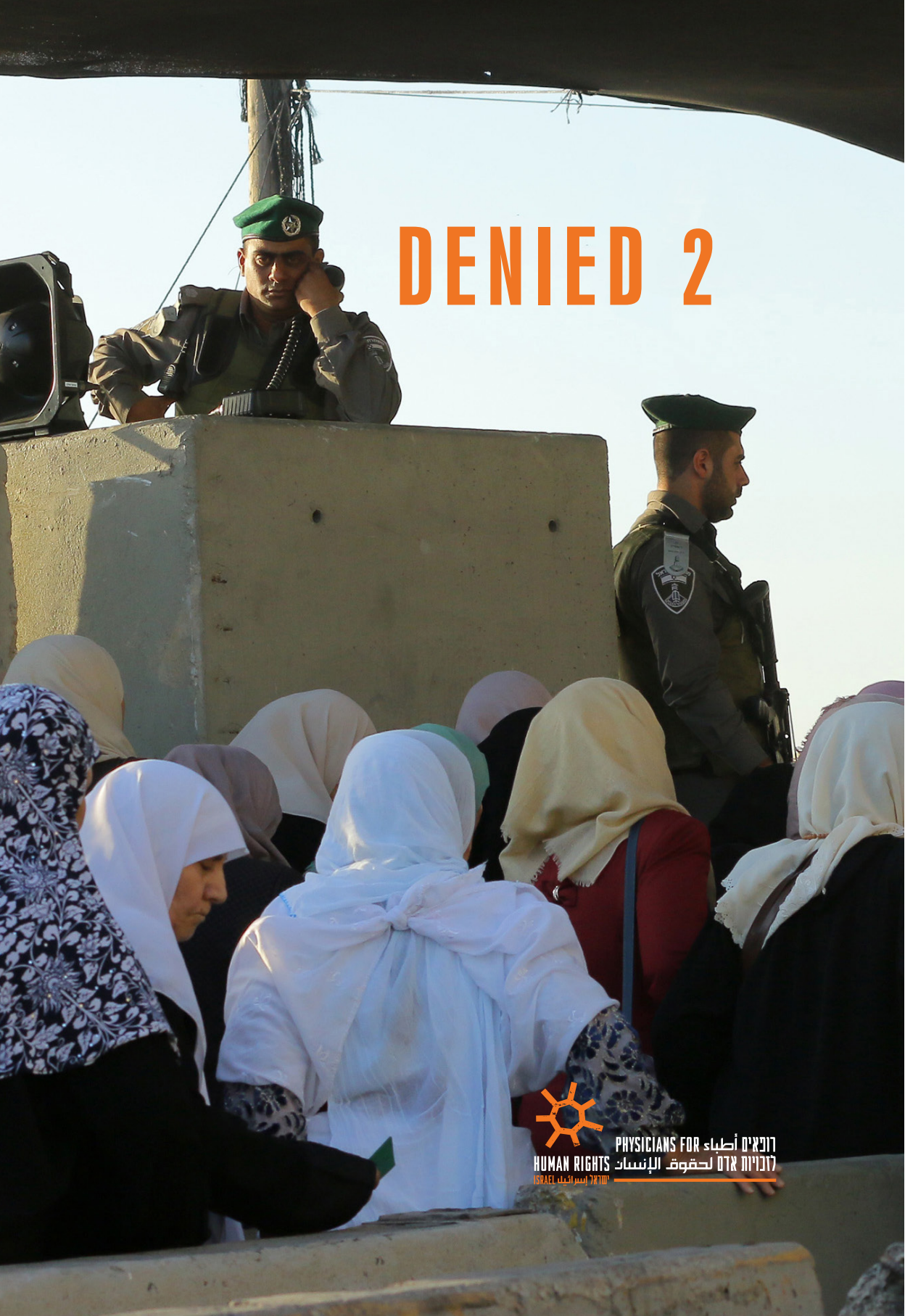


DENIED 2



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HARASSMENT OF PALESTINIAN PATIENTS APPLYING FOR
EXIT PERMITS

DENIED 2

August 2016

Written by: Ghassan Mattar

Research: Ghassan Mattar

Editing: Reut Katz

Design: David Moscovitz

Translation: Lahad Lazar

Photography: Activestills

Special Thanks:

PHRI team: Mahmoud Abo Arisheh, Mor Efrat, Hussam Issa, Hadas Ziv, Ran Goldstein.

Members of the PHRI Board of Directors: Dr. Galit Artom.

Palestinian human rights organizations: Al Mezan Center for Human Rights, Gaza Community Mental Health Programme, A-Damir Organization – Gaza.

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ABSTRACT

Each year, hundreds of thousands of Palestinians residing in the Gaza Strip and the West Bank apply to the Israeli authorities to be allowed passage within or outside the Palestinian territories for the purpose of receiving medical care.¹ Approximately 20% of applications submitted each year for exit permits based on medical needs are turned down. Some of these cases are brought to the attention of Physicians for Human Rights-Israel (PHRI), which challenges the decisions of the Israeli authorities and engages with them in order to have them issue exit permits to the applicants despite their initial refusal.

In 2015, 243 requests were received at PHRI Occupied Palestinian Territory Department, mostly following rejections or delaying of applications for permits (the rest were requests for information). In more than half these cases, 61.7% (150 requests), the rejection was removed following PHRI's intervention.

¹ See the reports of the Palestinian Ministry of Health for 2013–2014:
<http://www.moh.ps/index/Books/BookType/2/Language/ar>.

Of all the requests, 4.5% came from medical practitioners, while 95.5% came from patients and escorts; 73.5% of requests were for adults aged 18–45; 5.5% of requests concerned passage for children aged under 14; 19% of requests were for adults aged over 45; and a small number of them (2%) were for minors aged over 14. Approximately 67% (163) of all requests were occasioned by refusal to issue an exit permit, while roughly 31.5% (77) of them came in due to significantly delayed replies. Cancer patients accounted for 48 requests, patients with heart and blood-vessel diseases for 20 requests, patients with ophthalmological diseases for 21 requests, and patients suffering from back and orthopedic problems accounted for 64 requests. The remaining requests pertained to neurologic (12), urologic (11) and other concerns.

During the course of the year, we identified three trends towards a toughening of policies by the Israeli authorities with respect to Palestinian residents applying for exit permits due to medical needs:

- An increase in the number of requests arriving to our offices from cancer and heart patients. In 2015, we received requests from 48 cancer patients and 20 patients with heart and blood-vessel diseases whose applications to be granted exit permits for medical treatment were denied or delayed. This represents an increase of more than 100% on 2014 figures.²
- A tougher policy on the transit of patients whose medical condition, while not life-threatening, nevertheless requires treatment that is not available where they live, and their triage by the coordination and liaison authorities based on the severity of their condition.
- A tougher policy on the passage of escorts accompanying patients, in particular escorts aged under 55. The Israeli District Coordination and Liaison office (DCL) at Erez Checkpoint insisted that younger escorts be replaced by escorts over 55, and escorts under 55 were summoned to interrogations by the ISA (the Israeli Security Agency, Shabak) on a larger scale than in the past.

In addition to these trends, 2015 saw the ISA continue to harass patients and their escorts and take advantage of their vulnerable state in order to summon them to interrogations as a prerequisite for considering their application for an exit permit.

² See: Mahmoud Abu Arisheh, Denied, Physicians for Human Rights, June 2015:
<http://cdn2.phr.org.il/wp-content/uploads/2016/04/Denied-2015-New-Report.pdf>



INTRODUCTION

The present report was written as a sequel to the Denied report issued by Physicians for Human Rights-Israel in June 2015. This previous report looked at the Israeli authorities' harassment towards Palestinian patients using the mechanism by which Israel issues permits to those among them in need of medical treatment available only outside their area of residence, be it in the West Bank, the Gaza Strip, East Jerusalem, Israel or neighboring countries.³

The Palestinian public healthcare system, subjected by Israel to sweeping limitations, is plagued by problems due to the territorial discontinuity between the three territories it spans—the West Bank, the Gaza Strip and Jerusalem—and by a chronic shortage of drugs, medical equipment, and, most importantly, professional knowledge and skills required to undertake advanced medical procedures. In these circumstances, many residents in need of advanced medical care, be it diagnostic or therapeutic, cannot find it within the Palestinian healthcare system in their area of residence. They are thus forced to travel to medical

³ For an elaboration on the background for the report, see: Mahmoud Abo Arisheh, [Denied](#), Physicians for Human Rights, June 2015.

institutions in another area of the Palestinian territories, or to one of the neighboring countries—Egypt, Jordan or Israel. As a general rule, a Palestinian patient cannot transfer to an external medical institution without obtaining permission from the Palestinian Ministry of Health, which provides such patients with a referral and financial coverage for their medical treatment. However, even patients fortunate enough to have been granted such referral must apply to the Israeli security apparatus to request an exit permit, and the latter is authorized to deny the request.

In 2015, PHRI helped 240 Palestinian inhabitants obtain exit permits based on medical needs, after their initial requests had been rejected or delayed by the Israeli coordination and liaison authorities. These cases are only a small part of all the applications turned down each year.

The mechanism put in place by Israel for issuing permits for transit between the various areas in the territories occupied in 1967 forms part of the means it employs to control and oppress Palestinian society. In this update on the Denied report, we will present additional data and examples revealing the seriously problematic behavior of the coordination and liaison authorities, which flows directly from the policies adopted by Israeli governments towards the occupied territories. These policies involve the continual trampling of the basic rights of Palestinian inhabitants living under Israeli control, especially their right to health, life and dignity.



KEY DATA AND TRENDS

In 2015, PHRI's Occupied Palestinian Territory Department received 243 requests, for the most part from Palestinian inhabitants who needed to obtain an exit permit from Israel in order to access medical treatment. The smaller portion of requests came from relatives who sought to accompany or visit patients, as well as from medical practitioners who needed help in obtaining an exit permit to access work or studies.

Most patient requests were received after applications for permits submitted to the Israeli authorities were met with refusal or not answered within a reasonable period of time despite including the requisite referral and undertaking to finance the treatment from the Palestinian Ministry of Health. During the year, PHRI documented one case of a cancer patient, resident of Gaza, who died after being denied passage to receive medical treatment at Ichilov Hospital. Also documented were twenty ISA interrogations foisted on Palestinian inhabitants—most of them patients referred to medical institutions outside the Gaza Strip—as a condition for having their application for a permit considered; two of these interrogations involved blatant violations of their rights. These cases shall be described in detail further down.

Most requests originated from Gazan patients whose application for a permit was turned down

In 2015, 223 requests were received from the Gaza Strip as against 20 from the West Bank. Usually, PHRI gets far more requests from the Gaza Strip, despite the greater number of West Bank residents who submit applications for exit permits based on medical needs and have their request delayed or declined.

Men accounted for 169 of requests, while 74 of them came from women. The large majority of requests were occasioned by delays in providing an answer on the part of the Israeli authorities or by their refusal to grant the applicants passage: Of the 243 requests, 77 (32%) came in following delayed answers, and 163 (68%) following refusals. In reality, the difference between refusal and delay is a minor one, as either one means missing the appointment for one's medical examination or treatment. Three more requests were for information and explanations. Some 67.5% of requests were for patients, and some 27% from escorts to patient. A smaller number of requests came from relatives who wished to visit hospitalized patients, from organ donors, and from medical personnel.

Approval rate of exit requests from the Gaza Strip dropped by about 13 percentage points

In 2013, 88.7% of requests to travel outside the Gaza Strip due to medical needs were approved, with the rest denied or delayed.⁴ The monthly data from the World Health Organization suggest that the rate of applications approved in 2015 stood at 75.8%, signifying about 13 percentage points less compared to the 2013 figures and a significant toughening of Israeli policy as regards inhabitants of the Gaza Strip leaving for medical treatment.⁵

Distinction between patients in violation of the rules of medical ethics

In 2015, an increase was recorded in the number of refusals given in response to applications for permits by patients whose medical condition, while not directly life-threatening, weighs heavily on their quality of life and everyday function.

⁴ [Right to Health: Crossing barriers to access health in the Occupied Palestinian Territory](#), 2013, World Health Organization.

⁵ Based on World Health Organization data on the Gaza Strip for 2015: <http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html>.

The procedure applicable to Gaza Strip residents who wish to leave through Erez Checkpoint in order to access medical care as it appears in the "Status of Authorizations"⁶ published by the Coordinator of Government Activities (COGAT) in the Territories every few months, reads as follows:

"Entry into Israel becomes possible, even if en route to the Judea and Samaria area or abroad, for the purpose of receiving life-saving medical treatment or medical treatment without which one's quality of life changes completely, all of the above provided that the treatment requested is not available in the Gaza Strip".

As can be inferred from this text, the Israeli authorities draw a distinction between residents who need life-saving-or disability preventing-medical treatments and those whose medical needs are less urgent. This phenomenon, first documented by PHRI at Erez Checkpoint in 2007, has become a set policy with time (worse still, even when life-saving treatment is required, this does not guarantee the authorities' approval, as shall be clarified from the data we will present further down).

From the medical ethics perspective, distinctions are allowed between life-threatening conditions and other conditions requiring medical treatment, but only as part of emergency triage, when the treating staff's abilities are limited-and this for a limited period of time and with a view to streamline the life-saving process.⁷ Israeli policy in the crossings in general, and at Erez Checkpoint in particular, involves the prioritization of medical needs in routine situations as well, with the result that non-life-saving medical treatment might only be given to inhabitants who need it at a very late stage, if at all; and this, not because the resources to treat them are unavailable, but due to political considerations that are alien to the practice of medicine. This policy misuses medical concepts like "life-saving treatment" in order to carry out quasi-medical triage which, in fact, runs fundamentally counter to the rules of medical ethics.

The requests received at PHRI included a large number of orthopedic (64) and ophthalmological (21) cases. Others were related to neurology (12), urology (11), otorhinolaryngology (5), pregnancy and birth (4). All in all, roughly 50% of the requests received at our offices came from

⁶ "Unclassified Status of Authorizations for the Entry of Palestinians into Israel, their Passage between Judea and Samaria and the Gaza Strip and their Travel Abroad": <http://www.gisha.org/UserFiles/File/LegalDocuments/procedures/general/50.pdf>.

⁷ For more on this, see: "Israel's Policy in the Erez Checkpoint: A Medical-Ethical Position", Physicians for Human Rights, August 2007.

patients with non-life-threatening conditions. The data above indicate a 17 percentage-point increase in the number of requests of this kind received by PHRI last year compared to 2014,⁸ where requests in these areas accounted for 33%. This higher incidence shows that Israel is continuing its policy of not regarding eye diseases and orthopaedic issues—even those that put patients at risk for blindness or disability—as urgent situations justifying the grant of an exit permit for receiving medical treatment. This policy ignores the continual plight of people who suffer from these conditions, who are unable to have their medical needs met in their area of residence.⁹

Following is an excerpt from the opinion of Dr. Harel Arzi, orthopaedist and expert in spinal surgery, regarding a 38 year old patient whose request for an exit permit was denied for failure to meet the necessary criteria:

"Based on medical documents presented to me to study, [the patient] has been suffering for over a year from severe pains in his neck and muscle weakness in his hands, more so in the left hand than the right. He is also having trouble urinating. An MRI test conducted showed a large disc herniation, spinal stenosis and pressure on the spinal cord at C4-5, as well as a herniated disc with pressure on the left root at C5-6... The patient needs surgical treatment that is unavailable at his place of residence in the Gaza Strip in order to relieve his current suffering and prevent further damage due to pressure on the spinal cord, which might result in disability that can be avoided with the recommended surgery".

As stated, distinguishing between a life-threatening medical condition and impaired "quality of life"—and preventing access to medical care in non-life-threatening situations—stands at odds with the rules of medical ethics, according to which every patient must be allowed access to the best possible treatment available to him/her, regardless of its urgency or the severity of his/her medical condition.¹⁰

On 24 August 2015, following a sharp increase recorded that month in the number of applicants suffering from orthopedic problems whose transit for treatment outside the Strip was prevented (about half the requests for that month), PHRI approached the Coordinator of Government Activities in the Territories (COGAT), Major General Yoav Mordechai, in order to inquire whether the trend observed on the ground was the result

⁸ See: Mahmoud Abo Arisheh, [Denied](#), Physicians for Human Rights, June 2015.

⁹ See: "Israel's Wrongful Policy of Distinction Applied to Gazan Patients in Need of Medical Treatment outside the Strip: Ethical and Legal Aspects", Physicians for Human Rights, June 2010.

¹⁰ See: "Israel's Policy in the Erez Checkpoint: A Medical-Ethical Position", Physicians for Human Rights, August 2007.

of a change in policy.¹¹ This letter was not answered, but as publicized in the media¹² and in September's "Status of Authorizations", the number of patients whose condition was defined as non-life-threatening and who were allowed to leave the Strip for treatment was reduced to naught during this time period. As the new procedures became clear, PHRI turned to COGAT again, on 21 September 2015, demanding the revocation of the policy preventing these patients from leaving to receive medical treatment.¹³ This letter, too, remains unanswered to date.

Harassment of patients in mortal danger

Despite the distinction described above between different types of disease and its inconsistency with the rules of medical ethics, the applications of 48 cancer patients and 20 patients with heart and blood-vessel diseases referred to treatment outside their area of residence were turned down or delayed by the Israeli authorities. **This constitutes an increase of more than 100% compared to the 2014 figures.**¹⁴ In some of these cases, denying the request means putting the patient's life in real danger. When it comes to cancer patients, considering the critical importance of the time factor and treatment continuity for the success of their medical treatment, even delayed answers and bureaucratic red tape can mean the difference between life and death.

Medical Issues

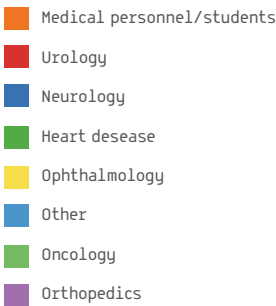


Diagram 1: Medical Issues

¹¹ See Appendix A.

¹² "Stricter Procedures for Patients Leaving the Gaza Strip for Treatment in Israel", Walla News: <http://news.walla.co.il/item/2884820>.

¹³ See Appendix B.

¹⁴ See: Mahmoud Abu Arisheh, *Denied*, Physicians for Human Rights, June 2015.

Tareq Adwan, 53, from Rafah, suffered from severe headaches, amnesia and difficulties speaking and walking. In an MRI test conducted in the Gaza Strip on 22 June 2015, an intracerebral process was diagnosed suspected of being a cancerous tumor. Tareq was urgently referred to tests and surgery at Augusta Victoria Hospital in East Jerusalem, scheduled for 7 July 2015. After his family applied on his behalf for an exit permit to Jerusalem, and was turned down, PHRI turned to the Erez DCL demanding that the decision be reversed and that he be let out for medical treatment. Attached to our letter was the medical opinion of Dr. Bettina Birmanns, expert in neurology, which stated as follows:

"Brain surgery is urgently needed in order to characterize the nature of the disease-this is most likely a malignant tumor, but an infectious process cannot be ruled out... In the meantime, the patient's situation is seriously deteriorating, and he is unable to walk. He is receiving antiepileptic treatment and treatment to reduce his cerebral edema, but this can offer only very partial help. The operation is super urgent. The patient's life is in imminent danger. There is some chance-albeit small-that surgery and follow-up treatment might extend his life and possibly save him. The description should make it obviously clear that Mr. Adwan himself cannot function".

Despite Dr. Birmanns' adamant opinion, the patient was not granted an exit permit to access the medical treatment he urgently needed, but was summoned for a ISA interrogation at Erez Checkpoint. On the day scheduled for the interrogation, 6 August 2015, Tareq presented himself at Erez Checkpoint on a stretcher. After waiting for a few hours, a soldier came along and told him that his application had been rejected and that he was to head back home without going into questioning. Only after PHRI intervened for the second time, he was finally granted permission to travel to the hospital in Jerusalem on 13 August 2015, more than one month from the date originally scheduled for his surgery, and almost two months after he was diagnosed with suspicion of advanced brain cancer.

After his operation—which proved the presence of a malignant brain tumor beyond a doubt—Tareq was invited for follow-up chemotherapy on fixed dates, but got caught in yet another cycle of delays each time he applied for a permit. At the time of writing these lines, Tareq is in prolonged hospitalization at Augusta Victoria Hospital, in critical condition. Beside the medical damage caused him due to repeated delays in showing up for treatment, there is no doubt that the host

of troubles that the Israeli authorities put him through throughout the process was totally unnecessary and motivated by considerations that had nothing to do with either medicine or security; for indeed, one would be hard pressed to find any security-based justification for denying a patient in such a terrible state access to treatment, and even more so for summoning him to undergo a security interrogation.

High refusal rate of permit requests from younger persons

Of the total number of requests received at PHRI in 2015, 73.5% came from adults aged 18–45; 5.5% concerned the passage of children aged under 14; 19% were from adults over 45; and the rest (five requests, 2%) for minors aged over 14. As previously mentioned, requests for granting exit permits to adults aged 18–45 are the most prone to refusal or delayed answers. Because they are a segment of the population usually considered to be healthy and to require relatively few medical services, this drives the rate of refusals and delays they run into even higher relative to the number of requests they put in with the coordination and liaison authorities. The reason for this is Israeli policy, which imposes sweeping limitations on this age group based on arbitrary security considerations. This gives rise to situations where individuals with concrete—sometimes critical—medical needs might not receive the care they need due to sweeping security restrictions imposed on them by reason of age and gender, and regardless of their personal security background. This therefore amounts to a kind of collective punishment, which constitutes a violation of human rights and the rules of international law.

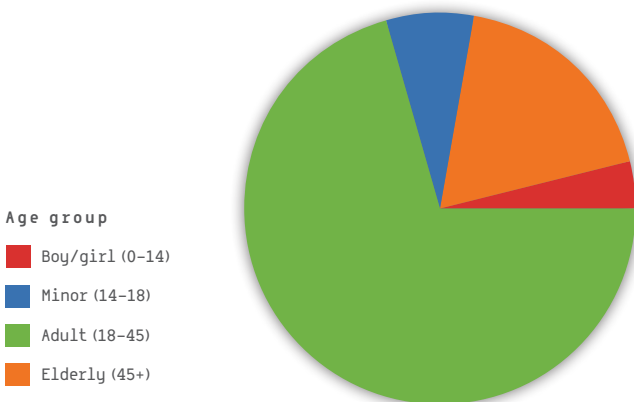


Diagram 2: Age of Applicants

Patient escorts denied exit

Patients referred to medical treatment outside their area of residence need an escort, both to help them through the long, tiring journey to the designated medical institution and back, and to serve as a source of help and psychological support during the treatment, which might be long and protracted. Being escorted is particularly crucial to some categories of patients: babies, minors, elderly people, and people with disabilities. The Israeli authorities allow a single escort for each patient, provided they are a first-degree relative cleared by the security apparatus. Failing such clearance, the patient will be forced to change escorts. Having patients change escorts can pose a serious problem, especially when they have special needs, or in the event of long, complex hospitalizations, where the escort must also be physically and mentally strong; in such cases, denying passage to the right escort for the job might gravely affect the patient's condition and chances of recovery.

In December 2015, PHRI received a large number of requests from patient escorts who had had their application to travel outside the Gaza Strip denied. Our inquiry indicated that the Israeli authorities had taken new measures making it harder to grant permits to escorts under the age of 55; patients were required to replace younger escorts with escorts aged over 55, and escorts under the age of 55 were called in for ISA interrogations on a larger scale. This toughening of the policy was mainly detrimental to children, who usually go out for medical treatment accompanied by their parents—most of them younger than 55; with their parents disqualified as escorts, they now missed medical treatments or were forced to part with their parents for the duration of the treatment. Protesting this policy, the Palestinian Civil Committee in Gaza, in charge of forwarding patient applications to the Israeli DCL, shut down its activity for four days, between the 25th and 29th of November 2015. PHRI addressed the Coordinator of Government Activities in the Territories a demand to rescind the new policies immediately and allow passage to parents of children going out for medical treatment.¹⁵

¹⁵ See Appendix B.



Yasmin Zatmah, 33, from Khan Yunis, is the mother of Rahmah, born on 4 July 2015 with a serious heart defect. At birth, Rahmah was urgently referred to a life-saving operation at Tel Hashomer Hospital. She was discharged from hospital but expected back for follow-up examinations as well as additional operations later on. Yasmin applied to escort her daughter through the Palestinian Civil Committee in Gaza, and the answer came back that she had to change escorts. In order for the baby not to miss her appointed examination, her mother was forced to stay at home while the 74 year old grandfather travelled as Rahmah's escort. Yasmin turned to PHRI for help on 2 December 2015, after her daughter was scheduled for another examination but was told this time that the visit might be prolonged should it be decided that the baby should undergo surgery. Yasmin put in a second request to escort her daughter. This time, too, she was informed that she had to change escorts, despite the case involving a lengthy hospitalization and, more importantly, a baby who was still breastfeeding. PHRI approached the Erez DCL on behalf of Yasmin, demanding that she be allowed to accompany her daughter to hospital. Rahmah and Yasmin's story was taken up by the media,¹⁶ and after the Yedioth Aharonoth reporter asked COGAT how a breastfeeding mother could possibly be prevented from accompanying her daughter to medical treatment, he was told that Yasmin's application had been rejected since

¹⁶ See: "How Can You Send a Baby Girl to Undergo Surgery without Her Mother?", Yedioth Aharonoth, 19 December 2015.

the Civil Committee in Gaza had not enclosed a telephone number to it. However, in a conversation held by a PHRI representative with a soldier from the Erez DCL,¹⁷ it turned out that the DCL did actually have Yasmin's phone number, so that this was probably not the real reason for the difficulties heaped upon her. Only after more pressure brought to bear by PHRI—and more than two months behind schedule—was Yasmin finally authorized to head out to the hospital together with her daughter.

Patients and escorts summoned to ISA interrogations at Erez Checkpoint

Since 2007, PHRI has been documenting a wrongful practice on the part of Israel's security apparatus, wherein patients residing in Gaza and wishing to receive an exit permit due to medical needs are required to report to ISA interrogations at Erez Checkpoint as a prerequisite for having their request considered. During investigation, patients are asked to provide information on various subjects and/or become Israel's collaborators.¹⁸ According to the World Health Organization, the annual number of patients called for questioning has stood at approximately 200 in recent years.¹⁹ According to the 2015 data,²⁰ 230 patients underwent interrogation at the Erez Checkpoint during the year (a 15% increase on 2013),²¹ 61 of them in December alone (roughly 26.5% of all 2015 interrogations). In view of this increase in the number of interrogations, we wrote COGAT a letter demanding an immediate end to the practice of summoning patients to ISA interrogations, in blatant violation of their right to receive medical treatment.²² This letter remains unanswered.

In the course of 2015, PHRI documented 20 cases (8.2% of all requests) where patients were summoned to ISA interrogations as a condition for considering their application for a permit. In all the interrogations we have documented, patients were asked about their relatives, neighbors, and whether they or anybody they frequent belonged to political organizations. Patients are very seldom asked about their health situation as well. We know of cases where patients called in for questioning were arrested upon arrival at the crossing (see details further on). There were also cases of patients summoned to Erez Checkpoint on a given date to

¹⁷ Telephone conversation with the Erez DCL on 17 December 2015.

¹⁸ See: Mahmoud Abu Arisheh, *Denied*, Physicians for Human Rights, June 2015; and Ran Yaron, "Conditional Medicine: Extortion of Patients by the ISA during Interrogations at the Erez Checkpoint", Physicians for Human Rights, 2008.

¹⁹ *Right to Health: Crossing barriers to access health in the Occupied Palestinian Territory, 2013*, World Health Organization.

²⁰ Based on the WHO's monthly reports for 2015: <http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html>.

²¹ In 2013, 199 Gazan patients—170 men and 29 women—were summoned for questioning.

²² See Appendix C, and D: Answer received from the ombudsman's office to the letter of complaint.

undergo interrogation who were however required to wait at the designated spot for many hours, only to be told by soldiers eventually to go back home, without being brought in for questioning and without having their names and details registered. With their details not taken, the Israeli authorities seem to have had no record of their arrival, so that the same patients were later forced to report again for questioning at some other time. This creates foot-dragging which wastes time for both patients and their escorts and delays their access to medical care. It should be noted that the records of the Palestinian Civil Committee only note the number of patients who had undergone interrogation in reality rather than the actual number of all patients summoned for questioning, which, judging by the conduct described above, is even higher.

For the first time: An official representative of the State of Israel reveals the true purpose of the interrogations

In early July 2015, amid the preoccupation with the story of Abera Mengistu held in the Gaza Strip,²³ Channel 10 published a conversation between Mengistu's family and Lior Lotan, the Prime Minister's representative for prisoners and missing persons. During that conversation, Lotan said the following:

"When people, relatives of Hamas big boys, senior people! ... When they wanted to enter Israel for medical treatment in Israel, we told them: 'No, bring us information on Abera'".²⁴

With these words, Lotan confirmed for the first time what PHRI has been claiming since 2007, when we exposed the phenomenon: **Israel is unethically and immorally exploiting the medical needs of Palestinian patients, making their transit for medical treatment conditional on ISA questioning, in order to squeeze them for intel.** The State had thus far denied that these interrogations were used to collect intelligence, claiming that they were solely meant to assess the danger presented by the patients themselves. This was also the State's response in a petition we filed with the High Court of Justice on this subject in 2007. In July 2015, following the publication of the conversation with Lotan, PHRI sent a letter to COGAT, Major General Yoav Mordechai, Deputy Minister of Health Litzman and Director General of Israel's Ministry of Defense, Major General (ret.) Dan Harel, demanding the cancellation of this policy consisting in conditioning medical treatment on patients' collaboration with the Israeli security forces, while jeopardizing their health or lives.²⁵ Our letter was not answered.

²³ Abera Mengistu, a 28 year old Israeli citizen of Ethiopian origin with a mental disorder, left his home in Ashkelon on 7 September 2014 and headed out towards the border fence with the Gaza Strip near Kibbutz Zikim, where he probably crossed the border through a breach in the fence.

²⁴ For the full article, see: <http://news.nana10.co.il/Article/?ArticleID=1136572>.

²⁵ See Appendix E.

Huda (alias), 41, a British citizen of Palestinian origin living in London, arrived in the Gaza Strip at the beginning of 2015 for a family visit, coming through the Rafah Crossing. At the end of April, having learned that her daughter was hospitalized in a London hospital, Huda turned to PHRI requesting to return there in order to be by her side. With the Rafah Crossing completely closed at the time, she had approached the Israeli authorities requesting that they allow her to leave through Erez Checkpoint, but her request was denied.

We addressed the Erez DCL a demand on Huda's behalf to let her out of the Gaza Strip immediately, so that she may be reunited with her daughter. In response, Huda was summoned for interrogation at Erez Checkpoint on 31 May 2015, more than a month after her initial application for a permit had been submitted.

On the appointed day, Huda presented herself at Erez Checkpoint at seven in the morning, and, after waiting for about two hours, was searched and led to an underground chamber, where she was left alone for another two hours, until the interrogator came in. During her interrogation, she was asked about relatives and whether she had information on rockets and tunnels. This lasted three hours, during which she was treated crudely and aggressively. In her own words: "This was the most stressful experience I've ever had".

Only after getting through this interrogation and following additional pressures brought to bear on the Israeli authorities by PHRI and the British Consulate was Huda granted an exit permit through Erez Checkpoint, for 24 June 2015. She ended up leaving the Gaza Strip through the Rafah Crossing, which was reopened two days prior, on 22 June 2015.

Most of those interrogated are cancer patients

Analysis of the data shows that of the 20 cases of patients called in for questioning as documented by PHRI, 12 (60%) were cancer patients, another two suffered from orthopedic issues, and the rest had other diseases, with an even distribution.

This finding might indicate a trend towards exerting pressure with a view to recruit collaborators, especially among patients with life-threatening diseases like cancer, as their lives depend on being able

to go out for medical treatment. Furthermore, these diseases involve prolonged rather than one-off treatments, making it easier to subject these patients to a whole battery of extortion measures and pressures.

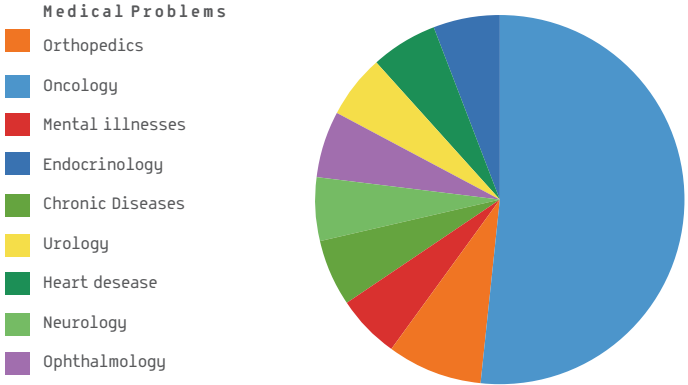


Diagram 3: Medical Problems

Arrest of residents on their way to receive medical treatment

According to the Palestinian media, four Palestinian residents of Gaza were arrested during 2015 at Erez Checkpoint on their way to medical treatment outside the Strip. This is another ISA mode of operation, one which we are familiar with from past years too, involving the intentional misleading of patients and the use of misrepresentation to make them believe that they would be allowed to leave for medical treatment, when the real intention is to arrest them. The exit permit granted to these patients is nothing more than bait meant to reel them in to Erez Checkpoint in order to make the arrest.

F.A., 23, from Rafah, injured in his right eye in a car accident, was referred to complex surgery at St. John Hospital in East Jerusalem. The patient put in an application for an exit permit with the Palestinian Civil Committee in order to make it in time for the operation, scheduled for 13 August 2015, but received no answer to his request. By the end of August, after PHRI approached the DCL and after he had himself submitted another request, the patient was granted a permit to leave for the operation on 8 September 2015, escorted by his father.

On the day of the operation, F. arrived with his father at Erez Checkpoint at nine in the morning. At 11:30, with no advance warning, he was taken in for questioning by the ISA, which lasted until 15:30. The soldiers at the crossing then notified the patient's father that he was taken into custody and would be returned home within 24 hours. F.A. was not returned home that day, and, needless to say, never made it to the hospital to undergo the operation.

This case, like similar cases we have documented in recent years, is yet another expression of the ISA's exploitation of patients' distress and the weakness of the healthcare system in the Gaza Strip for the purpose of gathering intel and furthering political goals.

High success rate for PHRI in changing the decisions of the coordination and liaison authorities

As mentioned, of the 243 request received in 2015, 240 were due to delays or refusals to grant exit permits to Palestinian patients and their escorts, as well as to medical personnel, including medical students. PHRI filed appeals on behalf of these applicants to the coordination and liaison authorities in order to have their transit approved. Following our interventions, supported when necessary by opinions from volunteer physicians, 143 requests (61.7%) were approved following review, and the applicants got their exit permits.

In other cases, PHRI's intervention was unsuccessful in changing the position of the authorities and helping the patients. Some of them switched their medical referrals to hospitals in Egypt. In this way, they do not depend on obtaining permits from Israel to exit via Erez Checkpoint, but the Rafah Crossing between the Gaza Strip and Egypt is closed most days of the year, and only opened for 26 days in 2015.²⁶ Others among those patients whose requests for a permit were rejected decided to give up altogether on their referral—on, in fact, on medical treatment—and come to terms with their situation.

PHRI petitioned the court against three decisions made by the coordination and liaison authorities to deny patients passage on security grounds. In one case, the appeal to a higher instance also failed to get the patient's request approved. In the two other cases, we reached a settlement agreement with the State Attorney whereby the patients would be given a permit for one day, on condition that if it was decided to

²⁶ Based on WHO data: http://www.emro.who.int/images/stories/palestine/documents/WHO_monthly_Gaza_access_report-December_2015-final.pdf?ua=1.

hospitalize them, we would have to coordinate an extension of the permit with the authorities.

PHRI's high success rate in changing the decisions of the authorities on patient transits, whether by turning to the DCL or following a legal petition, makes one wonder whether the decisions were not arbitrary or pertinent to start with.

M.B., 62, from Jabalia Refugee Camp, suffered from acute pain in the back and legs due to pressure on the spinal cord. He underwent two operations at a hospital in Egypt, but these failed and the pains persisted as before. M. was referred to Al-Makassed Hospital in East Jerusalem, **and obtained a permit** to leave for an examination on 15 February 2015. During this examination, he was scheduled for surgery at the hospital at the end of May, but when he applied for another permit in order to get to the operation, the answer came back negative. In early June, the Erez DCL informed the patient

that he was "refused on security grounds" and that his request for a permit was therefore denied. In response to this decision, we sent an appeal letter with a medical opinion, wondering what could be the security risk posed by a 62 year old adult suffering from intense chronic pain and restricted movement, who, even more importantly, **had been approved for passage to the same hospital less than four months earlier**. After this request was also rejected, we petitioned the court and reached a settlement agreement with the State Attorney. The patient ended up getting to Al-Makassed hospital, but only after an approximate six-month delay, which prolonged his suffering for no apparent reason. This conduct by the Israeli authorities raises, yet again, a big question mark around the decision to prevent the patient's passage to begin with; for had he posed a true security threat, he would not have been granted the permit even after our appeal to the court.

Israel's responsibility, and the role played by the Palestinian Authority

The Israeli argument that granting Palestinians exit permits due to medical needs is a humanitarian gesture on the part of the state—rather than its binding obligation—rests on the fact that under the Oslo Accords, the Palestinian Authority assumed responsibility for managing the healthcare system in the Gaza Strip and the West Bank. However, this responsibility was handed over to the Palestinian Authority at a time when the healthcare system was in a very poor state, and without it being given the power and ability to reconstruct and manage it in practice, since these remained in Israel's hands.²⁷ The settlement project and its dissection of the West Bank, as well as the West Bank's physical separation from the Gaza Strip, continue to move ahead, and more intensely so today. The absence of free passage between Gaza and the West Bank, which was supposed to be settled as part of the "safe passage" arrangements under the Oslo Accords and other agreements but was never implemented, makes the existence of an independent, functional Palestinian healthcare system—complete with the passage of drugs, medical equipment, patients and medical teams—impossible. Add to this Israel's continued control of the external borders and the naval space and airspace, of the regional energy and water resources, and of the economic system, including imports into and exports from the Palestinian territories. All these ingredients, plus many more, mean that Israeli control in both the West Bank and the Gaza Strip is alive and kicking, continuing to dictate the civil agenda of the Palestinian population.

Alongside Israel's responsibility, the Palestinian Authority also bears responsibility for the health situation of the territories' inhabitants, because of the say it has in different areas, even if limited. The Palestinian Authority made a mistake to begin with when it accepted to take upon itself to run the healthcare system in the occupied territories when it did not have the tools to do so, and thus in fact relinquished the rights of the Palestinian inhabitants without having the power to do so. Things took a serious turn for the worse following the rift between the Fatah government in the West Bank and the Hamas government in the Gaza Strip, which has been causing delays and failures in the transfer of budgets, medical equipment and drugs, even when those are available;²⁸ the result is a deteriorating healthcare system, which was already in a bind before. Furthermore, Israel's insistence on maintaining official contacts with only the Fatah government and its institutions, even in

²⁷ See: "Overview: The Handing Over of Health Services to Palestinian Jurisdiction", Physicians for Human Rights, 1993.

²⁸ The Independent Commission for Human Rights (ICHR), Annual report:

<http://www.ichr.ps/en/2/6/1360/ICHR-20th-Annual-Report-ICHR-20th-Annual-Report.htm>
<http://www.ichr.ps/ar/1/6/1359/%D8%A7%D9%84%D8%AA%D9%82%D8%B1%D9%8A%D8%B1-%D8%A7%D9%84%D8%B3%D9%86%D9%88%D9%8A-2014-%D8%A7%D9%84%D8%AA%D9%82%D8%B1%D9%8A%D8%B1-%D8%A7%D9%84%D8%B3%D9%86%D9%88%D9%8A-2014.htm>

matters pertaining to the Gaza Strip's inhabitants, opens up an avenue for using the healthcare system as a policing tool—not only in the hands of Israel, but also in the hands of the Authority itself. Thus, for example, the Palestinian Civil Committee in the Gaza Strip, in charge of coordination with Israel in all civil matters, including exit permits based on medical needs, is a body appointed and operated by the Palestinian Authority, as per Israel's demand. The committee acts under guidelines and limitations dictated to it by the Israeli side, and is detached from all Hamas government institutions in the Gaza Strip. This state of affairs makes the committee, on the one hand, a tool wielded by Israel, which, in some situations, goes against the inhabitants instead of serving them; on the other hand, those applying for its help might fall victim to internal power and control struggles between the Palestinian Authority and Hamas, as has happened in the past.²⁹

Another problem is that the Palestinian Ministry of Health, which is responsible for referring residents for medical treatment outside the public healthcare system, does not act transparently in this matter; it does not collect—or at least does not publish—complete data on its referral policy, on the criteria it applies to determine which patients will or will not be granted a referral and financial coverage, or on the volume of requests for referrals submitted to its care and their acceptance and rejections rates.

²⁹ In 2009, Hamas took over the offices of the Civil Committee in Gaza, kicking out their clerks and workers, who belonged to the Palestinian Authority. In response to this incident, Israel completely refused to work with the Hamas personnel and stopped handling patient requests for permits. See PHR's position paper in this matter: "Synopsis: Collapse of the Mechanism Coordinating the Transit of Patients out of Gaza, March–April 2009", April 2009.



SUMMARY AND CONCLUSION'S

This report looked at the effects of Israeli policy, and in particular the restrictions placed by Israel on freedom of movement in the occupied territories, and on Palestinian inhabitants in need of medical care that is not available in their area of residence.

The right to health of the Palestinians in the West Bank and the Gaza Strip is under constant threat. Mired in a state of chronic crisis for many years, the Palestinian public health system and is unable to cater to the inhabitants' every needs. One of the main reasons for this is Israel's control of the occupied territories and the restrictions placed on the free movement of patients, ambulances, drugs, medical equipment and medical teams.³⁰ These limitations carry particularly dire implications when it comes to inhabitants who require medical treatment outside their area of residence—treatment which, as we have described in the report, could save their lives in some cases or dramatically change their function and quality of life in others.

³⁰ For a detailed analysis of the impact that Israeli control has on the right to health of Palestinians in the West Bank and the Gaza Strip, see: Mor Efrat, ["Divide and Conquer: Inequality in Health"](#), Physicians for Human Rights, January 2015.

All through the years of occupation in the West Bank, East Jerusalem and the Gaza Strip, Israel has employed various mechanisms that serve to establish its control and oppression of the Palestinian population. The very existence of the coordination and liaison authorities, which allow or prevent passage between the different territories as they please, adversely affects and violates the basic rights of Palestinians to freedom of movement and makes building shared life systems between Gaza and the West Bank an extremely complex task. In this report, we have adduced many examples demonstrating how Israel uses the permits mechanism to achieve political goals and exert pressure on the Palestinian civilian population, starting with the requirement that coordination be done only with Fatah representatives, in a way that interferes with the internal governance in the Gaza Strip; and ending with the summoning of patients to ISA interrogations in order to gather intel, making their access to medical care conditional de facto on their willingness to collaborate with Israel.

PHRI's high success rate (61.7%) in reversing the decisions of the Israeli authorities into allowing Palestinian residents access to medical treatment even in cases where their initial request for an exit permit was denied also suggests that the rejection of applications is not necessarily motivated by "security" reasons to start with, but by political considerations; it would thus seem that underlying the permits mechanism is a policy seeking to perpetually fix the occupier-occupied balance of power, and its ensuing dependence, into the consciousness of the Palestinian inhabitants.

Unlike previous years, 2015 was "routine" in character, a year in which the West Bank and the Gaza Strip were not in a state of war. Yet, the permits policy showed no improvement either in terms of decision making or outcomes, namely the number of permits issued to Palestinian residents. Logic would have it that routine times make for reduced security risks and hence greater permissiveness in granting Palestinian patients and their escorts passage between the different territories. In reality, however, the report indicates a reverse trend, and a higher number of applications for exit permits turned down by the Israeli authorities. It follows that this "routine" state of affairs allows Israel to keep consolidating its stranglehold of the Palestinian population-amongst others through mechanisms like the coordination and liaison authorities-while the Palestinian population grows more desperate and helpless.

Israel insists on working only with the Palestinian Authority, refusing to take applications for permits directly from patients. Under this job definition, dictated to it by the occupier, the Palestinian Authority is

supposed to act as a go-between, or as a "subcontractor" of sorts for Israel. Therein lies its basic failure, as its status is given to it by the occupying power, and the power it exercises over its inhabitants derives from the occupier's power and control. Moreover, the tight contact with the Israeli authorities and the dictates received from them has gradually made the Palestinian Authority, which is supposed to represent the interests of its inhabitants, more prone to placate Israel than represent the Palestinians. Over the years, the Palestinian Authority has had its chances to call on Israel to assume responsibility, and to wage principled struggles for the rights of its inhabitants; such struggles have probably not happened due to its reluctance to lose its current political standing, fragile though it might be.

Given this array of power, where the Palestinian Authority—with its numerous flaws and problems—plays only a secondary role, while Israel is the major power with de facto control of the Palestinian territories, PHRI considers Israel to be directly responsible for the occupied population in the three territories—East Jerusalem, the West Bank and the Gaza Strip. This responsibility must manifest itself in all civil areas, including health, as made clear in the fourth Geneva Convention on the rights of persons living under occupation.³¹

Consequently, we, at PHRI, demand that the State of Israel:

- Abolish the exit permit mechanism and allow all Palestinian inhabitants in need of medical treatment that is not available in their area of residence access and free passage to the best medical treatment available to them, without any delay;
- Stop exploiting the needs of patients and their escorts to promote political, non-medical agendas;
- Desist from its policy of distinguishing between patients whose medical condition is life-threatening and those whose condition "only" impairs their life quality.
- Lift the blockade on the Gaza Strip, which constitutes collective punishment in violation of international law, and allow the normal socio-economic development of all Palestinian territories, including the development of health infrastructures.

³¹ According to Article 56 of the Convention, "To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining, with the co-operation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory..."

Appendices

Appendix A



24 August 2015
T-56

TO: Major General Yoav Mordechai
Coordinator of Government Activities in the Territories
By fax: 03-6976306

Dear Sir,

**RE: Stricter rules applied to patients seeking to leave the Gaza Strip
for medical treatment in the West Bank and Israel**

Physicians for Human Rights-Israel has been working for many years to ensure freedom of movement for patients who need to travel between the Gaza Strip, the West Bank and Israel in order to receive medical treatment. Requests for exit permits for Gazan patients who need to access medical treatment in the West Bank and Israel have recently been refused on a larger scale. Eight requests put in by patients from the Gaza Strip have been denied in the last month, five of them due to "non-compliance with the criteria". This represents a serious increase in the number of patients being refused exit permits among those patients whose applications we are tracking. By way of comparison, we previously used to receive about two refusals per month on grounds of non-compliance with the criteria. In a telephone talk with the Gaza DCL, on 23 August 2015, we were told by a soldier named Ari that an ad hoc tightening of criteria for patients leaving Gaza was indeed now in place.

This tightening of procedures coincides with the new restrictions placed on the entrance of Israelis into the Gaza Strip, which were also responsible for denying a request to let a delegation from Physicians for Human Rights into Gaza on August 20th. This added procedural aggravation, coupled with the stricter rules on the entry of Israelis into the Strip, constitutes a major turn of the screw tightening Israel's siege on the Gaza Strip. As you well know, this not only concerns the entry of patients from the Gaza Strip for treatment in Israel, but also for treatment in the West Bank and East Jerusalem, where the more advanced Palestinian hospitals are located. Israel is thus preventing Palestinian patients from being treated in Palestinian medical facilities. The segregation policy—as has been stated quite often, not least by senior officials in Israel's security apparatus—does not serve any Israeli security interests. Consequently, it is not clear what is gained by it other than collectively punishing Gaza Strip residents. It seems that the people in charge of changing procedures are ignoring the medical and personal cost paid by patients and those in need of medical treatments.

WWW.PHR.ORG.IL	mail@phr.org.il	Physicians for Human Rights-Israel أطباء لحقوق الإنسان - إسرائيل רופאים לזכויות אדם - ישראל		
T 03.5133100	F 03.6873029	9 Dror St., Jaffa-Tel Aviv, Israel 6813509	ש. דרור 9 יאפה תל אביב 6813509	רח' דרור 9, יפו-תל אביב 6813509

We are working with numerous patients affected by the change in criteria, which prevents them from leaving the Gaza Strip and deprives them of vital medical care. We would therefore ask you to address the following questions:

1. What is the change in criteria with respect to patients wishing to exit the Gaza Strip? Since when have they been in effect, and until when will they stay in effect?
2. On what grounds was the decision made to change the criteria and further restrict patient movement out of the Gaza Strip?

If what the DCL representative told us is not true, we ask you to clarify this in your answer and at the same time expedite the vital processing of the cases included in our request (Appendix A below, with the names of those applicants whose request to be granted exit for treatment has been denied).

Thanking you in advance for your prompt reply,

Mar Efrat
Occupied Palestinian Territory Department
Physicians for Human Rights-Israel
Contact:
Fax 03-6873029
Email mor@phr.org.il

Copies:
Humanitarian Call Center, Erez DCL, by email mhavrim@int.gov.il

Appendix B



7 December 2015

T-82

TO: Major General Yoav Mordechai
Coordinator of Government Activities in the Territories
Fax: 03-6976306

Dear Sir,

RE: Tightening of rules governing the passage of escorts accompanying patients out of the Gaza Strip for medical treatment in the West Bank and Israel

Further to the letter we sent you on 24 August 2015 to inquire about the stricter rules applied to patients seeking to leave the Gaza Strip for medical treatment in the West Bank and Israel, I would like to caution against what appears to be a yet another tightening of criteria, whereby escorts are limited in age to people over 55. According to *Ha'aretz*, this aggravation was sanctioned by a "senior military authority". Protesting the hike in the age of authorized escorts, the Patients Section of the Palestinian Civil Committee handling patient requests decided to suspend its activity for four days.

Recently, applications for exit permits for Gazan patients and their escorts in need of accessing medical treatment in the West Bank and Israel have been turned down in larger numbers. This is particularly true of applications for permits submitted by patients' escorts. One example of this is the refusal met by the mother of a four-month old breastfeeding baby girl with a heart defect for her request to accompany her daughter to surgery at Tel Hashomer hospital. The mother was asked to change escorts for her daughter, an unrealistic and even cruel request for a breastfeeding

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T 03.5133100	F 03.6873029	9 Dror St., Jaffa-Tel Aviv, Israel 6813509 6813509 6813509

mother. Another example is the mother of a two-year old infant with a congenital disease who has not received an answer to her application for an exit permit, even though the hospital appointment is now overdue; as of now, a reply is still awaited. These stricter rules are being applied alongside the new restrictions on the entry of Palestinian patients defined as "non-urgent", even though the treatment they need is unavailable in the Gaza Strip and they have been referred by the Palestinian Ministry of Health for treatment outside the Strip. This added restriction represents a step-up in tightening Israel's closure and a means of exerting pressures by hurting the most vulnerable population in the Gaza Strip. As you well know, this concerns the entry of patients from the Gaza Strip for treatment not only in Israel, but in the West Bank and East Jerusalem too, where the more advanced Palestinian hospitals are located; Israel is thus denying Palestinian patients treatment in Palestinian medical facilities. The segregation policy—as has been stated quite often, not least by senior officials in Israel's security apparatus—does not serve any Israeli security interests. Consequently, it is not clear what is gained by it other than collectively punishing Gaza Strip residents. It seems that the people in charge of changing procedures are ignoring the medical and personal cost paid by patients and those in need of medical treatments.

Consequently, we demand that you act for the immediate revocation of the new directive and allow free movement for patients and their escorts.

Thanking you in advance for your prompt reply,

Ghassan Mattar
Occupied Territories Department
Physicians for Human Rights-Israel
Contact:
Fax: 072-3377686
Email: Ghassan@phr.org.il

Copies:
Humanitarian Call Center, Erez DCL, by email mhavrim@int.gov.il

Appendix C



TO: Major General Yoav Mordechai
Coordinator of Government Activities in the Territories
By fax: 03-6976306

T-01
10 January 2016

URGENT

Dear Sir,

RE: Interrogations at Erez Checkpoint and Violation of Patients' Fundamental Right to Receive Treatment

As part of inquiries we sent to the Public Inquiries Unit at the Erez DCL during December with regard to patients denied entry for medical treatment, we have noted an increase in the number of cases where these patients were summoned for an interrogation. In ten of the twenty inquiries answered in December, the individuals involved were summoned for ISA questioning as a condition for being granted exit to receive treatment.

I would like to call your attention to two cases involving delays and a violation of patients' rights to receive medical treatment that is unavailable in the Gaza Strip.

The first case is that of _____, who has **leukemia**. He first applied for an entry permit, in order to access treatment in Nablus, on 8 September 2015. His application was turned down, and he was summoned for an interrogation at Erez Checkpoint on 16 November 2015. The interrogator asked the patient questions unrelated to his disease, and the latter went back home not knowing what to expect. We approached the Erez DCL on the patient's behalf to find out where his request stood. The surprising answer we received, on 7 January 2016, was that the patient would be summoned for another round of questioning at Erez Checkpoint.

The second case is that of _____, a kidney patient who has to undergo surgery at St. Joseph Hospital in Jerusalem. He was first scheduled for surgery on 5

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T 03.5133100	F 03.6873029	9 Dror St., Jaffa-Tel Aviv, Israel 6813509 6813509 תל-אביב 9, יפו-רח' דרור 9, נש. דרור 9 יאפה תל אביב 9-1813509

November 2014 but was denied passage and summoned for interrogation on 4 January 2016. The patient arrived at Erez Checkpoint and, after a four hour wait in a waiting room together with five more patients from the Gaza Strip, an ISA interrogator came into the waiting room, collected personal details from all the patients together, took their photo and told them to go back home. In a conversation I had with the Public Inquiries Unit at the Erez DCL on 7 January 2016, we learned that the patient would be summoned for another interrogation.

The security interrogation procedure to which these patients and many others like them are summoned is a offensive practice which often violates the fundamental rights of patients as detailed hereafter:

Harm to patients' health: The interrogation session that many patients are required to attend often wears them down owing to its length and nature, in that it puts unreasonable strain on patients who suffer, as such, from pain and poor function. In many cases, patients that you have decided to summon for questioning are forced to wait for a long period of time (weeks to months) before an interrogation is scheduled, thereby missing a number of medical appointments. This might cause their condition to deteriorate and their chances of survival to diminish.

Moreover, repeated summoning of the same patients contradicts the claim made by the security apparatus that the purpose of the “talk” at Erez Checkpoint is to check whether the patient poses a security threat of any sort to the State of Israel and its citizens, and even constitutes unreasonable delaying of patients and endangerment of their lives and, hence, a blatant violation of one of the fundamental rights of any human being.

Violation of patient privacy: Patients are often required to answer questions that have nothing to do with the content of the request, such as information concerning their private lives. They have also been asked to provide information on neighbors, acquaintances and family. This makes the interrogations a means of putting pressure on applicants, who desperately need the permit in order to receive medical treatment, and who face a dilemma where failure to provide the information might put their health, or even their lives, at risk.

Danger to patients' image: Many patients are apprehensive about going to the interrogation, and justifiably so, as this might cause them to be labeled as “collaborators”, in light of the fact that many of those who agreed and showed up to interrogations reported that they were required to provide some information of the kind mentioned as a condition for getting their exit permit in order to receive medical treatment. They fear the negative treatment they might be exposed to from their surroundings should they be viewed as “collaborators”.

Non-transparency of interrogation: The interrogation session is carried out by security officials, usually Arab speakers. Patients summoned for a meeting have no information on the interrogator or his professional title. Neither can a patient go in with an escort (e.g. an attorney). In addition to this, the outcome of the interrogation is also obscure: Many of the patients who have undergone security questioning have come away feeling unsure as to the state of their application for a permit and whether or not it has been approved.

Physicians for Human Rights-Israel insists on its principled demand that action be taken to abolish the interrogation practice, since its underlying security rationale is patently unjustified. After all, what security threat can be posed by a patient in need of urgent medical care that is not available in the Gaza Strip? We would like to note the inappropriateness of focusing on murky security considerations while ignoring medical condition. Patients' medical condition should be your main consideration in deciding your response to their applications.

Also, the above example/s involved a serious delay in taking care of matters in the case of patients in need of urgent treatment, since they were required to wait between two and three months.

You must therefore act to abolish the interrogation mechanism used on Palestinian patients. You are likewise required to abolish the existing permits mechanism and allow the free movement of patients.

Thanking you in advance for your prompt reply.

Ghassan Mattar
Occupied Territory Department
Physicians for Human Rights – Israel
Contact:
Fax: 072-3377686
Email: Ghassan@phr.org.il

Copies:
Humanitarian Call Center, Erez DCL, by email mhavrim@int.gov.il,
mhavrim1@int.gov.il

Appendix D

Gaza District Coordination and Liaison

Public Inquiries Unit

Telephone: 050-6246462

Email: mhavrim@int.gov.il

Humanitarian Call Center – 001067

27 January 2016

To:

Ghassan Mattar, Physicians for Human Rights

By fax: 03-6873029

Telephone: 03-5133100

RE: Reply to your letter regarding “Interrogations at Erez Checkpoint and Violation of Patients’ Fundamental Right to Receive Treatment”

1. In your referenced letter to the Coordinator of Government Activities in the Territories on the above subject, you ask for the cessation of “the interrogations” conducted at Erez Checkpoint of Palestinian inhabitants wishing to enter Israel in order to receive medical treatment, and even require the abolishment of the whole “permits mechanism” put in place with relation to the entry of patients from the Gaza Strip into Israel so as to allow them free entry into Israel. This is based on your claim that these security checks are “offensive” to the inhabitants and that their “underlying security rationale is patently unjustified”, to quote your letter.
2. In addition to this, your letter draws specific attention to the applications for entry made by two residents of the Gaza Strip, [REDACTED] and [REDACTED], for the purpose of accessing medical treatments, which you claim to have been mishandled due to the security checks that they were put through.

Let us note at this point already that we cannot accept your principled demands above. As you know, in light of the armed conflict between Israel and the Palestinian terrorist organizations, foremost among them Hamas, the Israeli policy in effect with regard to the movement of people is that entry of Gaza residents into Israel is not allowed except in humanitarian cases only, and subject to security screening of persons applying for entry into Israel’s territory or through its territory, including those seeking entry for medical treatment.

In this context, let us note that, unfortunately, the terrorist organizations stop at nothing and have, on more than one occasion, taken advantage of the humanitarian avenue, abusing entry permits granted for medical treatment in order to advance their wrongdoing.

3. Needless to say, this policy has been challenged and sanctioned many times before by the Supreme Court, whose rulings have often emphasized that a foreign resident does not have a recognized right to enter the sovereign territory of Israel, and even less so a resident of a hostile entity at war with Israel.
4. As you know, Israel's security bodies possess broad legal powers, including powers to inquire and interrogate, which also apply to Palestinians wishing to enter Israel through the Erez Checkpoint for any need whatsoever. The DCL's authority does not extend to the activity of the security bodies at Erez Checkpoint, unless it purely pertains to the entry permits themselves and their issuance in accordance with the aforementioned policy with which you are familiar. Accordingly, insofar as you have a complaint to make about the conduct of the security bodies at Erez Checkpoint, we suggest that you take it up with the competent authorities.
5. As for the specific requests made in your appeal, we would like to inform you as follow:
 - a. As regards [REDACTED], his request was sent to the Gaza DCL by the Palestinian Civil Committee on 6 December 2015. Almost one month later, on 4 January 2016, the above individual arrived at the Erez Checkpoint for a security talk. Based on the findings from that talk, it was decided to reject his request to enter Israel for security reasons, which naturally cannot be revealed.
 - b. As regards Mr. [REDACTED], his request was submitted to the Gaza DCL by the Palestinian Civil Committee on 10 November 2015, and he was summoned for a security talk at Erez Checkpoint on 4 January 2016. At the end of that talk, it was decided to approve the above individual's request, and he was issued an entry permit into Israel for 24 January 2016, as per his request.
6. We gladly stand at your disposal for any further inquiries.

Sincerely,
Public Inquiries Officer
Coral Mell, Lieutenant
Gaza DCL

Copy: Coordinator of Government Activities in the Territories

Appendix E



T-49
15 July 2015

TO:

Major General (ret.) Dan
Harel
Director General, Ministry of
Defense
Fax: 03-6976218

Major General Yoav Mordechai
Coordinator of Government Activities in
the Territories
By fax: 03-6975177

MK Yaakov Litzman
Deputy Minister of
Health
Fax: 02-6787662

Dear Sirs,

**RE: Admission by Prime Minister Representative that Medical Treatment for Palestinians Is
Conditioned on Collaboration with Israel**

Re our letter of: 25 June 2015

We address you this letter further to our letter referenced above, in which we informed you of the publication of the *Denied* report written by Physicians for Human Rights-Israel (PHR-Israel). Considering the gravity of the data presented by said report, we called upon you to act in order to stop the harassment of Palestinian patients applying for exit permits and initiate a comprehensive inquiry into the conduct of the coordination and liaison authorities. - - - ***Our letter of 25 June 2015 to you is attached to the present letters as Appendix A.***

The Abera Mengistu affair, involving the Israeli citizen held for probably nine months in the Gaza Strip, has recently come to light. The information published included a recording revealed by Channel 10 of a meeting between the Mengistu family and Mr. Lior Lotan, the Prime Minister's representative for prisoners and missing persons, who came to meet the family on 8 July 2015, one day before the information went public. Among Lotan's comments during the meeting, he said that Israel was doing a lot to obtain information on Abera and that heavy pressures were being brought to bear; his comments can be explicitly understood to mean that some of these pressures involved the extortion of Palestinian patients in need of treatment outside the Gaza

Strip with a view to obtain intel. Here are Lotan's words as brought by the media: *"When people, relatives of Hamas big boys, senior people! When they wanted to enter Israel for medical treatment in Israel, we told them: 'No, bring us information on Abera'".*¹

Since 2007, PHR-Israel has been documenting the practice of ISA interrogations employed by the Israeli security apparatus. As part of this practice, Palestinian patients applying for an exit permit due to medical needs are required to report for an ISA interrogation at Erez Checkpoint as a condition for having their application considered. According to testimonies that have reached PHR-Israel since 2007 as well as recently, as presented in the *Denied* report, during some of the interrogations, patients were required to provide information and/or turn collaborators with Israel as a prerequisite for going out for medical treatment in Israel, East Jerusalem, the West Bank or abroad. In 2008, PHR-Israel published a report on the subject titled "Conditional Medicine",² which was based on 30 testimonies of patients who had undergone such interrogations. In the years since, we have kept receiving testimonies indicating the continued practice of patient extortion to obtain intelligence; in some of these cases, the exit permit was expressly conditioned on collaboration with the ISA.

Lotan is the first official to explicitly acknowledge the security apparatus's leveraging of the plight in which Palestinian patients find themselves in order to obtain intelligence. The State has denied, time and again, that it was interrogating patients in order to gather intelligence or that it was making their passage conditional upon cooperation. Thus, the High Court of Justice accepted the State's version in a petition filed by PHR-Israel in 2007, wherein we asked to forbid the ISA's practice of conditioning patients' transit on information provided and collaboration. According to the ISA's version, they did not make use of interrogations to obtain intelligence, but to check the level of danger posed by patients.³ It is now obvious that the version given to the court by the ISA was false.

This declaration by Lotan, like last summer's letter from the 8200 dissenters,⁴ goes to prove that which we have been claiming for years and which we have addressed in detail in our *Denied* report. This practice of ISA interrogations makes offensive, unethical use of the plight of patients and their need to access medical treatment. It also constitutes a serious violation of Palestinian patients' right to health, as the investigation process delays their departure for the treatment they need by weeks, even months, and sometimes even prevents it altogether. Some of the patients summoned for security interrogation by the ISA never show up for fear of the invasive

¹ Published on Channel 10 on 9 July 2015, <http://news.nana10.co.il/Article/?ArticleID=1136572>.

² See: Ran Yaron, "Conditional Medicine", Physicians for Human Rights, 2008.

³ HCJ 9522/07 PHR-Israel Organization V Commander of IDF Forces in the South, GOC Southern Command. See decision of 28 November 2007 and ruling dated 12 February 2008.

⁴ For the full letter: http://my.ynet.co.il/pic/news/convert-jpg-to-pdf.net_2014-09-11_18-43-35.pdf.

and intimidating questioning and search, and are thus prevented from accessing medical care. Furthermore, patients attending ISA interrogations might be in for negative treatment from their surroundings should they be viewed as collaborators, so that showing up for security interrogations could be dangerous for them.

It should be noted that the ISA continues to summon patients for interrogations. According to the World Health Organization, the number of patients called for interrogations stood at about 200 per annum in recent years.⁵ During 2014, PHR-Israel documented 15 cases of Palestinian patients summoned to ISA interrogations as a condition for having their application for a permit considered. Two of these interrogations were highly offensive and involved blatant violations of the patients' rights. In one of them, the patient's passage was conditioned on collaboration with the ISA, and, having refused, he was denied exit for treatment.

We reiterate our demands in the referenced letter, and more particularly the immediate need to take action in order to do away with the practice of ISA interrogations and the conditioning of medical treatment on cooperation with the Israeli security forces, which exploit the distress of patients and use them as a means to an end in the hands of the security apparatus, putting the patients' lives and health at risk.

Sincerely,

Mahmoud Abo Arisheh
Occupied Territory Department
Physicians for Human Rights-Israel
Contact:

Copies:

MK Benjamin Netanyahu, Prime Minister. Fax: 02-5605000

Eliran Sasson, Public Inquiries Officer, Civil Administration Office - Beit El. Fax: 02-9977341.

Amer Nassr A-Din, Public Inquiries Officer, Gaza DCL. Email: mhavrim@int.gov.il.

Land Crossings Authority. Fax: 03-9381053.

Dr. Leonid Eidelman, IMA Chairman. Email: lishka@ima.org.il

⁵ Right to Health: Crossing barriers to access health in the Occupied Palestinian Territory, 2013, World Health Organization.