



Right To Health

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Summary

Achieving the right to health is necessary for living a full life. In keeping with Israel's domination over Palestinian life, the right of Palestinians to healthcare is ultimately dependent on Israel as the occupying power: it relies on Israel for access to medical resources and is exposed to the discretion of Israeli policies that often negatively impact Palestinian healthcare. The ongoing violence against Palestinians by Israel's occupation further violates the right to health, particularly when it involves hospital raids and attacks on healthcare centers. The lack of freedom of movement for Palestinians in the occupied Palestinian territories also contributes to the violation of the right to health by barring patients from receiving necessary medical attention, stalling ambulances at checkpoints, and limiting vital medical education. The domination and lived trauma associated with Israeli occupation also takes a toll on mental health for many Palestinians, which creates another barrier to living a healthy life.

International Law

Achieving the highest possible standard of health is a right guaranteed by various international human rights documents. Other human rights, such as the right to life and the right to an adequate standard of living, are not fully attainable without being in good health. Article 25 of the Universal Declaration of Human Rights (UDHR) states that everyone has a right

to adequate healthcare, regardless of their identity.¹ The International Covenant on Economic, Social, and Cultural Rights (ICESCR) states in Article 12 that everyone has the right to a high standard of mental and physical health.

States have the [responsibility](#) to create conditions for individuals where this high standard of mental and physical health is achievable.² Even in cases of occupation, international law makes specific mention of the responsibility to protect the health of those individuals living within occupied territory by the occupying power. The Fourth Geneva Convention states in Article 56 that an occupying power must ensure the good health of its occupied people, including but not limited to the maintenance of medical centers and provision of healthcare services. Article 55 of the Convention also states that if an occupied territory has inadequate resources, the responsibility of providing adequate healthcare and health

Palestinian students in the West Bank are unable to fulfill their right to education due to overcrowded and underfunded schools, lack of school resources, and physical obstacles such as Israeli military checkpoints that make access to education difficult.

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

2. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>



“...78 percent of Palestinians reported having their home raided, 62 percent had been verbally abused, and 43 percent had been physically assaulted by soldiers or police between 1987 and 2011.”

resources then belongs to the [occupying power](#).³

Significance of the theme in the context of Israel-Palestine

Despite the provisions made in multiple international law documents, the Israeli occupation has had adverse effects on Palestinians' right to health. Basic health-related needs for Palestinians go frequently unmet, adequate nutrition is not always readily available, and the ongoing violence associated with the occupation takes a toll on both [mental and physical health](#).⁴ In order to achieve and maintain Palestinians' right to health, and for Israel to meet its responsibility under international law, it must provide adequate and accessible healthcare, support mental healthcare services, and protect existing healthcare facilities and medical personnel in the midst of violence. Currently, these essential points are not met by the Israeli government, which is falling far short of fulfilling its obligations to safeguard Palestinians' right to health. In fact, Israel actively obstructs Palestinians' access to adequate healthcare and the development of a functioning

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healthcare infrastructure.

Furthermore, the discriminatory and violent practices underpinning Israel's occupation vastly diminish the ability of Palestinians to secure and enjoy adequate standards of physical and mental health. According to a [survey](#) conducted by the Palestinian Center for Policy and Survey Research, **“78 percent of Palestinians reported having their home raided, 62 percent had been verbally abused, and 43 percent had been physically assaulted by soldiers or police between 1987 and 2011.”**⁵ Restrictions on freedom of movement, exposure to violence, humiliation, and physical insecurity are all features of Israel's occupation that negatively impact Palestinians' quality of life, impacting both mental and physical health on a large scale.

Other issues caused by occupation directly threaten the level of physical health possible for Palestinians. The construction and maintenance of Palestinian medical centers is often prevented due to Israeli policies. Although Israel, as the occupying power, has the responsibility to support the construction and maintenance of Palestinian medical centers, it [does not allow](#) the construction of permanent healthcare facilities in Area C of the [West Bank](#), where Israel retains full control.⁶ This area makes up 60 percent

3. <https://ihl-databases.icrc.org/ihl/385ec082b509e76c41256739003e636d/6756482d-86146898c125641e004aa3c5>

4. <http://www.who.int/health-cluster/countries/occupied-palestinian-territory/HRP-OPT-2017.pdf?ua=1>

5. "Health under Occupation" by Medical Aid for Palestinians. Briefing Series, September 2017, p. 25.

6. Ibid



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of the West Bank, which means that about 300,000 people do not have access to permanent healthcare facilities. Fifty percent of the Palestinian population living in Area C have to travel over 30 kilometers to the nearest clinic, while 23 percent have no access to healthcare facilities at all. There has been little to no effort from the Israeli occupying force to make up for this lack of healthcare facilities. In [contrast](#), Jewish Israeli citizens living illegally in the same area have access to modern healthcare in close proximity.⁷ For Palestinians, such discrimination results in added unnecessary stress and barriers to receiving adequate and sometimes lifesaving healthcare. According to the World Health Organisation, “an estimated [one million people](#) are in need of humanitarian, health, and nutrition interventions; over 830,000 people in the [Gaza Strip](#) and 205,443 in the West Bank.”⁸

Historical Development

The current state of the Palestinian healthcare system is a direct result of Israeli state discrimination against Palestinians. Although the Israeli and Palestinian populations both live within the same region, and are ultimately governed by the same government, the two people live with vastly different rights. Since 1948, Israel has used access to healthcare as a disciplinary tool to reward and punish Palestinians. Following the [1967 Arab-Israeli War](#), Israel became responsible for the

health and healthcare of the Palestinians living within the territories that had fallen under Israeli occupation. Rather than provide the Palestinian population with adequate healthcare, however, Israeli authorities neglected Palestinian healthcare. Such neglect and discrimination is perhaps most starkly evident when comparing Israeli and Palestinian [life expectancies](#).⁹ The average Israeli life expectancy is currently 14 years longer than the average Palestinian life expectancy. [Infant mortality rates](#) are also higher in Palestinian populations, with 38 in 1,000 babies dying on average in comparison to the Israeli infant mortality rate of 9.9 in 1,000.¹⁰ These figures represent how the ongoing and systematic neglect of Palestinian health and livelihood has resulted in the violation of the right to health.

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As a reaction to the First Intifada in 1987, Israel reduced its already limited involvement in healthcare in the occupied Palestinian territories that was primarily focused on public health and basic healthcare for mothers and children. Israel carried out [punitive measures](#) against

7. Ibid

8. <http://www.who.int/health-cluster/countries/occupied-palestinian-territory/HRP-OPT-2017.pdf?ua=1>

9. <http://www.phr.org.il/en/chronicles-occupation-50-years-1967/?pr>

10. <http://www.pij.org/details.php?id=483>



Palestinians, such as reducing the approved referrals for treatments in Israel.¹¹ These actions severely impacted Palestinians' right to health, and were a form of [collective punishment](#), which is illegal under the Fourth Geneva Convention.¹²

The Oslo Accords, signed in 1993, gave the [Palestinian Authority \(PA\)](#) responsibility for Palestinian healthcare. However, Israel's [overarching control](#) has continued to directly impact Palestinian access to and quality of [healthcare](#) since it retains control over larger aspects of Palestinian life such as movement, [access to water](#), and access to medical equipment.¹³ For example, the permit system enacted by the Israeli government to control the movement of Palestinians creates barriers on Palestinians' right to equal healthcare. Israeli permits are needed for Palestinians to seek healthcare, study medicine, or receive specialised healthcare in advanced hospitals. Due to this permit system, Palestinians must frequently [travel long distances](#) to healthcare centers provided by the PA even if various Israeli healthcare centers are in closer proximity.¹⁴ Furthermore, the condition of Palestinian healthcare in the early 1990s was substandard, a reality which created stress on the newly formed and ill-equipped PA. Not only was the PA underfunded, but Palestinian healthcare facilities contained out of date equipment and healthcare professionals without adequate training. These

standards were the outcome of cumulative Israeli negligence of Palestinian healthcare in the decades prior to the Oslo Accords when the Palestinian territories had fallen directly under Israeli control.

Right to Health Today

Palestinian healthcare is divided into three categories corresponding to location: the West Bank, East Jerusalem, and Gaza. The lack of development in the Palestinian healthcare sector means that patients often need to be referred to more advanced medical centers in East Jerusalem, other parts of the West Bank, or in neighbouring countries. Movement between the areas is necessary. Although Article 13 of the UDHR states that all have the right to freedom of movement, the restrictions placed on Palestinian movement by the Israeli government [prevent access to proper medical care](#).¹⁵

The Israeli government issues permits to control the movement of Palestinians, even those seeking medical attention in different locations. In 2016, one-third of these permits were delayed or denied, causing patients to lose medical appointments, the worsening of conditions, and [even death](#) in some cases.¹⁶ These permits necessary to obtain medical care are often denied under the pretext of vague security references or because they coincide with Israeli holidays and political events. Factors such as age,

11. <https://www.scribd.com/document/256771352/Divide-Conquer-Inequality-in-Health-PHR-Israel>

12. https://www.loc.gov/rr/frd/Military_Law/pdf/GC_1949-IV.pdf

13. <http://www.pij.org/details.php?id=483>; <http://www.phr.org.il/en/chronicles-occupation-50-years-1967/?pr>

14. <http://www.phr.org.il/en/chronicles-occupation-50-years-1967/?pr>

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

16. "Health under Occupation" by Medical Aid for Palestinians



Patients from Gaza wishing to travel to the West Bank or East Jerusalem in order to access medical care face the harshest restrictions and most frequent permit denials due to the Israeli blockade on Gaza.

gender, and the severity of illness also greatly impact permit approvals. According to the [World Health Organisation](#) (WHO), obtaining Israeli permits for health-related reasons is “neither transparent nor timely.”¹⁷ This is a serious issue, considering that thousands of Palestinians are referred to better equipped external healthcare facilities each year, with the majority of them needing Israeli-issued permits in order to access treatment. Patients from Gaza wishing to travel to the West Bank or East Jerusalem in order to access medical care face the harshest restrictions and most frequent permit denials due to the Israeli blockade on Gaza. The [restrictions surrounding the movement of Palestinians](#) also delays ambulances traveling through checkpoints, affects medical personnel seeking additional training, and restricts those wishing to accompany family members during medical treatments.¹⁸

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autonomy in managing their health. Development of this sector is necessary in order to achieve adequate healthcare and rights for Palestinians, but full development is not possible under Israeli domination. The barriers placed on Palestinian movement, for example, also impacts the ability for medical personnel to travel into Israel or between the occupied Palestinian territories in order to receive adequate training and further stagnates the development of Palestinian healthcare. Restrictions on movement also result in a shortage of healthcare professionals, which creates less doctor-patient time and overcrowded healthcare centers. From 2015 to 2016, there was a 28 percent decrease in Israeli-issued permits allowing Palestinian medical personnel to receive training. Due to these factors, there are [only 21.5 doctors and 25.3 nurses and midwives](#) on average per 10,000 people in the occupied Palestinian territory, while there are 36.2 doctors and 52.6 nurses and midwives on average per 10,000 people in Israel.¹⁹

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Israel also places [restrictions on medical supplies](#), particularly

17. Ibid, p. 5

18. Ibid

19. Ibid



those that could allegedly have “dual uses” as military tools, such as x-ray equipment and medical consumables.²⁰ This creates shortages of supplies and further obstructs the development of the healthcare sector. The shortage of proper medical supplies and adequately trained medical personnel also means that, at times, outdated treatments must be used. These issues contributing to underdevelopment are [particularly damaging in Gaza](#), whose

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economy and healthcare systems have worsened since the ongoing land, air, and sea blockade was formalised in 2007.²¹ According to WHO, “in May 2017, 34 percent of essential medicines and 32 percent of medical disposables

in Gaza were at ‘[zero stock](#)’, meaning that less than a month’s supply was available.”²² These medical disposables include lifesaving cancer medicines and treatments for immunological diseases. Gaza also suffers from a [shortage of medical specialists](#) in the fields of ophthalmology, neurosurgery, cardiology, and oncology.²³ Frequent power cuts as a result of fuel restrictions create additional hardships for the healthcare sector in Gaza, where the majority of hospitals currently run on generators. This risks the failure of life saving equipment if

electricity supply is compromised. Moreover, the condition of water in Gaza, where [90 percent of the water is non-potable](#), also creates a harsh environment for receiving adequate medical care and nutrition.²⁴

Palestinian refugees living in the neighboring countries of Syria, Lebanon, and Jordan face additional barriers to their right to health due to their restricted freedom of movement, their inability to fulfill their right of return to their homes, and the refusal of host states to provide them with adequate healthcare. Most refugees living in these countries only receive primary healthcare from international organisations like the UN Relief Works Agency (UNRWA) and the Palestinian Red Crescent. In Syria, the UNRWA is the sole healthcare provider for Palestinian refugees, as many healthcare facilities have closed due to the ongoing violence. Palestinian refugees in Lebanon are ineligible for state healthcare, so they must similarly rely on healthcare from international organisations or pay high fees to have access to private healthcare. Although some Palestinian refugees in Jordan are Jordanian citizens, those who do not have Jordanian citizenship are [unable to access state healthcare](#).²⁵

Mental Health

Israeli occupation and domination over Palestinian life is also detrimental to the mental health of Palestinians. Traumatic

20. http://www.emro.who.int/images/stories/palestine/documents/pdf/Medical_equipment_in_Gaza_EB_reportJuly09.pdf

21. “Health under Occupation” by Medical Aid for Palestinians

22. Ibid, p. 34.

23. Ibid

24. <https://www.unrwa.org/activity/health-gaza-strip>

25. <https://www.unrwa.org/what-we-do/health>



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events like home demolitions, uncertainty of movement as a result of the military checkpoints system, and systematic violence all lead to strained mental health and psychological trauma, particularly for children. While this is unacceptable in its own right, poor mental health also has an adverse impact on physical health. Medical Aid for Palestinians has noted that “experience of [psychological stress and trauma](#) is associated with physical health complaints including the two highest causes of death in the occupied Palestinian territory: cerebrovascular and cardiovascular disease.”²⁶ The effect that Israel’s occupation has on mental health therefore reduces the overall quality of life for those living under occupation.

Palestinians living in Gaza suffer from stress and mental health issues to an even greater extent due to the Israeli blockade and closure of Gaza. The [blockade and the overwhelming military assaults](#) by Israel over Gaza have resulted in feelings of stress, anxiety, and hopelessness in those living in Gaza.²⁷ A 2014 study concluded that many adolescents experienced symptoms of post-traumatic stress disorder or full post-traumatic stress disorder following the 2008-2009 attack on Gaza.²⁸ The WHO also concluded that after the 2014 attack on Gaza, 20 percent of the population experienced mental health issues. With regular attacks on Palestinian fishing boats, violent repressions of protests, and raids and firing into Gaza, there is no real end

to the trauma and stress put on Palestinians living in Gaza by Israel. This exposure to violence is especially harmful to mental health, particularly for children and adolescents. The conditions in Gaza, which include high unemployment rates and poverty result in high cases of drug addiction, suicide, and depressive and anxiety disorders.

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Although UN Security Council Resolution 2286 condemns attacks against hospitals, healthcare centers, and medical personnel in times of conflict, Israel often [targets Palestinian medical facilities and personnel](#), despite the guarantees of their protection in various international law documents.³⁰ Medical facilities in Gaza and the West Bank have been damaged, destroyed, and raided by Israeli

Over the course of its attacks on Gaza, international and local human rights organisations have noted that Israel systematically targeted hospitals, health clinics and ambulances. Although these attacks constitute war crimes according to the Fourth Geneva Convention, the Israeli forces have received no prosecutions.

26. “Health under Occupation” by Medical Aid for Palestinians, p. 21

27. Ibid

28. A. Aziz and P. Vostanis, “Trauma, PTSD, anxiety, and coping strategies among Palestinian adolescents exposed to war on Gaza” for The Arab Journal of Psychiatry, volume 25, number 1, pp. 71-82, 2014

29. “Health under occupation” by Medical Aid for Palestinians, p. 26

30. <http://unscr.com/en/resolutions/doc/2286>



forces. For example, between October and December 2015, Al Mekassed Hospital in East Jerusalem was raided by Israeli forces five times. Over the course of its attacks on Gaza, international and local human rights organisations have noted that Israel systematically targeted hospitals, health clinics and ambulances. Although these attacks constitute war crimes according to the Fourth Geneva Convention, the Israeli forces have received no prosecutions. The lack of protection for healthcare facilities in the midst of violence threatens the safety of medical personnel as they care for patients. In addition to this, some assaults on actual medical personnel and arrests of patients have also been recorded. “Double tap” incidents – Israel’s policy of attacking an area once, waiting, then attacking again - also puts medical personnel in serious danger. Often by the time of the second attack, medical personnel and medical vehicles have already arrived, which puts them in harm’s way during the second attack and creates greater vulnerability for [civilians who are already injured](#).³¹ In order to ensure the right to health for Palestinians, healthcare facilities, medical personnel, and ambulances must be adequately protected by Israel as the occupying power.

31. “Health under Occupation” by Medical Aid for Palestinians