

**BRIEFING AUTUMN 2018**

**MAP**  
MEDICAL AID FOR PALESTINIANS

# GAZA'S HUMANITARIAN EMERGENCY

*"We call for an immediate end to the 11-year-old comprehensive blockade on Gaza, which is imposing untold suffering on the population. We cannot continue to ignore this collective punishment of the people of Gaza, and the undeniable human rights impacts of the blockade.*

*Collective punishment is prohibited under international law, and there must be international accountability for such actions."*

Six UN human rights experts, 17 April 2018<sup>i</sup>

## GAZA IN 2018: "A CRISIS ON TOP OF A CATASTROPHE"

Since widespread civil society-organised 'Great March of Return' protests began on 30 March, Gaza has received renewed attention. Demonstrators are demanding the realisation of their right to return to the lands they were expelled from or fled in 1948,<sup>ii</sup> and the wider realisation of their rights after 11 years of closure and blockade. The protests include cultural, educational and entertainment events, supported by medical posts, and some protestors have neared and in some instances apparently sought to cross the perimeter fence with Israel.

Israeli military forces' shocking use of lethal force may well constitute war crimes.<sup>iii</sup> By 27 August:

- **160 Palestinians have been killed, including three healthcare workers**
- **18,739 people injured**
- **9,772 people hospitalised, of whom 48% (4,649) were shot**
- **6,070 of those hospitalised received limb injuries**
- **1,200 injured people will need complex limb reconstruction, requiring up to seven surgeries and extensive rehabilitation for up to two years**
- **74 amputations have been carried out**
- **9 people remain paralysed by spinal cord injury<sup>iv</sup>**

**Dr Andy Ferguson, MAP's Director of Programmes who was present at Gaza's largest hospital, Al Shifa, on Monday 14 May said the following about what he witnessed:**



*"Any hospital in the UK would be utterly overwhelmed by such a massive influx of injuries as we saw in Gaza. Amid dwindling supplies of medicines and equipment and Gaza's chronic electricity shortages, hospitals in Gaza were in crisis even before the protests began. It is testimony to the*

*motivation and skills of medical teams in Gaza that, despite this, hospitals were able to keep receiving, triaging, referring and treating patients – both the newly-wounded and the hospital's standard patient workload.*

*On Monday 14 May, despite 12 theatres working flat out throughout the afternoon and evening, at 10pm there were still 70 major orthopaedic cases waiting for surgery – most of those with gunshot wounds. By 8am the following morning, 40 of these were still waiting, many in agony due to the unavailability of sufficient pain medications. Even basic supplies – gauze, syringes, surgical gowns – were running out.*

*MAP is doing all it can to respond to the needs, but it is up to the international community to ensure this bloodshed is not repeated, and that Gaza's health sector is supported to finally develop in line with the needs of its 2 million residents."*

Israel's use of force met widespread international condemnation.<sup>v</sup> UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein said:

*"The loss of life is deplorable, and the staggering number of injuries caused by live ammunition only confirms the sense that excessive force has been used against demonstrators ... I am doubly concerned by reports of unusually severe injuries resulting from the use of live ammunition."*

The UK Government called for Israel to "show greater restraint".<sup>vi</sup>

These mass casualties tell only a small part of the story of Gaza's suffering, as they enter a healthcare system beset by shortages of basic medicines, and are treated in hospitals running on backup generators for 18-20 hours per day. At least 7,500 elective surgeries have been cancelled as trauma services are prioritised.<sup>vii</sup>

The protests occur in a context of economic near-collapse, with unemployment at 44%. Clean water and electricity are in scant supply. UN Coordinator for Humanitarian Aid and Development Activities, Jamie McGoldrick describes the current humanitarian situation as "a crisis on top of a catastrophe".

This period has witnessed intermittent hostilities, with Israeli airstrikes and other incursions killing 15 people, including a pregnant woman and her 18-month daughter. Incendiary kites and rockets from Gaza have damaged crops and buildings in Israel. One Israeli soldier has been killed and more than 30 Israelis injured.<sup>viii</sup>

The international community has perpetually failed to address the root causes of Gaza's rapid humanitarian decline, notably the 11-year blockade and closure that the International Committee of the Red Cross (ICRC) considers "a collective punishment imposed in clear violation of Israel's obligations under international humanitarian law."<sup>ix</sup> This briefing summarises Gaza's humanitarian emergency and makes recommendations on the urgent action – in line with international law – which the UK must take to address it.

## KEY RECOMMENDATIONS

Members of Parliament should urge the UK Government to:

- 1 **Support and facilitate MPs to access Gaza**, in order to assess the situation there and provide democratic oversight of UK aid spending;
- 2 **Urgently support the UN's 2018 humanitarian funding appeal for the occupied Palestinian territory (oPt)**, which is at an all-time low (only 25% funded to date)\*;
- 3 **Ensure that the UK's assistance in Gaza is sustainable, and focuses on supporting the long-term development of vital infrastructure** in sectors such as healthcare, electricity and sanitation;
- 4 **Ensure all UK aid to the oPt is developed in consultation with Palestinian people and civil society** and looks to enhance the realisation of their right to self-

determination while challenging the separation of Gaza and the West Bank, including East Jerusalem;

- 5 **Publicly press the Government of Israel to lift the unlawful closure of Gaza**, and to lift restrictions on free movement of patients and health workers and relax the 'dual-use' list for Gaza; and
- 6 **Pursue accountability, including through the UN-mandated Commission of Inquiry, for all violations of international humanitarian and human rights law** in the oPt, including the unlawful closure of Gaza, and remind Israel, as the occupying power, and all other relevant actors of their obligations under international humanitarian and human rights law.

## GAZA'S HUMANITARIAN EMERGENCY

The unlawful closure and blockade of Gaza was intensified by Israel in June 2007. Despite Israel's removal of its Gaza settlements in 2005, it retains effective control over the territory and its population, and therefore remains the occupying power, with all the humanitarian and right to health responsibilities which result from Fourth Geneva Convention and international human rights law.

### GAZA'S HUMANITARIAN CONTEXT IN BRIEF

The cumulative effects of the closure and restrictions on Gaza have been devastating:

- **The closure has led to a 50% drop in Gaza's GDP**<sup>xi</sup>
- **44% of people are unemployed, including 61% of youth (15-29),<sup>xii</sup> among the highest rates in the world**
- **80% of people depend on some form of foreign assistance,<sup>xiii</sup> with 53% of the population below the poverty line<sup>xiv</sup>**
- **97% of water is undrinkable, with Gaza's costal aquifer expected to be unusable by the end of 2018 and the damage irreversible by 2020<sup>xv</sup>**
- **Families receive just 4-5 hours of electricity per day. An 11-year-old in Gaza has never experienced a full day of electricity<sup>xvi</sup>**
- **The rate of deaths of children under one year old has not declined since 2006, despite declines in most areas of the world<sup>xvii</sup>**
- **10 percent of children are stunted by malnutrition and will therefore never reach their full intellectual or physical potential.<sup>xviii</sup>**



## HEALTHCARE ON THE BRINK OF COLLAPSE

The closure of Gaza has significantly contributed to the de-development of healthcare, both directly (through restrictions on movement of people and goods) and indirectly (through economic damage and compounding Gaza's political and functional separation from the West Bank).<sup>xix</sup> This has been compounded by cycles of destruction of health facilities and slow rebuilding following repeated large-scale military offensives.

Gaza's population has doubled since 2000, but the number of functioning health clinics has reduced from 56 to 49, and there has been drop in the number of hospital beds (1.8 to 1.58), doctors (1.68 to 1.42) and nurses (2.09 to 1.98) per 1,000 people<sup>xx</sup>, leading to overcrowding and reduced quality of services.

Restrictions on exit of health workers limits their professional development in more advanced hospitals in West Bank (including East Jerusalem) and abroad, leading to shortages of specialist doctors and nurses in heart surgery, oncology, ophthalmology and neurosurgery. Israel's imposition of "dual use list" also restricts entry of equipment such as X-ray scanners, and medical materials such as medical radiosotopes used to identify and treat cancer

In February 2018, before the 'Great March of Return' protests began, the World Health Organization (WHO) warned that health services in Gaza were "on the brink of collapse."<sup>xxi</sup> Since then, the situation has only worsened:

- **Due to chronic electricity shortages, hospitals and health centres rely on backup generator power for up to 20 hours per day.** Depletion of UN-funded fuel for health services in February caused temporary closure of services at three hospitals and 23 clinics. Only temporary short-term funding for fuel has since been secured, and is regularly at risk of running out – putting the lives of 2,000 patients relying on electrical devices, including new-born babies in incubators, at risk.
- **40% of essential medicines are completely out of stock, and 29% of medical disposables – items such as syringes and gauze – are at less than one month's supply.** Oncology services are among those most affected, with shortages of 85% of cancer drugs across Gaza in August meaning chemotherapy treatments delayed or interrupted.<sup>xxii</sup>

**US aid cuts threaten to deepen Gaza's humanitarian emergency.** The US State Department announced on 24 August that it is cutting an additional \$200m of funding for charities providing medical assistance, food aid, employment assistance and other humanitarian services in the oPt.<sup>xxiii</sup> This was followed on 31 August by the country's decision to end its decades of financial support for UNRWA, the UN agency responsible for providing services and humanitarian support to five million Palestinian refugees in Lebanon, Syria, Jordan and the occupied Palestinian territory.<sup>xxiv</sup> These cuts have deepened an already-serious budgetary crisis for the agency, endangering its vital programmes of support – including healthcare and education services – across the region, and representing an "existential threat" according to UNRWA spokesperson Chris Gunness.

## PATIENT REFERRALS FROM GAZA

With the quality and availability of healthcare in Gaza severely depleted, many patients require referral for treatment at more advanced centres of care in other areas of the oPt, including East Jerusalem and the rest of the West Bank, or abroad.

- **In 2017, Israel approved just 54% of exit permits for patients referred for treatments outside Gaza.** This is the lowest rate on record, and down from 93% approvals in 2012
- **54 people are known to have died in 2017 after denial or delay to their permit and consequently missed appointments, 46 of whom were cancer patients<sup>xxv</sup>**
- **Restrictions to exit have continued in 2018, with just 63% of patients' permits approved in June.<sup>xxvi xxvii</sup>**

Israel has an international legal obligation, as the occupying power, to ensure humanitarian assistance to the population under its control, including access to medical care and the provision of adequate medical supplies. In his 2018 report, UN Special Rapporteur on the situation of human rights in the oPt, Prof Michael Lynk, found Israel to be "in profound breach of the right to health with respect to the Occupied Palestinian Territory."<sup>xxviii</sup>

Notwithstanding the constraints of the occupation, all Palestinian duty-bearers, including the Palestinian Authority, are also obliged to respect, protect and fulfil the rights of Palestinians and ensure access to medical care without discrimination.





## THE UK'S RESPONSE – AID WITHOUT ACCOUNTABILITY

The UK Government has announced three main aid responses to humanitarian needs in Gaza in 2018:

- **£2 million funding for UNICEF to provide water tanks, water drums and chlorine treatment to ensure access to safe drinking water**<sup>xxix</sup>
- **£1.5 million for the ICRC to support restocking of medical supplies and physical rehabilitation for 4,000 people in Gaza**<sup>xxx</sup>
- **£38 million over five years to support economic activity in Gaza and the West Bank, through support for the construction of a desalination plant in Gaza; finances to install solar panels for electricity; and technical assistance to increase Palestinian exports and tax collection**<sup>xxxi</sup>

In addition, the UK brought forward its funding to UNRWA,<sup>xxxii</sup> in the face of severe cuts by the US administration and the UN Agency's prolonged budgetary shortfall.

Such support is vital and should expand. Development of a desalination plant is particularly welcome, and similarly future aid to Gaza's health system should develop infrastructure and its human resources.

UK aid programmes should always be developed in meaningful consultation with the Palestinian communities they seek to serve. British Parliamentarians should be supported to enter Gaza to assess the situation for themselves and provide democratic oversight of the UK's aid spending.

Ultimately there are no humanitarian solutions to political problems. The UK's aid programmes are not matched by adequate political will to address the root causes of the needs they seek to address. The unlawful closure is just one symptom of a chronic, global failure to ensure adherence to international humanitarian and human rights law in Israel's 51-year military occupation of Palestinian territory. When an opportunity to pursue accountability was presented in May this year – in the form of a UN Human Rights Council vote to establish an independent Commission of Inquiry to investigate violations of international law in the context of the protests since 30 March – the UK abstained.

In 2012, the UN warned that Gaza would be unliveable by 2020. In July 2017, then-UN Coordinator for Humanitarian Aid and Development Activities, Robert Piper, revised the projection, stating: “[T]hat unlivability threshold has been passed quite a long time ago.”<sup>xxxiii</sup>

We share that view. Chronic needs and injustices must be addressed now. The people of Gaza cannot wait for a successful “Peace Process” for the closure to be lifted and international law adhered to.

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

To see our references/endnote, please visit:  
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