

Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

At the request of the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva, the Director-General has the honour to transmit the attached report to the Sixtieth World Health Assembly.

ANNEX

Ministry of Health

**HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN
TERRITORY, INCLUDING EAST JERUSALEM**

Report presented to the Sixtieth World Health Assembly

May 2007

INTRODUCTION

1. Following the legislative elections in the territories of the Palestinian Authority, and since the beginning of April 2007, the occupied Palestinian territory has experienced extremely difficult economic and security conditions, causing great hardship in the lives of Palestinian citizens. The Territory has suffered from the policy of restriction, closure and aggression to an extent unprecedented in severity and duration, since the beginning of the Israeli occupation. The Israeli authorities have imposed heavy restrictions on the movement of people and goods between the two halves of the country in the West Bank and Gaza Strip, and to Israel itself. This has also hindered trade between Palestinians and the outside world, directly affecting the economy as a whole. Tax revenue collected from imports into the Palestinian territory, amounting up to US\$ 55 million each month, have been frozen and their transfer prevented. The transfer of health insurance revenue for Palestinians working inside Israel has also been reduced from US\$ 10.8 million in 1999 to US\$ 2.8 million in 2006 as a result of a ban on Palestinians working inside Israel. In addition, donor countries have interrupted direct financial assistance to the Palestinian Government, replacing it with new mechanisms that concentrate on relief works. All this has led to a serious deterioration in Palestinian civilians' living standards, and their humanitarian situation, which has become critical on account of high levels of unemployment and poverty.

2. These conditions, as a whole, have greatly effected the psychosocial and health status of Palestinian people. As a result, the Palestinian health sector, especially the Ministry of Health, has been among those most affected by this tragic situation. This is consistent with the statement made by Mr Paul Hunt, the special Rapporteur of the Council of Human Rights, during a meeting on health and human rights held by the Council on 28 March 2007. He emphasized that the health sector in the occupied Palestinian territory was facing a major disaster because of the financial blockade imposed on the Palestinians by donor countries and Israel. Health workers have not received their pay for several months, promoting long strikes and demands for their basic salaries to be paid. As a result, there have been interruptions of primary health care, closures of emergency hospital services, and the ending of the provision of medicines for patients with chronic diseases, including those suffering from cancer, blood diseases and kidney failure. The blockade has also caused environmental disasters in many parts of the Gaza Strip, the latest of which had affected many civilians in the Bedouin village of "Um el Nasr" in the northern part of the Gaza Strip which was submerged by sewage as a result of the collapse of the water evacuation system there.

3. In addition, piles of rubbish and solid waste have accumulated in city streets and villages in the Gaza Strip as a result of strikes over failure to pay the salaries of cleaning workers employed by different municipalities. These workers have not been paid for many months since the municipalities have been unable to raise revenue from the Palestinian population which is suffering from deteriorating economic conditions.

4. Mr Hunt also states that the financial blockade imposed by donor countries on the Palestinian authorities is contrary to their duties and responsibilities in defending human rights. The interruption of support to the health system leads not only to economic blockade, but hampers civilians as well and causes a health disaster affecting among others children, women and people with special needs. Never in our history have we seen an actual blockade by donor countries against patients, the weak and the elderly living under occupation.

5. Mr Hunt specified that temporary relief assistance provided by donor countries through a variety of channels other than the elected Palestinian Government cannot provide for the needs of the health sector in order to ensure basic health services for civilians. The protection of the human right to

health is a constant and important duty, especially during political crises. The donor states have failed, throughout the past year to protect the rights of patients, the weak and the elderly people in the occupied Palestinian territory. Accordingly, donor countries need urgently to provide their assistance to the Palestinian health sector through the Ministry of Health, which is responsible for this sector and which owns and administers more than 60% of health institutions in the occupied Palestinian territory.

ECONOMIC SITUATION

6. An assessment conducted by an expert committee of the Palestinian Central Bureau of Statistics, the Ministry of Finance, IMF and the World Bank shows a 71% decline in the collection of revenue by the Palestinian Government in 2006 compared with 2005, with a total of US\$ 351 million in 2006 against US\$ 1209 million in 2005. This was mainly due to Israel ceasing to transfer tax funds collected by it on behalf of the Palestinian Authority in conformity with the Paris Economic Protocol. Of these funds, estimated to amount to about US\$ 733 million in 2006, only some US\$ 69 million had been received early in 2006; i.e. before the Palestinian Government took office at the end of March 2006.

7. In conjunction with this fall in revenue, public expenditure declined. In 2006, only 44.6% of a total of about US\$ 1200 million payable to employees was paid. The decline in operational and capital expenditure was approximately 37.5%, and development expenditure declined by 75.5% in 2006 compared with 2005.

8. A report by the United Nations office for monitoring humanitarian conditions in the occupied Palestinian territory shows that the poverty rate reached 65%, the food insecurity rate reached 34% in Palestinian families, and a further 12% of Palestinian families were vulnerable to food insecurity. The report shows also that underemployment increased from 33% in 2005 to 41.8% in 2006.

9. Under the most optimistic scenario, the degradation in the economic conditions will continue in 2007 but with a potential slight improvement in comparison with 2006.

HEALTH INSURANCE

10. It should be noted that voluntary health insurance revenue decreased from US\$ 1.7 million in 1999 to US\$ 1.0 million in 2006, a decline of 29.3%. This was the result of poor economic conditions in the occupied Palestinian territory. The health insurance revenue from Palestinians working in Israel decreased also, from US\$ 10.8 million to US\$ 2.8 million, a decline of 69.7%, in the same period, due to many Palestinian workers being prevented from working in Israel.

11. For many years Israel has been withholding the health insurance revenue of Palestinian workers, and has not transferred them to the Ministry of Health, leading to a decrease in the resources of the Ministry, and affecting its ability to be self-reliant in providing basic health services.

ANNEXATION AND THE APARTHEID WALL

12. The annexation and apartheid wall are very serious acts in a series of consecutive acts aimed at fully destroying the potential to establish a viable and independent Palestinian State, able to exercise sovereignty within its territory. The Palestinian Central Bureau of Statistics conducted a survey of

Palestinian families in the localities in the West Bank through which the annexation and expansion wall passes. The findings indicate that 65.0% of Palestinian families within the localities through which the annexation and expansion wall passes face obstacles in accessing health services owing to their separation from medical services (hospitals and health centres) existing in towns, compared with 39.4% of families living outside the annexation and expansion wall. A total of 63.3% of the Palestinian families living within the area enclosed by the wall and 36.3% of the families living outside it faced difficulties because of the inability of medical staff to reach them. The survey findings relating to constraints hindering the movement and mobility of some members of families living within the wall area indicate also that due to the wall 82.9% of Palestinian families face constraints hindering their movement and requiring more time to cross barriers.

13. A report by the United Nations office for monitoring humanitarian conditions in the occupied Palestinian territory affirmed that the number of checkpoints and internal barriers in the West Bank increased by 40%, and that more than half the apartheid wall, whose length is 703 km, has been constructed.

14. The Jenin, Tulkarem, Qalqiliya, Salfit, Jerusalem and Bethlehem governorates are particularly affected by the wall passing through their territories, as the Israeli occupying authorities have confiscated thousands of dunums of land and demolished thousands of houses in the areas that the wall passes through.

15. This takes place despite the fact that the International Court of Justice in The Hague decided, on 9 July 2004, by 14 votes to one, that the separation wall being constructed by Israel on the occupied Palestinian territory contravenes international law and called on Israel to cease its construction, to demolish the already constructed sections, and to compensate all affected residents, including in and around east Jerusalem. The Court called on all States not to recognize the illegal situation arising from the construction of the wall. It also called on the United Nations and the Security Council to consider any further action required to bring an end to the illegal situation of the wall.

ISRAELI POLICY AT THE PALESTINIAN CROSSINGS

16. Israel still has control over the airspace, territorial waters and crossings leading to the occupied Palestinian territory and over the movement of persons from and to the Gaza Strip. According to international law, Israel remains an occupying power as long as it has control over the crossings. This represents a violation of international humanitarian law, and shall neither end nor change the legal situation of the Gaza Strip.

17. The Gaza Strip is still suffering from the consequences of the large-scale military campaign launched there by the Israeli occupying forces in the summer of 2006, during which they closed the crossings leading to the Gaza Strip, and deprived its population of basic necessities, humanitarian assistance and the raw materials necessary for the reconstruction of the infrastructure destroyed by the Israeli army. Humanitarian organizations warn of a serious humanitarian disaster in the Gaza Strip, and consider the Israeli measures as a collective punishment of the Palestinians. They also state that this blockade, together with these constraints, will result in a remarkable increase in unemployment and poverty rates, and will impede the development of economic projects and the reconstruction of infrastructure.

18. According to a report by the United Nations Office for the Coordination of Humanitarian Affairs, published in March 2006, the Rafah crossing between the Gaza Strip and Egypt was entirely

closed for 158 working days (43%) in 2006, and was only opened partially during the rest of the year. This did not allow businessmen and patients needing treatment and medical tests abroad to pass through the crossing regularly. Although the Israeli authorities closed the Al-muntar “Karni” trade crossing, for only 89 working days (29%) in 2006, they closed it for 67% of the scheduled working hours, compared with 18% of working days in 2005 and 19% of working days in 2004. Only 40% of trucks with goods for export are able to pass, owing to intentionally slow operational procedures or the sudden closure of the crossing by the Israeli authorities.

19. The Beit Hanoun “Eretz” crossing, devoted to the movement of individuals, was also entirely closed for 207 days (57% of working days) in 2006, and during the rest of the year was partially open to patients, humanitarian cases, and some merchants holding special permits issued under an advance coordination arrangement with the Israeli authorities.

MILITARY BARRIERS AND CHECKPOINTS IN THE WEST BANK

20. The Israeli occupying forces present at military barriers and checkpoints at entrances to the Palestinian villages and towns are maintaining a tragic situation. The Israeli authorities have intensified their military barriers in the West Bank in a provocative manner. These barriers split the West Bank into small cantons and prevent Palestinians from reaching the main roads, which are accessible only to Israeli settlers to reach their settlements constructed on the occupied Palestinian territory. These barriers also play a major role in separating towns and villages from each other, trisecting the Palestinian territories and precluding contact between their populations. Moreover, they cause huge suffering for Palestinian civilians, which is intensified by the Israeli soldiers’ continued and intentional practices and provocations. The World Bank has affirmed that the Israeli barriers are suffocating the besieged Palestinian economy.

21. A report by the United Nations office for monitoring humanitarian conditions in the occupied Palestinian territory estimates that the number of military checkpoints and internal barriers in the West Bank was 547 in 2006, and that the number of these barriers increased by 40%, compared with 2005.

22. In addition, the Israeli occupying forces are undertaking the construction of about 150 mobile barriers, unexpectedly put in place every week, preventing the Palestinians from organizing their daily life.

23. Patients are affected by the barriers through:

- closure of barriers for successive days during Jewish holidays and security cordon days, which puts the life of patients at stake
- delays affecting patients at barriers, putting their life at stake and exacerbating their condition
- patients sometimes being compelled to leave buses or cars and walk while they are in a critical state of health, unable to walk, or prohibited from walking, thus aggravating their condition
- patients have sometimes to bear their illness and renounce treatment because of the burden of complex procedures, long delays at barriers, and the cost arising therefrom

- there are urgent health conditions that cannot tolerate any delay at barriers, which puts patients at risk.

ENVIRONMENTAL SITUATION

24. The practices of the occupying authorities have dramatically damaged the Palestinian environment and contributed to the alteration of its features. The confiscation of land in order to build settlements, industrial zones, bypass roads, earth barriers, checkpoints, and the apartheid wall has resulted in a lack of geographical integrity of areas under Palestinian control in the West Bank, negatively affecting the realization of sustainable development and sound environmental management.

25. Control over water resources and the pollution resulting from hazardous Israeli industrial waste and dumping of hazardous waste in the Palestinian territories have aggravated environmental degradation. An example of Israeli practices in this regard is the detection of approximately 250 barrels of hazardous chemical waste dumped in Um al Tut village in Jenin governorate. This waste was produced by a coatings and paint factory in Gannim settlement, most of it dangerous and inflammable chemicals. Dumped waste was also found in Qalqiliya, Azzoun, Jayyous, and Tulkarem areas in the northern West Bank. The Palestinian Environmental Quality Authority has detected more than 50 sites in the West Bank where toxic and dangerous waste has been dumped by the Israelis. All these practices represent violations of the environmental human rights of the Palestinians.

26. The collapse of an earth dam in the wastewater basins in Um al Nasr village in the northern Gaza Strip on 27 March was not a mere incident, as it resulted in at least five deaths, 11 missing persons, and 25 injured. More than 100 houses were totally destroyed and 250 partly destroyed as a result of the flooding of this village by wastewater. The village and the neighbouring areas are exposed to risks, such as wastewater seeping into groundwater and polluting it, with nitrate concentration as high as 500 mg/litre, a level 10 times higher than that recommended by WHO; as a result, citizens in general, and children in particular, will suffer kidney failure.

27. The implications and consequences of this incident will not be limited to the pollution of groundwater and drinking-water, but will also result in unpleasant odours and the proliferation of harmful insects that will significantly contribute to outbreaks of dangerous diseases, such as cholera, and other epidemics among the Palestinians residing in the immediate and neighbouring areas.

28. The State of Israel is the first to bear responsibility for this serious environmental and humanitarian disaster; consequently, it must compensate civilians for the harm it has caused, and repair the damage done, on the following grounds:

- (1) The rejection by the Israeli occupying forces of the implementation of a project for an overflow pipe, developed five years ago by the Palestinian Water Authority, to reduce the burden on those basins.
- (2) The continuous Israeli bombing of this area, and the shelling of sewage reservoirs, which disturbed the earth walls protecting these reservoirs and led to their collapse.
- (3) Israel's prevention of the implementation of the project for sewage disposal in the sea in northern Gaza.

HEALTH SITUATION

29. A survey by the Palestinian Central Bureau of Statistics in December 2006 pointed out the following:

- 2% of households lack access to safe water (31.5% at Deir Al-Balah)
- the number of women receiving post-partum health care has decreased by 12% during the past two years
- 10% of the population are suffering from at least one chronic disease (i.e. a 31% increase compared with 2005)
- 34.1% of women received at least one dose of tetanus vaccine during their last pregnancy
- 2.8% of births occurred at home as against 0.6% births on the way to hospital or at Israeli military checkpoints
- 1.4% of children were suffering from mild or severe marasmus and 2.9% of them were mildly or severely underweight
- 94.5% of children aged 2-14 years suffered mental or corporal punishment at the hands of their parents or other members of their family
- 14.8% of elderly people (60 years of age and more) were suffering from at least one disability, 15.5% of them were regular smokers and 64.5% of them were suffering from at least one chronic disease.

30. Epidemiology reports by the Ministry of Health and a report on monitoring health conditions by the WHO office in the occupied Palestinian territory noted the following:

- the spread of mumps among 2–4 year-old children, 9–18 year-old adolescents and young adults aged 18–30 years during the period from August to October 2006 in parts of the Gaza Strip, especially the Rafah region
- a sharp increase in anaemia rates in under-five year-old children (50% in the West Bank and 70% in the Gaza Strip)
- an increase in anaemia rates in pregnant women reaching 27% in the West Bank and 35% in the Gaza Strip
- an increase in diarrhoea episodes among infants and children under five years of age; 11.7% of them were suffering from severe diarrhoea and 14.1% from respiratory infections.

MENTAL HEALTH

31. It is of paramount importance to point out the negative impact of the current political and social situation on the mental health of the Palestinian people. Reports by the Ministry of Health have shown that the number of visits to Ministry of Health community health clinics reached a staggering total

of 89 285. The number of patients suffering from mental disorders and who were referred to mental health clinics in 2005 rose by 103% compared to 2000. In 2006, 226 new cases of mental disorders and diseases were reported (i.e. a rate of 62.2 per 100 000 population) compared with 956 cases in 2000 (i.e. 30.3 per 100 000). This increase is due to the current political and economic situation and to Israeli aggression against the Palestinian people.

32. Many Palestinian civilians are suffering from post-traumatic disorders, anxiety, fear and night panic. Some of them are experiencing mental disorders. Children suffer from bed-wetting, dyslexia and cognitive impairment. Reports have described the severe shock, depression, wrath and refusal experienced by worshippers and staff of Al-Nasr mosque in the aftermath of the demolition by the Israeli occupation forces of that historical house of worship at Beit Hanoun when they invaded that township in November 2006. The mental health consequences suffered by Palestinian society at large may be summarized as follows:

1. sleep disorders especially among the homeless whose homes have been demolished
2. anorexia
3. irritability, excessive response to stimuli and fretfulness
4. somatic disorders (i.e. headaches, dizziness and vomiting), respiratory distress, profuse perspiration and tachycardia
5. memory, attention and concentration disorders
6. excretion disorders, especially enuresis in children
7. depression and severe sadness
8. mental disorders
9. child speech disorders.

LEISHMANIASIS

33. New cases of leishmaniasis have been reported in recent years in Palestinian populations living near bypass roads built by Israeli occupation forces in Jenin, Nablus, Tulkarem, Silfit and Bethlehem provinces. Several major foci of hyraxes, the natural reservoir of leishmaniasis, have been identified on the shoulders of those bypass roads stretching hundreds of metres into parts of the West Bank, where pebbles and big rocks resulting from road destruction and the construction of the apartheid wall provide hyraxes with an ideal refuge. A new focus of cutaneous leishmaniasis has been discovered in Jerusalem province, where the construction of the apartheid wall, the building of bypass roads and the establishment of new settlements in the area has led to the destruction of the natural environment of hyraxes, and compelled them to leave that environment for inhabited areas in Al-Azeiria township near Jerusalem.

34. Health teams are experiencing huge difficulties in accessing and moving to areas infested by sandflies in order to control them; this is particularly true of the Ghor area, where this pest, which is responsible for transmitting leishmania to man, thrives. A notable increase in cutaneous leishmaniasis

infections has been registered in areas where health teams were not allowed to enter by Israeli authorities. Insufficient control measures have led to the spread of leishmaniasis in the West Bank.

AVIAN INFLUENZA

35. Certain areas in the south, centre and north of the Gaza Strip have been affected by avian influenza. Eight foci among poultry were identified in March 2006. Because of the lack of veterinary laboratories capable of diagnosing infections with the virus, the Ministry of Health sent samples from suspect birds to Israeli veterinary laboratories for diagnosis. Palestinians had to face long waits ranging between two and four hours at the Beit Hanoun crossing (Eretz) for the results. They had been subjected to strict and complex security measures and frisked before delivering the samples to the Israelis. The Israelis were late in delivering the results of laboratory screening tests. Moreover the results were delivered verbally and not documented, causing uncertainty and fear among Palestinian poultry farmers. Despite numerous coordination meetings between Israeli and Palestinian experts, we were not properly notified of the magnitude of the epidemic inside Israel, especially in areas bordering Palestinian regions, to allow us to take the necessary preventive measures. The Israelis often requested the competent Palestinian agencies to take preventive action in the Jerusalem suburbs without providing them with logistic assistance. It is well known that the Palestinians lack the means to initiate those measures. The closure of border crossings and Israeli security measures have restricted the movement of Palestinian experts, preventing them from participating in international conferences on this epidemic.

36. The deterioration of the economic situation of the Palestinian Authority, its lack of cash due to the financial blockade imposed by Israel and the refusal of Israel to transfer Palestinian tax revenues have meant that the Authority is unable to pay the compensation due to poultry farmers affected by the virus. Had it not been for the donation given by the Russian Federation, the Palestinian Authority would have been unable to pay compensation, to contain this dangerous virus, control the epidemic and prevent it from spreading to humans not only in the occupied Palestinian territory but also in other neighbouring countries in the region. Consequently, supporting veterinary public health services in the occupied Palestinian territory and providing a public health laboratory capable of diagnosing the virus in humans and animals with the necessary equipment is an important and major step that should be taken to protect human health against zoonoses and new and resurgent communicable diseases.

TREATMENT ABROAD

37. The Palestinian Ministry of Health refers patients who cannot be treated in its hospitals to specialized centres inside the occupied Palestinian territory or in Egypt, Jordan and Israel through the Beit Hanoun or Eretz crossing. The Gaza Strip population experiences considerable hardships to pass through that crossing; patients are often prevented from crossing into the West Bank and Israel to seek treatment.

38. In a report by the WHO office in the occupied Palestinian territory, 3% to 23.7% of Palestinian patients had been prevented from passing through the Eretz crossing in the period from January to July 2006 to receive treatment in Israeli hospitals. The crossing was totally unavailable for patients and travellers in July 2006 and operated only partially for the remainder of the year. A report by the Ministry of Health on first aid and emergency services showed the negative effect of the continuous closures of the border crossings in the Gaza Strip on the health situation. In 2006, the Ministry of Health negotiated with the Israelis to allow 3307 Palestinian patients to be treated in Israeli hospitals

through the Beit Hanoun crossing; however, the occupation forces prevented 1248 of them (38% of the total number of patients) from crossing into Israel to be treated in its hospitals.

39. It should be noted that during 2006 only six urgent and normal cases were allowed each day to enter Israel from the Gaza Strip to seek treatment in hospitals. Arbitrary Israeli measures included preventing all female Palestinian patients under 35 years of age and all male patients under 30 from going through the Beit Hanoun crossing in order to seek treatment either in West Bank or Israeli hospitals.

40. The Israeli authorities charged Palestinian patients exorbitant sums of money, amounting to US\$ 500 per patient, to allow them to be transferred by Israeli ambulances from the Beit Hanoun crossing to Israeli hospitals, thus preventing Palestinian ambulances from offering this service to Palestinian patients.

41. It is to be noted that Palestinian patients referred for treatment or diagnosis at Israeli hospitals are supported by the Palestinian Ministry of Health and partially through their contribution to the Palestinian health security scheme. The Israeli authorities deduct the fees charged by Israeli hospitals to Palestinian patients from Palestinian tax revenues without referring the matter to the competent Palestinian authorities.

42. The lives of thousands of Palestinians leaving or returning to their home country, many of them elderly people, children and women, are jeopardized daily, especially when they have completed treatment or undergone major surgery. They usually stand in interminable queues for days on end at crossings in stressful conditions that lead to the worsening of their health and sometimes to their death. Since the Al-Aqsa intifada, the Palestinian Health Information Centre has registered the death of 22 patients at the Rafah border crossing after having received treatment in Egyptian and Jordanian hospitals; six deaths have occurred since 2006 and two deaths have been recorded because of the closure of the Beit Hanoun (Eretz) crossing, which prevented emergency cases from entering Israel or the West Bank.

THE JERUSALEM HOSPITALS

43. The Jerusalem hospitals are referral institutions that provide tertiary services to Palestinian patients as well as training for Palestinian medical and health staff in the occupied Palestinian territory. There are nine hospitals (six public and three private) in the Jerusalem area with 608 bed capacity. Patients referred to those hospitals from villages in Jerusalem, the West Bank and the Gaza Strip have difficulty getting to them on time, owing to the multitude of Israeli military checkpoints and because of the dividing apartheid fence that strangles Jerusalem, with harmful consequences for their health. On their way home, patients are often subjected to humiliation, torment and suffering because of the numerous checkpoints set up by Israeli forces. Medical staff who live outside Jerusalem experience untold hardships to reach their workplaces.

44. The Israeli authorities have prevented about 48% of patients in the Gaza Strip needing therapeutic and diagnostic services in the West Bank or Jerusalem hospitals from reaching them. Only 624 patients were referred to them in 2006 compared to 1206 in 2005; 18% of patients from the West Bank were denied access to the Jerusalem hospitals for treatment; only 5682 patients were allowed access in 2006 in comparison with 6917 in 2005.

45. The Israelis prevented patients from reaching the Al Maqasid Hospital, which is the foremost referral and training hospital in the occupied Palestinian territory, and from reaching the Saint John Eye Hospital, the Al Matalaa Hospital for cancer diagnosis and treatment, the Ramallah Hospital for heart catheterization, the Arab Medical Foundation for cancer radiation therapy services, and the Rafidia Hospital which provides cardiac catheterization services, unavailable at hospitals in the Gaza Strip, to children.

46. The Israeli occupation forces decided to prevent medicines produced or stocked in the West Bank and Gaza Strip from reaching the Jerusalem hospitals, thus preventing the supply of medicines provided to those hospitals by nongovernmental organizations such as Care International and impairing the capacity of the Jerusalem hospitals to provide patients with affordable health care and increasingly isolating Jerusalem from its Palestinian environment.

HEALTH SITUATION IN HEBRON (AL-KHALIL)

47. The life of the Palestinian population living inside the old township of Al-Khalil (Hebron) has come to a standstill, owing to the frequent attacks perpetrated against them both by Jewish settlers and the Israeli occupation troops. Hebron is second only to Jerusalem in terms of Judaization and land confiscation for the benefit of Israeli settlers. Israeli expansion is centred around the core of the old town where Abraham's tomb is situated and the northern part where the Kiryat Arbaa settlement is located.

48. Hebron is also encircled by tens of additional Jewish settlements. The number of Israeli settlers living in the old town is estimated at 600 including Haredim students, whereas the Palestinian population living in Hebron and its vicinity number more than 160 000.

49. The settlers, protected by heavily armed Israeli troops, often obstruct the Palestinian locals and heap abuse on them, inflicting on them tremendous suffering and torture, by beating, killing and abusing them, pelting their homes with rocks and stones, breaking solar energy panels on house roofs and throwing refuse and garbage into their homes.

50. The Israeli occupation forces closed Al-Shalala/Al Shulnada Street that links Hebron to the surrounding areas and villages. The closure compelled the Palestinian population to make a 25-kilometre detour instead of a seven-kilometre journey to reach the downtown area, thus making it more difficult for them to access vital health centres.

MEDICAL AND HEALTH EDUCATION AND TRAINING

51. The huge number of Palestinian patients referred to neighbouring countries to receive specialized treatment is in itself an indicator of the low quality of medical diagnostic and therapeutic services in the occupied Palestinian territory attributable to the limited training and medical and health education opportunities available to Palestinian doctors as a result of security measures applied by the Israeli occupation authorities at different crossings.

52. Young doctors, especially, are often prevented from travelling abroad on security pretexts. Moreover, Israel has always hampered Palestinian doctors from attending its hospitals to receive specialized training; it should be noted that the long-lasting and continuous Israeli occupation of

Palestinian territory is alone responsible for the poor quality specialized medical services provided in the West Bank and the Gaza Strip.

THE STRIKE BY MINISTRY OF HEALTH PERSONNEL

53. WHO, UNICEF and the UNFPA have expressed their concern at the deterioration in the health conditions in the occupied Palestinian territory due to the strike staged by public servants, including teachers and especially health workers of the Ministry of Health. The strike has been running since 17 February 2007 because of the economic blockade and Israel's refusal to transfer tax revenue to the Palestinian Authority.

54. According to these international organizations, the strike interrupted the provision of medical and health services between September and November 2006, and has further complicated the deteriorating health and humanitarian situation arising from the difficult financial situation and the frequent Israeli closures. The strike resumed on 17 February 2007 and its scope has even extended since 21 March 2007.

55. The strike has led to:

- interruption of the distribution of medicines, medical supplies, laboratory material and vaccines and their transfer from the warehouses of the Ministry of Health to primary health care centres and government hospitals;
- a sharp reduction in the number of patients receiving treatment at primary health care centres and outpatient clinics in hospitals and in the number of admissions into hospital, compelling patients to seek treatment in private hospitals despite their being destitute;
- delays in the distribution of vaccines, causing further delays in child immunization schedules in accordance with the consolidated Palestinian Immunization Programme, which might affect immunization levels among the children and thus expose them anew to communicable diseases that used to be successfully prevented. The current situation needs to be immediately studied in order to determine immunization levels in children under the prevailing arduous conditions;
- delays in the maintenance and repair of medical equipment used for treatment and diagnosis.

MEDICINES

56. WHO, through its office in the occupied Palestinian territory, has monitored the stockpiles of medicines in the Ministry of Health's warehouses and hospitals. It has pointed out that the Ministry of Health has been experiencing acute and continuous shortages of essential medicines since March 2006 and which persists at the time of writing (April 2007). In March 2006, a total of 53 medicines was out of stock and the number rose to 137 in July 2006, representing, respectively, 13% and 33% of the total number of medicines used by the Ministry of Health on the basis of the List of Essential Medicines, which contains, in normal circumstances, 416 medicines. On 22 January 2007, there were 70 medicines whose stocks were sufficient only for one month in the Gaza Strip and 80 medicines in the West Bank. Some 101 medicines, especially antibiotics and drugs for kidney and cancer patients, were totally lacking. There was an acute shortage of medicines for chronic diseases and cancer,

rehydration salts, anti-inflammatory drugs, medicines for kidney failure, surgical supplies, nutrition kits, antibiotics and medicines for patients with mental disorders.

57. It is important to mention that three major hospitals in the West Bank – the Thabet Thabet Hospital in Tulkarem, the Beit Jala in Ramallah, and the National Hospital in Nablus, where cancer and blood patients are treated – have declared that they had none of the medicines needed by their patients during the period from December 2006 to January 2007. Only eight out of the 11 hospitals surveyed during January 2007 said that they had received an infinitesimal number of their much-needed medicines, while many of the essential medicines patients needed were lacking.

EQUIPMENT FOR MEDICAL TREATMENT AND DIAGNOSIS

58. A report by the WHO office in the occupied Palestinian territory has indicated that 60% of the hospitals surveyed during December 2006 reported that a sizeable number of their medical therapeutic and diagnostic equipment and devices were out of order. Many oxygen condensation devices were out of order in two out of 11 hospitals. Indeed, the situation is so desperate in the occupied Palestinian territory that three out of the four tomography devices operating in hospitals in the Gaza Strip break down from time to time for lack of the necessary spare parts and the difficulty experienced by technicians in reaching the hospitals to maintain the equipment.

CASUALTIES AND INJURIES

59. The Israeli occupation forces have continued their aggression against the population living in the areas ruled by the Palestinian Authority, repeatedly invading towns, villages and Palestinian refugee camps and perpetuating heinous slaughters in them. Records of Palestinian hospitals indicate that the number of martyrs, injured and maimed, admitted to hospital amounts to 4776 dead and 60 062 injured from October 2000 to 7 April 2007.

60. This staggering number of casualties is an indication of the enormous burden on Palestinian hospitals in general, and the hospitals of the Ministry of Health in particular, where the number of cases admitted to emergency services has risen by 120% and the number of transfused blood units has risen by 150% compared with 2000.

TARGETING PEACEFUL FAMILIES

61. During the summer of 2006, the Israeli occupation forces intensified their military activities by targeting peaceful families, especially in the Gaza Strip. On 9 June six Palestinian families were decimated when Israeli warships machine-gunned bathers on the beach in the north of the Gaza Strip killing seven persons from one family and injuring 31 persons. In July 2006, 15 families were targeted in their homes or private cars, with a toll of 28 dead and 61 injured. Here are a few cases of Israeli crimes perpetrated against unarmed and peaceful families:

- the Al-Attar family: Israeli tanks shelled the area around the American School in the north of the Gaza Strip, killing a woman and her grandson who were riding a donkey cart on their way home from their farm in the vicinity;

- the Al Abou Sleima family: nine members of the same family including the parents and seven children were killed;
- the Harara family: Israeli tanks launched two missiles against the home of citizen Hamdi Harara, killing a mother and her three children;
- the Younis family: death of a citizen and eight members of his family including three children (five months – four years);
- the Abu Amra family: 11 members of this family were injured including six children (three months – 10 years);
- the Al-Hajjaj family: death of the mother and two of her children, with other members sustaining serious injuries;
- many other families were targeted during 2006, including the Al-Natur family, resulting in the death of two children, and the injury of the mother and two other children. On 8 November 2006, Israeli artillery launched tens of missiles at the houses of sleeping citizens in Beit Hanoun, killing 18 persons and injuring 42 others; 17 out of the 18 killed persons were from the Al Athamna family, and 27 were injured in the same family. It should be noted that 40% of martyrs were children aged 18 and under.

62. All these practices indicate that the Israeli war machine makes no distinction between adults and children, or men and women. Anyone constitutes a target and the Israeli army's terror is indiscriminate and most devastating against unarmed civilians.

ISRAELI INCURSIONS

63. In 2006, Palestinian territory was repeatedly invaded and shelled. The Israeli occupation forces have demolished homes and imposed strangling curfews on civilians. On the West Bank, incursions were daily occurrences that affected all Palestinian camps, villages and towns. The areas invaded have witnessed the same scenarios each time: a flurry of helicopter activity and drones and the arrival of a great number of motorized troops and tanks amidst intense fire. In 2006, Israeli incursions have largely focused on Nablus, Jenin, Ramallah, Tulkarem and Dalquiliya on the West Bank. However the Gaza Strip, especially its northern part, has had more than its share in this respect, but the southern part was not exempt from incursions either.

BEIT HANOUN: A TELLING EXAMPLE

64. The events in Beit Hanoun on 1 November 2006 illustrate the barbarity of the Israeli occupation forces, which conducted an incursion into this township in northern Gaza. The incursion continued for eight days on end, during which they killed 85 persons and maimed more than 275 in various parts of the Gaza Strip. Israeli forces besieged the Beit Hanoun Martyrs Hospital, levelled its southern wall and opened fire on the hospital itself and its medical staff. They prevented the hospital ambulances from transporting the injured and from taking them to other hospitals. Israeli aircraft strafed an ambulance killing one ambulanceman and injuring another.

65. On Friday, 3 November 2006, the occupation forces opened fire on a group of women going to the Beit Hanoun mosque which had been besieged by Israeli tanks, trapping dozens of worshippers inside. Two women were killed and a number of children and women were injured. The Israelis subsequently demolished the mosque levelling it to the ground. The mosque is an historic monument, built more than 850 years ago.

66. The Israeli aggression caused extensive damage to all UNRWA schools and clinics in the area.

ISRAELI ASSAULTS ON HEALTH INSTITUTIONS AND TEAMS

67. During this period, the Israeli occupation forces have targeted ambulances and medical crews. Casualties among health-sector personnel included 38 doctors, nurses and ambulancemen; 471 others were injured and 2179 ambulances were prevented from reaching the injured and sick to save them and transport them to health centres and hospitals, resulting in the death of 142 of them. Thirty-eight ambulances were entirely destroyed, and 140 partially damaged. Some hospitals and medical centres were shelled, invaded or ransacked by Israeli troops causing extensive damage to buildings. During the same period 388 assaults were registered against health institutions.

BIRTHS AND DEATHS OF FETUSES AT ISRAELI MILITARY CHECKPOINTS

68. The presence of Israeli occupation forces at checkpoints at the entrance to Palestinian towns and villages are responsible each day for tragic events that compound the sufferings of the Palestinian population. These events have been documented by the Palestinian Health Information Centre: 69 pregnant women have been compelled to give birth at the checkpoints in public and with the full knowledge of the Israeli occupation forces, who have blatantly ignored the cries of the women beseeching them to let them reach maternity clinics to receive the necessary care; as a result 35 fetuses and five women died.

DEATH OF PATIENTS AT ISRAELI MILITARY CHECKPOINTS

69. As a result of Israeli closures, checkpoints, obstacles, settlements, by-pass roads and the apartheid wall, travel, including that of ambulances, is often halted for hours on end by Israeli troops. As of 7 April 2007, 142 patients were known to have died at military checkpoints because Israeli troops prevented ambulances from transporting the critically sick and injured to hospital.

PRISONERS AND DETAINEES IN ISRAELI JAILS

70. According to the Palestinian Ministry of Prisoners' Affairs, during the period from 1967 to March 2007 the Israeli occupation forces detained more than 800 000 Palestinian citizens. During the Al-Aqsa intifada, more than 45 000 Palestinians were detained. More than 11 000 of them are still confined in some 30 Israeli prisons and detention centres; 187 detainees have spent more than 15 years in Israeli jails; eight of them have been jailed for more than 25 years.

71. Since the beginning of 2006, Israel has detained more than 5671 Palestinians, 246 of them from the Gaza Strip, in comparison with 3495 in 2005, in addition to hundreds of citizens and students who were often detained for hours on end or even days at barriers, checkpoints and detention centres.

72. The prisoners include more than 1200 people suffering from chronic diseases, including spinal disorders, dyspnoea and asthma, due to lack of space in Israeli cells and prisons. Those prisoners suffer from lack of medical care and the necessary medicines, and from malnutrition, and poor ventilation and lighting.

73. Since 1967, 186 prisoners have died under torture or from lack of medical care; 75 of them were killed after detention; 69 died from torture in Israeli interrogation and prison vaults; 42 of them died from medical negligence and lack of care.

74. In the period from 1967 to the beginning of the Al-Aqsa intifada (28 September 2000), casualties among prisoners amounted to 123 martyrs (i.e. 67.2% of all martyrs); 63 detainees died during the intifada, 50 of them having been killed in cold blood and liquidated after their capture.

75. The number of Palestinian women imprisoned in Israeli jails has risen to 10 000 since 1967; 600 of them were jailed during the Al-Aqsa intifada and 118 of them are still held prisoner representing 1.1% of the total number of prisoners. Eighteen women were jailed in 2005, five of them under 18 years of age.

TARGETING PALESTINIAN CHILDREN

76. During the Al-Aqsa intifada, some 900 children were killed (19% of the total number of casualties). The rights of Palestinian children have been frequently flouted. Many of them have suffered violence at the hands of Israeli forces, and thousands of them have been put into Israeli prisons and detention centres. The year 2006 was the hardest for Palestinian children; at least 2000 boys and girls were detailed. Since the beginning of the intifada, Israel has detained some 6000 children, 389 of whom, aged 13 to 18, remain in jail.

77. Three women gave birth in prison. More than 4000 children have been captured since the beginning of the Al-Aqsa intifada and 344 of them, representing 3.1% of the total number of prisoners, are still held captive. Many of those children have been subjected to torture, humiliation and inhumane treatment since the day of their arrest.

TARGETING PEOPLE WITH SPECIAL NEEDS

78. Since the beginning of the Al-Aqsa intifada, the occupation forces have killed 76 disabled persons (26 in the West Bank and 50 in the Gaza Strip), with total disregard for the rules of international human rights law that requires them to protect civilians, and especially the disabled, because of their special condition and their limited capacities. Among the disabled were 33 mentally disabled persons, four with hearing impairments, 11 with motor disabilities, 12 with double disabilities, one with visual impairment, three with speech impairments and 12 who were mentally disturbed.

USING CIVILIANS AS HUMAN SHIELDS

79. Israeli troops use Palestinian civilians as “human shields” when they invade Palestinian territories, in violation of the Geneva Convention which outlaws the use of the local population in war operations. The Israeli Information Centre on Human Rights in the occupied Palestinian territory, Betzelem, has documented the methods used by Israeli soldiers in this respect: randomly capturing a Palestinian and placing him in front of them to protect themselves with his body and use him for dangerous military missions. The techniques used by soldiers include:

- compelling human shields to enter buildings to check if they have been booby-trapped, or to evacuate their residents;
- removing suspect objects from streets and roads;
- forcing people to remain standing inside houses transformed into barracks by Israeli soldiers to protect them from Palestinian fire;
- forcing Palestinians to walk in front of Israeli troops to protect them against hostile fire with guns pointed at the backs of the human shields; Israeli troops often open fire from behind those held captive.

80. It should be noted that the use of human shields is not an initiative of individual troops but a policy decided at the highest echelons of the Israeli military.

USE OF HUMAN SHIELDS: EXAMPLES DOCUMENT BY THE BETZELEM ORGANIZATION

- August 2002 – Nidal Abu Muhsin died when forced by Israeli troops to walk in front of them to protect them;
- on 17 July 2006, in Beit Hanoun, Israeli soldiers took over two buildings and used six persons, including two children, as human shields for 12 hours during which there was an intense exchange of fire;
- near dawn on 25 February 2007, in Nablus, Israeli soldiers ordered Amid Ameira, aged 15 years, to accompany them on their tour of inspection of three houses in the neighbourhood where he was living;
- Israeli soldiers used his cousin Samih Ameira, aged 27, likewise. Part of this incident has been documented by AP News cameramen and widely broadcast. Citizen Ameira was forced to enter each room in his home with Israeli soldiers behind him. The soldiers opened fire into each room;
- on 28 February 2007, in the same area of Nablus, soldiers took over the house of the Daadouch family; during the night they forced Jihan Daadouch, an 11-year-old girl, to lead them to a neighbouring house; they forced her to open the house door and enter before them. The soldiers then returned the girl to her home.

81. The details described in statements by witnesses, namely, firing into rooms, as witnessed by Amid and Samih Ameira, illustrate that the Israeli soldiers feared that the houses they ransacked were hideouts of armed Palestinians or that they contained explosives. Thus the tasks that the two children and the adult in question were forced to perform on the instructions of the soldiers were clearly life-threatening and the soldiers were aware of the danger.

UNETHICAL PRACTICES: EXAMPLES

82. Palestinian civilians have been systematically subjected to humiliation and have often been victims of unethical practices. Cases in this respect include the following:

- Citizen Ali Azyad: on 14 February 2007, at Zaitun crossing, Israeli soldiers forced this person, the owner of the Cliff Hotel and a member of the Abu Dis Municipal Council, to undress and sit down on a soiled and wet chair on the public square in front of the crossing. They subjected him to all sorts of humiliations and provocations for an hour
- Citizen Nasser Daana: on 27 February 2005, occupation soldiers forced Citizen Nasser Daana to undress under the pretext of frisking him. Meanwhile, a number of children and women were frisked, detained and attached to walls
- Citizen Said Assi: on 6 March 2004, at the Betunia checkpoint, near Ramallah, Israeli soldiers forced this person to remain naked in front of a host of Palestinian citizens. He was arrested while driving his car on his way to Beit Liqya, his village. The soldiers ordered him to undress and discard all his clothes, and unload all the fruit and vegetables from his car and throw them onto the road. The incident lasted for hours, in breach of all ethical considerations and human rights laws. Meanwhile, citizens were prevented from entering or leaving Ramallah.

ISRAELI WEAPONS

83. During 2006, Israeli troops have used disproportionate force against Palestinian civilians. Many civilians died (62%) and were injured (33.9%) when they were hit by shrapnel from missiles and rockets. A total of 32.8% of casualties and 16.5% of injuries were caused by live bullets, while 10 Palestinians were killed and 364 injured (11.8%) after being hit by rubber bullets fired by Israeli troops. A total of 37.9% of casualties received wounds in different parts of the body. The remains of 133 persons reached hospital burned to death. A total of 10.5% of those killed had received fatal head and neck wounds.

84. It is to be noted that most of the wounds inflicted upon Palestinians during the June 2006 assault on the Gaza Strip, known as operation "Summer Rain", were caused by new sophisticated weapons that led to amputations and to the total burning of the part of the body hit; 66% of all injuries were caused by missile and rocket shrapnel. Six bodies reached hospital completely dismembered. Most cases operated on in hospitals were injuries caused by intense explosions that led to amputations and to the charring of the parts of the body hit by shrapnel. The fragments entered the body and spread through it lacerating and burning the intestines and spleen and most of the entrails.

85. The shrapnel also has severe consequences in terms of disfigurement caused by severe burns and amputations. Twelve of the injured sustained amputations. The above-mentioned fragments cause

severe internal burns that will have life-long consequences for the victims after their recovery. Surgeons encountered new kinds of injuries, as examination of casualties found no external sign of injury, raising suspicions of the use of new explosive material against unarmed Palestinians. The injured needed to stay for a long time in hospital for further rehabilitation and required continuous follow-up on account of severe inflammation and blood poisoning caused by direct hits.

86. Mr David Halpin of CNN Television as well as Dr Carmela Vaccaio and the Italian medical team, which was barred from entering the occupied Palestinian territory, were provided with samples from the bodies of the Palestinians killed and injured. After examining the samples in an advanced laboratory at Parma University, they confirmed the presence of new elements in the weapons used, with high concentrations of carbon and unusual elements such as copper, aluminium and tungsten similar to those in weapons being tested by the American army, known as “infernal weapons”, and including DIME (dense inert metal explosives). Consequently the Ministry of Health calls upon the international community, human rights organizations and health institutions to send a medical investigation team to Palestine in order to examine the injured and corroborate the presence of toxic substances left by Israeli missiles in the bodies of the dead and injured and to determine the type of weapon used by Israelis against unarmed civilians. The Ministry also requests international organizations to pressure Israel into stopping the use of internationally banned weapons against peaceful and unarmed Palestinians in their homes and communities.

THE DESTRUCTION OF INFRASTRUCTURE AND OF THE SOLE POWER PLANT IN THE GAZA STRIP AND ITS IMPACT ON HEALTH

87. On 28 June 2006, the Israeli occupation forces bombed the sole power plant in the Gaza Strip, cutting off the electricity supply to vital health centres for more than 102 days and leading to fuel shortages and the depletions of strategic stocks, in addition to water shortages in a number of districts. Some 200 000 households were without electricity during that period, the other households experienced periodic electricity cuts for up to 8–16 hours a day due to the contingency plan prepared by the electricity distribution company in order to supply vital institutions, wells and homes with limited amounts of electricity. Hospitals were obliged to work in accordance with emergency schedules and to postpone several surgical operations and stop operating X-ray machines when using small electric generators. Laboratories and blood banks have also been hit by power cuts which affected stocks of blood and plasma. Primary health care centres have been affected by daily power cuts interfering with the cold chain needed to preserve vaccines used to immunize infants and children against communicable diseases. The destruction of the power plant also affected the lives of patients at home, especially those suffering from chronic diseases such as asthma and cerebral palsy.

88. On 27 June 2006, Israeli aircraft also bombed and totally destroyed all the bridges in the Gaza Strip: the Gaza Valley Bridge linking the town of Gaza with mid and south Gaza Strip; the Al-Sikka Bridge linking the Al-Mighraqa village, south of the town of Gaza to central Gaza, and the Saladin Bridge linking the northern part of the Gaza Strip to its southern part.

RECOMMENDATIONS

89. Based on the above, we appeal to the international community and to international health, humanitarian and human rights organizations to act rapidly and to:

1. exert pressure on the Israeli government to compel it to:
 - put an end to its long-lasting occupation of Palestinian territories including Jerusalem since 1967
 - abide by the decision handed down by the International Court of Justice at The Hague on 9 July 2004, and to stop building the apartheid wall on Palestinian lands because of its harmful impact on the health of the Palestinian people
 - stop its hostile measures against unarmed civilians, daily killings, repeated incursions into the territories of the Palestinian Authority, detentions and humiliations at barriers and checkpoints
 - stop its aggression and assaults on Palestinian health facilities and health workers, and allow Palestinian patients to travel to receive the appropriate health care without hindrance at crossing and checkpoints
 - facilitate the transfer of medicines and medical supplies and devices from Israeli ports and crossings to the occupied Palestinian territory
 - respect ambulances, medical staff and patients and facilitate their movement to hospitals, between villages and towns, and at military barriers and checkpoints
 - facilitate the access of patients referred from hospitals in the West Bank and Gaza Strip to the Jerusalem hospitals and stop cutting off Jerusalem from its natural population environment
 - alleviate the sufferings of the Hebron population in general, and the dwellers of the old city of Hebron in particular, allow them to access health services and stop the assaults by settlers against them
 - improve the living and health conditions of Palestinian prisoners, in general, and of detained children, women and patients, in particular, and provide them with the required health care
 - release Palestinian tax revenues retained since the beginning of 2006 and transfer health insurance dues taken from Palestinians working in Israel to the Palestinian Authority;
2. appeal to the international community to:
 - stop the financial and economic blockade imposed on the Palestinian people in the occupied Palestinian territory
 - support the health sector by supporting the Ministry of Health responsible for this sector and which owns and manages 60% of health facilities in the occupied Palestinian territory
 - send an international fact-finding mission to the occupied Palestinian territory to inquire into Israel's hostile practices against unarmed Palestinians, end their use as

human shields, and probe the use by Israel of deadly weapons against Palestinian civilians

- exert pressure on Israel, the occupying power, to adhere to the 1949 Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War.

CONCLUSION

90. Despite the blockade imposed upon them, the Palestinian people still believe that a just and lasting peace is possible in the Holy Land. In this context, the Palestinian Government showed a positive attitude at the Arab Summit recently held in Saudi Arabia which declared its support for the Arab Peace Initiative that calls for the establishment of just peace for all peoples of the region, the restoration of rights and an end to the long-lasting occupation by Israel of the Arab territories. This reiterates the fact that the Arab States and Palestinians are still offering peace. They request the international community, the United Nations and Israel to seize this opportunity in order to put an end to war aggression and occupation and to establish peace in the Holy Land.

91. The Palestinian Ministry of Health looks to the international community and international health, humanitarian and human rights organizations to stand by and help the Palestinian people, and to provide them with the required means to face the unjust Israeli and international blockade imposed upon them.

92. We urgently need to strengthen our health programmes in order to protect our society as a whole, and women and children in particular, so that the culture of love and peace may prevail in the region.

93. Finally, we express our everlasting gratitude to donors, and to international health and humanitarian organizations for helping the Palestinian people, and our conviction that all our just needs will be met.

= = =