics providing similar services, operated by various international organizations such as Médecins sans frontières, the Palestinian Red Crescent, Handicap International,³⁴ MAP (Medical Aid for Palestinians), and PCRf (Palestine Children's Relief Fund).

In the West Bank, rehabilitative medical treatment is available at three main centers: the Abu Raya Rehabilitation Center (Ramallah) and Bethlehem Arab Society for Rehabilitation (Beit Jalla) referred to above,

³⁰ According to information provided in an interview with Dr. Basman Al-Ashi, Director of the hospital, on 14.5.2015.

³¹ Ibid.

³² Ibid.

³³ For elaboration, see: Where's the Housing Boom, Gisha, August 2015. <http://features.gisha.org/wheres-the-housing-boom/>

³⁴ Based on data from the Palestinian Ministry of Health, May 2015. <http://www.moh.ps/?lang=0&page=8>

which also manufacture prostheses, and the Princess Basma Center, an East Jerusalem private medical center caring for children aged up to 15. Princess Basma employs ten physiotherapists and four male and female nurses,³⁵ and offers medical follow-up and psychological treatment for both patients and their escorts.³⁶ The center specializes in fractures, hearing problems and spinal problems; it also offers physiotherapy, hydrotherapy, speech therapy and psychological counselling. The center does not treat burns, does not make prostheses, and relies on physicians from Abu Raya hospital to fit Princess Basma patients with prostheses. The center houses 17 hospitalization beds. In the summer of 2014, ten of them were earmarked for patients from Gaza, but the Palestinian Authority did not issue enough referrals or financial-coverage approvals for the wounded, and the beds remained empty.

Problems with the Rehabilitation Apparatus

Insufficient services: There are 55 rehabilitation centers registered with the Palestinian Ministries of Health and Welfare as operating in the Gaza Strip, but in reality only ten of them are actually active.³⁷ Mustafa Abed, Director of rehabilitation services at Medical Relief in the Gaza Strip,³⁸ believes that all entities providing rehabilitation services in the Gaza Strip put together cannot meet even 15% of the population's rehabilitation needs, including surgery, physiotherapy, occupational therapy, and aids. The data relate to rehabilitation services in general, but can naturally also be indicative of the amputees' situation in particular.

Based on the number of hospitalization beds presented, there are 35 hospitalization beds in the Gaza Strip for rehabilitation purposes, that is, 1.95 beds for every 100,000 inhabitants in the Strip. The West Bank and East Jerusalem have 93 rehabilitation beds (3.28 per 100,000 inhabitants). The total number of rehabilitation beds in the Palestinian occupied territories is 128, namely 2.77 beds for every 100,000 inhabitants. In Israel, on the other hand, there are 752 beds in all, representing 9 beds per 100,000 inhabitants³⁹ (a low number in itself).⁴⁰

³⁵ Based on data from the Palestinian Ministry of Health, as made public on their website in February 2015.

³⁶ According to information provided in an interview with Nassrin Manarius, Spokeswoman of Princess Basma hospital, September 2014.

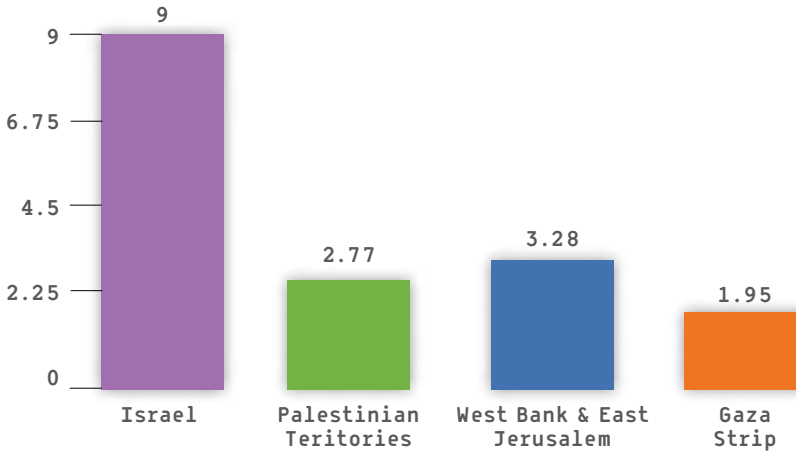
³⁷ Gaza Strip, Joint Health Sector Assessment Report, Prepared by the Health Cluster in the OPT

³⁸ Based on an interview with Mustafa Abed, Director of rehabilitation services at Medical Relief in the Gaza Strip, on 11.11.2014.

³⁹ According to data from Israel's Ministry of Health, 2015: http://www.health.gov.il/NewsAndEvents/SpokemanMessegas/Pages/16062015_2.aspx

⁴⁰ See, for example, http://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_resource_statistics_-_beds#Long-term_care_beds_in_nursing_and_residential_care_facilities

Rehabilitation beds per 100,000 inhabitants (2015)



Under-budgeting of Palestinian healthcare system: Despite the existence of rehabilitation centers in the West Bank capable of treating injured people from the Gaza Strip, some of them remained half-empty in the months following the end of the war.⁴¹ The Palestinian Ministry of Health scarcely granted injured individuals from the Gaza Strip referrals for rehabilitation treatments in the West Bank, or in practical terms funding to cover the costs of the medical treatment. The reason for this is the lack of budgeting: The centers in question are private, and the Ministry of Health could not afford their hospitalization costs. Thus, the economic difficulties that the Palestinian Authority suffers from limit access to adequate medical treatment for those who were injured.

No coordination or overall program for amputee rehabilitation: Due to the plight of the healthcare system in the Gaza Strip, there are quite a few bodies and organizations involved and assisting in delivering healthcare services alongside the public healthcare system. These entities are not coordinated between them. As already mentioned, the summer 2014 war saw the utter destruction of Al-Wafa hospital, which was the only rehabilitation hospital in the Gaza Strip and the central body referring amputees to follow-up rehab treatments, whether within it or elsewhere. Since its destruction, there is no establishment centrally managing and coordinating treatment for amputees in the Gaza Strip. A serious aspect of this lack of coordination is the absence of communication between hospitals and clinics, which means that amputees are released from hospitals without any plan for follow-up community care.⁴²

⁴¹ Information gleaned on visits made by the Field Coordinator of PHRI's Occupied Palestinian Territory Department to rehabilitation centers in the West Bank and in conversations with their staff.

⁴² Gaza Strip, Joint Health Sector Assessment Report, Prepared by the Health Cluster in the OPT.

Mustafa Abed, Director of rehabilitation services at the Medical Relief organization, emphasizes the challenge posed by the absence of one single central body providing services for and accompanying people with disabilities. Prior to 2007, says Abed, coordination was handled by the Palestinian Ministry of Health, which also gave out clear guidelines to care providers and laid down the policy. This situation changed dramatically after Hamas came to power, as most donors funding the healthcare system refused to work with Hamas and switched to interfacing directly with local organizations. The result was lack of coordination between the various institutions, as well as the provision of duplicate services in certain cases and none at all in others. Another problem is that no information on the condition of the amputees is collected and analyzed from all those entities providing them services: private centers, NGOs and the Ministry of Health. There is a coalition of health organizations operating under the aegis of the Ministry of Health and UNRWA, as well as a network of local organizations engaged in rehabilitation named BINGO, but neither one has special budgeting set aside for collecting, documenting and analyzing information, which constitute a pillar of any medical work.

Action through "projects": One consequence of the situation described above is that donor countries contributing to the Palestinian Authority fully control the policy and modus operandi of the various organizations engaged in the rehabilitation business. What this means is that both governmental and non-governmental organizations work within the framework of so-called "projects", most of which are defined as "emergency projects" or "crisis intervention" projects. Each project differs in objectives, approach and methodologies, and most run for no longer than several months.

This practice gives rise to a series of problems and difficulties:

- An organization supposed to receive funding for a specific project without, however, living up to all the donors' expectations, will not receive the funding and will consequently be unable to provide the services it had intended for its patients.
- All projects are devoted to treating people injured in the war of summer 2014. This leaves all other patients in need of rehabilitation services neglected, including individuals injured in past wars and operations—from 2012, 2009 and even earlier.
- An effective healthcare system must include two components: emergency services and services provided in the community. The involvement of third-sector organizations in providing rehabilitation services disrupts this structure when they offer services outside the public community framework.

- When a project ends, the patient is left without medical follow-up. Most projects are six-months long, whereas many patients, especially the severely-injured ones, take several months just to realize the gravity of their injury; and, in any event, they require long-term care—physical and mental—for much longer than the timeframe allocated to a specific project. When a given project ends, the next project is often offered by another donor, organization or agency coming in with a new approach, another team, and other treatment protocols, and the patient—assuming he was even able to be admitted into the new project—has to start a new treatment process. This way of doing things is taxing for patients in terms of time and resources, affecting treatment quality as a whole. Two patients interviewed by a PHRI team who were hit during the offensive on Gaza in 2009 and were able to describe a longer treatment process, talked about feelings of despair and frustration as a result of this practice, and testified to its detrimental effect on their treatment process.



The upshot: what it means to be an amputee in Gaza

The life of amputees is complicated and fraught with challenges at every turn. Following amputation, patients must relearn how to live and use their body in ways they were unfamiliar with before. Walking, getting dressed, eating, taking showers—daily actions that were once taken for granted—become complex tasks. The moment of the amputation itself, traumatic and painful as it might be, is often not the hardest part in coping with the amputation; it is actually several months following the amputation that the long and arduous rehabilitation journey begins.

In addition to dealing with the loss of an arm or a leg, injured inhabitants of the Gaza Strip, male and female, must also face the hardships of life in the Gaza Strip. Life for amputees in Gaza does not resemble that of their counterparts in Israel or in other developed countries. As mentioned, treatment and rehabilitation resources are highly limited and incapable of fully meeting the needs of the amputees. Many of the injured receive no—or only partial—medical and rehabilitative care; many of them express their wish to receive appropriate medical treatment.⁴³

⁴³ For Osama Al-Batesh's blog: <http://goo.gl/vH2w7L>.

The physical conditions and dilapidated infrastructures in the Gaza Strip make for additional difficulties. More than a year after the summer 2014 bombings, many of the streets are still filled with rubble and large craters⁴⁴ restricting mobility, both if a prosthesis or a wheelchair are used.

Livelihoods are scarce in Gaza, and all the more so for amputees. Many of them are unable to provide for their families' essential needs.⁴⁵ According to a psychological opinion by the Gaza Community Mental Health Programme, which examined the mental state of amputees injured in the war of summer 2014, many of the amputees expressed concerns over losing their social status, both as providers and in other roles.⁴⁶ Some of them are incapable of performing tasks they were responsible for before the injury, and many lost their source of income due to the amputation and are constantly preoccupied with how to provide for their families.



Photo: Anas Hamra

Mansour Ghaban made a living selling vegetables off a cart before being injured in the war of summer 2014. Following the injury, he had an arm and a leg amputated, and is currently unemployed.⁴⁷

⁴⁴ On the slow-moving reconstruction of the Gaza Strip and the absence of a building boom, see Gisha, Where's the Housing Boom, <http://features.gisha.org/wheres-the-housing-boom/>.

⁴⁵ Interview with Mustafa Abed, Director of rehabilitation services at Medical Relief in the Gaza Strip, November 2014.

⁴⁶ Gaza Community Mental Health Programme, Clinical Opinion on the State of the Amputees Injured during the war of Summer 2014 (May 2015).

⁴⁷ For Mansour Ghaban's blog: <http://goo.gl/http://goo.gl/AaErf>.



Photo: Anne Paq

Osama Al-Batesh, also injured in the war of summer 2014, was amputated in the leg above the knee. He had previously worked as a police officer. Luckily for him, he can continue working, unlike many others, who lost their job following their injury. However, his salary of 700–800 NIS (new Israeli shekels) for every two months is not enough to sustain his family. Osama needs another source of income, but cannot find a second job owing to his medical condition.

Approximately 80% of Gaza-Strip residents rely on the distribution of food and other forms of assistance by various aid organizations.⁴⁸ People with disabilities and members of their family have a harder time accessing food and aid distribution points—due to their physical disability—even though aid is provided based on an estimation of the recipients' condition.⁴⁹

Amputees are forced to deal with larger-than-usual expenses, which they cannot always afford. Many families cannot keep up with payments to cover medicines and the cost of travelling for medical treatments. This is, for example, the case of Fadi Al-Arja (pg. 21 in this report), who lost both legs and testifies to have foregone physiotherapy due to the cost of travelling from his place of residence in Rafah to Gaza City, where he was treated at the ALPC.

Amputees are also confronted with their inability to perform many

⁴⁸ Based on UNRWA data, <http://www.unrwa.org/where-we-work/gaza-strip>.

⁴⁹ Gaza Strip, Joint Health Sector Assessment Report, Prepared by the Health Cluster in the OPT

activities that are essential to leading a normal life, which were previously taken for granted, such as the ability to carry out home repairs. Today, they depend for this on the good will of neighbors, or on buying the service with money they do not have to start with. Osama Al-Batesh, a leg amputee, says that in the winter following the war, he and all his family members were continuously ill because of the cold penetrating their house, which was hit during the attacks and which he was unable to repair due to his injury and their financial situation.

As in other extreme situations, women often pay a higher price. A twenty one year old woman who had both legs amputated in the war of summer 2014 told the PHRI team about the difficulty of caring for her two small children, who were shunning her, for their part, because of her injury; they see their grandfather and grandmother as substitutes.⁵⁰

Despite the set of difficulties specified above, there is no government support system for amputees in the Gaza Strip to accompany them and see to their needs.⁵¹ As described, amputees are often treated within various projects offered by various organizations, switching from one framework to another without being centrally managed on a constant basis and without benefitting from a consistent therapeutic approach. As a result, they have no sense of there being a central body in charge of treatment, one that is familiar with their whole medical file and one they can rely on and turn to.

The loss of an arm or leg in war is followed by a mental crisis. The physical trauma is compounded by the mental trauma involved in the injury, which usually occurs in the context of shelling or bombardment.⁵² For many of the amputees, the difficulty is exacerbated when, in addition to their own injury, they frequently have to cope with the destruction of their home, the loss of family members, and sometimes also the existence of other family members who have had an arm or leg amputated. The process of dealing with the loss of an arm or leg goes through a number of stages: denial, anger, bargaining, depression, and finally—in most cases—acceptance.⁵³ Individuals undergoing this process and its various stages need support and professional care, without which their suffering increases. The clinical opinion of the Gaza Community Mental Health Programme identified a number of symptoms common in amputees, who have to grapple with both the trauma of war and the loss of an arm or a leg: anxieties; fear of death and the unknown; frustration and despair,

⁵⁰ The woman's details are kept at PHRI's offices, and are not made public due to the sensitivity of the information.

⁵¹ Interview with Mustafa Abed, Director of rehabilitation services at Medical Relief in the Gaza Strip, November 2014.

⁵² Gaza Community Mental Health Programme, Clinical Opinion on the State of the Amputees Injured during the war of Summer 2014 (May 2015).

⁵³ Ibid.

all of which mount when proper medical treatment is inaccessible. Many of the amputees diagnosed showed signs of mental and physical disorders like depression and pains.

Amputation also changes amputees' relationships with their surroundings. They cannot function like they once did within the context of their social relationships, and they often feel that they are a burden to their friends and family who support them, consequently developing feelings of helplessness and frustration. On top of that, they are also forced to deal with phenomena of social stigma and prejudices about people perceived to be injured or maimed.



Who is responsible for the situation?

In October 2014, when the condition and medical needs of some of those injured and left amputated following the summer war became clear, PHRI appealed to the Ministry of Defense, asking it to guarantee access to medical treatment for four of the amputees: Sharif A-Namla, three years old; Ihab Sahwil, 15; Asraa A-Namla, 21; and Wael A-Namla, 26, mentioned in this report. All four are citizens who were in no way involved in the fighting and were caught in the line of fire, which, as mentioned, spanned the whole of the Gaza Strip. Ihab Sahwil was injured when staying with his family at the UNRWA primary school for girls in Jabalia, which had been converted into a refugee shelter, and the three others were injured close to home while running away from a missile attack on the building they resided in.

The answer received to our appeal was that "the State of Israel bears no responsibility for the care and rehabilitation of the injured individuals", based on the civil Torts Law,⁵⁴ which provides, in section 5A, that "the State is not Liable in Tort for an Act performed through a Wartime Action of the Israel Defense Forces".⁵⁵

⁵⁴ Civil Torts Law (State Liability), 5712-1952.

⁵⁵ PHRI's appeal and the Ministry of Defense's answer are enclosed hereunder as annexes to this report.

Thus, only a few weeks after directly bombing Al-Wafa rehabilitation hospital to the ground, the state disavows any responsibility to provide treatment to those injured and in need of rehabilitation, leaving them without recourse. Its rejection of PHRI's request to help in the rehabilitation of the four citizens reflects a consistent policy adopted by Israel, which ignores the obligations applicable to it as an occupying power towards the civil population by virtue of international law.⁵⁶ Even when the damage and destruction have been caused by Israeli forces as a result of direct military actions, the state exempts itself from liability towards them by evoking a law it had enacted for this exact purpose; an examination of the issue by any other standard would not exempt Israel from liability towards the injured individuals in question. Israel's liability arises out of the mechanisms it employs to control the Gaza Strip, particularly the fact that the state of the healthcare system in the Gaza Strip is dramatically affected by Israeli restrictions, both on medical equipment and on the movement of medical teams and patients.⁵⁷

Another factor affecting treatment of amputees is the lack of finance for their treatment and rehabilitation. As explained above, the Palestinian Authority does not supply the Ministry of Health with adequate funds that would enable it to provide all necessary treatments or fund treatment in medical centers in the West Bank for Gaza-Strip amputees. Add to these the lack of coordination between the numerous service providers in the Gaza Strip, for which both the countries donating to the Palestinian Authority and the authorities in Gaza are to blame; the fact that the projects run by the donor countries are not coordinated with the domestic authorities plays havoc with the delivery of services.

The failure on the part of all relevant actors to assume responsibility makes the lives of Gazan amputees a frustrating and despairing daily struggle to get back to normality, where normality is at any rate nothing more than "emergency routine".

⁵⁶ As an occupying power controlling a protected population, Israel bears responsibility for the well-being of the Gaza Strip's inhabitants, including for the delivery of healthcare services.

⁵⁷ See: Mor Efrat, *Divide and conquer*, PHRI, 2015; Mahmoud Abu Arisheh, *Denied*, PHRI, 2015.



Conclusion and demands

The rehabilitation apparatus in the Gaza Strip was dealt a heavy blow in the summer 2014 military offensive after the bombing of the one and only rehabilitation hospital in the Gaza Strip, Al-Wafa, during that war. The rehabilitation system was already weak and unstable before the war, being directly affected by Israel's blockade of the Gaza Strip and the geographic decentralization of the Palestinian healthcare system resulting from it. Other factors contributing to the deterioration in rehabilitation services are the lack of adequate funding on the part of the Palestinian Authority, as well as the lack of coordination between the different institutions providing services among themselves, and between the latter and the authorities in Gaza. All of the above meant that the amputees in the Strip, about one hundred of whom were hit during the summer 2014 war, fell to the care of a weakened, crumbling medical-rehabilitation apparatus.

The medical treatment received by amputees in the Gaza Strip is low in quality throughout its various stages: from the amputation stage, which is often performed hastily and faultily on the ground, leaving a stump that precludes the fitting of a prosthesis and which cannot be

corrected surgically in the Gaza Strip; through the prosthesis-fitting stage, where the artificial limbs used are considered to be heavy, lower-grade devices compared to those used in advanced countries, and where some of them are cosmetic only rather than functional; and all the way to the rehabilitation stage following the fitting, which is not properly budgeted, managed or coordinated, where the number of rehabilitation beds per 100,000 inhabitants in the Gaza Strip stands at approximately one fifth only of the number of beds available per 100,000 inhabitants in Israel.

The various parties concerned do not acknowledge their responsibility for treating the amputees. Israel is relying on a law of its own making to dodge responsibility; the Palestinian Authority, in the throes of chronic economic distress, is not properly budgeting rehabilitation services; and the donor countries are not taking the trouble to coordinate their activities with Gaza's authorities. In the midst of all this complexity, the amputees are left to fend for themselves, and some of them go without proper treatment for months on end, even years, after every round of fighting.

The plight of the amputees is not detached from the general state of the Palestinian healthcare system and the realities of life in the Gaza Strip and the West Bank. The Palestinian healthcare system is subjected to numerous restrictions imposed by Israeli occupation, affecting its behavior and not allowing it to act independently.⁵⁸ We, at PHRI, believe that the only way to bring about a transformation is to end the occupation, lift its restrictions, and establish absolute and fundamental equality between all individuals and groups living under the state's control.

In light of what has been presented in this report, we call upon the State of Israel to:

- Lift the restrictions and obstacles it foists on the amputees, and amongst others facilitate their transit for medical treatment outside the Gaza Strip;
- Meet its obligation to allow the exercise of the right to health as defined by international law, and to grant medical treatment to amputees requiring it.

⁵⁸ For more information, see: Mor Efrat, *Divide and Conquer*, PHRI, 2015.

APPENDICES

ANNEX 1: Appeal to Ministry of Defense

26 October 2014

TO:

Claims Division – Territories Complaints Section
Ministry of Defense
03-9934706 / 03-6977101

**Re: Assuming responsibility for the care and rehabilitation of
individuals injured during the summer 2014 offensive on the Gaza
Strip**

We are addressing this letter to you to request that you assume responsibility for the care and rehabilitation of several injured individuals from the Gaza Strip who were hit during the Israeli attack on the Gaza Strip in the war of summer 2014. These individuals, some of them children, are paying a heavy price for the Israeli attacks in the Gaza Strip, and have no adequate medical rehabilitative recourse within the Strip.

Ihab Suhwil, a 15 year old boy, I.D. 404598237, from Beit Hanoun refugee camp, was seriously wounded and requires long-term rehab. Ihab was injured on 30.7.2014 at 17:00 when four missiles fired by the Israeli Air Force hit the UNRWA primary school for girls in Jabalia. Ihab's entire family of eight was present at the school during the attack. A brother of Ihab's was killed in the bombing, which also injured his mother and another brother.

Ihab was hit in the head, and immediately lost consciousness. A fragment entered his lower back and came out through his upper back. He was evacuated to Shifa hospital in Gaza and hospitalized there for three days, during which he underwent several operations. He was then moved to Maqassad hospital in East Jerusalem, where he underwent another series of operations to remove blood clots. He was twice operated on his trachea

in order to normalize his breathing, and had two episodes of cardiac arrest, resulting in a shortage of oxygen and brain damage.

Ihab's response to his surroundings is limited. He does not speak and only communicates with his eyes. He is fed through a tube, and has lost half his body weight since his injury, currently weighing in at 30 kg. His limbs are rigid, and he cannot control their movement. Ihab requires rehabilitation due to the brain damage caused him, and, in the long run, will need permanent help from a nurse with his everyday activities. Ihab has no access to rehabilitative treatment, and is currently still hospitalized at Maqassad hospital.

The A-Namla family, comprising a father, mother and two children residing in Rafah's Balbissi Street, were directly hit by a missile. On 1.8.2014 at 08:00 in the morning, a missile hit the staircase of the building in which the family resided together with the extended family. Their apartment remained intact, and they rushed out of the building. After leaving the building, they took a direct hit from a drone missile. The father, mother and both children were injured. Wael, the father, lost his brother and sister, and her husband, who died of burns all over their bodies. The family depended for its livelihood on the dead brother, who was a pharmacist, and now that he is dead has no other source of income.

Wael A-Namla, the 26 year-old father, suffers from multiple wounds. His right leg was amputated above the knee; he suffers from cuts on his left side (the left lower quadrant of his body), burns on both hands and abdomen, and severe burns on his lower limbs. Following his injury, he was evacuated to Yousef A-Najjar hospital in the Gaza Strip, which was bombed just two hours later; he was then transferred to the European Hospital, where he remained in intensive care for five days. His next move was to Nasser hospital, where he spent six days before transferring to Maqassad hospital in East Jerusalem. He underwent five operations in his right leg, which was amputated above the knee, and two operations in his abdomen. He lost about ten kg of his body weight, and requires short-term rehab and further treatment.

Asraa A-Namla, the 20 year-old mother, suffers from multiple injuries. Both of her legs are amputated above the knee, and she suffers from burns on her back. Asraa was four months pregnant, and miscarried the fetus as a result of the injury. After being hit, she was evacuated to Yousef A-Najjar hospital, and when the latter was shelled, she was taken to the European Hospital by the Red Cross, where she stayed for five days. After that, she was transferred to Nasser Hospital for three days, and then to Al-Ahli Hospital in Hebron. Asraa needs rehabilitation, but this is unavailable at the hospital. She cannot move around, and is confined to her bed.

Sharif A-Namla, a three year-old toddler, was injured in several places. His left leg was amputated and the skin on his right arm replaced. Sharif was evacuated to the same hospitals as his father and ended up hospitalized at Maqassad hospital in Jerusalem. He needs rehabilitation.

The whole family has been released to its home in Rafah. Their life is unbearable, with both parents amputated and having to run a family and take care of their two children. The father can get around on crutches, but the mother cannot get out of bed. Their house is not adapted to disabled people, and does not support a normal life to the extent possible. All three need rehabilitation treatments, yet have no access to them.

As mentioned, we ask that the State of Israel assume responsibility and grant treatment and rehabilitation to these four injured individuals who have no access to adequate treatment and rehabilitation.

Underlying our request is the large number of injured people in the Gaza Strip and the insufficiency of existing medical and budgetary capabilities to meet the needs. In waging a military operation in such a densely-populated area, it was obvious that uninvolved citizens would be hurt. This fact, coupled with Israel's control as a crucial factor affecting the access of Gaza-Strip inhabitants to their right to health, imposes upon us,

as a society, a moral obligation to assist those injured in their rehabilitation.

Attached to this letter are four "written notification" forms required in order to file a claim, as published on the website of the Claims Division at the Ministry of Defense.

Sincerely,

Mor Efrat

Occupied Palestinian Territory Department

Physicians for Human Rights – Israel

Tel. 0543-240201 email. mor@phr.org.il Fax. 03-6873029

Annex 2: Ministry of Defense's Reply

State of Israel Ministry of Defense

- Unclassified -

Legal Advisor to the Security Apparatus
Claims and Insurance Division

Date: 26 November 2014
Telephone: 03-6977001
Fax: 03-6977101
Reference: DA.4659

TO
Physicians for Human Rights – Israel
Occupied Palestinian Territory Department
Ms. Mor Efrat
By fax: 03-6873029

Without prejudice

Dear Madam,

Re: Assuming responsibility for the care and rehabilitation of individuals injured during the summer 2014 offensive on the Gaza Strip

1. I acknowledge receipt of your letter dated 26.10.2014 on the referenced subject.
2. In your letter, you request that the State of Israel assume responsibility and provide care and rehabilitation to the four injured individuals mentioned therein.
3. To start with, let us note that the State of Israel has, on more than one occasion, expressed its regret about casualties occurring among the "uninvolved" in the course of military action required in order to protect its citizens and their security.
4. To address the request itself: The civil Torts Law (State Liability), 5712-1952, states (in section 5A) that "the State is not Liable in Tort

5. Consequently, the State bears no responsibility for the care and rehabilitation of the injured individuals mentioned in your letter, or of others injured during operation "Protective Edge" and not mentioned in your appeal.
6. Thus, and despite our regret about casualties among the "uninvolved", we are forced to reject your request.

Yours sincerely,

Yedidia Oren, Adv.
Senior Deputy to the Legal Advisor to the Security Apparatus
For Claims and Insurance