



Access to Health Services for Palestinian people

Case studies of five patients in critical conditions who died while waiting to exit the Gaza Strip

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CONTENTS

Introduction	4
Collective punishment of the weakest: the urgent patients	
Acronyms	6
Acknowledgements	7
Case studies	
I. Mona Nofal	8
II. Amir El Yazji	14
III. Fatma Abdel Al	18
IV. Bassam Hararah	22
V. Mahmoud Abu Taha	27
ANNEXES	
Steps to be taken by patients in need of referral to specialized treatment not available inside the Gaza Strip	32
Regional Map	35
Number of patients requested and granted permits to cross Erez check point during 2006 and 2007	
i. <i>Table 1:</i> Number of patients requested and granted permits to cross Erez check point during 2006	36
ii. <i>Graph 1:</i> Monthly number of patients requested and granted permits to cross Erez check point during 2006	36
iii. <i>Table 2:</i> Number of patients requested and granted permits to cross Erez check point during 2007	37
iv. <i>Graph 2:</i> Monthly number of patients requested and granted permits to cross Erez check point during 2007	37
Patients who were not able to reach specialized referral health services outside Gaza and died during 1 October 2007- 2 March 2008	
i. <i>Table 3:</i> Patients who were not able to reach specialized referral health services outside Gaza and died during 1 October 2007- 2 March 2008	38
ii. Brief presentation of the Patients who were not able to reach specialized referral health services outside Gaza and died during 1 October 2007- 2 March 2008	40
Chronology of events of the last two years August 2005 – March 2008	49
What is the right to health?	53

Collective punishment of the weakest: the urgent patients

The Jewish German philosopher Hannah Arendt wrote that “the very substance of violent action is ruled by the question of means and ends, whose chief characteristic, if applied to human affairs, has always been that the end is in danger of being overwhelmed by the means, which it both justifies and needs.¹”

Concerning the Gaza strip situation, there are a lot of means which overwhelms ends. One of these is the quasi total closure of Gaza, since June 2007 by the Israeli authorities for security reasons. The closure is causing physical, psychological and economic isolation of Gaza citizens. “An affront to the dignity of the people” as it was recently defined by the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator.²

In this publication we would like to focus public attention on the deterioration of access for health patients who need to be referred outside of the Gaza Strip to receive the appropriate medical treatment.

The publication contains the description of five stories of people who recently died while waiting for a permit to allow them to have access to a hospital outside of Gaza. These are only five of many more cases of common people that during the last months have had the misfortune of becoming severely ill in the Gaza strip.

The denial and delay of permits released by the Israeli authorities for patients who have to leave Gaza for health reasons increased during 2007³ causing further problems, in addition to the usual access difficulties that have been affecting the Palestinian population, particularly during the last eight years.

In fact the right to health — *availability, accessibility and quality* of health facilities, services and goods — appears to be optional for the Palestinian population:

- 1) Tertiary health care is practically unavailable in the West Bank and Gaza, so patients must be referred and treated outside for specialized medical treatment.
- 2) The closure system (more than 580 checkpoints, road blocks, earth mounds, etc. in the West Bank - a territory of 6,000 sqm - and the current quasi total closure of the Rafah, Erez and Karni borders in Gaza), the separation wall in the West Bank and a strict permit regime are limiting patients’ physical access to health care facilities, services and goods.

- 3) The deterioration of economic conditions, which is increasing poverty and unemployment rates, has significantly impacted the economic accessibility of medical treatment and drugs.
- 4) Strikes by health professionals in the West Bank since August 2006⁴ have placed a further strain on the health sector.
- 5) The internal strife in the Gaza strip since the beginning of 2007 has been complicating the management and access to health services.
- 6) The cumulative effect of all these factors as well as others reasons — e.g. the lack of proper medical education in the West Bank and Gaza — is determining the deterioration in the quality of the available and accessible health services.

From a general health perspective, WHO is highly worried both for the deterioration of the quality of life of people in the occupied Palestinian territory, in particular in the Gaza strip, and for their access to health.

The five stories described in this publication show nonsense, inhumanity and, at the end, tragedies. Tragedies that could and should have been avoided.

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Head of Office
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1. Hannah Arendt. Reflection on violence. New York Review of Books, 27 February, 1969
2. J. Holmes, United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator. Press statement, 18 February 2008
3. See page 37
4. The longest medical strike was related to the lack of regular salary payment due to the financial crisis of the Palestinian Authority (PA). This was the consequence of the Israeli government withholding tax revenues and the lack of direct support to the PA from the major donors after the Hamas government came to power in March 2006. Other strikes are recently taking place in Gaza against the removal of health managers and hospital directors by Hamas

Acronyms:

RAD –	Referral Abroad Department
DCO –	District Coordination officer or Office, delegated to follow health matters; there is one for both the Israeli and Palestinian side
PHC –	Primary Health Care
PA –	Palestinian Authority
MoH –	Ministry of Health
CT scan –	Computerized Tomography scanner; a special kind of X-ray machine
ICU –	Intensive Care Unit
MRI –	Magnetic Resonance Imaging; a special kind of X-ray machine
PHR –	Physicians for Human Rights
PCHR –	Palestinian Center for Human Rights
ICESCR –	International Covenant on Economic, Social and Cultural Rights
CESCR –	Committee on Economic, Social and Cultural Rights
ICJ –	International Court of Justice

Acknowledgements

The five case studies that follow are accounts of a specific period in the life of five residents of the Gaza Strip, put together in a biographical format. The information contained in these stories was collected by Dyaa Saymah and Dalia Salha, officers of the World Health Organization, WHO, in Gaza. The editing coordination was done by Chiara Stefanini; WHO West Bank and Gaza.

The methodology followed was open questioned interviews with the various actors, including the family, who played an important role in the journey of these five people from sickness to their death.

We would, in this regard, like to thank for their help and their collaboration: Physicians for Human Rights-Israel, the Palestinian Center for Human Rights, the various staff members of the Gaza hospitals interviewed, the Palestinian Liaison Officer and the Palestinian DCO Officers, the MoH RAD, UNRWA, WHO West Bank and Gaza, for the editing coordination of the materials, and all others whom have helped in some way. Most importantly, we would like to thank the families of these patients for having shared with us some of their most intimate and difficult moments, we have attempted to make treasure of such an opportunity.

Mona Nofal

Mona Nofal was married for 19 years and had seven children. She lived in Nusairat Camp in the centre of the Gaza Strip, and died at the age of 34 from rectal cancer in Gaza's Shifa hospital on 24 November 2007.

Discovering the disease

In March 2005, Mona started to suffer from watery diarrhoea and noticed mucus in her stool. She asked for health care at the UNRWA Primary Health Care clinic in the Nusairat refugee camp (central Gaza Strip) where she was living. The clinic's doctor suspected the presence of parasites and prescribed her an antiparasite medication. Mona took the medication for two months with no response. In May 2005, she went to the same clinic to seek medical treatment again; however, the doctor this time referred her to an internist in a non-governmental organization hospital in Gaza City (Al-Ahli hospital). The internist suggested that she should have an endoscopy for further examination. In the middle of May 2005, Mona had an endoscopy that led to the discovery of a tumour in the rectum. A biopsy was taken from the tumour and sent to an Israeli laboratory to determine the type of the tumour as the reagents were not available at the Ministry of Health laboratories in the Gaza Strip. Two weeks later, the results confirmed the presence of a malignant tumour in the rectum.

The internist in Al-Ahli hospital suggested a surgical operation in order to remove the tumour. Such complicated surgery was not possible in the Gaza Strip because of the lack of adequate specialized care.

Referral Abroad Department

In June 2005, Mona and Wael started the process of health referral out of the Gaza strip. Although Mona had the medical report that showed the need for specialized treatment outside of Gaza, the director of Al-Ahli hospital was not permitted to approve it; the approval had to be issued by a government hospital. Therefore Mona and Wael visited the director of Shifa hospital who informed them that the head of the surgical department should approve Al-Ahli hospital's medical report. So both of them met with the head of the surgical department in Shifa hospital and provided him with the medical report, which he subsequently approved. However, he told them that the medical report still needed to be reviewed by the Referral Abroad Department in order to get the required referral document. Two weeks later, Mona and Wael visited the director of the Referral Abroad Department; but the referral document was not ready yet.

Wael visited a friend who worked in the Palestinian Authority Preventive Security and told him about Mona's condition. To his surprise, his friend told him that he could approve the referral document from Preventive Security since it has its own quota for patient referral. Wael provided his friend with all the required documents, and two weeks later Mona got the referral document signed by Preventive Security.

After getting the referral document to proceed with the surgical operation, Mona left Gaza on 28 August 2005 for Nasser hospital in Cairo, Egypt.

A first treatment in Egypt

In October 2005, Mona began to prepare for surgery. She had been put on a specific diet and went through some diagnostic tests.

The assigned date for Mona's surgery was 10 October. But at the last moment, surgery was cancelled as the tumour had enlarged and reached the kidney and the abdomen lining. It was decided that Mona should start treatment to reduce the size of the tumour before she could have surgery.

Mona successfully responded to the treatment. She went through one chemotherapy session and 18 radiotherapy sessions for six weeks. As a result, the tumour size had decreased and limited to the rectum and the anus; the operation was scheduled.

On 22 November 2005, Mona went through the surgical operation. Only the diseased parts were removed; the stool flow had been diverted to a new temporary opening in the right lower part of the abdomen. At that time, doctors decided that Mona would have another surgical operation after six months in order to close the new opening and to re-divert stool flow to its original place.

Mona was hospitalized for ten days after the operation for follow up treatment, and was discharged on 2 December. Mona received chemotherapy, in the same hospital, after the dressings healed.

Unavailability of drugs at the Ministry of Health and development of the disease

Mona went back to Gaza in the beginning of January 2006. She went to Shifa hospital for the first session of chemotherapy, but one of the prescribed three drugs was not available at the hospital or at the Ministry of Health central drug stores. The drug is expensive and the Ministry of Health could not afford to purchase it regularly, some times it was available and others not. Therefore, Mona received two sessions of chemotherapy with only two of the three drugs she needed.

During that time, Mona started to have other signs of the disease: she started to suffer from recurrent fever for no apparent reason, leading her to lose consciousness several times. Wael contacted the doctor who performed Mona's

surgery in Egypt to seek his advice as the local doctors could not explain the fever. The doctor advised him that Mona should go back to Egypt for the complete treatment protocol and for other diagnostic tests to investigate the medical reason behind the recurrent fever; a second referral document was approved within ten days.

The second treatment in Egypt

Mona arrived at the hospital in Egypt in April 2006 and underwent diagnostic tests. The results confirmed the presence of severe inflammation in the urine stream as side effects associated with the surgical operation. Mona stayed for four months in Egypt as she had to start with the treatment for the complications first. After that, she was prescribed six sessions of chemotherapy.

After six sessions, Mona underwent more diagnostic tests. The results of the tests showed the presence of a tumour on the liver and inflammation on the right lung. Accordingly, it was decided that Mona should receive another three sessions of treatment for six weeks before surgery. Mona finished this treatment successfully. The evolutionary diagnostic tests confirmed the disappearance of the tumour from the liver and the stability of the inflammation on the right lung.

Political turmoil

After the Hamas victory in the elections (January 2006) and the formulation of a Hamas-led government in March 2006, the donor community¹, banned funding to the Palestinian Authority and the Israeli government withheld tax revenue. Therefore the Ministry of Health faced an even harsher shortage of funds, and it became almost incapable of ensuring drug supplies (or salary payments).

Mona went back to Gaza in August 2006 as she had to rest and hoped to start a new cycle of treatment in Shifa hospital. But, she found that only two of the drugs she needed were available, whilst the third drug was still not available; it is very expensive and all attempts to find it in other hospitals or in the central drug store in Gaza failed.

Accordingly, a third referral document for Mona was sought and approved in September 2006 to continue treatment in the same hospital in Egypt. Mona received the fifth treatment cycle of three doses in three months and went back to Gaza on 28 December 2006 to spend Eid Al-Adha with her family in Gaza. On 20 January 2007, Mona went back to Egypt to continue treatment. She received the prescribed three doses and was prescribed another three doses after diagnostic tests. Mona received one-and-a-half doses and arrived in Gaza on 9 May after being informed of the availability of the missing drug in Shifa Hospital.

Unfortunately, Mona found no drug, by the time she reached Gaza they had been used for other patients.

Internal fighting; Hamas takes over the Gaza Strip; Rafah border with Egypt is closed

Mona had to secure a fourth referral document in order to return to Egypt to continue treatment as there was no hope of securing the missing drug in Gaza in the near future. She was supposed to receive the referral document on 11 June 2007. Mona was on her way to the Referral Abroad Department to receive the referral document. Gaza was burning at that time as an internal fight emerged between Hamas and Fatah. Mona went back home as she couldn't reach the department.

On 17 June, Mona received the fourth referral document; however, she was not able to proceed to Egypt due to the closure that has been imposed on Gaza Strip after the 15 June. Mona started to suffer from general fatigue and stress.

Referral to Israel

In July 2007, the Ministry of Health started to refer patients with critical conditions to Israeli hospitals through the Israeli Erez crossing as there was no hope of the Rafah crossing to re-open. As a result, Mona got an approved referral document to the Israeli Iykhlof hospital and started the process of getting an Israeli permit for her and her mother as an escort to cross at Erez. Mona and her mother got the permit on 25 July after applying for it on 10 July.

Mona left the Gaza Strip on the same day that she had been issued a permit. Although delayed in crossing at Erez, Mona reached the hospital on the same day and went through some diagnostic tests to evaluate her health status and to set out the treatment regimen accordingly.

Mona had not received the treatment for two-and-a-half months due to different reasons — drug unavailability; issuing the referral document; Palestinian internal fighting; closure of Rafah; applying for a permit. Mona started to have a severe reduction in platelet count and severe anaemia. In addition to that, the tumour had developed again, with metastasis in the liver and in the right lung. Mona had been hospitalized for two weeks in the Israeli hospital and was discharged from the hospital on 9 August with a discharge report that confirmed another treatment appointment after 15 days.

A delay in issuing the permit for the second treatment in Israel

Mona applied for a second permit on 10 August as the hospital appointment date was already set. Her permit was kept under processing for one month. Mona's health deteriorated during that time as the cancer was spreading in her body. She started to suffer from new signs of the disease: severe cramps, vomiting and loss of appetite, in addition to the continued reduction in platelet count and anaemia. During these 30 days, Mona was hospitalized several

times in Shifa hospital in Gaza as she could not tolerate the pain and received analgesics.

Mona had to apply for a new exit permit and set a new appointment with the Israeli hospital, since the appointment date that she got when discharged from the hospital had passed. She contacted the Palestinian health coordinator and got another appointment on 10 September. This time, she was issued a permit on the same day of her hospital appointment.

Mona left for the second time for the Israeli hospital on 10 September and was hospitalized for two weeks. She received the second dose of treatment during the second week of her hospitalization period in the hospital. Unfortunately, the cancer was seriously spreading through her body, and the second dose that she received did not help; she started to suffer from strong pains in her right leg, which later resulted in the fact that the cancer had spread also to her leg. Mona was supposed to receive the treatment regularly, because she didn't this may have caused the cancer to spread. She was discharged from the hospital on 25 September with a hospital appointment two weeks later for a third dose of treatment.

A third treatment in Israel

Mona applied for a new permit to enter Israel as she had an appointment for the third dose of treatment. She applied for it on 26 September; it was issued on 12 October.

Mona was hospitalized for two weeks with no obvious improvement in her conditions. She was discharged with a hospital report that confirmed that cancer had developed in her right leg, which made her unable to walk, in addition to its presence in the liver and the right lung. Nothing could be done at that time except receiving the biweekly doses of treatment on time.

Mona stayed for one day with her children after she had been discharged from the Israeli hospital. After that she was repeatedly hospitalized in Shifa hospital in Gaza as she was suffering from general fatigue, continuous cramps, vomiting and the severe pain in the right leg.

The long process of applying for a permit for the fourth treatment cycle in Israeli

In the beginning of November, Mona applied for a new permit. Unfortunately, the Palestinian health coordinator was removed by the Palestinian Authority and replaced by a new person on 9 November². The Israelis refused to collaborate with the new person for several days, as they affirmed that they had not been informed of this decision and that they knew nothing of the new health coordinator³. As a result, all applications for permits to enter Israel were cancelled at that time by the Israelis, as they affirmed not to have a counterpart to be able to coordinate with. Mona reapplied for a permit for the second time

as the hospital appointment on 10 November was still valid. No response was given to her from the Israelis. The hospital appointment expired, and Mona had to get a new one.

As the pain was getting worse, Mona was permanently hospitalized in Shifa hospital. At that time and as confirmed by the diagnostic tests, Mona developed cancer in her bones and completely turned yellow as cancer had spread throughout the liver. In addition, her eyelids started to enlarge and to cover her eyes; a problem that affected her vision.

By the 13 of November the Israelis agreed to begin coordination with the new Palestinian health coordinator and Mona managed to apply for a new permit. A letter from Shifa hospital was issued, saying that Mona had to be admitted as an urgent case as soon as possible to continue the treatment cycle; any delay could threaten her life. But, as her Israeli hospital appointment was on November 10, and she had missed it, the permit was denied. The same process of securing a new hospital appointment and reapplying for a permit was repeated, with no response from the Israeli authorities. Finally, on 22 November, because of Mona's critical status, the Israeli hospital issued an open appointment for her so she didn't have to go through the whole process over and over. On that day, Mona had applied for a fifth permit to receive her fourth treatment cycle, treatment which had now been delayed for almost two weeks.

Mona dies while waiting for the permit

On 24 November 2007, at 2:00 am, Mona asked her mother, who was staying with her at the hospital, about her husband, who was at home with the children. Although her mother tried to phone Mona's husband, the nurse working in the oncology department advised her not to bother Wael at that time, and promised to call him early in the morning. As the nurse promised, he phoned Wael at 6:00 am and told him that Mona wanted to see him. Panicked, Wael asked the nurse if there was something wrong with Mona. The nurse replied that Mona was fine now but had lost consciousness several times during the previous four hours. Wael rushed to the hospital and stayed with Mona for about 30 minutes. As stated by him, he was sure that Mona was dying and he couldn't prevent himself from crying. Mona died at 7:00 am in Wael's arms, saying to him repeatedly "please take care of our seven children".

1. This does not include UN agencies.
2. The PA accused the old health coordinator of abuse of power and that he had been using the patient referral system to let non-patients out of Gaza.
3. The PA affirmed, in turn, that they had indeed informed the Israeli side, and this was just a manifestation of Israeli reluctance to coordinate with them.

Amir El Yazji

Amir El Yazji was a nine-year-old boy, his parents' second child. He was an active child; the top of his class. He lived in Gaza City with his parents and five siblings. He died from meningoen­cephalitis at Nasser hospital in Gaza on 19 November 2007.

No accurate diagnosis for Amir

On 5 November 2007, Amir woke up late and feeling sick. He told his mother that he would not be able to go to school. Thinking that he was being lazy and avoiding school, his father insisted that Amir go to his class. After two hours, Amir returned home from school, complaining of dizziness and nausea.

The feelings of nausea progressed, and vomiting continued for the whole day. The parents took Amir to the paediatric hospital in Gaza to investigate the problem. The hospital admitted Amir directly.

At first, the physicians were not certain of the proper diagnosis for Amir's case. They changed the diagnosis several times, before coming to the conclusion that it was meningoen­cephalitis. Amir was therefore given the typical antibiotic medication used for meningoen­cephalitis. However, he continued to complain of headaches, vomiting and he developed an additional symptom: a problem with his vision, as his eyes were swollen with excessive discharge of tears. As time progressed, Amir's pain became worse, and he started to complain about any noise or excessive lighting. Amir's father told us "obviously, the treatment that Amir was given was not appropriate for his case. It seemed that the doctors had prescribed medication that did not suit Amir's condition."

No spare parts for the CT scan and the transfer to the Intensive Care Unit (ICU)

Amir's medical condition deteriorated over a period of five to six days. During this period, Amir's family had to buy dozens of painkillers, which the doctors had prescribed but were not available at the hospital due to a shortage of drugs in the public sector.

Amir and his non-responsiveness to antibiotic medications perplexed his doctors. Consequently, they decided to conduct computer-aided tomography (CT) in order to pinpoint the exact problem. This was only available at Shifa hospital. However, the doctors informed the family that they must wait for the CT scanner to be fixed as it was out of order between 6 and 13 November,

due to a shortage of maintenance parts because of the closure of Gaza. This resulted in delayed diagnosis for Amir, which may have contributed to the aggravated condition that he reached.

The only diagnostic method that was available to them in this period was traditional blood tests and cerebral spinal fluid sample analysis, both of which are not enough to give the proper diagnosis.

On 10 November, the physicians told Amir's mother that Amir's medical condition was unstable and they needed to refer him to the Intensive Care Unit. On the same day, the X-ray Department at Shifa Hospital informed the doctors that the CT scan was now functioning and they could send Amir for the examination. The result of the CT scan indicated that Amir had a small hyperdense lesion located in the anterior wall of the brain.

At this point, Amir was suffering from very strong headaches and convulsion attacks; he lost his visual ability completely and experienced loss of consciousness from time to time. Consequently, the physicians decided that Amir needed to be transferred to a hospital inside Israel because he was not responding to the treatment given and he needed magnetic resonance imaging (MRI), which was not available in Gaza at that time.

Applying for a permit in the midst of institutional confusion

As soon as the father learned of this decision he immediately started to work on the referral documents. The father said "I didn't wait for a moment. Once I heard what the physician said, I went immediately to the Referral Abroad Director and gave him all needed documents and reports to issue the referral abroad documents as soon as he arrived in his office the following day."

The next day, the 14 November, the Referral Abroad Director issued the referral document as an urgent case. Consequently, the documents were now ready to be sent to request a permit from the Israeli side.

Right after the documents were ready for the request of the permit, the Referral Abroad Department informed Amir's father, Shaher, that they would now contact the health coordinator at the District Coordinator's Office, DCO, to start applying for an urgent permit for Amir.

In the Palestinian DCO in this period there had been a redeployment of staff, and this complicated Amir's situation. In fact the Israeli side refused to cooperate with the new Palestinian health coordinator, who had been put into office on the 9 of November. Thus, the only solution was to find a third person who could be accepted by the Israelis. Coordination resumed on the 13 of November, but not with the PA appointed health coordinator, with a third person identified by the Israeli DCO within the Palestinian District Coordination Office.

No answer from the Israeli authorities

Shaher was disorientated by this whole process, but he did not let it halt his actions. Rather, he went directly to the old health coordinator's home in Bait Lahia village and gave him all needed documents to apply for an urgent permit for his son. But, the old health coordinator refused to contact the Israelis, as he was not on duty anymore. Shaher then contacted the third health coordinator, recognized as the interlocutor by the Israeli side. This health coordinator then applied for Amir's permit at as an urgent case, implying that the permit must be issued within 2 to 48 hours after submission. As they were waiting for the permit, the director of the Referral Abroad Department called Shaher and informed him that they had received a reply from Sorosky hospital inside Israel that they were ready to receive Amir in their Paediatric Department. Now, it was just a matter of waiting for the permit's approval.

As Shaher could not wait anymore, the next day he went to the health coordinator's office early in the morning, where they spent the whole day contacting the Israeli side in an attempt to get Amir's permit to pass Erez and approach Sorosky hospital. Shaher said "between 8 am and 5 pm, the health coordinator and I made hundreds of phone calls, without any positive reply from the Israeli side." It was very frustrating for Shaher to go home with no answer regarding his son's permit.

The same scenario was repeated on the 16 and 17 November. Phone calls were made and faxes were sent but nothing worked out. The Israeli answer remained the same: "Amir's permit is still in process". Shaher said "during that time, I was very stressed and confused. The physicians in the hospital were alarming me that Amir's medical condition was becoming more critical. I became very frustrated that Amir's permit might be reaching a dead end."

Redeployment, permits, coordination

During those three days, Amir's medical condition dramatically deteriorated. He completely lost consciousness, the convulsion fits increased and the discharge of tears increased. The physicians were helpless to improve Amir's condition.

On 18 November, while Amir was unconscious inside the Intensive Care Unit, all medical staff working at the paediatric hospital organized a strike protesting Hamas' replacement of the director of the paediatric hospital by a new one. Therefore it was very difficult to find an available physician that day.

Later the same day, the Israeli liaison office at Erez crossing called the Palestinian liaison officer to inform him that Amir's permit was finally approved. He and his aunt could now go to the hospital in Israel.

Since Amir was unconscious, under oxygen mask and connected to a monitor and pulse oximeter, he would have to pass through Erez in a Palestinian ambulance equipped with ICU, monitor, oxygen supply and medical staff. Then, at the Israeli side, a security officer would check the ambulance and

transfer the patient to an Israeli ambulance, which would be waiting on the Israeli side of Erez to take the patient to the Israeli hospital.

Amir's father expressed joy as they informed him that Amir would be transferred to the Israeli hospital. Shaher said "when they told me that everything was ready, we were just waiting for the ambulance; I thought this would take a few minutes." However, Shaher said that it took longer than that. The medical team, consisting of a physician and two nurses, who were supposed to accompany Amir in the Palestinian ambulance, were denied access to Erez by the Israeli side for security reasons. Five different teams — that is, 15 medical staff working in the Palestinian Ministry of Health — were refused even though they had already accompanied patients to the Israeli side of Erez other times. Finally, a team passed the Israeli security checks.

Time constraints of the bureaucracy

However, at 4:45, the Israeli liaison officer at Erez called the Palestinian officer and told him "everything is ready now, but you have only 15 minutes to reach Erez, because we will close the office at 5:00 pm". Preparing the medical staff to accompany Amir; transferring Amir from the ICU Department to the ambulance; connecting Amir to the ICU monitor and oxygen supplier; and driving from the hospital to Erez would take at least an hour.

The Palestinian liaison officer and the health coordinator tried to convince the Israeli side to extend the time because it was unreasonable to be at Erez at such short notice. Nevertheless, the Israeli answer was firm: "they have to be there before 5:00 pm or they have to wait until tomorrow".

No time left, Amir is dead

The health DCO coordinator told Shaher about the Israeli reply, and they agreed to wait until the next day. However, Amir's condition was becoming more critical. He would not be able to wait. But what else could be done?

On 19 November 2007, Shaher reached the health coordination office at 7:30 in the morning. However, before he could make the first phone call to the Israeli side, the hospital rang Shaher to inform him that Amir had passed away at 7:45 am after a sudden deterioration in heart function.

1. This was a one off strike only within the Paediatric hospital, where health workers protested against the change of the hospital director with a Hamas-affiliated one.

Fatima Abdel Al

Fatima Abdel Al, 66 years old, lived in Rafah camp in the south of the Gaza Strip. She was a mother of nine. She died at Nasser hospital in Khan Younis on 11 November 2007 as a result of an infected hip fracture.

The fracture of the hip

Fatima was not complaining of any physical problem when, on 24 September 2007, she fell down while she was in the kitchen. Her son took her directly to the hospital where an X-ray revealed that she had a hip fracture neck fracture. The physician told Fatima that she needed surgical intervention to fix her pelvic joint. The physicians at the Gaza European hospital, where Fatima had had laboratory tests and an X-ray, advised her to seek referral at the Nasser hospital for the surgery because the necessary material, called bone cement, was available only there. Fatima's son, Sabri, tried to buy this material himself but it was not available. As he stated, "I searched the whole Gaza Strip to find the bone cement necessary for my mother's operation, but I didn't manage to find it because of the strict closure."

Reduction of health care services

Surgery was therefore sought at Nasser hospital and was scheduled for 6 September. However, by that time, all health providers, including the surgeons, were on strike, and thus they postponed all surgery except urgent emergency cases¹.

The strike was against the redeployment of several health directors within the Gaza Strip by Hamas. As protest, the health workers limited working hours from 8 am to 11 am. This meant that the operating room was working only for the most urgent cases; hip was not considered one of them. Fatima stayed 12 days in her home doing nothing except waiting for the health providers strike to end.

A new appointment was fixed, and the operation was to be performed on 7 October, but Fatima was surprised to find the absence of the material they needed also at the Nasser hospital; it ran out of stock just couple of days prior to her operation.

It is worthy to note that following Hamas' de facto take-over of the Gaza Strip in June 2007, Israel imposed a strict closure on the Strip, which even further the hospitals' capacity to provide the necessary health services. The shortage of many essential items in the Ministry of Health stores had consequences on

the health situation of the population in the Gaza Strip. Sabri told us "We used to buy everything my mother needed privately, such as the medications and the disinfectants."

Though the material was missing, the operation was done anyhow, and Fatima was discharged four days after. As she felt better the physicians advised her to complete her treatment at home. Therefore, Fatima was sent home where the home care nurse used to visit her daily and do the necessary dressing for her.

On 14 October, Fatima was readmitted to Nasser hospital because the stitches were severely infected. At the hospital they started to manage the infection by daily dressing and antibiotic therapy. However, the infection did not respond to the treatment. On the contrary, the symptoms worsened.

Referral to specialized treatment outside Gaza

After two weeks of unsuccessful treatment at Nasser hospital, the infection extended; severe swelling was observed in her lower limbs, and on 29 October Fatima lost consciousness. She was immediately transferred to the Intensive Care Unit. The physicians notified Sabri that an urgent referral must be issued for Fatima for better treatment in a specialist hospital in Jerusalem or inside Israel.

Sabri immediately went to the Referral Abroad Department to prepare the needed documents. The closest date for referral was 7 November at Makased hospital in Jerusalem. All efforts to reserve an earlier date in Makased hospital or at any hospital in Israel failed.

After finishing with the Referral Abroad Department, Sabri went to the Palestinian health District Coordination Officer, DCO. He provided the DCO with all required documents for issuing Fatima's permit.

On 6 November, the Palestinian health DCO coordinator phoned Sabri in the evening and informed him that the permit was ready for Fatima and her daughter and they could travel to Jerusalem the next day.

The following day was a long one for Fatima, Sabri and the health workers at Nasser hospital. As Sabri said, "At 6am everything was ready for travelling to Jerusalem. My sister prepared her luggage and Fatima's, the ambulance and the nurse who would accompany Fatima to the Israeli side of Erez were ready; the only thing missing was the Israeli permission to enter."

Waiting was the main feature of that day; they waited for four hours to get the first phone call from Erez at 10 am. The Israelis phoned to ask about the ambulance information and the nurse who would accompany Fatima to the Israeli side of Erez. Fatima, her daughter, the ambulance and the nurse who was supposed to accompany her waited until midnight hoping to receive a response from the Israeli side; they knew that the permit and the referral document would expire by the end of the day. This meaning that, the next day, they would have to restart all referral procedures from the begging.

Coordination, permits, bureaucracy

On 9 November, when the attempts of getting Fatima to Jerusalem failed, the Palestinian health DCO was removed from office, and a new one was appointed. Sabri believes that this had a devastating effect on the process of coordination between the Palestinian and the Israeli side as the Israelis refused to deal with the new coordinator in the beginning². In addition, the new Palestinian health DCO was not experienced enough to take over such responsibilities.

The next day, Fatima and her family had to start the whole process from the beginning. In order to enable Fatima to access better health care in an Israeli or Jerusalem hospital, they would have to accomplish four things. First, they had to reserve a place for Fatima in a hospital; second, they needed to get a referral abroad document; third, they needed to receive a permit for crossing at Erez; last, they needed to agree with the Israelis on the ambulance and the health staff who would accompany Fatima to the Israeli side of Erez.

Despite the urgency of Fatima's case, and the ongoing deterioration of her health condition, the process of preparing Fatima's documents again took a very long time.

The first obstacle was reserving a place for her in one of the Israeli or Jerusalem hospitals. The closest date was on 24 November and again it was at Makased hospital in Jerusalem. The Referral Abroad Department sent Fatima's papers to several Israeli hospitals seeking a closer date, but the Israeli hospitals' response was "no vacancy".

Another obstacle was preparing the referral document. However, Fatima's medical condition was rapidly deteriorating, and the physicians who were treating her were stressing the urgency of referring Fatima to a more advanced medical centre.

On 10 October, the Palestinian health DCO coordinator informed Sabri that the Israelis did not accept the application for new permit as the proposed date was too far away and they needed to apply for the permit only five days before the proposed date.

But death does not wait

From 7 to 10 of November, Fatima was fighting against death. Her condition continued to deteriorate. She completely lost consciousness, and her kidney functions were markedly impaired.

On 10 November, the investigations showed a high level of septicaemia in Fatima's plasma level, which meant that the infection was spreading all over the body via the blood. Accordingly, her vital organ functions were severely affected.

On 11 November 2007, at 11:45 pm, the hospital phoned Sabri to inform him that Fatima had passed away due to a sudden impairment in the lungs and heart functions as a result of uncontrolled septicaemia.

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1. The health professionals in Gaza declared a strike that lasted from the beginning of August to the 17 of September.
 2. The Israelis refused to collaborate with the new person for several days, as they affirmed that they had not been informed of this decision and that they knew nothing of the new health coordinator. The PA affirmed, in turn, that they had indeed informed the Israeli side, and this was just a manifestation of Israeli reluctance to coordinate with them. On the 13 of November coordination between the two sides resumed.

Bassam Harrarah

Bassam Hararah, 36 years old, lived in Shija'iah, Gaza City. He was married with six children. His oldest child is 8 years old, the youngest 4 months. He died at Shifa Hospital in Gaza from kidney failure on 4 November 2007.

The discovery of the disease

Bassam started to complain of influenza-like symptoms on 2 March 2007. When the symptoms were not relieved by typical flu medication, Bassam went to a Primary Health Clinic, PHC. After preliminary investigation and blood testing, a severe deterioration in kidney function was detected. As a result, Bassam was urgently referred to Shifa Hospital in Gaza, where he was admitted and had more comprehensive examinations.

After thorough investigation, it was found that Bassam was in the last stage of renal failure. Obviously, such results were extremely traumatizing for Bassam and his family. Consequently, haemodialysis was prescribed after Bassam's admission to the Medical Department at Shifa hospital on 4 March 2007.

Hoping for a better diagnosis the journey to Egypt

However, due to lack of improvement and lack of trust in the Gazan medical services, after two weeks of haemodialysis, Bassam decided to try Egyptian hospitals at his own expense for more advanced investigation and to have a second opinion regarding the diagnosis he received in Gaza. Bassam paid for all the investigations and tests he underwent in Egypt, hoping that these investigations would bring more promising results. However the results confirmed the severe illness and the need for kidney transplantation as soon as possible.

Upon his return to Gaza in the second week of April 2007, Bassam started preparation for kidney transplantation, as well as undergoing regular haemodialysis sessions twice a week. The cost of kidney the transplantation operation, as he was told by his physician in Egypt, would have been around US\$ 20 000–25 000. The Palestinian Authority would contribute US\$ 9000 towards the operation with the remaining to be paid by Bassam.

Even though the surgery that Bassam needed was very expensive, relative to his income, his family and relatives managed to secure the amount. It was a relief for Bassam to know that he would finally have the operation.

Bassam's condition gets worse

Meanwhile, Bassam was going through preparatory procedures at Shifa Hospital, including more investigatory tests and the Vistula operation.

As anticipated, the preparation process took him two months, as various small operations and investigations were performed. However, the general medical condition of Bassam was rapidly deteriorating. It was apparent through blood tests that there was deterioration in liver and heart functions. As a result, the number and duration of the weekly haemodialysis sessions was increased: three four-hour sessions a week.

However, it was very difficult to schedule the planned operation due to a lack of necessary medical equipment and the long waiting list. After two months of waiting and due to the continuing deterioration of Bassam's condition, the family decided to have the kidney transplant in Egypt instead. Therefore, in the second week of June, they started to prepare themselves to travel to Egypt. Bassam was very excited and optimistic. He thought that finally his suffering with haemodialysis, the subclavian catheter, and the recurrent episodes of fever and inflammation would end. Bassam started to prepare his luggage and the list of presents he would bring back from Egypt for his six children after he recovered.

Rafah crossing is closed and the health system in Gaza is managed by two conflicting powers

The most severe internal clashes between Hamas and Fatah took place in Gaza on 15 June 2007, resulting in Hamas' take over of the entire Gaza Strip. Consequently, all crossings between Gaza and the external world were closed by the Israelis, including Rafah Crossing.

As time went on Bassam complained of serious medical symptoms. Therefore a return to the weekly dialysis sessions at Shifa hospital that he had initially been prescribed was inevitable. Bassam continued hoping for the closure to be lifted.

Between June and September 2007, Bassam's family was confronted with the battle between Fatah in Ramallah and Hamas in Gaza. Patients and their families were confused due to the redeployment of the president of the Shifa hospital, not recognized from Ramallah. Furthermore, Hamas changed the reporting system including the papers needed for the application of referral abroad facilities and for financial help from the Health Ministry. Therefore, Bassam's family had to change the papers accordingly. Because of the confusion, Bassam's family changed the medical report six times during this period. Bassam's brother said "between June and September, I stopped going to work, as I had a full-time job working on Bassam's medical reports and moving between the Referral Abroad Department, Shifa hospital and the Ministry of Health.

Bassam's condition was urgent. However, it seemed that no-one cared. It was such a disappointment for the whole family to have to wait over and over again. The more Bassam thought that he was close to having the operation, the more things happened around him that limited his opportunity to do so.

Erez Crossing denied

Bassam's medical condition further worsened. In addition to impairment of liver and heart functions, Bassam started to complain of breathing difficulties. During this period, Bassam used to spend most of his days at Shifa hospital, either for his weekly haemodialysis sessions or for conducting more laboratory investigations.

As Rafah crossing was still closed, Bassam's only possibility was detouring from Erez to Egypt through Jordan. As a result, Bassam applied to the Referral Abroad Department in order to get a permit to travel through Erez. The Ministry of Health approved his request as his condition needed urgent medical intervention that was not available in Gaza and began to prepare the needed medical reports and other relevant documents in order to issue a referral document for Bassam to assist him in obtaining a permit to travel through Erez.

It was at the beginning of September when the Referral Abroad Department applied for the first permit for Bassam. Five days later the Israeli District Coordination Office rejected Bassam's permit "for security reasons".

Reapplying for the permit

As instructed by the Israeli District Coordination Office, the Referral Abroad Department informed Bassam's family that one month must pass before reapplying for another permit after the first rejection. Therefore, waiting was the only thing Bassam could do in the meantime. In addition to the 12 hours of haemodialysis he used to undergo every week, he also had often to wait in the haemodialysis department for his turn to come because of the long list of patients waiting for their haemodialysis sessions. At the same time, he was complaining of periodic fever episodes resulting from the chronic infection in the subclavian area where the catheter was fixed for haemodialysis.

After one month, the Referral Abroad Department applied for a second permit. But, the answer did not change: "no permit because of security reasons", no reasons given.

The death of an elderly man at Erez and the deterioration of Bassam's condition

After the rejection of Bassam's permit for the second time, the family started to lose hope of receiving a permit from the Israelis, and this state of frustration was aggravated by the death of an elderly man at Erez checkpoint as he was

waiting for his coordination to pass through Erez.

Bassam's brother said "I was at Bassam's bedside at Shifa hospital when we received the news of death of the old man. The effect of this story was terrible on all of us, especially Bassam. He told me that he did not want to go to Erez anymore but to die in Gaza, with his family by his side."

Bassam's medical condition was severely deteriorating. His heart problems were aggravated and breathing difficulties increased. His brother Sharif said "in addition to the three regular weekly sessions Bassam used to undergo, he repeatedly complained of episodes of tachycardia, shortness of breath and tremors. These episodes used to attack Bassam at least twice a week. In every episode, we used to transfer Bassam to the hospital where he must undergo additional haemodialysis session every time."

Many of the essential drugs Bassam needed during that period, such as antibiotics and human albumin, were not available in the hospital pharmacy also due to the Palestinian Authority's financial crisis. So Bassam's family bought these drugs from private pharmacies, which cost them lots of money. Bassam's brother Ayman said "my monthly salary is about US\$ 300. I used to spend all my salary for Bassam's transportation to and from the hospital and for purchasing his medication."

The most prevailing symptoms Bassam encountered during this period were the episodes of fever and tremors due to the infection caused by the subclavian catheter. According to Sharif, who accompanied Bassam throughout his illness, "the sub-clavian catheter was changed about seven times during the haemodialysis period". Accordingly, the physicians at Shifa hospital decided to go for the Vistula operation regardless of Bassam's number on the waiting list as his case required immediate intervention

The health workers' strike

The operation date was fixed at the beginning of September, but the surgeons postponed the operation because there was not enough anaesthesia in the operation room. The shortage of anaesthesia was reported as a result of the financial crisis.

Another date was assigned for the Vistula operation, but Bassam was to encounter another obstacle: the health providers' strike. The call for this strike came on the 14 of August and lasted until the 17 of September 2007, from the Union of Medical Professions, to protest against the redeployment of many health directors in the Gaza Strip. As a result of this strike, working hours were limited to three working hours per day, 8 am till 11 am. The operation rooms were partially opened for the most severe and urgent cases. Bassam's case was classified less urgent than others. Therefore, he lost his opportunity for the Vistula operation and he kept using the subclavian catheter for dialysis until his last days.

Though the medical strike was over, Bassam waited the whole of October for

his turn to come on the highly congested waiting list for a Vistula operation. After the end of the strike, many people had been waiting for their operation, and this had made the waiting list even longer.

Bassam's death

On 3 November, it was around Saturday midnight, Bassam complained of shortness of breath, as usual. His brother Sharif took him to the hospital as he used to do when the symptoms were aggravated. The resident doctor examined his heart and recommended haemodialysis for 7:00 in the morning because Bassam was complaining of hypotension at the time. A few minutes before the time of haemodialysis, Bassam's medical condition rapidly deteriorated. Doctors and nurses tried to resuscitate him, but without success. Bassam died at 7:00 am on 4 November 2007 in Shifa Hospital, Gaza

However Bassam's battle never ended even after his death. His family could not find cement to cover his grave as cement was not available in Gaza.

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1. Vistula is a surgical intervention where the forearm's main artery and vein are linked together for haemodialysis.
 2. While the official Ministry of Health is headquartered in Ramallah, Hamas partially controls the health facilities in Gaza. Management of the health system is heavily complicated by this factor.
 3. The man had an appointment at an Israeli hospital for treatment; he waited from the early morning for coordination and he died at 6:30 pm, even though he had a permit.

Mahmoud Abu Taha

Mahmoud Abu Taha, 22 years old, was a resident of Rafah, in the south of the Gaza Strip. Mahmoud was single and had seven brothers and three sisters. He died in Tel Hashomer hospital in Tel Aviv from abdominal cancer on 29 October 2007.

Abdominal pains and surgery

In the beginning of September 2007, Mahmoud started to complain of abdominal colic. As a result, his family took him to a private doctor, who affirmed that Mahmoud had amoeba, a type of parasite, in his abdomen; accordingly, Mahmoud was given medication.

Three days later, the symptoms became worse, as Mahmoud started vomiting and suddenly lost consciousness. Right after this, Mahmoud's family immediately transferred him to the nearest hospital. Then, after initial examination, they referred him to Nasser hospital. At Nasser hospital, after seeing his abdomen X-ray, they admitted him immediately and prepared him for surgery in the morning.

After performing the surgery, the doctors informed Mahmoud's family that he was affected by abdominal cancer. The intervention did not cure him. Despite the operation, there was still fibrosis in parts of his intestine. Mahmoud stayed in the hospital for another two weeks after the surgery, but his medical condition was deteriorating. As a result, physicians in Nasser hospital decided to refer him to the Gaza European Hospital, where there is a more advanced oncology department.

At the Gaza European hospital, after one week of comprehensive investigations and biopsies analysis, the oncologist confirmed to Mahmoud's family that Mahmoud had abdominal cancer. For such a condition, no proper treatment is available in Gaza. Consequently Mahmoud needed to be referred to an Israeli hospital urgently in order to have further medical intervention.

The need for referral to an Israeli hospital

Mahmoud's family contacted the Referral Abroad Department seeking an urgent referral, and they provided them with all required documents for this matter. Despite the urgency of the case (usually urgent cases receive the document within 48 hours); it took the Referral Abroad Department four days to issue the referral document and to make the reservation at Tel Hashomer hospital. Three days after issuing the referral document, the health coordinator

at the District Coordination Office called Mahmoud's father to notify him that Mahmoud's permit was ready, and that he (the father) could escort him to Tel Hashomer hospital in Tel Aviv early in the morning.

It was early morning on 17 October; everything was ready in the Gaza European hospital for Mahmoud to go to Tel Hashomer. The signal came from the Israeli coordinator at 3:30 pm to go. Mahmoud, his father Kamal, the ambulance driver and the nurse accompanying Mahmoud moved immediately.

They approached Erez at 4:30 pm; the Palestinian liaison officer told them that they could go. They moved directly to the Israeli side of the crossing. Before they approached the checkpoint, the soldiers on the control tower called out at them via loudspeaker, saying "the ambulance must return to Gaza, no entry today."

The ambulance driver returned back to the Palestinian side. After 30 minutes, the Israelis called the Palestinian liaison officer and told him that the ambulance with Mahmoud and the nurse could pass to the Israeli side while Kamal, who was 65 years old, had to walk along the long tunnel - around 1200 metres - and meet with them after passing the checkpoint.

While Kamal was walking through the tunnel, the soldiers at the control tower used the loudspeakers again to inform the ambulance driver that he was not allowed to enter to Israel and he had to go back to Gaza. Therefore, the ambulance returned to Gaza.

Consequently, Mahmoud was brought back to the Gaza European hospital. As Mahmoud's medical condition was deteriorating rapidly, the family started the process of applying for a new permit.

The difficulties of coordination

On 18 October, the health coordinator applied for an urgent permit for Mahmoud and his uncle. But, the Israeli District Coordination Office informed the Palestinian side that Mahmoud's uncle was not allowed to enter Israel. Therefore, the Palestinian coordinator applied for Mahmoud's cousin to be the escort, but he was also refused. Based on that, Mahmoud's family decided to ask for the coordination without an escort in order to save time and to avoid more obstacles.

However, what became apparent later was that Mahmoud's relatives were not the only obstacle towards his travelling to Israel. On 20 October, the Israeli District Coordination Office rejected the nurse who was supposed to accompany Mahmoud to the Israeli side of Erez. The nurse was replaced, and another coordination request was submitted. But the Israeli District Coordination Office replied on 22 October that this time the ambulance driver was rejected. Keeping in mind that every new coordination, from submission to receiving the reply, takes at least two days, ten days had now passed since Mahmoud returned from Erez the first time, on October 17.

The cost of care

During this period, Mahmoud's medical condition was quickly deteriorating as the medical examinations showed the development of cancer metastasis all over his intestine. The oncologists at the Gaza European hospital tried a session of chemotherapy with him; but, due to his weak intestine, the chemotherapy was stopped right away as he could not tolerate it.

Mahmoud lost several kilograms during his illness. He became totally dependent on intravenous catheter for feeding but, the amount of nutrients he was submitted had to be reduced from 4.5 litres to 1.5 due to the severe shortages of such nutrients, and other required drugs, in the Ministry of Health stores. As a result, the family bought the drugs privately, as well paying for histopathological investigations, which were all very costly for the family, considering their low income and the general economic hardships.

On 28 October at 10:00 am, the health coordinator called Mahmoud's brother, Hani, to inform him that the coordination had been made for Mahmoud to cross Erez in an ambulance that had just passed Erez the same morning and transferred a patient to an Israeli ambulance. Mahmoud had now received the coordination to pass Erez and had to be in Erez within one hour.

Mahmoud's mother said "As soon as I heard this news, I went directly to Mahmoud to tell him about it. I witnessed his eyes brighten with hope. Mahmoud asked me to keep all the gifts he had received during his illness for him when he came back cured from Israel."

Mahmoud leaves Gaza, but uncertainty rises over what happened to him next

Within no more than one hour, Mahmoud was at Erez, the nurses who accompanied him from the Gaza European hospital transferred him to the ambulance which would take him to the Israeli ambulance and everything was now ready waiting for the Israeli signal to go.

Finally, after three hours of waiting, the Israeli liaison officer called to give the ambulance the green light to move to the Israeli side of Erez. The Palestinian ambulance moved immediately and transferred Mahmoud to the Israeli ambulance without any obstacles. When the Palestinian ambulance returned back to the Palestinian side without Mahmoud, his family exchanged congratulations and expressed relief that Mahmoud would now be in good hands in a specialized hospital.

As soon as the Palestinian health coordinator called Mahmoud's brother Hani to inform him that Mahmoud got the coordination to pass Erez, Hani immediately called his relatives who live inside Israel to meet Mahmoud at Tel Hashomer hospital. They immediately moved there and waited for Mahmoud to arrive. When Mahmoud was transferred to the Israeli ambulance, it was 4:30 pm. Given that driving from Erez to the hospital takes at the most about

two hours, this means that Mahmoud should have been at the hospital around 6:30 pm.

Mahmoud's relatives waited for him at Tel Hashomer until 3:00 am on 29 October. They searched all the hospital departments, including the new admissions and oncology departments but no one had heard about Mahmoud.

Hani said "when our relatives told us about this incident and the fact that they could not find Mahmoud, we didn't sleep the whole night. Instead, we kept calling them to get any new news. We also called Physicians for Human Rights and B'tselem¹ to help us locate Mahmoud. We could not believe that Mahmoud seemed to have simply disappeared."

Mahmoud is dead

On 29 October, the Israeli liaison officer called to inform the Palestinian side that Mahmoud passed away in Tel Hashomer hospital. According to Hani, "we still have not got any answer regarding to our question on what happened to Mahmoud after he was transferred to the Israeli ambulance. Where did he die? Was he transferred to any place?" Mahmoud died on 29 October, and his body was brought back to Gaza two days after his death.

To find out where Mahmoud had died, the Liaison office at Erez crossing was contacted; so were Physicians for Human Rights and Tel Hashomer hospital to explore what happened to Mahmoud between 28 and 29 October. After delay, the Tel Hashomer hospital stated in a formal letter that Mahmoud had been admitted to the internal medical department on 28 October, and that he passed away on the 29 October after deterioration of his medical condition due to the cancer.

What happened to Mahmoud's father, Kamal?

Despite the difficulty for him in walking such a long distance in the month of Ramadan, when Kamal accompanied his son on 17 October on his first tentative referral to Israel, he followed the orders given to the Palestinian Liaison Officer. Kamal took his luggage and walked along the tunnel.

At the checkpoint, the Israeli security officers ordered Kamal to take off his clothes. After few minutes of being naked, the officers gave him a long shirt and asked him to wear it. Thereafter, they carefully checked his luggage and passed him through an X-ray checking machine.

After passing all sophisticated checking procedures, they transferred him to an unknown place where Israeli intelligence officers started to interrogate him about the reason he was going to Israel. Kamal tried to convince the intelligence officers that he was accompanying his ill son to be treated in Tel Hashomer hospital. However, the officers did not believe him and accused him of using this excuse in order to execute a terrorist attack inside Israel.

After six hours of extensive interrogation, Kamal was transferred to Ashkelon

Prison, where he spent the night in solitary confinement.

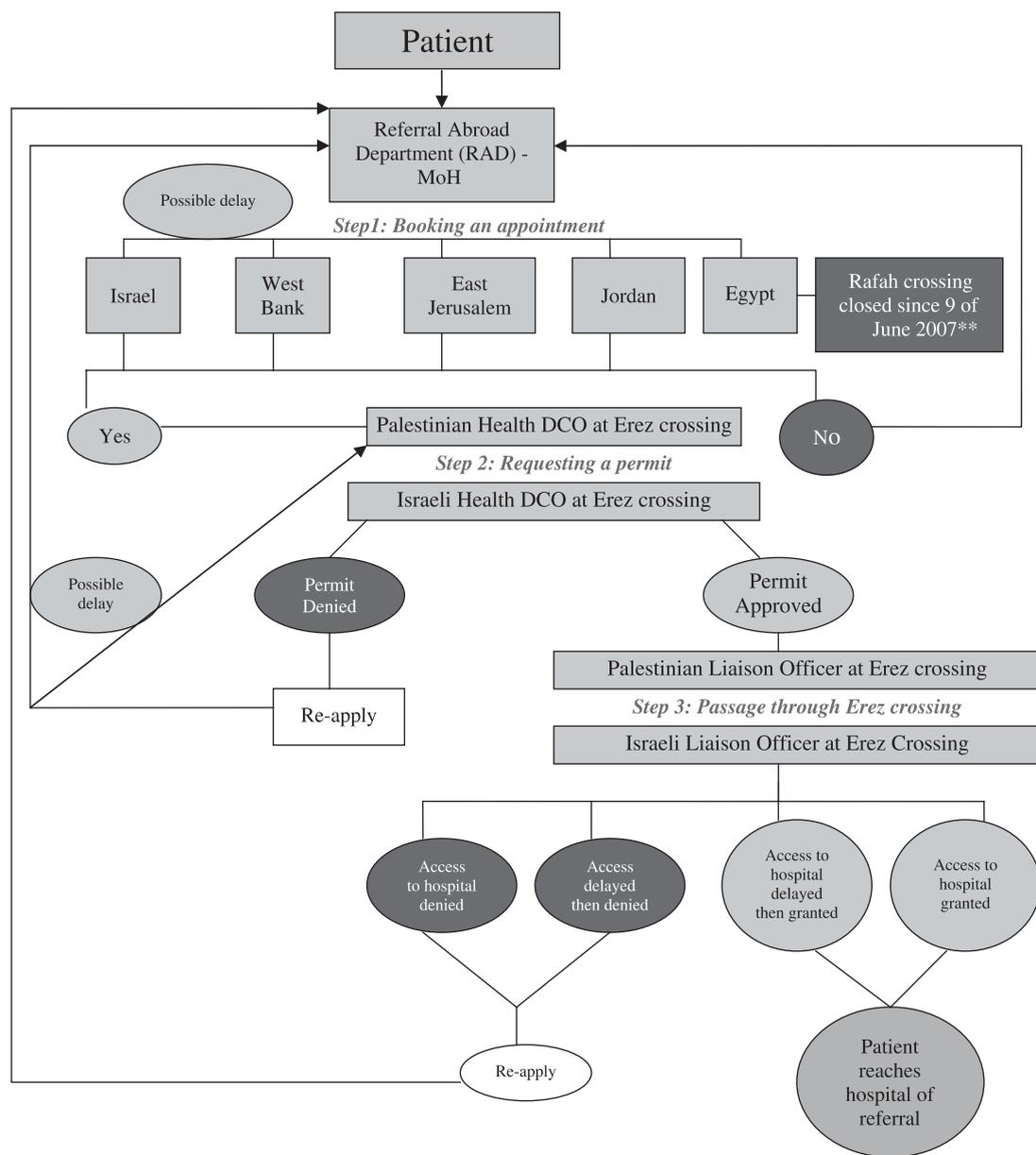
The next morning, Kamal was brought to court where he was accused by the state attorney of planning an attack in Tel Aviv. In the court, Kamal had an attorney from the Israeli human rights organization B'tselem who was advocating for Kamal's right to accompany his ill son to have life-saving treatment inside Israel. The final decision taken by the court was to extend Kamal's arrest for another 10 days.

After 10 days of detections and interrogations, which it is not the purpose of this booklet to describe, on 29 October, Kamal was taken again to the interrogation room finding the same investigator as before waiting for him. As soon as he sat down, the Israeli investigator told him that Mahmoud had passed away, and they would release him now. Kamal said "The only thing I was able to do at that moment was to cry silently."

A few hours later, an Israeli jeep took Kamal from the Ashkelon Prison to Erez checkpoint and released him back to Gaza at 6:30 pm. Kamal arrived at his home in Rafah at 8:00 pm, where he found people coming to offer their condolences for the death of his son.

1. Two Israeli human rights organizations.

Steps to be taken by patients in need of referral to specialized treatment not available inside the Gaza Strip¹



1. For a more detailed explanation, please see notes on the next page.

Step 1: booking an appointment

A patient needs specialized treatment, not available in MoH or private hospitals in Gaza; he is put into contact, by the hospital staff, with the Referral Abroad Department (RAD) of the Palestinian Ministry of Health. The RAD, depending on the patients' needs, contacts one or more of the hospitals outside Gaza, usually the hospitals are in: Israel, West Bank, East Jerusalem, Jordan, and Egypt.

Once an appointment is granted by the hospital, the RAD emits a referral abroad request.

- It may happen that the hospital contacted has no available beds for the dates needed; therefore the patient and the RAD have to re-contact another hospital and try other alternatives or wait for a place to open.
- ****Rafah crossing, which connects the Gaza Strip with Egypt, has been closed since the 9 of June 2007 (except for a brief period, from 23 January to 3 February 2008, when Rafah border was temporarily reopened; see see chronology on page 49). Therefore, for patients wanting to access hospitals in Egypt either change their destination or try to access Egypt via Erez crossing and then Jordan**

Step 2: requesting a permit

Once the patient has received its referral abroad request, jointly with the hospital appointment, she/he must refer to the Palestinian health DCO who will coordinate with the Israeli health DCO for the permit to pass through Erez crossing.

- **No permit:** if the Israeli health DCO denies the permit to pass Erez, the patient can re-apply for the permit to pass. If the hospital appointment has expired, the patient can re-apply to the RAD for a new one, and start the process again.
- **Permit granted:** the Israeli health DCO grants the permit for the patient to pass through Erez.

Step 3: passage through Erez crossing

Once the patient has been granted the permit to cross Erez, she/he will go to the Palestinian side of Erez crossing. Here, the Palestinian Liaison Officer will coordinate with the Israeli Liaison Officer for the green light to pass from the Palestinian side to the Israeli side of the crossing: the two sides are separated by tunnel of approximately 1200 meters.

- **Passage denied:** there usually can be two possibilities that lead to a denied access: the Israeli side of Erez may be closed due to imminent "security

issues”, therefore access is denied. Or, the Israeli Liaison Officer may, for various reasons, delay responding on when to pass, to a point when the hospital appointment has expired or it is too late to exit Erez crossing. In both of these cases the patient can go back to the RAD and re-start the process from the beginning.

- Passage granted: there usually can be two possibilities that lead to a granted access: the Israeli Liaison may, for various reasons, delay responding on when to pass but eventually, and in a reasonable time, give the green light, or, the green light is given straight away and the patient exits Erez crossing through the Israeli side. In both of these cases, the patient exits Gaza and travels to the hospital of referral.



Number of patients requested and granted permit to cross Erez check point during 2006 and 2007

Table 1: Number of patients requested and granted permits to cross Erez check point during 2006

Month	No of patients applied for permits	No of patients were given permits	Proportion of patients were given permits
January	741	719	97.03%
February	769	716	93.11%
March	562	485	86.30%
April	274	209	76.28%
May	453	404	89.18%
June	474	400	84.39%
July	185	171	92.43%
August	293	267	91.13%
September	438	402	91.78%
October	380	345	90.79%
November	509	455	89.39%
December	392	359	91.58%
Total	5,470	4,932	90.16%

Graph 1: Monthly number of patients requested and granted permits to cross Erez check point during 2006

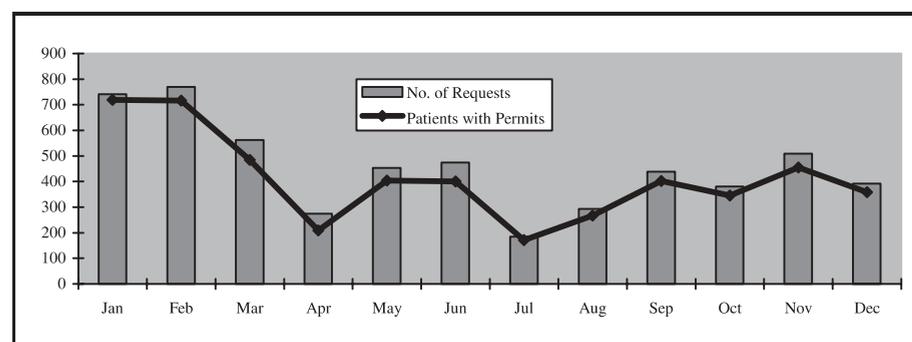
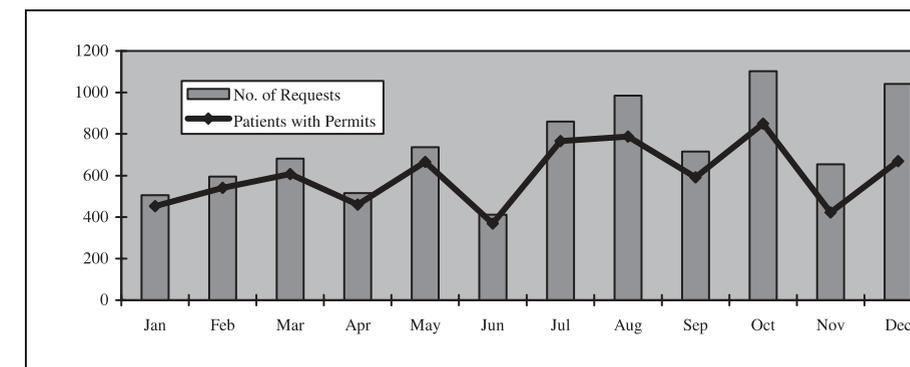


Table 2: Number of patients requested and granted permits to cross Erez check point during 2007

Month	No of patients applied for permits	No of patients were given permits	Proportion of patients were given permits
January	506	452	89.33%
February	595	540	90.76%
March	681	607	89.13%
April	515	460	89.32%
May	737	665	90.23%
June	412	368	89.32%
July	859	765	89.06%
August	985	787	79.90%
September	715	591	82.66%
October	1103	850	77.06%
November	654	422	64.53%
December	1,041	669	64.27%
Total	8,803	7,176	81.52%

Graph 2: Monthly number of patients requested and granted permits to cross Erez check point during 2007



COMMENT: While the overall number of patients requesting a permit to pass through Erez crossing increased after June 2007 due to the Rafah crossing (border with Egypt) closure, the percentage of permits denied has increased from 7% in January 2006 to 36% in December 2007.

Table 3: Patients who were not able to reach specialized referral health services outside Gaza and died during 1 October 2007 - 2 March 2008

No.	Name	Gender	Age	Place of death	Date of Death	Diagnosis	Notes
October 2007							
1	Na'ma Mohammad Faraj Alloush	Female	32 Years	Shifa hospital	07 Oct	Post partum bleeding	Urgent case- delay in getting the permit
2	Nimr Mohammad Salim Shahbir	Male	77 Years	At Erez check point	23 Oct	Stomach Hemorrhage	Delay of passage through Erez check point
3	Mahmoud Kamal Kamel Abu Taha	Male	21 Years	At Erez check point	29 Oct	Stomach cancer	Delay of passage through Erez check point
November 2007							
4	Bassam Hamdi Harara	Male	36 Years	Shifa hospital	04 Nov	Renal failure	Permit not issued for security reasons
5	Nathmi Mustafa Ashour	Male	53 Years	At Erez check point	07 Nov	Multit injury – Israeli Rocket attack	Urgent case- delay of 48 hours for getting permit
6	Wahid Saleh	Male	46 Years	At Erez check point	9 Nov	Cerebral hemorrhage	Urgent case-delay of 48 hours for getting permit
7	Ayda Zuheir Hafith Abd El-A'al	Female	31 Years	Shifa hospital	10 Nov	Breast cancer	Permit not issued for security reasons
8	Fatma Abdel A'al	Female	65 Years	Nasser hospital	11 Nov	Hip fracture	Permit not issued for security reasons
9	Wafa' Sana' Mohammad El-Haj	Female	6 Months	Gaza pediatric hospital	14 Nov	Renal failure	Urgent case- delay of 4 days for getting permit
10	Na'el Abd El-Rahman Khamis El-Kordi	Male	21 Years	Home	17 Nov	Cancer	Permit not issued for security reasons
11	Amir Shaheer Abdallah El-Yazji	Male	12 Years	Gaza pediatric hospital	19 Nov	Meningio-Encephalitis	Urgent case- Delay of 4 days in getting permit
12	Yosra El Amaren	Female	53 Years	Home	20 Nov	Thyroid gland failure	Permit not issued for security reasons
13	Mona Nofal	Female	37 Years	Shifa hospital	24 Nov	Colon cancer	Permit not issued for security reasons
December 2007							
14	Rowaida shakshak	Femal	54 Years	Gaza European H	2 Dec	Congestive heart failure	Rafah closure
15	Rawan Diab	Female	13 Months	Gaza Pediatrics'	7 Dec	Renal failure	Late date for admission to Israeli hospital as vacant beds were not available
16	Zuhair Hussain	Male	49 Years	Home	8 Dec	Cancer	Rafah closure
17	Hala Zanon	Female	5 Months	Gaza European	14 Dec	Heart Anomaly	late admission in an Israeli hospital as vacant beds were not available
18	Amal Abu Banat	Female	36 Years	Kamal Edwan	17 Dec	Cystic fibrosis	Late date for admission at Israeli hospital as vacant beds were not available
19	Alaa' Hirzallah	Male	26 Years	Home	20 Dec	Head trauma	Permit not issued
20	Yousif Abu Mariam	Male	5 Years	Gaza Pediatrics'	10 Dec	Cancer	1. Late date of admission at Israeli hospital as vacant beds were not available. 1. Delay in getting the permit
January 2008							
21	Yehia El Jamal	Male	53 Years	Shifa Hospital	12 Jan	Lung cancer	Permit not issued for security reasons
22	Shereen Abu Shawareb,	Female	10 Years	Gaza Pediatrics'	15 Jan	Cardiac problems	Denial of passage through Erez Crossing
23	Fatmeh Al-Ladawi	Female	45 Years	Iykhlof Hospital	21 Jan	Spleen injury	Delay of passage through Erez for ten hours
24	Amna El Madhoun,	Female	68 Years	Shifa Hospital	29 Jan	Liver cancer	Late date of admission at East Jerusalem hospital as vacant beds were not available at the needed time.
25	Ratiba Al Khatib	Female	36 Years	Home	31 Jan	Cancer	1. Denial of passage with permit as Erez was closed. 2. Permit not issued
February 2008							
26	Khadija Al-Aqed	Female	65 Years	Home	10 Feb	Heart disease	Permit not issued for security reasons
27	Fathia Abu Warda	Female	53 Years	Shifa Hospital	11 Feb	Renal failure	Permit not issued for security reasons
28	Fatmeh Mahdi	Female	77 Years	Shifa Hospital	11 Feb	Neck tumor	Permit not issued for security reasons
29	Reem El-Batsh	Female	34 Years	Shifa Hospital	11 Feb	Brain stroke	Permit not issued for security reasons
30	Abdelatheem Khader	Male	59 Years	Kamal Edwan H	18 Feb	Cardiac problem	Rafah border closure
31	Said Al-Aydi	Male	18 Months	Gaza European H	19 Feb	Liver malfunction	Rafah border closure
March 2008							
32	Bayyan Abu Hilu	Female	1 Years	Home	2 Mar	Liver disease	Permit not issued for security reasons

Brief presentations of patients who were not able to reach specialized referral health services outside Gaza and died during 1 October 2007 - 2 March 2008

1. **Ne'ma Alloush**, 32 years old, female, with seven children. The patient went through a Cesarean -section on the 15 of October. Her medical conditions quickly deteriorated as she had a post surgical bleeding. On the same day, the referral abroad department issued a referral document for the patient to be treated in Iykhlof hospital in Israel. The Health DCO coordinator applied for a permit for the patient which was supposed to be issued within 2-24 hours responding to the urgency of her condition. This process was delayed by the Israeli authorities. **Ne'ma died on the 17 of October in Shifa hospital as she was waiting for the permit needed to cross Erez crossing for treatment.** (Source: *Palestinian Centre for Human Rights- PCHR*)
2. **Nimr Shhaibar**, 77 years old, male. Nimr had a bleeding from his stomach. He arrived at Erez with an Intensive Care Unit (ICU) ambulance on the 22 of October at 16:00. After being delayed for two hours the patient was denied to cross Erez crossing. A second coordination of passing the patient was approved on the 23 of October and the patient arrived Erez at 10:00. No delay was reported, except the usual 30 minutes needed for coordination at Erez to enter the Israeli side¹. **The patient was returned to the Palestinian side at 11:00 am after passing away at the Israeli side of the crossing.** (Source: *Palestinian liaison officer at Erez checkpoint*)
3. **Mahmoud Abu Taha**, detailed case study on page 27.
4. **Bassam Harrarah**, detailed case study on page 22.
5. **Nathmi Ashour**, 46 years old, male. Nathmi was injured by an Israeli rocket that left him with multi lesions. He was hospitalized at Shifa hospital. His medical conditions deteriorated rapidly and a decision was taken to refer the patient to an Israeli hospital for further treatment. A request for permit was applied for by the health DCO coordinator on the 4 of November that was supposed to be approved within 2-24 hours since the patient was in a critical condition. The permit was granted after a delay of over 48 hours. **Nathmi died on the 7 of November in the Palestinian ambulance on his way to the Israeli side of Erez crossing.** (Source: *Palestinian liaison officer at Erez Crossing*)
6. **Wahid Saleh**, 42 years old, male. Wahid had cerebral hemorrhage (bleeding from his brain). The patient was hospitalized at Shifa hospital. His medical conditions deteriorated rapidly and a decision was taken to refer the patient to an Israeli hospital for further treatment. A request for permit was applied for by the health DCO coordinator on the 4 of November that was supposed to be approved within 2-24 hours to respond to the patient's critical conditions. The issuance of the permit was granted after a delay of more than 48 hours. **Nathmi died on the 9 of November in the Palestinian ambulance on his way to the Israeli side of Erez crossing.** (Source: *Palestinian liaison officer at Erez Crossing*)
7. **Ayda Abdelall**, a 31-year-old female patient with breast cancer. The patient was hospitalized in Shifa hospital as she was undergoing chemotherapy. The patient's health conditions deteriorated and a decision was taken to refer her for further radiotherapy to an Israeli hospital; **she was denied permit to cross Erez. Ayda died on the 10 of November.** (Source: *head of Oncology Department in Shifa hospital*)
8. **Fatma Abdelall**, detailed case study on page 18.
9. **Wafa 'Sana' El Haj**, an 8-month-old female patient with renal failure. The patient was hospitalized in Gaza Pediatrics hospital. Her medical conditions deteriorated rapidly and a decision was taken to refer her to an Israeli hospital for further treatment. A request for permit was applied for by the health DCO coordinator on the 8 of November which was supposed to be approved within 2-24 hours since the patient was in critical conditions. The health DCO coordinator had been dismissed and replaced by a new one on the 9 of November by the PA. The Israeli authorities refused to collaborate with the new person for a period of 4 days. All the requests had to be reapplied for on the 13 of November; the day that the Israelis started to collaborate with the new DCO coordinator. **Wafa died on the 14 of November in Gaza Pediatrics' hospital without having been granted the permit needed to cross Erez.** (Source: *Director of Gaza Pediatrics hospital in Gaza*)
10. **Nael Al-Kurdi**, 21 years old, male. Nael was diagnosed with cancer (Seminoma) in February 2006. He was operated at Shifa' hospital in March 2006, and underwent radiotherapy in Egypt in April 2006, and chemotherapy in Gaza. In January 2007 his condition worsened and in March he was diagnosed with secondary tumors. He was referred to a medical center in Egypt on the 9 of June but the crossing into Egypt was by then completely closed. Nael therefore attempted to exit Gaza into Ichilov hospital in Israel, via Erez crossing, but was refused by the Israeli

authorities “on security grounds”. Appeals on his behalf by Physicians for Human Rights (PHR)-Israel failed to reverse this decision. **Nael died on the 17 of November in his home in Gaza.** The next day, the State Attorney informed PHR-Israel’s attorney that he had been granted a permit. (Source: *Physicians for Human Rights- PHR*)

11. **Amir HJazi**, detailed case study on page 14.
12. **Yusra El Amareen**, a 53-year-old female patient with Thyroid gland failure. The Health DCO coordinator applied for a permit for the patient for a medical surgery in an Israeli hospital. The patient was denied the permit. Another request was made on the 13 of November. **Yusra died on the 20 of November waiting for the issuance of the permit to cross Erez for treatment.** (Source: *an interview with the patients’ family by an UNRWA medical officer*)
13. **Mona Nofal**, detailed case study on page 8.
14. **Rowiada Shakshak**, a 54-year-old female patient with congestive heart failure. The patient was hospitalized in the Gaza European hospital. Her medical conditions deteriorated and she went into coma. A decision was made to refer the patient for further treatment in a hospital abroad. The patient was approved to receive treatment in an Egyptian hospital. **Rowaida was denied access through the Rafah border as it was closed. She died on the 2nd of December.** (Source: *Palestinian Centre for Human Rights- PCHR*)
15. **Rawan Diab**, 13 months old, female. The patient had renal failure and was hospitalized in Gaza Pediatrics hospital on the 23 of November. A decision was made to refer the patient for treatment abroad as her medical conditions deteriorated. The referral abroad department contacted the Iykhlof hospital in Israel to admit the patient. The hospital refused to receive the patient since there were no vacant beds in the hospital. The referral abroad department contacted Tal Hashomair hospital in Israel to admit the patient. The hospital’s reply was the same as the first hospital’s reply. The patient was transferred to the intensive care unit in Gaza Pediatrics hospital as her conditions were very critical. No vacant bed was available for her admission in any Israeli hospital. **Rawan died on the 7 of December waiting for a vacant bed to be admitted in.** (Source: *Palestinian Centre for Human Rights- PCHR*)
16. **Zuhair Hussain**, 49 years old, male. In March 2007, Zuhair discovered he had cancer. The patient was referred to an Egyptian hospital for chemotherapy and radiotherapy sessions in April. Zuhair had to go for

more treatment sessions in the same hospital in September. He was waiting for the opening of Rafah border; however his health conditions deteriorated and he was hospitalized many times in Shifa hospital. During the first week of December, Zuhair developed internal bleeding and went into coma. **Zuhair died on the 8 of December, he was not able to reach the Egyptian hospital for the needed treatment due to the closure of Rafah Border.** (Source: *Palestinian Centre for Human Rights- PCHR and the MoH referral abroad department*)

17. **Hala Zanoon**, a five-month-old female patient with heart anomaly. Hala was hospitalized in the Gaza European hospital. The patient had to be referred for further treatment. The referral abroad department contacted some hospitals and got the approval from Tal Hashomair hospital in Israel with a late appointment; the 26 of December due to the lack of vacant bed to receive the patient. Hala’s medical status deteriorated. **Hala died on the 14 of December in the Gaza European hospital; 12 days before her appointment date.** (Source: *Palestinian Centre for Human Rights- PCHR*)
18. **Amal Abu Banat**, a 36-year-old female with cystic fibrosis, a congenital disease of the lungs. Amal was hospitalized in Kamal Edwan hospital in North Gaza on the 8 of December. The decision was made to refer the patient for treatment abroad. The referral abroad department tried to contact many hospitals to receive the patient and no hospital agreed to admit her due to the lack of vacant beds. **Amal died on the 17 of December with no response for admission in any Israeli hospital.** (Source: *Palestinian Centre for Human Rights- PCHR*)
19. **Alla’ Hirzallah**, 26 years old, male. The patient had a head trauma as a result of internal violent actions in Gaza. The patient was referred to a Jordanian hospital in June to receive the required treatment. After few months the patient’s health status deteriorated and he had to be referred to the same hospital to continue his treatment cycle. **Alla’ was denied permit to cross Erez crossing. He died on the 20 of December.** (Source: *Palestinian Centre for Human Rights- PCHR*)
20. **Yousif Abu Mariam**, a 5-year-old male patient with cancer. The patient had been issued a referral document on the 11 of October. The unavailability of vacant beds in the Israeli hospitals delayed the referral of Yousif. A delay in getting the permit to cross Erez further delayed his referral. Yousif’s health condition deteriorated. **Yousif died on the 23 of December in Shifa hospital, Gaza.** (Source: *Palestinian Centre for Human Rights- PCHR*)

21. Yehia El Jamal, a 53-year-old male patient with lung cancer. The patient had been receiving treatment in an Israeli hospital. The last visit to the hospital was in October 2007. After that he had requested the Israeli authority for a permit to continue treatment as he had received a hospital appointment for the 19 of November; however he was denied the permit. He reapplied for a permit with a new hospital appointment on the 3 of December and the permit was denied for the second time. **He had to reapply for a third time; Yehia died on the 12 of January waiting for a permit to cross Erez for further treatment.** (Source: *Palestinian Centre for Human Rights- PCHR*)

22. Shereen Abu Shawareb, a 10-year-old female with cardiac insufficiency. She was hospitalized in Gaza Pediatrics hospital; however, a decision was taken to refer her due to the lack of specialized health personnel and medical equipment needed to treat Shereen. She was referred to Ramab hospital in Hayfa and hospitalized for two weeks. After that she was discharged with a new appointment on the 1 of November. The issuance of a referral document took a longer time than expected, a process that made Shereen miss her appointment. Shereen applied for a permit to cross the Israeli Erez crossing after she was issued a referral document on the 27 of December. On the 9 of January the health DCO coordinator informed Shereen's father that her permit was ready to cross Erez on the 10 of January. On that day, Shereen escorted by her father, went to Erez crossing; however they were denied access and informed by the Israelis that they had to come back the next day. Unfortunately, Shereen's health status deteriorated and she went into a coma and was hospitalized in Gaza Pediatrics hospital on the 10 of January. The doctors in the hospital refused to refer her to the Israeli hospital on the 11 of January due to her precarious conditions, leaving the hospital could life threatening for her. **Shereen died on the 15 of January in Gaza Pediatrics hospital.** (Source: *Palestinian Centre for Human Rights- PCHR*)

23. Fatmeh Al-Ladawi, 45 years old, female. Fatmeh was mother of ten children. In September 2007 she was admitted to the Gaza European hospital, suffering from injury to her spleen, with internal bleeding. Fatmeh was referred by the Palestinian Ministry of Health to Al Takhassusi hospital in Nablus - West Bank, for surgery. In late September 2007 Fatmeh was permitted by the Israeli authorities at Erez Crossing to enter Nablus. However, the necessary care was not available there, and she was sent back home to wait for the re-referral. Fatmeh's condition deteriorated while she waited for a correct referral to a medical center, which was delayed for two and half months due to slow internal procedures and the unavailability of vacant beds. In late 2007 Fatmeh finally received a

referral to Maqassed hospital in East Jerusalem, but she was not permitted to exit Gaza due to the closing of the crossing on the scheduled day of her exit. When the crossing re-opened, Fatmeh submitted a new request for a permit to go to East Jerusalem. However, this time, the GSS (Israeli secret police) refused to allow her husband to accompany her. She was asked to submit a new request, with a different companion. Only after five days was she allowed to exit Gaza to East Jerusalem with another companion. However, in Maqassed hospital she was told again that the necessary treatment was lacking, and Fatmeh was returned to Gaza after two days. Upon her return, she was led to an interrogation chamber in a basement beneath Erez crossing, where she was interrogated by the GSS for five hours. In January 2008 Fatmeh was finally referred to Iychilof hospital in Tel Aviv. However, this time the visit of US President George Bush to the region stopped her from leaving, since Erez Crossing was closed throughout the visit. Only on the 20 of January was she informed that a permit had been issued for her, and she arrived at Erez Crossing on a wheelchair, suffering from difficulties in breathing. She was once again led to a GSS interrogation, which lasted several hours. At the end of the interrogation, and after a total delay of 10 hours, she was allowed to go to the hospital. She was admitted to the hospital in the evening, **Fatmeh died in Ichilov hospital on the 21 of January.** (Source: *Physicians for Human Rights -PHR*)

24. Amna El Madhoun, 68 years old, female. Amna was diagnosed with cancer in December 2007. A decision was taken to refer her abroad to remove the tumor. Amna received an appointment in a hospital in East Jerusalem for the 13 of February. During that time Amna's health conditions deteriorated rapidly and she was hospitalized in Shifa hospital. **Amna died on the 29 of January 2008 waiting for the required specific surgical intervention that is not available in Gaza hospitals.** (Source: *Palestinian Centre for Human Rights- PCHR*)

25. Ratiba Al Khatib, a 35-year-old female patient with cancer that was discovered in the summer of 2006. She started complaining about back and hip pains, constipation and weight loss. The Shifa hospital referred her to the Tel Hashomer hospital in Israel for evaluation and treatment of a metastatic tumor of unknown origin. Ratiba received a first cycle of chemotherapy on the 23 of October and was then dismissed from the ward in a good clinical status. She continued the treatment at the Shifa Hospital in Gaza, where she received another five cycles of chemotherapy until March 2007. In April, Ratiba was complaining of pain in her left hip. X-rays results confirmed pathological fractures (not resulting from a trauma) in the left hip. She was again referred to Tel Hashomer on the

18 of July 2007, where she underwent a replacement of her joint with a hip prosthesis. She returned to Gaza on 16 of August 2007 with a new appointment for another round of chemotherapy at Tel Hashomer on 28 of August 2007. However, she did not receive any answer to her permit applications. On 1 of November 2007, she started another round of chemotherapy at the Shifa hospital. The second cycle was planned on 21 of November in Tel Hashomer. On 20 of November as a reply to her seventh permit application, Ratiba finally received clearance from the Israeli side. The family immediately started coordinating ambulance transfer through Shifa hospital. Ratiba was by now in a wheel chair, her condition having seriously deteriorated over the last three months. Ratiba could not leave Gaza on 20 of November since Erez was closed for security reasons. Ratiba had to reapply for another permit. Ratiba's permit this time was denied. **Ratiba died on the 31 of January without having been granted a permit.** (Sources: UNRWA interview with the patient and later with the family).

26. Khadija Al-Aqed, a 65-year-old female patient with heart disease, and had a pacemaker implanted in her body in the 1990's at Beilinson hospital in Israel. In December 2007 the pacemaker stopped working and she was referred urgently to Al Urdun Hospital in Amman, Jordan for surgery. On the 21 of January the family submitted a request for an exit permit to Jordan, via Israeli-controlled Erez crossing. The Palestinian medical referrals department relayed the request to the Israeli authorities at Erez. Despite the urgency, a response was received only on the 30 of January but Khadija was denied an exit permit for "security reasons". **Khadija died on the 10 of February from cardiac arrest.** (Source: Physicians for Human Rights- PHR)

27. Fathia Abu Warda, a 53-year-old, female diagnosed with renal failure in May 2007. She was hospitalized in Shifa hospital in Gaza. The patient was prescribed kidney dialyses sessions. Fathia's conditions deteriorated as a result of the interruption in receiving the required sessions in the hospital due to the in-functionality of the dialyses machine and the shortage of the required drugs. Fathia received a referral abroad document to receive treatment in one of the Israeli hospitals and got a hospital appointment on the 9 of February. A request for permit was applied by the health DCO coordinator; however, she was denied the permit to cross the Israeli side of the Erez crossing and missed her appointment. Another request was applied for and denied again for «security reasons». **Fathia died on the 11 of February 2008.** (Source: Palestinian Centre for Human Rights- PCHR)

28. Fatmeh Mahdi, 77 years old, female. A tumor had been discovered in her neck in June 2007 at Shifa hospital in Gaza. In early July she left Gaza and underwent a series of tests at Iychilof hospital in Tel Aviv, Israel. She was told to return for surgery and commencing chemotherapy and radiotherapy in August 2007. From August she repeatedly tried to re-enter Israel for medical care without success. Despite five consecutive requests submitted to the Erez crossing, no response was received. Fatmeh's condition deteriorated. All that her doctors could do was administer painkillers. **Fatmeh's permit was finally denied; she died on the 11 of February 2008.** (Source: Physicians for Human Rights- PHR)

29. Reem El-Batsh, 34 years old, female. A mother of 6 children. The patient had brain stroke on the 11 of February 2008 and was hospitalized in Kamal Edwan hospital in North Gaza. The patient was referred to Shifa hospital for further treatment not available in Kamal Edwan hospital. A decision was taken to refer the patient to an Israeli hospital as she needed specialized treatment that is not available in Gaza hospitals. The Palestinian DCO coordinator applied for a permit on the 11 of February that was supposed to be granted within a maximum period of 24 hours given the patient's critical conditions. **Reem was announced clinically dead on the 15 of February and died on the 16 of February in Shifa hospital, she was still waiting to receive the permit to cross Erez.** (Source: Palestinian Centre for Human Rights- PCHR)

30. Abdelatheem Khader, a 59-year-old male patient with cardiac problems. The patient was hospitalized in the Intensive Care Unit (ICU) in Kamal Edwan Hospital in North Gaza. The patient received an approved referral document in December 2007 to a hospital in Egypt as he was in need of an open heart surgery. **Abdelatheem died on the 18 of February in Kamal Edwan hospital due to the closure of Rafah border crossing.** It was not possible to refer the patient through Erez crossing as the patient did not have an ID number, which is prerequisite for having an Israeli permit in addition to other documents. (Source: Palestinian Centre for Human Rights- PCHR).

31. Said Al-Aydi, 18 months old, male. Said suffered from liver malfunction. The patient was referred to an Egyptian hospital for treatment in December 2006 and stayed there for two months. The patient was supposed to receive a complementary treatment in the same hospital in Egypt in July 2007. The Rafah border was closed at that time. The patients' conditions deteriorated and he was hospitalized at the Gaza European hospital several times. **Said died on the 19 of February, while waiting for the reopening of Rafah border.** (Source: Palestinian Centre for Human Rights- PCHR)

32. **Bayyan Abu Hilu**, one year old, female. Bayyan was born in Al Bureij refugee camp in Gaza. Her parents had previously lost two other children due to a genetic liver disease at an early age. Two months after she was born, Bayyan was diagnosed with a similar genetic condition. In November 2007 she entered Israel with her parents for treatment in the hematology department in Hadassah Ein Karem hospital in West Jerusalem, and started lifesaving care. After the first stage of treatment, the doctors asked the parents to return with her as soon as possible for the continuation of care. However, when the family applied a second time for exit permits, the Palestinian medical referrals department told them that the request of the parents had been rejected by the GSS for “security reasons”, and that an alternative companion for the child must be found. Since they had missed their appointment, the family applied to PHR-Israel in January to ask for help with renewal of an appointment at the Israeli hospital. The new appointment was set for the 5 of March 2008 and Bayyan’s father applied again to the Palestinian medical referrals department to relay the request for the permit to Erez Crossing. **However, before a response was received, Bayyan died in Gaza, on the 2 of March 2008.** (Source: *Physicians for Human Rights- PHR*)

1. A Palestinian ICU ambulance transports urgent cases from the Palestinian side of Erez crossing, until the end of the tunnel that connects the Palestinian side of the crossing to the Israeli side. At the end of the tunnel, an Israeli ambulance takes the patients to hospitals in Israel and East Jerusalem.

Brief chronology of events of the last two years¹

August 2005

Israeli unilateral disengagement from the Gaza Strip.

January 2006

Elections are held for the Palestinian Legislative Council, the parliament of the Palestinian National Authority (PA). Hamas (Change and Reform) political movement wins 74 of the 132 seats.

February 2006

Ismail Haniya is nominated Prime Minister of the new Hamas-led government.

The international community, including the Quartet (USA, Russia, European Union, and United Nations) asks the future Hamas-led government to commit to non-violence, to the recognition of Israel and to the acceptance of previous agreements in order for international donors to continue providing funds to the Palestinian Authority, PA. Hamas refuses these conditions.

After the election of Hamas, Israel begins to withhold monthly tax payments to the PA, amounting to around two-thirds of the income that derives from Palestinian economic activity.

This situation also results in a diversion of direct international assistance away from key PA authorities and to NGOs or UN agencies.

March 2006

The loss of these income sources, together with the reluctance of banks to transfer funds to the PA, seriously undermines the functioning of its institutions. Full PA salaries are interrupted as of March 2006 The pharmaceutical supply and other current costs of the Ministry of Health (e.g. maintenance of hospital equipment) are severely affected by the financial crisis. The PA is the main service provider for the majority of the Palestinian population.

1. Source: OCHA, UNSCO, UNRWA, OHCHR and WHO reports

June 2006

An Israeli soldier is abducted during an attack at Karem Shalom crossing. After this, at the end of June, Israel launches the military “operation summer rain” in Gaza. One of its actions is the bombing of the electrical power plant operating in the Gaza Strip causing lack of electricity for the Gaza population.

July 2006

The Israeli-Lebanon war breaks out; it lasts until the 14 of August.

September 2006

The Palestinian Union of Public Sector Employees calls for an open-ended strike, which commences on 2 September, as a protest against the government’s failure to pay public sector employees’ salaries. The strike never really takes a hold in the Gaza Strip, where it lasts about a week. In the West Bank, however, strike action is widespread. In the health sector, the strike ends on the 10 of December.

December 2006

The period from March to December 2006 is marked by several assassinations of leaders of the Hamas and Fatah group. Tensions grow additionally between the two Palestinian factions after they fail to reach a deal to share government power.

Intense fighting continues throughout December and January 2007 in the Gaza Strip.

February 2007

Fatah and Hamas meet in the Islamic holy city of Mecca, Saudi Arabia, and reach an accord ensuring a ceasefire and a national unity government.

May - June 2007

Breakdown in the national unity government. Inter-factional fighting restarts, culminating in the Hamas conquest of the Gaza Strip on 15 June. Palestinian Authority President, Mahmoud Abbas, deposes the previous national unity government led by Hamas and nominates a new emergency government based in Ramallah, on 17 June. Hamas rejects the order and remains as the de facto power in the Gaza Strip.

After Hamas’s take over of Gaza, the Israeli government closes completely all borders with the Gaza Strip, allowing only for humanitarian aid to go through.

August 2007

On the 14 August, the Union of Medical Professions, UMP, calls for a work strike. Health workers assure services only between 8 am and 11 am. This did not extend to emergency services and was not applicable to nurses. It was estimated that approximately 70% of health professionals, including doctors, laboratory technicians and administrators complied with the request from the UMP. The strike was called by the UMP in protest to the imposition and replacement of health professionals by the respective Health Ministries in Ramallah and Gaza. The strike carried on until 17 September.

September 2007

On 19 September, the government of Israel declares the Gaza Strip a “hostile entity” and threatens to further cut fuel and electricity supplies.

Since June 2007, the Gaza Strip has been almost totally isolated from the outside world.

Following international acceptance of the new Palestinian government, the Israeli government begins releasing withheld tax revenues and the donor community boycott on the PA is lifted. But, the closure of Gaza’s main border crossings is drastically increased, Rafah crossing, which connects Gaza with Egypt, is also closed. Imported goods that can enter Gaza are reduced to just a few items, such as food and pharmaceuticals supplies.

November - December 2007

The Annapolis conference is held, marking the re-launching of the Palestinian-Israel peace talks and is followed by the Donors conference held in Paris in December

January 2008

On 18 January, following a surge in violence between the Israeli Defense Forces, IDF, and Palestinian militias, affecting civilians on both sides, Israel closes all crossing from Israel into Gaza, cutting it off from all supplies of food, medicines and fuel including humanitarian aid. The blockade, which lasts until 22 January, deprives Gaza’s power station of fuel and forces it to a complete halt. On 23 January, the border wall between Rafah and Egypt was destroyed allowing large numbers of Gazans to cross into Egypt. The border was re-sealed on the 3 of February.

February - March 2008

Between February 27 and March 3, 116 Palestinian are killed including 39 children and 350 people are injured including 75 children according to the MoH, during a large IDF operation in Northern Gaza. During the same period two Israeli soldiers and one Israeli civilian are killed and 25 injured, mainly

due to Qassam rockets and missiles fired by Palestinian militants towards Israel.

The MoH hospitals continue to work within the declared state of emergency. The provision of some health services has been reduced due to the shortage of drugs, medical supplies, lab reagents; some medical equipments are no longer functioning.

The MoH has reported that currently 85 drug items, 52 medical supply items and 24 lab reagents items are out of stock and urgently needed by MoH facilities.

What is the right to health?

The right to health is short for “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. It was first formally set out in the 1946 WHO Constitution, affirmed in the 1978 Declaration of Alma-Ata and later enshrined in the Universal Declaration of Human Rights as a component of the right to an adequate standard of living: *Everyone has the right to a standard of living adequate for the health of himself and his family, including food, clothing, housing and medical care and necessary social services.* Since then the right to health has been recognized in numerous binding international human rights treaties.

Under the UN human rights treaty system, expert committees monitor the implementation of the conventions and interpret the contents of their provisions in so-called “General Comments”. In 2000 the Committee on Economic, Social and Cultural Rights, which monitors the implementation of the International Covenant on Economic, Social and Cultural Rights, ICESCR, published its authoritative interpretation of the right to health. General Comment No 14 makes clear that the right to health does not mean that individuals have a right to be healthy – rather, the right to health contains a set of freedoms and entitlements. Freedoms include the right to control one’s health and body. On the other hand, entitlements include the right to claim a health system that provides equality of opportunity for people to enjoy the best possible standard of health.

While the precise application will depend on the conditions prevailing in every State, the right to health contains the following inter-related and essential elements:

Availability: Functioning public health-care facilities, goods and services have to be available in sufficient quantity.

Accessibility: Health-care facilities, goods and services have to be accessible to everyone without discrimination. Accessibility has at least four dimensions:

- *Non-discrimination:* Accessibility to all, especially the most vulnerable or marginalized groups.
- *Physical accessibility:* Health facilities, goods and services must be within safe reach for all, especially vulnerable or marginalized groups.
- *Economic accessibility (affordability):* Health facilities, goods and services must be affordable for all. Payment for health care services has to be based on the principle of equity.

- *Information accessibility*: It includes the right to seek, receive and impart information concerning health issues.

Acceptability: All health facilities, goods and services must be sensitive to gender and respectful of medical ethics as well as individual and community culture.

Quality: Health facilities, goods and services must be of good quality which requires for example skilled medical personnel scientifically approved and unexpired drugs and hospital equipment, safe and potable water and adequate sanitation.

As with every human right, States are under the obligation *to respect, protect and fulfill* the right to health. The obligation *to respect requires* States, for example, to refrain from denying or limiting equal access for all persons, including limiting access to health services as a punitive measure during armed conflicts. Obligations *to protect* include, for example, the duties of States to adopt legislation or to take other measures to ensure equal access to health care. Finally, the obligation *to fulfill* requires States, for example, to give sufficient recognition to the right to health in the national political and legal systems.

As a State Party that ratified the ICESCR in 1991, Israel is legally bound by its provisions including those related to the right to health. The Committee on Economic, Social and Cultural Rights (CESCR), the body supervising the implementation of the Covenant, has issued Concluding Observations on Israel on three occasions (1998, 2001 and 2003). In its Concluding Observations, the CESCR has repeatedly expressed the view that Israel's obligations under the Covenant apply to all territories and populations under its effective control. In its Advisory Opinion on the Wall, the International Court of Justice, ICJ, confirmed the applicability of the ICESCR to the oPt.

