More information

- American Friends Service Committee - Middle East Peacebuilding Programs
  www.afsc.org/middleeast/peace/israel-palestine.htm
- B’tselem, the Israeli Information Center for Human Rights in the Occupied Territories, includes testimonies, photos, and a specific report on deaths of Palestinians due to denial of medical treatment/restrictions on movement. www.btselem.org
- Jewish American Medical Project, organization based in Cambridge, MA, which facilitates delegations to the Occupied Palestinian Territories to provide medical aid and document the impact of occupation on both Palestinian and Israeli populations. www.vopc.org

Five things you can do to help

1. Sign up for email action alerts posted by the Union of Palestinian Medical Relief Committees (UPMRC). www.upmr.org
2. Volunteer with a medical relief team in the Occupied Palestinian Territories. Emergency care and surgery skills are particularly needed. Contact the Jewish American Medical Project to participate in an upcoming delegation or contact Palestinian and Israeli health organizations directly and offer your volunteer services. (www.vopc.org/jamp.htm)
3. Hold a forum in your community and invite a speaker to talk about the impact of the military occupation on medical care and public health. Speakers are available through the AFSC in Chicago (312) 427-2533, or via the AFSC national website.
4. Join national advocacy efforts coordinated through the US Campaign to End Israeli Occupation (www.endtheoccupation.org).
5. Contact your elected officials and voice your concern about the Palestinian health crisis. Use the facts and information provided to begin your dialogue.

Palestinian Health Care Crisis

Health and the Occupied Palestinian Territories

Great efforts have been made by Palestinian and international non-governmental organizations, the Palestinian Health Ministry, and the United Nations Relief Works Agency (UNRWA) to provide health services and medical care to Palestinians living in the Occupied Territories. Hospitals, mobile and village-based health clinics, emergency services, a national health insurance program, training for health professionals, and services such as immunization and in-school health education programs have attempted to meet the needs of more than a million Palestinians.

Israel must put an end to the imposition of disproportionate and discriminatory restrictions on Palestinians’ movement in the Occupied Territories which have crippled the Palestinian economy and caused widespread poverty, unemployment and increasing health problems. (Amnesty International, “Surviving Under Siege,” September 2003)

In early October 2000 (after the beginning of the second Palestinian uprising), the Israeli government imposed the most severe restrictions on movement in the Occupied Palestinian Territories since the beginning of the occupation in 1967, worsening the closures and checkpoints imposed in 1991. Curfews, military sieges, and “internal closures” — the restriction of movement between Palestinian communities within the West Bank and Gaza Strip — have contributed to a worsening economic situation and Palestinian health care crisis. (According to an OCHA (Office for Coordination of Humanitarian Affairs) survey in July 2003, 396 barriers have been erected in the northern West Bank alone.)

The provision of health care is bound to the situation and ability of people to move from one region to another, according to Dr. Mustafa Barghouti, President of the Union of Palestinian Medical Relief Committees (UPMRC). “This is an unprecedented situation. It is the first time that an entire people is prevented from using their roads for a period of [more than] two years. The effects on the health situation are catastrophic.” (upmr.org, “Drastic Deterioration of Palestinian Health Conditions, action alert,” August 2, 2003)

According to B’tselem, an Israeli human rights group that documents human rights violations in the Occupied Territories, “Israeli officials have repeatedly stated that emergency medical cases are allowed to cross at checkpoints. The reality is different. The sick are often prevented from moving along the roadways, both by physical obstacles (such as concrete blocks and piles of dirt) and by soldiers at checkpoints.” (From B’tselem, “Deaths of Palestinians following Delay in Obtaining Medical Treatment because of Restrictions on Movement during the al-Aqsa Intifada”)

AFSC principles and positions

The AFSC’s position on the Palestinian-Israeli conflict is based on the Quaker belief that there is that of God in each person and a commitment to nonviolent action for social change. Based on these beliefs and within the framework of international law and the UN Declaration of Human Rights, the AFSC strives for a lasting peace between Israelis and Palestinians that provides justice and security for all peoples living in the region.

American Friends Service Committee

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Illustrating the Palestinian Health Care Crisis

Relevant Facts

- Up to 75 percent of Palestinian health care professionals are unable to work regularly, leading to a decrease in immunization levels and pre-natal care, and severely affecting all sectors of the health care system. (UN office for the Coordination of Humanitarian Affairs, 2003)
- Almost 75 percent of Palestinians now live below the UN poverty line of $2/day. (Palestinian Central Bureau of Statistics, April 2002)
- Fifty percent of Palestinians require external food assistance to help meet their minimum daily caloric intake. (USAID, World Bank Report, August 2002)
- More than 70 percent of the Palestinian population lives in rural areas that do not have hospital services.
- Eighty Palestinians have died due to soldiers and/or closures that prevented access to medical treatment. (as of October 9, 2003; www.upmrc.org)
- Fifty-two Palestinian women have given birth at Israeli checkpoints. One third of the babies died. (as of October 18, 2003, Health Development and Information Policy Institute)
- One hundred percent increase in the number of ambulance delays at roadblocks by the Israeli military. Fifteen medical personnel were killed while on duty; 275 have been injured. (UPMRC & Palestine Red Crescent statistics, July 2003).
- Eighty percent of the ambulance fleet of the Palestinian Red Crescent Society has been damaged by the Israeli military. Fifteen medical personnel were killed while on duty; 275 have been injured. (www.palestineredcross.org)
- One hundred percent increase in number of Palestinians attending mental health clinics; most new cases are children. (Losing Ground: Israel, poverty and the Palestinians, Christian Aid report, January 2003)
- Vaccination and school health programs have been interrupted due to closures and an inability to reach small, remote villages. (www.upmrc.org/content/health)

Death at a Checkpoint

Rana A-Jaysah, a 17-year-old from a village near Tulkarem, went into labor on the morning of March 9, 2002. She gave birth at the house of a midwife because the roads were blocked and she couldn’t get to the hospital. The infant died at birth. The mother’s condition deteriorated and her husband tried to take her to the hospital in Qalqiliya. Soldiers at the checkpoint delayed them for about thirty minutes and only then summoned an ambulance. When the ambulance arrived, she was already dead. (www.btselem.org/English Freedom_of_Movement Aqsa_Death_after_Delay.asp)

Army Seizure of Ambulance

The Israeli army stopped a Palestinian Medical Relief Ambulance at gunpoint on June 13, 2003, in the Palestinian village of Deir Ghassaneh. The soldiers got into the ambulance and forced the medical team, at gunpoint, to drive around the village. The soldiers used the cover of the ambulance to try and arrest people. After twenty minutes, the ambulance team refused to carry on and announced that they would rather be shot than be forced to help the soldiers arrest the villagers. The soldiers threatened them by saying that if the ambulance team revealed that the soldiers were in ambush, they would shoot them. The soldiers also confiscated the identification cards of the ambulance team, making them unable to move or function in their roles as health workers. (UPMRC alert, June 14, 2003)

Prevent Medical Access to a Patient

A Medical Relief Committee (MRC) ambulance carrying Mutasaram Mohammed Zabayeh, an eight-year-old cancer patient, was turned back at the Hizme checkpoint on January 9, 2003. Mutasaram was trying to travel from Ramallah to Bethlehem Hospital to receive treatment. Despite the fact that the boy had medical papers describing his condition, the ambulance was stopped for a half hour at the checkpoint. In the end, MRC’s ambulance driver reported that a soldier told him “I do not want to let you pass,” and the ambulance was turned back. (UPMRC alert 1/9/03 www.upmrc.org)

Public Health Implication of Checkpoints

There is no garbage disposal site within the precincts of the three villages [al-Hatab, Salem, Aznum near Nablus]. Since in the past waste was dumped on the outskirts of Nablus. For this reason large accumulations of waste were recorded during the visit, and large numbers of insects, pests, and rats were reported as well as unpleasant odors. Moreover, large packs of stray dogs were seen roaming both among the garbage and freely in the fields. The dogs are not vaccinated or supervised and pose a health hazard, as well as direct physical danger to the residents. The trench, although dry during the dry season, was not cleaned after being flooded by sewage and rain during the rainy season, and may be expected to be once again filled with polluted water when the rains begin – posing a severe sanitary hazard, and a nesting ground for insects and bacteria. According to Dr. Barkat, a sharp increase in Hepatitis A was recorded in the second half of 2002 as a result of sanitary conditions. (*Impounded Until Further Notice: Sanitary Conditions and the Environment,* PIR-Israel, July 2003)

Mental Health

It is not only food and physical health that these children lack. From Jenin to Rafah, hundreds of thousands of children are suffering from psychological trauma whose impact is difficult to gauge. These are children who, in the past three years, have been exposed to death in truly frightening dosages, to destruction, shooting, tanks in the streets, soldiers invading their homes in the middle of the night, arrests, beatings and multiple forms of humiliation. Some of them lost their friends, in some cases before their eyes. Two hundred and thirty Palestinian children under the age of 15 and another 208 aged 15-18 have been killed since September 2000. Many others have been rendered paralyzed or disabled, and their friends have been exposed to horrors. One doesn’t have to be a psychologist to understand that children who live with deep anxiety for such a lengthy period will suffer mental problems. And, of course, hardly any of them are getting professional assistance. (Gideon Levy, “The generation that doesn’t know Joseph”, Ha’aretz, 2003)

International Law

International humanitarian law protects medical services in times of conflict.

The wounded and sick, as well as the infirm and expectant mothers shall be the object of particular protection and respect.... The parties to the conflict shall endeavour to conclude local agreements for the removal from besieged and encircled areas of wounded, sick, infirm and aged persons, children, and maternity cases, and for the passages of the ministers of all religions, medical personnel and medical equipment on their way to such areas.

(Articles 16 & 17, Fourth Geneva Convention)