

BRIEFING PAPER

MAP
MEDICAL AID FOR PALESTINIANS



مركز الميزان لحقوق الإنسان
AL MEZAN CENTER FOR HUMAN RIGHTS

DELAYED, DENIED AND DEPRIVED: THE COLLECTIVE PUNISHMENT OF PALESTINIAN PATIENTS IN GAZA IN THE CONTEXT OF ISRAEL'S 15-YEAR BLOCKADE

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Al Wehda Street, heading to the Al Rimal clinic and Ministry of Health in Gaza. (Photo credit: Reflection Media / MAP).

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1. INTRODUCTION

In June 2007, Israel intensified its closure and blockade regime over Gaza. The past fifteen years have been characterised by suffocating restrictions on the movement of people and goods, repeated military attacks on civilians and civilian infrastructure, and other discriminatory and fragmentary policies and practices. In defiance of international law and in full sight of the international community, Israel has imposed collective punishment on Gaza's two million inhabitants, precipitating a human-made humanitarian catastrophe that continues to deteriorate year-on-year.¹ Israel's draconian, stifling closure of Gaza serves to deny inhabitants their fundamental, inalienable rights as part of an entrenched system of oppression, domination and discrimination against the Palestinian people. A plurality of Palestinian, Israeli and international human rights organisations² and, recently, the UN Special Rapporteur for human rights in the occupied Palestinian territory,³ have concluded that this system constitutes a regime of apartheid.

The right to the highest attainable standard of physical and mental health, like other economic, social and cultural rights, has become unreachable to many Palestinians living in Gaza as a result of deteriorating socioeconomic conditions and key underlying determinants of health. This is manifested in the soaring poverty rate which, according to the World Bank, has reached 59 percent,⁴ adversely impacting the living conditions of around two million Palestinians in Gaza.

In particular, economic deterioration – compounded by reductions of international humanitarian funding and relief action – has contributed to the decline in the labour force participation rate. Unemployment and food insecurity are 47 percent⁵ and 64 percent⁶ respectively, with approximately 80 percent of the population in Gaza dependent on international aid.⁷

Lack of access to adequate housing is another challenge to health in Gaza, resulting from Israel's deliberate attacks on residential buildings during military escalations, paired with increasing demand due to population growth. Housing construction has slowed dramatically in tandem with Israel's restrictions on the entry of construction material. Severe shortages in electricity supply, drinking water access, and sewage treatment capacity all exacerbate Gaza's escalating humanitarian crisis.

Meanwhile, the COVID-19 pandemic continues to affect Gaza's overburdened healthcare system, notably as it coincides with Israel's barriers to safe and equitable access to vaccines; a lack of qualified, specialist medical personnel; and persistent shortages of essential medicines and disposables. At the end of 2021, 40 percent of essential drugs and 19 percent of medical disposables were reportedly at 'zero stock', meaning less than one month's supply available at Gaza's Central Drug Store.⁸

Gaza's health system, already fragile due to Israel's closure restrictions, was further degraded during Israel's May 2021 military offensive. Lack of respect for the protection of healthcare, in the form of attacks on facilities and personnel and stringent movement restrictions, severely compromised access to health services both within and outside Gaza.

The closure policy and related restrictions on healthcare derive from a broader system of discrimination that is imposed collectively on Palestinians on the basis of nationality and ethnicity, and serve to fragment the Palestinian people and the services available to them, such as healthcare.⁹ This system presents a fundamental challenge to Palestinians' rights to health and dignity in Gaza and inhibits the delivery and development of the healthcare system of sufficient availability, accessibility, acceptability and quality to meet the population's needs. In its 2021 report concluding that Israel is imposing apartheid against Palestinians, Al Mezan described the impact on the right to health of Palestinians in Gaza as one of the manifestations of this regime.¹⁰

This report presents an overview of the right to health in Gaza after 15 years of blockade and closure, and one year on from its devastating offensive in May 2021, with a focus on the impacts of Israel's movement restrictions on patients.

2. ISRAEL'S OBLIGATIONS TOWARDS PALESTINIAN HEALTHCARE ACCESS UNDER INTERNATIONAL LAW

Under international humanitarian law (IHL), Israel has specific duties toward the protection of medical personnel and facilities, and ensuring access to adequate healthcare for the Palestinian population under its occupation.

Articles 16 and 18 of the Fourth Geneva Convention (GCIV) require that “[t]he wounded and sick, as well as the infirm, and expectant mothers” be afforded “particular protection and respect”, and that “[c]ivilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, may in no circumstances be the object of attack, but shall at all times be respected and protected by the Parties to the conflict.”¹¹ Unimpeded access for wounded and sick individuals to healthcare is required under Articles 17, 27 and 38, and collective punishment is expressly prohibited under Article 33.¹²

Furthermore, Article 55 provides that “[t]o the fullest extent of the means available to it, the Occupying Power has the duty of ensuring the food and medical supplies of the population”, while Article 56 imposes the duty of “ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics” and that “[m]edical personnel of all categories shall be allowed to carry out their duties.”¹³

Israel’s obligations under international human rights law (IHRL) also require that it respect, protect and fulfil the right to health of all people under its effective control and subject to its jurisdiction, including those in Gaza, and to ensure that health services and facilities are available, accessible, acceptable and of good quality.¹⁴ This obligation is articulated in Article 12 of the International Covenant on Economic, Social and Cultural Rights.¹⁵

Non-discrimination is also a fundamental principle of IHRL, according to which all discriminatory acts affecting the provision of health services are prohibited. The International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) stipulates that States Parties shall undertake “to pursue all appropriate means and without delay a policy of eliminating racial discrimination in all its forms and promoting understanding among all races”¹⁶ and “to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law”, notably in the enjoyment of economic, social and cultural rights including “[t]he right to public health, medical care, social security and social services”.¹⁷



Ministry of Health building in Gaza. (Photo credit: Reflection Media / MAP)

3. THE EFFECTS OF ISRAEL'S CLOSURE ON GAZA'S HEALTHCARE SYSTEM

Since its occupation of Gaza in 1967, Israel has enacted multiple military orders and imposed a permit regime that enabled it to systematically control the movement of the Palestinian population. The Israeli permit regime sets substantial barriers to the lives of patients and students wishing to leave Gaza as well as individuals whose families and relatives reside in the West Bank or beyond the 'Green Line' in Israel.¹⁸

For many years, Israel has imposed a stringent closure on Gaza, restricting the movement of civilians and goods to and from Gaza. The restrictions were intensified with the imposition of a comprehensive blockade after Hamas took control of the Gaza Strip on 14 June 2007. One of the most prominent Israeli measures taken was the declaration by Mini-Ministerial Council (Cabinet) of the Gaza Strip as a "hostile entity" on 19 September 2007.

Israel's closure and blockade is the root cause of the deterioration of living conditions in Gaza, including the inaccessibility and unavailability of many key social, economic and environmental determinants of health. In particular, Palestinian health is challenged by soaring rates of poverty, unemployment and food insecurity; the lack of adequate housing; and the psychological effects of pervasive human rights violations and violence.

The provision of health services—including many diagnostic and therapeutic services—is challenged by the frequent unavailability of essential materials, equipment, spare parts and other maintenance and materials necessary to fix medical devices. The Ministry of Health in Gaza has, for example, been unable to import medical devices for radiology and imaging, such as CT, PET and x-ray scanning machines and spare parts. In 2021, the Palestinian Authority submitted 120 requests for the entry of such equipment, of which only 25 percent (30) were approved by February 2022.¹⁹ Israel's obstruction of the entry of aesthetic gas (nitrous oxide) in 2021 threatened to halt surgical, emergency and scheduled operations.²⁰

▶ CASE STUDY: ISRAEL PREVENTS ENTRY OF COVID-19 DIAGNOSTIC DEVICES

With the spread of COVID-19, Ministry of Health staff use radiology devices to diagnose patients in the intensive care units (ICU), inpatient wards and respiratory screening centres to detect the extent of lung infections. There are 22 such portable medical devices in Ministry of Health facilities, and due to the severe pressure and restrictions on the entry of spare parts, eight devices are currently out of service.

In October 2021 the director of the medical imaging unit in the Palestinian Ministry of Health reported to Al Mezan that the Israeli authorities have banned the entry into Gaza of 14 medical imaging devices commonly used for patients testing positive for COVID-19 (eight portable devices and six stationary ones) via the Karem Abu Salem (Kerem Shalom) crossing. The devices are a donation from the Palestinian Economic Council for Development and Reconstruction (PECDAR) and the Palestine Children's Relief Society (PCRF). For ten months, the importing company had been trying to bring these devices into Gaza but to no avail.²¹

The development of Gaza's healthcare workforce continues to be hindered due to Israel's frequent denial of permits to medical personnel seeking to exit to attend external training courses, scientific conferences, and other professional development opportunities that would equip them with up-to-date skills and knowledge. Health service providers are forced to adopt austerity plans to extend the delivery of medical services, especially in light of the worsening electricity shortage crisis. Reliance on backup generators and alternative power services for hours at a time each day increases costs, and frequent switching from mains electricity can damage sensitive equipment.²²

Eighty-seven generators are used by Ministry of Health facilities to compensate for the electricity shortage, requiring 300,000 litres of diesel per month with an average rate of eight hours power outage following each eight-hour period of mains electricity.²³ It costs USD 2,000 per hour of power outage to operate the generators. Further, the generators have become dilapidated because of their long-term operation and require regular maintenance and spare parts, which are often unavailable due to the closure.

4. THE IMPACT OF ISRAEL'S MAY 2021 OFFENSIVE ON HEALTH AND HEALTHCARE IN GAZA

Between 10-21 May 2021, Israel carried out a full-scale military offensive against Gaza. The offensive was characterised by deliberate attacks on civilians and civilian objects including medical personnel and facilities, and residential buildings. Israeli forces also targeted vital infrastructure like paved roads, severely compromising access to health services.

According to information collected by Al Mezan, Israeli military attacks, both direct and indirect, inflicted various levels of damage on four hospitals, 34 medical centres and clinics, three laboratories, and nine pharmacies. Among these, three clinics, a laboratory and a pharmacy were completely destroyed. Damage to doors, windows, walls, hospital beds and equipment, including testing devices and computers, impacted a large portion of the facilities.

Further, an Israeli airstrike partially destroyed Al-Rimal Clinic, Gaza's only laboratory for the processing of COVID-19 tests, and the administrative building of the Ministry of Health in Gaza. The attack not only led to the injury of one health worker but also rendered the laboratory inoperable.²⁴

Meanwhile, Israeli authorities shut down crossing operations at Kerem Shalom, banning the entry of medical supplies and the fuel needed to operate Gaza's power plant. Further intensified by Israeli attacks on electricity infrastructure, the subsequent deficit in power supply reached 76 percent. Crossings into Israel through Erez also fell dramatically.²⁵



Health facilities damaged in Gaza during Israel's military offensive in May 2021. (Photo credit: Reflection Media / MAP)

5. COVID-19 AND HINDERED ACCESS TO HEALTHCARE

The COVID-19 pandemic has uncovered weaknesses in Gaza's already deteriorating health system and its unpreparedness for a crisis of such magnitude. Since the onset of the pandemic, medical facilities reported shortages in medical oxygen and ICU beds equipped with ventilators, as well as additional PCR tests, due to the heavy demand. According to data from the Ministry of Health, 195,328 people were infected with COVID-19 in the Gaza Strip in 2021, with 1,744 confirmed deaths (55 percent male, 45 percent female). Amid stock shortages and high reported hesitancy among the population to take the vaccine, 26 percent of Gaza's population was vaccinated, 44 percent of whom are from the target 'high risk' group.²⁶

Despite Gaza's need for additional doses, Israel excluded Palestinians in Gaza from its vaccination programmes, and failed to meet its legal obligation to ensure equitable access to vaccines for the millions of Palestinians living under its control.²⁷

On 14 September 2021, a Palestinian Ministry of Health statement revealed that it had disposed of 50,000 damaged doses of the 'Sputnik Light' vaccine it had shipped to Gaza earlier in the same month after their cold chain was compromised due to Israeli movement restrictions. En route to Gaza, the Israeli authorities reportedly ordered the vaccine shipment to be stopped and unloaded at an Israeli checkpoint in Beitunia (to the west of Ramallah, the in West Bank) and again at Kerem Shalom crossing. No procedures or special logistics were taken to maintain the uninterrupted, low temperature-controlled supply chain.²⁸

Gaza's cancer patients, in particular, have been directly impacted by the Israeli movement restrictions during the pandemic as the lack of some diagnostic imaging (including PET scans), chemotherapy, and all radiology services in Gaza drives them to seek treatment elsewhere. In an attempt to centralise specialised healthcare services, the Ministry of Health contracted Haya Specialized Hospital in Gaza for cancer care provision starting in April 2020. This initiative, however, did not mitigate the chronic drug shortage, and some of the patients who were referred to the hospital had to leave Gaza eventually for medical treatment at the Augusta Victoria Hospital in East Jerusalem, while subjected to complicated and risky conditions posed by the pandemic, including a 21-day quarantine upon return to Gaza.²⁹



Palestinians receive treatment at an UNRWA health centre amid an outbreak of COVID-19 in Rafah, Gaza. (Photo credit: Anas Mohammed)

6. THE EFFECTS OF ISRAELI RESTRICTIONS ON PATIENTS' ACCESS TO HEALTHCARE

With Gaza's healthcare system beset by challenges as a result of closure and military assaults, many services – such as radiotherapy, genetic medicine, and certain cardiac surgeries – are completely unavailable inside Gaza. Consequently, many patients must be referred out of Gaza to services in the West Bank, including East Jerusalem, or in Israel and Jordan. Movement restrictions imposed by Israel, however, substantially undermine access to these services.

Patients' travel is governed by Israel's capricious and discriminatory permit regime, with each case decided by the Israeli authorities upon the submission of a formal request, via the Palestinian Ministry of Health, to leave Gaza. This procedure is characterised by frequent, arbitrary rejections and excessive delay.

According to Al Mezan's monitoring and documentation, a patient's urgent need for medical attention, evidenced by their medical reports, is not by itself sufficient to obtain an Israeli exit permit. Gaza's patients first undergo cumbersome medical examination by the Ministry of Health's special committees to determine their eligibility for a referral. After this, an application must be submitted to the Israeli authorities requesting an exit permit to leave Gaza via Israeli-controlled crossings.

Even when a permit is granted, Israeli authorities may arbitrarily arrest patients or their companions upon arrival at the crossing. The following table shows the responses received from the Israeli authorities to permit applications submitted by Palestinian patients who were seeking to leave Gaza for urgent medical appointments:

TABLE 1

RESPONSE OF THE ISRAELI AUTHORITIES TO PERMIT REQUESTS BY PALESTINIAN PATIENTS IN 2021	
RESPONSE CATEGORY	NO. OF RESPONSES
Approved	9,786
Rejected	70
No response	1,087
'Under review' ³⁰	4,239
Subject to a prior security interview	2
Replacement of patient companion required	26
Pending security interview	14
New appointment	59
New request	2
Returned	1
Local care ³¹	1
Overstaying ³²	3
In need of new medical report	11
Total	15,301

As indicated by the figures above, at the time of the scheduled medical appointment 36 percent of all permit requests in 2021 were either rejected, received no response, or were delayed on the pretext of the application being still under review.³³ Patterns of responses also show that the Israeli authorities often respond to a permit application long after the patients' hospital appointments are due, thus forcing them to undergo the same lengthy process again. Applications for sick women and children are not excluded. The approval of requests is often communicated close to or on the day of the scheduled hospital appointment, and sometimes patients are informed in the very late hours of the day, adding an additional burden on patients and their families.

Al Mezan is keen to monitor and document all the barriers and restrictions imposed on patients through its effective follow-up to their conditions and continuous work to enable them to obtain their right to free movement, especially those referred to hospitals outside Gaza. Al Mezan receives patient complaints and prepares their files, which include their medical reports and hospital appointments, and based on that, Al Mezan intervenes with the competent Israeli authorities in order to allow them to travel and access their respective hospitals.

Nevertheless, legal interventions and advocacy efforts by Al Mezan, and likewise other human rights organisations, have limited successes in this regard. In 2021, Al Mezan's Legal Aid Unit received 635 requests from patients, including 158 women and 235 children, seeking assistance in obtaining Israeli exit-permits to reach hospitals outside Gaza. Only 240 of the patients (39 percent), including 100 children and 74 women, were granted permits following Al Mezan's interventions, while Israeli authorities officially rejected the applications of 388 others.

The fact that 39 percent of patients were granted permits following Al Mezan's assistance in filing the paperwork, however, demonstrates the arbitrariness of the initial decisions and delays. This is particularly the case in instances where patient permits' rejections on alleged security grounds were overturned following Al Mezan's administrative support.

FIGURE 1



The affidavits below, collected by Al Mezan, reflect the suffering of patients with medical referrals as a result of Israel's practices and restrictions.

FADI ZIYAD SHANNAN, 27, TOLD AL MEZAN:

I felt my vision become unclear, so I had medical examinations at the Eye Specialist Hospital and some specialised centres in Gaza. It turns out that I needed a corneal implant in my left eye. The doctors told me that this operation cannot be performed in medical facilities in the Gaza Strip. After I was presented to the competent medical committee, I received Form No. 1, and an appointment for treatment was booked at Al-Najah National University Hospital in Nablus on 28 July 2021. I prepared the medical file, which included a detailed report confirming that my treatment is not available in the Gaza Strip and sent it through the Coordination and Liaison Administration of the Ministry of Health to the Israeli authorities to obtain a permit and pass Erez crossing. After waiting, I received a text stating that my application is under review. I had to make another appointment at the hospital and received one on 1 September 2021. I received a response stating that my application is under review. Now I've lost complete vision in my left eye. As an auto rickshaw driver, I'm very afraid of losing my sight because it will also mean losing my source of income. I don't know why my application has been taking so long to process.



A Palestine Red Crescent Society ambulance in Gaza. (Photo credit: Abed Rahim Khatib)

A 42-YEAR-OLD WOMAN WHO SUFFERS FROM CANCEROUS TUMORS PROVIDED THE FOLLOWING ACCOUNT OF THE IMPLICATIONS OF ISRAEL'S MEASURES:

I felt pain in the thyroid as a result of a small mass in my neck during March 2020, and I've suffered a lot trying to sleep since then. I went to Nasser Hospital in Khan Younis and the doctors recommended that I undergo surgery. In June 2020, I underwent thyroidectomy, but my health condition did not improve. The tests then showed new health problems due to the abnormal decrease in calcium. Doctors told me that the decrease is sharp and is not linked to the surgery and can only be treated through medications. Fatigue and pain continued even after the thyroidectomy. Doctors informed me that my condition required treatment using radioactive iodine in order to destroy the cancer cells. Due to the lack of this type of treatment in health facilities in the Gaza Strip, I started the necessary procedures to obtain the medical referral from the Palestinian Ministry of Health. I received an appointment on 7 February 2021 and then received a new one on 12 September 2021 at Al-Ahli Hospital in Hebron. I applied through the Coordination and Liaison Administration of the Ministry of Health to the Israeli authorities. Due to my unstable financial situation and thus my inability to pay additional costs [referring to transportation costs] and to ensure that the request doesn't get obstructed, I did not register a companion with me. In preparation for travel and 21 days before the appointment, I had to stop taking my medications and painkillers as it is a condition required before undergoing radioactive iodine therapy and atomic scans. When the time came to travel, I was surprised by the status of the request. The Coordination and Liaison Administration told me that the request is under examination, so I could not travel. At that time, I resumed the process of taking my medications and painkillers, which intensified the severity of the pain and I felt exhausted because I had stopped taking them for several days. I made a new appointment at Al-Ahli Hospital in Hebron on 9 November 2021, and in preparation for travel, I've stopped taking my medications from today because the date of travel to the hospital is approaching. I suffered a lot from the process of stopping and then starting my medications and waiting for my permit. I'm in so much pain that I've become mentally drained because of the pressure and constant thinking about my inability to reach the hospital and receive treatment. I wish everyone would find it in their hearts to help me attain my right to treatment.

Some of the patients, despite their serious illness, were summoned for interviews at Erez. Firas Jaber al-Harazin, 36, told Al Mezan the following:

I felt pain in my neck, shortness of breath and discomfort during my sleep. I went to al-Shifa Hospital to get a CT scan of the neck and the image showed a clear swelling of the thyroid gland, and based on the doctors' recommendations, I underwent a thyroidectomy. The doctors were surprised by the size of the tumor and the results of the lab tests showed that the tumor was malignant. During my regular follow-up at al-Rantisi Hospital in Gaza, my doctor told me I have to conduct a radioactive iodine uptake test, which are unavailable in Gaza. I started working on the procedures to get a medical referral from the Ministry of Health. The referral and financial coverage were issued two weeks after I applied, but the problem was that the referral was to Nasser Institute Hospital in Egypt, and I refused to go because travelling to Egypt is expensive, tiring and takes time. After my appeals to the competent authorities in the Ministry of Health, I received a medical referral and a hospital appointment scheduled for 14 November 2021 at Al-Ahli Hospital in Hebron. The doctors asked me to stop my hormone therapy in preparation to do the aforementioned test. I submitted a request for a travel permit via the Palestinian General Authority of Civil Affairs³⁴, to the Israeli CLA, but I received a text on 13 November 2021 that my request was under review. I informed my doctor, and he asked me to get back on the hormone therapy that I had stopped earlier. I asked the committee for the Israeli response and they told me that the Israeli authorities asked me for an interview at Erez, and I accepted. I obtained a new hospital appointment scheduled for 23 January 2022, and I went for the interview at Erez on 10 January 2022. After the interview, the Israeli officer at Erez told me that my request had been approved and I could access the hospital at the scheduled time, however, I received a text one day before my appointment stating that my request was still under review. This delay caused me real suffering and worsened my health condition. My life became at risk when I stopped taking the treatment in preparation for the travel. I obtained a new hospital appointment on 20 February 2022 and I'm again waiting for the Israeli response.

Another example is the case of Nada Abu Hajras, 40, who provided the following testimony:

I was diagnosed with thyroid cancer in 2015, and I started receiving treatment at that time. I received treatment at Hadassah Medical Center and Al-Ahli Hospital in Hebron. I underwent a thyroidectomy, and I'm still receiving treatment. On 23 October 2021, I submitted a request for a travel permit via the Palestinian General Authority of Civil Affairs to the Israeli CLA, to continue my treatment at Al-Ahli Hospital in Hebron. The Israeli CLA responded to my request with 'under review'. I renewed the request and obtained a new hospital appointment, but still in November the Israeli CLA responded again with under review. I renewed the request for the third time in December, and the response remained under review. When I asked the committee about the reason for the delay, they informed me that it was because of my husband who accompanied me during my treatment and did not return back to Gaza. I now have regular follow ups at the Turkish Hospital in Gaza, but it lacks the radioactive iodine therapy I need. My health condition is deteriorating due to the delay.

The following is the testimony of Ali Bhar, 38, talking about his 10-year-old daughter, who suffers from cancer:

My daughter, Zina Bhar, was diagnosed with cancer in 2020 at Al-Shifa Hospital. She received six doses of chemotherapy at Al-Rantisi Hospital in Gaza, one dose per month. Zina felt so bad after completely losing her hair due to the chemotherapy. To make her feel better, we bought her a wig to cover her head and she could hardly accept it. I bought her nine wigs of different colors. In January 2021, the doctors referred Zina to Augusta Victoria Hospital in Jerusalem for radiotherapy, but her request for a travel permit remained under review. We submitted four requests for travel permits in 2021, but all remained under review. In 2022, the doctors recommended that my child do a PET scan to check if she still has any cancerous cells in her body.

7. DEATHS OF PATIENTS

Palestinian patients in Gaza often experience lower access to healthcare and worse health outcomes due to Israel's rejections and excessive delay in processing permit applications. Following the Israeli authorities' refusal to grant permits, four patients died in 2021, including two children, according to Al Mezan's documentation.

One of the patients, 15-year-old Amr Fakher Al-Kurd, suffered from meningitis that needed to be diagnosed and treated outside Gaza, but Israeli authorities refused to grant him an exit permit in time. Al-Kurd's father told Al Mezan:

Doctors were able to run the necessary medical tests for my 15-year-old son in the neurosurgery department at Al-Shifa Hospital on 5 May 2021. The results revealed that he suffers from meningitis (severe brain infections). His health condition worsened, he lost his balance and appetite and became unable to walk. Doctors decided to transfer him to receive treatment abroad. On 9 May 2021, he received the necessary referral for treatment at Al-Ahli Hospital in Hebron. We applied through the Civil Liaison Authority of the Ministry of Health to the Israeli authorities to obtain permits and we included the names of two of the child's uncles to accompany him: Nader (60) and Zuhair (58) because they are over 40 years old.³⁵ The same evening, we learned that the application was under review. After going to the Civil Affairs department to inquire on the morning of 10 May 2021, we were informed that the Israeli authorities refused to grant a permit to the patient and the companions. We replaced the companions, and registered the names of about 30 companions from relatives, acquaintances and friends, but the Israeli authorities rejected them all. Attempts to put the names of new companions carried on until 3:30 p.m. the same day. The security [situation] in Gaza deteriorated and it was announced that Rafah crossing would close. At about 6:00 p.m. the same day, the Israeli offensive against the Gaza Strip began and Erez crossing closed. Amr stayed in the hospital and was unable to travel for treatment. On 11 May 2021, his condition worsened and he entered a coma, and was transferred to the intensive care unit. The pleas through social media platforms couldn't save his life. He was announced dead at around 9 p.m. on Wednesday, 19 May 2021.

Another pertinent example is the case of Hasan Ahmed Al-Kharti, 62, who died on 30 May 2021 following a missed appointment at Al-Makassed Hospital in Jerusalem because his permit application was rejected. Al-Kharti suffered from tumors in the lower jaw and tongue.

The shutdown of Israeli crossing operations during and after Israel's May 2021 offensive has exacerbated the risk to the lives of vulnerable Palestinians. On 13 May, for instance, Aisha Hasan Abu Jazar, a one-year-old infant, passed away after being unable to attend her appointment for follow-up treatment at Wolfson Medical Center in Holon, Israel, where she had undergone surgery six months earlier.

Similarly, Mohammed Abdelrauf Al-Mabhough missed an appointment at Augusta Victoria Hospital in Jerusalem on 25 May as Erez crossing remained closed at the time. Five days later, he sought medical treatment in Egypt instead. However, the doctors who handled Al-Mabhough's case said that his condition had already deteriorated drastically leading to his death on 11 June at the age of 64.



Damage to the Palestinian Ministry of Health building and Al-Rimal dispensary, Gaza City. (Credit: Mohammed Zaanoun)

8. ISRAEL'S ARBITRARY ARREST AND DETENTION OF PALESTINIAN PATIENTS AND THEIR ACCOMPANERS

The lives of Gaza's patients, notably those in need of urgent medical attention elsewhere, are plagued by a constant sense of threat, as Israeli authorities routinely use Erez crossing as a means to entrap Palestinian travellers who are granted a permit only to face arbitrary arrest, interrogation, deliberate delay, harassment, or detention at the crossing. Al Mezan's documentation shows that three patient companions were arrested in 2021, as follows:

1. **On Monday morning, 25 January 2021**, the Israeli authorities at Erez crossing arrested Walaa Mohammed Refaie, 35, despite having approved his request to accompany his wife, a cancer patient, to Al-Makassed Hospital in Jerusalem. Refaie was then detained at Ashkelon Central Prison.
2. **On Tuesday, 2 March 2021**, Karam Salem Abu Hadayed, 39, was arrested at Erez crossing while accompanying his 61-year-old mother, also a cancer patient, to hospital.
3. **On Wednesday, 24 November 2021**, Hassan Mustafa Abu Mustafa, 49, was arrested at Erez crossing while accompanying his 50-year-old wife to hospital.

9. THE PSYCHOLOGICAL IMPACT OF CRUEL AND DEGRADING TREATMENT ON REFERRED PATIENTS

In highlighting the links between mental health and undermined healthcare due to Israeli barriers—whether through overtly denying access to health services outside Gaza or disrupting patients' treatment regimens—experts from Gaza Community Mental Health Programme told Al Mezan³⁶:

Israeli measures against patients have serious psychological repercussions on the patients and on their families and friends. Denying them access to health facilities to receive treatments has resulted in negative psychological impacts that extend to society as a whole. If the patient loses hope of getting treatment, s/he feels very frustrated, which may lead to anxious depression. This will affect the patient's health and is likely to develop into a psychological disorder, thus undermining the patient's ability to perform daily tasks. This negatively affects the patient's relationship with his/her family and s/he resorts to taking their frustration out on in their family and children. The state of major depression also causes a low level of immunity and the patient's body becomes weaker and unlikely to respond to medication and painkillers. Patients with a strong mental state have greater resilience and resistance to the disease and are likely to respond better to treatment. Denial of treatment psychologically affects relatives and friends, as the constant reminder of potential loss increases the level of fear, tension and anxiety. This causes psychological imbalance and triggering for these people and their reactions become irrational due to chronic stress. It doesn't stop there as denying patients access to decent treatment makes members of society live in ongoing concern. Such turmoil may lead people to look for an alternative to this place (Gaza) that lacks the basics of life, and therefore the desire to migrate, and search for a better life with basic conditions, especially the right to treatment, keeps growing.

The denial of medical treatment constitutes cruel, inhuman, and degrading treatment, or even torture. Notably, the excessive delay in processing permit applications of patients requiring life-saving treatment compounds the suffering of patients and their families.

10. CONCLUSIONS AND RECOMMENDATIONS

The suffering of Palestinian patients residing in Gaza is exacerbated by unnecessary barriers to healthcare access, particularly Israel's control of crossings with Gaza and broader system of multidimensional discriminatory policies against Palestinians. While a speedy recovery is every patient's ultimate hope, Palestinians in Gaza only aspire to be able to reach hospital in the first place. Ultimately, they are victims of an unconscionable policy of collective punishment imposed on Gaza's population through Israel's 15-year blockade and closure, that the international community must ensure is finally brought to an end.

PROMPTED BY THE ABOVEMENTIONED FACTS, AL MEZAN AND MEDICAL AID FOR PALESTINIANS MAKE THE FOLLOWING CALLS FOR ACTION:

The international community must:

- Pressure Israel to end its closure, blockade and collective punishment of Gaza which drives the deterioration of healthcare services and underlying determinants of health.
- Promptly and effectively intervene to end Israeli barriers to Palestinians' access to healthcare services, and ensure Israel's respect of its obligations under international humanitarian and human rights law.
- Independently monitor, assess and make public findings on the compliance of Israel with its obligations under international law.
- Ensure that aid and cooperation initiatives focus on the sustainable development of essential institutions such as healthcare, and invest in essential infrastructure, capacity building, and professional development for health workers.
- Support projects that overcome fragmentation by bringing together Palestinians from different geographic areas to pursue their common economic, social and cultural development.

Palestinian authorities must:

- Redouble efforts to centralise healthcare services and develop relevant facilities through increasing healthcare budgets and investing in human resources and infrastructure.

The World Health Organization should:

- Collaborate with the international community and governments to ensure the adequate and uninterrupted provision of essential healthcare resources to Gaza, including COVID-19 vaccines and necessary testing supplies.

International human rights organisations and UN mechanisms including Special Procedures mandate holders should:

- Continue to investigate and highlight Israel's practices that hinder Palestinian patients' healthcare access, and continue advocacy and campaigning efforts in coordination with international medical institutions.
- Increase legal interventions aimed at facilitating Palestinian patients' access to hospitals for adequate medical treatment.

11. ENDNOTES

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 - 31 The Israeli authorities claim by this response that the treatment is available in Gaza.
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 - 36 Dr. Akram Nafei, Director of Gaza Community Mental Health Programme, interviewed by Al Mezan on 26 September 2021.



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