



Pain: A Bargain

**A Report on Israeli Restrictions Imposed on
Travel
of Gaza Patients and Depriving Them of
Treatment**



PCHR
المركز الفلسطيني
لحقوق الإنسان





“The Israeli forces’ practices against patients do not only constitute a violation of human rights but constitute the cruelest inhuman exploitation of patients and families’ pains. The policy of blackmailing, bargaining, exploiting patient’s need for treatment also reveals a flagrant case of cruel, inhuman and degrading treatment. A state’s recruitment of its security services to blackmail a patient who could barely moves reflects the most atrocious and immoral practices that will be added to the black record of the Israeli occupation.”

Raji Sourani
Director of Palestinian Center for Human Rights



Photo taken by PCHR

Introduction

This report addresses the Israeli tightened restrictions on the travel of patients from the Gaza Strip and depriving thousands of them of receiving medical treatment abroad. The report also reviews the obstacles imposed by the Israeli authorities on patients, deliberately depriving them of travel and treatment from serious diseases they suffer.

To shed light on patients' need for treatment abroad, the report at first reviews the deteriorating situation of health services in the Gaza Strip and monitors the impact of the Israeli closure, internal political division, chronic electricity crisis, lack of advanced medical devices and shortage of specialized medical personnel in the health sector.

The report also reviews the conditions and criteria set by the Palestinian Ministry of Health for patients referred for treatment abroad and the mechanism followed to refer those patients in addition to the diseases included in the abroad referrals and their distribution according to the type of disease.

This report addresses the tightened restrictions imposed by the Israeli authorities against the Gaza Strip patients and depriving thousands of them of treatment abroad (Israel, the West Bank, including occupied Jerusalem, and neighboring countries.) The report will then review the obstacles imposed by the Israeli authorities to deprive deliberately the Gaza Strip patients of treatment abroad.

This report addresses patients' right to travel and to have access to health services from the human rights perspective, reviewing most significant conventions of international human rights law and international humanitarian law which both protect patients' right to travel freely, have secure access to health services and enjoy their right to treatment from diseases they suffer.

The report also reviews Israel's responsibilities towards the Gaza Strip as an occupying power under the international law, including allowing access of each patient to the treatment he needs. It also gives insight into the position of international humanitarian law and international human rights law on the occupying authorities' disavowal of its obligations towards the Strip's population, continuing to obstruct patients' travel and adopting the policy of distinguishing between the life-saving cases and cases affecting quality of life against the Gaza Strip's patients.

At the end of the report, it reviews PCHR's role in helping the patients referred for treatment abroad and sheds light on PCHR's daily follow-up of violations against these patients at Beit Hanoun "Erez" Crossing. It also highlights the role of PCHR's Legal Unit in providing legal aid to hundreds of patients who have been denied travel or who have faced obstacles on their way for treatment abroad.

General Summary

The serious deterioration of the health services in the Gaza Strip due to the Israeli closure, political division, electricity crisis and lack of medical personnel has left hospitals incapable of dealing with thousands of patients and depending when treating serious diseases on referrals abroad. Moreover, the breakdown of 300 medical devices in the Health Ministry's Hospitals and stock-out of 145 types of the Ministry's basic list of medicines (27.8%) and 280 types of the Ministry's basic list for the medical disposables (30.9) increased the number of patients referred for treatment abroad. The Israeli authorities impose a series of obstacles aiming at depriving the Gaza patients of treatment abroad. Most prominent of these obstacles: banning travel of patients whose condition is very critical and death of dozen others; depriving patients of travel without giving any reason; depriving patients of travel for their family ties with Hamas members; arresting patients at Beit Hanoun "Erez" Crossing; blackmailing patients and bargaining with them to collaborate with the Israeli authorities; interrogating patients; delaying responses to patients on their permit requests; neglecting and disregarding patients' treatment appointments; arresting patients' companions; imposing strict restrictions on patients' companions; and the Israeli Judiciary supporting the Israeli authorities' practices against banning patients from treatment.

During 2008-2016, the Israeli authorities obstructed the travel of 29,006 Gaza Strip patients out of 128,073 permit requests for patients referred for treatment in the hospitals in Israel or in the West Bank, including occupied East Jerusalem, i.e. (22.6%) of the total applied requests. The Israeli authorities attributed the rejection of 4,934 patients for security reasons (3.8%) while they did not reply to 4,731 requests (3.6%) and delayed responses to 11,886 patients for security reasons (9.2%). Further, the Israeli authorities asked 1,838 patients to change their companions (1.4%) and delayed the travel of 5,617 patients (4.3%) under various pretexts.

During this year (01 January 2017- 30 September 2017), the Israeli authorities obstructed the travel of 9,101 Gaza Strip patients out of 19,526 travel requests for Gaza patients referred for treatment in the hospitals in Israel or in the West Bank, including occupied East Jerusalem, i.e. (46.5%) of the total applied requests. The Israeli authorities attributed the rejection of 579 patients for security reasons (2.9%) while they did not reply to 407 requests (2%) and delayed responses to 7,179 patients for security reasons (36.6%). Further, the Israeli authorities asked 90 patients to change their companions (0.4%) and delayed the travel of 846 patients (4.3%) under various pretexts.

The International humanitarian law “The Fourth Geneva Convention of 1949 and 1977 Additional Protocol I to the Geneva Conventions” guarantees civilians’ right to health in general and provided special protection for the wounded and the sick in particular. The International human rights law has also guaranteed the right of patients to access health services and treatment through a range of international instruments, including the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966) and the International Convention on the Elimination of All Forms of Racial Discrimination (1965).

Each patient’s Access to treatment he/she needs is of Israel’s responsibility, as an occupying power, under international law, towards the residents of the Gaza Strip. Thus, Israel’s disavowal of its responsibilities towards the Gaza residents is a serious violation of the rules of international humanitarian law and international human rights law. The Israeli authorities’ policy of distinguishing between “life-saving” and “quality-of-life” cases against the Gaza Strip patients is not in accordance with the medical ethics and violates Israel’s responsibilities towards the residents of the Gaza Strip without having any legal basis.

The Palestinian Center for Human Rights (PCHR) continues to play its role and help these patients referred for treatment abroad. This is done through the daily follow-up of the violations committed against the patients referred to treatment abroad at Beit Hanoun “Erez” and through PCHR’s Legal Unit which has provided throughout the years of closure thousands of legal consultations to the patients and their families. The Legal Unit provided assistance to 1,103 patients who were unable to travel for various reasons, including lack of financial coverage or lack of specific hospital appointments. Moreover, the Unit provided legal assistance to 3,537 patients who were banned from traveling for treatment as it directed complaints and challenges to the Israeli Coordination of Government Activities in the Territories (COGAT) in order to enable patients who face obstacles to travel abroad for treatment.

First: Deterioration of Healthcare Services in the Gaza Strip and Need for Treatment Abroad as an Only Alternative

Since the establishment of the Palestinian Authority (PA) in 1994, the PA has inherited a dilapidated health system. For 27 years of occupation, the Israeli authorities have not given sufficient attention to development of hospitals and healthcare centers as treating those with serious diseases was primarily dependent on referring them abroad for treatment. The Gaza Strip patients, particularly those with serious diseases, have received the appropriate treatment in hospitals in Israel and in the West Bank.

Despite its attempts to develop government health facilities and reduce referrals for treatment abroad, the PA (Ministry of Health) continued to refer patients from the Gaza Strip to non-ministerial facilities in the occupied West Bank, including East Jerusalem, (such as private sector institutions, NGOs, charities and government institutions) and less frequently referred to hospitals in Israel, Egypt and Jordan, when the facilities of the Ministry of Health in Gaza are unable to provide the adequate treatment for these patients.

Depending on the referrals abroad has increased over the past 11 years due to the poor public health system in the Gaza Strip, mainly due to the Israeli blockade, low quality of hospital services, shortage of professional doctors specialized in the treatment of serious diseases and the aggravation of the electricity crisis. The internal division and political conflict have also inflicted serious negative impact on the health sector and contributed to the deterioration of health services provided to the Gaza Strip population.

The level of health services provided by government facilities in the Gaza Strip has been negatively affected by the increasing population density and natural growth, in light of the shortage of specialized medical personnel and medical equipment for the treatment of serious diseases.

1. Deterioration Resulting from the Israeli Closure

The situation in the Gaza Strip has deteriorated due to the Israeli closure imposed on the Gaza Strip for 11 years as well as the work at these facilities due to the Israeli authorities' ban on the entry of new equipment or spare parts for the broken devices. The crisis of medical devices has been a major obstacle to the development or continuation of work in the Gaza Strip's hospitals and medical centers to meet the health needs of the population. The closure has also prevented the ministry from supplying new medical devices or importing spare parts for the broken ones. As a result, the quality of medical services provided to patients worsened especially in the radiology and ultrasound departments because their equipment is outdated and needs maintenance or renovation. Further, some have been broken for years.

According to data from the Palestinian Ministry of Health, the closure of Gaza crossings has delayed the entry of two MRIs to Shifa Hospital in Gaza City and a CT to Nasser Hospital in Khan Yunis. Moreover, 84 devices broke down in the Ministry of Health hospitals' laboratories in addition to 24 mobile x-ray machines because the Israeli authorities prevented the entry of spare parts. The most important parts which were damaged during the closure years were elec-

tronic and digital panels for a large number of medical devices, blood-chemical analysis devices, PCR device used to detect hepatitis and blood gas analyzers used in the Intensive Care Units (ICU). The Israeli authorities also prevented the entry of large size UPS device that would cover the entire nephrology department and was purchased before the closure was imposed on the Gaza Strip. The number of broken medical devices and equipment in the Ministry's hospitals was 300 out of 6100.¹

The Israeli authorities banned the entry of new medical devices or the importation of spare parts for medical devices. As a result, the hospitals and medical centers became unable to deal with hundreds of patients, and the Ministry was forced to cancel dozens of scheduled surgical operations for patients and refer them to alternative hospitals for the necessary medical examinations, leading also to an increase in the number of patients referred for treatment abroad.

2. Deterioration Resulting from Political Internal Division and Shortage of Specialized Medical Personnel

The ongoing 11-year political division has resulted in the deterioration of most of the health services provided to the population in the Gaza Strip. During the years of division, the health conditions have unprecedentedly aggravated and have seriously affected the level of health services provided by hospitals and medical centers to citizens in the Gaza Strip.

The level of health services provided by hospitals and medical centers in the Gaza Strip has been negatively affected by the increasing population density and natural growth in the Gaza Strip, in light of the severe shortage of specialized medical personnel and the absence of any new appointments by the National Reconciliation Government in the Ministry of Health in Gaza.

The political division and conflict between the political parties in Gaza and Ramallah has also resulted in a serious shortage of medicines and medical supplies in hospitals and government health facilities during the years of division. The division also resulted in lack of funding for the purchase of medical equipment or the purchase of spare parts for the broken devices.

According to the Ministry of Health in Gaza, the number of stock-out types of medicine in April 2017 was 145 out of the 520 types listed on the basic list of medicines of the Ministry of Health. This means that the shortage rate of the essential medicines amounted to 27.8% while the types of medicine sufficient for 3 months are around 80 types, representing 15.3%. The shortage rate among medicines is as follows: cancer about 50%, kidney diseases 18%, eye diseases 6%, primary care 36%, radiation and diagnostic services 33%, immunology and epidemics 33%, maternal and child health 28%, emergency and operations 18%. According to the same source, in April 2017, the shortage of stock-out medical disposables amounted to 280, equivalent to 30.9% of the 904 items on the basic list of the Ministry of Health. Meanwhile, the items only sufficient for 3 months are around 80, representing 8.8%.²

During the closure years, as part of its follow-up of the health conditions in

1. PCHR Fieldworkers interview with Dr. Ashraf al-Qedra, Spokesperson of the Palestinian Ministry of Health in Gaza on 26 April 2017

2. PCHR Fieldworkers interview with Dr. Moneer al-Bursh, Director General of Pharmacy in the Health Ministry on 26 April 2017

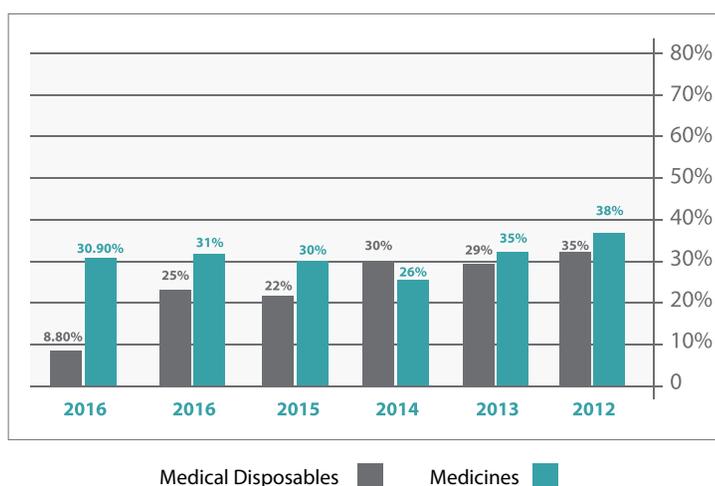
the Gaza Strip, PCHR documented that dozen types of medicine and medical consumables are out of stock, such as blood filters which is used to purify the blood from toxins during dialysis and is one of the most important consumables for dialysis, performing kidney's role. PCHR also documented that other drugs ran out for cancer patients, leukemia patients, heart patients, arthritic rheumatoid patients, liver patients and kidney patients.

The rate of stock-out medicines and medical disposables in the Ministry of Health's Drug Store in the Gaza Strip during the last 6 years was as follows:³

Table (1) Percentages of the Stock-out Medicines and Essential Medical Disposables from 2012-2017

	2012	2013	2014	2015	2016	2017
Medicines	38%	35%	26%	30%	31%	30.9%
Medical Disposables	35%	29%	30%	22%	25%	8.8%

Diagram (1) the Percentages of the Stock-out Medicines and Essential Medical Disposables from 2012-2017



The crisis of shortage in medicines and medical disposables in hospitals and public health facilities has affected the lives of patients who have suffered psychologically and physically. Hundreds of them, especially patients of cancer, immune, epidemics, dialysis, kidney transplantation, surgery and intensive care, are unable to obtain medicines to treat their diseases.

The shortage of medicines and essential medical disposables has negatively impacted the overall services provided by the Ministry of Health hospitals in Gaza, especially emergency services, operations and intensive care, and cardiac catheterization and open heart.

This situation led to the inability to treat thousands of patients and cancellation of hundreds of surgeries, raising the number of patients referred to treatment abroad.

3. An intervention for Dr. Moneer al-Bursh, Director General of Pharmacy in the Health Ministry, in a workshop organized by PCHR on the shortage of medicines and medical supplies in the public health sector on 22 May 2017.

3. Deterioration Resulting from Electricity Crisis

The health sector has been negatively affected for 11 years by the electricity crisis, which has deteriorated since last April on an average of 20 hours daily power outages. As a result, the healthcare facilities in Gaza have depended on generators, but this led to the breakdown of many electrical devices and difficulty of providing continued maintenance of these devices.

The Health Ministry's facilities in the Gaza Strip have suffered harsh conditions due to the electricity and fuel crisis, forcing them to decrease their therapeutic, diagnostic and support services. The electricity crisis affected the functioning of 40 operating rooms (ORs), 11 gynecology and obstetrics operating room where 250 surgeries and cesarean sections are daily conducted, 50 laboratories, and 10 blood banks. This has also affected the health status of about 100 patients in the Intensive Care Units (ICUs), 113 infants in the incubators and 620 hemodialysis patients. The ongoing crisis also affects the quality and safety of medicines, laboratory kits, and vaccinations stored in refrigerators in addition to its impact on emergency departments in hospitals and depriving patients of a safe health service.⁴

in light of the abovementioned crises facing the public health sector in Gaza and resulting from the Israeli closure and internal political division in addition to the lack of medical specialists and the growing population intensity, the health services in Gaza hospitals seriously deteriorated as hundreds of surgeries scheduled for patients were either cancelled or delayed. Thus, the Ministry was forced to refer increasing numbers of patients for treatment abroad due to the incapability of hospitals to provide the adequate treatment for patients, particularly those suffering from serious diseases and whose treatment is not available in the Gaza hospitals.



Photo taken by PCHR

4. A Press Release on the electricity crisis on Gaza, PCHR, 11 June 2017: <https://pchrgaza.org/en/?p=9186>

Second: Criteria and Conditions for Patients Referred for Treatment Abroad

The Palestinian Government (the Palestinian Ministry of Health) has created a system for the medical referrals to make up the shortfall at the government health institutions, whether in regard with medical specialists, experts and medical equipment or the medical facilities and their capacity to absorb large number of patients. This shortfall is covered either via purchasing medical services from local and non-ministerial health entities such as private sector institutions, NGOs or charities, in addition to the possibility of purchasing medical services from other countries in case they are not available in the local health institutions.

1. Criteria for Patients Referred for Treatment Abroad

The Ministry of Health adopts specific criteria for identifying the cases to be referred for treatment in the non-ministerial health institutions, and the most prominent of which are as follows:⁵

- Lack of the required service in government health institutions.
- Lack of medical equipment and devices.
- Lack of adequate beds in hospitals due to the full occupancy.
- Long waiting list of more than 6 months.

In light of the above, it is clear that the basic criterion relevant to the referral of patients for treatment outside the government medical institutions is the lack of the required service in the medical institutions of the Palestinian Ministry of Health, either because of the lack of medical expertise capable of treating the patients or due to the lack of medical equipment and devices necessary for treatment in addition to the inability of government medical institutions to absorb such huge number of patients.

2. Conditions for Patients Referred for Treatment Abroad

In cases where patients are referred for treatment abroad, the following conditions are required:⁶

- The patient's disease is one of the diseases covered by the health insurance.
- The patient should receive a letter from the attending physician, confirming the need to transfer him for treatment abroad because his treatment is not available in the government healthcare institutions.
- The patient should obtain the approval of the head of the department in the hospital where he receives his treatment.
- The patient should obtain the approval of the Higher Committee for Treatment Abroad after reviewing his medical report.

The patient should have a valid health insurance and pay his consequent contribution rate of the treatment costs as provided by the Health Insurance Law.⁷

5. for further information on the Treatment Abroad Department and the Criteria for Medical referrals abroad, visit the website of the Ministry of Health- Treatment Abroad Department: <http://www.moh.ps/Index/Circle/CircleId/41/Language/ar>

6. See Ibid

7. underprivileged people are exempt from having a valid health insurance and the financial contribution in their treatment costs.

Third: Referring Patients for Treatment Abroad

The law of health insurance and treatment abroad identifies the procedures for the referral of patients for treatment abroad. Referring patients to non-ministerial institutions depends on how the government health institutions are not capable of dealing with the disease for any reason.

1. Mechanisms of Referring patients for Treatment Abroad

The law of health insurance and treatment abroad No. (11) of 2006 defines the mechanism and procedures for the referral of patients for treatment abroad, including procedures to be followed, the forms to be filled, and the role of the Referral Committee. The Mechanism of referring patients includes the following procedures:⁸

- The attending physician fills the referral form in two copies accompanied with a detailed medical report on the patient's health condition.
- The referral form shall be signed by the attending physician and the head of the department or the medical director and then approved with the official seal of the hospital director.
- Each hospital's administration shall send the referral forms and their attachments (a copy of the reports, medical examinations, ID Card and insurance card of the patient) to one of its doctors to be submitted to the Higher Medical Committee, which views the referral of patients for treatment abroad on the day of the Committee's convening.
- After determining the cases to be referred by the Higher Medical Committee, the Health Insurance Department ensures that the health insurance is valid.
- All forms approved by the Insurance Department shall be sent to the Treatment Abroad Department to issue the financial coverage signed by the Director General of the Department after verification of the financial costs term.
- The Deputy Director and Deputy Assistant may request to review the decisions of the Referral Committee before and/or after the issuance of the financial coverage.
- The financial coverage shall not exceed \$10,000 unless the costs of the patient's case were pre-approved.
- The financial coverage exceeding \$10,000 and not being previously agreed on shall be approved by those authorized to pay.
- The Treatment Abroad Department sends the patient's financial coverage to the directors of hospitals, from which the referral forms were issued, to be handed to the patient.
- The patient receives the financial coverage after proving that he paid his own financial contribution determined by the Treatment Department.
- The Director/Director General of the Treatment Department in coordination with his supervisor reply to the correspondences of patients referred outside the ministry.
- Emergency cases are referred upon a decision by the Director / Director General of the Treatment Department to complete the procedures the next day and to be presented to the Higher Medical Committee during its next meeting.
- Patients are usually referred for treatment outside the Ministry of Health institutions to private hospitals in the Gaza Strip, West Bank, East Jerusalem, Egypt, Jordan, and in Israel.

8. For further information on the Law of Health Insurance and Treatment abroad No. (11) of 2006, see Wafa Website:
<http://info.wafa.ps/atemplate.aspx?id=2702>

2. Diseases Included in Medical Referrals

The referral for treatment outside the government hospitals and medical centers includes all diseases that can be treated under the government health insurance. Effectively, the referral of patients abroad for treatment depends on the capacity of government health institutions to deal with the disease as their incapacity for any reason forces the Ministry of Health to refer patients for treatment outside its health institutions. Diseases due to which patients are referred outside the government hospitals can be reviewed as follows: Cancerous tumors, eye diseases, cardiovascular surgery, cardiac catheterization, endocrinology, rehabilitation, general surgery, chest surgery, pediatric surgery, internal medicine, dermatology, genital diseases, Neurosurgery, Nuclear Medicine, Magnetic Resonance Imaging (MRI.)

However, the cases that are not covered by treatment abroad include medical assistive devices and supplies such as prostheses, wheelchairs, EYEglasses, contact lenses, hearing aids and cochlear implant, orthodontics, cardiogenic shock devices, plastic surgery for cosmetic purposes only, infertility treatments, organ transplant except kidney and cornea provided that there is a kidney donor and not contributing to the purchase of any organs, corneal finishing and similar therapeutic procedures, medicines not included in the approved essential medicines list, covering the stay expenses of the patient's companion unless the Referral Committee decided for medical reasons unlike that.⁹

On the practical level, the Ministry of Health in Gaza was forced to refer hundreds of patients not covered by the government health insurance package for treatment abroad due to the deteriorating status of the government health institutions resulting from the Israeli closure, internal political division and lack of a specialized medical staff. Thus, these institutions have become incapable of dealing with these cases.

3. Distribution of Referrals Abroad Depending on Type of Disease

The cases of patients from the Gaza Strip that are referred for treatment abroad are distributed depending on diseases that are not treated in the Gaza Strip hospitals. Serious diseases such as cancer, heart diseases, eye diseases and bone diseases are the highest rates among patients treated abroad. The cases of treatment abroad were distributed during 2016 according to the type of disease as follows: Oncology diseases 23.6%, Hematology 5.5%, pediatric diseases 7.2%, Orthopedic surgery 7.1%, Eye diseases 6.6%, Atomic scanning 2.4% MRI 6.8%, Cardiac Catheterization 5.7%, Cardiac diseases 3.2%, Neurosurgery 3.4%, Internal Medicine 3%, Urology 3.1%, General Surgery 3%, Cardiac Surgery 2.8%; laboratory analysis 1.6%; vascular diseases 2.6%, Ear, Nose and Throat (ENT) diseases 1.5%, Intensive Care 2.1%, Kidney Diseases 1.1%, Other Diseases 7.6%.¹⁰

9. Decision text: Based on the decision of the Minister of Health No. (14) of 2004 on specialized treatment issued on 2004/3/15, treatment outside the government health institutions does not include the following issues:

- Prosthetic devices and medical assistive supplies such as prostheses, eyeglasses, contact lenses and orthodontics.
- Non-essential cosmetic surgery.
- Infertility treatment.
- Bone marrow transplant.
- Organ transplantation with the exception of cornea and kidney provided that the kidney donor is a relative of first or second degree and without contributing to the purchase of any organ.
- covering the stay expenses of the patients' companions.

10. 2016Annual Health Report, Palestinian Ministry of Health, Palestinian Health Information Center, 16 August 2017, Page 28

Table (2): Distribution Percentages of Referrals Abroad According to type of Disease for 2016

Type of Disease	Percentage
Oncology diseases	23.6%
Hematology	5.5%
pediatric diseases	7.2%
Orthopedic surgery	7.1%
Eye diseases	6.6%
Atomic scanning	2.4%
MRI	6.8%
Cardiac Catheterization	5.7%
Cardiac diseases	3.2%
Neurosurgery	3.4%
Internal Medicine	3%
Urology	3.1%
General Surgery	3%
Cardiac Surgery	2.8%
laboratory analysis	1.6%
vascular diseases	2.6%
ENT diseases	1.5%
Intensive Care	2.1%
Kidney diseases	1.1%
Other diseases	7.6%

Diagram (2): Distribution Percentages of Referrals Abroad According to type of Disease for 2016

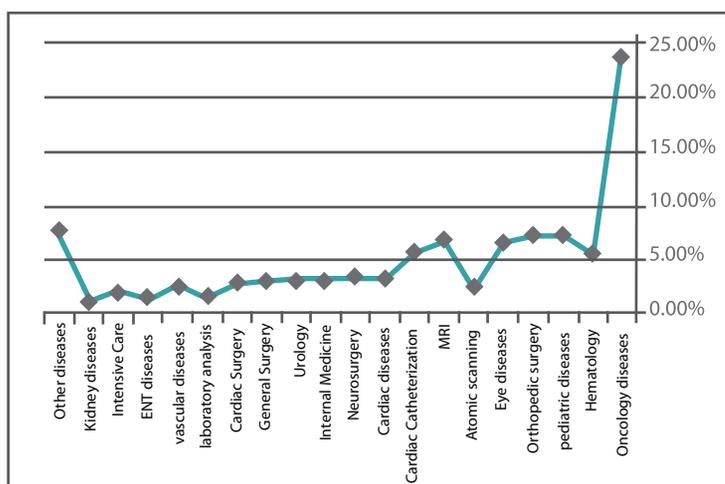


Photo taken by PCHR

Fourth: The Israeli Authorities Obstructing the Travel of thousands of Patients who were referred for treatment abroad

The Israeli authorities used to allow patients from the Gaza Strip who obtained a medical referral for treatment abroad (hospitals of Israel and the occupied West Bank, including occupied Jerusalem) to cross Beit Hanoun (Erez) Crossing before the Israeli closure on the Gaza Strip in June 2007, despite the complicated and humiliating procedures they were subjected to while passing through the crossing. The number of patients allowed to pass through Beit Hanoun (Erez) Crossing to reach hospitals in Israel and the occupied West Bank, including occupied Jerusalem, before closure, amounted to about 20,000 patients annually, according to the Palestinian Ministry of Health.

In mid-June 2007, the Israeli authorities imposed a tightened closure on the Gaza Strip following the Hamas takeover of the Gaza Strip. The closure included severe restrictions on the movement of goods and basic necessities even affected the movement of all residents of the Gaza Strip, including patients. This has reduced the number of patients allowed to cross Beit Hanoun (Erez) crossing and access to hospitals in Israel and the West Bank, including occupied Jerusalem. According to PCHR's follow-up, the number of patients allowed to cross the crossing since the closure was imposed in June 2007 and until October 2017 did not reach, at best, the number before the closure. The number of those patients allowed to for treatment is not sufficient to treat all patients in the Gaza Strip in light of the deterioration of health services in the Gaza Strip hospitals on the one hand and because of population growth on the other. Patients allowed to travel via the crossing and access hospitals in Israel and the occupied West Bank, including occupied Jerusalem, face complicated procedures, which take weeks or months to allow each patient to cross the Beit Hanoun crossing.

1. Obstructing Travel of 29,006 Patients Referred for Treatment abroad from 2008-2016

From 2008-2016, the Israeli authorities obstructed the travel of thousands of Gaza Strip patients who obtained medical referrals for treatment in Israeli hospitals or in hospitals in the West Bank, including the occupied city of Jerusalem. There are many forms of obstruction which included the rejecting a patient for security reasons or without clarifying the reasons; not responding to a patient's request claiming that it is under security check; asking a patient to change his/her companion; asking a patient to change the appointment of treatment; asking a patient to submit a new request; requesting a patient for a security interview; a patient's request not meeting the criteria, and considering a patient's case as a case to improve quality of life and not a lifesaving one according to the Israeli classification.

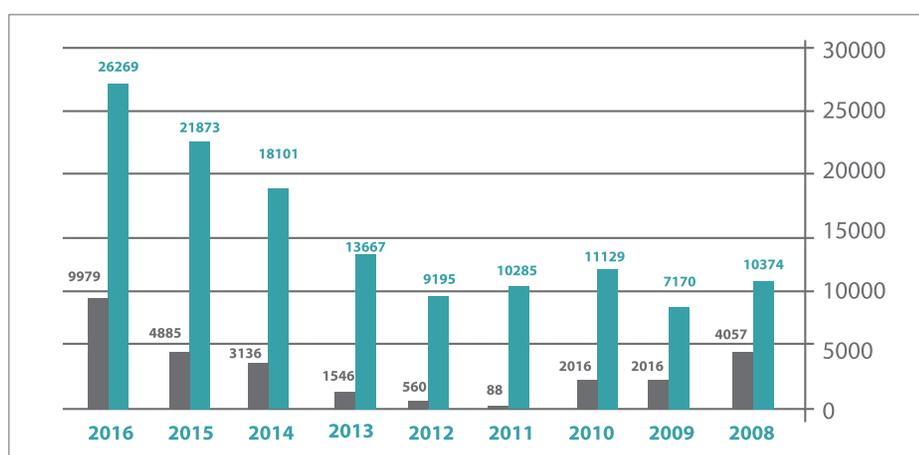
The following is the full data of Israeli response to patients referred for treatment abroad from 2008-2016:

Table (3) Israeli response to patients referred for treatment abroad from 2008-2016:

	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
No response	2133	660	166	42	43	249	318	294	826	4731
Under security check	1197	484	484	154	109	424	1303	2016	5715	11886
After Security interview	280	365	246	150	106	200	340	306	419	2412
Approved	6317	5154	9113	9484	8635	12121	14965	16988	16290	99067
Denied	298	143	646	237	85	42	535	1244	1704	4934
Changing Companion	32	1	85	63	71	223	313	641	409	1838
Not meeting criteria	93	41	62	40	43	39	28	49	90	485
After Interview/ denied	0	29	20	0	0	0	0	4	49	102
After interview/ approved	0	18	53	3	0	0	0	15	45	134
After interview/ new request	0	235	90	5	0	0	0	4	54	388
After interview/ refusing interview	0	36	11	0	0	0	0	0	0	47
Waiting an interview	0	0	11	7	8	118	35	19	173	371
New appointment	0	0	139	105	95	207	125	147	50	868
New request	0	0	3	5	0	35	139	137	409	728
Returned	0	4	0	0	0	8	0	9	36	57
Companion	24	0	0	0	0	1	0	0	0	25
Total	10374	7170	11129	10295	9195	13667	18101	21873	26269	128073

* Source of this data: Coordination and Liaison Department in Ministry of Health

Diagram (3): Israeli response to patients referred for treatment abroad from 2008-2016:



According to the statistics in the above table, between 2008 and 2016, the Israeli authorities obstructed the travel of 29,006 Gaza Strip patients who were referred for treatment in Israeli hospitals or in the West Bank hospitals, including the occupied city of Jerusalem, out of 128,073 permits for treatment, (i.e. 22.6%) of total applications. The Israeli authorities attributed the rejection of 4,934 patients for security reasons (3.8%) and did not response to 4,731 applications (3.6%), in addition to delaying responses to 11,886 patients (9.2%). The Israeli authorities also requested 1,838 patients to change their companions (1.4%) and delayed the travel of 5,617 patients (4.3%) under various pretexts such as waiting for response after the security interview, or the condition of the patient is for improving quality of life and not a lifesaving one according to the Israeli classification, or the application does not meet the criteria, or asking the patient to change the appointment of treatment or submitting a new application.

2. Obstructing travel of 9,101 patients referred for treatment abroad in 2017

In 2017, the Israeli authorities obstructed the travel of thousands of patients from the Gaza Strip after obtaining medical referrals for treatment abroad in the Israeli or West Bank hospitals, including occupied Jerusalem hospitals. There were various forms of obstruction, which included the rejecting a patient for security reasons or without clarifying the reasons; not responding to a patient's request claiming that it is under security check; asking a patient to change his/her companion; asking a patient to change the appointment of treatment; asking a patient to submit a new request; requesting a patient for a security interview; a patient's request not meeting the criteria, and considering a patient's case as a case to improve quality of life and not a lifesaving one according to the Israeli classification.

The Following table is for the full data of the Israeli responses to the patients referred for medical treatment abroad in 2017:

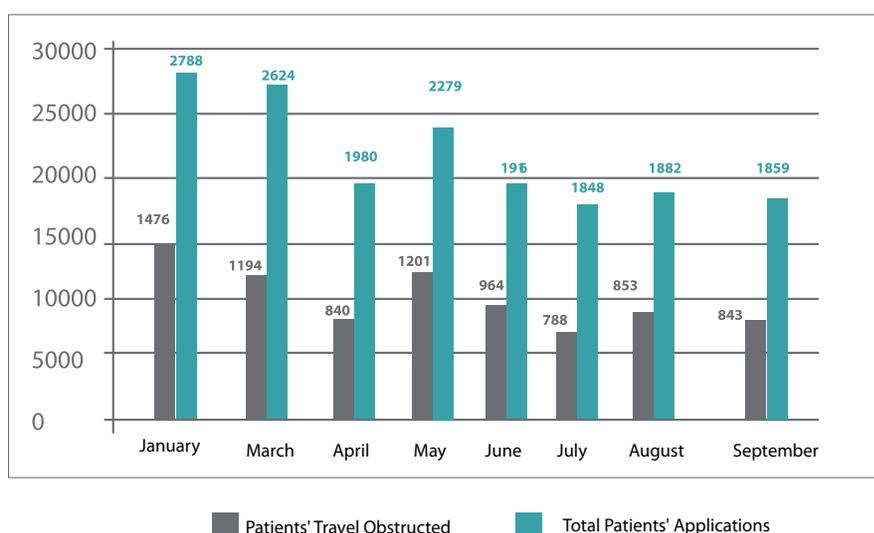
Table (4): Israeli responses to patients referred for medical treatment abroad from 01 January 2017 to 30 September 2017

	January	February	March	April	May	June	July	August	September	Total
No response	44	30	53	56	53	38	37	22	74	407
Under security check	1243	788	928	647	933	718	570	676	676	7179
After security interview	24	21	30	32	38	30	38	15	5	233
Accept	1312	1434	1440	1140	1078	925	1060	1029	1016	10461
Refused	100	73	96	62	48	25	50	65	60	579
Changing the companion	15	8	17	11	18	5	8	7	1	90
inappropriate	9	6	21	5	3	6	5	16	5	76
After the interview/ refused	3	4	0	2	1	1	1	0	0	12
After the interview/ approved	0	0	0	0	0	1	0	0	0	1
Waiting for interview	10	4	3	2	3	2	2	3	2	31

New appointment	8	10	8	1	6	20	17	0	0	70
A new application	20	8	28	22	96	118	59	47	18	416
Returned	0	0	0	0	2	0	1	1	0	4
Treatment in Gaza	0	0	0	0	0	0	0	1	2	3
Total	2788	2386	2624	1980	2279	1916	1848	1882	1859	19562

***Source: Coordination and Liaison Department in the Ministry of Health**

Diagram (4): the Israeli responses to the patients referred for medical treatment abroad from 01 January 2017 to 30 September 2017



Statistics mentioned above indicate that the Israeli authorities during this year (01 January 2017- 30 September 2017) obstructed the travel of 9,101 Gaza Strip's patients referred for medical treatment out of 19,562 applications for treatment (i.e. 46.5% of the total applications) in the Israeli or West Bank hospitals, including occupied Jerusalem hospitals. The Israeli authorities refused 579 patients for security reasons (2.9%), did not respond to 407 applications (2%), delayed responses (under security check) to 7179 patients (36.6%), and asked 90 patients to change the companions (4%). Meanwhile, the travel of 846 patients was delayed under various pretexts such as awaiting an Israeli reply following security interviews, patient's health condition is not serious and not a life-saving case according to the Israeli classification, the application is inappropriate, waiting for a new appointment, and applying a new application.

Fifth: Israeli Obstacles to Gaza Strip's Patients Referred for Medical Treatment Abroad

During the closure imposed on the Gaza since June 2007 until now, the Israeli authorities have intentionally obstructed the travel of patients, who suffer from serious diseases, and deprived them of receiving treatment abroad. The Israeli authorities stationed at Beit Hanoun "Erez" Crossing obstructed the travel of patients referred for medical treatment in the Israeli hospitals or the West Bank, noting that Beit Hanoun Crossing is the sole outlet for Palestinians to travel abroad or to the oPt.¹¹

PCHR has monitored a series of obstacles imposed and deliberately used by the Israeli authorities to deprive the patients of treatment. These obstacles are as follows:

- Denying patients with critical health condition from traveling as dozens of them died.
- Depriving patients of travelling without any reason.
- Depriving patients of travelling for so-called "family reasons".
- Arresting patients at Beit Hanoun (Erez) Crossing.
- Blackmailing and bargaining patients to collaborate with the Israeli authorities.
- Investigating with patients by the Israeli Intelligence Service.
- Delaying and procrastinating responses to patient.
- Neglecting patient's medical appointment.
- Arresting patients' companions at Beit Hanoun Crossing.
- Israeli judiciary's upholding the Israeli authorities' practices to prevent patients from medical treatment.

All of these obstacles have made the Gaza Strip patients' travel for treatment abroad more complicated, increasing the suffering and pains of patients and their families.

1. Preventing Patients with Critical Health Condition from Traveling, causing death of Dozens of them

The tough measures have been practiced by the Israeli authorities against patients since the beginning of closure imposed on the Gaza Strip in June 2007 caused the death of dozens of patients who suffer from serious and intractable diseases due to depriving them of leaving the Gaza Strip for medical treatment abroad. According to the Ministry of Health, the number of patients, who died because of preventing them from traveling for treatment abroad, amounted to 378. Those patients died due to the Israeli complicated and slow measures and obstacles imposed on their way to treatment; not giving them permits for travelling via Beit Hanoun Crossing to hospitals in the West Bank, including occupied Jerusalem, Israeli hospitals and nearby countries' hospitals; and lack of medicines and medical equipment in the Gaza Strip hospitals.¹²

12. For more information about death cases resulted from preventing patients from travelling abroad for treatment, go to the website of the Ministry of Health: <http://www.moh.gov.ps/portal>

- **Patient 'Alaa al-Deen al-Qabani Died After Preventing Him From Travelling**
Mostafa Darwish al-Qabani (31), an architect from al-Buriey Camp, holding ID No. 800682635, and nephew of patient 'Alaa al-Deen Mostafa al-Qabani, who died because of not giving him a permit to access hospitals in Jerusalem for treatment, said that:

"The health condition of my uncle 'Alaa al-Deen Mostafa al-Qabani (51) deteriorated due to acute infections occurred after he underwent a sinus surgery on 04 October 2016, in a private clinic in al-Nussairat Camp. On the next day of the surgery, my uncle lost sight in his left eye and his health condition deteriorated day by day. On 15 October 2016, he was admitted to Shuhada'a al-Aqsa hospital and then referred to al-Shifa hospital in Gaza, where he underwent a CT scan but the image showed nothing. My uncle's health condition continued to deteriorate as he suffered function loss in his left limbs, his left eye was gouged out, and he lost sight in his right eye. On Wednesday, 19 October 2016, due to the incapability of Gaza hospitals to treat him, my uncle obtained a medical referral for treatment at St. Joseph Hospital in Jerusalem and was given an appointment for treatment at the hospital. He then applied for a permit at the Palestinian coordination and liaison department in the General Authority of Civil Affairs (GACA) to travel via the Beit Hanoun crossing (Erez) and receive his treatment at the hospital. However, his request was rejected by the Israeli authorities, and the Palestinian coordination and liaison department informed us to wait until Sunday, 23 October 2016. Another request was applied but it was again rejected. On the same day, my uncle underwent tests, which showed he was suffering acute infections that reached the brain. My uncle's health condition deteriorated and he died on 26 October 2016."

- **Patient Raed 'Azzam Salim al-Maghari Died After Being Prevented from Traveling to Receive Treatment for Security Reasons**

Azzam Salim al-Maghari (56), from al-Burajj in the central Gaza Strip, father of patient Ra'ed Azzam Salim al-Maghari, who died after being denied twice from traveling to receive treatment in West Bank hospitals, said to PCHR's fieldworker: *"My late son Raed Azzam Salim Al-Maghari (33) had suffered Valvular Heart Disease for 16 years and was receiving treatment at Nasser hospital in Khan Younis and al-Shifa hospital in Gaza city. He underwent an open heart surgery at the Arab Center in Nablus 5 years ago and spent there a month for follow-up and medical treatment. On 11 June 2010, He traveled again for the follow-up Arab Center followed up his condition underwent medical tests, and his doctors decided that he would not bear surgery in one of the heart valves at that time, so he returned to Gaza. On 10 July 2011, he was admitted into the ICU at Shifa Hospital in Gaza City due to health complications and stayed there two days for treatment. My son continued to go to the hospital to receive treatment and return home until 14 July 2011 when he suddenly fell in the house and was taken back to the hospital. We then proceeded with the measures necessary for an urgent medical referral to the Arab Center for Cardiac Surgery and Hematology in Nablus, West Bank, so he would undergo a heart valve surgery. We applied for a permit to pass through Beit Hanoun Crossing (Erez) to reach the hospital. However, the Coordination and Liaison Department of the Palestinian Ministry of Civil Affairs informed us on 19 July 2011 that the Israeli authorities refused to grant a permit to his companion (his father-in-law), Asa'ad Maghari (49). On 24 July 2011, we filed another request without a companion but the Israeli authorities refused to grant him a permit for security reasons. After that, his health deteriorated, and on Monday 25 July 2011, doctors decided that he needed an*

urgent surgery, so he was admitted to the Operating Room and after about 5 hours he died during the operation."

2. Depriving Patients of Travelling Without Giving Reasons

The Israeli authorities rejected the applications of hundreds of patients suffering from serious diseases and referred by the Ministry of Health for treatment by travelling via Beit Hanoun (Erez) Crossing to the West Bank's hospitals, including occupied Jerusalem and Israeli hospitals, without giving any reasons. In June 2010, the Israeli authorities prevented new categories of patients from travelling via Beit Hanoun (Erez) crossing to access hospitals and receive medical treatment, claiming that their condition was not classified as a life-saving case but as improving "quality of life". These categories who were deprived of travelling suffer from serious diseases, including blindness and amputation. As a result, the number of patients, whose applications for treatment at the hospitals outside Gaza were denied, increased.

- **Patient Farouk Iyad Mohammed al-Hams deprived of travelling abroad for medical treatment without any reason**

Patient Farouk Iyad Mohammed al-Hams (22), a university student, who lives in Yebna refugee camp in Rafah holding ID number 401150602, said to PCHR's fieldworker the following:

"In early July 2015, I headed to Naser Hospital in Khan Yunis, suffering from severe pain in the left shoulder. The doctors diagnosed my condition as an unidentified tumor in bones and cartilaginous joints affecting the Connective Tissue and other soft tissues of the upper side including the shoulder. Due to lack of medical treatment for my condition in the Gaza Strip's hospitals, I was able to obtain a medical referral from the Treatment Abroad Department at the Palestinian Ministry of Health. Then, I got an appointment on 3/8/2015 for medical treatment at An-Najah National University Hospital in Nablus in the West Bank. However, I did not travel on that date because the specialized doctor at An-Najah National University Hospital was abroad. When the doctor returned in October 2015, I renewed the medical referral and applied for a permit from the Israeli authorities to pass through Beit Hannon (Erez) crossing to reach An-Najah Hospital via the Coordination and Liaison Department in the Ministry of Civil Affairs in Gaza. However, the Israeli authorities rejected my application 3 other times; the last one was on 26 April 2016. As a result, I changed my medical referral to the Specialized Medical Center at Nasser Institute Hospital in Egypt. My application was approved on 31 May 2016. However, the closure of Rafah crossing prevents me from traveling and even if Rafah crossing is open, there is a list of around 3000 patients registered before me and waiting to travel."

- **Patient Yusuf Hassan Salman Nassar unreasonably deprived of traveling for medical treatment**

Sami Yusuf Hassan Salman Nassar (32), who lives in al-Tannoura neighborhood, east of Rafah, and is the son of patient Yusuf Nassar, said to the PCHR's fieldworker:

"My father Yusuf Hassan Salman (61) suffers from severe bone infection in the left thigh due to fractures. He received medical treatment in the Gaza Strip hospitals for months without any progress in his condition as my father has suffered full paralysis of his right leg since childhood. Due to the deterioration of his health condition and the lack of medical treatment for his condition in the Gaza Strip hospitals, my father received a referral for medical treatment at Al

Maqassed Hospital in Jerusalem. We applied to the Coordination and Liaison Department of the Ministry of Civil Affairs in Gaza for a permit to pass through Beit Hannon (Erez) crossing and to reach Al Maqassed Hospital. We waited for several days without receiving any response despite my father's severe pains. On Sunday morning, 23 August 2015, I went to the Coordination and Liaison Office to find out why they did not contact my father and confirmed his travel. One of the staff members told me that the Israeli authorities unreasonably rejected my father's application to travel through Beit Hannon crossing for medical treatment at al-Maqassed Hospital in Jerusalem."

3. Depriving Patients of Traveling for Medical Treatment for "family-related" reasons:

Since the closure was imposed on the Gaza Strip, the Israeli authorities intentionally deprived hundreds of patients of traveling abroad for medical treatment for family-related reasons; especially patients suffering from serious diseases and whose medical treatment is not available in the Gaza Strip hospitals. One of the reasons Israel claimed was accusing family members of some patients of being engaged in Palestinian resistance against Israel or that one of their family members illegally lives either in the West Bank or Israel.

- **Blackmailing and bargaining patient Waleed Mohammad Mohammad Qa'oud "Handing over his sons in exchange for medical treatment"**

Mohammad Waleed Mohammad Qa'oud (34), holding ID number: 800326365, is married, unemployed and father of one child. He lives in al- Sheikh Emari area in Khan Younis, south of the Gaza Strip. In his testimony to PCHR's field-worker, he said:

"My father Waleed Mohammad Mohammad Qa'oud (59) has suffered from colon cancer since 2007. At the beginning of 2015, the cancer spread to his lungs, so he obtained a medical referral for a PET scan to Assuta Hospital in Tel Aviv. The Israeli authorities rejected 3 times his permit and prevented him from traveling through Beit-Hanoun (Erez) crossing. On 10 November 2015, he managed to travel and had a PET scan. However, on his way back to Gaza, he was detained for hours, strip-searched and ordered to stand against the wall while once and then he was ordered to raise one of his feet or hands up in a very humiliating way. After that, he was taken to an Israeli intelligence room and then asked about my brothers Khaled (25) and Ahmad (26), claiming that they were Members of the Palestinian armed groups. The Israeli Intelligence officers then asked him to bring his 4 sons to Erez crossing and hand them to the occupation. They also offered him 200 shekels as transportation fees to go and bring his sons to the border crossing in exchange for facilitating his travel for a proper medical treatment. They also said that he shouldn't even think about coming back for medical treatment in Israel if he didn't hand over his sons. In the beginning of 2016, my father's health condition got worse and the tumor spread to the brain. He applied 4 times for a permit to travel for medical treatment yet the Israeli authorities denied all of them. During that period, my father was only on pain killers because there was no medical treatment available for him in Gaza, losing his ability to speak and move. On 21 March 2017, the Israel General Intelligence asked him for an interview but he could not go due to his health condition which kept deteriorating until he passed away at 19:30 on Tuesday, 02 May 2017."

4. Arresting Patients at Beit Hanoun (Erez) Crossing:

The Israeli authorities detained tens of patients while passing through Beit Hanoun (Erez) crossing or when on their way to Erez crossing to meet Israeli

intelligence to know if they would be allowed to travel for medical treatment or not. A number of patients and their relatives told PCHR's fieldworker that despite their bad health conditions, they were interrogated for long hours before being arrested.

- **Patient Yousef Abu al-Jidyan Arrested on His way to undergo a corneal transplantation:**

Salwa Muhamed 'Abdullah Abu al-Jidyan (67), from al-Bassa area in Deir al-Balah. Salwa is the mother of patient Yousef Khalaf Ibrahim Abu al-Jidyan (28), who was arrested when he was on his way to undergo a surgery (a corneal transplantation) said to PCHR's fieldworker that:

"My sick son and I arrived at Beit Hanoun (Erez) crossing at approximately 07:00 on Monday, 06 January 2014, to head to "SurgiCare" hospital in Ramallah, noting that he got a permit to travel via Beit Hanoun (Erez) crossing after the Israeli authorities refused his permit for treatment in March 2013. At approximately 09:00, we were allowed to enter the crossing and went through the automated inspection machine in addition to inspecting the luggage. Ten minutes later, 2 persons wearing civilian clothes came and asked my son Yousef to give them our cell phones. They took 3 cell phones and then one of them asked Yousef to read the number on his phone but Yousef replied that he could not see it. I told them that my son would undergo a corneal transplantation. They asked me to stay here and ordered Yousef to go with him to a nearby room. I waited for about an hour until a soldier came and told me that I have no permit and should go back home to Gaza. I went to the Palestinian side of the crossing and went back home after hours of waiting. My son, Hazim (35), told me when I arrived home that an Israeli intelligence officer called to inform him that Yousef was arrested and transferred to al-Majdal prison."

- **Patient Basil Ali Ahmed Abu Hassan Arrested While Heading to Jordan for Treatment**

Amani Ali Abu Hassan, from Khan Younis, sister of Basil Ali Ahmed Abu Hassan who was a patient arrested by Israeli authorities stationed at Beit Hanoun (Erez) Crossing while heading for treatment in Jordan, said to PCHR's fieldworker that:

"My brother Basil Ali Ahmed Abu Hassan (45), from 'Abasan al-Kabira, is suffering from back pain due to Spinal disc herniation. Thus, due to the difficulty to treat him in Gaza hospitals, he obtained a medical referral for treatment abroad in one of Jordan's hospitals and then the Israeli authorities approved his permit to travel to Jordan via Beit Hanoun (Erez) Crossing. On Wednesday, 18 June 2014, my brother Basil headed to Beit Hanoun (Erez) crossing and we were on phone with him until 11:00. We lost connection with him and were could know what happened. We stayed like this until we received a phone call on the same day from the Israeli police in Ashkelon, telling my family that Basil was arrested and under interrogation."

- **Patient 'Abdullah Ahmed 'Odah Abu 'Aathrah Arrested While Heading for An Interview With Israeli Intelligence in Beit Hanoun (Erez) Crossing**

Ahmed 'Odah Salman Abu 'Aathrah (53), from al-Shabourah refugee camp in Rafah, father of 'Abdullah Ahmed 'Odah Abu 'Athrah (24) who was arrested while heading to an interview with the Israeli Intelligence in Beit Hanoun Crossing. 'Abdullah headed to the interview to know if he would be allowed to travel to al-Motala Hospital in Jerusalem to undergo a surgery as

he suffers from an auditory processing disorder. Ahmed Abu 'Aathrah said to PCHR's fieldworker that:

»My son 'Abdullah has suffered from auditory disorders for 3 years and obtained a medical referral from the Treatment Abroad Department to undergo a surgery in al-Motala Hospital. He was supposed to conduct the surgery on Friday, 15 November 2013. We applied before the Israeli authorities for a permit to pass through Beit Hanoun Crossing and access the hospital. On Wednesday evening, 13 November 2013, I received a phone call from the Ministry of Civil Affairs in Gaza, informing me that the Israeli Intelligence Service scheduled an appointment on Thursday morning, 14 November 2018, for an interview with my son 'Abdullah to determine if he would be allowed or not to travel to al-Motala Hospital in Jerusalem to undergo a surgery. At approximately 08:00 on that day, 'Abdullah went to Beit Hanoun "Erez" Crossing and has not returned since. After that, I contacted the Ministry of Civil Affairs to find the reason behind my son not coming back, and they told me next day that the Israeli Intelligence Service arrested him."

- **Patient Ibrahim 'Adel Shehadah al-Sha'er Arrested on His Way to West Bank for Treatment of Throat Cancer.**

'Adel Shehada al-Sha'er, from al-Salam neighborhood in Rafah, father of Ibrahim 'Adel Shehada al-Sha'er (21) who was arrested while heading to the West Bank for treatment of throat cancer at al-Ahli Hospital in Hebron, said that:

"My sick son, Ibrahim 'Adel Shehada (21), suffers from throat cancer. He obtained a medical referral from the Treatment Abroad Department in the Palestinian Ministry of Health for treatment at al-Ahli hospital in Hebron. The Israeli authorities allowed him to travel through Beit Hanoun (Erez) Crossing. Beit Hanoun Erez (crossing . ing . ading to al-Ahli Hospital in Hebron.to the west bank for treatment of throat cancer . On Thursday, 09 July 2018, my son and I headed to Beit Hanoun (Erez) crossing in order to access al-Ahli hospital in Hebron. At approximately 10:30, Ibrahim was called for the interview with the Israeli intelligence and I waited for him in the travelers' hall but he didn't return. At approximately 18:00, the Israeli security officers allowed me to pass via the crossing, and when I asked about my son, they told me that he will shortly join me. At approximately 19:00, Israeli security officers came back and told me to leave the crossing and return to Gaza. They added that my son would come back to Gaza after 4 hours but he didn't and was arrested by the Israeli security officers."

- **Patient 'Alaa Samir Salim Thabet arrested while heading for treatment at Nablus Specialist Hospital**

Amna Abdel Rahman Abdel 'Aziz Thabet (64), mother of patient 'Alaa Samir Salim Thabet who was arrested while heading for treatment at Nablus Specialist Hospital, said to PCHR's fieldworker that:

"At approximately 10:30, on Thursday, 11 May 2017, I went with my sick son, 'Alaa Samir Salim Thabet (32), who works in the Palestinian Presidential Guard in Ramallah, headed to Nablus Specialist Hospital in the West Bank, as he has suffered torn ligaments in his left knee for 6 months. When we arrived at Beit Hanoun (Erez) crossing, we entered the hall in the Israeli side and handed the necessary papers. We were searched and underwent the Iris scanning. After that, we sat in the hall waiting the Israeli approval to head to the hospital. At approximately 14:00, two Israeli intelligence officers came and asked my son 'Alaa' to go with them. I stayed in the waiting hall and after 3 hours the same two officers came and ordered me to go home. I asked them about my son and

that I will not leave without him. They left me in the hall for 30 minutes until I returned home out of fear for none was left in the hall but me. When I arrived at the Palestinian side of the crossing, they asked me about 'Alaa. I told them that he was arrested by the Israeli Intelligence, and I arrived home at approximately 19:00. At approximately 10:00, on Sunday, 14 May 2017, my son, Mohammed (35), headed to the ICRC in Gaza to tell them about what happened with 'Alaa. The ICRC officers informed him that 'Alaa was arrested and transferred to Ashkelon Prison».

5. Blackmailing and Bargaining Patients to Collaborate with the Israeli Authorities in Exchange for Granting them Permits for Medical Treatment

Many patients from the Gaza Strip referred to the West Bank hospitals, including occupied Jerusalem, and Israeli hospitals, suffer due to Israeli security officers' degrading their human dignity and blackmailing them in an attempt to compromise them to collaborate with the Israeli authorities in exchange for permits to receive medical treatment. And if the patients refused to collaborate and provide information to the Israeli investigators, they would not be allowed to pass through crossing and receive treatment at the hospitals.

- **Blackmailing and Bargaining Patient Ahmad Hassan Jameel Shbair To Collaborate With them In Return of His Life**

Hassan Jameel Shbair (56), a legal advisor to the Ministry of National Economy and living in al-Nasser neighborhood in Gaza City, said to PCHR's fieldworker: *"My son, Hassan Jameel Shbair (17), suffers from a congenial heart disease since birth. He underwent several surgeries in the West Bank and Israel in 1999, 2001, 2007, 2011 and 2015. On 22 February 2016, my son and wife (as his companion) traveled through Beit Hanoun "Erez" crossing to Tel Hashomer Hospital as my wife was summoned for an interview with the Israeli Intelligence and subject to a humiliating search. She was questioned about neighbors and relatives, but she responded with not knowing any information about them. The Israeli Intelligence officer then blackmailed her that in order to save her son's life, she must collaborate and give the wanted information. Later, a heart valve surgery was scheduled for my son on 10 September 2016 in Tel Hashomer Hospital. We applied 3 times for the permit to get to the hospital, but all applications were denied. On 16 November 2016, we headed to PCHR to help us in the permit and were informed that the Israeli authorities requested Ahmad for an interview at 07:00. Ahmad and I then headed to Beit Hanoun "Erez" crossing for the interview, where Ahmed stayed until 19:00. After finishing his interview, Ahmad told me that the Israeli interrogators explicitly told him to collaborate with them in order to complete his treatment. However, he refused their offer and told them that he would never do so. The interrogators said: "If you do not collaborate with us then let Gaza heal you." On 08 December 2016, we applied for a permit for Ahmad and my wife (as his companion), but the reply was "under security check". Later, Ahmad's health condition seriously deteriorated and starting suffering shortness of breath. The doctors at al-Shifa Hospital tried but failed to save his life, declaring his death on Saturday, 14 January 2017."*

6. Investigating with patients by the Israeli Intelligence Service.

Hundreds of patients, who suffer severe diseases, and who got permits to access the West Bank, occupied East Jerusalem and Israel through Beit Hanoun (Erez) crossing to reach hospitals for treatment, were exposed to questionings and investigations despite their deteriorating health conditions.

- **Investigating with patient Kholoud al-Sa'adeiny despite her bad health condition and suffering from cancer**

Salwa 'Abed al-'Aziz al-Sa'iedny (56), from al-Bureij refugee camp, is married and mother of Kholoud Salama 'Abed al-Karim al-Sa'adeiny, who was blackmailed and denied travel by the Israeli forces. Kholoud died of toxic shock syndrome due to delaying her treatment.

Slawa said to PCHR's fieldworkers that:

"My daughter, Kholoud (37) suffered from Lymphoma. In April 2016, Kholoud noticed a tumor growing in her neck in April 2016 and then went for medical treatment in Gaza hospitals, where doctors told us that her treatment is not available in the Gaza strip due to hospitals' inadequate resources. On 5 December 2016, Kholoud obtained a medical referral to al-Ahly hospital in Hebron; thus, we applied through the Palestinian Ministry of Civil Affairs for an exit permit. However, the Israeli authorities replied after few days that the application was under the security check. After that, we applied many times, and the Israeli response was the same. On 03 January 2017, I underwent a surgery in al-Shifa Hospital to remove the tumor but it was not completely removed because the tumor was stuck to the neck veins. On 15 January 2017, Kholoud obtained a medical referral to al-Mutale'a "Augusta Victoria" Hospital in Jerusalem, and her permit application was approved by the Israeli authorities. On 22 February 2017, Kholoud, who was on a wheel chair, and I headed to Beit Hanoun (Erez) crossing and entered an investigation room, where an Israeli intelligence officer questioned us about certain persons. The Israeli intelligence officer blackmailed and threatened Kholoud to collaborate with the Israeli intelligence in return for receiving treatment. After that, we went out to the waiting hall and stayed there for 5 hours until an Israeli officer came and said that we are denied entry into Israel, and we should go back to the Gaza Strip. On 11 March 2017, Kholoud's health condition deteriorated and died at 03:00 on 12 March 2017."

7. Delaying Responses to Patients' Permit Applications

The Israeli authorities deliberately delay responses to patients' permit applications to cross Beit Hanoun (Erez) crossing for treatment in the hospitals of the West bank, including occupied East Jerusalem, and Israel. Since 2010, the Israeli authorities have procrastinated responses to patients, and security checks for hundreds of patients took long time; sometimes took months, especially for patients who suffer deteriorating health conditions.

- **Denying Travel of Patient Yara Mousa Hussien Bakheet and Causing Her Death**

Isma'il Mousa Hussien Bakheet (45), from al-Buraq area in Khan Younis, is married with 3 kids and father of deceased child Yara, who was denied treatment. He said to PCHR's fieldworker that:

"In January 2017, my 4-year-old daughter, Yara, suffered cardiomyopathy and then obtained a medical referral to Makassed Charitable Society Hospital in Jerusalem. We applied through the Ministry of Civil Affairs for a permit to travel via Beit Hanoun (Erez) crossing so that I accompany her. On 29 January 2017, my application was denied by the Israeli authorities, so I applied again but changed the companion. After being approved, my daughter was able to go to Makassed Hospital with her grandmother, Zahriyyah Hassouna (70), and receive treatment on 13 February 2017. Yara was asked to return for follow-up on 23 May 2017. We applied for a permit but the Israeli authorities rejected our application. After that, Yara's health condition deteriorated, and the doctor told us that my daughter needs a surgical implementation of a Ventricular Assist Device (VAD). Thus, I contacted Makassed

Hospital and booked an appointment on 16 June 2017 for the surgery. We applied for a permit but 2 days before the appointment, I received a message from the Ministry of Civil Affairs, telling me that the Israeli authorities didn't respond to the application, so I delayed the appointment to 20 July 2017. On 6 July 2017, Yara's health condition deteriorated and we took her to Gaza European Hospital, where at approximately 06:50 on Thursday, 13 July 2017, her death was announced."

- **Death of Mona Fayez Nofal after Preventing her from completing the last stage of her treatment in Ichilov Hospital in Tel Aviv**

Wael Ali Nofal (40), father of 7 children from Nuseirat Refugee Camp and husband of Mona Fayez Nofal, who died after the Israeli authorities refused to give her a permit to enter Israel in order to continue the last stage of her treatment in Ichilov Hospital in Tel Aviv, said to the PCHR's fieldworker that: *"My wife, Mona Fayez Ali Nofal (37) suffered colon cancer for 3 years and was receiving her treatment in Naser Hospital in Cairo. On Wednesday, 9 May 2007, she returned from Egypt to complete her treatment in al-Shifa Hospital, where she should take 3 chemotherapy doses in. After hospitalizing her, the doctors informed us that chemotherapy was not available at the hospital and then decided to refer her once again to Egypt but she could not travel because of the on-going closure of Rafah crossing. After waiting for more than 70 days, On Monday, 27 August 2007, she obtained a medical referral to Ichilov Hospital in Israel where she had her first chemo dose. On the second dose, the Israeli authorities delayed her permit for a month and then on 07 October 2007, she took her second chemo dose and returned to Gaza. On the third dose, the Israeli authorities refused her permit after applying four times on 4, 18, 12, and 22 November 2007 as the Palestinian Civil Affairs explained to us that the Israeli authorities did not respond to any of the applications. On Saturday, 24 November 2007, Mona died after health condition deteriorated and before her permit was issued."*

8. Israeli Indifference to Patients' Hospital Appointments

The Israeli authorities have always neglected patients' hospital appointments and delayed responses to their permits applied in sufficient time to cross Erez for treatment in the hospitals of the West bank, including occupied Jerusalem, and Israel. Upon the Israeli authorities' request, patients submit their applications 23 days prior to their appointment, causing a lot of trouble to them, especially those suffering serious diseases. As a result, patients are forced to renew their medical referrals and all relevant documents and to book new appointments in hospitals.

- **Rital Hussein al-Masar'ie Died after Being Denied Treatment Due to Delaying Issuance of Her Permit**

Said Hussein al-Masar'ie, an aluminum technician living in al-Saftawi neighborhood in the northern Gaza Strip, said to PCHR's fieldworker about his granddaughter's death:

"My granddaughter was born with a septal heart defect, and we followed up at Ranteesi Specialist Pediatric Hospital in Gaza, where doctors decided to refer her for treatment abroad to undergo a surgery. After obtaining the medical referral, we booked an appointment on 6 December 2015 at Makassed Hospital. Rital together with her grandmother went to Makassed Hospital; however, the doctors said that with her current condition, she would not be able to undergo a surgery because it would pose a threat to her life. After her condition improved, we obtained a medical referral to Beilinson Hospital in Israel on 1 March 2016

and Rital went there with her grandmother for check-ups. The surgery was then scheduled on 28 March 2016. Later, we submitted the necessary papers to the hospital in order to obtain an approval for travel, but the Israeli side did not respond until the evening of 28 March 2016. On the morning of 29 March 2016, I headed to the Palestinian Liaison and Coordination Authority, which informed me that Rital's application is still under security check according to the Israeli Authorities. I then headed to PCHR, which contacted the Israeli side and got the approval for Rital. I contacted the hospital to get a new appointment and before getting it, Rital died on 2 April 2016."

9. Arrest of Patients' Companions at Beit Hanoun "Erez" Crossing

The Israeli authorities arrested tens of patients' companions while crossing Erez. Some of them told PCHR's fieldworker that they were interrogated for hours before being arrested, leaving the patients suffering alone from bad health conditions and so forcing them to return to Gaza without treatment.

- **Mahmoud Kamal Kamel Abu Taha, A Cancer Patient, Travelled Alone After Arresting His Father, who was Accompanying Him**

Hani Kamel Abu Taha (35), from al-Salam neighborhood in Rafah said to PCHR's fieldworker that:

"My brother, Mahmoud Kamal Kamel Abu Taha (21), suffered from cancer and his health condition was critical. He was receiving medical treatment at the Gaza European Hospital in Khan Yunis, but his health condition deteriorated, increasing health risks. He lost a third of his weight during his stay at the hospital, so he was transferred for treatment at Tel Hashomer Hospital in Israel. On 18 October 2007, my father Kamal Kamel Abu Tahah (52) along with my late brother Mahmoud headed to Erez after obtaining a permit via the Palestinian Liaison office. However, the Israeli authorities prevented my brother, Mahmoud, from crossing and ordered him to return to the Gaza Strip. Around the same time, the Israeli soldiers arrested my father, who was accompanying Mahmoud. After terribly complicated attempts, he obtained a new medical referral, and the Israeli authorities allowed him to travel to receive treatment at Tel Hashomer Hospital in Israel. On Sunday, 28 October 2007, my brother arrived alone at the hospital without anyone accompanying him for fear of being arrested like it happened with my father. On 29 October 2007, my brother died due to the Israeli authorities' delaying his treatment."

10. Imposing Severe Restrictions on Patients' Companions

In November 2015, Israel had raised the minimum age threshold for people accompanying patients as only the individuals over the age of 55 are allowed to enter into Israel. This means that hundreds of patients, especially children who need special care and should be accompanied by one of their parents, who tend to be young. Moreover, hundreds of patients who suffer from serious diseases can barely move, and need to be accompanied by people in good health condition.¹³

- **Preventing Bassma Majdi al-Aydi from accompanying her parent during her open-heart surgery**

Majdi Hassan al-'Aydi, father of Bassma Majdi al-'Aydi, from Zaytun neighborhood, said to PCHR's fieldworker:

"Since her birth in 2011, my 15-year-old daughter suffers from a heart disease.

13. State of crossings 30-01 November 2015, PCHR

Four months after her birth, she was referred to Makassed Hospital to undergo an open-heart surgery and she was accompanied by her mother Khitaam (40). In 2016, Bassma obtained a medical referral to undergo aortic valve replacement at Makassed Hospital in Jerusalem. We applied for a permit several times to the Israeli authorities to travel via Beit Hanoun "Erez" Crossing, but all the applications remained unanswered despite Bassma's serious health condition. On 25 January 2017, we headed to PCHR to help me in getting the permit so my daughter could receive her treatment. PCHR sent an urgent letter to the COGAT explaining the seriousness of Bassma's health condition. On 31 January 2017, PCHR received a response that the mother is banned for security reasons and cannot accompany her child, asking us to change the companion. Thus, I applied as a companion to my daughter, but he was rejected twice. Eventually, we chose her aunt, Fatma al-'Aydi, and was approved by the Israeli forces to accompany Bassma. On 24 September, they traveled to Jerusalem and Bassma underwent the surgery."

11. The Israeli Judiciary's Support of the Israeli authorities' Practices to Deprive Patients of Treatment.

The Israeli judiciary provides legal cover for the Israeli arbitrary practices against the Gaza Strip patients. This occurs when the Israeli prosecution rejects patients' permit requests to travel for treatment in the Israeli and West Bank Hospitals, including the hospitals of Jerusalem.

- **Preventing 'Abd al-Aziz Abu Mandil from traveling for treatment under security reasons**

Amal Abu Mandil, born in 1984, from Nusseirat Camp, and wife of Abd al-Aziz Abu Mandil, who suffers from Paraplegia, vertebral fracture, and spinal cord cut, said to the PCHR's fieldworker:

"On 4 July 2014, an Israeli sniper shot my husband who was working in his agricultural land. He sustained serious wounds and then referred to Beilinson Hospital in Israel, where he underwent many surgeries. He was returned to Gaza without completing his treatment despite his serious condition. Since then, we have obtained more than 10 medical referrals in order to complete his treatment in al-Maqased Hospital in Jerusalem, but the Israeli authorities rejected all his permit requests for security reasons although he is paraplegic and suffers from vertebral fracture and a spinal cord cut, and he barely moves. On 14 May 2017, we went to PCHR's head office seeking their help. On the next day, PCHR's lawyers sent an urgent request to the Israeli COGAT, which confirmed that the patient is still denied for security reasons. On 13 June 2017, PCHR submitted an appeal before the Israeli prosecution and then on 29 June 2017 received a response confirming the ongoing rejection for security reasons."

- **Preventing Ahmed Amer al-'Abed Abu Joba from traveling for treatment**

Ahmed 'Amer al-'Abed Abu Jobah, born in 1986 from al-Shija'iyah neighbourhood, suffers from optic nerve damage and polyneuropathy. He said to PCHR's fieldworker:

"Since June 2016, I have suffered a very rare disease which is "polyneuropathy" and there is no treatment for it in the Gaza Strip's hospitals. I obtained a medical referral to al-Maqased Hospital in Jerusalem and in July 2016, I made it to the hospital where I underwent medical tests and then returned to Gaza City in order to come back to the hospital in August 2016 after receiving the test results. My tests showed that I need an immediate treatment, so I got an appointment with the hospital to start it. I applied for a permit to travel through

Beit Hanoun "Erez" Crossing and obtained it. I headed to Erez, where the Israeli Intelligence detained and interrogated me. During the interrogation, the intelligence officers ordered me to prevent the Palestinian armed groups from digging tunnels close to my workplace. I told them that I cannot because I do not know them. The officers then told me that I am denied travel. Since August 2016 until January 2017, I applied five times for the permit and every time I got rejected. On 25 January 2017, I went to PCHR's head office to ask for help, and the lawyers there sent an urgent letter to the COGAT explaining my serious health condition. On 5 February 2017, PCHR received a response that I am denied travel for security reasons that cannot be identified. Since then, I receive temporary treatment to prevent my health condition from getting worse."



Photo taken by PCHR

Sixth: Patients' Freedom of Movement and Right to Access Health Care from a Human Rights Perspective

The right to health is one of the most significant rights recognized under the international human rights conventions as both the international humanitarian law and international human rights law guarantee patient's freedom of movement and ensure their safe access to health care in addition to their right to get the proper treatment for the diseases they suffer.

1. Patients' Freedom of Movement and Right to Access Health Care Under International Humanitarian Law:

The international humanitarian law guarantees civilians' health rights in general in times of armed conflicts and in occupied territories and in particular a special protection for wounded persons and patients. It also ensures the free passage of medical consignments and devices.

The 1949 Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War and under occupation has adhered to provide special protection during transfers of the wounded and sick and their right to safely reach hospitals. Articles (15, 16, 17, 18, 19, 20, 21, 38 and 63) of the Convention includes the health care services and the work of hospitals and medical services.¹⁴

Article (16) of the convention provides that the wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection. Article (17) also states that the parties to the conflict shall endeavor to conclude local agreements for the removal from besieged or encircled areas, of wounded, sick, infirm, and aged persons, children and maternity cases, and for the passage of medical personnel and medical equipment on their way to such areas. Article (21) further states that convoys of vehicles or hospital trains on land or specially provided vessels on sea, conveying wounded and sick civilians, the infirm and maternity cases, shall be respected and protected.

Article (38) states that the protected persons shall, if their state of health so requires, receive medical attention and hospital treatment to the same extent as the nationals of the State concerned. Article (55) stipulates that the Occupying Power has the duty of ensuring the food and medical supplies provided by States or neutral bodies such as the ICRC and that does not relieve the Occupying Power from its responsibilities to provide the foodstuffs, medical supplies and health services for the protected persons to the fullest extent of the means available to it.

Moreover, Articles (56, 57) of the Fourth Geneva Convention provides that to the fullest extent of the means available to it, the Occupying Power has 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.

The 1977 Additional Protocol to the Geneva Conventions of 12 August 1949 and relating to the Protection of Victims of International Armed Conflicts sup-

14. To view the 1949 Geneva Fourth Convention relative to the protection of civilian persons in armed conflicts and under occupation, see the website of the ICRC: <https://ihl-databases.icrc.org/ihl/385ec082b509e76c41256739003e636d/6756482d86146898c125641e004aa3c5>

plements the Geneva Conventions as it focused on the role of the civilian population, relief societies and other humanitarian organizations in rescuing and protecting the wounded and sick as stipulated in Articles (16, 17, 61, 63, 80 and 81) of the protocol.¹⁵

2. Patients' Freedom of Movement and Right to Access Health Services Under the International Human Rights Law

The right to health is a fundamental right that is ensured in many international conventions and declarations. The International Human Rights Law has guaranteed patient's freedom of movement and right to access health services through health rights stipulated by the international instruments relevant to the protection of the right to health: Universal Declaration of Human Rights (1948)¹⁶, International Convention on the Elimination of All Forms of Racial Discrimination (1965)¹⁷, the International Covenant on Economic, Social and Cultural Rights (1966)¹⁸, the Declaration on the Rights of Mentally Retarded Persons (1971)¹⁹, the Declaration on the Rights of Disabled Persons (1975)²⁰, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979)²¹, Convention on the Rights of the Child (1989)²², and the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991)²³.

Article (25) of the Universal Declaration of Human Rights stipulates that: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."

Article (12) of the International Covenant on Economic, Social and Cultural Rights provides that: "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." This Article focuses on the steps to be taken by the States Parties to the present Covenant such as the creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The right to health, in all its forms and at all levels, contains the following inter-related and essential elements, the precise application of which will depend on the conditions prevailing in a particular State party:²⁴

15. To view the 1977 Additional Protocol, supplementary to the Geneva Conventions of 12 August 1949, RELATING TO THE PROTECTION OF VICTIMS OF INTERNATIONAL

ARMED CONFLICTS, see the ICRC website: https://www.icrc.org/en/doc/assets/files/other/icrc_0321_002.pdf

16. Universal Declaration of Human Rights issued in 1958, see the UN website:

<https://www.un.org/en/universal-declaration-human-rights/>

17. 1965 International Convention on the Elimination of All Forms of Racial Discrimination, see the UN-OHCHR <https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx>

18. 1966 International Covenant on Economic, Social and Cultural Rights, see the UN-OHCHR website:

<https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

19. 1971 Declaration on the Rights of Mentally Retarded Persons, see the UN-OHCHR website:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfMentallyRetardedPersons.aspx>

20. Declaration on the Rights of Disabled Persons (1975), see the website OHCHR:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfDisabledPersons.aspx>

21. the 1979 CEDAW Convention, review the OHCHR website:

<https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>

22. Convention on the Rights of the Child in 1989, review the Un-OHCHR website:

<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

23. the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991), see the website of Minnesota University:

<https://www.un.org/documents/ga/res/46/a46r119.htm>

24. See the General Comment No. 14 related to Article (12) of the International Covenant on Economic, Social and Cultural Rights, "The right to health in all its forms and at all levels", issued by the COMMITTEE ON ECONOMIC,

- (a) **Availability:** Functioning public health and health-care facilities, goods and services, as well as programs, have to be available in sufficient quantity within the State part.
- (b) **Accessibility:** Health facilities, goods and services⁶ have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:
 - » **Non-discrimination:** health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.
 - » **Physical accessibility:** health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups;
 - » **Economic accessibility (affordability):** health facilities, goods and services must be affordable for all.
- (c) **Acceptability:** All health facilities, goods and services must be respectful of medical ethics and culturally appropriate.
- (d) **Quality:** As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality.



Photo taken by PCHR

SOCIAL AND CULTURAL RIGHTS (CESCR) , twenty-two session (2000), see the website:
<http://hrlibrary.umn.edu/arabic/cescr-gc14.html>

Seventh: Israel's Obligations towards Gaza Strip Patients from Human Rights Perspective

Israel tries to evade its responsibility towards the Gaza Strip though it is still an occupying power under the International law and hereby has obligations towards the Gaza Strip residents. These responsibilities include allowing each patient in the Gaza Strip access to the necessary medical treatment; accordingly, preventing patients by Israel from leaving the Gaza Strip for medical treatment reveals Israel's non-compliance with its obligations towards the Gaza Strip population who is under its occupation.

The practices that the Israeli authorities significantly adopt when obstructing travel of patients for treatment abroad include: the Israeli restrictions on the travel of the Gaza Strip patients to the West Bank, including occupied Jerusalem, Israel and Jordan for medical treatment; the Israeli policy of distinguishing between "life-saving" and "quality-of-life" cases against the Gaza Strip patients; and denying patients of the latter cases from treatment despite their serious health condition.

1. Restrictions on Travel of the Gaza Strip Patients to the West Bank from a Human Rights Perspective

The restrictions imposed by the Israeli authorities on the travel of the Gaza Strip's Patient for treatment abroad include: tightening the standards on obtaining travel permits; long time periods taken to consider the submitted applications for permits; Investigation with patients by the Israeli Intelligence, the arbitrary arrest of patients and their companions; blackmailing patients and undermining their human dignity; bargaining patients into collaboration with the Israeli authorities in return for permits for treatment; Israeli disregard for patients' hospital appointments, preventing patients' travel for family reasons (i.e. one of the patient's family members illegally lives in the West Bank or Israel), preventing patients from travel claiming availability of medical treatment in the Gaza Strip hospitals; denying patients travel because the Israeli officer in charge is not convinced with patient's application, preventing patients from travelling for unclarified security reasons according to the Israeli authorities' claims and preventing patients from travel due to abusing permits as claimed by the Israeli authorities" (i.e. the patient is allowed to travel to Jerusalem for treatment but not able to reach Ramallah to go to the Treatment Abroad Department for a particular case. These restrictions have made the travel of the Gaza Strip's patients for treatment abroad a complicated process, during which the Gaza Strip patients and their families are subject to suffering and exhaustion.

These restrictions also prevent the patients from receiving the appropriate treatment for their serious diseases, whose treatment is not available at the Gaza Strip hospitals, in a serious violation of the international humanitarian law and the international human rights law.

Moreover, depriving patients of receiving medical treatment is a form of torture and cruel, inhuman and degrading treatment as the UN Treaty Bodies on the prevention of torture and inhuman and degrading treatment expressed their concern over denying the Gaza Strip residents access to medical treatment. The UN Committee against Torture (CAT) also expressed its deep concern over the numerous complaints filed to CAT from nongovernmental or-

ganizations about the degrading treatment and restrictions on movement, particularly against persons with health issues. The UN Commission on Human Rights also expressed its concern over the restrictions imposed on the freedom of patients' movement, which caused the death of some of them for needing urgent healthcare.²⁵

2. Distinguishing Between Patients and Denying those with serious diseases Travel for Medical Treatment from Medical Ethics and Human Rights Perspectives

The Israeli authorities have adopted a policy to distinguish between the life-saving cases and cases affecting quality of life, despite its serious impact on the health status of patients suffering from serious and incurable diseases which lack any treatment in the Gaza Strip hospitals.

Despite the clear definition of "lifesaving" term that is designated for those whose lives are in danger, the definition of "improving quality of life" remains unclear and is used by the Israeli authorities to deprive thousands of patients of their right to medical treatment. There were many patients with serious health conditions denied travel for medical treatment under this vague concept, including patients who lost their sight.

Israel developed these criteria upon a political decision taken by the Israeli authorities in September 2007 to tighten the closure on the Gaza Strip, and impose further restrictions on the residents' movement. These criteria are alien to the medicine profession and its ethics in addition to being in violation of the international humanitarian law and international human rights law.

Although the Israeli authorities claim that they no longer distinguish, the reality is totally different. PCHR's Legal Unit's follow-up of patients clearly showed that Israel continues to adopt this policy and routinely apply not only on the cases classified by the Israeli authorities as "improving quality of life" but those classified as "lifesaving" cases. Cancer and cardiac patients were subject to these criteria and denied their right to medical treatment, causing the death of many of them. Moreover, classifying many patients' cases as "improving life quality" caused them to lose sight or limbs.

The policy to distinguish between the "lifesaving" and "improving quality of life" cases contradicts with Israel's obligations towards the Gaza Strip residents as an occupying power. This policy also lacks any legal basis as it contradicts with the international humanitarian and international human rights laws, which guarantee the right to life and bodily integrity and the human dignity. All the states are obliged to provide the highest attainable healthcare for their citizens and those residing in areas that are under its actual control.

25. The UN, report of the UN Commission on Human Rights, first folder, ninety seven session, New York, 2010, P104

Eighth: PCHR's Role in Protecting the Right to Health of Patients Referred for Medical Treatment Abroad

PCHR exerts all efforts to help the patients referred for treatment abroad and to monitor and document violations against them while traveling through Beit Hanoun "Erez" crossing. PCHR's Legal Unit seeks to help these patients legally by building legal files and filing complaints, cases and sometimes appeals before the Israeli judiciary.

PCHR has adopted many legal files for patients denied travel abroad and employed all legal means to provide the right to treatment for those patients. The Legal Unit's work comes after both the Treatment Abroad Department and the Coordination and Liaison Department in the Ministry of Civil Affairs exhaust all means and become incapable of facilitating the travel of these patients. In order to accomplish this work, the Unit's lawyers conduct many procedures to guarantee the provision of this right for the Gaza Strip patients. These procedures lie in the following:

1. Help Patients in Obtaining the Financial Coverage and Booking Hospital appointments

The Legal Unit offers legal services to patients as it has built and strengthened professional relationships with many healthcare organizations and human rights organizations, particularly the Treatment Abroad Department and Physicians for Human Rights, to facilitate the issuance of financial coverage. The Legal Unit also worked on booking appointments for Patients in the hospitals of the West Bank, including occupied Jerusalem, and Israel when patients were unable to do so. Since the beginning of 2008 until 30 September 2017, the Legal Unit helped 1,103 patients, who were in desperate need for medical treatment abroad and were unable to travel for many reasons such as lack of financial coverage and lack of fixed hospital appointments.

2. Legal Aid for Patients Denied Travel Permits

The Legal Unit provides services for patients whose permits were denied by the Israeli authorities to cross Beit Hanoun "Erez" crossing for medical treatment at the West Bank, including occupied Jerusalem, and Israeli hospitals. These services assume an utmost significance to patients in light of the closure of crossing borders designated for persons' movement and the serious deterioration of the health conditions in the Gaza Strip's hospitals in addition to denying patients travel for medical treatment abroad.

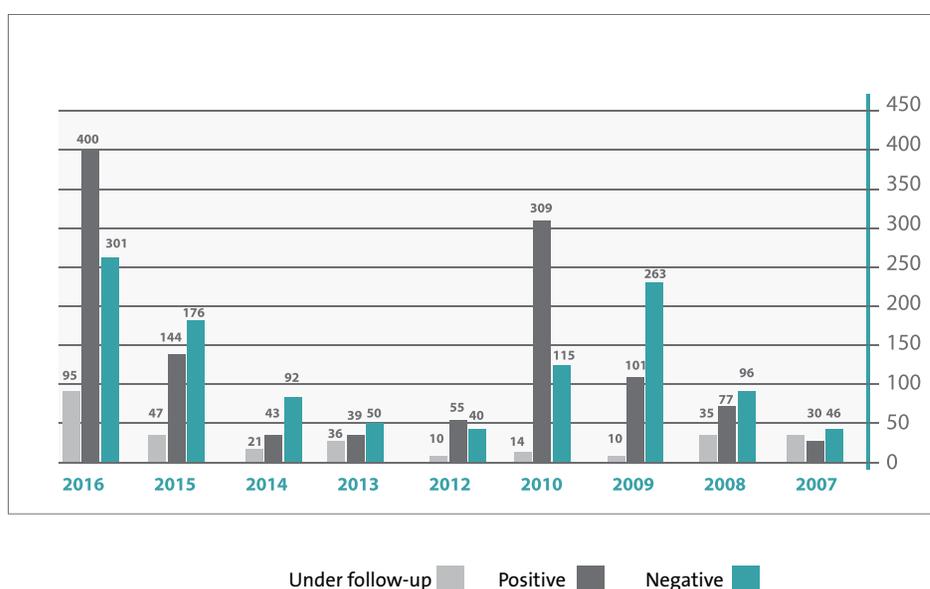
The Legal Unit filed complaints and appeals before the Israeli COGAT office in Beit Hanoun "Erez" crossing to enable patients, who face travel obstacles, receive medical treatment in addition to offering other patients hundreds of legal consultations.

The legal Unit intervenes after the Coordination and Liaison Department of the Civil Affairs in Gaza exhausts all ways and becomes unable to obtain approvals on patients' travel permits to receive the appropriate medical treatment for their serious diseases.

Since the beginning of 2007 and until the end of 2016, the Legal Unit followed up 2856 complaints filed by patients, who faced travel obstacles. The following table shows the results of dealing with these complaints.

Table (5): Results after Dealing with Patients' Files followed up by the Legal Unit from 2007-2016

Year	Number of Complaints	Follow-up Results		
		Positive	Negative	Under follow-up
2016	796	301	400	95
2015	367	176	144	47
2014	174	71	57	46
2013	156	92	43	21
2012	125	50	39	36
2011	105	40	55	10
2010	438	115	309	14
2009	364	263	101	10
2008	218	96	77	35
2007	113	46	30	35
Total	2856	1250	1255	349

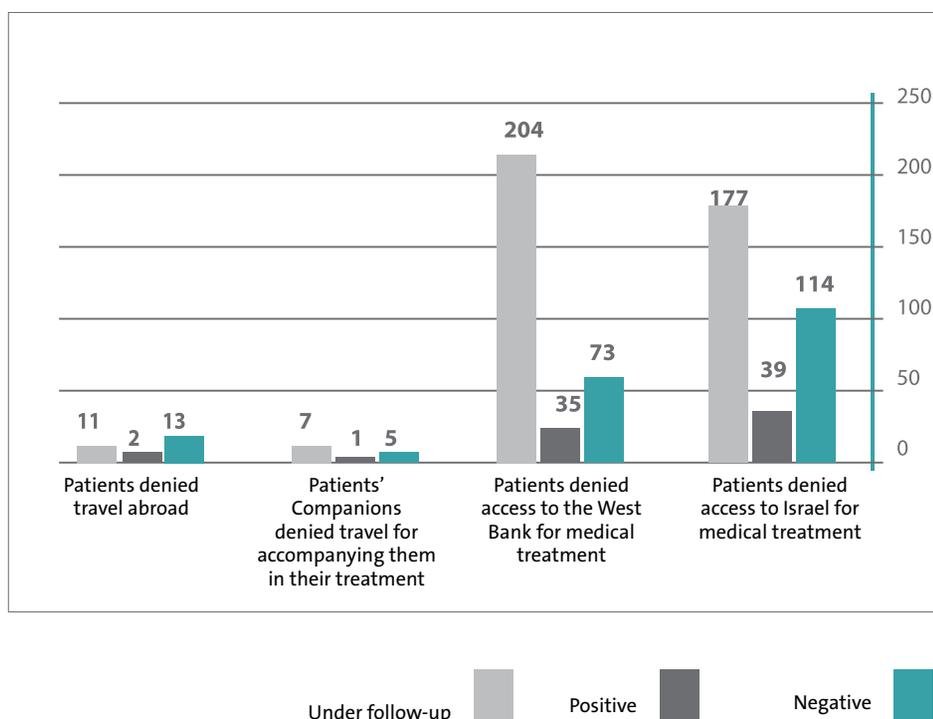
Diagram (5): Results after Dealing with Patients' Files followed up by the Legal Unit from 2007-2016

In 2017 (from 01 January 2017- 30 September 2017), the Legal Unit followed up 681 complaints filed by patients whose permits were denied by the Israeli authorities for medical treatment. The following table shows the results of dealing with these complaints.

Table (6): Results after Dealing with Patients' with Patients' Files followed up by the Legal Unit from 01 January to 30 September 2017

Complaint	Number of complaints	Follow-up Results		
		Positive	Negative	Under follow-up
Patients denied access to Israel for medical treatment	330	114	39	177
Patients denied access to the West Bank for medical treatment	312	73	35	204
Patients' Companions denied travel for accompanying them in their treatment	13	5	1	7
Patients denied travel abroad	26	13	2	11
Total	681	205	77	399

Diagram (6): Results after Dealing with Patients' with Patients' Files followed up by the Legal Unit from 01 January to 30 September 2017



Recommendations

Israel's policy to deny travel permits to the Gaza Strip patients, who suffer serious and incurable diseases, contradicts the international humanitarian law and international human rights law as well as being a form of torture and cruel, inhuman and degrading treatment.

Thus, PCHR calls upon the international community to pressurize Israel to:

- Stop its policy of imposing strict restrictions on the Gaza Strip patients, who are referred for treatment abroad, as it deprives them of enjoying their right to travel and receive medical treatment;
- Remove all obstacles that aim to deprive the Gaza Strip patients of traveling abroad;
- Allow all patients, who suffer from serious diseases and whose treatment is not available in the Gaza Strip's hospitals, to travel for medical treatment in the hospitals they are referred to immediately and without any delay;
- Urgently stop its policy of distinguishing between the patients whose cases are "lifesaving" and cases "affecting quality of life" according to Israel's classification;
- Stop the closure policy in order to enable the Gaza Strip population to move freely, particularly patients whose medical treatment is not available in the Gaza Strip;
- Open the crossings designated for the free movement of goods to supply the Gaza Strip's healthcare facilities with their basic needs of medicines, medical equipment and devices; and
- Comply with the rules and basic principles adopted by the UN; most significantly, the right to enjoy the highest attainable standard of health.

Tables and Diagrams

First: Tables

- Table (1): Percentages of the Stock-out Medicines and Essential Medical Disposables from 2012-2017
- Table (2): Distribution Percentages of Referrals Abroad According to type of Disease for 2016
- Table (3): Israeli response to patients referred for treatment abroad from 2008-2016: shows the Israeli replies on patients referred for medical treatment abroad during the years 2008- 2016.
- Table (4): Israeli responses to patients referred for medical treatment abroad from 01 January 2017 to 30 September 2017
- Table (5): Results after Dealing with Patients' Files followed up by the Legal Unit from 2007-2016.
- Table (6): Results after Dealing with Patients' with Patients' Files followed up by the Legal Unit from 01 January to 30 September 2017

Second: Diagrams

- Diagram (1) the Percentages of the Stock-out Medicines and Essential Medical Disposables from 2012-2017
- Diagram (2): Distribution Percentages of Referrals Abroad According to type of Disease for 2016.
- Diagram (3): Israeli response to patients referred for treatment abroad from 2008-2016.
- Diagram (4): the Israeli responses to the patients referred for medical treatment abroad from 01 January 2017 to 30 September 2017.
- Diagram (5): Results after Dealing with Patients' Files followed up by the Legal Unit from 2007-2016.
- Diagram (6): Results after Dealing with Patients' with Patients' Files followed up by the Legal Unit from 01 January to 30 September 2017.



Gaza City:

Jamal 'Abdel Nasser "al-Thalathini" Street - Al-Roya Building- Floor 12 -
Opposite to al-Azhar University - Near Palestine
Red Crescent Society (PRCS) -Dr. Haidar 'Abdel Shafi
PO-Box 1328 Tel/ : 08 - 2824776 / 2825893 Fax 2835288

Khan Yunis Branch:

El Amal Street, Branch of Jamal Abdul-Nasser Street,
near the College of Education
Tel/Fax: (972) 8 2061-025/ (972) 8 2061-035

Jabalya Branch:

Izzidin Building, Main Street,
Near Abu Qamar Fuel Satiation, Jabalya Refugee Camp
Tel/Fax: (972) 8 2456336/ (972) 8 2456335

West Bank Office - Ramallah:

Al Beira, Nublus Road
Tel: 02-2406697 Tel/fax: 02-2406698