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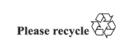
Written statement* submitted by Medical Aid for Palestinians (MAP), a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[03 February 2020]

^{*} Issued as received, in the language(s) of submission only.







Rights to health and dignity in the Occupied Palestinian territory

Overview and legal framework

Medical Aid for Palestinians (MAP) is a humanitarian and development organisation, operating in the occupied Palestinian territory and Lebanon. Our key areas of work are women and children's health; disability; mental health and psychosocial support; and emergency response, including support for limb reconstruction services in Gaza. We wish to express deep concern regarding ongoing violations of Palestinians' rights to health and dignity across the occupied Palestinian territory.

International humanitarian law stipulates that, as the occupying power, Israel is responsible for providing protection for and access to healthcare for the Palestinian population under its control. As a State Party to the International Covenant on Economic, Social and Cultural Rights, Israel has also committed to take steps to achieve the full realisation of the right to the highest attainable standard of physical and mental health. Israel's policies and practices in the West Bank, including East Jerusalem, and Gaza nevertheless demonstrate disregard for these obligations and lack of accountability for abuses.

Rights to health and dignity in the West Bank

In 2019, Israeli authorities demolished or seized 623 Palestinian homes and other structures in the West Bank, including East Jerusalem, a 35% increase from 2018. This resulted in 914 Palestinians displaced (more than half children), almost double the number in 2018. Demolitions constitute a threat to residents' physical and mental health.²

In Area C of the West Bank, Israel inhibits the construction of medical infrastructure and essential services such as water, sanitation and electricity for Palestinians. Consequently, there are no permanent healthcare centres for approximately 300,000 Palestinians living in Area C. For half of the 351 Palestinian communities in Area C the closest clinic is over 30km away.

Movement restrictions, limited access to potable water, poverty, restricted livelihoods, and persistent threats of demolitions and forcible transfer all negatively affect the health and wellbeing of Palestinians in Area C. Malnutrition is a continuing concern: 23% of Bedouin children in the Jordan Valley suffer stunting, with potentially life-long impacts on economic, educational and health outcomes. Half of all children in the Jordan Valley (49%) and 19% of mothers are anaemic.³

Rights to health and dignity in Gaza

The intensified and illegal closure imposed by Israel since 2007⁴ is a primary driver of humanitarian needs in Gaza. This has accelerated the de-development⁵ of the healthcare system 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.

¹ OCHA (2019)

 $https://www.ochaopt.org/sites/default/files/demolition_monthly_report_december_2019.pdf$

² MAP (2017) https://www.map.org.uk/downloads/health-under-occupation---map-report-2017.pdf p21

³ PNIPH (2016) https://pniph.org/public//uploads/A4%20Report.pdf

⁴ ICRC (2010) https://www.icrc.org/en/doc/resources/documents/update/palestine-update-140610.htm

⁵ UNCT (2017) https://unsco.unmissions.org/sites/default/files/gaza_10_years_later_-_11_july_2017.pdf

MAP's assessment is that the UN's warning that Gaza would be unliveable by 2020 has indeed come true.⁶ Some 96% of aquifer water is undrinkable.⁷ Unemployment reached 47% in 2019, with youth unemployment at 64%.⁸ Almost half of the population (46%) lives below poverty line and 62% of households are food insecure.⁹ One in ten children in Gaza suffers stunting.¹⁰

Gaza's hospitals often lack adequate supplies to treat patients. According to the Ministry of Health, 48% of essential medicines and 26% of medical disposables were at 'zero stock' in 2019, meaning less than one month's supply available at Gaza's Central Drug Store. The health of patients with cancer and kidney disease is particularly threatened, with 58% of chemotherapy drugs and 41% of kidney dialysis medicines at zero stock in December 2019.

Restrictions to the exit of health workers limits professional development opportunities outside Gaza, leading to shortages of specialists in cardiovascular surgery, oncology, ophthalmology and neurosurgery. Only 15% of applications for health workers to exit Gaza were approved by Israel in 2018.¹¹ Israel's onerous "dual-use list" of materials it classifies as having a potential military use restricts entry of some medical equipment including X-ray scanners and medical radiosotopes.

With certain medical specialties only available at hospitals in East Jerusalem, the West Bank, or abroad, and the quality of healthcare diminished in Gaza, many patients require referral outside for treatment. In 2019 Israel denied 9% of exit permit applications (2,164 applications, including 363 for children), and delayed 26% past the appointment date (6,404 applications, including 1,763 for children). Of patients referred outside, 31% required cancer treatments. Cancer patients applying for chemotherapy and/or radiotherapy whose permits are delayed or denied are 1.45 times less likely to survive in subsequent years.

Almost half (49%) of 26,798 permit requests for patient accompaniers were denied or delayed. ¹⁵ This is particularly problematic for parents accompanying sick children and for companions of the elderly and those with disabilities, and compounds stress and worry of patients. Restrictions by Egypt at the Rafah border also restrict patients' ability to exit for treatment.

Right to health and dignity in the context of the "Great March of Return"

The "Great March of Return" demonstrations since 30 March 2018 occur in a context of and are partly motivated by Gaza's humanitarian collapse, and the continuing denial of Palestinian refugees' internationally-recognised right of return.

Israel's use of force against demonstrators has been characterised by widespread use of live ammunition, teargas and rubber-coated steel bullets. Between 30 March 2018 and 31 October 2019, 35,450 Palestinians were injured and 212 killed (including 46 children) by Israeli

⁶ UNCT (2012) https://www.unrwa.org/userfiles/file/publications/gaza/Gaza%20in%202020.pdf

Gisha (2020) https://gisha.org/en-blog/2020/01/01/the-un-predicted-gaza-would-be-unlivable-by-2020-they-were-right/

⁸ OCHA (2020) https://www.ochaopt.org/sites/default/files/hrp_2020.pdf

⁹ OCHA (2020) https://www.ochaopt.org/sites/default/files/hrp_2020.pdf

¹⁰ OHCHR (2018)

https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22854&LangID=E

¹¹ WHO (2019) https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf

¹² WHO (2019)

¹³ WHO (2020)

¹⁴ WHO (2019)

https://reliefweb.int/sites/reliefweb.int/files/resources/WHO_Right_to_health_2018_Web-final.pdf

¹⁵ WHO (2020)

http://www.emro.who.int/images/stories/palestine/documents/Dec_2019_Monthly_Updated.pdf?ua=1

forces. ¹⁶ Some 7,996 Palestinians suffered gunshot wounds, predominantly to their limbs. An estimated 1,209-1,746 patients require expensive specialised limb reconstruction treatment of up to seven surgeries and extensive rehabilitation up to two years. ¹⁷ Some 149 amputations have taken place, including 30 to children. ¹⁸

This influx of trauma patients has compounded pressures on Gaza's healthcare system, including the postponement of 8,000 elective surgeries. ¹⁹ Israel's "dual-use" list severely restrict entry of carbon fibre components used to stabilise and treat limb injuries, and carbon fibre and epoxy resins used to produce artificial limbs, resulting in patients being fitted with heavier, less comfortable alternatives. ²⁰ Despite diminished local healthcare capacity, only 17% of applications for patients injured during the demonstrations were approved up to 31 December 2019. ²¹

Attacks on healthcare and chronic impunity

Information provided to MAP supports findings of the WHO and others that health-workers have been killed and injured by Israeli forces while trying to reach, treat and evacuate wounded at the "Great March of Return". These are only the latest instances of such attacks on Palestinian healthcare, hitherto committed with impunity.²²

From the beginning of the protests to December 2019, Israeli forces injured 845 Palestinian health workers and damaged 118 ambulances.²³ Three health workers were killed by live ammunition in 2018 (Musa Abu-Hassanin, Razan al-Najjar and Abdallah al-Qutati).²⁴ Paramedic (Mohammed al-Jedeili) was shot with a rubber-coated steel bullet on 3 May 2019, which fractured his skull, and he died on 10 June while being treated in hospital in Hebron.²⁵

In March 2019, the UN Commission of Inquiry "found reasonable grounds to believe that Israeli snipers intentionally shot health workers, despite seeing that they were clearly marked as such." These killings and injuries of health workers also occur in a context where "the Government of Israel has consistently failed to meaningfully investigate and prosecute commanders and soldiers for crimes and violations committed against Palestinians or to provide reparation to victims." 27

OCHA (2019) https://www.ochaopt.org/content/humanitarian-snapshot-casualties-context-demonstrations-and-hostilities-gaza-30-mar-2018-3

OCHA (2019) https://www.ochaopt.org/content/gaza-health-sector-still-struggling-cope-great-march-return-injuries

¹⁸ WHO (2019)

 $http://www.emro.who.int/images/stories/palestine/documents/SitRep_Aug_2019_v0_SH_rev_GRO.pdf?ua=1$

OCHA (2019) https://www.ochaopt.org/content/addressing-needs-gaza-patients-waitlist

OCHA (2018) https://www.ochaopt.org/content/addressing-rehabilitation-needs-palestiniansseriously-injured-during-gaza-demonstrations

²¹ WHO (2020)

http://www.emro.who.int/images/stories/palestine/documents/Dec_2019_Monthly_Updated.pdf?ua=1

MAP (2017) https://www.map.org.uk/downloads/health-under-occupation---map-report-2017.pdf p11-18

²³ WHO (2020)

http://www.emro.who.int/images/stories/palestine/documents/Dec_2019_Monthly_Updated.pdf?ua=1

MAP (2019) https://www.map.org.uk/news/archive/post/972-uk-must-help-protect-health-workers-in-gaza-at-un-human-rights-council

²⁵ MAP (2019) https://www.youtube.com/watch?v=15FnW8pnU6k&feature=emb_title

²⁶ COI OPT (2019) https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session40/Documents/A_HRC_40_74_ CRP2.pdf p154

²⁷ Ibid. p200.

This situation of chronic impunity continues. Absent genuine investigations and legal accountability for potentially serious violations of international law, MAP is concerned that Palestinian health workers will continue to be killed and injured by Israeli forces.

Conclusion and recommendations

In March 2018, the UN Special Rapporteur on human rights in the oPt found Israel to be "in profound breach of the right to health with respect to the Occupied Palestinian Territory". ²⁸ The above update demonstrates that this breach is ongoing, causing widespread physical and mental suffering to Palestinians. We therefore call on the Human Rights Council and UN Member States to:

- Demand Israel abides by its obligations under international humanitarian and human rights law, as the occupying power in Gaza and the West Bank, including East Jerusalem;
- Urge Israel to immediately end the illegal closure of Gaza and the separation between the Gaza and the West Bank, including East Jerusalem;
- Urge Israel to end practices that undermine the physical and mental health of Palestinians in the West Bank, including demolitions of homes and other structures;
- Urge Israel and Egypt to permit free, unimpeded and timely movement of patients, their companions, and medical professionals outside Gaza;
- Take steps through bilateral and multilateral aid assistance to reverse the dedevelopment of healthcare in Gaza; and
- Pursue accountability for all suspected violations of international human rights and humanitarian law, including attacks on medical personnel, in order to ensure justice for victims and deter repetition.

²⁸ UNSR OPT (2018)

https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22854&LangID=E