

50 TO 67'
30 TO 88'

CHRONICLES
OF OCCUPATION



PHYSICIANS FOR HUMAN RIGHTS
רופאים אֲטִיבָּא לְחֻקּוֹת אִינְשָׁאן
לְרִפְיֹת אָדָם לְחֻקּוֹת אִינְשָׁאן
יִשְׂרָאֵל אִסְרָאֵלִית

50 YEARS OF
OCCUPATION

30 YEARS OF PHYSICIANS FOR
HUMAN RIGHTS ISRAEL (PHRI)

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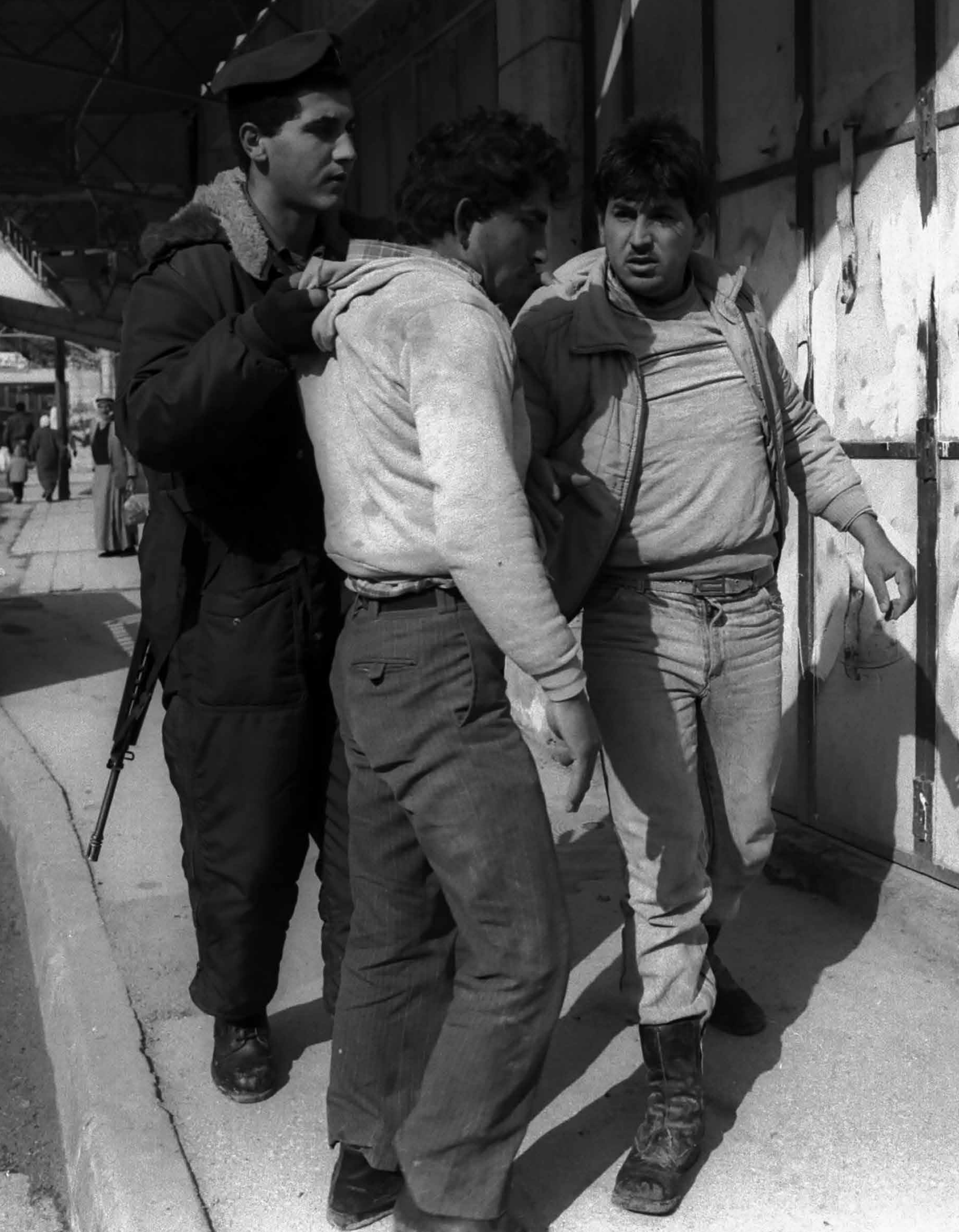
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INTRODUCTION / WHY CHRONICLES

Ramallah 1995. Photo: Miki Kratsman.





“How the years have passed,
the tribe returns
to the red fields.”

From Mami Rock Opera
Hillel Mittelpunkt, Ehud Banai and Yossi Mar-Chaim 1986

During the fiftieth year of the occupation, 2017, **the Chronicles of Occupation | 50 to 67** project by Physicians for Human Rights Israel (PHRI) presented moments and events in the historiography of the occupation, as experienced in the NGO's activity, when it had to cope, in real time, with the destructive impact of the occupation on human lives. These included daily moments of struggling for a patient's right to get out of a village under curfew to a hospital and operating the Mobile Clinic across towns and villages in the West Bank and Gaza Strip; real-time crisis management – helping the war injured trapped under their bombed-out houses; and significant moments when political decisions have affected the right of individuals and communities to health.

During the first years of the occupation of the West Bank and Gaza Strip, the right to health was used to normalize the occupation by improving living conditions – mainly in areas such as vaccination and reducing infant mortality. Already then, however, health was used as a tool in Israel's so-called carrot-and-stick policy: developing local health services, permits to travel for medicine studies and referring patients to advanced hospitals – all these were subject to the Israeli administration's discretion and used to tighten its hold on the population.

Over the years, as resistance to the occupation grew, the mechanisms of controlling the Palestinian population became increasingly draconian. In the early 1990s, it seemed a historic move towards separation, and perhaps even the end of occupation was beginning, and it enjoyed massive public support in both peoples, at least early on. Even in those euphoric days of the Oslo Accords, however, Israel took advantage of the transition of health responsibilities to the Palestinian Authority to shirk its own responsibility for the health of those

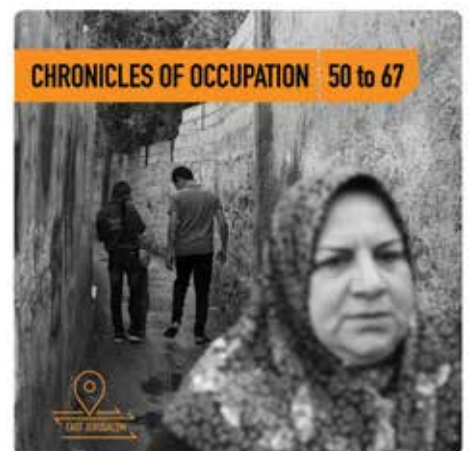
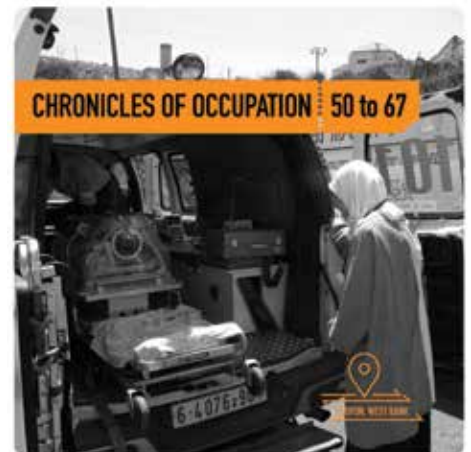
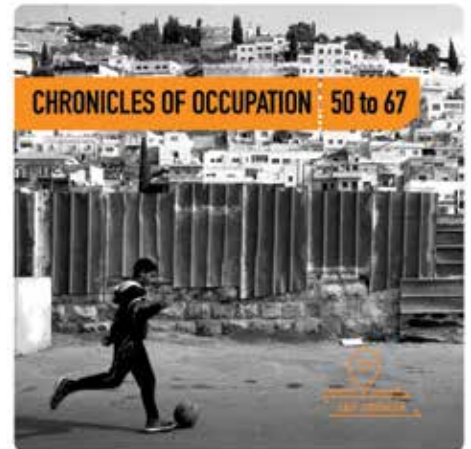
In the following spread: Two Border Policemen arresting a Palestinian at Klandiya Refugee Camp, 19.2.1988. Photo: Israeli Tsvika, GPO.

under its occupation. At the same time, it maintained complete control over all health determinants: freedom of movement of both patients and medical teams, water sources, livelihood, construction plans, etc. This situation became part of the Palestinians' routine even when it became obvious that the end of occupation was out of sight.

With the rise of the political right in the period following Rabin's assassination in 1995, and as terrorist attacks against Israeli citizens continued, the government's politically motivated incitement against the Palestinians and the political left is growing. This is part of an ongoing process of denying or even justifying the occupation by Israeli society. In this reality of ideological entrenchment, the segregation between "us" and "them" grows deeper – the segregation between lives that must be protected and cherished and lives that are forsaken. Entangled in a wounded history, Palestinians and Israelis each become entrenched in their ideology and violent outbursts continue to erode all hope for sustainable reconciliation. At the same time, Israel continues to deny the fundamental illegitimacy of the occupation.

The moments depicted in this book – tangible and real, fateful, fatal and lifesaving for those involved – expose the mechanisms of discrimination and incitement and make them patently visible and undeniable.

These moments are our story of fifty years of occupation.





THE FIRST INTIFADA: A RUDE AWAKENING

Palestinians behind a roadblock of burning tyres and rocks they erected, Bir Zeit Village North of Ramallah, 6.1.1988.
Photo: Harnik Nati, GPO



“The policies that I encountered among Israelis in the field were those of ‘closed doors’ and ‘them versus us.’ In the days of the Intifada, the Civil Administration wanted the Palestinians to understand that we were unapproachable, that we were the rulers and they were the ruled. That whatever we offered them were acts of mercy on our part, not rights which they deserved. This attitude was applied without distinction to a woman in labor and to a director of a hospital in Gaza. In dealing with the Civil Administration, each and every Palestinian went through a process that was intended to be as difficult as possible. This policy was not expressed officially, but it was clearly enforced and understood.”¹

Dr. Ron Lobel. Served as Chief Medical Officer for the Civil Administration in the Gaza Strip in 1988-1994.

¹ Lobel Ron, in: Barnea Tamara & Hussein Rafiq (eds.), *The Virus Doesn't Stop at the Checkpoint: The Separation of the Palestinian Healthcare System from Israel*. Tel Aviv: Am Oved, 2002.

Physicians for Human Rights Israel was established by Dr. Ruchama Marton, a psychiatrist and feminist activist, in 1988. Called "Israeli-Palestinian Physicians for Human Rights", it was created during the first months of the First Intifada, against the background of multiple casualties on a daily basis.

In establishing the NGO, the founders were inspired by their belief that as doctors, they are committed to promote Palestinians' right to health. They described their motivations as follows: "The medical profession is based on the principle that human life has sacred value. This value is independent of a person's ethnicity, religion or gender. It is unconditional. Violations of that principle have alarmed many Israeli physicians. The severe reports from the Occupied Territories received by medical professionals in Israel motivated many of them to rally and act to revalidate the Hippocratic Oath that binds us all".²

According to the NGO's Mission Statement, "A physician who practices medicine in a conflict zones – such as Israel and the Occupied Territories – faces the challenge of applying those moral principles unreservedly, despite all difficulties and pressures brought to bear upon him".³ Moreover, the NGO's founders emphasized the need to adhere to those principles, despite their awareness of the fact that the conflict evoked difficult emotions and questions, some of which are liable to remain unresolved.

The NGO's first years revealed many of the challenges inherent to our struggle for the right to health under occupation. These include the dependence of the medical system in Gaza and the West Bank on the Israeli medical system, the underdevelopment of medical services and untrained personnel in those territories and the total dependence of patients on decisions by the Israeli Civil Administration, whose decisions are informed by political and military rather than medical considerations.

For example, a senior doctor at Tel HaShomer hospital was quoted as saying: "The Civil Administration plays God. A patient arrives after having undergone primitive surgeries, and is about to lose his life, when all that was needed was a simple operation".⁴ At the same time, the NGO exposed the scope of violence and tortures against Palestinian detainees, and subsequently, the role played by physicians in overseeing and approving the use of such measures. For us, using medicine as another mechanism of oppression against Palestinians – mobilizing it as a punitive measure – is a phenomenon no physician or moral person can condone.

² *Activity Report*, Israeli-Palestinian Physicians for Human Rights, July 1990.

³ Marton Ruchama, Moss Rina (eds.), *Report on the Condition of Health Services in the Gaza Strip, Israeli-Palestinian Physicians for Human Rights*, August 1989.

⁴ Ziv Hadas, *Legacy of Injustice*, Physicians for Human Rights Israel 2002, p. 20

"The medical profession is based on the principle that human life has sacred value. This value is independent of a person's ethnicity, religion or gender. It is unconditional. "



Dr. Eyad al-Sarraj, founder of Gaza Community Mental Health Programme with Dr. Ruchama Marton, founder of PHRI and Honorary President. Photo: PHRI, date unknown.

February 1988 | First Visit to the Gaza Strip: a Blow to the Medical Conscience

When the First Intifada broke out in the Gaza Strip in December 1987 and quickly spread to the West Bank, Israel responded by using physical force to oppress it. As Minister of Defense at the time, Yitzhak Rabin, put it, "break their arms and legs". This policy resulted in severe physical and mental injuries.



Photos: Miki Kratsman.

When the physicians at Al Ahli Hospital in Gaza City summed up the casualty figures for January 1988 alone, it turned out that 131 injured patients were admitted, of whom 74 were injured by beatings, 39 by gunshots, and 4 by inhaling teargas. Notably, 16 of those injured were under 16 years of age.

A month later, on February 13, 1988, while the Gaza Strip was ablaze with demonstrations and riots, Dr. Ruchama Marton recruited 12 Israeli physicians to travel there and see what was happening with their own eyes. During the visit, that included a tour of the various hospitals, the physicians saw patients who had been severely beaten and admitted with injuries in their torso, fractures, internal bleedings and posttraumatic symptoms – evidence of the implications of Israel's heavy hand policy.

The doctors were shocked not only by these signs of violence, but also by the years-long neglect of local medical services. When they visited Al-Shifa Hospital in Gaza City – the largest in the Strip, which was subject at the time to the Israeli Civil Administration – the Israeli physicians were appalled by its low quality services, the mildew on the walls, the overall neglect and above all, the shortage of medicines and basic medical instruments – a far cry from what they were used to in Israeli hospitals.

During that tour, the Israeli physicians heard about frequent military raids into patient and operating rooms. They saw discarded teargas canisters on the hospital roof – attesting to events that had occurred only hours prior to their visit.

The late Dr. Eyad al-Sarraj, a psychiatrist at Al-Shifa who would later establish the Gaza Community Mental Health Programme (GCMHP), invited the visitors to his home. This meeting was the beginning of a partnership between the physicians in the Gaza Strip and their Israeli colleagues, that would bear fruit in years-long collaboration between the GCMHP and PHRI.

After the visit, the doctors stopped in a food stand near Kibbutz Yad Mordechai on the northern border of the Gaza Strip. Unsettled by what they saw and heard, they decided urgent action was necessary. Convinced that spreading the word, insisting on adherence to the Hippocratic Oath and commitment to human life would lead to change, resistance to the occupation and striving for peace.

A month later, the founding conference of Israeli-Palestinian Physicians for Human Rights – the future PHRI – was held.

on February 13, 1988, while the Gaza Strip was ablaze with demonstrations and riots, Dr. Ruchama Marton recruited 12 Israeli physicians to travel there and see what was happening with their own eyes



20 Years of Occupation: Separate and Unequal

During the NGO's first year, its doctors visited villages and refugee camps and compiled reports on the health services in the Occupied Territories, and at the same time exposed the medical aspects of human rights violations there. Particularly severe was their report on the status of health services in the Gaza Strip in August 1989. This report exposed the huge gap not only between the quality of healthcare in Israel and in Gaza, but perhaps more importantly the unacceptable gap between the services offered and local needs. For example, the authors reported that the monthly supply of medicines was limited and that it usually ran out by the middle of the month.⁵

At the same time, the NGO was contacted by prisoners whose right to health was violated in Israeli prisons, whether by faulty diagnoses or using torture in interrogations. This marked the beginning of a campaign PHRI are involved in to this day against the participation of physicians in torture and their use of medical knowledge for purposes other than to benefit patients.

Palestinian children throw stones at Israeli security forces, Jericho, 4.5.1994.
Photos: Ohayon Avi, GPO.

⁵ Israeli-Palestinian Physicians for Human Rights, *1988-1990 Activity Report*, July 1990, p. 7.



Their insistence on the independence of physicians – all physicians – from pressures of the political and military establishment led PHRI's members to help their colleagues on the Palestinian side when they were detained and harassed and denied access to professional training and development of local health services.

In the following spread: Jerusalem Day,
East Jerusalem, May 2013.
Photo: Anne Paq, ActiveStills.



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סני"ג ירושלים

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HIERARCHY OF LIVES AND HEALTH

Gaza aftermath (Protective Edge), 9.2.2015.
Photo: Basel Yazouri, ActiveStills.



"It was clear that Israel had to care for the local populations in the territories and ensure high standards of public health and reasonable medical care... The overall goal was to keep the population satisfied and quiet, and to provide a stable, calm and reasonable background for future negotiations that would lead to a political solution."

Dr. Yitzhak Sever and Dr. Yitzhak Peterburg, Chief Medical Officers in the Israeli Civil Administration in the Occupied Territories.¹

In June 1967, Israel occupied an area three times as big as its area before the war, and immediately became responsible for the welfare of some one million Palestinians. The occupation – by definition, a temporary condition – quickly became permanent. One of the indicators of its growing permanence was the transfer of Israeli citizens into settlements in the Occupied Territories and the establishment of a regime of separation between them and the Palestinians, one that was founded on the presumption that the level of services and commitment to the Palestinians would be lower by definition – that the Israeli settlers are citizens whereas the local Palestinians are merely subjects.

Immediately after occupying the Territories, Israel assumed responsibility, albeit a limited one, to the continued provision of healthcare services to the Palestinians. To meet this responsibility, it created a new function – a Chief

¹ Barnea Tamara & Hussein Rafiq (eds.), *The Virus Doesn't Stop at the Checkpoint: The Separation of the Palestinian Healthcare System from Israel*. Tel Aviv: Am Oved, 2002, P. 43

Medical Officer, initially under the Military Government and since 1981, under its successor the so-called Civil Administration.² The healthcare system for the Palestinians was kept separate from that which served Israeli citizens, and was financed mostly by taxes collected in the Occupied Territories, with minimal Israeli investment.

The Israeli Health Ministry had no authority in the Occupied Territories and therefore could not support the Palestinian health system with its budgets. This separation was so extreme that the Chief Health Officer in Gaza during the first years after the occupation, Dr. Yitzhak Peterburg, considered referrals to treatments in Israel as referrals to health services abroad. Palestinian patients that required treatment not available in the Occupied Territories, were referred to Israeli hospitals with the financial coverage of the civil administration; however its budget was never adequate to answer the needs of all patients. Later, when health authorities were transferred to the Palestinian Authority, even this minimal allocation was immediately cancelled.

As part of the Oslo process, in the Gaza-Jericho Agreement of May 1994 Israel formalized the situation made permanent during the years of occupation: a Jewish-Israeli population within the Occupied Territories that receives welfare and other services from the parent state, at a much higher standard than their Palestinian neighbors do.³ People who have paid for public medical insurance for years and believed they were accumulating rights and ensuring medical care found themselves facing an Israeli system that shirked all responsibility for them. The Israeli hospitals were told that all contracts related to the hospitalization of patients from the Territories were void, before the Palestinian Authority managed to set up new ones. This was critical for all those irreversibly damaged by the cessation of lifesaving treatments. Indeed, after public outcry, the contracts were extended for an interim period, but the implication was obvious: from now on, Israel would no longer consider itself responsible for the health of the Palestinians in the Occupied Territories.

Israel's discrimination in access to adequate health care is manifested in the extreme discrimination enforced by Israel in access to adequate healthcare in the West Bank, where Palestinians – sometimes living just a few feet away from Israeli citizens enjoying full access to the advanced Israeli health system – depend on the much less developed Palestinian one. Note that the ongoing



Balata Refugee Camp, 1988.
Photo: Miki Kratsman.

In the following spread: Wael el-Namleh and son, Gaza, Protective Edge Military Operation, 2014. Photo: Anas Hamra.

² The Civil Administration is Israeli organ of administration and control of civil affairs of Palestinians in the Occupied Territories, from 1981 to the present. The Civil Administration is subject to the authority of the Minister of Defense, via the Coordinator of Operations in the Territories (COGAT) – a major general.

³ Ziv Hadas, *Legacy of Injustice* p. 23.



Israeli occupation has a decisive influence on the Palestinian Authority's economic capability to develop adequate health services.

In the Gaza Strip, the violation of the right to health is currently manifested mainly in the years-long blockade imposed by Israel. This blockade does not only severely restrict the freedom of movement of patients and medical teams, but even more critically affects all determinants of health – power and water supply, economic development, etc.

Accordingly, Israel must do more than meet the minimal obligations of an occupying power under international humanitarian law and meet the moral obligation of providing equal medical care to all those under its control.

May 1994 | Gaza and Jericho First, Health Comes Later

On May 4, 1994, Israeli Prime Minister Yitzhak Rabin and PLO Chair Yasser Arafat signed the Cairo Agreement – better known as the Gaza-Jericho Agreement after the first two cities handed over to the PLO. It was part of a series of agreements signed in the Oslo Peace Process, designed to grant the Palestinians autonomy until a permanent settlement would be signed and an independent Palestinian state established, with both nations ending the violence and enjoying neighborly relations.

Prior to signing this agreement, the health of the Palestinian population was managed by Israel and was subject to its full responsibility, with services provided through the Civil Administration mechanisms. Two contradictory health trends were evident during the time of Israeli control. On the one hand, the inhabitants' health improved – infant mortality dropped from 86 per 1,000 in 1970 to 28.1 in 1988.⁴ On the other hand, the health system in the Occupied Territories suffered from underdevelopment, underinvestment, and extremely lower standards than in Israel.

The Cairo Agreement made it clear that at least in the short run, Israel intended to maintain the situation created during the occupation years: Jewish-Israeli citizens residing in the Occupied Territories but receiving high-quality services from the parent state and, conversely, Palestinian inhabitants forced to settle for the infrastructures and hospitals handed over to the Palestinian Authority by the Israeli Civil Administration.

⁴ Marton & Moss (eds.) *Report on the Condition of Health Services in the Gaza Strip*, Israeli-Palestinian Physicians for Human Rights, August 1989, p. 22.



In the general euphoria that accompanied the signing of the Oslo Accords, PHRI were the only ones who raised a red flag and emphasized that the agreements had to provide for patients' health. PHRI stressed that Israel had to continue guaranteeing referral of patients who cannot be treated in the Palestinian health system to treatment in Israel, until adequate medical services have been developed in Gaza and the West Bank. Moreover, it reiterated Israel's commitment to invest in that development, due to its neglect of the system over the years prior to the agreement, which made it dependent on Israeli health services.

While Israel had no interest in investing in the Palestinian system and in the obligation of which it wanted to rid itself, the Palestinian negotiators were so keen for any sign of sovereignty that they agreed to undertake the responsibility for health, not considering the ramifications on patients that now depend on a health system that cannot answer their needs.

Injuries after "Great Return March" protests, Gaza, 19.5.2018. Photo: Mohammed Zaanoun, ActiveStills.

1996 | The Quiet Deportation: Denying Rights Out of Demographic Considerations

Upon the annexation of East Jerusalem to Israel following a government decision on June 27, 1967, merely three weeks after its occupation,⁵ some 17,500 acres were added to the city's municipal area, much more than the mere 1,500 acres of Jordanian-controlled Jerusalem. Israel sought to annex that area for various reasons and was therefore compelled to include within its extended sovereign territory 66,000 Palestinians.

The fact that these were undesirable subjects was manifested in Israel's attitude towards its new Palestinian inhabitants from day one. First, although the territory was annexed, they were not given citizenship but only residency status (that does not allow them to vote in national elections). Moreover, the various Israeli government followed a strict policy of maintaining a large Jewish majority in the city and resorted to various measures to push Palestinians out of the municipal boundaries of the extended Jerusalem. These included denial of construction permits, underdevelopment of infrastructures and severe discrimination in education, health and sanitation services.⁶

In 1996, the Ministry of the Interior began implementing a new policy, according to which any Palestinian who has failed to prove continuous residence within Jerusalem's municipal borders risked denial of residency status under the pretext that the city was no longer their "center of life". This policy, aptly dubbed "the Quiet Deportation", used an entire system of social, civil and political rights as tools for systematic displacement. A birth, a marriage or travel for studies abroad could all trigger an investigation by the National Insurance Institute (NII) as to the residency status of family members. Sometimes it was enough that the young couple still living with their parents had not bought new bedroom furniture for the NII to claim that the apartment was not their "center of life" and accordingly deny their residency, and with it their entitlement to a variety of rights, including the right to national health insurance.

⁵ Law and Administration Ordinance (Amendment No. 11) Law 5727-1967: "The law, jurisdiction and administration of the State shall extend to any area of Eretz Israel designated by the Government by order".

⁶ Stein Yael, *The Quiet Deportation: Revocation of Residency of East Jerusalem Palestinians*, B'Tselem and the Hamoked Center for the Defence of the Individual, April 1997

March 1999 | The Burden of Proof Lies with the Infant

In 1995, upon the enactment of the National Health Insurance Law, loss of residency status led automatically to the denial of entitlement to health insurance. On March 29, 1999, PHRI, together with other organizations, petitioned the High Court of Justice (HCJ) against the NII's policy that denied national health insurance to infants born to Palestinians couples in East Jerusalem.

The NII's working assumption was that in any case of change in the family status, an investigation had to be initiated as to family members' residency status. Accordingly, following each birth, the newborn was not automatically entitled to residency status, even if both parents were residents, pending the investigation in their matter – which sometimes took more than a year to complete. The implications of this policy were severe: parents were unable to register their infant in an HMO, and the infant was denied the critical medical monitoring during that sensitive period. Moreover, the payment for the birth, normally made by the NII directly to the hospitals, was not transferred and the hospitals demanded that the parents pay themselves. The debts for the birth and neonatal treatment – which were particularly high in the case of premature birth – were beyond the means of many of those young couples.

The HCJ accepted the arguments by PHRI and others that the use made by the NII of the residency investigation pretext constituted illegal discrimination and a severe violation of the infants' right to health. The petition was struck down following an agreement between the parties that enabled the newborns⁷ registration for health insurance within a week of their birth, and immediately in urgent cases. This settlement, however, also perpetuated a problematic situation where the registration of infants born in East Jerusalem was different from their registration anywhere else in sovereign Israel and left their status under permanent doubt.

June 2002 | When Lifesaving is Not a Moral Decree

In June 2002, PHRI arrived for a historic hearing at Israel's High Court of Justice (HCJ). Shams a-Din Tabia from Jericho, only four and a half years old, had lymphoma and urgently required urgent lifesaving bone marrow transplant that could not be provided in the hospitals of the Palestinian Authority (PA).

⁷ Insurance of newborns to parents who are both residents of Jerusalem was immediate. The agreement related to newborns of mixed couples. (PHRI)

In the spirit of the Oslo Accords, Israeli hospitals were instructed to admit Palestinian patients only when the PA undertook to cover the costs of treatment. Shams' family obtained no such undertaking. PHRI looked into the matter and found out that at best, the PA undertakes to finance only half of the costly treatment. In practice, this leaves most patients without treatment.

Shams' father contacted PHRI, pleading that we help him save his son's life. The amount was far beyond our capabilities, and it was clear we could not raise it in the short time available. Therefore, and since we were well aware that there were other children in Shams' condition that required urgent assistance, we petitioned the HCJ, challenging the healthcare clauses of the Oslo Accords. We reiterated that the occupation was not over, and therefore Israel could not shirk its duty to fulfill the right to health of its subjects. We emphasized that at the very least, so long as the PA was unable to provide the treatment required, let alone when this was a lifesaving treatment, Israel was responsible for doing so.

Enclosed in the petition was an affidavit by Prof. Aya Abramov, Director of the Hemato-Oncology Unit at Shaare Zedek Medical Center in Jerusalem, who had examined Shams several times. She stated as follows:

To the best of my understanding, the likelihood that Shams' disease will enter remission after treatment at the hospital in Beit Jala are much smaller than after treatment in a center where there is a dedicated ward for children with his condition.

Even though denying the treatment meant a death sentence, the HCJ rejected our petition. The court completely ignored our argument that in the aftermath of the Israeli military's Operation Defensive Shield, with Ramallah under curfew, the very idea that the PA was able to function, let alone provide healthcare, was completely divorced from reality. The HCJ judges had PHRI examine whether the PA would be willing to pay for the treatment in full. Under pressure following our petition, the PA decided this time to make an exception and cover the treatment in full.

Both the PA and Israel had an obvious interest to avoid any review of the healthcare clauses of the Oslo Accords. The former because these clauses gave it some powers and the appearance of sovereignty (although it was unable to provide the service), and the latter because these clauses absolved it of the responsibility for the Palestinians' health – and the attendant costs.

The first day of the cease fire between Israel and Hamas, Erez Checkpoint, 19.6.2008. Mark Neyman, GPO.



Shams a-Din Tabia received the funding for the transplant, but in the absence of a discussion on the fundamental issue, many others remained untreated. The gap between the quality of treatment provided by the Palestinian and Israel health systems remained huge, as were the gaps in morbidity and mortality.

February 2005 | The Green Line between Life and Death

In February 2005, two girls with bone marrow cancer arrived for treatment at the Assuta Medical Center in Tel Aviv. West Bank residents Farah Harma (10) and Hayah Abu-Qabatya (12) were referred to the hospital at the expense of the Palestinian Authority (PA). This was enough to seal their fate: they received radiation therapy using an obsolete instrument that did not meet the Israeli standard, and was used in Assuta for Palestinian patients only. Farah's tumor spread to her lungs and in Haya's body, the cancer spread throughout her abdominal and pulmonary areas.

These appalling details came to the knowledge of PHRI when Farah's family sought the NGO's help in obtaining entrance permits that would enable her to arrive from the West Bank to the Tel Aviv hospital. PHRI suspected Farah was not treated properly since the appropriate unit for treating her condition was located at the Tel Aviv Sourasky Medical Center (Ichilov). Accordingly, PHRI referred her to Ichilov, where a short examination by orthopedic oncology expert Dr. Yehuda Kollander revealed that the tumor was in an advanced state:

A little girl came to see me with an advanced and neglected tumor, and when the father told me that she was receiving radiation therapy in Assuta, my hair stood on end... Every expert... in oncology or orthopedics knows that the standard treatment all over the world for such a case is chemotherapy, followed by limb-preserving surgery, and then another round of chemotherapy. I called Assuta right away and started shouting...⁸

A lawsuit filed by Farah's family revealed that the failure was both professional and ethical: "the standard method of radiation treatment is with a linear accelerator. As a matter of fact, Assuta Hospital is the only medical institution that still administers radiation with Cobalt 60, and it does not provide this treatment to Israelis. The only use made of this machine at Assuta is for the treatments the hospital gives Palestinians as part of the agreement it had with

⁸ Ahronovitz Esti, "Toxic Treatment", *Haaretz* Nov 15, 2007 (Accessed Nov 21, 2017).



the PA.⁹ The lawsuit documents Assuta's medical director as confirming that she had no ethical qualms with selling an obsolete treatment to Palestinians.

The lawyer for the plaintiffs, Att. Michael Sfard, concluded: "when Assuta was asked to clarify its numerous faults, what was uncovered was an indifferent and racist system motivated by financial considerations, to the point that the hospital's paramount and central role of treating the sick seemed to have been forgotten."¹⁰

Farah died on November 7. She was ten years old. Hayah died three weeks before her, at the age of 12. The lawsuit ended in a settlement.

Najah University Hospital, Nablus 2014.
Photo: Ahmad Al-Bazz, ActiveStills.

⁹ Ibid.
¹⁰ Ibid.

BLOCKING HEALTH

Roadblock, Al Issawiya, East Jerusalem, 15.10.2015
Photo: Yotam Ronen, Activestills.





“When there is no transparency, when it is never clear who would receive a permit and who would not, when one official says there is no restriction, and another does not grant the permit, control becomes absolute.”

Prof. Dani Filc, PHRI¹¹

Prior to the Oslo Accords, the main restriction on Palestinian freedom of movement was curfew – preventing inhabitants from leaving their homes for limited periods. An exception was the period of the First Gulf War when in January 1991, the general permit allowing residents of the Occupied Territories to enter Israel – in force since as early as 1967 – was revoked, and they were required to obtain individual permits. This policy was called “general closure”. That same month, general curfew was also imposed, in some places for over a month.

A leaflet distributed by the Civil Administration to Israeli soldiers at that time instructed them to “allow the continued activity of essential services, including health services”. This included free movement of medical teams and evacuation with local ambulances. In practice, however, healthcare professionals had to obtain permits from district governors in order to move within the Territories, resulting in severe restriction of treatment availability and leading in some cases to preventable deaths.

The closure policy began taking its present shape in March 1993, with the imposition of a general closure on the Occupied Territories following several stabbing attacks by Palestinians in Israel. The March closure placed severe restrictions on movement between the northern and southern West Bank, the

The closure became an established formal policy as part of the Oslo Accords. Since movement between the Gaza Strip and the West Bank requires Palestinians to cross through Israel, this closure separated the two parts of the Palestinian Authority and between them and East Jerusalem.

¹¹ Ziv Hadas, The Bureaucracy of Occupation: The District Civil Liaison Offices, Physicians for Human Rights-Israel & MachsomWatch, May 2004



Gaza Strip and East Jerusalem. Whoever was authorized to travel did so with a permit issued by the Civil Administration. The closure made the separation of East Jerusalem and the rest of the West Bank complete and irreversible – at least until today. This had severe implications for the movement of patients and medical teams to the most advanced medical centers in the West Bank, including the Augusta Victoria, Maqassed, St. John, and St. Joseph hospitals. Unlike the temporary closures that had preceded it in 1991 and 1992, this closure was long-term, and was never formally revoked.

The closure became an established formal policy as part of the Oslo Accords. Since movement between the Gaza Strip and the West Bank requires Palestinians to cross through Israel, this closure separated the two parts of the Palestinian Authority and between them and East Jerusalem. This separation forced the Palestinian health system to operate dual medical as well as administrative systems, without economic logic. The need to double, and even triple systems would only grow worse as Israel deepened the divides between those three areas and as the conflict between Hamas and the Palestinian Authority escalated.

From time to time, this general closure was also complemented by internal closures. This practice was used for the first time following the terrorist attack wave of 1996 and included restrictions on movement between areas within the Occupied Territories. During that time, most barriers between

Roadblock, Beit Iba, Nablus, 2000.
Photo: Miki Kratsman.

Previous spread: Roadblock,
Photo: Miki Kratsman.

towns and villages were manned by security forces. With the outbreak of the Second Intifada in 2000, however, the internal closure also included unmanned and unpassable barriers in the form of walls, trenches and other physical obstacles. These took a heavy toll as they prevented or delayed the arrival of patients to essential treatments and encumbered the movements of medical and rescue teams.

In response to various petitions to the High Court of Justice, the judges opined that the issue of movement by physicians and patients during curfews and/or closures should be addressed in a formal procedure that “would be used as a permanent order for the soldiers stationed in the checkpoints and provide authorized written guidelines to local leaders and the rest of the inhabitants”¹². Time after time, however, the reality of the occupation turned out to be stronger than any procedure or court order, and with the years our demands for accountability by those who prevented patients and women in labor from crossing checkpoints were rejected – despite fatal consequences. This situation is bound to continue so long as those responsible enjoy blanket impunity in practice.

This marked the beginning of the prolonged struggle of PHRI to ensure the freedom of movement of patients and medical teams within and between the Gaza Strip, the West Bank and East Jerusalem and Israel. The draconian measures applied by Israel forced us to struggle for the bare minimum – the freedom of movement of patients and medical team – and focus on the demand not to prevent a patient from receiving treatment. This way, Israel diverted the discussion from its duty to ensure the right to health of the Palestinians under its occupation on the same level to which it ensures that of its own citizens.

Gilo, digital print, 2001. Photo: Miki Kratsman.

¹² HCJ 477/91 Israeli-Palestinian Physicians for Human Rights vs. Minister of Defense and others.



March 1996 | The Closure Paralyzed al-Makassed Hospital

The closure of the West Bank was tightened following several severe terrorist attacks by Hamas. The most recent, on bus no. 18 in Jerusalem, took the lives of 26 civilians, men, women and children, and injured many others. At the same time, in al-Makassed Hospital in East Jerusalem, the closure severely affected the medical institution's ability to function. The staff members, residents of the Gaza Strip and the West Bank, were prevented from going to work, while others, working within the hospital at the time, were requested to return immediately to their homes and leave their patients unattended.

Together with PHRI and the Association for Civil Rights in Israel, the hospital petitioned the High Court of Justice. The petition was supported by an opinion by Prof. Alexander Aviram, an expert on medical administration and member of PHRI. Aviram stressed:

Few operations may be conducted without a nurse, a technician, a support worker, a custodian or even a clerk. It is my opinion that the functioning of every hospital, as experienced and qualified as it may be, would be considerably and severely affected if it were prevented from working continuously in full capacity. This damage will increase exponentially with time, becoming irreversible at a certain point.¹³

Following the petition, the state agreed to let some of the hospital workers in. However, our argument that the quota was not enough, and that the state must undertake to grant all the other workers transit permits within a predetermined period fell on deaf ears, and the judges refrained from ruling on that matter. The damages of the permit and quota policies continue to restrict and compromise the activities of the various hospitals in East Jerusalem, in what has by now become the status quo.

March 2002 | Defensive Shield Operation Trumps the Cards: Military Rule without Civil Responsibility

On Passover Eve, March 27, 2002, a suicide bomber entered the dining hall at Park Hotel in Netanya, murdered 30 civilians and injured 160. This terrorist attack, the most lethal in Israel's history, was the culmination of a month of recurrent attacks and the continuation of a trend that began with the outbreak of the Second Intifada in October 2000. Two days later, Israel launched an

¹³ HCJ 2054/96 Al Makassed & Others vs. The IDF commander & Others. (Hebrew).

attack called Operation Defensive Shield, which was to permanently transform life in the West Bank. During and following this operation, PHRI had to deal, on an almost daily basis, with the issue of enabling movement of patients between villages and towns within the West Bank and ensure rescue teams in ambulances remain protected.

Following the operation, Israel regained total control of the West Bank, to the point of considering the reinstatement of the Civil Administration even in the areas assigned to the Palestinian Authority in order to relieve the hardships of the Palestinian population. While leftwing member of parliament Yossi Sarid argued that the reoccupation made Israel responsible for the inhabitants' welfare, Major General Amos Gilad, the Coordinator of Government Activities in the Territories, argued that Israel could not afford this. Indeed, while tight military control of the West Bank inhabitants remained in Israel's hands, the Palestinian Authority, with financial support by the international community, remained in charge of welfare. In the years that passed since, many of the internal barriers and checkpoints set up during the operation and in its aftermath were removed and replaced by segregated road systems for Israelis and Palestinians. Control remained in Israeli hands, while the Palestinians had to take care of welfare.

May 2004 | The Health of Two Million at the Discretion of Sixteen Bureaucrats

Since the outbreak of the Second Intifada in 2000, the carving up of the West Bank into enclaves separated by internal checkpoints has become routine, with transit permits required for every movement from one enclave to the other, whether for medical purposes, or for work and studies¹⁴.

Together with MachsomWatch,¹⁵ we spent several months examining the human implications of the bureaucratic permit system. The results of this comprehensive study were published in May 2004, in a report based on seven observations in four Israeli District Coordination and Liaison posts (DCLs), six observations in three Palestinian DCLs, constant presence in various West Bank checkpoints and daily contact with the mechanism of issuing transit permits to Palestinian patients and medical teams.

¹⁴ This situation has changed from 2010 onwards when many of the internal checkpoints and barriers were removed so their number was reduced from hundreds to a few dozens.

¹⁵ Women for Human Rights and against the Occupation.

Our observations indicated that in every Israeli DCL in the West Bank, irrespective of the size of the population it served, there were only five service stands, two of which dealt with transit permit requests. A simple calculation showed that a population of some two million people depended on the energy and goodwill of 16 clerks. When it came to healthcare matters, they also included one health coordinator, an office manager and an assistant. Furthermore, responses to resident's requests were never given in writing, and the reason for rejection was not presented, so appealing became impossible. In a period where Palestinians required a permit for almost every movement, this arbitrary policy had dire consequences.

These severe findings revealed a system of built-in and deliberate ambiguity and inefficiency. The Chair of PHRI at the time, Prof. Dani Filc, wrote: "When there is no transparency, when it is never clear who would receive a permit and who would not, when one official says there is no restriction, and another does not grant the permit, control becomes absolute". So absolute, in fact, "that uncertainty becomes the ultimate control mechanism within the certainty of occupation".

PHRI have been categorically opposed to the internal checkpoints and the carving up of the West Bank. In the past years, many of them have been removed, but they were replaced by a reality of separation walls and a segregated road system for Palestinians and Israelis – a separation regime that has grown worse with the years.

October 2000 | Barriers on the Road to Health During the Second Intifada

From the outbreak of the Second Intifada in October 2000 to the end of 2002, 1,769 Palestinians were killed, mostly by Israel security forces. At the same time, Israel's citizens were victimized by an unprecedented wave of terrorist attacks that claimed 655 lives. Israel responded by carving the West Bank into enclaves by a combination of closures and curfews, the erecting of manned internal checkpoints, as well as impassable barriers by destroying asphalt roads and blocking access routes with boulders or dugouts. Our petition to the High Court of Justice (HCJ) to remove the physical barriers was rejected after the state had claimed that there was at least one open road in and out of each enclave.

Following the deaths of two patients who could not be evacuated for urgent treatment from the enclave encompassing the villages of Salem, Deir Al-Hatab

PHRI have been categorically opposed to the internal checkpoints and the carving up of the West Bank. In the past years, many of them have been removed, but they were replaced by a reality of separation walls and a segregated road system for Palestinians and Israelis – a separation regime that has grown worse with the years.

and Azmout, a team of PHRI travelled to the area and discovered that the state's statement to the HCJ was far from the truth. Between Azmout and Deir Al-Hatab and Salem located to its southeast, Israeli security forces dug two canals, one two meters deep and three meters wide, and another of similar size, filled with wastewater diverted by the military from Nablus in order to prevent any pedestrians from crossing. Contrary to the State's claims, there was no route open to vehicles.

We are assuming a huge risk here. As opposed to manned checkpoints, where the commander's discretion can allow the crossing of Palestinians on humanitarian grounds, the blocking canal will be impassable, which practically means that tens of thousands are cut off from hospital and clinics, not to mention workplaces and the market. The entire concept of "sustainable blockade" collapses here. It is doubtful whether punishing tens of thousands for a few armed terrorists is justified.

Military source, Haaretz, March 8, 2001.

PHRI returned with this new information to the HCJ, but our proof that there was no way in or out for the inhabitants of those villages did not satisfy the court and our petition was once more rejected: "We have heard the arguments of the petitioners' counsels, and with all the empathy we feel for the petitioners – given the fact that all or at least most of them have certainly done no wrong – we have found no cause to tell the defendant that its actions are unreasonable or inappropriately disproportional".¹⁶

September 2005 | Israel's Retreat Tightens the Blockade on Gaza

On September 11, 2005, the last Israeli troops retreated from the Gaza Strip, after 38 years of direct military control. Upon completing the disengagement, Israel removed the military presence on the ground, but remained in full control of the Gazans' lives, including the ability to dictate their economic situation, a monopoly on power and water supply, and power over life and death: access to adequate medical services.

In October 2004, after the Disengagement Plan had been approved in parliament, PHRI wrote to the Ministers of Defense and Health, seeking for clarifications regarding Israel's plans for patients who require treatment



Qabalan, Nablus, West Bank, 11.8.2014.
Photo: Ahmad Al-Bazz, ActiveStills.

¹⁶ HCJ 2487/03 Hassan Ma'aruf Ratab Alawne' and others vs. the Military Commander in Judea and Samaria.

outside the Strip. The Ministry of Defense promised to show consideration in exceptional cases.¹⁷ The Ministry of Health responded as follows:

I have been told that there are contacts with the international committee to promote the building of a large hospital in the Gaza Strip... that will serve the Palestinians following the completion of the Disengagement Plan. This is based on the understanding that building such a hospital, as well as developing the health services in the Strip in general, will enable the Palestinians to free themselves of their current dependence on passing into Israel for the purpose of receiving treatment, a passage that will always be affected to a certain extent by the circumstances and the security threat.

**Prof. Avi Israeli, Director General, Ministry of Health,
January 2, 2005.¹⁸**

In practice, following three major attacks that have caused large-scale destruction in the Gaza Strip and under the ongoing economic blockade, to this day the local medical services are utterly inadequate. This situation has only worsened due to the conflict between the Palestinian Authority and Hamas – the de-facto ruler of Gaza – which disrupts and delays the supply of medicines and the allocation of budgets to the healthcare system in the Strip. Despite Israeli promises, to this day patients in a critical condition depend on Israeli permit for obtaining the treatment they need in more advanced hospitals in East Jerusalem and the rest of the West Bank. And as Prof. Israeli warned, to this day obtaining the coveted permit is inseparably bound with Israel's perception of the security threat, and it is used by the authorities as an additional means of pressuring the inhabitants of the Gaza Strip to toe the line.¹⁹

December 2006 | When an Ambulance is Treated as a Taxi

Evacuating by ambulance serves patients in emergencies when it becomes impossible to take them to a hospital in ordinary vehicles. The speed of travel and the professional care on the way to the hospital are essential for these patients' survival. This medical necessity clashes with the policy of the occupation, which prevents the entrance of Palestinian ambulances into Israel.

¹⁷ Bendel Maskit, *The Disengagement Plan and Its Implications for the Right to Health in the Gaza Strip*, Physicians for Human Rights Israel, January 2005, letter by Ruth Bar, Assistant to the Minister of Defense.

¹⁸ Ibid.

¹⁹ See: Yaron Ran, *Holding Health to Ransom: GSS Interrogation and Extortion of Palestinian Patients at Erez Crossing*, Physicians for Human Rights Israel, August 2008.

The problem is particularly severe in the checkpoints around Jerusalem, where the most advanced Palestinian hospitals are located. PHRI received reports on cases where an ambulance is ordered back with the patient, despite the emergency, or where the patient and the medical team have to arrange for and finance the arrival of an Israeli ambulance to take the patient to a hospital located a few hundred feet from the checkpoint, resulting in delays and unnecessary jostling of the patient.

Our insistent queries led to the following response by the military: "As a rule, the entry into Israel of vehicles with Palestinian license plates is forbidden, ambulances included". The military added that "in principle, the crossing of a Palestinian patient by ambulance needs to be performed back-to-back according to procedure". Under this dubious procedure, an Israeli ambulance meets the West-Bank ambulance at the checkpoint and the patient is transferred from the latter to the former. In extremely rare cases, "the soldiers at the checkpoint allow the passage of a Palestinian ambulance based on humanitarian considerations despite the risk involved".

The experience of staff members treating the patient (emergency technicians, paramedics, and physicians) in the pre-hospitalization state is the most crucial factor on the way to providing the right treatment. Only they can sense and diagnose the need for a rapid evacuation to the emergency room. Only they can determine "who shall live and who shall die".

Allowing those untrained in detecting medical levels of severity to perform that triage is a severe medical violation that compromises the possibility of saving lives – the very reason for the creation of emergency services in the first place and the very justification for them to use the siren to quickly arrive at their destination.

Prof. Yoel Donchin, opinion on Definitions of Medical Emergencies and Urgencies, December 2006.

In November 2005, it seemed things could get better. Magen David Adom (MDA) and the Palestinian Red Crescent Society (PRCS) signed a memorandum of understanding that allowed both to become full-fledged members of the International Red Cross and Red Crescent Movement. Following this memorandum, Israeli security authorities agreed in March 2006 to an arrangement whereby a limited number of Red Crescent ambulances and their team be authorized to cross from the West Bank to East Jerusalem without requiring a dedicated permit each time they evacuated a patient to Jerusalem. Patients evacuated in unauthorized ambulances would still be

transferred “back to back”. This arrangement was also not complied with in practice, however. Our examinations over the years have shown that in almost all cases patients are transferred using this unheard-of practice, that jostles and delays them to the point of risking their lives.

June 2007 | Head Injury: Three Ambulances vs. One Bureaucrat

On June 29, 2007, Radi al-Wahsh completed his high school finals. That evening, he was severely injured in a traffic accident in the village of Za'tara near Bethlehem. A Red Crescent ambulance was summoned to the site of the accident, where two Israeli ambulances had already arrived: a civilian (MDA) and a military one. The two Israeli teams determined that the injury was extremely severe due to massive cerebral hemorrhage, and that al-Wahsh had to be evacuated immediately to the Hadassah Ein Kerem Hospital in Israel. After the military doctor had suggested calling in a helicopter, the civilian team decided not to wait and to evacuate him by ambulance.

Shortly afterwards, the Health Coordinator in the Civil Administration Dalia Bassa called the Red Crescent's emergency center in Bethlehem and demanded that its team evacuate al-Wahsh. The team did arrive at the checkpoint, where it found the Israeli civilian team treating al-Wahsh as best they could on the spot, since the Israeli Border Police officers made it clear that despite his critical condition he could not cross into Israel. At 22:25, Radi al-Wahsh died in the Israeli ambulance. A military doctor signed his death certificate.

At 9:10 P.M. Ibrahim Nawabteh informed us that he had arrived at the site and that a military ambulance was already there. He later informed us that a MDA ambulance was also at the site and that the victim was inside that ambulance. He said the victim was in critical condition and should be taken to the trauma unit of Hadassah Hospital, Ein Kerem [West Jerusalem].

Around 10:00 P.M. Muhammad Abu Ajamiyeh told me that somebody named Dalia called from the Civil Administration liaison office and ordered him to dispatch an ambulance to the tunnels checkpoint and take the injured person from the MDA ambulance. She said the injured person was forbidden entry into Israel for security reasons.

Muhammad 'Abu Rayan, paramedic, in a testimony for B'Tselem²⁰

²⁰ B'Tselem website.



On August 15, after collecting evidence and documents, PHRI filed a police complaint charging Health Coordinator Bassa with involuntary manslaughter. This was a precedential complaint in the area of death in the checkpoints. After much foot-dragging, the case was closed due to "lack of public interest". Unsurprisingly, the Civil Administration found no fault in the Health Coordinator's conduct.

In every such case, it should have been obvious to all that Radi al-Wahsh had to be evacuated to Israel to save his life. How great a security risk can a critically injured individual with massive cerebral hemorrhage pose to Israel? The routine of the occupation is full of moments where the basic right to life and healthcare, even following a traffic accident rather than a "security" incident, loses all meaning. Formal procedures are the only desideratum, and medical considerations are subordinated, dwarfed and even completely discarded in their favor.

An old Palestinian woman collapses and gets medical assistance at Bethlehem checkpoint, on the second Friday of Ramadan, West Bank, 11.9.2009. Photo: Anne Paq, ActiveStills.

In the following spread: Route 60 west of the entrance to Beit Jala (Tunnels Checkpoint), unknown date. Photo: ActiveStills



MEDICINE UNDER FIRE

Palestinians inspect damages of a destroyed ambulance in Shujayea neighborhood in the east of Gaza City, during a ceasefire, 26.7.2014.
Photo: Anne Paq, ActiveStills.



"You do not make peace using military methods. Peace must be built on a system of trust, either following or without military moves. As someone who knows the Palestinians well, I argue there should be no problem creating a true system of trust relations with them."

Avi Dichter, Head of the Israel Security Agency (Shabak), 2000-2005), from the documentary film *The Gatekeepers*.

In the routine of ongoing occupation, violent clashes are unavoidable, with a heavy human cost of lives lost, severe injuries and psychological traumas, as well as the destruction of civil infrastructure that only exacerbates the violation of the right to health, with severe public health consequences. All these require action in real time – to evacuate the injured and the sick from the battle zones, ensure water and food supplies to surrounded civilians, protect medical teams as they perform their duties, and keep medical facilities safe. When the firing stops, the rehabilitation needs must be assessed, and behavioral norms reiterated, to prevent the recurrence of failures identified during the fighting.

Naturally, every clash or military operation not only take the economy, the infrastructures and the health systems years back, but result in concentrated efforts by civil society organizations and donors to restore the damages and handle emergencies rather than invest in developing and promoting local capabilities. When it is not bound in time but rather becomes a "chronic emergency" – which is the situation now in the Gaza Strip – the focus on



immediate humanitarian needs has disastrous effects on the exercise of the right to health.

Armored Corps Tank in Jenin, Operation "Defence Shield" 2002. GPO.

Under siege for over a decade, the Gaza Strip is where most and the worst of the military clashes occur and where the largest-scale military destruction is caused. Two out of many destructive campaigns against Gaza that deserve mention are Cast Lead (December 27, 2008-January 18, 2009) and Protective Edge (July 8, 2014-August 26, 2014). After every round of destruction, also due to the blockade and restrictions imposed by Israel, it takes years to return to the pre-attack situation, one that was dire in itself.²¹

The Israeli government's approach to the Palestinians and the Gaza Strip in particular may be characterized by lack of in-depth discussion and myopia. State Comptroller Yosef Shapira drove this point home when he stated in February 2017 that "The strategic discussion regarding the Gaza Strip since March 23, 2014 addressed only the levels of intensity of military activities

²¹ The World Bank, for example, estimated that Protective Edge led to a humanitarian crisis and to a loss of 1.7 billion dollars to the tiny Gazan economy, which may be expected to return to pre-war levels only by 2018.



against Hamas, to the exclusion of other possible moves regarding Gaza."²² This was even though the cabinet discussion of April 3, 2013 raised the serious situation of the infrastructures in Gaza, including its potentially dangerous implications for Israel. The State Comptroller's Office cautions Prime Minister Binyamin Netanyahu that rejecting political alternatives offhand without presenting them to the cabinet has prevented cabinet members from weighing these alternatives and discussing their pros and cons²³. Without a political vision – as limited as it may be – the Palestinians and Israelis are left with managing the conflict, and as such, it is bound to explode once again, with a heavy price for both societies.

²² Rotenberg Michal, *DavarRishon*, 28/2/2017. Quoting from State Comptroller's report on operation Protective Edge. For English Media on the issue see: Caspit Ben, Israel has no Gaza Policy, *Al Monitor*, 1/3/2017

²³ *Ibid*.

Young Palestinians throwing stones
near Lion Gate, Jerusalem, 6.10.2000.
Photo: Ohayon Avi, GPO.

March 2002 | Ambulances Authorized and Shot

On March 4, 2002, at the peak of the Second Intifada, an ambulance with three staff members and a doctor is called to evacuate injured persons in the Jenin Refugee Camp. The ambulance coordinates its mission with the Israeli Civil Administration through the Red Cross. Nevertheless, Israeli soldiers open fire on the ambulance and the oxygen tank within it causes an explosion. Dr. Khalil Saliman, Head of the Red Crescent in Jenin, is trapped inside the ambulance and burnt to death. The ambulance driver and two paramedics manage to escape after suffering severe burns.

A few days later, on March 8, soldiers open fire on an UNRWA ambulance in Tulkarm. Their shots kill the driver Kamal Muhammad Salem and injure two staffers. At the same time, a Red Crescent ambulance is also shot at, killing driver Ibrahim Muhammad Saada and injuring two staffers. These ambulances had also coordinated their missions in advance and received the Israeli authorities' approvals as required.

The apologies of Israel's security authorities for these attacks focused on blaming the ambulances, which were used to transfer wanted men and ammunition, as they claimed. This blanket accusation, actually proven in only a single case that occurred subsequently, does not and cannot justify indiscriminate firing on ambulances.

PHRI petitioned to the High Court of Justice to order the military to explain the firing on ambulances and prevention of evacuation of injured persons in the West Bank and Gaza Strip. As an interim relief, the court was also requested to order the immediate cessation of all gunfire on ambulances. In the hearing, the judges instructed the parties to substantiate their claims with affidavits. While PHRI had the casualties of the Jenin and Tulkarm incidents sign affidavits, the state failed to obtain affidavits from the soldiers who opened fire. The judges made do with a general statement that the military was obliged to protect medical teams and rejected our petition.

The bombardments also paralyzed the ambulances in the city for several days. The consequences were dramatic: not a single dialysis patient arrived at the hospital, out of forty who were supposed to receive the lifesaving treatment.

April 2002 | Defensive Shield against a Hospital

On the night of April 3-4, 2002, in the middle of the Israeli military attack on the West Bank cities ("Operation Defensive Shield") – at the height of the Second Intifada – the small government hospital in Jenin was bombarded and



surrounded by tanks. Oxygen, water and power supply was disrupted, and the windows along the north façade were shattered. Dr. Nader Rashid talked with PHRI on the phone from within the hospital, and told us that the medical staff and the patients found shelter from the ongoing bombardments in internal stairwells. Thirty-five patients were hospitalized at the time, to whom 14 more were added after having been injured by the gunfire.

The bombardments also paralyzed the ambulances in the city for several days. The consequences were dramatic: not a single dialysis patient arrived at the hospital, out of forty who were supposed to receive the lifesaving treatment. In addition, PHRI received reports about women who were scheduled for cesarean sections, but could not arrive at the hospital despite being in labor.

The severe restrictions on the Palestinian health system are familiar to us throughout the years of Israeli occupation. Nevertheless, 2002 will be remembered as one of its nadirs, when ambulances and hospitals became targets for direct attack, with a heavy human toll. Since then, moreover, we have witnessed a process of progressive erosion, both in the protection of medical staff and in the compliance with medical neutrality rules. All these have dramatic and destructive effects on the ability of patients and injured persons to receive healthcare during armed conflict.

Ambulance in the midst of a protest against Israeli arson attack, Duma, West Bank, 2.8.2015. Photo: Ahmad Al-Bazz, ActiveStills.

In the following spread: Eged bus No. 14 in Jerusalem, bombed by a Palestinian suicide bomber on Jaffa Street , 11.6.2003. Photo: Ohayon Avi, GPO.



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May 2004 | The Military Commander's Duty to Take the Predictable into Consideration

May 11 and 12, 2004, saw two consecutive incidents collectively called "the APCs Disaster". Palestinian militants shot rocket-propelled grenades (RPGs) on Israeli Armored Personnel Carriers. The explosions killed 11 soldiers in the APCs, and another two soldiers in the rescue attempts. In response, on May 18, Israel launched an attack on the southern Gaza Strip in the area of Rafah and the Philadelphi Route along the border between the Strip and Egypt, then under Israeli control. The objective of this attack, called Operation Rainbow, was to detect tunnels dug under the border between Egypt and Rafah. During the operation, residential neighborhoods in the city of Rafah were surrounded and occupied by the army.

PHRI received reports by local inhabitants on water shortage due to damage to wells and to the supply of electricity used to pump water, on difficulty evacuating the injured and medicine shortage. Following these reports, PHRI petitioned the High Court of Justice together with other human rights organizations, demanding that power and water supply be renewed, and that food and medicine supplies be allowed in.

Despite the military's demand to reject our petition, the court judges concurred with our claim that basic living conditions had to be ensured, although they expressed no intent to intervene in military considerations and the very conduct of war. They ruled as follows:

It is the military commander's duty to ensure that in a battle zone there would be sufficient medical supplies. It is certainly his duty towards his troops. But it is also his duty towards the civilian population under his control. When preparing for a military operation, this matter – which is always predictable – must be taken into consideration.²⁴

The years passed and the Gaza Strip experienced additional military operations that damaged civilian infrastructures and prevented medical care of the sick and wounded. Each operation worsened the already deteriorated condition of the infrastructures, and with it, the social and health condition of the inhabitants of the Gaza Strip.

²⁴ HCJ 4764/04 PHRI & others vs. Head of IDF Gaza Division.



January 2009 | The Soldier to the Injured – “Shut up or I shoot you”

Infographics to PHRI facebook, 2014.
Graphic Design: Roni Levit.

During the attack on Gaza called Operation Cast Lead, the military declares a three-hour humanitarian truce in order to enable the inhabitants to store food and water. Muhammad Sharab and his two sons Ibrahim and Kassab made their way from the agricultural area where they worked in the Al-Fakhari area in the southern Gaza Strip to the city of Khan Younes, when suddenly soldiers opened fire at them. Kassab (28) died immediately; Ibrahim (17) was shot in his leg. Wounded by shrapnel, the father tried to call for help, to save his bleeding son, and contacted PHRI. Tom, an employee of the organization at the time, talked to him on the phone, pleaded with the military to allow the urgent evacuation, and emphasized that despite being close to the military force and their cries, the wounded received no help.

Muhammad told Tom that his son Ibrahim cried out in pain and asked to call an ambulance, but the soldiers shouted back at him and cursed him, “You son of a bitch, close the phone or we’ll shoot you”. Long hours passed, but the ambulance

was not allowed to arrive. Ibrahim died of blood loss after midnight, about twelve hours after being shot. During that entire night, Tom stayed on the phone with Muhammad: he cried for his sons, whose bodies were strewn outside his car.

Muhammad and the bodies of his two sons were evacuated on January 17, almost 24 hours after the fatal incident.²⁵

January 2009 | Ambulances are No Exception

The Sharabs' story was not the only case medical assistance failed to arrive. Worse, the Israeli forces not only prevented ambulances from reaching their destination, but also targeted them directly. During the 2008-9 attack on Gaza, PHRI received multiple reports on Palestinian medical teams attacked while trying to rescue injured persons within the Strip. Sixteen medical workers died and 25 were injured while performing their duty.

We came across a ten-year-old who told us that the wounded are inside, in Ramle St. The two ambulances remained outside. At this point, the volunteers – Anas, Rif'at, Muhammad and Yasser – started moving towards the injured, who were located about 50m from the rescue vehicles. When we arrived there, a helicopter shot a missile at the injured persons. The two drivers escaped in one ambulance and drove towards Al-Quds Hospital. It was there that they found out that Yasser, Rif'at, Inas and the boy they had met on the way were killed.

Yehia Hassan, ambulance driver injured on January 4, 2009 to PHRI.

This Israeli practice also meant that Red Crescent and UNRWA team feared to operate freely as that could mean that instead of helping the wounded they would themselves be injured and be prevented from doing their job. Consequently, every mission had to be delayed to ensure coordination with the military, and even that did not ensure their safety.

In January 2009, PHRI and other organizations petitioned the High Court of Justice, demanding that the military stop attacking medical teams and facilities, and enable the evacuation of injured persons and isolated families. The petition was rejected as the judges deemed satisfactory the state's response that such attacks were not deliberate but an accident of war. Their recommendation that the state investigate the circumstances of the incidents enumerated in the petition was not followed.

²⁵ Following court appeal a compensation agreement was reached.



July 2014 | Black Friday: Hannibal Directive Goes Out of Control

On July 8th, 2014, Israel launched a military operation in the Gaza Strip, “Operation Protective Edge”, that ended with a ceasefire on August 26th. Over 2,100 Palestinians were killed, including 500 children; 11,000 were injured. In Israel 73 were killed and 724 injured.

On day 25 of the 2014 attack on Gaza, a 72-hour ceasefire was agreed upon by Hamas and Israel. About 90 minutes after it entered into effect, Hamas fighters attacked a Givati Brigade force that was on patrol to expose Hamas tunnels. Three Israeli soldiers were killed, but at the time, one of them, Hadar Goldin, was considered missing in action, since his body was taken away by Hamas. Following the incident, the Hannibal Directive was invoked – a military procedure designed to prevent soldiers from being captured by the enemy by extreme measures that may place the potential prisoner and civilians at risk of death. In this case, the directive was executed in an extremely aggressive way, with the military heavily bombing the Rafah area, killing over 70 civilians and wounded many more, and causing extensive damage to residential neighborhoods.

Although this was a severe incident involving multiple casualties, in which heavy fire was deliberately opened on an extensive civilian area, raising serious

Gaza aftermath, Khuza'a, Gaza Strip, 25.2.2015.
Photo: Anne Paq, ActiveStills.

question marks as to the rationale behind such extreme implementation of the procedure, the military has yet to decide whether to initiate a criminal investigation. Nevertheless, the Hannibal Directive has since been rescinded and substituted by a different order following criticism within the military and by the State Comptroller, among other things due to the severe threat it poses to civilian lives and the realization that the original directive conveyed a harsh message to soldiers about protecting their fellow soldiers' lives. The Hannibal Directive does not reflect a specific moral failure, but rather a political worldview and system that depreciates human life – both the lives of Palestinian civilians and the lives of Israeli soldiers.

July 2017 | The Raid on al-Makassed Hospital

On Friday, July 21, 2017, during the tense period of the Temple Mount (Haram a-Sharif) incidents – the murder of two Israeli police officers followed by clashes between Palestinians and security forces – police and border police forces raided al-Makassed Hospital in East Jerusalem. In order to gather information about the conduct of security forces during this raid and the potential damage to the hospital's operations and its status as a medical center entitled to protection, PHRI team visited the hospital on July 25 and 26.

Israeli armed raids on hospitals have been documented by PHRI several times in the past. For example, on October 10, 2015, security forces broke into three hospitals and East Jerusalem, one after the other: al-MaKassed, Augusta Victoria and St. Joseph. Al-Makassed was raided again on October 27, and once more the day after, but then the security forces failed to enter because of a protest watch. Following these incidents, PHRI contacted Israeli healthcare organizations and protested their silence. After receiving our letter, the Israel Medical Association (IMA) wrote to the Director General of the Ministry of Health and stressed the “importance of maintaining the neutrality of medical institutes and the need to carefully maintain the conditions allowing medical teams to perform their work optimally”.²⁶ The letter also called upon the ministry to investigate the claims made in PHRI's letter, and if these were substantiated, to take steps to ensure medical teams' ability to perform their work. Hitherto, we have received no answer and have seen no change on the ground. This is attested to by the brutality of the most recent raid, as though it were an enemy position rather than a medical facility:

²⁶IMA Chair Dr. Leonid Eidelman in a letter to Director General of the Ministry of Health Moshe Bar Siman Tov, December 9, 2015.

After twenty minutes, we decided to move [the wounded patient] to the operating room, because the commotion and the great number of people [in the ER] prevented us from completing the treatment... When the team arrived at the elevator, [the security forces] tried to get inside it with us, although there was no room. I had my one hand on the patient's heart and used the other to try to prevent the officer from entering the elevator. He tried to force his way in and said he would settle accounts with me. His colleague, also a police officer, kicked me in the waist and in the meantime the elevator broke down and we tried to board the one in front of it, but it was too narrow for the bed to fit in. We then decided to enter the CT room because perhaps there it would be quieter. The hospital attendants went up to fetch the equipment from the operating room... After 10-20 minutes [the patient] was pronounced dead due to his hopeless condition.

Operating room doctor to PHRI

Mr. Rafiq Hussaini, Director General of al-Makassed Hospital and other staff members described this raid as unprecedented and significantly different from all the previous armed raids on the hospital. They described brutality and arrogance, deliberate violence against the hospital staff, as well as patients, injured, visitors and families, and damage to healthcare activities. The Israeli security forces defined the purpose of the raid as locating injured people who had participated, so they claimed, in the Al-Aqsa incidents after the Friday prayer.

Considering these events, we demanded that the Ministry of Health inquire into the activities of the security forces. Our letter emphasized that al-Makassed Hospital is licensed by the Israeli Ministry of Health²⁷ and defined as a public hospital. Thus, it is entitled to the same rights stipulated under Israeli legislation as hospitals in Israel. At the same time, since East Jerusalem is an occupied territory, Israel is also subject to the Geneva Convention. In either case, Israel is bound by the duty of avoiding any harm to the work of medical teams, even in times of conflict and war. Moreover, in this case, the hospital itself is not located in conflict and no fighting occurred in its environment prior to the arrival of the Israeli security forces.

²⁷ Ministry of Health website.



WOMEN UNDER OCCUPATION

A Palestinian woman during a protest in support of Palestinian prisoners, during the hunger strike, East Jerusalem, 28.2.2013.
Photo: Kobi Gideon, GPO.



“The myth about the woman giving birth at the checkpoint is not always true.²⁸ The trouble is Palestinian women arrive at the hospital at the last minute. Not like our women, who rush to the hospital with the first contraction. In Hadassah [Medical Center], they often give birth as soon as they reach the emergency room. The Palestinian ambulance drivers are very embarrassed by the fact that they give birth en route, right in their ambulances.”

Dalia Basah, Health Coordinator at the Civil Administration in the West Bank, in, August 2002²⁹

The lives of women in the Occupied Territories are replete with manifestation of multifaceted oppression. On the one hand, they suffer from the Israeli occupation that restricts them with physical, bureaucratic and violent barriers. On the other hand, any attempts to improve their status are set aside due to the priority of the national struggle.³⁰ According to the Palestinian Central

²⁸ This refers to the claim of human rights organizations, particularly PHRI, that women die in childbirth or lose their newborn because they are delayed at the checkpoint on the way to the hospital.

²⁹ in *Haaretz* August 9th, 2002 (Hebrew)

³⁰ Catherine Anderson, "Palestinian women rights overlooked in favor of national liberation, Middle East Eye, 3 Nov. 2015.

Maqboula Abu Shahmeh, in her shelter in Khan Yunis Refugee Camp, Gaza strip, 9.5.2012. Photo: Anne Paq, ActiveStills.



Bureau of Statistics, since the blockade on Gaza was imposed in June 2007, there has been a dramatic increase in women's unemployment rates, affecting their economic independence and social status, compounded by an increase in physical and emotional violence within the family.³¹

Years of frequent military attacks and blockade over the Gaza Strip, as well as restrictions of their freedom of movement throughout the Occupied Territories have reduced the space essential for the struggle of Palestinian women. Even those who manage to raise the funds to start a business or academic study run into the formidable obstacle of the occupation's permit mechanism.

With regard to women's access to adequate medical care, the Palestinian health system that suffers from lack of resources and underdeveloped human capital is unable to meet the needs of women under such dire circumstances. One of the examples for this multisystem failure is the story of women with breast cancer. In the Gaza Strip, the system cannot provide early diagnosis and effective and available treatment. Consequently, women are diagnosed at more advanced stages, affecting their survival rates. Their hope to live receives a deathblow in the form of insurmountable restrictions on leaving for advanced treatments in Israel or in the West Bank, including East Jerusalem.

In the Mobile Clinic operated by PHRI, we have noticed that due to the pressures operating on them from all directions, women tend to function as their family's ambassadors. When they meet the physicians, they talk about fertility problems or the problems of their spouses or children, without devoting enough time and space to themselves. We have often found women with anemia or undernourishment due to poverty, who had been reserving most of their food for their children. In response, we have started to hold women's health days, by and for women, and in collaboration with local women's groups.

Caught in the vice of the occupation, many women manage to unite and change their destiny: "These are woman who fight the patriarchy of society and the patriarchy of the occupation and seek no compensation for any sort of injustice. What they seek is to live a normal life and exercise their basic rights, including the right to travel".³²

the Palestinian health system that suffers from lack of resources and underdeveloped human capital is unable to meet the needs of women under such dire circumstances. One of the examples for this multisystem failure is the story of women with breast cancer.

³¹ [The Double Oppression of Gaza's Women +972, 14 March 2017.](#)

³² Ibid.

December 2004 | Tumor is not the Only Thing that Kills Breast Cancer Patients from Gaza: the Story of Fatima Bargouth

Women's death of breast cancer in the Gaza Strip is a combination of failures on all levels, from delayed diagnosis, through inadequate medical care in Gaza, to insurmountable barriers placed by Israel on their way to treatment outside the Strip. The death of Fatima Bargouth haunts whoever knew her and reminds us that the price of obtuse systems is paid by women and paid dearly.

In April 2004, Bargouth³³ found a lump in her breast. In the course of her diagnostic and initial treatment process in the Gaza Strip health system, she came across physicians who told her "you have nothing", or "everything will pass after you give birth", and others who conducted inadequate operations and erroneous histopathological examinations. Only after having insisted repeatedly, a second biopsy was conducted and it turned out that she had a malignant tumor – 164 critical days after having discovered the lump in her breast.

This was not the end of her travails, however. Arriving at the appointment at Tel HaShomer Hospital required an Israeli transit permit. This was not given to her. Only after the intervention of PHRI and court appeals against the state's decision, was her entrance allowed and she started receiving chemotherapy. Every time she needed to receive treatment, a permit was required, which was sometimes granted, sometimes belatedly, and sometimes even after having been given Bargouth was delayed at the checkpoint.

On the day of the breast lump removal surgery, I waited for an answer until 10:30 am, then they told me my permit was ready. I rushed to the Erez Checkpoint [into Israel], and arrived there at 11:20. I entered the crossing and submitted my papers. After waiting for an hour and a half, they told me my entrance was not coordinated. "Go back", they told me. I turned to the soldier who was within the concrete cubicle, I tried to explain the urgency of the matter and said I was certain I had an entrance permit through PHRI. He refused to listen to me... came out and shouted at me: "Go back, now! Now!"

By now, it was noon. On my way home, they called me from the Palestinian side of the crossing and said my permit was ready. I immediately went back to the Erez Crossing. It was 12:20. I gave the documents I had to the Israeli soldiers and waited, waited, waited,

³³ To the full story of Fatima Bargouth see: Bendel Maskit, *Breast Cancer in the Gaza Strip: A Death Foretold*, Physicians for Human Rights Israel, Jan 2005.

until 18:20. I knew my permit was valid until 19:00. Another half hour and my permit would expire! While waiting, the soldier asked me several times, "Do you want your documents back so that you could go back home?" I refused, since my medical condition did not allow me to wait another week before they let me into Israel.

By the time I entered Israel it was dark. God be praised, I found a vehicle to take me to the hospital. I arrived at Tel HaShomer [Hospital] at 20:30.

Fatima Bargouth to PHRI

Consequently, she missed many of her scheduled radiation treatments. We asked that she be allowed to stay in Israel continuously, and only after petitions to the High Justice Court together with One in Nine NGO was she allowed to remain for the duration of the treatment.

Despite extensive efforts of the doctors, and due to the belated diagnosis, secondary growths spread to Bargouth's spine and she was hospitalized in a difficult condition. Again, we had to intervene to enable her family to stay by her side – and even then, her father was denied entry. Bargouth returned to Gaza again, and her condition deteriorated once more and we had to beg both the Palestinian side to submit the request for a permit and the Israeli side to approve it urgently. Delays again: a security alert at the Erez Crossing forced the ambulance driving her back to the Strip. Only a month after her hospital appointment did she finally manage to arrive, but her condition was so severe that she was sent back home to spend her last days with her family.

On December 24, 2004, Fatima Bargouth died in her home in Gaza, surrounded by her family. An employee of PHRI, Maskit Bendel, that had accompanied her throughout her struggle concluded her report as follows: "In the statistics published by the Palestinian Authority, Fatima Bargouth's death will remain a datum. One woman, who died of breast cancer. Fatima's story is the story of one woman among hundreds, whose stories are similar but none but those close to them will ever know"³⁴.

In the following spread: A woman with her baby in Sderot, moments after a missile was launched from Gaza. Sderot, Israel, July 2014. Photo: Yotam Ronen, ActiveStills.

³⁴ Ibid.



Fatima Bargouth 2004. Photos: Miki Kratsman.

2014 | Women War Injured in Gaza: Fighting for Rehabilitation is also Fighting for One's Family

In the 2014 attack on Gaza (Operation Protective Edge), Asra' A-Namla lost both her legs when her house was bombarded. The other family members were also injured. Her husband Wa'el A-Namla lost one of his legs, four-year-old Sharif lost one leg and one eye, and three-year-old Abir was wounded. The bombardment changed the entire family's life, not only because each had to learn to adapt to the new situation and undergo lengthy rehabilitation, but also due to the separation between Asra' and her husband and children – initiated by her husband – which forced her to move back in with her parents.

Parting from my children is more painful to me than the injury. The kids will still be mine – nobody can change that. Not a day goes by that I do not think of them and cry, it is my way to release the pain, I cry... I constantly think about the kids growing up away from me, going to kindergarten without me, that I won't play with them and pass their daily life with them. I only want to hug them, I know they also need me, my love and my support, I want to dedicate my life to them. It's true I don't have legs, but I'm still here and feel a terrible longing to be a mother, to care for them, and to do everything for them.

When PHRI sent a physician to examine Asra' in the Gaza Strip, she needed her medical documents that were in her husband's house. She managed to obtain them thanks to a local sheikh that convinced the family to hand them over. Nevertheless, she asked him not to talk with the family about her relations with her husband, as she wanted to go back home only once she has been rehabilitated: "I don't want to go back now. I want to go through the operation and get my prostheses. After that, I want to continue with my studies, and only then return. I won't be weak as when I left home, I'll be strong and be able to show to everyone that I'm a woman who, despite all she's gone through, has coped and won, and can still take care of her family and children. Next year you will hear about the girl from Gaza who went back to school after having lost both her legs in the war".





August 1998 | An Infant's Death at the Checkpoint: When the Soldiers Have No Doubt and the Mother Has No Choice

Unlike the other cities in the West Bank, the Israeli security forces did not exit Hebron (al-Khalil) following the Oslo Accords. The realignment in that volatile city required a separate agreement. According to the agreement, signed in 1997, Hebron was divided into two sectors: H1 under full Palestinian control; and H2 – where several hundreds of Israeli Jews lived next to tens of thousands of Palestinians – remained under Israeli military control. Checkpoints were established between the two sectors, and Palestinian movement was severely restricted to the point of paralysis.

In August 1998, Hebron resident, Shirin Sultan, wanted to pass through an Israeli checkpoint with her sick son Qusai, a three-month-old infant. Shirin lived with her husband Hani in the H2 sector controlled by Israel. Qusai fell ill and the doctor told his parents that if his condition deteriorated and he began to vomit, they would have to reach the hospital immediately. On Saturday, when his condition deteriorated, Shirin left with the infant in her arms, in order to get him to the hospital. Soldiers stationed outside her house refused to let her cross over to H1, the Palestinian-controlled sector located a few meters from her house. After having been held there for a long time, she managed to evade the soldiers and ran over to H1. However, by the time she arrived at the hospital almost two

An injured woman, Palestinian citizen of Israel, during a demonstration against Israel's attacks on Gaza. Technion University, Haifa, 31.12.2008. Photo: Oren Ziv, ActiveStills.

hours had passed, and the doctor in the emergency room had no choice but pronounce Qusai's dead due to exacerbation and complication of pneumonia.

This preventable death was not the only one at that time in the checkpoints. Another story was published by Gideon Levy:

Faiza's story shocked the medical staff. Dr. Saunders says Youssef's life would have certainly be saved had he arrived to the hospital in time. Dr. Ilan Gal, senior gynecologist at HaKirya Hospital in Tel Aviv, told me this week that his death was caused by the delay in arriving at the hospital: "The chances of survival of preterm infants at this age and weight are over 90 percent, in hospital conditions. When the baby arrived at the hospital, his condition was terminal. The shock he was in was undoubtedly caused by the long period he underwent without treatment from the moment of his birth until he arrived at the hospital. Under hospital conditions, his death would have almost certainly been prevented.

Gideon Levy on the death of Faiza Abu-Dahouk's infant, Haaretz, April 19, 1996.³⁵

In 1996, following several deaths of expectant mothers and patients in internal checkpoints in the West Bank, PHRI petitioned the HCJ to require the Minister of Defense to issue procedures governing the passage of patients in checkpoints. Following the petition, the military published a procedure to the effect that in emergencies, patients and expectant mothers would be allowed to pass through checkpoints without a permit, and that if the soldiers manning the checkpoint were in any doubt, they would assume that it was indeed an emergency and allow passage.

The deaths of Qusai and many others indicate that the procedures have not been implemented and are still not implemented even many years after those tragic incidents.

January 2015 | Four Times as Many Maternal Deaths

In 2015, PHRI compared the health indexes of Israel and the Occupied Territories.³⁶ The gaps were considerable and on the rise. For example, the maternal mortality rate was 28 per 100,000 birth, compared to 7 in Israel. The maternal mortality index is commonly used to assess healthcare services.

³⁵ Haaretz 194,1996.

³⁶ Efrat Mor, *Divide and Conquer: Health Inequality*, Physicians for Human Rights Israel, January 2015.



One of the greatest successes of public health worldwide is the reduction of maternal mortality by 50% on each of the two decades from 1990 to 2010. The rate remains high in underdeveloped countries. The huge gap between Israel and the Territories may be explained by deficient health condition when entering pregnancy, including chronic health issues, some of which are related to poverty and limited access to adequate medical care.

Israeli authorities have commonly argued that there is no room for comparison between Israel and the Occupied Territories, as the area and its population are not under their responsibility. As opposed to the illusion created by the Oslo Accords, however, Israel's control mechanisms have never let go of their stranglehold and influence on the inhabitants of the Occupied Territories, which do not constitute a foreign country. Moreover, during those years we have seen efforts to annex parts of the West Bank. Finally, during all those years, apart for the disengagement from the Gaza Strip, Israeli citizens – who receive health services from the State of Israel – have been continuously settled in the Occupied Territories.

Palestinian school students in the damaged school, Shujayea neighborhood, Gaza city, 15.9.2014. Photo: Anne Paq, ActiveStills.



The demand for equality does not represent an ambition to perpetuate Israel's control of the Territories, nor support for this or that solution – two-state, one-state or any other. It is a demand informed by the realization that as long as Israeli control continues – as it has for over half a century – Israel must provide equal services to all those living under its control.

Mor Efrat, PHRI, January 2015³⁷

This demand is integral to PHRI's activities throughout the years, from the demand to enforce equal professional and ethical medical standards prior to the Oslo Accords, through the demand that Israel assume responsibility after these had collapsed in the Second Intifada and the continuation of the occupation, through the present-day discussion, when the occupation marks its fiftieth year and when many health determinants – such as access to water, economic development capabilities, or construction permits – are under Israeli control. This demand grows ever stronger as the occupation takes on obvious characteristics of colonialism and annexation involving ethno-national segregation.

³⁷ Ibid.

Top: Hearing aid mission, Tulkarem 2014.
Photo: Starkey, PHRI.

Right: Tulkarem refugee camp, 1996.
Photo: Miki Kratsman

In the following spread: An Israeli soldier watches Palestinian medics carrying a wounded Palestinian in a refugee camp near Bethlehem during clashes following a protest against the Israeli military operation in Gaza, West Bank, 3.3.2008. Photo: Anne Paq, ActiveStills.

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MEDICINE IN PRISON. A QUESTION OF DUAL LOYALTY

Palestinian prisoners in the yard of Nablus prison, 11.10.1992.
Photo: Sa'ar Ya'acov, GPO.



"The detention doctor walks on a tightrope between various stakeholders – the detainee, the interrogator, the guard, the lawyer, the judge, the detainee's family and politicians... The detention doctor must enable the interrogation to proceed without violating the suspect's rights as well as to prevent a situation of a crime and anarchy state. Above all, he must see to the detainee's health."

Dr. Reuven Goldschmidt, former Chief Medical Officer, Israel Police³⁸

The history of the medical community in Israel and worldwide is replete with cases where it served the abusive policies of various regimes towards political opponents, the mentally or physically disabled and those seen as socially deviant. Beside occasions where physicians were at the front of protecting their patients' rights, we see that all too often and on a continuous basis, physicians have been leading partners in race theories, the tying down and excluding mental patients and the conduct of unethical experiments, harnessing medicine in the service of the regime. These violations and crimes have led to the formulation of medical ethics and the conceptualization of the right to health as familiar to us today in ethical conventions and codes.

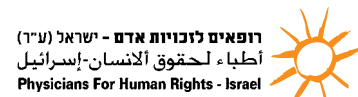
³⁸ Joseph Algazy, Whose Interest are you serving, Doctor? Haaretz 18.2001 (Hebrew)

The violation of patients' rights in the name of foreign interests has been defined as due to the dual loyalty problem. In some cases, the contradiction between what the establishment demands and the commitment to the patient is so obvious, that it may not be considered a problem of dual loyalty. Such is the avoidance from participation in torture. The presence of physicians in torture facilities in so many countries worldwide proves, however, that conventions and laws in the medical world are insufficient to lead physicians who are members of their nation and who are rewarded by the establishment to insist on ethical conduct and protect a patient whom they perceive as the enemy.

Although physicians encounter such challenges in all systems where they work, totalitarian systems such as the military, refugee camps and prisons involve higher risk and make it difficult for physicians to follow their medical ethics and protect their patients. These physicians are isolated from the civilian professional community and their livelihood and promotion depend on systems whose top priority is not health.

In June 2014, the Israeli government promoted a bill enabling force-feeding of Palestinian prisoners on hunger strike, a bill opposed to the ethical position of PHRI and that of the local medical community, as represented by both the Israel Medical Association (IMA) and the Israel National Bioethics Council, a body that advises the government. The bill represents an attempt by the government to legalize serious violations of human rights and medical ethics, designed to suppress the prisoners' struggle.

This time, the decisive opposition to the bill was impressive, with IMA Chair Dr. Leonid Eidelman declaring that doctors were prohibited from taking part in force-feeding. Even after the bill was approved by the Knesset and the High Court of Justice, the opposition remained, and the IMA declared that it must not be complied with, leading to a situation where in fact, hitherto no doctor has ever complied with it. In our particular context, it must be noted that the Israel Prison Service physicians were unable to express their opposition and take part in the protest. This demonstrates better than anything else that an essential albeit completely insufficient condition for standing for the patient and medical ethics is the independence of medical teams from totalitarian establishments.



צוותי רפואה: מינעו עינויים

יוני 2008

אני עוסקת
ברפואה
לא בעיניים



Physicians' Participation in Torture: a Years-long Moral Failure by the Israeli Medical Community

One of the glaring failures of the medical community in Israel involves doctors' participation in torture. In a letter published by former Chair of the Israel Medical Association (IMA) Dr. Yoram Blachar in the leading medical journal *Lancet* in 1997, he explained that the association has denounced the use of torture. At the same time, however, he justified the guidelines of the 1987 Landau Commission that condoned the use of "moderate physical pressure" during interrogations in cases of suspicion of a "ticking bomb" – that is, an impending bomb threat. Note that this "pressure" has been defined as torture by many organizations, and even had it truly been only pressure, it is not for the physician to monitor it. This position was typical of the IMA's conduct in those years: on the one hand, declare publicly and internationally that it denounces and forbids doctors' participation in tortures, while on the other denying that what happens in the interrogation rooms falls under this definition.

Indeed, when this dilemma was brought before them, whether by us or by physicians in the field, the IMA failed. Dr. Reuven Goldschmidt, for example, testifies that during his time in the Israel Police, he did not manage to hold a principled discussion on this matter in the various bodies he contacted, including the IMA's Ethical Bureau. According to Dr. Goldschmidt, everyone "preferred dropping this hot potato on my lap and creating a situation where I was forced to determine the standards and red lines in my capacity as Chief Medical Officer of the police".³⁹

In a dramatic ruling in late 1999, the High Court of Justice (HCJ) forbade the use of torture techniques used until that time by the Israel Security Agency (Shabak). Although the judges left a crack through which the state could legalize torture in the future, the significance of this ruling could not be overstated. This could have been a moment of reckoning for the medical community – why did the judges succeed where they themselves dragged their feet and failed?

Such soul-searching was not in the cards, however. On the contrary. Again, IMA chairperson, Dr. Blachar, published a letter, this time in *Haaretz*, saying that "Now, perhaps belatedly, these physicians [who had served in torture facilities], as well as other physicians in Israel, could join the physician communities worldwide who had long ago adopted the ethical codes, and report to the Medical Association on every digression from the norm of conduct finally legitimized by the HCJ".⁴⁰



PHRI Protest against forced feeding bill, Jerusalem, in front of Knesset building, 16.6.2014. Photos: Keren Manor, ActiveStills.

³⁹ Ibid.

⁴⁰ Blachar Yoram, *Haaretz* 15.11.1999 (Hebrew).

As if complying with medical ethics requires any legitimation by the HCJ and does not stand in its own right, as if there should be any difference between “other physicians” and those serving in prisons or military facilities, as if there is one ethics for this group and another for that group, and as if it were not his duty to lead a struggle that would allow them to avoid torture even in the years prior to the ruling. Worse, in that same letter he states rather convolutedly: “I have no doubt that under such circumstances where it would be possible to justify physical pressure, as opposed to torture, in the case of a ‘ticking bomb’, before the Attorney General or the courts, the response would be determined according to the special circumstances”⁴¹.

Such ambivalence has been typical of the IMA’s position throughout the years-long struggle of PHRI against doctors’ participation in torture. Beyond the severe ethical and professional failure, this position has also left the doctors employed in detention and interrogation facilities without the critical support of the association that is supposed to protect them against such severe ethical violations, and against the pressures by powerful bodies to bend this ethics.

September 1992 | Catatonic Torture Victim Taken Home in a Passing Car

In September 1992, Hassan Zubeidi, a married man and father, was taken from his house to the interrogation facility of the Israel Security Agency (Shabak) in Tulkarm, known for its “Shabak procedures”, which allowed torture. After a 23-day interrogation, he was moved to Far’a Prison in the Jordan Valley, from which he was released after 12 more days. The discharge procedure was as follows: soldiers took him out of the prison, hailed a car and ordered its driver to return Zubeidi to his family. A psychiatrist who examined him the next day, found him in a state of acute catatonia. Zubeidi could not recognize, let alone communicate with his wife and children, did not understand what was going on around him, and was constantly shaking.

PHRI filed a complaint with the Ministers of Defense and Justice, and went on to help Zubeidi in his compensation lawsuit against the State of Israel, submitted by the family through Adv. Dan Assan. The claim relied on the opinions of the psychiatrists, Dr. Ruchama Marton, founder of PHRI, and PHRI member Dr. Alexander Zaidel, who determined that Mr. Zubeidi was suffering from severe mental disorder, and that his disability was related to the conditions of his

⁴¹ Ibid.



Laceration wounds on the shoulder of Omar Alaaeddin, a 25-year-old Palestinian a day after his release from Israeli jail, March 23, 2010. Photo: Anne Paq, ActiveStills.

detention and interrogation. The state representatives replied that the security forces' actions were reasonable, and that the arrest and interrogation of any person inevitably involve mental stress. The defense relied on an opinion by Prof. Shmuel Tyano, who argued that Zubeidi was malingering.

In a partial ruling given on January 1999, and following an admission by the state representatives that the claimant had "certain" functional disability due to the events of his interrogation, Zubeidi was awarded 25% disability. The litigation ended with a compromise, whereby the State of Israel compensated an individual interrogated by Shabak. Although in the technical legal sense, Shabak and the State of Israel did not acknowledge their responsibility as part of the compromise, it is common knowledge that hundreds, if not thousands of Palestinians detained by Shabak entered their interrogation healthy in body and mind and left it disabled, many permanently so. They and their family members have no doubt as to who is responsible for their condition.

The procedures followed by Zubeidi's interrogators, were in effect until 1999, when they were revoked and denounced by the High Court of Justice. Torture continues using different methods.

May 1990 | Israeli Psychiatrist Diagnose Mentally Ill Detainees as Malingers

Ali, a 17-year-old boy, was detained at the beginning of 1990 and taken to Far'a Prison near Nablus, charged with "hostile activity in demonstrations, writing PLO slogans and laying road barriers". Many weeks passed before his family managed to locate his detention facility. A relative who finally managed to visit him in prison was extremely concerned with his mental condition – Ali did not recognize his parents and did not talk to them. Instead, he created his own sign language and formed relations with animal figures that he drew. Nevertheless, Ali's family was told that he was examined by a psychiatrist he had been referred to by the military court, who found him mentally healthy and fit to stand trial. The psychiatrist also determined that "based on the examination Ali seems to me to be a malingeringer and not a mental patient" .⁴²

In May, the family contacted PHRI. NGO Chair Dr. Ruchama Marton, herself a psychiatrist, suspected this to be a case of schizophrenia, and demanded that the Chief Medical Officer at the Civil Administration, Dr. Yitzhak Sever urgently

⁴² Abramovitch Dorit & Dr. Marton Ruchama, *Activity Report* 1990, AIPPHR



← מסרבת לציית לחוק האכלה בכפייה



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← מסרבת לציית לחוק האכלה בכפייה

approved an examination by an independent psychiatrist. An examination by a psychiatrist in Afula suggested that Ali needs to be hospitalized for mental evaluation, but the military had no psychiatric hospital and at this point, the Israel Prison Service was unwilling to admit him for evaluation. Finally, and after public pressure on our part, Ali's case was once again discussed by military authorities, and it was decided that since there was no room for him in a psychiatric hospital he will be released from prison.

In the following years, Dr. Marton encountered many cases where Palestinian detainees branded as malingerers turn out – after some insistence and additional examinations – to be suffering from mental illnesses. Her insistence that this was an inherent bias within the Israeli psychiatrist community led to one of her toughest struggles against it.

April 2012 | Medical Ethics Attacked by Legislators in their Attempt to Subdue Hunger Strikers

Prisoner hunger strikes, particularly when attracting broad public attention to a political issue – as during the protest in Israel against “administrative” detentions without trial in 2012 – pose practical and public relations difficulties for the authorities. One way in which they dealt with these challenges was trying to break the hunger strikers' spirit, among other things by making it difficult for independent physicians – one of the clear recommendations of health organizations with regard to ethical and professional care of hunger strikers, particularly in order to establish trust that would enable to save their lives.

On April 9, given their mistrust of the physician on behalf of the Israel Prison Service (IPS), two hunger-striking administrative detainees, Bilal Diab and Tha'er Halahle, asked to be examined by a doctor on behalf of PHRI. Although such a demand is supported by the Israel Medical Association (IMA) “for the sake of all parties involved, in order to prevent lethal outcomes”, the IPS declined. Only after a legal petition was a physician from PHRI allowed in, but the court rejected PHRI's request that the IPS be instructed to allow continuous medical follow-up, which is essential in hunger strike cases. Consequently, every visit required specific scheduling; and as the IPS did all it could to refuse and delay, PHRI was forced to appeal to the court for every request.

On May 15, Diab and Halahle, as well as three other hunger-striking “administrative” detainees, reached a settlement with Israeli representatives

PHRI Campaign against Forced Feeding Law, 2015. Photo: Oren Ziv, ActiveStills.

according to which they would stop their hunger strike in return for non-renewal of their detention orders and their release at the end of the current detention period. Following the achievements of the hunger strikes, however, the government passed the force-feeding law⁴³ allowing the forced feeding of hunger striking prisoners, out of a variety of consideration, including State's security. The HCJ rejected appeal by PHRI, IMA and others, not accepting our claims that forced feeding can amount to torture, and that the law tramps over medical ethics.

2015 | The Refusal to Obey Forced Feeding Law: Israel's Medical Community's Finest Hour

There are not many moments when men and women, a whole community, stands up and say Enough! In the years following the Palestinian prisoners hunger strike of 2012, the Israeli government aimed to bend medical professionalism and ethics for its political gains, by promoting a bill allowing forced feeding. Once the bill passed, and approved by the HCJ, there was some concern that some physicians might comply with this new law.

PHRI members – physicians, nurses and health workers – publicly announced their disobedience⁴⁴. Gladly, the IMA position was as decisive. In a letter published by IMA, calling physicians to ignore the court's ruling, insisting that forced feeding is contrary to medical ethics and is completely prohibited. They went on to remind physicians that the best way to give professional and dedicated care is by winning the trust of the hunger striker.

Physicians will abide by the medical ethics rather than this political constellation or the other. These are things that happened in dark regimes where physicians killed patients with impunity. We cannot let that history repeat itself.⁴⁵

As everyone knows, the sanctity of life is a major and central value for every physician, but the discussion of force-feeding does not deal with the sanctity of life, but rather with physicians' participation in torture – something that is forbidden to doctors and is inconceivable.⁴⁶

IMA Chair Dr. Leonid Eidelman

⁴³ Israeli Prisons Ordinance (No. 48) 2015.

⁴⁴ Physicians for Human Rights Israel's facebook page (Hebrew).

⁴⁵ Efrati Ido, Haaretz 15.6.2015 (Hebrew).

⁴⁶ Mazori Dalia, NRG, 23.8.2015 (Hebrew).



PHRI viewed this act as a brave and important attempt to protect the standing of medical ethics in directing the conduct of members of the medical community – in face of legal and judicial systems that attempt to bend it. Maybe we see it as one of those brief flashes in which “people showed their ability to resist, to join together, occasionally to win.”⁴⁷

Balata refugee camp, 1988.
Photo: Miki Kratsman

In the following spread: Palestinian security prisoners
in prison courtyard, Nablus Prison, October 1992.
Photo: Sa'ar Ya'acov, GPO.

⁴⁷ Zinn Howard, *The People's History of the United States*, Harperperennial 1999.



HEALTH UNDER SIEGE: SOCIAL DETERMINANTS OF HEALTH

A child draws water from a storage tank in his home in the Al Zeitoun, Gaza City, 26.1.2014.
Photo: Ryan Rodrick Beiler, ActiveStills.



"Famine is shortage of basic products and when people walk around with a bloated stomach, collapse and die. Now there is none".

Major General Amos Gilad, Coordinator of Government Activities in the Territories (COGAT), at the Knesset Foreign Affairs and Defense Committee, August 2002⁴⁸

"The policy... is inconsistent and changes from time to time. Thus, about two months ago the CGAT officers allowed pumpkins and carrots into the Strip, thereby revoking a prohibition that had been in force for many months. The entering of delicacies such as cherries, kiwis, green hazelnuts or pomegranates, as well as chocolate and usually even halva, is strictly forbidden⁴⁹".

Senior in COGAT, 2009

⁴⁸ Alon Gideon, *Haaretz*, 7.8.2002 (Hebrew).

⁴⁹ Blau Uri & Feldman Yotam, "Gaza Bonanza", *Haaretz*, 11.6.2009.

Throughout the fifty-year occupation, Israel's treatment of the Gaza Strip has been different from its treatment of the West Bank, but it clearly worsened after the 2005 disengagement and particularly after the Hamas' rise to power in 2006. It often seemed as though Israel viewed the Gaza Strip as a kind of penile colony, not only because of the policy of collective punishment of its inhabitants as a way to put pressure on Hamas, but also when it deported inhabitants of the West Bank into the Strip as an alternative for their continued administrative arrest. What enables Israel to treat the Gaza Strip as a penile colony, not so say prison, is Israel's ability to separate it in a process of physical closure that became accelerated since the Oslo Accords and particularly since the disengagement when there were no longer any Israeli settlers in the Strip.

Gaza's blockade enables Israel to control every aspect of life, water and electricity supply, economics, planning and construction, freedom of movement, health and more. One of the conditions for the ongoing success of this policy of walking on the brink of humanitarian crisis is educating the Israeli public that once defined as a security risk, these people can be reduced to what is customarily called "humanitarian minimum". This policy culminates in a "red line" document formulated by the government to enable it to reduce the amount of food entering the Gaza Strip, while keeping to a red line that must not be crossed.⁵⁰

In fact, Israel made cynical use of knowledge acquired by aid organizations coping with a situation of forced shortage following severe disasters in a manner designed to serve its purpose of pressuring the authorities in the Strip: Sources knowledgeable about the COGAT's work say that its highest officials, including the deputy of Coordinator Amos Gilad, follow the food entering the Strip on a daily basis and personally approve the entry of each type of fruit, vegetable or industrial product requested by the Palestinians. Colonel Oded Iterman explained this policy in one of the unit's discussions: "We don't want Gilad Shalit's captors to eat Bamba over his head"⁵¹.

Thus, the use of the humanitarian discourse enables Israel to play the double game where it is the one responsible for the crisis while at the same time preventing it from deteriorating further by providing a limited and focused solution each time. Moreover, it places the economic burden on international bodies and shirks its responsibility.⁵²



An apartment block in Khan Yunis riddled with holes and damage from Israeli military strikes, Gaza Strip, 20.2.2012. Photo: Anne Paq, ActiveStills.

⁵⁰ Hass Amira, "2,279 Calories per Person: How Israel Made Sure Gaza Didn't Starve, Haaretz, 17.10.2012.

⁵¹ Blau Uri & Feldman Yotam.

⁵² Alon Gideon, Haaretz. "Major General Gilad... said nevertheless that he was personally strongly opposed to reinstating the Military Government in the Territories, because there is no security and strategic need for that. He said this would be an economic burden estimated at some 12 billion NIS [\$3.5bn] a year". Gilad Shalit was a soldier held prisoner by Hamas from 2006-2011. Bamba is a popular Israeli snack.



Youth filling water, West Bank, 25.07.2007.
Photo: Activestills.

Legal challenges of the blockade policy and its severe consequences for the lives and right to health of Gaza's inhabitants failed to change the situation. When faced with these consequences, the legal system refused to be shocked by the fact that civilian lives are used as a means of extortion to achieve military and political goals.⁵³

Clearly, when the massive destruction of infrastructure was added to the blockade with every military operation, the damage to civilian lives in the Gaza Strip only deepened. Members of the Turkel Commission who examined the blockade policy when inquiring into the Gaza flotilla raid, were well aware of the price paid by civilians, but assuaged their conscience by defining the situation in Gaza as "nutritional insecurity" rather than famine.

Undoubtedly, economic warfare affects a population under maritime blockade, and at least theoretically, ... warfare can lead to starvation... Based on the material available to the Commission, it appears that the IDF is working closely with the Palestinian Authority, human rights organizations and the international community, to prevent the starvation of the population in the Gaza Strip. The restrictions imposed by Israel have taken this humanitarian duty into account and have been planned specially to prevent famine. Therefore, we may conclude by stating that the steps taken by Israel in this regard are in accordance with the rules of international law.⁵⁴

⁵³ HCJ 9132/07 Al-Bassiouni Ahmed and others v Prime Minister & Minister of Defence.

⁵⁴ Izenberg Dan, "Turkel: Flotilla raid in accordance with int'l law", *The Jerusalem Post*, 23.1.2011.

Since these words were written in 2011, the inhabitants of the Strip experienced additional bouts of large-scale fighting in 2012 and 2014. Today, the Strip is home to some two million people, most of whom (about 70%) receive food from the aid agencies. It is not only poverty that affects their health, however – the damage to infrastructures has led to a situation where sewage flows down the streets and pollutes the sea, water is undrinkable, and there is no electricity for most of the day. This ongoing “de-development” led the UN to determine that by 2020, Gaza could become “uninhabitable”.⁵⁵

2004 | How can the health system in Gaza break free of its dependency on Israel when Israel prevents it from training staff?

To overcome the difficulties and barriers to treatment, the Gaza health system tries to develop independent services. To do so, it must train local staff. Here, too, a decision by Israel is required in order to enable each individual to obtain professional training outside the Strip. Such is the story of Anwar Atallah.

In 2004, the Palestinian Ministry of Health tried to create a radiotherapy unit in Al-Shifa Hospital in Gaza City, allocated a building and bought a radiation instrument for that purpose. The main problem was lack of skilled personnel. The French government proposed to finance radiotherapy training and the ministry selected suitable candidates. Atallah, an engineer and father of three,



Facing the camera, Dr. Nidal Issa, member of PHRI delegation to the Gaza Strip, Shifa Hospital, 2016. Photo: PHRI.

⁵⁵ “Gaza could become uninhabitable in less than five years due to ongoing ‘de-development’– UN report”, UN News, 19/2015.

was then selected as the most suitable by the French, but Israel prevented him from leaving.⁵⁶

Together with the Palestinian Center for Human Rights, PHRI petitioned the High Court of Justice demanding that Atallah be permitted to leave. The request was granted even before the hearing, and he left for France. But Atallah is not the only one: every medical student or trainee depends on Israel's arbitrary permit mechanism for leaving Gaza.

Hard to Go Out? That's Where We Come in

To help those patients prevented by Israel from leaving Gaza and at the same time train local medical teams, every year PHRI send several delegations for a day or two of intensive work in the Strip. Sometimes, the delegations carry medical equipment with them to enable complex surgeries that cannot be performed locally due to lack of adequate instruments.

PHRI's medical work goes beyond humanitarian aid – it makes a statement: these lives abandoned by the state are lives that must be protected. The medical delegations are therefore a political act of protest against the borders and walls placed by the state in the face of medical care and caring. The physicians entering Gaza fulfill their duty of providing medical help where it is required, let alone where we deny it.

Thirty hours in Gaza are very little. Nevertheless, we managed to provide medical care and aid to hundreds of people. But the situation in Gaza is terrible – all the health determinants operate against its inhabitants. Poverty, lack of drinkable water sources, flowing sewage and lack of power supply make their lives difficult and severely affect their health.

Salah Haj Yahia, PHRI Mobile Clinic Director

The delegations, headed by Salah Haj-Yahia, Director of PHRI's Mobile Clinic, enter the Strip where the doctors operate using the local infrastructure and their own instruments. The need for treatments as well as training means that the delegations work around the clock. For example, in one of our visits, patients from all over the Gaza Strip started arriving en masse at the hotel where the delegation had spent the night. Thus, the doctors found themselves conducting another unplanned "medical day" at the hotel, which went on until noon.

⁵⁶ Bendel Maskit, *The Disengagement Plan*, p. 56.



Members of PHRI Medical Delegation to the Gaza Strip. 7.6.2018. Photo: PHRI.

"Red Lines" Documents Dictate What and How Much Gaza Gets to Eat

Following the release of documents detailing the considerations and calculations behind the policy of food provision to the Gaza Strip from 2007 to May 2010,⁵⁷ and following the Coordinator of Government Activities in the Territories' claim that this policy was determined jointly with the Ministry of Health, PHRI sought the ministry's response. How can the Ministry of Health's involvement in determining a policy that includes, among other things, preventing access to food be reconciled with the principles of medical ethics, which require health professionals to adhere strictly to medical considerations, as well as moral principles?

In its response in December 2010, the ministry's director general argued that the ministry had no involvement in this matter:

"In general, the Ministry of Health has no authority on relevant matters in the Territories ever since these authorities were transferred to the Palestinian Authority in the 1994 Oslo Accords. Therefore, the Ministry of Health as such is completely uninvolved in the matter of food provisions to Gaza"⁵⁸.

Nevertheless, information that came to our knowledge indicated that an employee of the ministry advised on the humanitarian minimum. When we contacted her, however, she claimed quite convincingly that she had not known what this information would be used for, and never thought that she was taking part in an induced crisis rather than in dealing with an existing one. Indeed, why should such a thought ever cross her mind?

In the following spreads:
Salah Haj Yahya, Director of PHRI Mobile Clinic, Gaza Strip after "Pillar of Defence" Military Operation, December 2012. Photo: PHRI.

PHRI Mobile Clinic in Biddu village, West Bank. 2009. Photos: Miki Kratsman.

⁵⁷ Hass Amira, "Israel Releases Papers Detailing Formula of Gaza Blockade", *Haaretz*, 26.10.2010.

⁵⁸ Dr. Ronni Gamzu, Ministry of Health executive director, letter to PHRI 112.2010.







AFTERWORD: DO PHYSICIANS HAVE A CHANCE TO CHANGE THE POLITICAL REALITY?

Mobile clinic, Barta'a al-Sharqiya, Jenin, West Bank, 1.12.2012
Photo: Oren Ziv, ActiveStills.



The question of political change that will put an end to the occupation is broad and complex and requires inquiry that exceeds the scope of the present publication or the activism of PHRI. Nevertheless, in every situation of oppression it is essential for every individual and every professional community to assess the degree to which they resist the oppression in thought and mainly in deed, and just as important, the degree to which they keep silent and thereby allow it to continue.

It is hard to overcome the temptation to despair in the face of decades during which the hope for reconciliation has been trampled by terrorist attacks and military operations, in the face of the denial of our shared humanity, the dehumanization that has become ubiquitous. Hard – but necessary. The difficulty of transforming society or political realities must not become paramount in our minds to the point of providing a pretext for despair, a fig leaf for surrender.

The doctors, nurses and other medical professionals among us find comfort in their ability to provide optimal care to the patients that come to us, albeit to a limited extent. Such is also our comfort, members of PHRI, when our struggle ensures patients' right to health and doctors' duty to care. We draw comfort also from those moments when the Israeli medical community insists to adhere to its professional and ethical values: moments in which a professional community speaks up and says – we will be no part of it.

To assess our ability to do the next step and influence the political space in which we are active, we must take a moment to reflect on the meaning of the humanitarian moment in our actions. The moment not only of the encounter between a health professional from Israel (whether Jewish or Palestinian) and a Palestinian patient, but also of the impact on that encounter on the space where it occurs, both Palestinian and Israeli. For our members to meet Palestinian patients, a border must be crossed either way.

This crossing of the physical border represents the transition from a world where lives are relative and hierarchic – ours above theirs, lives that must be saved as opposed to lives that can be wasted – to one where the sanctity of life remains absolute, to a world of equality in life.

Those who criticize us by arguing that in this activism we depoliticize and allow the regime to ignore its responsibility for the crisis and hardship focus on the moment of our demand to enable us to cross the border, so we can deliver the aid required. In doing so, they ignore the potential of that demand – particularly when made over such an extended period – “to subordinate

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In the following spread: Military Flying
Checkpoint, Hebron, West Bank, 4.10.2008.
Photo: Keren Manor, ActiveStills.

the political mechanisms of the administration of life to the logic of caring for others⁵⁹ and deal with the conditions that allow the hardship to continue.

PHRI, as well as the entire civil society, has passed a long way since the days its physician founders believed that presenting the painful facts would generate change motivated by the values of the medical profession. Since then, reality has been growing more and more complex, whether due to the continuation of the occupation over five decades or due to the growing sophistication of the colonizer's mechanisms of surveillance and control, combined with the growing resistance by the colonized. Against this complexity, however, we stake a profound simplicity: every act and every change are valued only in the light of the equality of life. Because life is one and indivisible: we cannot save it by wasting it.

⁵⁹ Ophir Adi, "Moral Technologies: The Administration of Disaster and the Abandonment of Life", *Theory and Criticism*, 22, Spring 2003, p. 95 (Hebrew).

A Palestinian protester during clashes in Bethlehem, West Bank, 23.10.2015. Photo: Keren Manor, ActiveStills.





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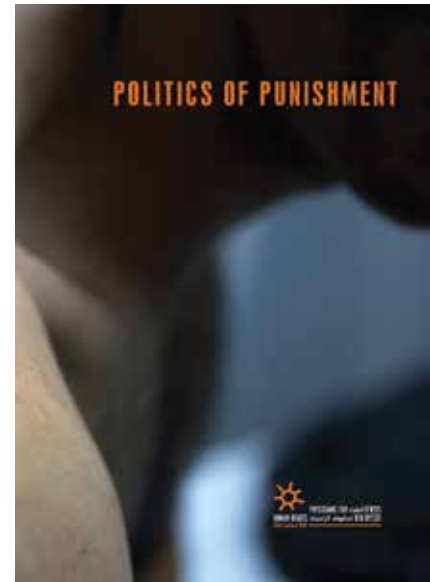
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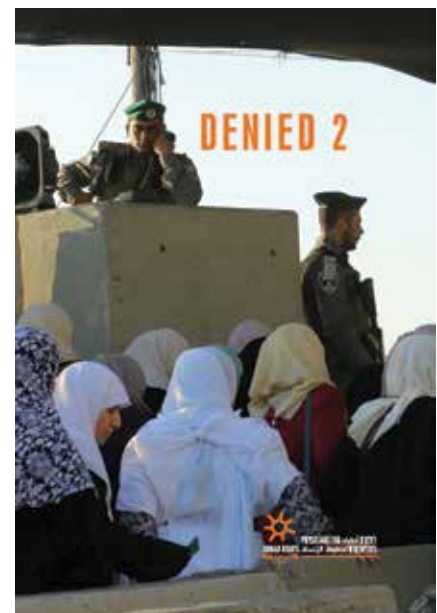
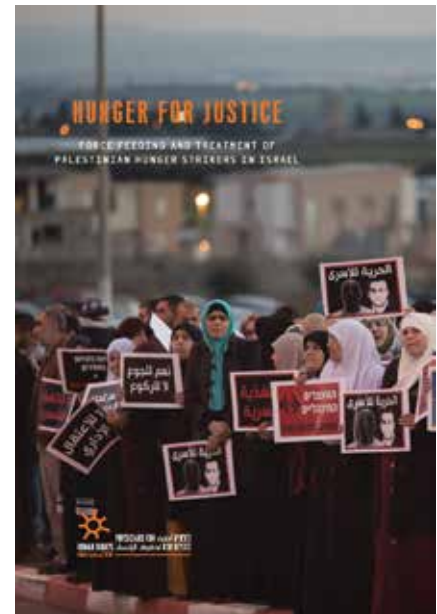
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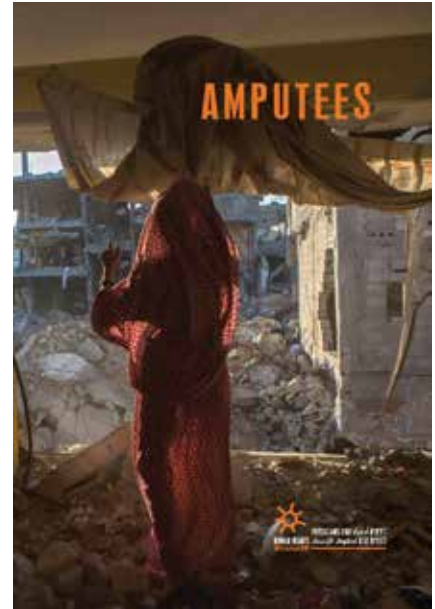
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In the following spread: Palestinians throwing stones at Israeli Security Forces, Al-burj Refugee Camp South of Gaza 6.1.1988. Photo: Harnik Nati, GPO.

