

Access to Health in the Gaza Strip: The Gendered Impact on Palestinian Women

A Report Prepared by the:
Women's Centre for Legal Aid and Counselling



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Gaza: Access to Health

1. Introduction

1.1. This submission has been prepared by the Women’s Centre for Legal Aid and Counselling (WCLAC) to assist the Special Rapporteur on the Occupied Palestinian Territories with his review of Gaza. It is based primarily on testimonies gathered by WCLAC, but is supplemented at times by reporting from elsewhere.

1.2. Our focus is the gendered impact of restrictive Israeli policies on Gazan women. These policies, we demonstrate, constitute both direct and indirect discrimination. They are preventing access to health and freedom of movement – basic human rights – and must be recognised by the international community. To this end, the submission focuses on three themes:

- Borders and the Permit System;
- Health Rights and Access to Health; and
- Wider Issues: Infrastructure and the Blockade.

1.3. There are four appendices to this report. Appendix 1 contains the testimonies we have gathered from Gazan women relating to access to health (‘Women’s Voices’). Appendix 2 contains Women’s Voices relating to the War in Gaza and its continued effects. Appendix 3 contains an interview taken with Al-Mazan Centre for Human Rights. Appendix 4 contains a report prepared by the Palestinian Centre for Human Rights in Gaza. Where numbers are contained in square brackets (e.g. [1]), this details which Woman’s Voice(s) we are referring to. The Women’s Voices are contained in appendices 1 and 2.

2. Legal Background

2.1. Israel has withdrawn its permanent presence from Gaza, but still controls the borders (with the exception of Rafah crossing). Citing security concerns, it does not allow Gaza to build an air or sea port, and so makes Gazans dependent on Israel for travel. It exercises ‘actual

authority¹ over the region and therefore constitutes an occupation.² With effective control, Israel is bound by both International Humanitarian Law (IHL) and International Human Rights Law (IHRL) in the region. These IHRL responsibilities are affected neither by Israel's territorial limits nor by Palestine's accession to human rights treaties, and the applicability of IHRL does not preclude the applicability of IHL. This has been asserted extensively by, among others, the UN Secretary-General³, General Assembly⁴, High Commissioner for Human Rights⁵, and by the International Court of Justice in its opinion on the Israeli wall.⁶

2.2. Given Israel's human rights obligations over Gaza, the freedom of movement of Gazans must be protected.⁷ This includes a right to travel between Gaza and the West Bank, recognised by Israel in the Israeli-Palestinian Interim Agreement on the West Bank and Gaza Strip as one single territorial unit: Palestine.⁸ It also includes a more general right to leave Gaza, subject only to certain justifications on Israel's part – public security, for example. Israel has a sovereign right to limit travel within its own borders, yet this right must be balanced with their corollary obligations under IHL, IHRL and local agreements: the right to health, humanitarian access, and freedom of movement.

2.3. As this submission demonstrates, Israel is abusing this balance. Their travel restrictions go beyond legitimate, sovereign interests, and discriminate against Palestinian women. Gaza is approaching the stage where "separation is the rule and access is the rare exception."⁹ For patients, and particularly for women, this stasis has tragic effects.

¹ Art. 42 Hague Convention 1907: 'territory is considered occupied when it is actually placed under the authority of the hostile army'.

² See, for example, the ICRCs position: Peter Maurer, 'Challenges to Humanitarian Action in Contemporary Conflicts: Israel, the Middle East and Beyond', *Israel Law Review*, Volume 47, Issue 2 July 2014, pp. 175-180. Available at: <https://www.cambridge.org/core/journals/israel-law-review/article/challenges-to-humanitarian-action-in-contemporary-conflicts-israel-the-middle-east-and-beyond/E35E83492F421F01AC9E0FA36A3AC1CE>

³ A/69/348, para.5; see also A/HRC/28/44, para.6.

⁴ General Assembly Resolution 71/98 (A/RES/71/98)

⁵ A/HRC/8/17, para.7, and A/HRC/12/37, para.5-6.

⁶ *Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory*, Advisory Opinion, 2004 I.C.J. 136, para. 109.

⁷ ICCPR, Art. 12.

⁸ Israeli-Palestinian Interim Agreement on the West Bank and Gaza Strip, 28 September 1995, Art. 31(8). Available at: <http://www.mfa.gov.il/mfa/foreignpolicy/peace/guide/pages/the%20israeli-palestinian%20interim%20agreement.aspx>

⁹ Gisha, *Separating Land, Separating People*, p.1. Available at: <http://gisha.org/UserFiles/File/publications/separating-land-separating-people/separating-land-separating-people-web-en.pdf>

3. Borders and the Permit System.

- 3.1. Gaza is particularly vulnerable to the Israeli permit system. Its closure is more restrictive than that of the West Bank or East Jerusalem and its economy and infrastructure are in worse conditions.
- 3.2. When entering or leaving Gaza, individuals pass through one of two checkpoints: Rafah, which crosses into Egypt; or Erez/Beit Hanoun, which crosses into Israel. Since 2013, however, Egypt has effectively closed Rafah by severely limiting the days it is open and numbers that can pass through. The World Health Organisation (WHO), for example, reports that the border was only open for 38 days in 2016. 1,690 patients exited in this time. For three months of the year (January, March and April), the terminal was closed completely – including for humanitarian cases.¹⁰ The vast majority of Gazans pass through Erez, therefore.
- 3.3. To pass through Erez, Gazans must first gain a permit from Israeli authorities. Applications must be submitted at least ten days in advance and, as of November 2015, patients' companions up to the age of 55 years must undergo intensive security investigation. This raised the age from the previous cap of 35 years. It is worth noting, however, as outlined in Appendix 5, that individuals over the age of 55 are still being subject to security scrutiny at the complete discretion of Israeli border officials, this a clear violation of Israel's own laws. It also has a direct impact on patient companions, many of whom will be older women. Appendix 6 notes exactly this: patients of up to 70 years old are subject to unlawful security checks. As WHO highlight in their report, the approval rate for patient companions was only 53% in 2016.¹¹
- 3.4. These checks, however, are not simply humiliating. With greater numbers subject to security screening, delays increase. As delays increase, patients suffer. Appendix 6 notes that where the security examination applied to those aged 16-35, the average length of time for that examination was 10 days. With the increase to 55 years, this time-span has more than doubled – in 2017, the average security delay was 23 days [see also Appendix 5]. These additional requirements, WHO conclude, "increase the rate of denials, increase processing

¹⁰ WHO Access Report 2016: [http://www.emro.who.int/images/stories/palestine/documents/WHO - Access Report 2016 Book Final-small.pdf?ua=1&ua=1](http://www.emro.who.int/images/stories/palestine/documents/WHO_-_Access_Report_2016_Book_Final-small.pdf?ua=1&ua=1) p.26

¹¹ Who, Access Report, p.19.

times, result in delays and are most likely to affect children whose travel depends on a parent being approved a permit.”¹²

3.5. WHO note a deeply concerning trend: the rate of approval of permit requests for patients has been dropping consistently since 2012. The approval figures have fallen from 92.5% in 2012, to 88.7% in 2013, to 82.4% in 2014, to 77.5% in 2015 and to 62.1% in 2016.¹³ These figures are supplemented by OCHA’s up to date figures: to the end of November 2017, they noted an approval rate of only 54% - the lowest since 2006 when WHO began monitoring patient access from Gaza.¹⁴ There has been, in short, “a steep regression in access policy, primarily with respect to movement of people via Erez Crossing.”¹⁵

3.6. Throughout 2016, 91,927 referrals were issued by the Palestinian Ministry of Health: 83.7% of these were to Palestinian medical centres (52% of which were located in East Jerusalem); 14.3% were to Israeli hospitals; 2% were to Egypt and Jordan, both of which require the approval of both Israel and the foreign government.¹⁶

3.7. Following these referrals, 26,282 permit applications were submitted by patients aiming to exit through Erez. 16,314 (62.1%) were approved, 1,726 (6.6%) were denied, and 8,242 (31.4%) were delayed.¹⁷ Those who were delayed, in other words, did not even receive a response in time for their medical appointments. In many cases, no response was received, even after lawyers representing the patient had filed a formal application on their behalf, after the patient was initially refused [see Appendices 3 and 5. See Appendix 5 for a clear outline of the legal process following a refusal.]. The Palestinian Centre for Human Rights filed 1119 requests in 2017. Of these, 346 received a permit, 109 received a rejection, and 644 are still waiting under security examination [Appendix 5]. These delays regularly extend months and years beyond medical appointments, lessening the chances of the treatment’s success and worsening the already life-threatening diseases [Women’s Voices: 5, 6, 9, 10]. This is even the case with children, as **Anwar T**’s testimony demonstrates. Her daughter is 5 years old, yet is prevented from finishing her cancer treatment in Israel. Her situation worsens by the day.

[7]

¹² WHO, Access Report, p.19.

¹³ WHO, 2016, p.5

¹⁴ OCHA <https://www.ochaopt.org/content/palestinian-access-gaza-strip-declined-sharply-2017>

¹⁵ http://www.gisha.org/UserFiles/File/2017Tightening_of_the_closure.pdf

¹⁶ Ibid, p.5

¹⁷ Ibid.

3.8. Not only is Israeli operating a highly restrictive permit system for medical cases; it is failing even to consider a significant number of medical cases within medically specified time-frames. These delays, we submit, raise serious questions about Israeli compliance with human rights obligations.

3.9. Equally concerning border crossings (and even permit applications) regularly involve intrusive and aggressive questioning of female patients, even when medically weak or vulnerable.¹⁸ In these cases, 'security' is often cited as a catch-all criterion. It is highly questionable, however, that these women are causing any risk to Israel. This is demonstrated clearly in our testimonies:

3.9.1. **Fadwa S**, a 52 year old widow and mother of five, was suffering a malignant cancerous tumour in the ovaries and uterus. After being denied a companion to travel with, she was interrogated by two officials when crossing back in to Gaza. She was exhausted and in pain – the day after serious cancer treatment. She was stripped, invasively searched, interrogated for two hours, then left in a room crying for two hours. [1]

3.9.2. **Nidaa T**, a 32 year old mother of three, was suffering from an Arterial Aneurysm – a life threatening condition that demands urgent treatment. Since 2015, she has been rejected for permits 10 times. Gazan hospitals cannot treat her and she has lost feeling in her right hand. In October 2017 she was invited to 'interview'. She was invasively searched, left for hours in a freezing room, and aggressively interrogated. She still has no permit. [2]

3.9.3. **Subhuyeh S**, a 50 year of mother of 6, has cancer. She was questioned at the border by Israeli officials and locked for over an hour in a 2x2 metre room. She was interrogated for over two hours – attempting to gain information about her sons. She was placed on a list and denied entry. She now has three malignant tumours in her neck. She still has no permit. [3]

3.10. There are no published eligibility requirements and arbitrary distinctions are made between 'life-saving' and 'quality of life' treatments. This 'quality of life' classification is unclear and deprives thousands of Gazan patients their right to receive treatment. Seriously ill patients

¹⁸ Israeli General Security Services requested 755 patients for interrogation as a condition for applying for a permit in 2016. Source: WHO, p.19.

have been denied travel; individuals have lost their eyesight because this is considered a 'quality of life' problem, and is not of major importance. [See Appendix 4: Report of Palestinian Centre for Human Rights in Gaza].

3.11. The trends across these data are extremely worrying:

- A consistent annual decrease in approved applications;
- An increase in delayed applications;
- An incremental tightening of border permit restrictions; and
- Consistent, aggressive security checks.

Viewed in conjunction with some wider measures—the introduction of security blocks at Erez, a new quota for travel to Al-Aqsa for Sunday prayers, a freeze on travel to the American Consulate, the closure of Erez as a punitive measure in response to rocket fire—the indication is clear: “a severe and inexplicable tightening of the closure.”¹⁹ And, while security considerations have been relevant in recent years, “many restrictions cannot be justified by security needs, but rather serve political goals or reflect a parsimonious view of Israel’s obligations toward Palestinian civilians.”²⁰ The evidence provides nothing to suggest blockade is relaxing, or that Israel has any intention to comply with, let alone positively encourage, its human rights obligations.

3.12. Israel has a right to restrict travel within its own borders. Yet, it also has free movement and access to health obligation under IHL and IHRL. Any such restrictions, therefore, must not be arbitrary, must be proportionate, and “must not impair the essence of the right.”²¹ As demonstrated above, Israel’s border policies are just that. They are based on arbitrary distinctions, they target seriously ill women who pose no threat, and they create a climate of aggression and hostility that is slowly but surely eroding the rights of Palestinians. They prioritize security over the health and life of seriously ill Gazan patients [Appendix 5]. For women—mothers, wives and daughters—the burden these restrictions place on them and their families is unbearable. As we demonstrate in the following sections, they are

¹⁹ Ibid

²⁰ <http://gisha.org/UserFiles/File/publications/separating-land-separating-people/separating-land-separating-people-web-en.pdf>

²¹ CCPR General Comment No. 27: Article 12 (Freedom of Movement), 12-15. Available at: <http://www.refworld.org/docid/45139c394.html>

compounded by the extreme blockade and the inequality it causes for women in health and living standards.

3.13. RECOMMENDATIONS

3.13.1. *Ensure Israeli compliance with border procedures, not only facilitating access, but showing Palestinians the respect to respond to applications in a timely manner consistent with medical requests.*

3.13.2. *Put an end to aggressive and invasive interrogation practices at the border. Where women are concerned, allow access in all but the most pressing cases.*

3.13.3. *Provide meaningful and adequate reparations for women that have been unjustly searched, interrogated, or subjected to inhuman, degrading or similar treatment at border crossings or in permit applications.*

4. Humanitarian Access

4.1. Restrictions on access into Gaza for humanitarian relief are, in many cases, equally stringent.

The WHO, responsible for the coordination access for health personnel exiting or entering Gaza, note an approval rate of just 48% in 2016 (314 requests). This ranged from 33% for medical company staff to 87% for medical missions visiting Gaza. As with Gazans, processing times are lengthy and require a minimum of 3 weeks.²²

4.2. The movement of ambulance services are also limited due to checkpoints. West Bank and Gaza patients referred to East Jerusalem, for example, must undergo a ‘back-to-back’ ambulance transfer process. Ambulances are searched as they depart one territory—often lasting up to an hour—then patients are transferred to a second ambulance, which takes the patient to a hospital.

²² Who Report, p.31

4.3. The UN Secretary-General has repeatedly asserted that enhancing humanitarian access is one of the core challenges to the protection of civilians in armed conflict.²³ Parties to a conflict must allow the free passage of medical equipment and humanitarian relief organisations.²⁴ Yet, the starting point for humanitarian access is consent from the controlling state – Israel – since without consent no supplies will cross the border. It may only be denied in very narrowly defined circumstances. Arbitrarily withholding consent and “depriving civilians of objects indispensable to their survival, including wilfully impeding relief supply and access, can constitute a violation of international humanitarian law”.²⁵ It can never be withheld in situations of occupation, such as this.²⁶

4.4. Under IHRL, also, Israel has obligations to facilitate the development and functioning of civil society inside Gaza.²⁷ This includes allowing access for human rights and health workers, most of whom work with the most vulnerable—the women and children—in assisting them to have normal lives.

4.5. **RECOMMENDATIONS**

4.5.1. *Ensure Israeli compliance with the clear and concrete IHL obligation to allow humanitarian access to Gaza.*

4.5.2. *Allow access for human rights workers and those who can address the gender imbalances in Palestinian society, caused by the blockade on Gaza.*

5. Wider Issues: Infrastructure, Blockade and Health Rights

5.1. Gaza was crippled by the 2014 war: 2,251 killed; 1,462 civilians (65%), 299 women (20%) and 551 children (38%). 1,500 children were left orphaned. Civilian infrastructure was obliterated,

²³ See, for example: U.N. Secretary-General, Report of the Secretary-General on the Protection of Civilians in Armed Conflict, ¶ 26, U.N. Doc. S/2009/277 (May 29, 2009). U.N. Secretary-General, Report of the Secretary-General on the Protection of Civilians in Armed Conflict, ¶ 57, U.N. Doc. S/2012/376 (May 22, 2012); U.N. Secretary-General, Report of the Secretary-General on the Protection of Civilians in Armed Conflict, ¶¶ 51–59, U.N. Doc. S/2013/689 (Nov. 22, 2013)

²⁴ Arts. 23, 59 GCIV; Arts. 69–71 AP 1; Rule 55 CIL.

²⁵ U.N. President of the S.C., Statement by the President of the Security Council, U.N. Doc. S/PRST/2013/15 (Oct. 2, 2013) Available at: http://www.un.org/en/ga/search/view_doc.asp?symbol=S/PRST/2013/15

²⁶ Art. 59 GCIV

²⁷ HRW Report: <https://www.hrw.org/report/2017/04/02/unwilling-or-unable/israeli-restrictions-access-and-gaza-human-rights-workers>

much of the electricity, water and sanitation infrastructure was incapacitated, and 73 medical facilities (including ambulances) were critically damaged.²⁸ [12]

5.2. Its effects are tragically illustrated by one of our testimonies:

5.2.1. **Jamileh J's** husband and 11-year-old daughter were blown up in front of her eyes by an Israeli missile. In hospital, she was brought her husband's headless body to identify. He had no legs or hands; her sons searched for them in a bag containing the remains of several other victims. [12]

5.3. These details, however, cannot be assessed separately from the Israeli blockade.²⁹ Despite this ruined infrastructure, and while the population of Gaza continues to increase, the Israeli blockade only gets stricter. Gazan hospitals and care facilities therefore lack modern equipment, in stark contrast to the facilities enjoyed in neighbouring Israel. The Palestinian Centre for Human Rights in Gaza report that, while transfers outside of Gaza are in theory only for certain diseases [see list in Appendix 4], the inadequate conditions in Gazan hospitals—directly caused by the Israeli siege—means they are in fact required for a broad range of diseases not covered by formal policies [Appendix 4].

5.4. With Israeli authorities limiting imports of rebuilding materials, reconstruction of damaged health facilities is impossible.³⁰ 2018 marks the 11th year of the blockade on Gaza. As commented by Ban Ki-moon, UN Secretary-General, it is collective punishment that is suffocating its people, stifling its economy, and impeding reconstruction efforts.³¹ It is a grave breach of IHL, a war crime.³²

5.5. Gaza is suffering an infrastructure crisis as a direct result of the Israeli blockade. The UNDP, in a recently published report, highlighted the conditions in Gaza as increasingly “unliveable”, an “open-air prison” with 56% youth unemployment and a shocking 78% of young women

²⁸ Report of the Independent Commission of Inquiry on the 2014 Gaza Conflict, A/HRC/29/52. Available at: <http://www.ohchr.org/EN/HRBodies/HRC/ColGazaConflict/Pages/ReportColGaza.aspx>

²⁹ Report of the independent commission of inquiry established pursuant to Human Rights Council resolution S-21/1 <http://www.ohchr.org/EN/HRBodies/HRC/ColGazaConflict/Pages/ReportColGaza.aspx>

³⁰ In May 2017, the UN Special Coordinator for the Middle East Peace Process pointed out that despite a doubling of the Gazan population since 2000, the same period has seen a decline in functioning healthcare clinics from 56 to 49.

³¹ Secretary-General's Remarks at Press Encounter, 28 June 2016. Available at: <https://www.un.org/sg/en/content/sg/press-encounter/2016-06-28/secretary-generals-remarks-press-encounter>

³² Art. 33, Fourth Geneva Convention.

unemployed (Art. 11 CEDAW).³³ Chronic electricity shortages (18-20 hours a day) and inadequate sanitation are facts of everyday life. As evidence of the effect this has on hospitals and health centres, in mid-2017 14 public hospitals and 16 health facilities faced partial or complete closure of essential services.³⁴ The situation is life-threatening – not just for the population as a whole but for “113 new-borns in neonatal intensive care units, 100 patients in intensive care and 658 patients requiring haemodialysis.”³⁵

5.6. In such infrastructure crises, as CEDAW note in General Recommendation 30, women and girls are at the front line of suffering, bearing the brunt of the socioeconomic dimensions.³⁶ As reported by the UN in 2015, the humanitarian crisis “has forced thousands of women to neglect their own needs to save and support their families, with large numbers of them suffering from post-traumatic stress disorder, anxiety, depression and, in many cases, permanent disabilities.”³⁷ [11] **Sara M**, a wife and mother of six, lives in a 4x6 metre house made of wood. In the bombing of 2014, her home was destroyed. Her son Sa’ed bled to death over a four hour period with ambulances unable to reach him. Her temporary housing is built thanks to Kuwaiti grants. [4]

5.7. The more the health system and wider infrastructure disintegrates—January 2018 brought news of another hospital forced into closure due to fuel shortages³⁸—the more it “hinders the full realization of sexual and reproductive health and rights for women and girls’ affected by conflict.”³⁹

5.8. Yet, according to Head of the Women’s Health Centre in Gaza, the situation is particularly detrimental to pregnant women who are subjected to dangerous risks due to a lack of services and equipment. Abortions, premature births and labour complications are at an increase. Many women are giving birth in shelters, and the few that give birth at hospitals are

³³ UNDP Report: ‘Three Years After the 2014 Gaza Hostilities - Beyond Survival: Challenges to Economic Recovery and Long-Term Development’. Available at: <http://www.ps.undp.org/content/papp/en/home/library/poverty/beyond-survival--challenges-to-economic-recovery-and-long-term-d/>

³⁴ <http://www.emro.who.int/pse/palestine-news/who-steps-up-emergency-response-in-the-gaza-strip.html>

³⁵ Ibid.

³⁶ CEDAW, General recommendation No. 30, CEDAW/C/GC/30, paras. 48-50.

³⁷ UN Report of the Secretary-General: *Human rights situation in the Occupied Palestinian Territory, including East Jerusalem*, 5th March 2015. P. 41.

³⁸ https://www.haaretz.com/middle-east-news/palestinians/gaza-hospital-suspends-services-amid-diesel-shortage-1.5770830?utm_source=dlvr.it&utm_medium=twitter

³⁹ Centre for Reproductive Rights, Factsheet: Sexual and Reproductive Health and Rights in Conflict, September 2017.

Available at:

https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP_GA_SRHR_FS_0817_Final_Web.pdf

evacuated immediately post-labour, even those who have undergone a caesarean section.⁴⁰ As mothers, daughters and wives, it is, and will continue to be, women who endure the implications of such inadequate housing and living conditions.

5.9. The Right to health, is fundamental to IHL. It protects the sick and wounded, health workers, medical equipment and hospitals. IHRL, as expressed in CEDAW, calls for equality between men and women in access to health care services. This includes “services in connection with pregnancy, confinement and the post-natal period...as well as adequate nutrition during pregnancy and lactation.”⁴¹ The ICESCR, similarly, recognises the right as entailing “the enjoyment of the highest attainable standard of physical and mental health.”⁴² A vital component of this is accessibility: “health facilities, goods, information and services...should be accessible to all individuals and groups without discrimination and free from barriers.”⁴³ As long as Gazan women suffer, in pregnancy or otherwise, this right is not being realised. As long as they suffer due to the Israeli blockade, it is Israel that is violating this right.

5.10. **RECOMMENDATIONS**

5.10.1. End the blockade of the Gaza Strip.

5.10.2. Facilitate the free movement of infrastructure and energy supplies. Grant Gazans the opportunity to rebuild their lives after the 2014 war.

5.10.3. Guarantee full access for Palestinian women to adequate healthcare. Follow the recommendations in human rights instruments such as CEDAW: allow this access without discrimination, actively promoting female health requirements to address the entrenched imbalance.

⁴⁰ Al-Monitor, ‘Gaza’s pregnant women suffer’. Available at: <http://www.al-monitor.com/pulse/fr/originals/2014/11/gaza-pregnant-women-lack-medical-services.amp.html>

⁴¹ CEDAW, Art. 12(1)

⁴² ICESCR, Art. 12(1)

⁴³ ICESCR, General Comment No. 22 (2016) on the Right to sexual and reproductive health, Art. 15. Available at: <https://www.escr-net.org/resources/general-comment-no-22-2016-right-sexual-and-reproductive-health>

6. Conclusions

- 6.1. The two bodies of law—IHL and IHRL—are to be applied in parallel and simultaneously, in a complementary manner.⁴⁴ Obligations existing in one can be given content and elaborated upon by reference to the other.⁴⁵ This is important given the rights examined in this report: health, free movement and humanitarian access.
- 6.2. The international community must call on Israel to adopt a human rights approach. Where there are obligations under IHL, these must be bolstered by IHRL, so as to afford maximum protections to Gazans. Such an approach will be informed by treaties such as CEDAW, and will promote equality and access to basic health rights for women. It would “prioritize the meaningful participation of women in all stages of humanitarian response.”⁴⁶
- 6.3. Accountability is key. Israel’s failure to implement its human rights obligations must not go unchallenged.

7. General Recommendations

- 7.1. Promote, challenge and enforce Israeli compliance with IHL and IHRL obligations. Ensure positive steps taken not simply to fulfil, but actively to endorse the principles of equality and equal treatment.**
- 7.2. Follow Security Council guidelines; acknowledge that these human right abuses—denying access to sexual and reproductive health services—are being utilised as weapons of war.⁴⁷ Hold the perpetrators responsible under international and domestic human rights mechanisms.**

⁴⁴ See, Dapo Akande & Emanuela-Chiara Gillard, ‘Arbitrary Withholding of Consent to Humanitarian Relief Operations in Armed Conflict’, *International Law Studies*, Vol. 92, No. 483 (2016), p. 484-511.

⁴⁵ Vienna Convention on the Law of Treaties, Art. 31(3)(c)

⁴⁶ Centre for Reproductive Rights, Factsheet: Sexual and Reproductive Health and Rights in Conflict, September 2017. https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP_GA_SRHR_FS_0817_Final_Web.pdf

⁴⁷ Security Council Resolution 2242, preamble, U.N. Doc. S/RES/2242 (2015)

APPENDIX 1 – Testimonies: Access to Health

1. Fadwa S

Name	Fadwa S
Age	Jabalia, Gaza
Location	Cancer patient/not allowed to travel
Nature of Incident	December 2015-Present
Date of Incident	26 September, 2017

“My name is Fadwa, I am 52 years old, a widow and a mother to 5 children (Rami-34, Miftah-32, Mai-28, Mohammad-25), and I live in a rented house with my younger son and his wife in Jabalia, North East of Gaza”

“In January, 2015, I felt a pain in my lower abdomen. Later, I started to have vaginal discharge and bleeding. I went to A’wda hospital in Tal-Za’atr to conduct several tests. The hospital is located in the eastern side of Gaza. The doctor instructed me to do a Computed Tomography (CT) scan, and he took a sample from my uterus. Two weeks later, the doctor told me that I have a malignant tumour in the ovaries and uterus.”

“After I got the results, they conducted a hysterectomy in my abdomen, removing my uterus and ovaries. The doctor told me that I will require constant check-ups, so they requested a medical transfer issued by the Palestinian Ministry of Health for treatment in Israel.”

“In February 2015, I arrived at Augusta Victoria Hospital in Jerusalem where they told me that there were no scans for the uterus, and sent me back to Gaza. Later, the Ministry requested a transfer to Rambam hospital in Haifa, but it took a long time to be issued. During this, I was physically and psychologically tired. I also had to take care of my husband who suffers from Osteosarcoma.”

“On 5 June, 2015 my husband passed away. The next day, Israel issued a permit for me to go to Haifa. My children urged me to go to Rambam hospital in Haifa and I had to leave with tears in my eyes. My sister Refqa accompanied me there.”

"I stayed at the hospital for three weeks. During my stay, the hospital did the ultrasound in which they took three samples. The doctor told me that I was better, but that the tumours were malignant so I would have to return for a check-up and Oncoscint Scans every three months."

"I was able to travel in September 2015 and no complications occurred. However, in December 2015, Israel refused to issue me a medical permit. Afterwards, my son Rami who used to work with human rights organizations was able to get me a permit. They issued a permit only for myself, so my sister was not able to escort me. I travelled at 2:00 p.m. to Rambam hospital and preformed the Oncoscint Scan. Because I stayed late, Erez crossing was closed and I had to remain at the hospital."

"On next day, around 1:00 a.m., the soldier at Erez crossing told me to sit and wait. I was in pain because of what they had injected in my body at the hospital. I sat by myself, no one talked to me and I started crying. Later on, two soldiers approached me and they asked me to accompany them to the interrogation room. I was not capable of walking, I was really tired and I told them that I was not feeling well, to no response from them. I walked for 100 metres until I arrived at a very dark and scary place with a long corridor and many rooms. While I was walking, I heard yelling and screaming in Hebrew."

"A female soldier approached me, took my bag and phone, and ordered me to go into the room; she closed the door after me. She yelled at me and asked me to take my clothes off. I took my clothes off and stood in my underwear. She inspected my body and put the inspection machine inside of my private area. I felt embarrassed; afterwards she asked me to put my clothes on and left me in the room for an hour by myself. I was crying from pain and fear."

"Next, the same soldier returned to the room and took me to another room where a soldier dressed like a civilian was sitting. He started interrogating me and asking all kinds of questions about me, my family, my children, their names and their jobs. They interrogated me for two consecutive hours, and when we were finally done he ordered me to leave the room and threatened me in Arabic: "Tell your sons that out eyes are big and we do not sleep. Leave."

"At around 5 p.m., I arrived home and told my children about what happened. I was so traumatized from this experience that I stayed in my room for a whole month."

"My son Rami applied for a permit four times in 2016, and twice in 2017, and they were all rejected with no clarification as to why."

"On the morning of 28 July, 2017, an employee from the Palestinian security coordination office called me and told me to go to Erez crossing, because I have an interview with the Israeli Intelligence

Agency. I started shaking and I became scared. My children urged me to go but I refused because of what had happened to me the last time I was there.”

“I suffer from continuous lower abdomen pain. I take Morphine and pain-killers and I performed a CT scan in the Rantissi hospital in Gaza, but the Oncoscint Scan is more important”

“I feel really scared and I would prefer to live off pain killers and die in Gaza than go to Erez and be threatened again. I don’t want harm to come to my children.”

2. Nidaa T

Name	Nidaa T
Age	32
Location	Al-Shati Refugee Camp, Gaza
Nature of Incident	Medical Treatment; Unable to Travel
Date of Incident	30 October, 2017

“My name is Nidaa’, I am 32 years old and married with three children (Kareem-12, Saleh-9, Tala-8) I live in Al-Shati refugee camp, on the western side of Gaza.”

“Since 2012, I have suffered from a chronic and rare condition in my veins and nerves. I experienced pain for such a long time on my upper left side because of an Arterial Aneurysm.”

“On 7 December, 2012, I received a permit from Makassed Hospital in Jerusalem, where I received surgery to remove the Arterial Aneurysm. The surgery was successful, and after a month I returned to Gaza and the doctor told me that they will conduct Cardiac Catheterization surgery on me. In September, 2013, I did the Cardiac Catheterization surgery, and I visited the doctor every 6 months afterwards.”

“On 29 February, 2015, the doctor ordered that I have the same surgery for my right side, but this time the Israelis rejected my medical transfer request. Since then, I have requested more than ten permits, and all have been rejected with no clarification as to why.”

“I feel more exhausted, I am constantly stressed and have numbness in my hand. In my current state of health it is not good to feel stressed, and so my situation got worse. I visited Shifaa Hospital in Gaza and went to other doctors. Many did not understand my case, while others told me that my case is rare and there is no treatment for me in Gaza, and others recommended that my hand should be amputated.”

“I am no longer able to do any housework because I cannot hold heavy things and I am always tired. This have negatively affected my mental situation and that of my family.”

“On 30 October, 2017, at around 8:30 a.m. I went to Erez crossing after I received a phone call from the Israeli security coordinator asking me to come for an interview regarding my medical permit.”

“At the crossing, an Israeli soldier ordered me to sit in the waiting room, I stayed there for two hours, alone. The soldier took me to an inspection room with cameras, and asked me to take my

hijab and clothes off. I only had my underwear on and she searched my whole body, I felt ashamed and embarrassed”

“Afterwards, she took me to another room where I told her that I am feeling sick and that the AC is effecting me. She did not care; she left the room and shut the door behind her. I again waited for more than two hours in a very low-temperature room. I felt like I was in a refrigerator, and that my body could not handle the cold temperature because of my heart condition.”

“Later, they took me to an interrogation room where a commander was waiting for me. He started asking all kind of personal and family questions. He then asked me for my brother’s phone number. I told him that I did not know his phone number, as I did not have it memorized. He started yelling at me and telling me that he is from the Israeli Intelligence Agency and that he has the right to defend the State of Israel. I was scared from the yelling.”

“After this, he brought me a juice bottle and continued to interrogate me. He asked if anything had bothered me lately, I told him that the room they placed me in was really cold and it is not good for my health situation. He later instructed two soldiers to take me back to that room and I stayed in it for another hour.”

“At around 4:00 p.m. they allowed me to leave. I left the crossing by foot, walking until I arrived at the Palestinian side. I was really tired and not fully aware of what was going on. I just wanted to see my husband, who was waiting for me at the Palestinian side.”

“My name is still under security screening. I am still waiting for my permit in order to go back to the hospital and complete the surgery. The doctor has told me that every day I wait, my health situation deteriorates.”

3. Subhieyh S

Name	Subhiyeh S
Age	50
Location	Gaza
Nature of Incident	Medical Treatment; Unable to Travel
Date of Incident	10 April, 2016

“My name is Subhuyeh S, I live in the north/western side of Gaza. I am a 50-year-old wife and a mother to 6 children (Ala’a-25, Ali-23, Ahood-20, Ahida-18, Fidaa-17, Ola-14).”

“I suffered from a sore throat, low blood-pressure, and dizziness for 6 years. The doctors in Gaza were not able to diagnose my situation and they said that I suffered from lung infections. Up until 2012, my health situation was deteriorating and they did a couple of tests, and told me that I had a swollen thyroid gland. They took two samples from my lungs and told me that I had a malignant tumour in my thyroid gland. I underwent surgery and they removed the gland in Shifaa Hospital in Gaza. The doctor had told me that I have to take Radioactive Iodine Therapy.”

“On 20 May, 2013, they transferred me to Mubarak hospital in Egypt to have Radioactive Iodine Therapy every 6 months (100 ml). I travelled twice to Egypt and stayed for up to 40 days to finish all the tests. I would take the iodine pill and stay in isolation inside the hospital for one week, then return to Gaza.”

“In July 2013, I had my third appointment at Mubarak hospital in Egypt. But the political situation in Egypt changed and they closed Rafah crossing. I could not travel, so the doctor decided to transfer me to a hospital in Israel.”

“In October 2013, I got my first permit to go to Meir Hospital in Tel Aviv. I did several tests and afterwards took the iodine pill at Beilinson hospital in Petah Tikvah. After taking the pill I returned to Meir hospital every two months to do tests and find out if the pills are working or not. I was able to do this for two years without any Israeli obstruction.”

“In November 2015, I returned to Meir hospital in Tel Aviv for other tests. They were able to spot three new lymphatic glands. I stayed at the hospital for a week. They later decided that they would do other tests on 10 April, 2016.”

“On 8 April 2016, around 8 a.m., I went to Erez crossing as the Israeli Intelligence Agency had called and asked me to come for an interview.”

“I waited at the Israeli side for three hours. No one approached or talked to me, and I started feeling a bit nauseous and worried. Eventually, two soldiers came and took me to a search room before moving me to another (2X2 meters) room and locking the door. I heard them close more than one lock.”

“I waited in the small room for more than an hour. Even though I knew I did nothing wrong, I was worried. A soldier took me to the interrogation room where there were two officers wearing civilian clothes and one soldier waiting for me.”

“I stayed for more than two hours. One of them started asking me many personal questions about myself, my brothers, my brothers-in-law. They also asked me about my son who goes to university. They asked about my brother Ah’ed who is a martyr and they also asked about my other brother Ra’ed, who was jailed during the first intifada at age fourteen.”

“After he finished interrogating me, I asked if I would be able to travel to get my treatment and he said ‘say inshallah, say inshallah’ then asked me to leave, so I went home feeling exhausted.”

“On 10 April, 2016, I was supposed to receive the Israeli permit to travel but I never heard from them. After three days I applied for another permit and never received an answer, so I had to cancel my tests.”

“In August 2017, I did another scan and they spotted three 2cm malignant tumours in my neck. The doctor transferred me to An-Najah hospital in Nablus on 24 October 2017 to surgically remove the tumours. I got a response from the Israelis saying that my name is under security check, I applied again and had the same reply.”

“After I contacted the civil affairs in Gaza, an employee told me that I had been banned from entering Israel or West Bank, and that I am only allowed to travel to Jordan.”

“A woman from Israeli human rights group called and informed me that they are interested in helping me and that they have filed a lawsuit in Israeli court. The Israelis prevented me from traveling to Jordan even though I was told that I could.”

“I am very tired now and always anxious. My hair is shedding, and there is no treatment for me in Gaza. I always think about my future and my children’s future. I am terrified of dying.”

“I have lost hope in traveling and my right to health, I am really sick and I need to be treated. I do not pose any threat to anyone, so should not be prevented from traveling.”

4. Sara M

Name	Sara M
Age	56
Location	Hajr Deek, Gaza
Nature of Incident	Not appropriate housing, access to health
Date of Incident	7 April, 2016 - present

“My name is Sara. I am 56 years old and married with six children (Sa’ed-29, Samah-25, Kifah-24, Ziyad-22, Mariam-20, Haleema-18). My husband is very ill. I live in Hajr Deek close to Wadi Gaza, one of the villages bordering the green line separating us from Israel, in a temporary house made of wood that is (4x6m) in size. It has only two rooms: one bathroom and a kitchen.”

“When the war started with indiscriminate bombing on Palestinian houses we fled our house, scared for our lives. We moved from one UNRWA school to another. The last school we took refuge at was Abu-Ariyban school in Nuseirat refugee camp. It was very tiring for me and my children – physically and mentally.”

“On 17 July, 2014, I learned that my house was demolished from a bombing and that my son Sa’ed was killed; he had bled for 4 hours and the ambulances were not able to reach him. When I heard this, I started sobbing.”

“After the war, it took them a long time to secure money and funds for rebuilding our house. As a result, the Ministry of Public Works, offered us a temporary housing made of aluminium until they rebuild our house.”

5. Hiba A

Name	Hiba A
Age	32
Location	Al-Shati refugee camp
Nature of Incident	Health; forbidden from travelling
Date of Incident	December 2016 – Present

“My name is Hiba and I am 32 years old. I am married with five children, the oldest is Shad (14 y.o.) and the youngest is Abdullah (11 m.o.). We live together in Al-Shati refugee camp in Gaza.”

“In December 2016 I was nine months pregnant when I found a lump in my breast. I went for an examination at Al-Shifa hospital in Gaza and, initially, they told me that they could not find anything wrong except my milk hormones were low. Two months after I had given birth the lump mass increased and I began to feel scared. I went to a private doctor and I was diagnosed with breast cancer.”

“The doctor told me to wean my son and in two weeks he would remove the lumps.”

“On 4 April 2017 I had an operation at the Gaza General Hospital and the doctor found some small black lumps that were secreting, showing that the disease was malignant.”

“After the operation I started four rounds of chemotherapy in Al-Rantis hospital, the treatment ended on 19 July 2017. The doctor informed me immediately after that I must start radiotherapy to ensure that the cancer would not become active again.”

“On 1 August 2017 I applied for a medical transfer permit to Augusta Victoria hospital in Jerusalem, but I was not given the permit. My husband applied once more for my permit but the Israeli side told me that my name was under security examination.”

“A month passed when I felt a lump in my breast and went in for another operation on 29 August 2017. I was scheduled to receive radiotherapy at Augusta Victoria hospital on 13 September 2017, but did not apply for a medical permit. I was told during review that my name was still under examination and was given no reason as to the delay by the Israelis from completing it.”

“I was feeling worse and worse. As if it was not enough to be sick with a malignant disease, I was also unable to receive treatment for it. My family was very nervous about what was happening. My husband and brother continued to go to the travel department and were told there was no travel ban, but I could not get a permit as the Israelis still had my name under examination.”

“On 24 September 2017 I was issued a medical permit for Augusta Victoria hospital. They examined me and said that the malignant cells had re-activated and that I must return to Gaza for an operation, as they could not give me radiotherapy until afterwards. I returned to Gaza, exhausted and downtrodden.”

“On returning to Gaza, I was at square one. My health and mental state deteriorated. I underwent a third operation, each one financed by my family and I. This put severe financial strain on my family as we hardly have enough for daily expenses.”

“I was told by the doctor I would start chemotherapy again, and completed three rounds. My body is exhausted so I have moved in to my family’s house where my brother and mother can help care for my children.”

“All I want is to take my treatment when it is scheduled and access my right to receiving it so that I can return to my life and caring for my young children. I want to work to stop the Israeli Occupation’s unfair practices towards Palestinian patients.”

6. Saada N

Name	Saada N
Age	54
Location	Nuseirat refugee camp
Nature of Incident	Health; Prohibited from travelling
Date of Incident	14 December 2017 – Present

“My name is Saada and I am a 54 year old teacher. I am married with seven children, the oldest is Mohammad (32 y.o.) and the youngest is Ahmad (20 y.o.). We live together in Nuseirat refugee camp, in the central governorate of Gaza.”

“In November 2016 I discovered a lump under my right armpit. I went and had tests done at Al Shifa hospital in Gaza and was told that there is a malignant tumour in my right breast. On 31 January 2017 I had an operation to remove my right breast, and was registered for eight sessions of chemotherapy.”

“I completed four chemotherapy appointments, and after that the treatment became unavailable in Gaza. The treatment had been postponed by the Palestinian Ministry of Health because of the continued Israeli siege on Gaza. The doctor applied for my medical transfer to a West Bank hospital.”

“I waited for a month for the medical permit from Israel but had no response. My doctor then called to inform me that the chemo medicine had arrived in Ramallah, and I was able to complete my treatment in Al Rantis hospital in Gaza.”

“The chemotherapy exhausted me. It felt like my body was on fire and I suffered from loss of appetite, extreme tiredness, and the pain was even in my bones. In September 2017 I finished my treatment and the doctor applied for my medical transfer to Augusta Victoria hospital in Jerusalem to have radiotherapy to ensure the tumour did not re-appear.”

“On 10 September 2017 was my appointment to pick up my medical permit but I was told by the Israelis that my name was under security check. I applied again and on 14 December 2017 was again given the same response by the Israelis, with no indication how long the check would take.”

“By now, ten months had passed since my operation. The doctor informed me that every day I miss receiving radiotherapy it would become less effective, and the chance of my malignant tumour returning was increasing. He said I should stop trying to get my permit from Israel, and attempt to travel

to Egypt to have treatment there. However, Rafah crossing had been closed by the Egyptian authorities.”

“I am angry and increasingly worried every passing day that without my treatment the tumour may come back. I work as a teacher and this illness has affected my work, and it affects my children. I can see they are filled with anger and grief when they see me exhausted or crying from the stress.”

“I applied again for a permit from Israel on 8 January 2017 and I hope that it will be a positive response so I can go and finish my treatment. I want Israel to stop its unjust treatment of Palestinian patients who need to receive medical treatment.”

7. Anwar T

Name	Anwar T
Age	33
Location	Khan Yunis
Nature of Incident	Health; forbidden to travel
Date of Incident	5 December 2017 – Present

“My name is Anwar and I am 33 years old. I am married with five children, one of them is Malak (5 y.o.). I live west of Khan Yunis in Gaza.”

“In the beginning of 2015 my daughter Malak began to feel fatigued and was unable to walk and had severe anemia. Her health deteriorated and we took her to Mubarak hospital in Khan Yunis where she was transferred to Al-Rantis hospital in Gaza. The specialist doctor decided to apply for a medical transfer so Malak could have an MRI scan at Tel Hashomer hospital in Tel Aviv to determine what was wrong.”

“In September 2015 we obtained Malak’s permit and for me to accompany her to Tel Hashomer hospital. She was diagnosed with glandular cancer above her right kidney and swelling in her lymph nodes around the aorta (neuroblastoma). The doctor decided to keep her in hospital for chemotherapy over four months. We made multiple trips to Tel Hashomer hospital for the treatment.”

“The chemotherapy would burn Malaks body. Every time I went with her to do her treatment my heart would ache for her as I saw her suffering. As she had to remain in hospital for so long she was unable to play or go to kindergarten like other children her age.”

“In November 2015 we returned to Tel Hashomer hospital and stayed there until 20 June 2017. Malak completed chemotherapy and had an operation to remove the tumour above her right kidney. She then had a bone marrow transplant and started radiation therapy. Over this period of time we never faced any obstacles from the side of the Israelis.”

“The doctor prescribed her an oral preventative medicine to take every 15 days in Tel Hashomer hospital until January 2018; afterwards she must begin to take inoculation injections to prevent the cancer returning. The doctor also gave me four emergency doses to take back to Gaza so Malak could have them at home.”

“At the end of Malak’s treatment in August 2017 we applied for a medical permit so that my daughter could finish her treatment in Tel Hashomer hospital, but the request was denied as the Israeli’s said they are security checking our names. I applied more than 10 times for the permit, but each time we had the same response.”

“During this period my daughter was extremely exhausted and won’t sleep at night. She is continuously crying and her anaemia has returned, as well as a rising temperature reaching 39 degrees Celsius daily. She has pain in her knee and every week we must go to Al-Rantis hospital in Gaza for a blood transfusion.”

“My daughter is getting worse every day and desperately needs to return to Tel Hashomer hospital in Tel Aviv so that she can be monitored by her doctor and treated without interruption. With this she can heal and have a normal, healthy life like her siblings.”

8. Sahira S

Name	Sahira S
Age	44
Location	Nuseirat refugee camp, Gaza
Nature of Incident	Health/ forbidden to travel
Date of Incident	5 November 2017

“My name is Samira and I am 44 years old and unmarried. I live in Nuseirat refugee camp in central Gaza.”

“In August 2016 I found a lump in my left breast so went for an examination in Al-Shifa hospital in Gaza. The check-up found that there was a malignant tumour in my left breast. The doctor performed an operation to remove the tumour and prescribed me eight rounds of chemotherapy to be taken at Augusta Victoria hospital in Jerusalem.”

“I applied for my medical permit and travelled to Jerusalem four times, completing four sessions of chemotherapy without any obstructions from the Israeli side.”

“On 6 June 2016, I was due for my fifth chemotherapy appointment but the Palestinian Civil Affairs office made a mistake. They told me I had a permit, and when I arrived at Erez crossing I was told that the permit had already expired.”

“After that I made four more applications for a medical permit, the last of which was on 5 November 2017, but all of them were rejected for the reason that my name was under security check by the Israelis.”

“I was despairing at the hardship in getting a permit, so my doctor decided I should complete my chemotherapy at Al-Rantis hospital in Gaza. After two sessions of chemotherapy I started to get a strange red, itchy rash on the skin around my chest, armpit and back, accompanied by a fever. I returned to the doctor who performed a biopsy to see what was wrong.”

“I am now very scared and I regret agreeing to complete my chemotherapy in Gaza but there was no other option. Every day I am getting worse and I think that I have been poisoned by the chemotherapy here or my body is rejecting it. I am very concerned what the result of the biopsy will be and how it will affect my treatment.”

“I don’t know if it was the mistake by the Palestinian Civil Affairs that has affected my ability to renew my permit from the Israelis, but if only they had told me at the time I would have gone immediately. It was not my fault and I am the one being punished. All I want is to receive my treatment when it is scheduled so I can recover from cancer. I ask all those concerned to help me complete my treatment at Augusta Victoria hospital.”

9. Fayiza S

Name	Fayiza S
Age	48
Location	Nuseirat refugee camp, Gaza
Nature of Incident	Health/ forbidden to travel
Date of Incident	16 December 2017 – Present

“My name is Fayiza and I am a 48 year old widow with seven children, the oldest is Aynas (26 y.o.) and the youngest is Mohammad (14 y.o.). I live in Nuseirat refugee camp in central Gaza.”

“On 26 November 2015 I found a lump in my right breast during a self-check and so I went for an examination at the UNWRA agency in Nuseirat camp where the doctor transferred me to the Palestinian Red Crescent in Gaza. After the check-up a malignant tumour was found in my right breast.”

“On 6 December 2015 I had an operation to remove the tumour in the Gaza General Hospital and afterwards the doctor prescribed me eight chemotherapy sessions.”

“On 6 June 2016 I finished my last chemotherapy session and the doctor told me I will need to start radiotherapy at Augusta Victoria hospital in Jerusalem to ensure the tumour would not return.”

“On 7 August 2016 a medical permit was issued for Jerusalem to begin my radiotherapy, however the Israeli side refused it because my name was under security check. Between that time and 2 July 2017 I submitted ten applications for a medical permit to get treatment but every response was the same. ”

“On 28 August 2017 the disease returned but this time in my liver and lung because of the time it took for me to receive radiotherapy. I agreed to take a new round of chemotherapy at Al-Rantis hospital in Gaza but this exhausts me and burns my body from the inside. I get tired quickly and feel dizzy. I suffer from tightness of breath and a sharp cough, especially at night. ”

“My psychological condition is worsening and I think about my illness constantly and have become depressed and desperate, waiting every day for death. My husband had liver cancer and passed away over a year ago because the Israelis would not let him travel for treatment. ”

“I am now waiting to finish chemotherapy and I don’t know what will happen afterwards of if the Israelis allow me to travel for treatment as my doctor prescribes. I think a lot about what will happen to

my children when I die. I wish for the Israelis to end these practices against Palestinian cancer patients so that they can access their right to treatment.”

10. Jameela S

Name	Jameela S
Age	43
Location	Daraj, Gaza
Nature of Incident	Health/ forbidden from travel
Date of Incident	17 November 2017 – Travel

“My name is Jameela and I am 43 years old. I am married with seven children the oldest is Mahdi (23 y.o.) and the youngest is Tala (4 y.o.). I live in Daraj in Gaza.”

“In September 2016 I had just finished six months of treatment for breast cancer and was pleased I had beaten this illness which had consumed my life for the last year. However, this did not last long as I started to get double vision in my right eye and headaches. I went to Al-Shifa hospital in Gaza and they prescribed me eye drops but this did not help me.”

“I went back to the hospital and the doctor did both a MRI and CT scan. A tumour was found near my frontal sinus but the doctors were unable to examine it properly or deal with it because the location of the tumour was in such a sensitive place. The tumour was attached to a cyst in my brain so they decided to make a medical transfer to Augusta Victoria hospital in Jerusalem.”

“I made three appointments for a permit to Jerusalem and every time the response from the Israelis was that my name was under security check. During this time my pain increased significantly and I was not able to open or see completely with my right eye.”

“On 8 December 2016 my permit to Augusta Victoria hospital was approved however the doctors there decided to not perform an operation because of the tumours position. Instead they gave me 20 rounds of radiotherapy and I stayed in hospital until 19 January 2017. Although the tumour was still there I began to feel better, but the doctor told me he was unable to monitor me any longer.”

“I felt mentally drained from the situation with my eye and the time it took for me to receive the right treatment. Every three months I had to return to Augusta Victoria hospital to conduct an x-ray of my body. Additionally, every month I had to go there to receive antibody injections, and hormone repressing injections into my ovaries which needed to be regularly administered; the injections are unavailable in Gaza.”

“On 17 September, and 17 October, 2017 I had to wait more than three hours at the Erez crossing because of the delay by the Israelis in printing my medical permit. I missed a bus which specially transports cancer patients to the hospital. In order to not miss my treatment, I had to borrow money from people who were there to get to the hospital because I do not carry money with me. I already have trouble getting to the crossing as my husband does not help me.”

“On 17 November 2017 my medical permit was refused and when I enquired at the external department they told me my name was under security check with the Israelis. Because of this I missed one of my injection appointments. My permit finally arrived on 17 December 2017.”

“I am a woman who is unwavering and I want to use all my strength to fight cancer, for me and for my family. Psychologically, my situation is hard on me and I spend a great deal of time thinking about getting my treatment on time. My ability to follow the protocol is my biggest problem right now because of the procedures Israel makes Palestinian patients go through.”

Appendix 2 – Testimonies: 2014 War

11. Taghreed A

Name	Taghreed A
Age	29
Location	Khan Yunis
Nature of Incident	Handicapped by Israeli bombing
Date of Incident	23 July 2014

“My name is Taghreed and I am 29 years old. I live in Khan Yunis in Gaza in my family’s house with my parents, brothers Ahmad (21 y.o.), and Hasaam (26 y.o.) and his wife and son (18 m.o.). ”

“On the morning of 23 July 2014, my nieces and I were sleeping when the house was struck by rockets from a F16 plane without warning. Both my nieces Noor and Zainab were killed and I was taken to the European hospital in Khan Yunis. I had to have pieces of shrapnel removed from my stomach and kidney. Because of the seriousness of my injuries, I was transferred to An-Najah hospital in Nablus where I remained for a month and a half during which both my legs were amputated.”

“In August 2015 I travelled to Bethlehem in order to get artificial limbs at the Family Association in Beit Jala, which the Palestinian Health Ministry funded. However, there the doctor informed me I need to diet to lose weight before they could fit the artificial limbs for me. ”

“I was exhausted and despairing when I returned from Bethlehem and went to have liposuction in my legs in the European Hospital in Khan Yunis. I tried to slim down but my health did not allow it, and I was using a wheelchair so did not know how to lose weight. ”

“Until now I suffer from physical and mental problems. I am always agitated and hear the sound of rockets falling. I feel that I am holding myself back and I have frequent convulsions in my bones. I am constantly taking painkillers. ”

“When I go outside I feel annoyed at the stares of others. I am overwhelmed because I am exhausted and unable to live a normal life. I hope that I can have physical and psychological treatment so that I can heal and travel to get prosthesis made for me in order to walk once again. ”

12. Jamileh J

Name	Jamileh J
Age	40
Location	Gaza
Nature of Incident	Daughter and husband killed by bombing
Date of Incident	20 July 2014

“On 20 July, I was home with my family while my married daughter and her son were visiting us. Suddenly, there was an intensive Israeli bombardment and our house was hit. We all ran outside, I saw my husband run back inside to get some money for us. My husband managed to get in and out fast without being harmed, so we continued running until we reached a relative’s apartment. When we calmed down and got settled I commented to my husband that it was not very wise of him to go back into the house to get the money, as he could have been killed. My husband said it was important so now we can afford to rent a house somewhere else in Gaza that might be safe.”

“Just as my husband finished his sentence the third floor of the building we were staying in was hit by a missile; for the second time we ran outside to escape the destruction. Once outside, we started to run. We saw an ambulance close by on the street corner. My husband and our daughter, Marah (11 y.o.) ran towards the ambulance. I was running behind them with my other children when I heard the sound of a missile hit the ambulance. The ambulance, the medics, my husband and my daughter were all blown up in front of my eyes. My daughter Marah flew up into the air and hit the wall. We were not able to get any closer to them, things were exploding all around them and fires were burning everywhere. People were screaming, everyone was terrified but I had to continue running with the rest of my children until we reached the hospital. At 5:00 p.m. buses arrived at the hospital and we were transported to one of the UNRWA schools, which was opened as a shelter for those who left their houses and ran from Israeli bombardment.”

“Four days later, neighbours brought me my husband and daughter’s remains. My husband’s body had no hands or legs. He had also been decapitated. My sons began to look for the rest of their father’s body parts in a bag containing the remains of several bodies found after the bombing. My daughter had injuries all over her head and body.”

“I am being treated in Al-Quds hospital as I was hit with shrapnel in my hands and in the side of my body. I find it hard to breath; it feels like my chest is on fire. I saw my daughter killed in front of my very eyes. I couldn’t do anything to save her, both she and my husband have left me.”

Note: After this interview, Jamileh started to call her husband’s name, Shaker, and then lost consciousness. The doctors came and gave her a sedative.

Appendix 3: Interview with Al-Mazan Centre for Human Rights

Interview with lawyer Mr. Samir Muna'am – Legal unit at the Al-Mazan Centre for Human Rights.

Date of interview: 30 January 2018

Location: Al-Mazan Centre for Human Rights- Gaza

Telephone number: 0599609310

Mechanisms used for providing support and intervention in cases where the right to travel for treatment has been violated:

Al-Mazan Centre for Human Rights focusses its attention on monitoring the right to health and the access to appropriate treatment in Gaza. It provides all the necessary interventions to enable patients to travel and receive treatment, as well as following up on the health sector by monitoring hospitals and directing competent government agencies to support the health sector appropriately.

A team of lawyers within the legal unit at the Centre work with the complaints received from patients who have been denied access to hospitals outside of Gaza due to a security refusal from Israel, or a continuing security check, or security checks on their chaperone. When the lawyers receive a complaint they work to document the violation through a form, prepared in advance by the Centre, containing a set of questions aimed at clarifying the details as to why the patient was refused hospital access (date of medical transfer, hospital appointment date, type of disease etc.). After checking all the papers submitted by the patient, and confirming that it meets all the conditions for treatment outside of Gaza, a legal application is prepared with the papers attached. All potential problems are reviewed and all risks to the patient are detailed. This application is then sent to the Israeli Directorate of Liaison and Coordination at the Erez Crossing (Beit Hanoun) via the Centre's lawyers in the Occupied Territories. The Directorate will then review the application by Al-Mazan Centre and send a reply. These replies can be varied, positive, negative, or sometimes no response is given without justification. The Centre's lawyers continue to work directly with the Israeli side in order to exert pressure on them for Gazan patients to be able to reach outside hospitals for treatment.

In 2017, a number of patients who submitted complaints to the Centre died before being able to receive treatment outside of Gaza. One of these was Faten Ahmad, who had a cancerous tumour in her head. She was unable to obtain a permit to travel to the Occupied Territories.

The Palestinian Centre has received about 350 requests from patients to travel outside of Gaza for treatment. One case has numerous requests submitted to the Israelis. Only 20% of these have been able to obtain treatment outside Gaza.

In 2017 there was an increase in obstructions for Palestinian patients attempting to receive treatment outside of Gaza because the Israeli authorities are discriminative towards Palestinians and unjustifiably continue security checks.

Appendix 4: Report of Palestinian Centre for Human Rights in Gaza.

This document has been prepared by the Palestinian Centre for Human Rights in Gaza in preparation for this submission. The focus is information regarding the medical transfer of Gazan patients to external institutions.

Cases of female patients who were transferred to treatment outside Gaza:

In theory, patients can be transferred outside of Gaza for the treatment of all diseases covered by government health insurance. In practice, the transfer of patients is dependent on governmental capacities to treat the disease. If they are unable to treat the patient in Gaza then they will be seek transfer to an external medical institution.

The diseases which warrant treatment under insurance in a hospital outside of Gaza are:

Cancer, eye diseases, cardiac surgery, blood vessel related disease, cardiac catheterization, endocrine system related disease, rehabilitation, general surgery, chest surgery, pediatric surgery, abdomen related disease, skin disease, genital related disease, deteriorative genetic diseases, nerve surgery, radiology, nuclear medicine treatment, MRI scans.

Despite this, in reality, the Palestinian Ministry of Health in Gaza has been forced to transfer hundreds of medical cases not covered by government insurance abroad due to the inadequate conditions of the medical institutions in Gaza. This is a result of ongoing Israeli siege, political divisions, and lack of medical staff, meaning medical institutions are left unable to deal with many cases.⁴⁸

Israel's commitment to Gazan patients from a human rights perspective:

Israel is trying to avoid fulfilling its responsibilities to the Gaza Strip even though, under international law, it is considered the occupying power and therefore has obligations to the residents of Gaza. These include allowing every patient access to medical care. By forbidding Gazan patients to travel for medical purposes, Israel has failed to fulfill these obligations.

Forbidding Gazans from travelling abroad to receive treatment, and the restrictions imposed on Gazans travelling from Gaza to the West Bank, Jordan, Jerusalem, and Israel, is one of the most damaging practices imposed by Israel. Additionally, Israel discriminates by classifying medical cases

⁴⁸ Report on Israeli restrictions on travel and withholding treatment - Palestinian Centre for Human Rights, Gaza

as either 'life saving' or 'quality of life' in which patients will be denied treatment despite their poor health.

This 'quality of life' classification is unclear and deprives thousands of Gazan patients their right to receive treatment. There have been many cases where the seriously ill have been forbidden to travel because of this mysterious classification. Included in this are cases of patient losing their sight because, by Israel's standards, this is considered a 'quality of life' problem, and is not of major importance.

The denial of treatment to patients is classed as a form of Cruel, Inhumane or Degrading Treatment as underlined by the United Nations Convention who have expressed concern about Israel's restrictions on the travel of Gazans for medical reasons. Restrictions on the free movement of patients has resulted in numerous, avoidable deaths of those who needed urgent health care.⁴⁹

⁴⁹ (ibid.)

Appendix 5: Interview with Lawyer from Palestinian Centre for Human Rights

Interview with lawyer Mr. Mohammad Basiso - Legal Unit at the Palestinian Centre for Human Rights

Date of interview: 29 January 2018

Location: Palestinian Centre for Human Rights

Telephone number: 0599730445

Mechanisms used to provide support and intervene in cases where the right to travel has been obstructed:

Palestinian Centre for Human Rights works to support the freedom of the right to health and freedom of movement by liaising with the Israeli authorities and the Palestinian Ministry of Health in Ramallah and Gaza, among others. The Centre's work is tirelessly done by a team of lawyers.

The Centre's main work is to help patients and humanitarian cases to travel without obstruction. The intervention begins after the patient has applied for a medical permit from the Civil Affairs Department in Gaza and has been rejected due to security checks, of which the duration is unknown, generally without justification from the Israeli side. The Centre then begins to check and verify all the patient's papers (medical transfer application, proof of financial means, English medical report, identity card of the patient, appointment at the hospital). Then a request for the Israel side to reconsider the application is submitted on behalf of the patient. The Israeli side will then confirm the receipt of the application and re-opening of the patient's file, before they send a second response on the progress of the security check.

The Centre's staff maintain daily direct contact with the Israeli side on the progress of the patient and humanitarian cases and the review of the applications which have been submitted. Additionally, the staff will intervene in life-threatening cases where patients require urgent transfer to a hospital outside of Gaza.

The Palestinian Centre for Human Rights is sometimes surprised by the lack of response from the Israeli side to the applications that are submitted, particularly when the cases are so serious. In this situation the Centre is forced to go to the Israeli prosecution and put pressure on the Israeli authorities to expedite the process of issuing legislation to the patient. The Israeli prosecutor will then either give the patient approval, or request they come for a security interview at Erez crossing. After the security interview, the case is evaluated by the Israeli side and the patient will receive a positive response, or a negative one based on continued, unjustified security examination.

According to Israeli law, applications for a medical permit by persons aged 55 and older are not subject to security examinations by Israeli authorities. There is a high proportion of patients over the age of 55 who have been subject to security screenings, which take a long time. The Centre has seen cases where the screening can last a week, and other where the screening can last months. For some patients who have already started their treatment and want to complete it, they can receive a negative response which severely affects their recovery of cancer or other intractable diseases. A number of patients have died while waiting for their medical permit to complete their treatment in West Bank or Israeli hospitals.

For the average application of a patient aged between 16 and 55 years, 23 days is required for the Israeli side to complete their security checks and issue a permit. The Palestinian Centre for Human Rights has issued numerous requests on behalf of patients to the Israeli authorities. In 2016 the number was 1041 requests, and in 2017 it grew to 1119 requests, of this 346 received a permit, 109 received a rejection, and 644 are still waiting under security examination. The Israeli side is more concerned with the security aspect of each application, which each time needs to be assessed by their security office, than the health and wellbeing of the Palestinian patients.

Criteria for cases which qualify for medical transfer outside of Gaza, as stated by the Palestinian Ministry of Health represented by the Department of Treatment Abroad:

The Palestinian Ministry of Health adopts specific criteria for cases that qualify for transfer to a medical institution abroad, these are:

- Lack of the required service in a governmental medical institution;
- Lack of medical equipment required for treatment;
- Not enough hospital beds available due to high occupancy rate; and
- A long waiting list for treatment of more than six months.

Therefore, the basic criteria for the treatment of patients outside of the Ministry of Health's institutions is due to a lack of services or medical expertise required to treat them, a lack of equipment, or because of the inability to accommodate these patients.

Conditions for treatment outside of Gaza:

- The patient's illness should be one covered by health insurance, and his insurance must be valid.
- The patient must have a letter from the doctor treating him that confirms the necessity of transferring him outside of Gaza for treatment due to the Ministry of Health's shortcomings.

When the criteria are met the patient receives a document called form no.1, a detailed medical report issued by the Palestinian Ministry of Health. This form is sent to the treatment department (Service Procurement Department). This department has a higher medical committee that assesses all the forms it receives from the hospitals and issues a response. In the case of acceptance, the patient is transferred to a hospital agreed on by the Palestinian Health Ministry, either national, in Jerusalem, or in Israel.

When the patient receives an appointment date from the hospital then the financial coverage and appropriate treatment is determined alongside a financial check by the Palestinian Health Ministry on the hospitals costs.

Appendix 6: Interview with Palestinian Health Ministry, Gaza.

Interview with Mr. Rafat Mahsein – manager of the Department of Coordination and Liaison in Civil Affairs, Palestinian Health Ministry, Gaza.

Date of interview: 29 January 2018
Location: Department of Civil Affairs, Gaza
Telephone number: 0599986743

Requirements for a medical permit:

- Patient medical transfer with evidence of financial coverage and medical report
- Reserved appointment with the hospital
- Patient's identity card

Time required for issuance of a permit in normal cases:

For the average case, the time required for a medical permit to be issue by the Israeli authorities in 2017 was 23 days. This length of time is needed for the completion of a security check. Even though the Israeli side does not need this long, a majority of cases are subject to security checks which can stretch out for months, and in the end they may not even obtain a permit from the Israeli authorities.

Previously, the security examination was carried out on applicants aged 16 to 35 years old, and the duration of it was no more than 10 days before an approval or rejection was delivered. In the last two years this has been raised to 16 to 55 years old. Additionally, the duration of the examination has doubled, as well as an increase in the number of patients who are required to undertake the examination.

Despite this law by the Israeli authorities, which is intended to be used in daily practice for permit requests, it continues to shock the Department of Coordination and Liaison that patients up to 70 years old must undergo security checks. The practice of Israeli security examinations changes daily, without consideration of the laws intended to be applied to them.

In cases where the patient is a child, it is preferable that their chaperone is a mother, grandmother, or aunt over the age of 45, as they can obtain a chaperone's permit easier. The Israeli authorities have judged that every chaperone under the age of 45 must undergo a security examination. There are cases where the mother or grandmother is under 45, or there is no other family member who is under 45 and can chaperone the child. This prolongs the duration of issuing a permit which, consequently, may not even be approved by the Israeli side. This increases the suffering of child

patients and reduces the chance of them receiving the appropriate treatment in time, especially cancer patients.

In the case that the result of a security examination is rejection or prohibition from travelling by the Israeli authorities:

The Department of Coordination and Liaison does not consider the security check as an official position, prohibition, or refusal on a permit, which requires an official response from the Israeli side. In the event a patient is refused, they receive an official document from the Israeli side ruling the unjustified continuation of a security check for an unspecified duration of time. Eventually, another response will be issued either permitting travel, extending the security check for longer, or prohibiting travel. The Department of Coordination and Liaison is in constant dialogue with the Israeli authorities throughout the security examination, especially with regards to cases of cancer patients, as the impact of the duration of the examination on the patients' health is detrimental.

Over the previous years, Civil Affairs have been very affected by the measures taken by the Israeli authorities, and much concern was placed upon the ability for patients to travel. The Israeli siege of Gaza has resulted in reduced medicine and treatment for patients, especially cancer patients. The situation puts great pressure on the citizens of Gaza because the success of medical or humanitarian permit applications from the Israeli side is very low. The Department of Coordination and Liaison's last meeting with the Israeli authorities reached an agreement to lower the security check duration to 14 days for all medical and humanitarian cases by February 2018. Additionally, this security approval should last for six months, instead of three, meaning that a re-application within this time does not require another security examination.

In 2017, approximately 25,490 permit requests were submitted to the Department of Coordination and Liaison in Gaza (one case may have more than ten requests to their name), and 9,101 patients who had a medical transferal to outside of Gaza were blocked from travelling by the Israeli Occupation Forces. The Israeli authorities during the past year have obstructed the travel of thousands of Palestinian patients with a medical transferal to outside Gaza, including to Jerusalem. The forms of obstruction from travel including failure of the security examination, without a given reason, prolonged security examination, requesting the patient change hospital, requesting the patient to change the date of treatment, and judging that the patient's treatment was not a matter of life or death. In 2017, 579 applications for a medical permit were outright rejected by the Israeli side, 35% of these were women.