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Human rights situation in Palestine and other occupied Arab territories

Written statement* submitted by Medical Aid for Palestinians (MAP), a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[11 February 2019]

* Issued as received, in the language(s) of submission only.



Right to health for Palestinians amid protests in Gaza

Overview and legal framework

1. As a humanitarian and development organisation working in the Occupied Palestinian Territory (OPT), Medical Aid for Palestinians (MAP) would like to express its deep concern regarding ongoing violations of Palestinians' right to health in Gaza and across the occupied Palestinian territory.

2. International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. As a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Israel has also recognised “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and committed to take steps to achieve the full realisation of this right. Nevertheless Israel's policies and practices in the West Bank, including East Jerusalem, and Gaza demonstrate disregard for these obligations and lack of accountability for its abuses.

Health and humanitarian context of the “Great March of Return”

3. The “Great March of Return” in Gaza protests occur in a context of, and are in part motivated by, decades intensified and unlawful¹ closure imposed by Israel since 2007. The closure is a primary driver of humanitarian needs and Gaza's economic near-collapse.

4. The closure has accelerated Gaza's de-development, including with regards to healthcare.² This occurs directly, through restrictions on movement of people and goods, and indirectly, through economic damage and by compounding Gaza's political and functional separation from the West Bank.³ The de-development of healthcare is compounded by cycles of destruction and damage to health facilities – committed with impunity – during Israeli military offensives, and subsequent slow rebuilding.

5. Restrictions to the exit of health workers limit their professional development at more advanced hospitals in the West Bank, including East Jerusalem, and abroad, leading to shortages of specialist doctors and nurses in heart surgery, oncology, ophthalmology and neurosurgery. Israel's “dual use list” also restricts entry of equipment including X-ray scanners, and medical materials including radiosotopes used to identify and treat cancer.

6. In February 2018, a month before the “Great March of Return” protests began, the World Health Organization (WHO) warned that health services in Gaza were “on the brink of collapse”.⁴ Since then, the situation has only worsened. Due to chronic electricity shortages, hospitals and health centres have relied for the majority of the year on backup generator power for up to 20 hours per day. Depletion of fuel for health services has caused intermittent temporary closure of services at hospitals and clinics. The lives of 2,000 patients relying on electrical devices, including new-born babies in incubators, have been repeatedly put at risk. In December, Gaza's Central Drug Store held less than one month's supply of 42% of essential medicines, including 20% of those needed for emergency departments, surgery and intensive care, and 23% of medical disposables.

7. For historical reasons relating to the development of certain medical specialties at Palestinian hospitals in East Jerusalem, and also due to the depleted quality and availability of healthcare in blockaded Gaza, many patients require referral for treatment at more advanced centres of care elsewhere in the OPT or abroad. In both 2017 and 2018, more than

¹ <https://www.icrc.org/en/doc/resources/documents/update/palestine-update-140610.htm>

² https://unsco.unmissions.org/sites/default/files/gaza_10_years_later_-_11_july_2017.pdf

³ <https://www.map.org.uk/downloads/health-under-occupation---map-report-2017.pdf>

⁴ <http://www.emro.who.int/pse/palestine-news/funding-urgently-needed-to-prevent-collapse-of-gaza-health-system-february-2018.html>

10,000 such scheduled, medical appointments were missed by patients from Gaza due to denials and delays by Israel.

8. In 2017, according to the WHO, Israel approved just 54% of exit permits for patients referred for treatments outside Gaza. This is the lowest rate on record, down year on year from 92% in 2012. At least 54 people in Gaza, 46 of them cancer patients, are known to have died in 2017 after denial or delay to their permit and consequently missed appointments.⁵ In 2018, 61% of permits were granted, the second-lowest annual rate on record. A much higher rate of permit denials and delays was recorded for those injured at the protests.⁶ Frequent closures of the Rafah border by Egypt also restrict patients' ability to travel for treatment.

9. This summary demonstrates the conclusion of the UN Special Rapporteur on the situation of human rights in the OPT who found, in March 2018, Israel to be "*in profound breach of the right to health with respect to the Occupied Palestinian Territory.*"⁷

Deaths and injuries in the context of the protests in Gaza, 30 March – 31 December 2018

10. Data from the WHO indicates that between 30 March and 31 December 2018, 255 people were killed by Israeli forces in Gaza.⁸ The majority of these were killed in the context of the protests.

11. Over the same period, 26,405 Palestinians were reported to have been injured as a result of Israeli forces' use of live ammunition and other weapons including teargas. Of these, 12,333 were treated at 'Trauma Stabilization Points' (TSPs), created in locations close to the Gaza perimeter fence.⁹ According to the Ministry of Health (MOH) in Gaza, 14,072 patients were referred to hospital emergency departments for treatment. Of these, 6,239 (44%) suffered live ammunition gunshot wounds. Live ammunition therefore accounted for nearly a quarter (23.6%) of the overall injury cases (treated at TSPs and hospitals) over this period. Among the casualties, three health workers were shot dead and 565 injured.¹⁰

12. The majority of injuries received to emergency departments were to patients' limbs, including 5,429 limb gunshot wounds. A total of 113 amputations were reported during this period (98 lower limb and 15 upper limb), including 20 to children. MAP expects scores more amputations to be required over the coming months from those already injured, in part due to the lack of capacity for the health system to adequately treat those with complex limb injuries. There were 21 cases of paralysis due to spinal cord injury.

13. UN Special Procedures have labelled Israel's actions a "blatant excessive use of force"¹¹ and stated that the "*deadly use of force against demonstrators could constitute crimes under the Rome Statute.*"¹²

Limb reconstruction treatment needs

14. Gunshot wounds incurred at the protests have been characterised by small entry wounds and large, devastating exit wounds, with significant damage to bone and destruction of soft tissue. Beyond the immediate harm of blood loss and pain, patients face acute risks of

⁵ <https://www.map.org.uk/news/archive/post/795-press-release-54-gaza-patients-died-in-2017-while-following-denial-or-delay-to-exit-permits>

⁶ <https://www.un.org/unispal/document/un-human-rights-experts-say-gaza-health-care-at-breaking-point-ohchr-press-release/>

⁷ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22854&LangID=E>

⁸ http://www.emro.who.int/images/stories/palestine/documents/WHO-Health-Cluster-Special-SitRep-_17_-_31_Dec_2018_updt.pdf?ua=1

⁹ <http://www.emro.who.int/pse/photo-essays/trauma-stabilization-points-key-to-optimized-trauma-care-in-gaza.html>

¹⁰ <http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks2018.jpg?ua=1>

¹¹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23087&LangID=E>

¹² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22950>

sepsis and gangrene, and long-term risks of osteomyelitis (bone infection), exacerbated by the limited local capacity to identify and adequately treat bone infections.¹³

15. MAP estimates there are up to 1,500 patients with severe limb injuries requiring up to seven surgeries and extensive rehabilitation ('limb reconstruction') over a period of up to two years. Each surgery requires approximately 2-3 hours of operating time. Patients will also need regular outpatient care including x-rays, blood tests, dressing changes, pain management, and as many as 30 physiotherapy appointments.

16. The huge number and complexity of limb injuries would significantly challenge well-equipped health services elsewhere, let alone in occupied, blockaded and impoverished Gaza where the quality and timeliness of necessary treatment is complicated by shortages of medicines, equipment and qualified health staff, as well as impeded referral.

17. Potential consequences of inadequate treatment include loss of function and lifelong disability, including amputation if the limb is particularly distorted. Persons with disabilities in Gaza face significant challenges to their and their families' rights and wellbeing. In Gaza, more than 90 percent of people with disabilities are unemployed, and daily electricity outages mean that those requiring electrical assistive devices such as scooters face severe mobility constraints.¹⁴

18. The process of limb reconstruction is long and painful, and during treatment patients suffer disabling effects equivalent to those of amputation, including restricted ability to work. Given the traumatic nature and context of the gunshot wounds, and additional challenges to their quality of life including high unemployment and otherwise restricted economic, cultural and social rights, we expect a high incidence of psychological distress and poor mental health among the patients. This in turn may impact their clinical outcomes. Support and treatment for mental health needs is severely under-resourced in Gaza.

Recommendations

The widespread use of force in the context of the "Great March of Return" protests and 11 years of unlawful closure have seriously undermined Palestinians' right to health in Gaza. We call on the Human Rights Council and Member States to:

- 1) Demand Israel abide by its obligations under international humanitarian and human rights law, as the occupying power in Gaza and the West Bank, including East Jerusalem;
- 2) Urge Israel to immediately end the unlawful blockade and closure of Gaza and the separation between the Gaza and the West Bank, including East Jerusalem;
- 3) Urge Israel and Egypt to permit the free, unimpeded and timely movement of patients and medical professionals outside Gaza;
- 4) Take steps through bilateral and multilateral aid assistance to reverse the de-development of healthcare in Gaza, and ensure the immediate and sustainable provision of medical care, rehabilitation, and psychological support to those injured in the context of the protests; and
- 5) Pursue accountability for all violations of international human rights and humanitarian law, including attacks on medical personnel, in order to ensure justice for victims and deter repetition.

¹³ <https://www.msf.org/gazans-injuries-risk-permanently-shattering-lives-palestine>

¹⁴ <https://www.ochaopt.org/content/gaza-people-disabilities-disproportionately-affected-energy-and-salary-crisis>