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"Gewalt, Gewalterfahrung und Gesundheit"

No hope for patients in Gaza?

Von Hadas Ziv, Miri Weingarten

Rajab Almughrabi, 28, was diagnosed in October 2007 as suffering from Chondrosarcoma, a rare cancer. On 25th November he was referred by the Palestinian MoH for medical care at Maqassed hospital in East Jerusalem. The GSS (General Security Service, Israeli secret services, Shabac) opposed his exit. Physicians for Human Rights Israel (PHR) submitted a request on his behalf on 25th November, which was rejected. The High Court petition submitted on his behalf on 27th December resulted in an undertaking by GSS to enable his exit to Jordan. The Jordanian embassy, however, rejected his request for a visa a month later. Rajab's condition deteriorated and a second request was submitted on his behalf for passage to East Jerusalem on 14th January 2008. Before an answer was received, the Rafah Crossing was breached on 25th January, and Rajab reached Al Arish hospital on 28th January, where, however, the necessary treatment was unavailable. His access to Egypt was blocked by the Egyptians. He returned to Gaza in late February and died at home on the 9th March, untreated, seven months after his disease had been diagnosed.

Lack of checks and balances

Since Hamas took political control over Gaza, different decisions by both Israel and the international community have caused a severe deterioration of the civilian infrastructure – including medical services – of the Gaza Strip, at the same time that Israeli government policies made access out of the Gaza Strip extremely difficult for those patients for whom treatment is not available in the Gaza Strip and who need to exit to Israel, the West Bank & East Jerusalem, Jordan or Egypt to more advanced medical centres.

In June 2007 security prohibitions by Israeli authorities increased, correlating with a dramatic increase in patients appealing to PHR-Israel for assistance in acquiring a permit to exit Gaza for medical care, following a denial of such permit by the Israeli authorities.

From a monthly average of 32 applications to us from Gaza during January-May 2007, we reached an average of 72.5 applications during June-September and of 146 during October-December. Furthermore, PHR-Israel success rates in reversing the decisions of the Israeli

authorities, decreased from 67% during Jan-May 2007 to 47% during Jun-Sep and to 7% during Oct-Dec. This process signified a lack of true criticism by the different Israeli institutions on the policy of the GSS, and a lack of true consideration of the medical needs of the patients.

This lack of checks and balances is also evident in our different procedures of petitions to the Israeli High Court of Justice. When PHR Israel appealed to the High Court in the name of 26 patients in June 2007, the state made a distinction between risk to life and risk to quality of life. Thus patients who were in the risk of losing eye sight or limb were rejected from exiting the Gaza Strip. Only those whom their medical condition was defined as risk to life were allowed in. The court refused to intervene in this unethical distinction between medical conditions and the result was that one patient in the petition, Alaa' Odeh, had both legs amputated, while the other, Amin Shihwan, lost his eyesight.

No letter of thanks

After September '07, when the State declared Gaza a "hostile entity," PHR-Israel found itself contending with the rejection even of life-threatening cases, when, in two separate cases, seven patients in life-threatening condition required a full publicity campaign as well as legal proceedings to ensure their access to life-saving care.

A glimpse of hope was given by the High Court's decision in November 2007 that "Even 'evil people' should not be denied life-saving care" (HCJ 9522/07 ruling, PHR-Israel and eleven patients). For life-threatening cases, the ruling recommended finding solutions that "enable medical care while minimizing the possibility of damage to security". Comparison was made by the court to prisoners who receive appropriate medical care.

But this hope was short lived, as in January '08 the High Court of Justice denied redress even to rejected patients in life-threatening condition. Other appeals we have submitted since have met the same fate.

In general, in all of the appeals the Court refused to address any policy issue and claimed that each patient is a separate petition. In January, the Court – overturning November's HCJ ruling – found "no grounds for intervention" in the decision of the State to deny access to seven patients on security grounds (ruling 8.1.08). In a second petition, Court refused to intervene on behalf of a leukaemia patient denied exit from Gaza and rejected the petition. In March, in a separate petition for a cancer patient, not only was the patient rejected, but the Judge, Justice Melzer, wondered why he had submitted no letter of thanks to the Israelis following care that had been given him previously.

Furthermore, in January the Court clearly declared that the occupation of Gaza Strip had ended and that Israel has very little responsibility to its residents. Surprisingly enough this passed with little international attention or criticism.

Patients are not a gaming piece

Thus, patients in Gaza depend on an Israeli system that completely lacks checks and balances and that has shrugged off its responsibility towards them. Accountability or even criticism is not demanded by the international community and not even by the Fatah government in the West Bank, each for their own reasons and interests.

Patients, the most vulnerable community in a population under curfew, should not be a gaming piece in a political struggle. Their needs are clear and easy to answer. It is the political will that is lacking. This lack of political will is one factor that stands in the way of any positive breakthrough of a stalemate that endangers the future of both peoples and takes a deadly toll from the weakest in both societies.

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PHR-Israel demands

That the State ensures access of all patients needing medical care unavailable in Gaza to medical centres outside Gaza, as a matter of policy.

That the GSS (Israeli secret services, Shabac) desist immediately from conditioning the exit of patients from Gaza on acting as informers on others.

That Israel recognizes its responsibility for the welfare of the population of Gaza as Occupying Power.

That international players use political means as well as leverage connected to their own provision of aid to Gaza to pressure Israel to recognize its responsibilities for the Occupied Territories as whole, and end its siege on Gaza.

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