



RICHARD GRAY

# ACCESS TO HEALTHCARE

## HEALTH UNDER OCCUPATION: CHAPTER 1

**MAP**  
MEDICAL AID FOR PALESTINIANS



PHYSICIANS FOR **طِبَايَا**  
HUMAN RIGHTS **لِحَقُوقِ الْإِنْسَانِ**  
ISRAEL **إِسْرَائِيل**

## EXECUTIVE SUMMARY

The accessibility of healthcare is a fundamental element of the right to health. If patients are unable to physically get to centres of care, other aspects such as the quality and availability of treatment are rendered meaningless. Yet Palestinians in the West Bank and Gaza, living under fifty years of occupation, face numerous physical and bureaucratic barriers to accessing effective treatment and care.

These primarily relate to limitations placed on freedom of movement as manifested by the Israeli permit system and the restricted access of ambulances through checkpoints. As a result of these restrictions, the United Nations has defined 'individuals in need of medical referrals' as a vulnerable group within the Palestinian population, who, when delayed or denied access to specialised medical services, **"can suffer from deteriorating medical conditions which can affect their quality of life and contribute to death in some cases."**<sup>i</sup>

This briefing will focus on how Israel's fifty-year occupation of Palestinian territory, and the restrictions on freedom of movement this imposes, affect the physical accessibility of treatment for Palestinian patients, with potentially severe consequences for their medical recovery.

## RECOMMENDATIONS FOR ACTION

In 2017, Palestinians mark fifty years of living under the world's longest ongoing military occupation. This occupation constitutes a major impediment to the health and dignity of Palestinians, and to peace for Palestinians and Israelis alike. Governments like the UK must redouble their efforts to bring this occupation to an end. This is not just a moral obligation, it is a necessity in order to save lives and improve the quality of life for Palestinians.

In addition to supporting an end to the occupation, there are a number of ways that governments like the UK can support Palestinians to access adequate medical treatment and care:

- **Placing pressure on the Government of Israel to remove the obstacles to the right to movement which undermine access to treatment.**  
This should include:
  - 1) Allowing **free movement of patients and their companions to treatment in all areas of the occupied Palestinian territory** (Gaza, West Bank, East Jerusalem), including ending the restrictive permit regime which hinders access to adequate care.
  - 2) Allowing the **free movement of ambulances, and removing the policy of "back to back" ambulance transfers** at checkpoints which cause dangerous delays to patient care.
- Working through bilateral and multilateral engagement towards **ending the blockade of Gaza and the separation between the West Bank, Gaza, and East Jerusalem.** Such efforts should pay particular attention to removing barriers to effective medical treatment, especially the impediments to the development of the Palestinian health sector within Gaza.

## INTERNATIONAL LAW

International humanitarian law stipulates that, as the Occupying Power, Israel is responsible for the health and welfare of the Palestinian population under its control. This includes:

- Ensuring the population's access to adequate medical treatment;
- ensuring the medical supplies of the population if the resources of the occupied territory are inadequate; and
- ensuring and maintaining medical establishments and services in the occupied territory.

The International Covenant on Social, Economic and Cultural Rights, to which Israel is a signatory, also requires Israel to create the conditions in which the necessary medical services can be delivered in the event of sickness

**"This is about freedom of movement at its most raw level – the right to access, literally, life-saving services for you, or an elderly parent or perhaps an infant child. The very idea that a fence, a wall, a security guard, a bureaucrat could stand between you and such life-saving services should fill us all with a shared sense of dread."**

**Robert Piper**  
UN Coordinator for Humanitarian Aid  
and Development Activities<sup>ii</sup>





# ACCESS TO HEALTHCARE



Erez checkpoint with baby waiting in a cot

The medical administration of the occupied Palestinian territory is divided into three regions: Gaza, the West Bank and East Jerusalem. Consequently, the Palestinian health system also spans these three regions, each having different challenges and limitations on resources and expertise as a result of fifty years of occupation, meaning that referrals between regions are frequent and essential. However, the passage of Palestinian residents between and within these regions is controlled by Israel and there is no free passage between regions and medical institutions.

Palestinian residents who need medical care outside of their region of residence require an exit permit from the Government of Israel. This is primarily an issue for residents of the West Bank and Gaza, who are often referred for treatment in East Jerusalem, where the most advanced Palestinian hospitals are located. Residents of Gaza are also often referred to hospitals in the West Bank, for which they need a permit from the Israeli authorities.

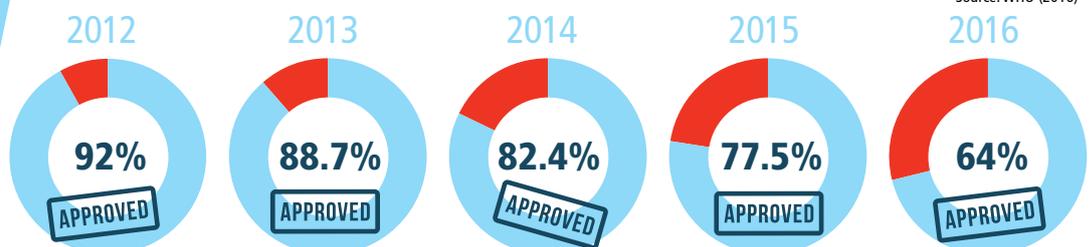
On a yearly basis, tens of thousands of patients are referred for treatment outside the Palestinian healthcare system when the medical treatment they require is unavailable in the Palestinian territory. In these cases, the cost of treatment is covered by the Palestinian Ministry of Health. In 2015, approximately 87,000 patients received such referrals. Of these, some 52,000 – over half – needed an Israeli permit in order to access treatment.<sup>iii</sup>

Obtaining Israeli permits is a process that is, as stated by the World Health Organisation (WHO), “neither transparent nor timely”<sup>iv</sup>. Security services frequently deny travel permits without explanation, citing ‘security reasons’. There have also been cases where patients from entire geographical areas were denied exit permits, in what the UN has said may amount to collective punishment, or where permits were denied as a result of political events or Israeli holidays.<sup>v</sup>

According to WHO, in 2014-15 more than 110,000 Ministry of Health and private patients applied through Palestinian coordination offices for Israeli-issued health access permits, 18% from Gaza and 82% from the West Bank<sup>vi</sup>. Relatively similar numbers of patient companions – first-degree relatives who accompany patients to treatment and support them on their journeys – also apply for permits.

## PERCENTAGE OF PERMITS APPROVED FOR PATIENTS NEEDING CARE OUTSIDE OF GAZA

Source: WHO (2016)



# WHY REFER TO EAST JERUSALEM?

Six Palestinian hospitals in occupied East Jerusalem provide many medical specialities which the Palestinian Ministry of Health is unable to provide in the West Bank and Gaza.



OVER  
**50%**

of patients in East Jerusalem's hospitals are referred from the West Bank or Gaza by the Ministry of Health

	 CARDIAC SURGERY	 SPECIALIST CANCER CARE	 SPECIALIST ONCOLOGY TREATMENT	 CHILDREN'S DIALYSIS	 SPECIALIST REHABILITATION SERVICES	 COMPLEX EYE SURGERY
GAZA	×	×	×	×	×	×
WEST BANK	×	×	×	×	×	×
EAST JERUSALEM	✓	✓	✓	✓	✓	✓

# HOW DO PATIENTS GET TO HOSPITAL?

Palestinian patients entering East Jerusalem must undergo the 'back-to-back' ambulance transfer process. The average back-to-back delay at checkpoints for emergency cases is 24 minutes.\*



## WEST BANK / GAZA

## EAST JERUSALEM

### 1. COORDINATE

Hospital, ICRC, PRCS and military coordinate

### 2. EMERGENCY

Ambulance leaves hospital

### 3. SEARCH

At checkpoint ambulance is searched

### 4. WAIT

Avg. delay in an emergency 6mins - 1hr depending on checkpoint

### 5. TRANSFER

Patient moved to second ambulance

### 6. HOSPITAL

Second ambulance takes patient to hospital



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Image by The White Canvas; thewhitecanvas.co.uk

Sources: WHO, PRCS, PHRI  
\*Data collected by PRCS between October to December 2015

# EXITING GAZA: WHO CAN GET A PERMIT?

Palestinians without a Jerusalem I.D. must obtain an Israeli-issued permit to travel to hospital in East Jerusalem. Those from Gaza experience the harshest restrictions.

## PATIENTS MAY BE REFUSED BASED ON



### AGE

People aged 18-45 experience the most delays and denials



### GENDER

Men are more likely to be refused than women



### ASSOCIATION

Patients with family considered to be a security risk by Israeli authorities have more chance of delay and denial



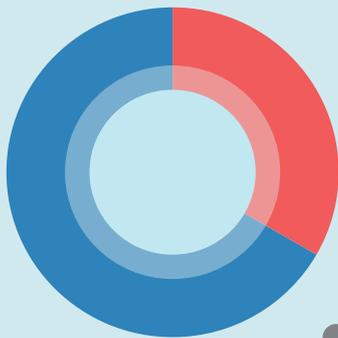
### SEVERITY

Patients requiring non-life saving treatment experience increased denials and delays



### APPROVAL TIME

Patients only find out if their application was successful the evening before they are due to travel



**1/3**  
OF PATIENTS  
WERE DENIED  
OR DELAYED  
IN 2016



### SECURITY INTERVIEW

Patients and companions risk being arbitrarily detained and interrogated by the Israeli security services



### PATIENT COMPANIONS

Patients are only allowed one companion, who must also apply for a permit. Companions under the age of 55 (94% of Gaza's population) are more likely to be refused

## PERMIT APPROVAL RATES TO EXIT GAZA THROUGH EREZ CHECKPOINT IN 2016 (%)



## PERMIT DELAYS

### TAREQ'S STORY

53-year-old Tareq, suffered from severe headaches. An MRI scan conducted in Gaza on 22 June 2016 identified a suspected cancerous tumour. Tareq was urgently referred for tests and surgery at the Augusta Victoria Hospital in East Jerusalem, scheduled for 7 July. His permit was turned down.

PHRI turned to the Israeli authorities demanding that the decision be reversed, submitting a medical opinion stating that "the patient's situation is seriously deteriorating... the operation is urgent". Tareq was then requested to undergo an interrogation. After he presented himself on 6 August on a stretcher, he was kept waiting for several hours before being dismissed. No permit was given.

Only after PHRI intervened for a second time was he given permission to travel on 15 August, more than a month after the initially scheduled surgery date. After the operation where the tumour was indeed found to be cancerous, Tareq was invited to follow-up chemotherapy, but once again faced delays each time he applied for a permit. At the end of 2016 he was in a critical condition in Augusta Victoria Hospital.



## ISRAEL'S PERMIT REGIME

Whether patients are travelling to an East Jerusalem hospital from a hospital elsewhere in the West Bank or from Gaza they will require a permit from the Israeli authorities. In all cases this can be a time-consuming process fraught with delays and arbitrary denials for certain age groups. However, the permit regime is particularly problematic for Palestinians from Gaza.

The health system in Gaza has been severely impacted by a decade of blockade and repeated conflict. Shortages of medical equipment and medications are frequent, and doctors are often prevented from being able to exit Gaza for training, leaving them unable to keep up to date with advances in medical practice.<sup>vii</sup> As a result, patients are frequently required to seek treatment in other areas of the occupied Palestinian territory (West Bank or East Jerusalem) or abroad, especially for more specialised surgeries and care. Yet exiting Gaza is a lengthy, unpredictable process.

Applications must be submitted at least 10 days before the hospital appointment, accompanied by medical documentation. If approved, patients are only informed the night before their travel. The waiting time, however, can extend to weeks, and even months. These delays can mean that patients will lose their appointments, and in several recorded instances, such inability to access treatment has resulted in death.<sup>viii</sup>

The Israeli authorities have also taken advantage of patients seeking exit permits to undertake interrogations for the purpose of gathering information about communities in Gaza, as a prerequisite before requests are considered. As noted by WHO, "**delays are often the result of patients and companions being called to appear for a security interview by security officials as a condition for a permit**".<sup>ix</sup> In 2015, Israeli television station Channel 10 aired a conversation with Lior Lotan, the Prime Minister's representative for prisoners and missing persons. During that conversation, Lo-tan said the following: "When people, relatives of Hamas big boys, senior people! ... When they wanted to enter Israel for medical treatment in Israel, we told them: 'No, bring us information on Abera'".<sup>x</sup> WHO documented 327 incidents of patients being questioned by security officials while seeking to travel for treatment in 2015.<sup>xi</sup> Additionally, on more than one occasion in 2016 patient companions have been arrested at the crossing, leaving the patient, sometimes a young child, to wait alone at the checkpoint until a relative can be contacted to take them back to Gaza. This systematic exploitation of a patient's need for treatment as a way of gathering information is a clear violation of the patient's right to access treatment.

Physicians for Human Rights – Israel (PHRI) has found that people aged 18-45 experience the most delays and denials.<sup>xii</sup> This is possibly as a result of arbitrary restrictions imposed by Israeli authorities on this age group based on security considerations, and can inevitably have a harmful impact on the health of patients in this age range. Similarly, patient companions are not permitted to be younger than 55, thereby preventing the majority of parents of younger children

## DIFFICULTIES OVERTURNING PERMIT DELAYS & DENIALS

IN 2016 PHRI SUPPORTED:

**239** patients from Gaza and the West Bank whose permits had been delayed or denied



The decision was overturned in only **27.2%** of the cases

IN 2015 PHRI SUPPORTED:

**243** patient from Gaza and the West Bank whose permits had been delayed or denied



The decision was overturned in **67%** of the cases



Erez checkpoint, baby's ambulance being checked/changed.

from accompanying them to hospital appointments and preventing patients from free choice of accompanier. According to the Palestinian Central Bureau of Statistics, only 6% of the population in Gaza is over age 55.<sup>xiii</sup>

With the current permit regime, political considerations are often given precedence over medical need. In February 2014, the Israeli District Liaison and Coordination Office in Gaza began refusing to accept any stationery, including that of the ministries of the Palestinian Authority, which included the "State of Palestine" logo, thereby leading to a large increase in requests for help with refusals.<sup>xiv</sup> Similarly, a 2015 directive by the Coordination of Government Activities in the Territories (COGAT) stated that when deciding on access there must be a distinction between patients requiring life-saving treatment, and those who could benefit from a drastic improvement in their quality of life, including those living with severe orthopaedic pain.<sup>xv</sup> Such a restriction is contrary to medical ethics and the right to health.

For patients in Gaza, accessing vital care in other parts of the occupied Palestinian territory or abroad is therefore fraught with delays or denials. The proportion of patients receiving a permit in time for treatment has steadily declined, from 93% in 2012 to 78% in 2015 and an average of 64% in 2016.<sup>xvi</sup> WHO has also found that more than half of denied patients did not know why they had been refused a permit.

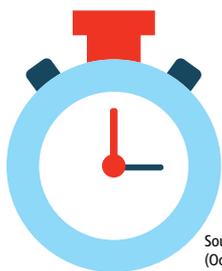
Average delay in back-to-back emergency transfers is

**24 MINUTES**



**41%** of back-to-back emergencies are delayed more than

**15 MINUTES**



Source: PRCs data (October-December 2015)

## BARRIERS TO AMBULANCE ACCESS

As East Jerusalem's hospitals are the sites of many medical specialties and treatments unavailable elsewhere in Palestine, such as radiotherapy, patients from the West Bank and Gaza are often referred there for care.

**Yet, for Palestinian patients, the process of entering East Jerusalem is fraught with obstacles to free movement.**

A Memorandum of Understanding signed in 2005 between the Palestinian Red Crescent Society (PRCS) and the Israeli Magen David Adom (MDA) stipulate that the area of free operation of PRCs ambulances should include all areas of the occupied Palestinian territory, including East Jerusalem, as per the framework of the 4th Geneva Convention. Nevertheless, the Independent Monitor of the ICRC Movement has stated that **"the rules and restrictions imposed by the occupying authority do not allow the PRCs to perform its duties in a satisfactory way"**.<sup>xviii</sup>

In all but a few cases, the Israeli government does not allow Palestinian patients, even emergency cases or those receiving critical care, to enter East Jerusalem from the West Bank freely in a Palestinian registered (PRCS) ambulance. Instead, they must undergo a procedure known as the 'back-to-back' transfer at a checkpoint, whereby they are moved from the Palestinian ambulance to an Israeli-registered one. This process leads to delays, which can mean that transfers through a checkpoint take sometimes five times longer, causing substantial discomfort and medical risk for the patient as they are walked or wheeled between ambulances, sometimes in a critical condition.

According to an agreement with the International Committee of the Red Cross (ICRC), after 15 minutes of delay the PRCs can contact the ICRC to intervene to help transfer patients.<sup>xix</sup> Delays at checkpoints often exceed this 15 minute guideline, with potentially serious impacts on patients' treatment and recovery. Monitoring by the PRCs across several checkpoints in December 2015 revealed that the average delay for 106 patients was 27 minutes, more than double the recommended time.<sup>xx</sup>

**"We arrived in a Palestine Red Crescent Society ambulance at one of the checkpoints outside Jerusalem. The soldiers stopped us. I heard the driver talking to them, but I didn't understand what the problem was. I was lying in the ambulance, feeling totally helpless. I, an old man, was seeking medical treatment and it seemed no one was helping me. One and a half hours later, I was finally transferred to the ambulance that had come from Jerusalem to take me to the hospital."**

PRCS Patient <sup>xxi</sup>



## TAKE ACTION

This briefing constitutes the first in a series of briefings highlighting the impact of fifty years of occupation on Palestinian health.

To read more, and support our demand for #HealthAndDignity for Palestinians, go to:

**[MAP.ORG.UK/ACTNOW](https://www.map.org.uk/actnow)**

**“Access is a fundamental element of the right to health. Every mother and child has the right to be together during a child’s cancer treatment.”**

**Dr Gerald Rockenschaub,**  
WHO Head of Office in the West Bank and Gaza <sup>xxii</sup>

For references, visit: [www.map.org.uk/HUOref](http://www.map.org.uk/HUOref)



Founded in 1988, PHRI works to promote a just society where the right to health is granted equally to all people under Israel’s responsibility. PHRI employs a multi-faceted approach to achieve its goals through the provision of humanitarian aid and work promoting policy change. Through our open and mobile clinics, volunteer medical professionals provide services free of charge to people with limited or no access to health care—primarily migrants, refugees, and Palestinian residents of the West Bank and Gaza. PHRI also works to change discriminatory structures policies towards Palestinians in the Occupied Territory, prisoners and detainees, migrant workers, refugees, undocumented persons, and Israeli residents. PHRI is supported by more than 3,500 members and volunteers, serves more than 20,000 people year on year by providing medical care or assistance in accessing the right to health.

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MAP works for the dignity and health of Palestinians living under occupation and as refugees.

MAP provides immediate medical aid to those in need at times of crisis, while also developing local capacity and skills to ensure the long-term development of the Palestinian healthcare system.

MAP is also committed to bearing witness to the impact of occupation, displacement and conflict on Palestinian health and wellbeing, and campaign for the realisation of Palestinian rights to health and dignity.

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