



FORTY-FOURTH WORLD HEALTH ASSEMBLY

Agenda item 31

HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED  
ARAB TERRITORIES, INCLUDING PALESTINE

At the request of the Permanent Observer of Palestine to the United Nations and the Other International Organizations at Geneva, the Director-General has the honour to submit the attached report<sup>1</sup> to the Forty-fourth World Health Assembly, for its information.

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<sup>1</sup> See Annex.

ANNEX

**State of Palestine**  
**Palestine Red Crescent Society**

**HEALTH CONDITIONS OF THE ARAB POPULATION**  
**IN THE OCCUPIED TERRITORIES,**  
**INCLUDING PALESTINE**

**20 April 1991**

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## INTRODUCTION

There is a glaring inconsistency in the application of international legitimacy. Regional and international forces and potential have been mobilized in a concerted effort to apply international legitimacy, as represented by compliance with United Nations and Security Council resolutions, whereas a contrasting approach has been taken towards the implementation of similar resolutions adopted by the same international bodies concerning our Palestinian people.

Our Palestinian people have been suffering since 1948, both in their occupied territories and in their diaspora, from severe conditions involving their deprivation of their national and humanitarian rights. As far as health services are concerned, our people do receive governmental and nongovernmental support from regional and international sources, but there is no health authority to enable them to manage relevant resources and set up public health services within a national health scheme.

Our Palestinian people have been subjected to the successive events brought about by the wars of 1956, 1967, 1973, 1978 and 1982, by their glorious uprising (*intifada*), and finally by the Gulf War, all of which have added to their burdens, resulting in growing numbers of emigrants and increasing psychological and physical sufferings besides adversely affecting their health and social conditions.

The occupation authorities have devised specific schemes and regulations, whereby they persist in obliterating the national entity of Palestine. They have also adopted a policy package of suppression, coercion, torture, detention, eviction, blowing up houses, and control of water and electricity resources. Such practices have had an adverse impact on economic, social and health conditions, as reflected by the report of the Special Committee of Experts (document A42/14, paragraph 8) which says that "The health and welfare services have remained stationary or have even deteriorated since the last visit of the Committee in 1985, both in terms of their number and the quality of the services provided for the population".

During the Gulf War the occupation authorities escalated their suppression of our Palestinian people in the occupied territories. They subjected them to a state of continued detention in the form of a curfew imposed throughout the war. That coercive measure, constituting as it does a flagrant violation of the Geneva conventions, has had an adverse effect upon our Palestinian people both physically and psychologically. It has also had a far-reaching economic impact in the areas of trade, industry and agriculture by denying access to places of work, with the result that shops were closed, factories were disrupted and crops failed.

Under these circumstances our Palestinian people have come to realize that lessening their pain and suffering is vital to their survival, so they have continued to build up health services to the greatest extent possible. Their achievements in the field of humanitarian endeavours are perhaps crowned by the establishment of the Palestine Red Crescent Society, which has assumed its role and responsibilities towards the Palestinian people wherever they may be and endeavoured to organize and improve health service for our struggling people and to set up a national health scheme through subordinate departments specializing in examination, planning and monitoring activities.

Moreover, the Society has initiated contacts and coordination with governments and with international and nongovernmental organizations that sympathize with our Palestinian people and extend continued humanitarian support to them, especially to the national Palestinian health institutions in the occupied territories which constitute the basic health service; their support strengthens the efforts of the Palestine Red Crescent Society to discharge its responsibilities for the health and well-being of our people. In so doing the Society fully recognizes that international cooperation to improve the health services for our Palestinian people under the current distressing circumstances is in itself a significant factor for the establishment of peace.

We look forward to further support, through the World Health Organization, for the improvement of health conditions for our Palestinian people, and appeal for peace based on justice within the framework of United Nations and Security Council resolutions. We most sincerely hope that the implementation of these resolutions will be supported by your countries, so that our Palestinian people may attain their freedom and build up their State and thus contribute to the fulfilment of the World Health Organization's objective of "health for all by the year 2000".

Dr Fathy Arafat  
Head of the Palestine delegation  
and Chairman of the Palestine  
Red Crescent Society

## 1. SOCIOECONOMIC SITUATION

On the basis of the definition by WHO of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, and in the light of the statement by the Special Committee of Experts in its report A35/16 that: "There is an undeniable relationship between health and socioeconomic development. For that reason, the Committee considered that it would be useful to study the socioeconomic situation of the occupied territories before examining the health situation", the WHO reports indicate that the objective of "health for all by the year 2000" can never be attained without intensive efforts coupled with full coordination between the health sector and other socioeconomic development sectors including education, agriculture, water resources, environmental protection, housing, construction, etc.

In its report A34/17 the Special Committee of Experts stated that "the sociopolitical situation existing in the occupied territories is favourable neither to the improvement of the state of health of the population concerned nor to the full development of services adapted to the promotion of human welfare".

### 1.1 Changing the demographic map

In 1948 the population of Palestine was 1 200 000, 725 000 of whom (60.4%) were forced to leave their homeland. Over half of them (37%) went to surrounding countries, while the remainder went to those parts of Palestine, then still unoccupied, which later came to be known as the West Bank and the Gaza Strip. Following the occupation of the West Bank and Gaza Strip in 1967 still more Palestinians left their homeland, raising the proportion of Palestinians in diaspora to 50%.

Since the Palestinian population growth rate is among the highest in the world, 3.9% per annum, the population of the West Bank and Gaza Strip, at that time totalling 1 300 000, would have been expected to reach 2 300 000 by 1982 if the Palestinian people had been allowed to exercise their rights and lead their lives as other free peoples do, but instead it remained stationary until 1982. In other words, Israeli occupation accounted for the displacement of one million Palestinian citizens during 15 years of occupation, with the result that only 40.8% of the people now live inside the Palestinian homeland, whereas 59.2% live outside it. The latter proportion is even expected to grow in the years to come on account of the settlement of immigrants, particularly from the Soviet Union, in the occupied Palestinian territories.

### 1.2 Land seizure

Emigration operations, which started over two decades ago, are still going on with the aim of replacing Palestinian citizens by new immigrants. This replacement has coincided with land seizure. The occupation authorities have seized 3858 km<sup>2</sup> of the West Bank (or some 65% of its total area), besides annexing the city of Jerusalem and seizing 140 km<sup>2</sup> of the Gaza Strip (or some 38% of its total area). Upon these lands they have built settlements for new immigrants, raising the number of settlements to 224 and the proportion of settlers to over 15% of the total population of the West Bank and Gaza Strip. Consequently, the population density in the occupied Palestinian territories rose by 1989 to 497 per km<sup>2</sup> in the West Bank and 3139 km<sup>2</sup> in the Gaza Strip; the latter figure is among the highest in the world. The policy of settling new immigrants in the occupied territories is being extended, as substantiated by a report from the US State Department to Congress stating that the annual rate of growth of new settlers in the occupied territories had risen to 10%; at the end of 1990 the number of settlers totalled 225 000, made up of 120 000 in eastern Jerusalem, 90 000 in other regions of the

West Bank, 12 000 in the Golan Heights and 3000 in the Gaza Strip. It is noted that settlement is effected by expanding the frontiers of already existing settlements so that new ones can be established, as is the case of Rifafa which was established within Kfar-el-Harith in the district of Nablus in April 1991. This exercise is paralleled by the specific policy which resulted in the confiscation of 69778.5 dunums of land in one month only (March-April 1991). There is also a plan to settle 700 000 newcomers under the Greater Jerusalem project and to settle an additional 400 000 newcomers in the rest of the West Bank.

### 1.3 Seizure of water sources

Since the beginning of the occupation, the Israeli authorities have been seizing and exploiting water resources in the occupied territories. They have confiscated over 80% of the sources of water in the West Bank, following the various tactics they have adopted to maintain full control over Arab water resources:

- Since the beginning of the occupation they have managed to exploit rain and river water, especially in the river Jordan and El-Oga valley.
- They have concentrated settlement activities in the northern and central regions where there are plentiful water resources; they also seized artesian wells in those regions.
- They prevent farmers from digging any new wells without prior permission from the occupation authorities. Such permission is difficult to obtain, and is granted only on condition that the depth of the well is no more than 60 metres, whereas settlers are allowed to dig wells up to 500 metres deep.
- The occupation authorities allowed the Israel Water Company (Macaroot) to seize wells and other sources of water in the West Bank.
- The Israeli authorities persist in destroying wells in the occupied territories on various pretexts. The most recent instance is the destruction of 10 wells in the village of Bitowala in the district of Hebron during the Gulf war.

Moreover, the occupation authorities discriminate between Palestinians and new settlers. They allow the latter to pump 15 times as much water as the Palestinians in the same area. To illustrate the injustice sustained by Palestinian citizens in the occupied territories as far as water consumption is concerned, the settlement of Kiryat Arba inhabited by 5000 Israelis consumes 5000-6000 m<sup>3</sup> of water per day, whereas the district of Hebron inhabited by 90 000 Palestinians is allowed no more than 7000 m<sup>3</sup> per day. In other words, the quantity allowed to settlers is 18 times as much as that allowed to Palestinians in a neighbouring district.

## 2. ECONOMIC POLICY OF THE OCCUPATION AUTHORITIES

The economic situation in the occupied Palestinian territories is mainly characterized by the lack of a national economic authority to carry out necessary studies, draw up periodic development plans and follow them up. The economy of the occupied territories depends on several sources, the most significant of which are:

Capital transfers by natives of occupied territories working abroad, e.g. the oil-exporting Arab States and countries of immigration. It is estimated that one million Palestinians transfer money to their families in the occupied territories.

Agriculture, which represents 35% of national income. The main Palestinian agricultural products are citrus and other fruits, fresh vegetables, olives and cereals.

Tourism, which before the intifada was a flourishing sector and a major source of national income. It has, however, undergone a sharp decline, owing to the tight security and repressive measures imposed by the occupation authorities.

Industry, which represents a small part of national income, since the occupation authorities impose measures hampering its development in the occupied territories.

The economic disadvantages of the occupation were seriously apparent in the period preceding the intifada. The agricultural sector was gravely damaged by a number of factors, such as the expansion of the settlement movement and the confiscation - by fraudulent means if necessary - of land, together with control of water resources and limitation of water pumping for Palestinian agriculture to such an extent that, in 1982, 27 Israeli wells provided the West Bank settlers with half the amount of water produced by all 314 Palestinian wells. As for the industrial sector, the occupation authorities have put an end to investments in Palestinian industry, and the existing industry has been declining.

During the intifada the economic situation has further deteriorated. The occupation authorities have tried to exert economic pressure on the intifada by imposing a blockade and destroying the new economic and material base that had emerged in the Palestinian territories.

The difficulties of the Palestinian economy are due not only to its being a developing region economy, but also to the fact that it is being subjected to a policy of colonization aimed at ruining its structure and destroying its specificity or any other features that could be an expression of independent economic identity.

Following the Gulf crisis, economic problems have become more complex. The economic structure has been gravely perturbed, and poverty and deprivation have increased, reflecting on family health levels. After the outbreak of war in mid-January, the economic situation deteriorated to a marked degree, affecting all sources of livelihood and thus increasing the hardships of people in the occupied territories. The loss to the economy during the curfew imposed by the occupation authorities on the occupied territories is estimated at around US\$ 5.2 million a day.

## 2.1 Agricultural sector

Agriculture is the main sector of the Palestinian economy, employing 35% of Palestinians in the occupied territories. Agricultural production represents about 35% of the gross national product.

The occupation authorities, seeking the destruction of this sector, have confiscated more than 2 280 000 dunums of land, either to set up Israeli settlements or for military purposes. The occupation authorities have also established a special system for the control of water resources in the occupied territories and barred farmers from using well water unless they obtain a permit to do so. They have also been barred from digging new wells and subjected to a metric limitation on the use of water in agriculture. Furthermore, the authorities have raised interest rates on loans to farmers, imposed prohibitive taxes on crops, and substantially increased export taxes, resulting in higher production costs and weaker competitiveness with Israeli agricultural products which have flooded the West Bank and Gaza markets, thus compelling half the Palestinian farmers to abandon their activity in this sector and take up work in other sectors.

The curfew imposed by the occupation authorities during the Gulf war has had disastrous consequences for the agricultural sector. The problems arising from the curfew can be summed up as follows:

Large quantities of citrus fruits were wasted because of the delay in picking them. This has resulted in damage to the trees, jeopardizing next season's production.

Thousands of acres of vegetables were lost because farmers could not spray insecticides in due time.

The curfew prevented farmers from going to their fields, resulting in the loss of 5000 tons of vegetables within a few weeks.

The curfew hampered the distribution of crops, which were sold on small and nearby markets at low prices.

The delay in collecting crops, e.g. citrus fruits, bananas and vegetables, limited the possibility of exporting them, which resulted in higher surpluses and lower prices on the local market and forced some farmers to sell their produce to Israeli factories at low prices.

The curfew caused heavy losses of livestock because of the difficulty of taking them to pasture. Moreover, the curfew came after a period of drought. A number of animals had to be killed and the distribution of meat was disrupted, resulting in an estimated loss of US\$ 5 million within a month.

## 2.2 Industrial sector

The decline of the industrial sector is mainly due to the Israeli policy aimed at destroying it and integrating it within Israel's own industrial sector. To achieve this purpose the Israeli authorities, inter alia, raise obstacles to the issuing of licences to set up factories, import machinery and raw materials and to providing the requisite facilities for exporting processed goods, as well as imposing a variety of high taxes.

Some 30 000 people work in this sector. All factories and workshops closed down during the Gulf war except for some food and drug factories. The main problems faced by factories are:

a sharp decline in consumption levels because factories could not possibly distribute their products under the curfew;

the lack of liquidity and the failure of the loans system, which resulted in a decline of 20-30% in production levels.

This sector is expected to suffer further losses in the future because of the impossibility of honouring export contracts with some countries, especially European countries, in the footwear and garment trade. This is detrimental to the trading credibility of those factories. Moreover, most factories in the occupied territories rely on importing raw materials from abroad, and the Gulf war has led to a substantial increase in the prices of these materials and in transport costs and has created obstacles to their delivery, especially via the Red Sea. The total losses sustained by the industrial sector during the first period of the curfew are estimated at 93-95% of net production.

### 2.3 Trade sector

The deterioration of agriculture and industry has naturally led to a deterioration in the trade sector. The occupation authorities have sought from the outset to turn the occupied territories into a consumer market for Israel's exports. Thus, the imports of the occupied territories from Israel stood at more than 88% of total imports, while Israeli exports to occupied Palestinian territories represented about 25% of total Israeli exports.

The occupation authorities have created obstacles for Palestinian merchants in their choice of import sources, while all imports are channelled through Israeli import companies. The export of agricultural and industrial products was restricted and they had to go through Israeli middlemen, except for some goods, notably citrus fruits, for whose export from the occupied territories facilities were provided by the European Community.

During the Gulf war all shops remained shut and movement of goods to and from the occupied territories was halted because of the curfew, resulting in substantial losses in the trade sector.

### 3. SOCIAL POLICY OF THE OCCUPATION AUTHORITIES

The Israeli policy aims at preventing any social progress in the occupied Palestinian territories. Indeed, social development plans and programmes have been denied and the funds necessary to deliver social services to the Palestinians have not been allocated. Services related to family promotion and care have been neglected, despite the fact that a large number of families are at risk of break-up and dispersion because of deportation, arrest, detention and martyrdom of the head or other members of families. The occupation authorities have destroyed many Palestinian family dwellings. They blew up 4536 dwellings from the outset of occupation up to the end of 1990.

The Israeli authorities have made plans to deprive the occupied territories of factories and reduce the employment opportunities available to Palestinian workers in order to make them take low-paid jobs in the Israeli economic sectors, where they do not have the minimum of rights enjoyed by all workers in the world and perform the exhausting work that the Israeli workers refuse to do. Since the beginning of the intifada the situation has deteriorated as a result of the repeated refusal by the authorities to allow the workers to get to their places of work. The occupation authorities have issued special magnetic cards and compelled workers to carry them as an added measure of discrimination. Moreover, they have often been victims of aggression by the occupation forces and the settlers. The situation deteriorated during the Gulf war as a result of the imposition of long periods of curfew: the unemployment rate increased from 28% to over 90%, and 304 000 Palestinian workers lost their source of income during this period. In addition, 30 000 Palestinians who used to work in Kuwait returned to the occupied territories, which increased unemployment by 4%.

#### 3.1 Education

The occupation authorities have stepped up their efforts to undermine national educational institutions through the policy of collective punishment practised to compel Palestinian citizens to abandon the intifada and are interrupting the educational process so as to make the Palestinian people ignorant, whereas the high percentage of educated people is one of its essential assets. The seriousness of the consequences resulting from this policy can be seen if it is remembered that 40% of Palestinians in the occupied territories are students.

Annex

There are no uniform curricula in the occupied territories. Whereas Jordanian curricula are applied on the West Bank, the Gaza Strip applies Egyptian curricula and some private schools do not adopt either system. The curricula have not been updated since the beginning of the occupation; the teaching on some subjects is out-dated and in many subjects the latest methods are not used.

The occupation authorities have interfered with the curricula, deleting anything that does not suit the Zionist philosophy and anything related to the Palestinian issue in the curricula for religious education and history. They have also deleted the word "Palestine" and replaced it by the word "Israel", and have even prohibited the acquisition of any book in which that has not been done.

Schools in the occupied territories lack many educational materials, such as maps, posters, films, slides, recorders, videos and cinema apparatus. Those that do exist in some schools are of only moderate or poor quality. School laboratories are inadequately equipped, and most of their apparatus is in need of repair.

Since the beginning of the intifada the occupation authorities have adopted a policy of closing down schools; the Palestinians had recourse to alternative means of education, forming student groups in houses, mosques and churches, to which teachers came to teach. The occupation authorities have prohibited all kinds of alternative programmes for education, considering them a criminal activity, and have raided places where such programmes are taught and arrested and threatened the teachers. The occupation authorities have turned down an UNRWA proposal to introduce a visual educational system through television circuits, funded by the United Nations, covering Palestinian camps. They have also refused to allow educational programmes to be conducted for Palestinian students in Israeli prisons, where an estimated 1500-2000 university students are under detention.

The occupation authorities have moved great numbers of students from their original schools to other schools, in order to use many of the schools thus vacated as detention centres or military posts. Thus in 1989 alone, the occupation authorities took over 36 schools.

Teachers were adversely affected by the closing-down of schools, since periods of closure are considered by the occupation authorities as compulsory holidays, during which teachers are on half-salary only. It should be noted that Palestinian teachers' salaries are only one-third of the average salaries of their Israeli counterparts. In the private schools, which depend on school fees, teachers' salaries have been cut by 20-50%.

The closure of Palestinian universities for two years has caused serious difficulties in enrolling the more than 40 000 Palestinian students who have graduated from secondary schools. This has worsened the financial crisis being faced by the universities, owing to the reduction in their revenue from tuition fees paid by the students, affecting the capacity of universities to pay salaries to 2700 professors and administrative staff, and their ability to pursue their scientific and research activities. The occupation authorities have prevented delegations from Palestinian universities visiting universities in Western countries. This has led to a review of the grants offered by Palestinian universities and their replacement by grants to final-year students. To all this should be added the repression to which students and their professors have been subjected, including the killing of 12 students from Al-Najah University and six from Gaza University during the intifada period, plus the arrest of 66% of Bir Zeit University students and 500 students from Al-Najah University, and the detention of 12 university teaching staff.

### 3.2 Public facilities and services

Public services are being seriously neglected by the Israeli occupation authorities and this is leading to a run-down in local government facilities, transport and communications. The municipalities are facing a financial crisis owing to the reduction in the budgets for public services by the occupation authorities. Sometimes, financial support is cut as a punitive measure. Some municipalities are unable to meet their citizens' essential needs. The occupation authorities have cut off electricity and water supplies to some cities or quarters as a collective punishment.

The occupation soldiers have opened fire on the water-storage tanks in almost all camps and many artesian wells have been shut off. Municipality workers have been prevented from collecting refuse and cleaning the streets. All first-aid services were closed down in the municipality of Bethlehem, to force people to pay taxes. During the Gulf war, there was a lack of food supplies during non-curfew periods, with a depletion of food stocks.

During the Gulf war, the occupation authorities practised open discrimination against Palestinian citizens, providing them with no protection and not supplying them with gas masks as they did Israelis. Only 5-10% of the population were given gas masks, and then only adults, not children. No training was given to health professionals or to the public to enable them to face the hazards of war. The preventive measures that were needed in cities and villages, such as warning sirens, water for firefighting and a supply of essential equipment for hospitals and emergency departments, were not taken. Many Palestinian health institutions were not supplied with first-aid materials, such as atropine, since the occupation authorities had withdrawn them from the market. No gas masks were given to Palestinian detainees in prisons and Israeli concentration camps, and no protection was accorded to them, in violation of the Third Geneva Convention on the treatment of prisoners of war.

## 4. HEALTH SITUATION

### 4.1 Deterioration of basic health infrastructure

Health conditions, like economic and social conditions, are continuously deteriorating as a result of the occupation authorities having adopted the following policies in the health field:

- (a) Keeping the health institutions and services as they were before the occupation, and making no plans or programmes to develop them. On the contrary, they have closed down a great number of hospitals and clinics, the last being the lung diseases hospital in Al-Breig camp in the Gaza Strip. They have also reduced health manpower and intend to make a further cut in the coming months.
- (b) Preventing the construction or development of health institutions, public or private, especially at the secondary and tertiary levels of care.
- (c) Linking Palestinian health institutions and Arab citizens with Israeli institutions, with a view to doing away with the independent Arab entity and attaching it to the occupation regime, putting health services under the direct authority of the occupation forces. The special Committee of Experts stated in its report that support was needed at primary, secondary and tertiary levels, since the health system as it is today is considered to be an appendage of the Israeli system.

#### 4.1.1 Health planning

It is clear that there is no short-, medium- or long-term health planning. The Israeli authorities do not allow Palestinian citizens to participate in, or express an

opinion on, the health planning process. The Special Committee of Experts in its report A41/9 (paragraph 7), said: "Owing to the lack of coordination and planning in the health development process, the health units in the occupied territories are not complementary. This results in some overlapping of already existing specialties and hampers the introduction of new specialties. The quality of services also suffers from the lack of planning, particularly with regard to training and to the insufficiency of diagnostic resources". The Committee also stated in its report A43/14 (paragraph 9): "Planning of the health system in order to attain the objective of health for all on the basis of the international standards for infrastructure, number of beds and personnel does not exist at present, yet is an essential measure for improving health coverage and, indeed, the health status of the population".

As for the efforts made by the voluntary bodies that are collaborating in providing the Palestinian people with health services, they are ineffective and uncoordinated, and are not designed to attain a common objective, in spite of the goodwill of those bodies.

#### 4.1.2 Pharmaceutical industry

The pharmaceutical industry sector in the occupied Palestinian territories is still undergoing considerable deterioration, as a direct result of the obstacles the occupation authorities have placed in the way of developing it, with a view to controlling the pharmaceutical services and compelling the population to buy Israeli products. The following are examples of such obstacles:

1. Competition of Israeli products against Arab products, and control of the local market by the occupation authorities.
2. Lack of a production plan for medicaments through a common health authority.
3. Local drug manufacture is not sufficiently protected on account of:
  - (a) the lack of adequate quality control; and
  - (b) the lack of research in the pharmaceutical field.

In the occupied Arab territories there are 10 drug factories, seven of them concentrated in the Ramallah area. Beit Jala and Galilee have one factory each. These factories, where 406 workers are employed, are operating at 30-50% of capacity and cover 48% of local market needs.

This sector has obviously suffered from the curfew imposed during the Gulf war. Indeed, the curfew resulted in the closing-down of all but a few factories which obtained special permits allowing them to continue their activities, although they were obliged to operate at one-third of their actual capacity. A crack in the credit system resulted in a shortage of cash liquidity and in a sharp decrease in production and distribution which dropped to 20-30% of their previous levels.

#### 4.1.3 Health infrastructure in the West Bank

In the West Bank there are many government clinics which provide primary health care services, including maternal and child health. However, 58% of the West Bank areas lack the full range of primary health care services, and 96% have no maternal and child health services. A number of areas with more than 25 000 inhabitants receive health services through only one clinic. In many cases the same physician is in charge of several clinics. The quality of health services is declining. The health centres lack primary health care programmes, specialized manpower, including qualified nurses and midwives, and most of the basic medical supplies.

There are 27 hospitals, of which nine are government hospitals and 18 are owned by nongovernmental or private institutions. The total number of beds in all West Bank hospitals is 1935, of which 972 (50.3%) are in government hospitals, including 320 beds for psychiatric and mental disorders. The remaining 963 beds (49.7%) belong to private hospitals.

#### 4.1.4 Health infrastructure in the Gaza Strip

The Gaza Strip has six hospitals, of which five are government-owned and one is private. The government hospitals have 778 beds (91% of the total), while the private hospitals have 75 beds (9%).

During the latter part of 1990, the occupation authorities closed the Brej Hospital, which is the only hospital for chest diseases in the occupied territories. This happened despite the many cases of pulmonary tuberculosis, the high mortality rates due to diseases of the respiratory system, and the recorded increases in bronchial asthma and lung fibromas. The hospital could have provided services for chronic and gerontological diseases as certified in repetitive reports issued by the occupation authorities. There is also a need to maintain and continue the Tuberculosis Control Programme, which includes vaccinations and periodic check-ups to prevent relapses or the emergence of new cases as a result of malnutrition, the difficult economic situation and overcrowding under the present circumstances in the occupied territories.

#### 4.1.5 Medical equipment and supplies

The most important problem facing hospitals in the occupied territories is the shortage of medical instruments, equipment and supplies. There is also a shortage of ambulances, blood banks and laboratories. The Jenin government hospital, for example, has an old blood refrigerator which cannot cover the hospital's requirements. There are no other blood facilities in the area. Also, there is a great shortage of physiotherapy equipment, intensive care equipment for children, and neonatal care equipment (incubators). Modern radiodiagnosis and radiotherapy equipment is not available. Most hospitals and areas have no intensive care units. Where such a unit exists, most of the necessary instruments are lacking. Other problems have arisen from the lack of maintenance; from the electrical power, water and sewage situation; and from the lack of lifts in many instances.

#### 4.1.6 Health manpower

The West Bank has eight physicians per 10 000 inhabitants. The ratio in the Gaza Strip is 7:10 000. The number of unemployed physicians in both areas is around 400. The public sector has 276 physicians in the West Bank and 280 in the Gaza Strip, where the ratios are 2.3:10 000 and 2.9:10 000 respectively. The shortage is not confined to the number of physicians, it is present also in the range of specialization. Indeed, more than 80% of physicians are general practitioners. The following table gives statistics for present and required numbers of medical specialists in both the Gaza Strip and the West Bank.

The nurse-population ratio is 8.5:10 000 in the West Bank and 9.1:10 000 in the Gaza Strip. Compared with other countries, these ratios are very low. The public sector has 762 nurses in the West Bank (6.6 per 10 000 inhabitants) and 610 in the Gaza Strip (8.6 per 10 000 inhabitants).

Many problems are facing the nursing sector in the occupied territories. The number of nursing institutes is insufficient. With the exception of some training programmes on general nursing, all available institutes are closed. No specialized training programmes exist in the occupied territories.

PRESENT AND REQUIRED NUMBERS OF SPECIALISTS

| Specialization                | West Bank  |            | Gaza Strip |            |
|-------------------------------|------------|------------|------------|------------|
|                               | Present    | Required   | Present    | Required   |
| General surgery               | 25         | 25         | 17         | 15         |
| Internal medicine             | 35         | 35         | 18         | 20         |
| Paediatrics                   | 28         | 30         | 19         | 15         |
| Gynaecology and<br>obstetrics | 25         | 25         | 16         | 20         |
| Cardiology                    | 2          | 5          | 4          | 5          |
| Nephrology                    | 2          | 5          | 2          | 4          |
| Neurology                     | -          | 5          | 1          | 3          |
| Chest diseases                | 3          | 3          | 3          | 2          |
| Dermatology                   | 6          | 6          | 12         | 3          |
| Haematology                   | -          | 5          | 1          | 3          |
| Urological surgery            | 5          | 5          | 3          | 3          |
| Orthopaedics                  | 8          | 8          | 8          | 8          |
| Ophthalmology                 | 8          | 8          | 2          | 2          |
| Otorhinolaryngology           | 11         | 5          | 4          | 4          |
| Neurosurgery                  | 1          | 4          | -          | 3          |
| Heart surgery                 | 1          | 4          | -          | 3          |
| Anaesthesiology               | 4          | 8          | 6          | 6          |
| Psychiatry                    | 4          | 8          | -          | 5          |
| Radiology                     | 1          | 14         | -          | 5          |
| <b>TOTAL</b>                  | <b>169</b> | <b>208</b> | <b>120</b> | <b>132</b> |

During the Gulf war, 80% of health workers could not go to their workplaces in clinics and hospitals because of the curfew. This hampered the primary health care programmes of UNRWA, the public health sector and private and nongovernmental organizations. In particular, the immunization programme was hindered. Hence, citizens had no access whatsoever to physicians and health centres even in cases of emergency.

4.1.7 Hospitals and beds: status and trends

In the West Bank there are 652 beds serviced by 159 physicians and 395 nurses. The bed-population ratio is 0.5:1000, the physician-bed ratio is 0.24:1, and the nurse-bed ratio is 0.6:1. To reach the standard ratios (0.37 physicians per bed and 1.1 nurse per bed) in the area, there is still a need for another 82 physicians and 322 nurses for the government hospitals of the West Bank.

To reach the standard bed-population ratio (1.8 bed per 1000 inhabitants), there is a need to add 1436 beds in government hospitals in the West Bank; this implies a need for another 613 physicians and 1902 nurses.

There is an urgent need to improve some hospitals so that they can provide tertiary health services and be linked to medical colleges.

To identify the failures of governmental health services in the occupied territories controlled by the occupation authorities, it is sufficient to compare hospitals in two areas which have almost the same number of inhabitants. Let us select, for example, the city of Nablus in the West Bank and the city of Tel-Aviv, even though Nablus is servicing three other cities: Jenin, Tulkarem and Kalkilia.

1. As regards hospitals, Nablus has two government hospitals only - the National Hospital and the Rafidia Hospital - totalling 204 beds, which makes the bed-population ratio 1.1:1000. Tel-Aviv has three hospitals - Ichilov, Rokach and Hakiriya - totalling 916 beds, which makes the bed-population ratio 4.6:1000.
2. As regards hospital departments, Tel-Aviv has a full range, while Nablus lacks departments of neurology, dermatology, geriatrics, intensive care, neurological, urological and chest surgery, oral and dental diseases, neonatal intensive care, psychiatry and rehabilitation.
3. As regards manpower, Nablus hospitals have 53 physicians while Tel-Aviv hospitals have 398, a ratio of 1:7.5. Nablus hospitals have 179 health workers while Tel-Aviv hospitals have 1322, a ratio of 1:7.3.

All hospitals in the occupied territories were affected by the Gulf war. They lost a major source of funds. The worst affected is the Makassed Hospital, which is the referral centre for many hospitals in other areas: its annual budget of US\$ 15 million showed a deficit of 70%. The National Hospital has suffered a deficit of US\$ 3 million.

#### 4.2 Primary health care

The occupation authorities have neglected to develop a policy or strategy for the primary health care services, and have not allocated an adequate budget to primary health care. This has led to a marked drop in the scope and quality of such services and to an incomplete mobilization and recording of specialized manpower. The Special Committee of Experts stated in its report A43/14 (paragraph 1) that "Primary health care services are provided by clinics operating in the towns and villages, but these facilities are not structurally integrated with the rest of the system".

A large proportion (65%) of settlements and villages still need primary health care centres such as maternal and child health centres. There is also a lack of specialist manpower in various fields of health such as preventive medicine, public health, community health, statistics and health extension work.

The discrepancies between statistics from different sources have cast doubt on the credibility of essential statistics issued by the occupation authorities. This and the ever-diminishing financial allocations by the occupation authorities make it difficult to identify the population's needs and priorities.

##### 4.2.1 Infant mortality

Infant mortality is a major indicator reflecting the primary health care level of any population group. The difficulty of obtaining accurate figures is known, since 45% of deliveries take place outside the hospitals (whereas 100% of deliveries in Israel take place in hospitals). The percentage increased during the curfew period. It has to be noted that neonatal mortality in the first month of life is not recorded. A high percentage of infant mortality is due to the fact that there are few nurses qualified to work in neonatal departments. The proportion of beds dedicated to infant treatment does not exceed 15% of government hospital beds. Necessary equipment, such as incubators and artificial respiration appliances, is not available in adequate quantities.

Annex

A noteworthy point is that 50% of admissions to the children's departments of the Makassed Hospital in Jerusalem and the Caritas Hospital in Bethlehem are from the Hebron district; this provides evidence of the high incidence of child disease and insufficiency of available beds for child care in the district.

In the absence of any official statistics on child mortality, rates vary according to sources. The following table shows the contrasting estimates:

| <u>Source</u>                        | <u>Deaths per 1000 live births</u> |
|--------------------------------------|------------------------------------|
| Israeli Ministry of Health           | 28                                 |
| Israeli Central Bureau of Statistics | 70                                 |
| Cooperation and Development Study    | 53- 63                             |
| Others                               | 100-150                            |
| Hebron District statistics           | 159                                |

The major causes of infant deaths in the occupied territories are respiratory and intestinal diseases, premature births and hypothermia.

The Special Committee of Experts report (document 43/14, paragraph 5.1) points out: "Thus averages with wide variations are reported for the number of still births and for perinatal mortality. The latter rate varies according to district from 200 to 315 per 1000 live births".

#### 4.2.2 Health insurance

Participation in the Government health insurance system has dropped during the intifada, from 80% to 30% of the Palestinian population. Of the latter figure, 25% belong to compulsory insurance schemes and only 5% to voluntary schemes. In the Hebron and Ramallah districts, the proportion drops to 19% on account of high premiums of US\$ 22 per month, which represents about 20% of a family's income, and because of the poor quality of the services offered and the failure of the system to cover all treatment costs, to say nothing about the non-availability of diagnostic and treatment facilities at government hospitals. Referral to Israeli hospitals is subject to approval by the Israeli Military Government officer, whose decisions are not always based on medical considerations. The irony is that the occupation authorities' expenditure on health services covered by insurance represents no more than one-third of what they collect in health insurance contributions.

#### 4.2.3 Water supply and sanitation

Water and sewage networks are highly inadequate in most areas of the occupied territories, a situation further aggravated by the continued reliance on open sewers in the camps, which leads to pollution of the environment and to the spread of diseases. According to one study, only 39.7% of camp dwellings in the Gaza Strip receive drinking-water, and only 75.1% of all Palestinians in the Gaza Strip and 60.6% of those in the West Bank receive drinking-water.

A high rate of pollution and salinity prevails in waters in the Gaza Strip, mainly on account of a drop in underground water levels caused by the pumping of resources by the Israeli authorities for use outside the Strip. In the total absence of desalination plants, the spread of disease is rampant.

Only three out of a total of 15 areas in the Gaza Strip are linked to a sanitary sewage network. The remaining 12 depend on open networks that cause pollution and spread disease. Most West Bank villages lack sewage systems. Special treatment plants are non-existent.

#### 4.2.4 School health

The disastrous consequences of the closure of schools have not been confined to education but have come to affect health as well. For the closure has led to the suspension of immunization programmes in schools, particularly with regard to booster doses and vaccinations against tuberculosis and against rubella for girls.

Oral infections have spread among children in the absence of school dental care. Statistics also point to a rise in the incidence of lice infestation, scabies, and eye infections such as trachoma.

Several schools have been occupied by the Israeli authorities and turned into barracks; much damage has been caused to these schools and their sanitary facilities have become real health hazards.

Continued curfews have deprived children of school meals and prevented the implementation of nutrition and health education programmes.

#### 4.2.5 Malnutrition and anaemia

In addition to the spread of parasites among children, all field studies point to a high incidence of malnutrition and anaemia among children in the occupied territories. The studies employed standard international tests and measurements, including weight, height and haemoglobin level. They show that 40% of all children in the Hebron district suffer from malnutrition and that an increasing number of children throughout the occupied territories are underweight in their early years, which has serious consequences for their future physical and mental capacity.

The United Nations Relief and Works Agency for Palestine Refugees issued an urgent appeal at the time of the Gulf war, warning that malnutrition was attaining epidemic proportions and threatening the entire population of the West Bank. The appeal called on international organizations to take speedy measures to ensure that basic foodstuffs are provided for the population, particularly since the adverse economic conditions prevailing as a result of the Gulf crisis have deprived many people of the ability to obtain their basic food requirements.

#### 4.2.6 Health education

Health education with clear objectives is practically non-existent in the occupied Palestinian territories, except for a few centres run by private institutions, whose services have been confined to maternal and child health. Continued curfews imposed since the outbreak of the intifada have left their mark on these centres.

#### 4.3 Environmental conditions

Population density in the occupied Palestinian territories is among the highest in the world. This has come about as a result of the confiscation of property and demolition of dwellings.

This is not the only cause of environmental pollution, which poses the threat of a real ecological disaster. Other factors are the poor condition of sewage networks, the inadequate methods of refuse collection and disposal, and the policy of uprooting trees in the area of cultivated Palestinian land.

Drinking-water has not always been available, particularly in the summer, and this has led people to store water in tanks on rooftops. With rooftops serving as encampments and watchtowers for occupation troops, no one could vouch for the safety of the water tanks on them; their use as urinals has not been uncommon.

Annex

One study concludes that water in the occupied territories is not in compliance with international health standards. Salinity is on the increase, as water is being pumped to Israeli settlements.

Many people in the villages of the West Bank rely on the collection of rain-water and on rain-fed wells; however, the water in these wells has a pollution rate of 95%. In the Gaza Strip, water quality is a major environmental problem; the water table is not low enough to reduce the danger of contamination from the open sewage network. The sandy terrain does not help either. The salinity rate in this water exceeds that allowed by WHO, particularly with regard to nitrates and chlorine. The latter is found in a concentration of 800 parts per million, as against an acceptable average of 500 parts per million.

As regards sanitation, a typical example is Nablus, where a municipality-owned network discharges into vegetable gardens to the west of the city. Most of the vegetables grown there are eaten raw, causing the spread of intestinal parasite infections. The area has become mosquito-infected. There are also many indications of the contamination of village water sources from sewage water emanating from neighbouring settlements.

During curfews, refuse containers overflow and municipality lorries have tremendous difficulty in collecting the refuse because of the many check points set up by the occupation authorities. Often, the refuse is disposed of by burning in the streets.

#### 4.4 Epidemiological situation

Health conditions in the West Bank and Gaza Strip have continued to worsen on account of the harsh occupation policy which has led to a deterioration in economic and social conditions. UNRWA health services have meanwhile been restricted to registered refugees, operating within limited resources and programmes that are not comprehensive and have no overall planning.

The movement of all citizens in the West Bank and the Gaza Strip was restricted on account of the curfews imposed during the Gulf war and because of continued acts of segregation and isolation. At least 80% of health workers were unable to reach the clinics and hospitals where they work. Preventive health programmes, including maternal and child health and immunization programmes, were consequently paralysed, regardless of whether they came under UNRWA, the Government, or private organizations and societies. Less than 5% of the Palestinian population managed to obtain gas masks.

All these conditions led to a rise in mortality rates, especially for infants, to an increase in the incidence of contagious diseases, and to further pollution of the environment. The situation was further aggravated by the lack of external funding during and after the war, coupled with domestic financial difficulties. Efforts were made to implement WHO's target of vaccinating all children of the world by 1990 against all six target diseases of the Expanded Programme on Immunization. However, the harsh circumstances imposed on Palestinians during the intifada, coupled with the policy of continued curfews, have obstructed organized vaccination programmes and led to failure to attain the WHO target.

Coverage, therefore, was restricted to a mere 82% for poliomyelitis, 83% for measles, 90% for tuberculosis, and 83% for diphtheria, pertussis, and tetanus. Moreover, reporting of cases of poliomyelitis, measles, diphtheria, pertussis and tuberculosis underwent a setback because of the inadequacy of the reporting, registration and follow-up procedures.

In Nablus, for example, statistics indicate a decline in the follow-up of immunization programmes during the intifada. 42% of all women questioned said they did not have their children vaccinated. Of the children who were vaccinated, only half were vaccinated on time. Reasons for the delay varied: 31.25% attribute it to the curfew, 15.6% to clashes and checkpoints and 18.75% to strikes. On strike days it is particularly difficult to obtain transport to take a child to a vaccination centre.

There are today no clear and comprehensive programmes designed to follow up vaccination campaigns. This is because schools are still closed, and some have been turned into barracks. Curfews also hamper the reporting of cases of disease.

The scarcity of water and contamination have led to a serious spread of communicable diseases. Respiratory and intestinal infections account for a large proportion of contagious diseases in the occupied territories.

As was expected, measles appeared in Palestinian communities in early February 1991. 200 cases and six deaths were reported. Tetanus occurred among newborn babies in particular; infectious hepatitis became rampant, and eye infections spread. The period also saw an increase in chronic diseases, particularly renal insufficiency, cardiovascular diseases, and cancer.

Infections of the respiratory system continue to be the major cause of infant morbidity and mortality. It is estimated that 35% of infants die of respiratory infections and 20% of acute diarrhoeal diseases. Diarrhoea is responsible for 30-35% of child hospital admissions because of poor environmental sanitation. On 1 June 1990 the inhabitants of the village of Bteir reported that diseases were spreading among the people of the village, the children in particular, because of the continued imposition of curfew. The children were suffering from dehydration and diphtheria and could not be moved to hospitals. The villagers appealed to international and humanitarian organizations to help them get the curfew lifted, so that they could have their children treated and go to seek provisions and baby milk for them.

Another study has shown that schoolchildren suffer from intestinal parasites such as Ascaris, Lambliia intestinalis, Entamoeba histolytica and Taenia, particularly T. saginata.

As for the target diseases of the Expanded Programme on Immunization, the epidemiological situation now points, as was expected, to some diseases having acquired epidemic dimensions. Tuberculosis continues to constitute a health problem in the West Bank; 145 cases were reported in 1989.

Among the nearly 2 million Palestinians registered with UNRWA, reported cases of other communicable diseases were as follows in 1988: 440 cases of typhoid, 11 420 cases of dysentery, 1280 of infectious hepatitis, 40 720 of influenza, 8340 of mumps, and 8568 of chickenpox; 202 cases of brucellosis were reported, mostly in the West Bank where it is still endemic; 103 cases of cutaneous leishmaniasis were reported in the Jericho district, where it occurs at regular intervals. Other skin diseases are rampant, such as scabies and lice infestation, arising mainly from the population density in the camps and the lack of health education. A study conducted in the West Bank and Gaza Strip has pointed to the spread of eye diseases such as cataract and trachoma, resulting in blindness. The same study showed that 80% of the cases of loss of sight were caused by curable diseases.

Annex

Other studies have shown that other diseases transmitted via the environment, including respiratory infections, diarrhoeal diseases (especially infant dysentery) and infectious hepatitis still constitute a major health problem. This underlines the urgent need for improving sanitation systems in the camps and for intensive health education programmes to ensure the necessary follow-up action by the population to check the spread of these diseases. The Gaza Strip is a case in point; population density, environmental deterioration and inadequate health conditions have led to a rise in the incidence of disease, as shown in the following table:

| <u>Disease</u>       | <u>1989</u> | <u>1990</u> | <u>Increase (%)</u> |
|----------------------|-------------|-------------|---------------------|
| Chickenpox           | 2563        | 12 121      | 472.92              |
| Mumps                | 259         | 2 645       | 1021.24             |
| Pertussis            | 1           | 6           | 600                 |
| Infectious hepatitis | 186         | 716         | 384.95              |
| Dysentery            | 2242        | 3 200       | 142.73              |
| Measles              | 15          | 132         | 880                 |
| German measles       | -           | 58          |                     |

In addition to these, six cases of tetanus were reported among newborn infants.

Also on the increase as causes of morbidity and death are chronic diseases, such as cardiovascular diseases, cancer, respiratory infections, diseases of the digestive system, diabetes, renal insufficiency, and anaemia among pregnant women and infants.

As regards cancer, the Israeli occupation authorities continue to reject repeated calls from hospitals for the equipment needed to treat cancer patients. There are no cancer departments anywhere in the occupied territories. Patients encounter major difficulties in obtaining medical care in Israeli hospitals; restrictions on movement and on currency and the high cost of treatment are prohibitive.

#### 5. REPRESSIVE ISRAELI PRACTICES AND INSTRUMENTS AND THE DETERIORATION OF THE HEALTH OF THE PALESTINIANS DURING THE INTIFADA

The conditions of Israeli occupation which the Palestinian people have faced since 1948 have triggered their creative capacities to struggle for freedom and emphasize their identity. These capacities have given rise to a Palestinian uprising which began at the outset of the occupation and took root in Palestinian soil until it became ripe for action in December 1987. Since then it has become a generalized uprising in all the occupied Palestinian territories, under a unified organization aiming to put an end to the occupation. But the occupying Israeli authorities have resorted to the most abhorrent and inhumane methods of torture and intimidation. They have wielded the stick, bullet and grenade to counter the stone held by the Palestinians, thus upsetting the human balance and making Palestinians pay a high price for their liberty in terms of martyrdom and injuries.

##### 5.1 Victims of Israeli repression from the start of the occupation up to the inception of the intifada (1967 - December 1987)

The period prior to the Palestinian intifada saw various patterns of Palestinian resistance. Stone-throwing was the predominant feature of this struggle, while firing bullets was the predominant feature of the Israeli reaction which produced many

Palestinian victims, including martyrs, injured persons and detainees. In the period 1968-1983, the Israeli authorities recorded the death of 92 Palestinians and the injury of 519 in four uprisings that took place in 1967, 1974, 1976 and 1982 in the aftermath of the Israeli invasion of Lebanon. The fifth uprising took place in 1985. The following one in 1986 lasted three days and ended in the death of four martyrs; there were 25 injured persons and dozens of detainees. The number killed by the bullets of the Israeli forces in 1986 was 21 persons in the West Bank and Gaza strip. In January 1987, the city of Khan Younis in the Gaza Strip was the nucleus of another uprising in the aftermath of a deportation order on a young man. One Palestinian was killed, a great number were injured and more than 130 were arrested.

We can therefore see that the patterns of Palestinian resistance from 1967 to 1987 changed and developed into a meaningful attitude, with the inception of a generalized uprising in December 1987.

## 5.2 Victims of Israeli repression in the first three years of the intifada

The uprising of the Palestinian people in December 1987 turned the Palestinian struggle into an overall confrontation under a unified organization and aiming at achieving independence. Since that date the uprising began a new stage, accompanied by an increase in Israeli violence and in innovations in the field of human torture that went beyond inflicting physical injuries to include all spheres of life, from blowing up houses to deportation, detention, uprooting of trees, deprivation of education, starvation, imposition of taxes, closing down of educational institutions, and other violations.

The following table summarizes Israeli violations of the human rights of Palestinians in the occupied territories during the first three years of the intifada.

### Martyrs and injured persons

The occupation authorities have resorted to innovative methods in applying violent practices against the Palestinian people, for example:

#### Beatings

These occupy first place among the methods used to quell the intifada, as people injured as a result of beatings accounted for 46% of the total of those injured during the first three years of the intifada. Young people have been the most exposed to this barbarous form of torture, which varied from direct beatings with hands and feet to the use of truncheons and rifle butts in order to cause bone fractures, which have made beatings the second cause of disability. A study carried out during the first year of the intifada indicated that one in every seven cases of beating results in disability.

#### Gunshots

These occupy first place as regards the number of martyrs who have fallen victims to them and as regards the number of disabilities and resulting complications, and they take second place after beatings in terms of the number of injured persons, with 36.4% of the total. The use of gunshots from close quarters is proof of the policy of murder deliberately followed by the occupation authorities.

| Type of violation   | 1st year | 2nd year | 3rd year | Total  |
|---|----------|----------|----------|--------|
| 1. Administrative detainees (assumed)                     | 5 000    | 3 500    | 4 000    | 12 500 |
| 2. Deportees  | 32       | 26       | *        | 58     |
| 3. Curfews **   |          |          |          |        |
| West Bank   | 1 906    | 1 226    | 1 421    | 4 553  |
| Gaza Strip  | 1 432    | 1 828    | 863      | 4 123  |
|   | -----    | -----    | -----    | -----  |
| Total   | 3 338    | 3 054    | 2 284    | 8 876  |
| 4. Uprooted trees   | 23 440   | 54 258   | 16 876   | 94 574 |
| 5. Demolition and closure of houses for security reasons: |          |          |          |        |
| Demolition of houses                                      | 108      | 154      | 150      | 412    |
| Closure of houses   | 23       | 107      | 126      | 256    |
| Demolition of houses for lack of permit                   | 425      | 319      | 241      | 985    |
| Indirect demolition                                       | 28       | 41       | 1        | 70     |
| Demolition by settlers                                    | -        | -        | 3        | 3      |
| Total   | 584      | 621      | 521      | 1726   |

\* n.a.

\*\* The total number of curfew days in different areas.

Source: Palestinian Information Centre for Human Rights, Jerusalem, January 1991.

### Gas

Injuries resulting from inhalation of gases used by the occupying forces take third place a regards the number of injured persons, but second place after gunshots in terms of the number of martyrs. The occupying forces deliberately use gas in confined spaces, especially houses and schools, as is proved by the fact that more females than males sustain gas injuries. This form of torture has resulted in 3000 cases of abortion; in addition, there has been a substantial increase in infant mortality caused by congenital malformations.

### Rubber bullets

These occupy fourth place, directly after gas, as regards the number of injured persons, accounting for 8.3% of the total in the first three years of the intifada. They take third place as regards causes of disability, as the above-mentioned study shows that one out of every five injuries from rubber bullets results in disability. This high ratio of injuries has resulted from the firing of rubber bullets from close quarters, turning them into a more murderous instrument than conventional bullets.

The occupying authorities have not been content with injuring Palestinian citizens, but have prevented ambulances from reaching them and conveying them to health care centres, have attacked the injured Palestinians, their doctors and nursing staff inside hospitals, and have broken into operating theatres and intensive care units to arrest them. The Special Committee of Experts stated in its report A43/14 (paragraph 10): "Apart from the individual sufferings of those who were personally affected by the intifada as already described above, their accounts indicated that human rights are frequently ignored in the occupied territories. Very often the wounded have no access to care for several hours, during which time they are detained on police or army premises".

The number of Palestinian martyrs killed by occupying soldiers, and for whom Israel admits responsibility, has reached 892, which is far less than the real number of murdered persons, which according to other sources exceeds 1200. The following table gives a breakdown of the number of martyrs during the first three years of the intifada and the causes of their martyrdom.

| Cause                                | 1st year | 2nd year | 3rd year | Total |
|--------------------------------------|----------|----------|----------|-------|
| Gunshots                             | 283      | 312      | 147      | 742   |
| Gas                                  | 65       | 14       | 9        | 88    |
| Beatings, torture<br>trampling, etc. | 32       | 19       | 11       | 62    |
| Total                                | 380      | 345      | 167      | 892   |

Source: Palestinian Information Centre for Human Rights, Jerusalem, January 1991.

Annex

The number of injuries was 106 000 over the first three years of the intifada from 8 December 1987 to 8 December 1990, distributed as follows:

1. First year: 46 000, distributed as follows by cause of injury:

- 45% beatings
- 10% live ammunition
- 10% rubber and aluminium bullets
- 30% gas
- 5% burning and trampling.

2. Second year: 34 000. Tables and charts show their distribution by cause and age group.

3. Third year: 26 800. Tables and charts show their distribution by cause and age group.

DISTRIBUTION OF PERSONS INJURED IN THE  
GAZA STRIP DURING THE SECOND YEAR OF  
THE INTIFADA

(JANUARY 1989 - DECEMBER 1989)

| Age group<br>and sex       | Cause of injury    |                   |                    |                      |              |            |           | Total        |
|----------------------------|--------------------|-------------------|--------------------|----------------------|--------------|------------|-----------|--------------|
|                            | Live<br>Ammunition | Rubber<br>Bullets | Plastic<br>Bullets | Aluminium<br>Bullets | Beating      | Gas        | Burns     |              |
| Children under<br>16 years | 1 384              | 143               | 58                 | 761                  | 1 204        | 156        | 11        | 3 717        |
| Females over<br>16 years   | 332                | 80                | 8                  | 314                  | 626          | 196        | 5         | 1 559        |
| Males over<br>16 years     | 2 328              | 75                | 112                | 397                  | 1 696        | 37         | 7         | 4 652        |
| <b>Total</b>               | <b>4 044</b>       | <b>298</b>        | <b>187</b>         | <b>1 472</b>         | <b>3 524</b> | <b>389</b> | <b>23</b> | <b>9 928</b> |

DISTRIBUTION OF PERSONS INJURED IN THE WEST BANK  
DURING THE SECOND YEAR OF THE INTIFADA

(JANUARY 1989 - DECEMBER 1989)

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| Age group<br>and sex       | Cause of injury    |                   |                    |                      |         |     |       | Total |
|----------------------------|--------------------|-------------------|--------------------|----------------------|---------|-----|-------|-------|
|                            | Live<br>Ammunition | Rubber<br>Bullets | Plastic<br>Bullets | Aluminium<br>Bullets | Beating | Gas | Burns |       |
| Children under<br>16 years | 170                | 273               | 58                 | 38                   | 767     | 200 | 36    | 1 542 |
| Females over<br>16 years   | 497                | 217               | 18                 | 39                   | 312     | 255 | 7     | 1 345 |
| Males over<br>16 years     | 1 036              | 274               | 120                | 62                   | 2 750   | 317 | 37    | 4 416 |
| Total                      | 1 703              | 764               | 196                | 139                  | 3 829   | 592 | 80    | 7 303 |

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CHART SHOWING THE DISTRIBUTION OF PEOPLE INJURED IN THE INTIFADA IN THE  
GAZA STRIP AND THE WEST BANK DURING 1989

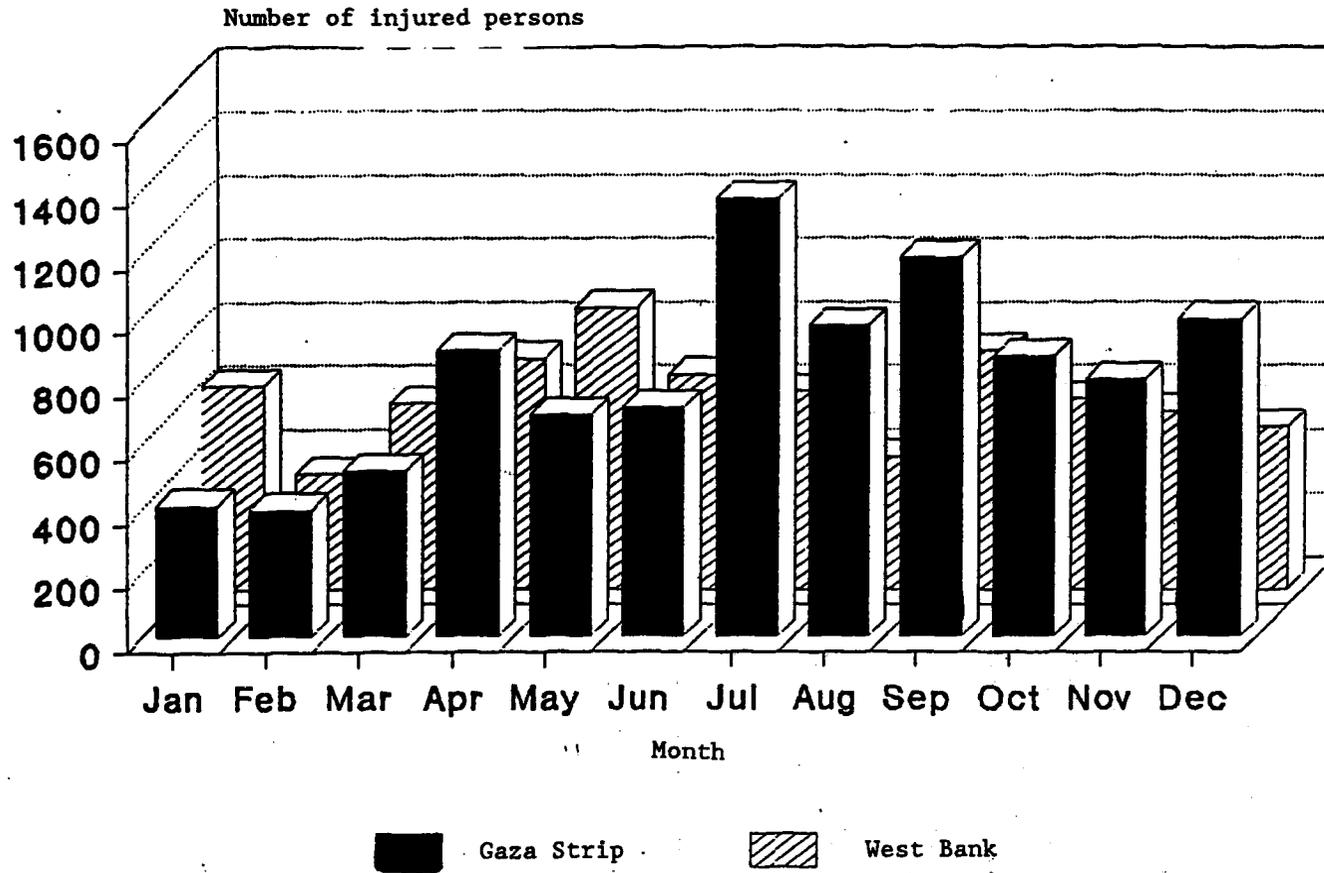


CHART SHOWING THE DISTRIBUTION OF PEOPLE INJURED IN THE INTIFADA, BY CAUSE OF INJURY, IN THE OCCUPIED TERRITORIES DURING 1989

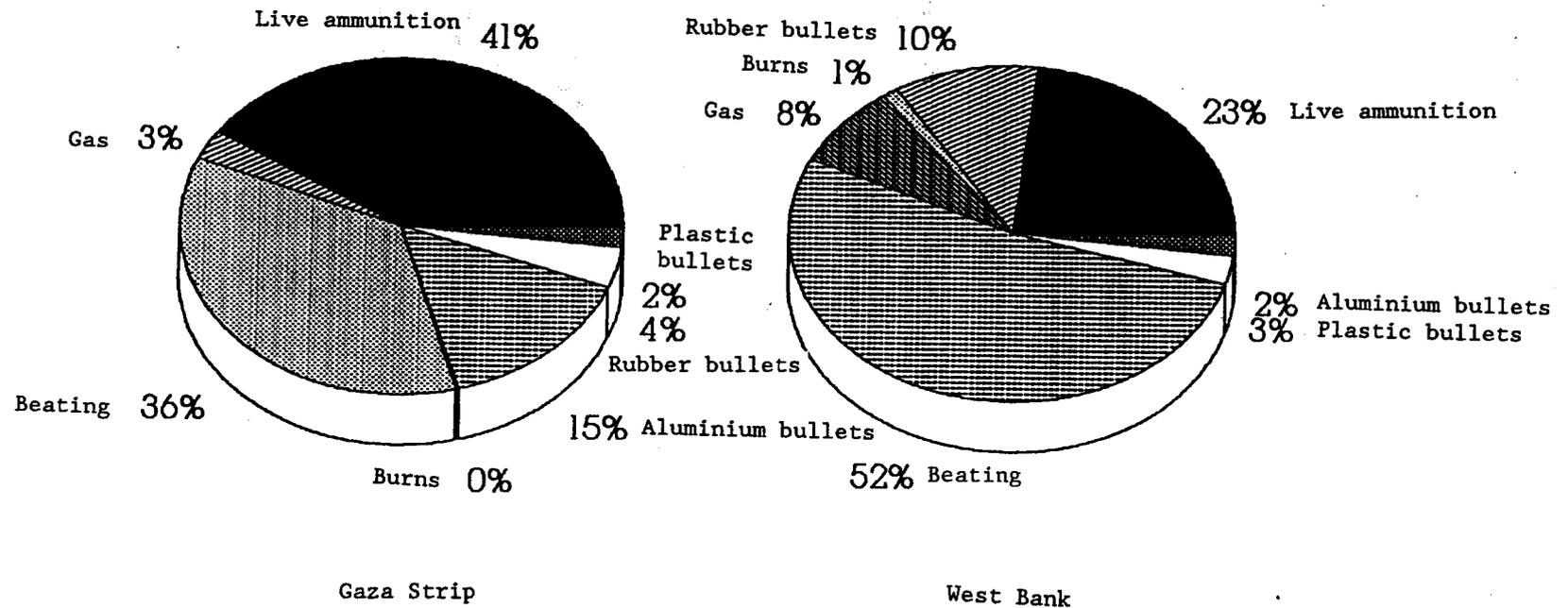
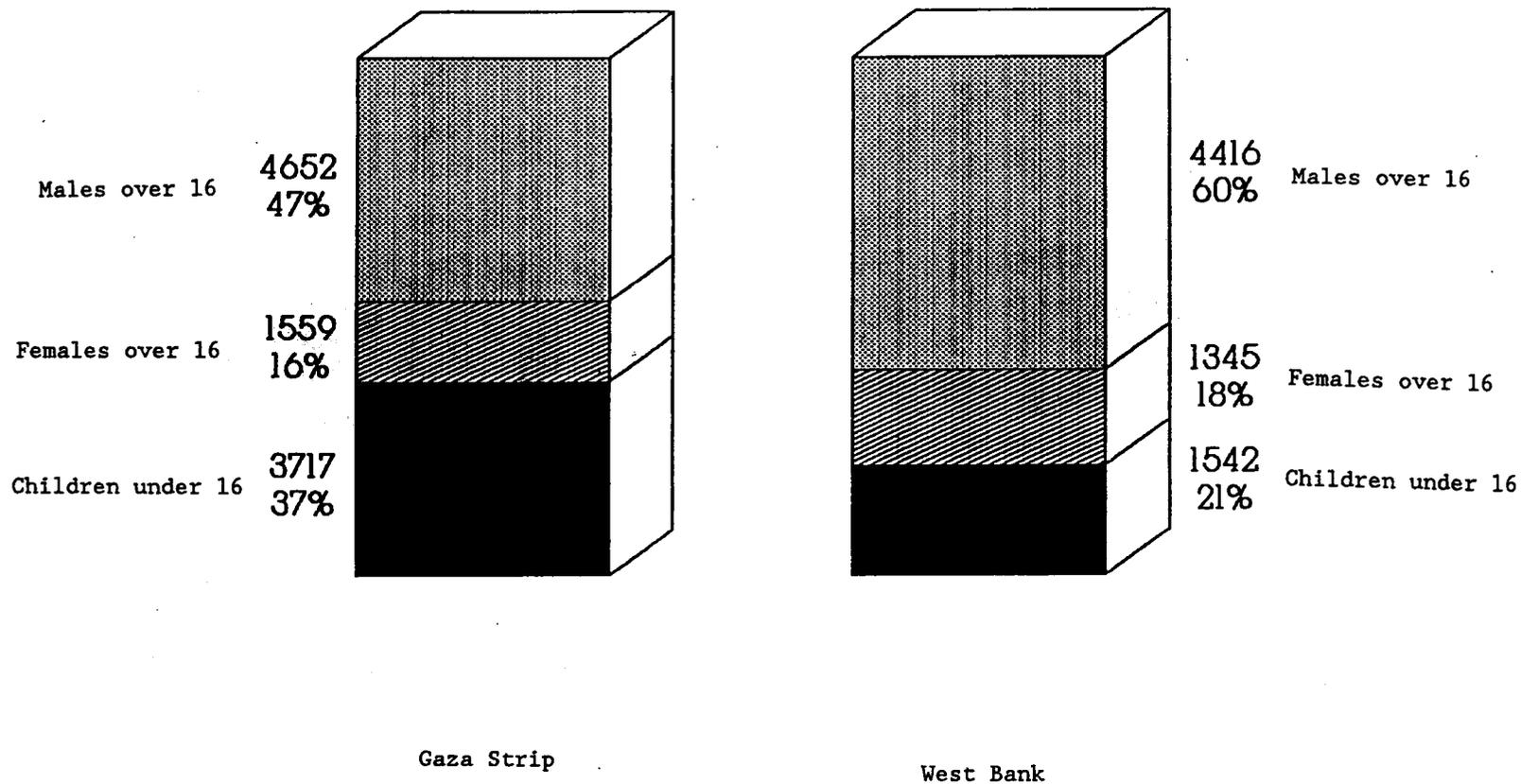


CHART SHOWING THE DISTRIBUTION OF PEOPLE INJURED IN THE INTIFADA BY AGE AND SEX,  
IN THE GAZA STRIP AND THE WEST BANK DURING 1989



DISTRIBUTION OF PERSONS INJURED  
IN THE GAZA STRIP DURING THE THIRD  
YEAR OF THE INTIFADA

(JANUARY 1990 - LATE NOVEMBER 1990)

| Age group<br>and sex       | Cause of injury    |                   |                  |         |     |       | Total |
|----------------------------|--------------------|-------------------|------------------|---------|-----|-------|-------|
|                            | Live<br>Ammunition | Rubber<br>Bullets | Metal<br>Bullets | Beating | Gas | Burns |       |
| Children under<br>16 years | 696                | 143               | 414              | 1 013   | 269 | 6     | 2 541 |
| Females over<br>16 years   | 387                | 59                | 107              | 474     | 217 | 5     | 1 249 |
| Males over<br>16 years     | 1 946              | 89                | 139              | 1 661   | 274 | 7     | 4 116 |
| Total                      | 3 029              | 291               | 660              | 3 148   | 760 | 18    | 7 906 |

DISTRIBUTION OF PERSONS INJURED IN THE  
WEST BANK, DURING THE THIRD YEAR  
OF THE INTIFADA

(JANUARY 1990 - LATE NOVEMBER 1990)

| Age group<br>and sex       | Cause of injury    |                   |                  |         |     |       | Total |
|----------------------------|--------------------|-------------------|------------------|---------|-----|-------|-------|
|                            | Live<br>Ammunition | Rubber<br>Bullets | Metal<br>Bullets | Beating | Gas | Burns |       |
| Children under<br>16 years | 428                | 328               | 180              | 848     | 193 | 11    | 1 988 |
| Females over<br>16 years   | 181                | 189               | 62               | 410     | 199 | 2     | 1 043 |
| Males over<br>16 years     | 741                | 372               | 151              | 1 284   | 218 | 22    | 2 788 |
| Total                      | 1 350              | 889               | 393              | 2 542   | 610 | 35    | 5 819 |

CHART SHOWING THE DISTRIBUTION OF THE PEOPLE INJURED DURING THE INTIFADA IN BOTH THE GAZA STRIP AND THE WEST BANK, 1990

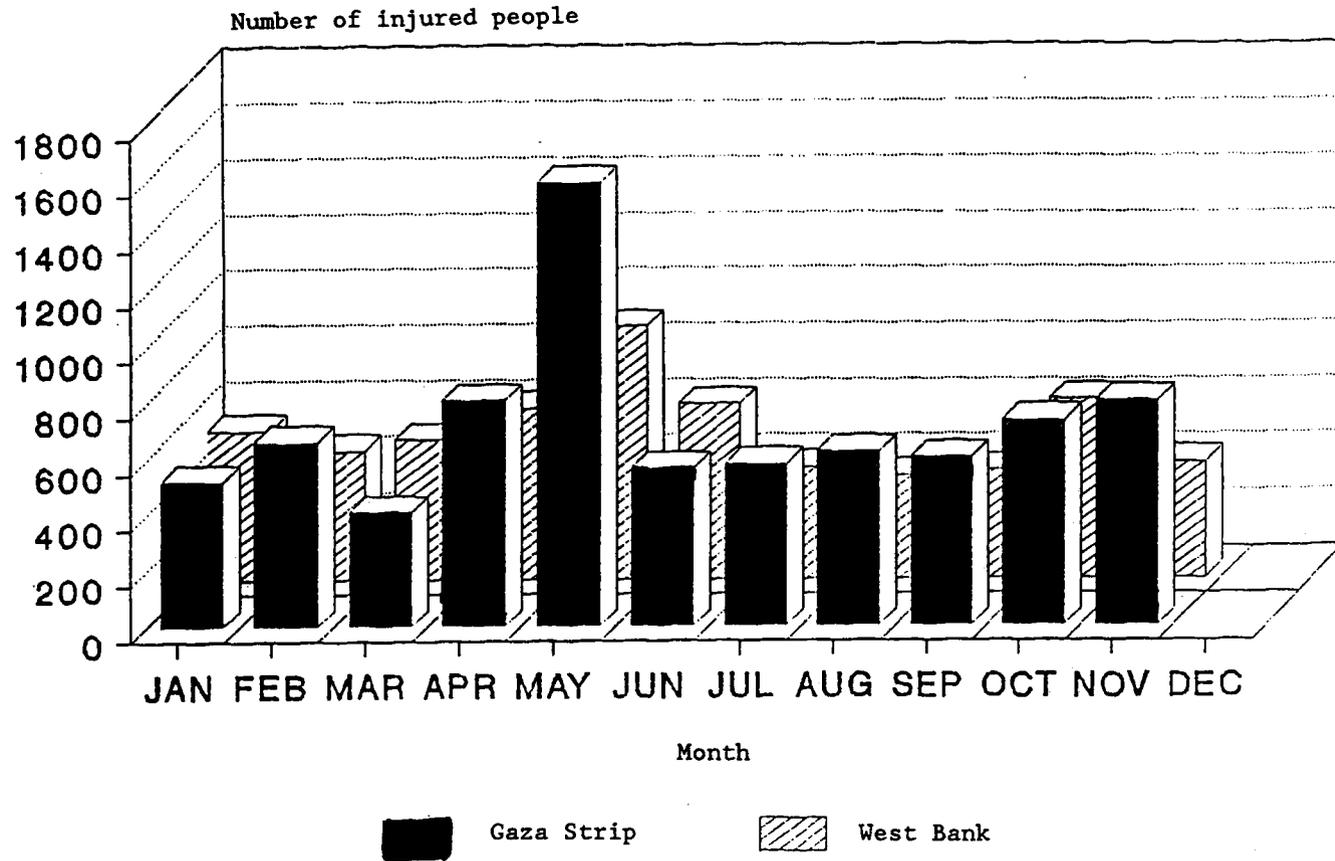


CHART SHOWING THE DISTRIBUTION OF PEOPLE INJURED IN THE INTIFADA, BY CAUSE OF INJURY, IN THE OCCUPIED TERRITORIES DURING 1990

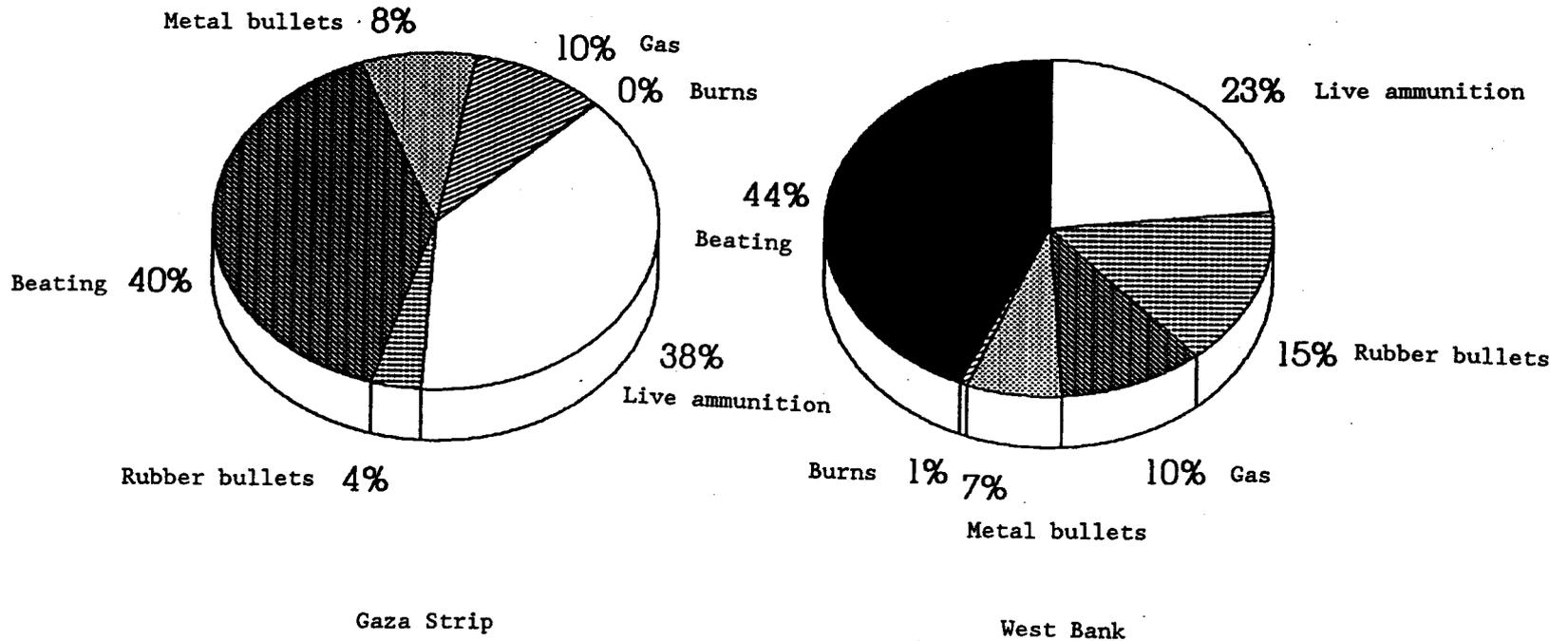
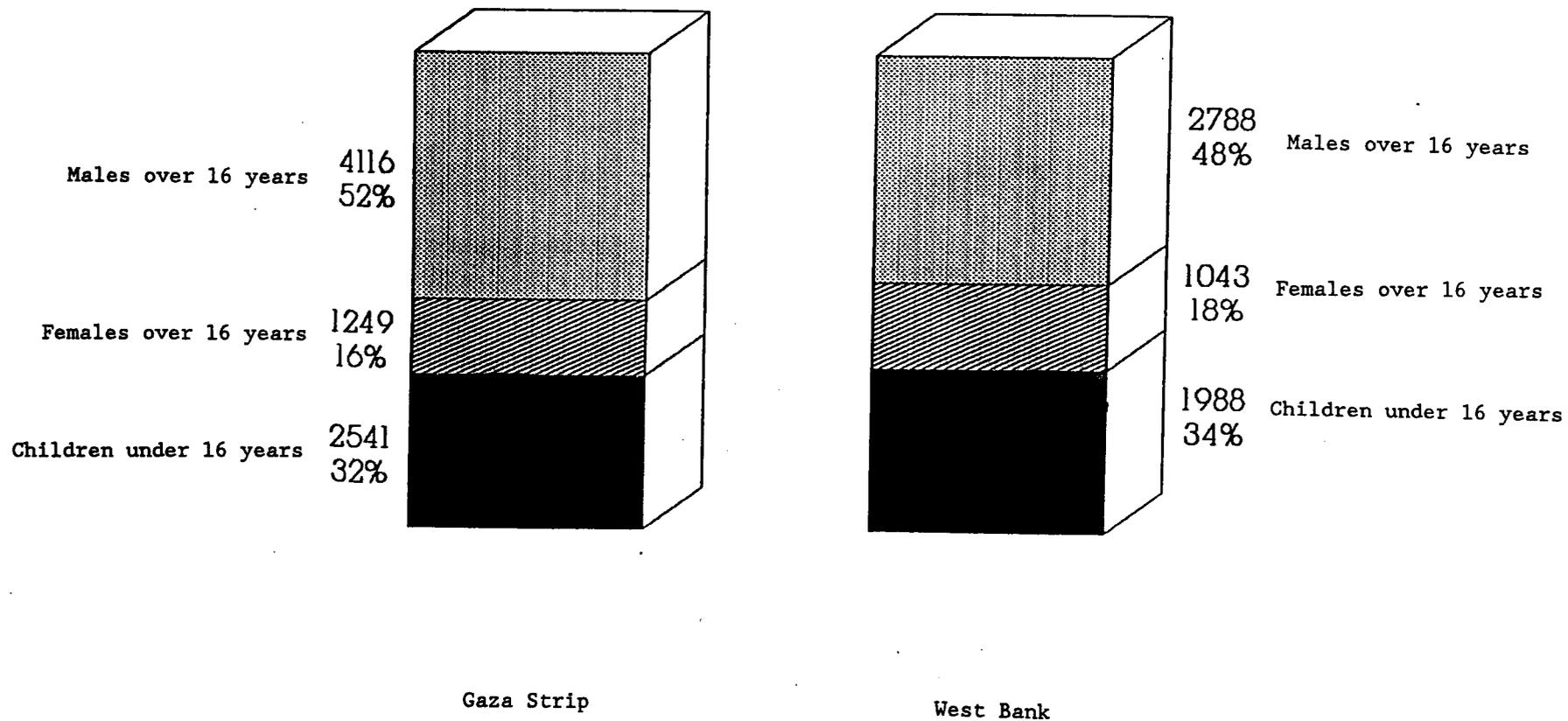


CHART SHOWING DISTRIBUTION OF PEOPLE INJURED IN THE INTIFADA, BY AGE AND SEX,  
IN THE GAZA STRIP AND THE WEST BANK DURING 1990



Taking into account the fact that the figures given in the charts are the initial numbers of injuries, according to data available in clinics and hospitals, and only half of such cases are recorded in those establishments, the true figures are almost double those shown above.

It should be noted that this year numerous massacres have been perpetrated by the occupation authorities against innocent Palestinians. The more repulsive ones are:

#### The massacre at Uyun Kara (Rishon Le-Zion)

On 20 May 1990, called Black Sunday by the Palestinians, an Israeli soldier committed a massacre, in which nine Gaza workers lost their lives and more than twenty were injured near Ramallah while on their way to work in an Israeli settlement. The massacre caused widespread protests in the occupied Palestinian territories against Israeli oppression of the Palestinian people. Thirteen more Palestinians were killed in the protests, and more than 850 were injured by Israeli soldiers. This explains the high number of injuries suffered during this month of the year.

#### The massacre at the Holy Aqsa Mosque

On 8 October 1990, the occupation forces added a new episode to the series of blood-baths perpetrated against the Palestinian people, when these forces stormed the Holy Mosque in Jerusalem, killed 21 Palestinian worshippers, and injured no less than 500. Thereupon, Palestinians in all parts of the occupied territories broke out in protest against this brutal massacre, which led in turn to the killing of three more Palestinians and left hundreds of them injured.

The world strongly condemned this massacre, and the Security Council adopted resolution 672 on 12 October 1990 in which it condemned violence in the Al-Aqsa mosque and recommended sending a fact-finding mission on behalf of the Secretary-General of the United Nations. The Israeli Government totally rejected the United Nations resolution and criticized the Security Council for interfering in its alleged right of sovereignty over the city of Jerusalem. On 25 October the Security Council adopted a second resolution, No. 681, in which it condemned the refusal of the Israeli Government to receive the mission of the Secretary-General of the United Nations. The European Parliament has also condemned this massacre and the policy of organized repression directed against the Palestinians in the occupied territories.

This terrible massacre perpetrated against the sons of the Palestinian people at the Al-Aqsa mosque was the continuation of the Israeli policy implemented in Jerusalem, especially its design to gain control over the Holy Mosque and to allow some extremist Jewish Organizations such as Josh Amonim, the faithful of the temple, the Kach movement and others to undertake hostile acts against the Palestinians. To this must be added the continuous Judaization of Jerusalem and the settling of immigrants in the occupied territories.

#### The massacre at Rafah

On 29 December 1990, an Israeli unit wearing civilian clothes and driving a car with local Gaza licence plates entered the city of Rafah. The soldiers noticed two young men with their faces covered writing slogans on the walls commemorating the anniversary of the outbreak of the Palestinian revolution. They shot and killed them. As a consequence of this incident strong protests flared up in which two young men died of gunshot wounds, a woman died from inhaled gases and more than 600 citizens received injuries of various kinds. Another young man also died in Khan Younis. The injuries inflicted during that day in both Rafah and Khan Younis included 291 gunshot wounds, 480 injuries due to gas, and 23 injuries from mechanically thrown stones; two citizens lost an eye and five women suffered abortion.

### 5.3 Victims of Israeli repression during the curfew imposed during the Gulf war (January-February 1991)

The Israeli occupation authorities justified their imposition of the curfew as a way to protect the citizens during the Gulf war. This allegation, however, is incompatible with the great numbers of dead and wounded who fell at the hands of the occupation forces during this period, as exemplified by the use by the occupation forces of unlimited violence against the Palestinian citizens who were overburdened by the long periods of curfew and had no choice but to violate it.

It was difficult to gather precise data on the number of people wounded during the curfew that the occupation authorities imposed on the Palestinians during the Gulf war. This is not only because investigators were prevented from gathering information, but also because the Palestinian wounded were prevented from receiving treatment at the health centres.

On the basis of data gathered from the UNRWA centres on the West Bank during the last week of January and the first week of February 1991, six people were injured by live ammunition, six by rubber bullets, 13 by cruel beatings and two by inhaled gases. No data were provided as to the number of wounded treated in other centres. It should be noted that most of the injured were unable to reach the health centres because of the curfew or because of fear of reprisals by the Israeli authorities against injured people registered in the hospitals or health centres.

During the period from 30 January 1990 to 11 February 1991, some health centres and hospitals in the Gaza Strip registered 202 injuries, of which 172 were due to cruel beatings, nine to gas poisoning and 21 to live or rubber bullets.

From the start of the Gulf war up to 13 February 1991, six Palestinian citizens died at the hands of the occupation forces. The occupation authorities justified the killing of one of them by his participation in throwing rocks; it justified the killing of another by a scuffle with Israeli soldiers, while the other four were killed for no reason. During the same period an Israeli military vehicle fatally hit a 4-year-old girl, and a Palestinian youth died in the detention camp Ansar 3 as a result of improper treatment inside the camp.

A spokesman for the occupation authorities stated that 3647 Palestinians were arrested from the beginning of the curfew up to 13 February 1991. This number represents twice the usual rate of detentions that applied before the curfew. Moreover, on 17 February 1991 a spokesman for the occupation authorities declared that the number of Palestinians in the military and civilian prisons and in the Israeli detention camps had reached 11 195 detainees, made up of 1353 administrative detainees, 4398 sentenced, 4079 undergoing trial and 1365 undergoing investigation. The occupation authorities have persistently under-reported the number of Palestinian detainees, more than half the detentions effected during this period having been due to the violation of the curfew. The sentences varied between one and 12 weeks, with the payment of a fine of up to US\$ 500. The detentions continued, and in August 1990 the occupation authorities issued instructions altering the maximum period of administrative detention without a formal charge from six months to a whole year. Most of these Palestinians were detained in Ansar 3 detention camp.

### 5.4 Conclusions

- All categories of the Palestinian people have been and still are subjected to death or injury without distinction of sex, age or place of residence.

- Almost half of the injured were young people, which may have serious effects on the future productive capacity of the Palestinian people.

- Children and women were not excepted from the Israeli ruthlessness; during the first three years of the intifada, 20% of the total injured were women. Children accounted for 24.76% of the total injuries during the first year, and this figure increased to 31% during the second and third years of the intifada.

- Injuries to the body, head and arms constituted 82% of all injuries sustained during the first year of the intifada; these facts contradict claims by Israeli authorities that they only aim at the lower limbs.

- One in every 11-12 injuries resulted in the loss of a part of the body, paralysis, or partial disablement, the loss of one of the functions of the body, or permanent damage to one of the body's organs. It is expected, therefore, that there will be 8833 disabilities out of the total of 106 000 injuries. This demonstrates the dimensions of the dangers threatening the future of the Palestinian people.

- Continued oppression of the Palestinians, even during the curfew imposed on the occupied territories by the Israeli authorities at the time of the Gulf war, confirms that the occupation authorities have adopted violence as a deliberate policy, not as a reaction, nor to disperse Palestinian demonstrations.

The toll of the Palestinian intifada from its inception up to February 1991 is some 190 000 Palestinian citizens, most of them youths and children, who have been killed, wounded, detained or deported; in other words, 95 out of every 1000 Palestinians are under threat of death, injury, detention or deportation at the hands of the occupation authorities, not to mention demolition of homes, violation of property, and the exertion of psychological pressure. Such practices must surely motivate peace advocates and supporters of the protection of human rights to put an end to this genocide perpetrated by the occupation authorities against the Palestinian people.

## 6. DISABILITY AND REHABILITATION

Rehabilitation services prior to the intifada were not adequate to meet the needs of the Palestinian people. Oppression by the occupation authorities has increased since the beginning of the intifada, resulting in injury and disability for a great number of youths and children, estimated at 8833 cases in the first three years, compounded by other disabilities caused by communicable diseases and hereditary factors. The problem of rehabilitation has thus been greatly aggravated in view of the urgent need for prevention, prompt intervention, training and integration into society. The burden shouldered by existing centres has become considerably heavier as a result, and these centres, whose level of efficiency was modest to begin with, are no longer able to cope.

Rehabilitation services in the occupied territories lack a national structure, which adversely affects the services provided, because the lack of coordination and integration among providers who are competing in the rendering of services, thereby disregarding the proper utilization of resources, causes further deterioration. Rehabilitation services in the occupied territories are also badly distributed. Some 50% of West Bank inhabitants are concentrated in the northern region, but they have only 28% of the rehabilitation centres. Whereas 30% of the population live in the central part of the West Bank, they have 61% of these centres in their region (Bethlehem, Jerusalem, Ramallah). In the southern part (Hebron), where 20% of West Bank inhabitants reside, they have no more than 7% of these services. Moreover, most of the centres are located in remote areas, which makes access rather difficult.

The Gaza Strip has only a few centres for handicapped children and training for the blind, in addition to some hospital-based physiotherapy services and a centre for the elderly. Services for the deaf and cerebral paralysis patients are non-existent. Most centres also suffer from a severe shortage of resources.

As most rehabilitation services are provided by private and civil institutions and societies, and therefore depend on the support of funds and groups in the Gulf area, they have deteriorated for lack of financial support, and many have come to a complete halt on account of the Gulf war.

## 7. MENTAL HEALTH SERVICES

Not a single Palestinian in the occupied territories, regardless of social group or convictions, enjoys a sense of security or freedom, nor is there a single Palestinian who does not feel oppressed under Israeli occupation. Such states of mind result from being subjected to all kinds of suppression by the occupation authorities. Every Palestinian family has suffered directly from oppression, especially since the start of the intifada, with at least one of its members killed, injured, or detained. Occupation troops have made a habit of using live ammunition, rubber bullets and gas bombs against demonstrators. They have resorted to arbitrary detention, beatings, torture, threats, intimidation and insults, especially insulting elderly people and parents in front of their children. They have demolished houses on the least suspicion of resistance to the occupation, they have stormed hospitals, operating theatres and intensive care units to interrogate or arrest the wounded, not to mention beating them up along with physicians and nurses. They have deliberately hindered ambulances from carrying the wounded to medical centres. They have violated the sanctity of holy places, imposed prolonged curfews, closed schools and universities, stormed academic institutions, and banned the circulation of numerous books.

This variety of forms of oppression renders the Palestinian people most susceptible to sustained psychological pressures, especially those borne by children who seem to be the target of aggression at the hands of the occupation troops. Attention must be drawn here to the long-term adverse effects of such pressure upon children.

Evidently, therefore, the Palestinian people are among those most in need of mental health care, and Palestinian children must be promptly protected for the sake of their future health, especially their mental health.

Among the positive results of the intifada is the decrease in crime rates in general, the reduction of the use of narcotics, and the recession of the drug trade in the occupied territories. In the absence of a national police force in the service of the people, this is surely no mean achievement.

A first glance at the chart of mental health services in the occupied territories reveals the inadequate distribution of these services. In the West Bank, they are mainly concentrated in the Jerusalem/Ramallah/Bethlehem area, in the Gaza Strip mainly in Gaza City itself.

In the West Bank there is only one mental hospital, founded before the occupation, with 320 beds, i.e. 0.04 beds per 1000 citizens compared with 3.77 per 1000 Israelis. This hospital is under tremendous pressure owing to the great number of patients; the occupancy rate reached 120% in 1984. Services are poor, and repeated interference with hospital work by the occupation authorities makes them even worse. Five clinics are linked to this hospital in the West Bank; in addition, there are five private psychiatric clinics. Recently a second consultation centre for mothers and children was established in Jerusalem.

In the Gaza Strip there is only one psychiatric unit, with 32 beds, which comes under the Directorate of Health. Another clinic is located in Khan Younis, and there are two private clinics in Gaza City. In 1990 the Gaza Community Mental Health Programme was initiated.

A major feature of mental health services in the occupied territories is the lack of any coordination and linkage to make them into a single integrated service. Such services usually start as individual projects supported by the dedication and enthusiasm of their founders, but here they have not attained the status of an integrated mental health service as is seen in other communities.

## 8. PALESTINIAN NATIONAL HEALTH PLAN

In order to organize and deliver their health services, nations have a national health plan covering all aspects of health needs, i.e. primary health care, curative health services, mental health and vocational training. This plan establishes systems and educational programmes to train the health experts that are needed and upgrade the training of existing personnel in order to improve their performance. The health authorities are responsible for the implementation of this plan, within the limits of their possibilities, and appeal to regional institutions and international specialized agencies when their means are not adequate.

The World Health Organization offers its experience and collaborates with the countries of the world, particularly the developing countries, to improve the planning and delivery of health services. In some cases, it prepares regional and international programmes, such as the primary health care programme, and helps countries to implement them.

The Palestine Red Crescent, which is responsible for the health of the Palestinian people, has served in complete coordination and collaboration with Palestinian national health institutions, as the health authority that is needed by any people, and has developed the national health plan of which an outline was submitted last year. The Red Crescent hopes to collaborate with all the parties involved to develop and implement this plan, and would seek support from states, international agencies, the World Health Organization and nongovernmental organizations. It will then be able to offer health services in the context of a fully coordinated policy, ensuring that proper use is made of the support it receives to pursue the attainment of WHO's objective of health for all by the year 2000.

## SUMMARY AND CONCLUSIONS

This report highlights the extent to which the health, social and economic situation in the occupied Arab territories has deteriorated and shows just how much the health of Palestinian citizens has suffered under Israeli repression and the inhuman practices used by the occupation forces in dealing with the intifada. In spite of the strenuous efforts of the International Committee of the Red Cross, WHO, UNRWA and other humanitarian organizations to alleviate the sufferings of Palestinian citizens, the situation remains unchanged. This is the conclusion of the Special Committee of Experts in its report (A42/14, paragraph 18): "Moreover, if the present situation in the occupied territories goes on indefinitely there is a danger, in the Committee's opinion, that it will produce disturbances harmful to the psychosocial and behavioural development of the population, especially children."

The occupation forces developed new methods of repression during the Gulf war and imposed a total curfew on the entire occupied territories, thereby disregarding all international and humanitarian law, covenants and conventions and compounding the economic, social and health sufferings of Palestinian citizens. This situation calls for intervention on the part of peace-loving states and international agencies and organizations to ensure that the Palestinian population under the yoke of occupation are guaranteed the necessary protection. In this connection, report A41/9 of the Special Committee of Experts (paragraph 18) stated: "The Special Committee earnestly hopes that all the parties concerned will do everything in their power, without waiting for a permanent solution to be found, to respond urgently to the health problems faced at

present, so that the populations of these territories may also reach a level of health that is consistent with the principles of the Organization which are basic to the happiness, harmonious relations and security of all peoples."

The Palestine Red Crescent has therefore developed the Palestinian national health plan to promote and consolidate Palestinian efforts at health provision, both inside and outside the occupied territories, and to coordinate local and international efforts in various areas of health, especially primary health care. Since this is an integral part of the health system, the fact that there is no unified health authority in the occupied territories makes it difficult to establish provision of primary health care under the occupation regime. The Committee has stressed that the health problem in the occupied territories demands a political solution, as stated in its report A42/14 (paragraph 19): "It therefore seems that in the present context the various health problems raised throughout this report call for a solution that takes the political dimension of the problems into account."

It is the intimate conviction of the Palestinian people that the peoples of the world, the international humanitarian organizations of the United Nations system, national humanitarian organizations and all people throughout the world who care for freedom, peace and justice, will share their aspiration to attain their humanitarian and national aims, their just and legitimate goals, in the establishment of their own independent State, so that they may attain the WHO objective of health for all by the year 2000.

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