

**BRIEFING AUTUMN 2018**

**MAP**  
MEDICAL AID FOR PALESTINIANS

# OBSTRUCTED HEALTHCARE AND DE-DEVELOPMENT IN AREA C OF THE WEST BANK



## OCCUPIED PALESTINIAN TERRITORY

THE WEST BANK (INCLUDING EAST JERUSALEM)  
AND THE GAZA STRIP



## AREA C

The 1995 Oslo II Accord divided the West Bank into three areas. In Area A, the newly-established Palestinian Authority (PA) obtained full civil and security control. In Area B it gained civil control but shared security control with Israel. These areas continue to comprise 165 disconnected “islands”. Over 60% of the West Bank was labelled Area C, where Israel maintains full military and civil control, and to this day determines all planning, building, laying of infrastructure and development.

This artificial division of the West Bank was only meant to remain in effect for five years, yet today some 300,000 Palestinians continue to live under full Israeli control in 532 residential areas located partially or fully in Area C.

The Palestinian population of Area C includes 115 Bedouin communities, mostly refugees originating from five tribes in the Naqab (or Negev) desert, who were expelled from or fled from their lands during and shortly following the creation of the state of Israel.<sup>i</sup>

OHCHR figures show 80% of Palestinian Bedouin live in the Jordan Valley, the Dead Sea area and around Hebron, constituting the majority of the population in closed military training and firing zones.<sup>ii</sup> 50% of Bedouin families lack access to water and 41% have no source of electricity.<sup>iii</sup> 84% cannot afford the transport costs to access health and education.<sup>iv</sup> Bedouins also suffer from high rates of malnutrition and elevated rates of accidents and hygiene-related hazards.

Also 400,000 Israeli settlers live in Area C – in contravention of international law – in approximately 230 settlements, some of them referred to as “outposts” established without the fullest of approval by the Israeli authorities but with their support, including the provision of infrastructure and security.<sup>v</sup> Between 2011 and 2016, Israeli authorities completed or initiated steps for the retroactive approval of illegal constructions, under Israeli law, of at least 25% of outposts.<sup>vi</sup>

Israel, which has occupied the West Bank since 1967, imposes a range of laws, policies, and practices which pressurise Palestinians and contribute to unliveable conditions or coercive environments. These measures place Palestinians at risk of forcible transfer, a grave breach of the Fourth Geneva Convention and a war crime under the Rome Statute of the International Criminal Court.

## OBSTRUCTED DEVELOPMENT

The majority of the West Bank's natural resources are located in Area C, including agricultural land, mineral resources and 70% of the water reserves. Palestinians' ability to live in or cultivate large sections of Area C is severely restricted. For instance, Israel has designated nearly 30% as closed military training and firing zones and 14% as nature reserves and national parks, essentially a tactic to block Palestinians from using that land.<sup>vii</sup> Other similarly restricted land includes the settlements themselves, their local and regional councils, archaeological sites and survey land. According to a 2013 World Bank report, **the Palestinian economy loses \$3.4 billion annually due to Israel's control over Area C<sup>viii</sup>**, a sum over four times greater than the total foreign aid received by the Palestinian Authority in 2016 (\$780 million)<sup>ix</sup> and 45 times higher than DFID's planned budget for the occupied Palestinian territory (oPt) in 2018/9 (£59million).<sup>x</sup>

Palestinians are routinely prevented from building permanent infrastructure in Area C through a discriminatory and restrictive planning regime. Data from the UN Office for the Coordination of Humanitarian Affairs (OCHA) demonstrate that Israeli authorities approved less than 3% of requests submitted for building permits by Palestinians between 2009 and 2016.<sup>xi</sup> To meet their housing and livelihood needs, many Palestinians are left with little choice than to build without permits, risking demolition and displacement, or to move elsewhere.

Due to the restrictive planning regime, most Palestinian communities in Area C are not connected to the water network, and face restrictions on the restoration of any existing connections or the construction or repair of water cisterns. This situation forces already vulnerable households to buy water from private sellers, at rates up to five times the price of piped water.<sup>xii</sup> Water scarcity undermines Palestinians' health and livelihoods, including their ability to maintain sanitation infrastructure.

The settlements, in contrast, get their water supply from wells in the West Bank (largely in the Jordan Valley) and have enough water to run export-led agricultural industries, swimming pools and spas.<sup>xiii</sup> According to OHCHR, some settlements consume around 400 l/c/d, whereas for Bedouin communities it can be as low as 10-20 l/c/d from expensive and low quality tanker water.<sup>xiv</sup>



## LIFE AT THE SHARP END OF OCCUPATION: THREATS TO HEALTH AND WELLBEING OF BEDOUIN COMMUNITIES

### DE-DEVELOPED HEALTHCARE

With permission to build routinely denied, there is no meaningful development of permanent health infrastructure in Area C to meet the needs of its residents. There is not a single permanent Palestinian healthcare centre in Area C while Israeli settlers, whose very residence in Area C as well as across the West Bank is unlawful, access modern hospitals and clinics. According to UN OCHA, nearly half of communities in Area C report that their access to emergency and basic health care is impeded by the long distances to the nearest clinic, and/or the need to pass a checkpoint.<sup>xv</sup>

This means that many Palestinians in Area C, especially Bedouin communities, rely on mobile services provided by NGOs, the UN and Palestinian Authority for primary care.

### SUPPORTING MOBILE HEALTH SERVICES FOR BEDOUIN COMMUNITIES

Medical Aid for Palestinians (MAP), in partnership with the Islah Charitable Society, run a mobile clinic which provides primary healthcare and health education for 27 Bedouin communities in the Jordan Valley. The clinic provides treatment for acute and chronic health conditions, addresses poor nutrition among women and children, and provides antenatal and postnatal care.

#### MOBILE HEALTH CLINIC, 2017

**436**  
VISITS MADE  
TO HOUSEHOLDS IN  
BEDOUIN COMMUNITIES



**9,204**  
CONSULTATIONS

INCLUDING

**501** CONSULTATIONS TO  
PREGNANT WOMEN



**10,812**  
ATTENDEES ACROSS

**433** COMMUNITY HEALTH  
AWARENESS SESSIONS





## DEMOLITIONS

The destruction of property in an occupied territory is prohibited under international humanitarian law, unless absolutely necessary for military operations, which is not relevant in the West Bank where there are currently no active hostilities.

Nevertheless, between 2009 and 2016, Israel demolished over 4,000 Palestinian-owned structures in Area C on the grounds of lack of building permits.<sup>xvi</sup> Currently, over 12,500 demolition orders are pending.

In the central West Bank, 46 Palestinian Bedouin villages, home to some 8,000 people, have been targeted by the Israeli authorities for "relocation" to a number of designated sites, including townships.<sup>xvii</sup> This includes 18 communities, including Khan al Ahmar and Abu Nuwwar, located in or next to an area slated by Israel for the E1 settlement plan, which aims to create a continuous area between the Ma'ale Adumim settlement and East Jerusalem while similarly preventing the geographical contiguity of the southern and northern West Bank. The implementation of this would end any remaining hope for a geographically contiguous Palestinian state and further undermine the viability of a two state solution, which the UK government states it is committed to.

On 5 September, the Israeli High Court gave the green light for the Israeli authorities to demolish Khan al Ahmar, prompting UN human rights experts to state: **"It is gravely disappointing that a High Court can take a decision that is totally against the fundamental principles of international human rights law and international humanitarian law."**<sup>xviii</sup>

Demolitions, displacement and impeded development have impoverished and increased aid dependency among Palestinians in Area C. Forcing Bedouin communities into cramped permanent townships would have a devastating impact on Bedouin cultural and social practices. It would also have disastrous economic effects, as the townships will not allow Bedouins to continue pastoral farming, forcing them to sell or give up their livestock because of a lack of space and grazing land.

## IMPACT OF SETTLEMENTS AND SETTLERS ON HEALTH

The expansion of Israeli settlements means less land for Palestinians, more checkpoints, roadblocks and other obstacles, as well as more settlers and soldiers who frequently harass and harm Palestinians, including by arresting children in the vicinity of them.<sup>xix</sup> In many of these areas, the time required to get to the nearest clinic has increased because Palestinians need to take indirect routes around settlements and barriers. Access to healthcare can also be impeded by the unavailability or high costs of transportation, and in some communities, access to emergency services is challenging as even ambulances face delays.

Harassment and violence from Israeli settlers is frequent in Area C. In 2013, the report of an independent fact-finding mission mandated by the Human Rights Council noted that "the intent of these attacks was to pressure Palestinians to leave the land".<sup>xx</sup>

Israeli settler violence against Palestinians has been on the rise since the beginning of 2017. Between January and April 2018, OCHA documented 84 incidents attributed to Israeli settlers resulting in Palestinian casualties (27 incidents) or in damage to Palestinian property (57 incidents). On a monthly average, this is the highest level of incidents since the end of 2014 and represents a 50% increase compared with 2017 and 162% in contrast to 2016.<sup>xxi</sup>

Israel has routinely failed to hold perpetrators of such attacks to account. Between 2005 and 2016, over 90% of the investigation files on settler attacks against Palestinians and their property filed with the Israeli Police were closed without the indictment of a suspect.<sup>xxii</sup>

### PALESTINIAN CHILD BEATEN UNCONSCIOUS BY SETTLERS

On 6 September 2017, 16-year-old Usama Daghlas was attacked 500m from his house, in Burqa village, by 10 to 20 settlers who beat him unconscious. Over the course of an hour, the settlers stripped him naked and dragged him over a hillside. A shepherd found him two hours later, unconscious and bruised. Even though a complaint was filed, the investigation was soon closed by the Israeli police.<sup>xxiii</sup>





## CHILD MALNUTRITION IN THE JORDAN VALLEY

Movement restrictions, limited access to potable water, poverty, persistent threats of forced relocation and home demolitions, and lack of minimal human security measures are negatively affecting the health of Palestinians.

In 2017 the Palestinian National Institute of Public Health and World Health Organization conducted research into the levels of malnutrition among children and their mothers in the Jordan Valley, an area that overwhelmingly lies within Area C, with nearly 87% of the land under full Israeli military or settlement jurisdiction and prohibited for Palestinian use.

The report found that 16% of children under five years of age were stunted. Bedouin children were more at risk of stunting, 23%, compared to children living in villages, 10%, and camps, 9%. Similarly, children from homes exposed to any form of forced displacement had higher prevalence of stunting, 19%, than children who had never been forcibly displaced, 10%.<sup>xxiv</sup> The study also found that almost half of all children in the Jordan Valley (49.3%) and 19.1% of mothers were anaemic.<sup>xxv</sup>

## PHYSICAL AND MENTAL HEALTH THREATS TO BEDOUIN COMMUNITIES

The everyday practices imposed by the occupying power on Palestinians in Area C impact not only their socioeconomic wellbeing and physical health, but their mental health too.

Threats and fears are a palpable day to day reality and cause distress. The impact of prolonged exposure to trauma, fear of oneself or one's family members being killed or injured – including on the way to school<sup>xxvi</sup>, obstacles to self-determination, the erasure of Bedouin cultural practices, and restrictions of movement harms the quality of life and health of Palestinian Bedouin. Particularly at risk are children, with exposure to trauma in childhood found to have direct links to long term chronic illnesses.<sup>xxvii</sup>

*“The mobile clinic is essential to our steadfastness given the daunting restrictions imposed by Israeli forces. You know, when my child has a fever I can pull out the Tylenol provided by the clinic or use methods shared by the social health worker, rather than figure out transportation to the nearest hospital, some 15 km away. But tell me this, is there medication I can give my child for his constant night terrors? Is there something that can be prescribed for my daughter who won't leave my side for fear that she will be shot at by an Israeli settler?”*

Bedouin mother living in Khan al Ahmar.

## RECOMMENDATIONS TO THE UK GOVERNMENT

- 1 Call robustly on Israel to cease its demolition of Palestinian properties in the West Bank and reverse its practices which harm Palestinians' livelihoods and wellbeing and otherwise seek to coerce communities into relocating so that settlements can expand;
- 2 If demolitions and related acts do occur, to denounce them and demand that perpetrators are held accountable for breaches of international human rights and humanitarian law; and
- 3 Ensure that DFID's prioritisation of health and education in the occupied Palestinian territory (oPt) is supported by FCO engagement, addressing the political obstacles to healthcare access.

To see our references/endnote, please visit:

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