Physicians for Human Rights

Israel’s Devastating Policy
Against Palestinian Children
And Their Parents in Accessing Medical Care

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Forced Separation

Israel’s Devastating Policy Against Palestinian Children and Their Parents in Accessing Medical Care

From 2018-2022, Physicians for Human Rights provided assistance to hundreds of children and their parents to access health care outside the Gaza Strip. Thousands of children were forced to undergo medical treatments without their parents.

Instead of adhering to their professional and ethical duties, the Israeli Medical Association and the Israeli Pediatric Association counties to side with Israel’s security discourse.

Although there has been progress on the ground, up until today, hundreds of children are denied access to medical care outside Gaza or forced to exit without one of their parents.

This report summarizes PHRI’s activities and offers recommendation for action
Background

The longstanding restrictions and blockade imposed on Gaza by the occupation have left Gaza’s healthcare system completely lacking the ability to develop and function autonomously, crippled by chronic shortages of medical staff, specialists, medications, equipment and resources. In addition, life-saving treatments, including for cancer and heart disease, are not available locally. As a result, patients are often referred for medical treatment in hospitals outside the Gaza Strip.

Children from Gaza who are referred to hospitals outside it, whether for testing, surgery or other treatments, must be accompanied by an adult. Under the permit regime imposed by the occupation - one of many mechanisms designed to exert control over the lives of Palestinians residing in Gaza - Palestinians are required to obtain medical exit permits before departing the Strip. Thus, an accompanying parent who wishes to travel with a child for the purpose of medical treatment must obtain a permit first. This creates a situation where children’s access to critical medical treatments like chemotherapy, radiotherapy, surgery, and other complicated procedures is controlled by the Israeli State.

On many occasions, permit applications submitted by parents get denied, forcing one of the following unacceptable outcomes: parents send their child with another caregiver, such as a grandparent, or even, in some cases, a stranger; alternatively, the parent must re-apply for a permit, thereby delaying the child’s treatment. According to Oren Lahak, an expert on medical psychology, co-chair of the Israeli Association of Psychosomatics, and a PHRI volunteer, separation from the main caregiver during hospitalization impedes the parent from providing emotional support during such difficult times, when it is critical to the child’s inherent sense of security and subsequent physical, emotional, social, and cognitive maturation. In many cases documented by PHRI throughout the years, parents have reported their children had trouble communicating with staff and eating or

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2. Oren Lahak’s medical opinion regarding Forced Separation.
that they cried continuously for their mothers and fathers while undergoing and recovering from treatment.

In 2018, PHRI announced the launch of a new project titled ‘Forced Separation.’ From January 2018 to January 2022, PHRI provided assistance to more than 180 children aged two months to 18 years, including breastfed babies, whose parents were denied permits and would not have been able to accompany their children as they underwent medical procedures outside Gaza. Following PHRI’s intervention, 65% of permit requests (117) were approved, and 35% were refused or delayed (63). Twenty-six percent of the children whose families contacted PHRI for assistance over the course of the project suffered from pediatric cancer/tumor, 18% had heart diseases, 10% were referred to neurology clinics, the rest suffered from genetic disorders and eye, kidneys, digestive system diseases.

PHRI’s Work: 2018–2021

In 2017, PHRI received seven inquiries from parents who were unable to obtain accompanier permits and were therefore prevented from accompanying their children during medical procedures outside Gaza. After realizing that this unjust practice was on the rise, in 2018, PHRI launched national and international advocacy campaign by reaching out to health and child rights organizations and asking them to demand Israel to ensure equal, timely access to medical care, especially for children. PHRI approached several medical organizations, including the British Medical Association, the European Academy of Pediatrics and the International Society for Social Pediatrics and Child Health (ISSOP).3 The organizations responded and approached the Israeli Pediatric Association (IPA) and the Israeli Medical Association (IMA).

The involvement of international professional medical organizations abroad put pressure on the IPA and the IMA, sending a clear message about the professional and ethical duty of the medical community

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3 "Medical associations from around the world back our demand to ensure medical treatment for Gaza’s children", PHRI, September 2020.
and healthcare workers to protect the right to health. International organizations asked the IPA for clarifications regarding the prevalence of parents who are unable to accompany their children during medical treatments. However, instead of condemning the inhumane policy, both the IPA and the IMA accused PHRI of not criticizing Hamas for using children as “human shields” in a letter they sent to ISSOP in 2021. Their response failed to address the issue at hand and the wider context, in which Israel continues to impose a prolonged closure on the Gaza Strip, with severe consequences to health. Furthermore, Israel, as the occupying power, has the legal responsibility under international law to ensure access to healthcare and must not impede or obstruct medical services.

Though both the IPA and the IMA claimed they “do not believe this is the mandate of any medical organization,” PHRI believes that under the current circumstances, medical associations have a moral, ethical and professional duty to promote, protect and ensure the full enjoyment of children’s right to health, especially in the context of armed conflict or prolonged occupation.

In November 2020, the European Pediatric Association (EPA) approached the IPA for further clarifications regarding Israel’s practice of forced separation, but to no avail, as the IPA maintained its original stance. In its letter to the EPA, the IPA stated that “Israel continues to grant permits” for accommodators of Palestinian patients” and that “Israel provides free accommodation as well,” a claim that is misleading for reasons described below. In a Knesset debate in mid-October 2020, the Coordination of Government Activities in the Territories (COGAT) demonstrated that in 2020, 40% of the children who received medical treatment outside Gaza did so without their parents. Moreover, as per WHO figures, in 2019, 

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4 Ibid.
5 Zion Hagay, Chairman of the Israel Medical Association, and Zahi Grossman, President of the Israel Pediatric Association, letter to Tony Waterson, September 2021.
4 Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949 (Fourth Geneva Convention), article 60. Available at: https://ihl-databases.icrc.org/ihl/385e082b509e76c41256739003e636d/6756482d86146898c125641e004aa3c5
7 See supra note 5.
10 The World Health Organization, "Health access: Barriers for patients in the occupied..."
more than 63% of all applications to cross the Erez Crossing for medical reasons were for appointments in East Jerusalem hospitals; a quarter (24%) were for West Bank hospitals; and 13% for Israeli hospitals. Hence, accompanier permits and accommodation inside Israel are relevant, if anything, in very few cases. We view IPA’s answer as inaccurate and dismissive since it simply represents the IMA’s policy of conforming to the Israeli Military’s ‘party line.’

According to Israeli Ministry of Defense figures, in 2019, 20% of the children who left the Gaza Strip for medical care did so without their parents. Only 4,165 accompanier permits were granted, while 5,289 medical exit permits were granted to children. Hence, at least 1,124 parents were not allowed to accompany their children for medical care outside of Gaza. In 2020, the situation deteriorated even further, compromising Palestinians’ rights to freedom of movement and access to health. Two events led to this deterioration: the suspension of coordination with Israel by the Palestinian Authority (PA) in response to annexation threats and the spread of COVID-19. As a result, the number of unaccompanied children this year increased by 35%, with two out of five children leaving Gaza without a parent. Of all the accompanying parent applications submitted, 28% were denied or delayed, while 16% of children’s permit applications were either denied or delayed. As per Augusta Victoria, a Palestinian hospital in East Jerusalem, of the 80 pediatric patients who received treatment (60 of whom were oncology patients), 20 arrived without their parents; of those, 14 were accompanied by their grandmothers; 5 by their aunts, and one child was accompanied by neighbors.

In November 2020, PHRI was contacted by A.K., a Gaza resident and mother of a 6-year-old girl, Leen, who had been suffering from papillary thyroid cancer since she was three years old. A.K. approached us for help obtaining a permit to accompany Leen to Tel-Hashomer hospital

_Palestinian territory_, December 2019.

2 Figures obtained by PHRI in response to a Freedom of Information application submitted by the organization in August 2019.

11 Mor Efrat and Ghada Majadle, Forced Separation: How Israel’s Permit Regime Separates Children undergoing Medical Treatment from their Parents, PHRI, November 2019.

12 Ibid.

14 Figures obtained by PHRI in response to a Freedom of Information application submitted by the organization in September 2021.
in Tel Aviv. Leen was first admitted to Tel-Hashomer in 2018, when she was just four years old. She remained there for six months without her parents, during which she underwent a total thyroidectomy. Her parents’ permits were denied, leaving them with no choice but to send Leen with her grandmother and aunt, alternating between them, as it was impossible for both to remain with the child the entire time. Leen continues to attend follow-up and treatments. However, the Israeli authorities continue to deny permits to her parents, telling them their application was “under review,” the same answer they have been getting since 2018. Following PHRI’s intervention, A.K. immediately received a permit to accompany Leen to the hospital, proving her permit had been denied arbitrarily rather than due to security concerns.

A.K.’s application is just one of more than 180 PHRI has received since the beginning of our project and advocacy campaign. Still, in recent months, following the appeals from PHRI and the international medical organizations regarding Palestinians’ rights to health and freedom of movement, Palestinian hospitals in East Jerusalem and the West Bank have seen an improvement. Hospitals documented fewer cases of children arriving for treatment without at least one of their parents. Although we have witnessed some progress on the ground as a result of our work, according to information obtained by PHRI in response to a Freedom of Information application submitted by the organization in September 2021, between January and September 2021 – 68% of minors’ medical exit permits were approved. Meaning, 32% of the minors’ application were either denied or delayed. This is a very dramatic increase in the refusal of the applications of the minors themselves to seek medical treatment, compared to 2020, where 83% of the applications were approved. Looking at the figures of the approval of accompanying parents’ permits in 2021 shows a 7% decrease (from 72% approvals in 2020 to 65% in 2021). However, this increase in denials of parents’ permits, did not result in an increase of unaccompanied minors that decreased from 11% in 2020 to 4% in 2021. This decrease does not reflect an improvement in Israel’s policy, but rather the opposite – a dramatic tightening of the permits given to the minors themselves, and once they are refused, there is automatically no longer a need for an accompanying parent. PHRI will continue to challenge this
unbearable reality and push Israel to allow access to medical care within a reasonable time for all children referred for treatment outside the Gaza Strip accompanied by at least one of their parents.

**Conclusion and Recommendations**

Even after the Oslo Accords, Israel has been de facto the occupying power in the Palestinian territory, controlling Palestinians’ freedom of movement and their right to health. Sick and wounded people in need of advanced medical care are at the mercy of Israel’s policies since the Palestinian Authority lacks the economic capacity to serve all Palestinian citizens. The main obstacle to realizing an independent Palestinian healthcare system is the colonial military occupation that continues to undermine and control all means and aspects of development. As a result, many critical or life-saving treatments are not available in the Gaza Strip and the West Bank.

From 2018 to 2022, PHRI provided assistance to more than 180 children who required medical treatment unavailable to them locally, including chemotherapy, radiotherapy, surgery, and other complicated medical procedures. While these children were not permitted to leave Gaza without an adult accompanier, their parents were denied accompanier permits, forcing many of the children to undergo medical procedures without their parents.

The IMA must adhere to the core of their professional and ethical duties. In the face of constant, severe violations of the right to health, it is their duty to advocate for its protection. However, organizations like the IPA, IMA and MoH have repeatedly disregarded it, or worse. When faced with PHRI’s call to protest, they preferred to side with Israel’s security discourse, ignoring the reality of the occupation and blockade and the systems operating as part of it, while at the same time claiming they are a-political.
The Convention on the Rights of the Child, one of the core instruments of international human rights law, provides that "In all actions concerning children, the best interests of the child shall be a primary consideration" and that "a child shall not be separated from his or her parents against their will." Additionally, the International Covenant on Economic, Social and Cultural Rights enshrines the right to enjoy "the highest attainable standard of physical and mental health" and requires states to fulfill it in part through "the creation of conditions which would assure to all medical service and medical attention in the event of sickness." Yet, despite being party to these conventions, Israel fails to comply with their provisions and continues to violate the right to health of thousands of Palestinian children in the Occupied territory every year. In doing so, Israel also fails to comply with international humanitarian law, according to which, as an occupying power, it must guarantee the right to health, medical supplies, public health and hygiene in the occupied territory.

PHRI demands timely access to healthcare for all children referred for treatment outside the Gaza, with at least one parent accompanying. PHRI also calls on the IPA and IMA to fulfill their ethical and professional role as medical associations and advocate for Palestinian children’s rights to health and unobstructed access to treatment. More voices within Israel’s medical community should be raised in alarm over the almost blind acceptance of Israel’s unjust and inhumane practice against Palestinians, especially children. Furthermore, Israel must bear the cost of treatment for Palestinian children requiring hospitalization outside the Palestinian healthcare system. PHRI advocates for the removal of the Israeli permit system and the blockade over the Gaza Strip and calls for

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17 Convention (IV) Respecting the Laws and Customs of War on Land and Its Annex: Regulations Concerning the Laws and Customs of War on Land. The Hague, 18 October 1907.

18 Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949 (Fourth Geneva Convention), articles 55, 56 and 60. Available at: https://ihl-databases.icrc.org/ihl/385ec082b509e76c41256739003636d1/6756482d86146898c125641e004a33c5.

19 “Israel’s responsibility to guarantee the right to health for Palestinians in the occupied territories”, PHRI, February 2021.
an end to the occupation. These measures are necessary for ensuring that the Palestinian healthcare system can develop as an independent, autonomous, and sustainable unit and that all Palestinians have access to advanced medical treatment.

Written by: Aseel Aburass
Edited by: Maya Johnston
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From 2018-2022, Physicians for Human Rights provided assistance to hundreds of children and their parents to access health care outside the Gaza Strip. Thousands of children were forced to undergo medical treatment without their parents. PHRI demands timely access to healthcare for all children referred for treatment outside the Gaza, with at least one parent accompanying. PHRI also calls on the IPA and IMA to fulfill their ethical and professional role as medical associations and advocate for Palestinian children’s rights to health and unobstructed access to treatment. More voices within Israel’s medical community should be raised in alarm over the almost blind acceptance of Israel’s unjust and inhumane practice against Palestinians, especially children. PHRI advocates for the removal of the Israeli permit system and the blockade over the Gaza Strip and calls for an end to the occupation.