

The Effects of Israeli Violations During the Second Uprising “Intifada” on Palestinian Health Conditions*

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Introduction

THIS ARTICLE DOCUMENTS ISRAELI VIOLATIONS OF INTERNATIONAL HUMAN RIGHTS and humanitarian law during the second Intifada, and their effects on the health situation of more than three million Palestinians living in the West Bank and Gaza Strip. The document covers a 19-month period starting with the eruption of the Intifada on September 28, 2000, through April 2002. The article is based on reports of such violations documented by numerous international, Israeli, and Palestinian health and human rights organizations operating in the field. The ultimate goal of this report is to present the facts, in the hope that the international community will work toward implementing international legitimacy and preventing such violations in the future.

Background

With the establishment of the state of Israel in 1948 on 78% of historic Palestine, 385 Palestinian villages were destroyed and over 700,000 Palestinians were expelled to neighboring states. Following that, the West Bank and East Jerusalem came under Jordanian administration, and the Gaza Strip came under Egyptian administration. In 1967, Israel began a military occupation of the West Bank, East Jerusalem and the Gaza Strip. Figure 1 (located at the end of the article) depicts territories occupied by Israel since June 1967 (U.N. Cartographic Unit, 1991). Twenty years later, the first Intifada – the Palestinian grassroots movement to resist Israeli occupation – erupted.

International efforts aiming to resolve the conflict brought an end to the Intifada with the signing of the Interim Oslo Agreements and the establishment of the Palestinian National Authority in 1994. According to Oslo Agreements, the final status talks between Palestinians and Israelis should have started no later than May 1996 and reached an end to the conflict based on U.N. resolutions 242 and 338 no later than May 1999. As Figure 2 shows, the Oslo Agreements have resulted in the division of the West Bank and Gaza Strip to three kinds of areas: area A (under Palestinian security and civilian authority), area B (under Israeli security authority and Palestinian civilian authority), and area C (under Israeli security and civilian authority). Although a high percentage of population in the West Bank and Gaza Strip lives in areas A and B, it is noteworthy that there is no territorial integrity between these areas. A Palestinian who resides in a city or village in areas A or B would need to pass through area C to commute to another village or city in areas A or B. The West Bank is completely cut off from East Jerusalem, which remains

under complete Israeli control. Additionally, Israel still controls all the borders with the outside world, including borders with Jordan and Egypt (B'Tselem, 2001a).

The second Intifada started on September 28, 2000, two months following a deadlock in the Camp David negotiations between Palestinians and Israelis on final status issues including refugees, Jerusalem, borders, and settlements. Israeli violations intensified dramatically during the Israeli reoccupation of the Palestinian-controlled refugee camps and towns in the West Bank, which started early in March 2000 and lasted for several weeks. Over 20,000 Israeli soldiers, accompanied by tanks, Apache helicopters, and F-16 warplanes, have attacked the most populous residential areas of the West Bank. The Israeli army pronounced their areas of operation to be closed military zones and ordered foreign and local media to evacuate these areas. Those who chose to stay did so under their personal responsibility. Members of humanitarian agencies were not allowed inside the areas of operations. Preliminary reports from international humanitarian organizations indicate that severe violations of humanitarian laws were committed during this period, resulting in a humanitarian crisis for Palestinian civilians. Israel's reoccupation of Palestinian-controlled areas continued in defiance of U.N. Security Council Resolutions 1402, 1403 and 1405, which called for the withdrawal of Israeli troops from Palestinian cities recently reoccupied (U.N., 2002). According to David Holley, an independent military expert, and one of Amnesty International's (2002) delegates:

The military operations we have investigated appear to be carried out not for military purposes but instead to harass, humiliate, intimidate, and harm the Palestinian population. Either the Israeli army is extremely ill-disciplined or it has been ordered to carry out acts which violate the laws of war.

International efforts to send a U.N. fact-finding mission into the West Bank Jenin refugee camp have failed due to Israel's refusal to allow such a mission. The United Nations High Commissioner for Human Rights, Mary Robinson (2002), stated in a press conference on May 7, 2002: "I think it's very regrettable that Israel doesn't accept a fact-finding mission which was supported by the U.N. Security Council." She added, "if there is no accountability, this will undermine the integrity of the human rights system and will reinforce a sense of double standards."

It is important to note that the Israeli violations of human rights and humanitarian law documents during the second Intifada are taking place over and above the Israeli defiance of several U.N. resolutions regarding the Palestinian-Israeli conflict, some of which are more than 50 years old. The following is a partial list of these resolutions (U.N., 2002):

- *U.N. General Assembly Resolution* (December 11, 1948): "... Resolve that the refugees wishing to return to their homes and live at peace with their neighbors should be permitted to do so at the earliest practicable date, and that compensation should be paid for the property of those choosing not to return and loss of or damage which, under principles of international law or in equity, should be made good by the Governments or authorities responsible..."

- *U.N. General Assembly Resolution 303* (December 9, 1949): "... the City of Jerusalem shall be established as a corpus separatum under a special international regime and shall be administered by the United Nations..."
- *U.N. Security Council Resolution 242* (November 22, 1967) called for: "... withdrawal of Israeli armed forces from territories occupied in the recent conflict..."
- *U.N. General Assembly Resolution 2649* (November 30, 1970): "... Affirms the legitimacy of the struggle of peoples under colonial and alien domination recognized as being entitled to the right of self-determination to restore to themselves that right by any means at their disposal..." and "... condemns those Governments that deny the right to self-determination of peoples recognizes as being entitled to it, especially of the people of southern Africa and Palestine..."
- *U.N. Security Council Resolution 338* (October 22, 1973): called for the implementation of U.N. Security Council Resolution 242.
- *U.N. Security Council Resolution 452* (July 20, 1979): "... Calls upon the Government and people of Israel to cease, on an urgent basis, the establishment, construction, and planning of settlements in the Arab territories occupied since 1967, including Jerusalem..."

Israeli Violations of International Human Rights and Humanitarian Law

Israeli violations of international human rights and humanitarian during the second intifada that have an impact on Palestinian health conditions are grouped in three main categories: (1) disrespect for the principle of medical neutrality; (2) the use of collective punishment measures against Palestinian civilians; and (3) Israel's use of excessive, disproportionate, and indiscriminate force to combat the Palestinian intifada. For each of these categories, the report presents the international human right or humanitarian law being violated, the Israeli measures violating the law, and the effects on the health conditions of Palestinians. This report provides only a few examples of human rights violations and is not intended to document all such violations.

1. Disrespect for the principle of Medical Neutrality

Although Israel has ratified and is bound by the Geneva Conventions, no respect is shown on Israel's side for the principle of medical neutrality recognized in these conventions. Documents cases of Israeli attacks on Palestinian healthcare providers while on duty, and on Palestinian medical facilities, which occur in violation of the Fourth Geneva Convention Articles 20 and 18 (see Table 1 at the end of the article), are presented below:

A. ATTACKS ON EMERGENCY MEDICAL SERVICES AND MEDICAL PERSONNEL (FOURTH GENEVAL CONVENTION, ARTICLE 20))

The Palestinian Red Crescent Society (PRCS) is the main provider of emergency medical care in the Palestinian territories occupied in 1967. PRCS operates 100 ambulances (66 in the West Bank and 34 in the Gaza Strip) from 20 stations and substations (24 in the West

Bank and six in Gaza). PRCS also deploys mini-field hospitals near clash point as needed to treat and stabilize patients before discharge or transfer to hospital emergency rooms.

PRCS reported 174 documented attacks on their ambulances by Israeli soldiers and settlers between September 29, 2000, and March 15, 2002, resulting in the damage of 78 ambulances. There have also been 166 attacks on their emergency medical technicians (EMT), resulting in three deaths and 134 injuries among PRCS EMTs. Additionally, the PRCS headquarters in Al-Bireh was hit on several occasions by heavy machine gun from Israeli soldiers located at the nearby illegal Israeli settlement, Pasgot.

Moreover, an International Committee of the Red Cross (ICRC) press release of April 5, 2002, announced that it has been obliged to strictly limit its movements in the West Bank following attacks by the Israeli army on Red Cross staff, its vehicles, and premises. Incidents in the two days leading up to their decision included threats on ICRC staff in Bethlehem at gunpoint, warning shots fired at ICRC vehicles in Nablus and Ramallah, damage inflicted by Israeli tanks on two ICRC vehicles in Tulkarem, and the breaking into of ICRC premises in Tulkarem.

During the first week of reoccupation, more than 350 ambulances had been denied access and 185 ambulances had been hit by gunfire. Peter Hansen, the Director of UNRWA, stated on April 5, 2003: I would strongly suggest that when 185 ambulances have been hit, including 75 percent of UNRWA's ambulances... this is not the result of stray bullets by mistake hitting an ambulance; this can only be by targeting ambulances.

Israeli military attacks on Palestinian civilian medical workers killed and injured several Palestinians and foreign medical workers while on duty and obstructed the life-saving activities medical teams could have provided. The following four cases present a few examples of these atrocities (LAW, 2002):

Case 1: An Israeli bullet in the chest killed Basam Al-Balbisi, a PRCS ambulance driver, as he was trying to rescue Mohammed AL-Dura and his father when Israeli troops opened fire on them at the Netsarim junction in Gaza Strip on September 30, 2000. Mr. Al-Balbisi was wearing a white coat with the Red Crescent emblem on the chest.

Case 2: An Israeli shell blew to pieces a German physician, Dr. Harry Fischer, while he was assisting the wounded during Israeli shelling of the town of Beit Jala on November 15, 2000.

Case 3: Dr. Khaleel Suleiman, the head of PRCS Emergency Medical Services in Jenin, was killed instantly by a gun shot to the chest and shrapnel in various parts of the body, when an Israeli tank fired on a PRCS ambulance south of Jenin. It had been on its way to evacuate Palestinians injured during the Israeli incursion into the Jenin refugee camp on March 4, 2002. During that attack, the ambulance driver was severely injured. A paramedic and an ambulance driver were also shot in the back and waist as a second ambulance tried to assist.

Case 4: Dr. Ahmad Numan, the director of Al-Yamama Hospital in Bethlehem, was killed after being shot in the head and chest while driving his car to work on March 8, 2002. That morning, the hospital was besieged and came under fire as Israeli tanks raided

Bethlehem and surrounding areas. Medical personnel and ambulances were banned from moving into the hospital. The extensive shooting at Dr. Numan's car occurred a few minutes after a phone call from the Israeli District Military Office ensured the safe movement of Dr. Numan in his private car to the hospital.

Additionally, several health and humanitarian aid organizations reported that Israeli soldiers have used their personnel as human shields. ICRC reported eight such cases, PRCS reported three cases, and UPMRC (2002) reported one case.

B. ATTACKS ON PALESTINIAN MEDICAL FACILITIES (FOURTH GENEVA CONVENTION, ARTICLE 18)

Israeli forces have repeatedly attacked Palestinian hospitals and health centers, firing live ammunition from helicopters and tanks. Such attacks have often injured patients in these facilities and have caused extensive damage to equipment and electricity generators. The Union of Palestinian Medical Relief Committees (UPMRC), the largest nongovernmental health provider, reported that their Medical Equipment Loan center, Optometry center, and the School of Community Health sustained heavy damages during the reoccupation of Ramallah. Their Qalqiliya Health Center was partially destroyed and used as interrogation center. The following is a description provided by B'Tselem (2001b), the Israeli center for Human Rights in the Occupied Territories, of two attacks on medical facilities that took place in the Bethlehem area between October 19 and 28, 2001.

The two main hospitals in the Bethlehem area, al-Hussein Hospital and French Hospital, were damaged by IDF gunfire and shelling. Their windows were shattered, ammunition fragments penetrated the buildings, and patients were evacuated to interior rooms out of fear for their lives. In both locations, the firing lasted for several days. Because of the firing, the administration of al-Hussein Hospital issued a warning on the local media that, because of the danger of being struck by the gunfire residents should not come to the hospital.

Dr. H.H., a general practitioner from Bethlehem and her husband, Dr. H., a gynecologist, share a clinic. Last night Dr. H.H. received a telephone call informing her that IDF soldiers had broken into the clinic. The Al Madabsa area, where the clinic is located, had been under constant curfew, which began when the IDF entered the city. Yesterday, when the curfew was lifted for a few hours for the first time, Dr. H.H. rushed to the clinic and discovered extensive damage. The clinic door and windows were broken and the waiting room was destroyed. Expensive equipment, including a \$20,000 ultrasound machine, was also destroyed. The computer monitor was shattered and the computer itself had been taken apart. The soldiers broke the telephones and the sterilization machine. They tore up medical files and books. In addition to the damage, many bullet holes and shells were found in the clinic, as well as feces on the floor.

2. The Use of Collective Punishment Measures Against Palestinians (Fourth Geneva Convention, Article 33)

Israel's uses of collective punishment measures, such as movement restrictions, shelling of residential areas, mass arrests, and the destruction of public health infrastructure violates Article 33 of the Fourth Geneva Convention (see Table 1).

A. MOVEMENT RESTRICTIONS (UNIVERSAL DECLARATION OF HUMAN RIGHTS, ARTICLE 13)

Denying Palestinians the freedom of movement is a violation of Article 13 of the Universal Declaration of Human Rights (Table 1).

Movement restrictions: B'Tselem (2001a) presents a detailed description of the movement restrictions imposed on over three million Palestinians living in the West Bank and the Gaza Strip and their effects on Palestinians' lives. Israel has imposed movement restrictions on Palestinians before, but the restrictions since the outbreak of the Uprising have been unprecedented in their nature and length. These policies are based on nationality, since Jewish settlers residing in illegal settlements in the West Bank and Gaza Strip, freely access their communities using bypass roads restricted to their use. According to B'Tselem, the following Israeli measures restrict the freedom of movement of Palestinians:

1. The siege imposed on almost all Palestinian communities practically imprisons Palestinians within their communities. Roads used to access imprisons Palestinians these communities are blocked by concrete blocks, dirt piles, deep trenches, or roadblocks staffed by Israeli soldiers. The siege has been continuously enforced with varying degrees of severity since the first few days of the Uprising.
2. The comprehensive closure, which prohibits Palestinians from the West Bank and Gaza Strip from entering Israel and East Jerusalem, even for travel between the West Bank and Gaza Strip, has been imposed continuously since the second week of the Uprising.
3. In the intermittently imposed curfews on communities, residents cannot leave their homes at all, except for a few hours every several days.
4. With the closure of the Gaza International Airport and the borders with Jordan and Egypt, Palestinians have been completely cut off from the rest of the world.

On March 21, 2001, the Israeli Supreme Court rejected an appeal submitted by the PRCS and the Israeli Physicians for Human Rights requesting an end to the siege and closures and to Israeli attacks against emergency medical teams (Al-Ayyam Newspaper, March 22, 2001).

Movement-restriction policies affect every aspect of Palestinian daily life, including access to health and medical care, schools, universities, places of work, places of worship, and family and friends' homes. Palestinians living in rural areas (60% of the total population) are most severely affected by the siege imposed on Palestinian communities since they lack many of the facilities available in cities. Additionally,

Palestinians living in the Israeli – occupied parts of Hebron (40,000) residents live under prolonged curfews, rendering their lives intolerable.

During the Israeli reoccupation of Palestinian-controlled areas in several Palestinian cities, towns, and refugee camps starting in March 2002, violations of freedom of movement for patients, health personnel, and media supplies and humanitarian aid dramatically intensified. The entire Palestinian population was placed under curfew, confining them to their homes for all but a few every several days.

Health impacts of movement restrictions: Health and medical services in the West Bank and Gaza Strip are provided by the Palestinian Authority, the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), a Palestinian nongovernmental and charitable organization, and private healthcare providers. Together, these healthcare providers operate 595 primary healthcare centers throughout the West Bank and Gaza Strip (Ministry of Health, 2001). These centers vary in size and the range of services they offer, however, most offer basic services such as maternal and child services, health education and promotion programs, first aid services, rehabilitation services, and curative services. Additionally, healthcare providers operate 65 hospitals (32 general hospitals, 11 specialized hospitals, four rehabilitation hospitals, and 18 maternity hospitals) in cities in the West Bank and Gaza Strip, where only 40% of the total population lives. Movement restrictions imposed on Palestinians dramatically affect healthcare provision because they obstruct the passage of patients, health personnel, and media supplies to health and medical centers.

A.1 PASSAGE OF PATIENTS (FOURTH GENEVA CONVENTION, ARTICLE 17)

Preventing or significantly delaying access to medical facilities in cases of medical emergency have been common occurrences during the intifada and have led to tragic consequences, including the death of patients or deterioration of their medical conditions. Follow-up for patients in need of continuous medical attention, especially those with chronic diseases such as cancer, diabetes, and kidney failure, is made impossible under the siege. Such actions occur in violation of Article 17 of the Fourth Geneva Convention (Table I). Palestinians living in rural areas are most severely affected because the siege cuts off the rural population from hospitals and maternity homes operating in the Palestinian cities. Some Palestinian villages have no health centers and depend on those in nearby communities. Additionally, the entire West Bank population is cut off from hospitals in East Jerusalem, which provide some tertiary services not available in the rest of the West Bank, including the only ophthalmic hospital.

The Israeli Physicians for Human Rights reported that 12 kidney patients living in Jenin were unable to reach a hospital for dialysis treatment for over a week posing a severe danger to their lives (B'Tselem, 2002a). B'Tselem compiled a partial list of patients who died or developed complications due to movement restrictions while on their way to obtain medical treatment. The list includes patients suffering from strokes, heart attacks, diabetes, kidney failure, shortness of breath, appendicitis, and home accidents. Below are examples provided by B'Tselem (2002b) in their April 10 to 19 updates.

Case 1: Fahima Najajra, a 68-year-old cancer patient from Bethlehem, had been receiving chemotherapy. Her medication ran out on April 8, 2002, but the curfew

prevented her family from getting her more medication. On April 8, 2002, she felt severe pain. Her family contacted the Red Crescent in the afternoon and asked that she be taken to hospital. At 4:00 p.m., the Red Crescent informed the family that they had coordinated with the military to have her evacuated to a hospital that an ambulance was on its way. Fifteen minutes later, the Red Crescent informed them that soldiers were not letting the ambulance through. At around 10:00 p.m., Najajra passed away. Her body was taken to the hospital on April 11 at noon.

Case 2: On April 4, 2002, 13-year-old Ghania ‘Othman Khalil Kharameh was shot while in her home in Ras Al’Ein neighborhood in Nablus. The bullet hit her arm and chest. Only on April 10, six days after the injury, was she evacuated to a hospital.

Case 3: On April 10, 50-year-old kidney patient ‘Abd a-Rahman Lidawi died in his home in Bethlehem. The IDF-imposed curfew had prevented him from reaching the hospital for dialysis treatment since April 2, 2002. Sources at the hospital told B’Tselem that because of the curfew, they were unable to evacuate the body, which was still in the house on April 12.

Case 4: On April 15, 76-year-old Musa’ Abd a-Latif al-Fatah Mazlum from Al Janya in Ramallah District was suffering from a prostate condition that requires dialysis treatment. Because of his illness, Mazlum could not use the toilet. After operation “Defensive Wall” began on March 29, 2002, Mazlum was unable to reach the Ramallah government hospital for his treatment. His relatives called for a Red Crescent ambulance several times, but the ambulance could not make it to the village. Mazlum has run out of his medication. Over the last few days, he has been unable to sleep and often cries out in pain.

Case 5: Ten days ago [April 7], two-year-old Tabaraq Udeh from Deir Al-Hatab in Nablus District ran out of “medication”. The infant was suffering from cerebral palsy and epilepsy. Since the IDF had the village under siege, Udeh’s medication supply could not be renewed. On April 14, her health began to deteriorate. She ceased to communicate, became unable to stand on her feet, slipped into unconsciousness, and began to have convulsions. Following many attempts to get her to the hospital in Nablus, a Red Crescent ambulance finally made it to the village on April 16 and Udeh was taken to the hospital accompanied by her mother. On April 17, at around 8:00 am., she died. Her attending physician, Dr. Hamid al-Masri, said that Udeh’s death would have been avoided had she made it to the hospital sooner, and had she continued to take her medication.

In addition, in several documented cases, women in labor were not allowed to reach a hospital, and they had to give birth in a car at an Israeli checkpoint. These activities resulted in several cases of stillbirth or live births followed by death. Below are examples provided by B’Tselem (200b) in their April 10 to 19 updates.

Case 1: On Friday, April 5, 2002, Tahani ‘Ali Asad Fatouh, a pharmacist from Al Mskan Ash Sha’abiya in Nablus District, began having labor pains in her seventh month of pregnancy. Her husband, Dr. Ghassan ‘Ali Nashat Sha’ar, called an ambulance to take her to the hospital. Due to the curfew, the ambulance could not make it to the house and Dr. Sha’ar had to deliver the baby with the help of his neighbor, Dr. Sulfeh. The delivery went smoothly. While the delivery was taking place, the ambulance crew tried to reach

the couple's home, as the newborn had to be placed in incubator. All attempts failed. Some 30 minutes after the birth the baby's health started to deteriorate. Dr. Sha'ar managed to resuscitate his son twice. On the third attempt, the baby died. Tahani Fatouh had become pregnant after four years of fertility treatments. The hospital is only two kilometers away from the couple's home.

Case 2: Dunia Shtaya, a three-day-old baby, died on April 18 at Al-Watani hospital in Nablus. Shtaya was born to her parents following two years of fertility treatments. On Monday, April 15, 2002, Dunia's mother, 22-year old Sirin Shtaya from the village of Salem in Nablus District, began having labor pains. Her husband, Naser Shtaya, called the Red Crescent in Nablus for an ambulance. However due to the IDP-imposed restrictions on movement in the Occupied Territories, the ambulance could not make it to the village, which is only five kilometers away from Nablus. Naser Shtaya called Dr. 'Abd Al-Wahab Mahrouz, a local physician, who delivered Dunia at the couple's home. Dunia did not receive the necessary immunization after her birth, since these were unavailable. At 8:00 p.m. on April 18, Dr. Mahrouz examined Dunia. Having diagnosed her as suffering from an oxygen deficiency and an irregular heartbeat, he determined that she should be admitted to the hospital immediately. Almost three hours after the family sent for an ambulance and delayed them for some 15 minutes. The ambulance was again detained by IDF soldiers 1.5 kilometers from the hospital. They detained the ambulance for 30 minutes. Only at around 11:20 p.m did the ambulance make it to the hospital. A physician at the hospital pronounced the baby dead on arrival.

PRCS (2002) reported 334 cases of restrictions of ambulance access from the beginning of the intifada through March 22, 2002. During the reoccupation of Palestinian areas, ambulances were not allowed to transfer those in need of urgent medical care to hospitals, including patients requiring kidney dialysis and women giving birth. On several occasions, injured people were left bleeding in the streets until they died. Ambulances were not even allowed to remove the bodies of people who died from their homes. In Bethlehem, Sami Abdeh was trapped for over 24 hours in one room with the bodies of his mother Samieh (64 years) and brother Khaled (37 years), who died in the Israeli shelling of their home on April 3, 2002, before an ambulance could evacuate the corpses (Associated Press, 2002).

The closure of the outside borders, even for humanitarian reasons, has also had severe consequences on the health of patients in need of advanced medical treatment, which is not available in Palestinian hospitals. Before the intifada, such cases were usually referred for treatment in Israeli, Jordanian, and Egyptian hospitals. However, reports indicate that Palestinians are being denied referral and treatment during the Intifada. For example, 65 cancer patients who regularly received radiotherapy treatment at Nasser Institute in Cairo were prevented from leaving the country to receive urgent medical treatment (Al-Ayyam Newspaper January 16, 2001).

A.2 PASSAGE OF HEALTH PERSONNEL (FOURTH GENEVA CONVENTION, ARTICLE 56).

Medical personnel, including physicians and nurses, have been unable to reach their places of work regularly since the beginning of the intifada, which violates Article 56 of the Fourth Geneva Convention (Table 1). Restrictions imposed on the freedom of

movement of health personnel severely undermine the capacity of the Palestinian health system to operate and provide clients with basic health services (World Health Organization, 2000). Management of the health system through planning, supervision, monitoring, and follow-up has been rendered inactive. Public health activities, such as surveillance, screening, health education and health promotion, school health programs, maternal and child health (MCH) services, and vaccination programs have been paralyzed due to movement restrictions of health personnel. According to a Care International report, the MCH program run by Patient's Friends Society and funded by Care International that serves the Eastern villages in Jenin district was halted by the siege, preventing hundreds of women from reaching primary healthcare centers that provide MCH services (Al-Quds Newspaper, 2001). Additionally, the director of preventive medicine in the Ministry of Health has indicated the ministry is facing difficulties in reaching villages due to the siege and therefore has not been able to vaccinate children in those areas. Moreover, several clinics and primary healthcare centers were closed for several days due to understaffing. The absentee rate among staff was reported at 35 to 40% in some cases (Al-Ayyam Newspaper, January 16, 2001).

A.3 PASSAGE OF MEDICAL SUPPLIES AND HUMANITARIAN AID (FOURTH GENEVA CONVENTION, ARTICLE 55).

ON several occasions, Israeli-imposed restrictions hindered the passage of medical supplies and humanitarian aid at the borders and the distribution of these supplies from central location to hospitals and health centers. These practices violate Article 55 of the Fourth Geneva Convention (Table 1). Severe deprivation has resulted from the inability to distribute food and medical supplies, especially during the reoccupation of Palestinian areas. For example, UNRWA (2002a) reported on April 23 that a U.N. convoy of urgently needed humanitarian aid including flour, sugar, rice, and lentils was prevented from reaching the West Bank city of Qalqilya. In addition, UPMRC (2002) reported that 21 ambulances purchased for Palestinian health and humanitarian organization were held at the Israeli port of Ashdod for over three months.

Palestinian pharmaceutical companies reported facing production and marketing problems due to the Israeli policy of closures. Two months after the onset of the intifada, companies reported that their sales had dropped 40%, and that they are functioning at 25% of their full productive capacity.

B. SHELLING AND DESTRUCTION OF RESIDENTIAL AREAS (FOURTH GENEVA CONVENTION, ARTICLE 53)

During the intifada, Israeli occupation forces have shelled Palestinian residential areas with heavy ammunition, bombs, missiles, and anti-aircraft weapons from helicopters, tanks, and warplanes. This has partially or completely destroyed thousands of houses and displaced their inhabitants, a violation of Article 53 of the Fourth Geneva Convention (Table 1). On April 16, Richard Cook, Director of UNRWA West Bank operations, described the destruction in Jenin refugee camp:

The reports we are getting are of wholesale destruction of a kind more normally associated with natural disasters such as earthquakes. UNRWA still has not been given full access to the camp, where we believe many thousands of people are still in dire need of food, water, and medical attention. We implore the Israeli authorities to open up the camp to allow our relief teams to help its desperate population.

The U.N. Special Coordinator for the Middle East Peace Process, Terje Roed Larsen, said on April 16, 2002, that the situation inside the Jenin refugee camp was appalling and required a response on a far wider scale than has so far been possible. In some instances, destruction of residential areas has trapped civilian residents under the rubble for several days. Below are two examples provided by B'Tselem (2002b) in their April 10 to 19 updates.

Case 1: On Saturday, April 6, 2002, IDF bulldozers demolished houses in Al Qarium neighborhood in the old city of Nablus to make way for the tanks. One of the houses demolished belongs to 65-year-old 'Abdallah a-Sha'abi. On April 12., after the IDF left the neighborhood, a group of Palestinians began to dig in the rubble. They discovered that 10 residents of the house had been inside when the demolition took place. As of 7:30 this evening, 'Abdallah a-Sha'abi was rescued alive; rescuers managed to communicate with a 53-year-old woman, Shams a-Sha'abi, who was trapped beneath the rubble. Another resident was found dead. The fate of the remaining resident is unknown.

Case 2: On Sunday, April 7, IDF bulldozers demolished a house in Jenin refugee camp. The fate of two of its residents, 60-year-old Farida Farhan a-Sa'adi and 50-year-old Lina 'Abd a-Latif, was unknown until April 12, when a relative received information about cries for help being heard from the rubble. HaMoked – Center for the Defence of the Individual – contacted several IDF departments and demand that the women be rescued. However, an officer who arrived at the scene on the morning of April 13 claimed he could not locate the ruins of the house.

Additionally, Israeli occupation forces, under the pretext of searching for weapons and wanted Palestinians, have violently broken into houses and destroyed and looted household belongings. In some cases, they gathered the residents of an apartment or a building into one room and turned the rest of the building into military barracks.

C. MASS ARRESTS (INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS, ARTICLE 7)

Arbitrary arrests intensified during reoccupation of Palestinian areas, with several thousand Palestinians arrested, in violation of ICCPR Article 7 (Table 1). According to Amnesty International, a typical pattern of arrests during that period included Israeli forces calling, by loudspeaker, all male Palestinians between certain ages (usually 15 to 45) to report at a designated assembly point. Some were immediately released, but most were blindfolded and handcuffed with plastic handcuffs; some were numbered on their wrists. Most of those arrested received no food for the first 24 hours, were not allowed to go to the toilet, and were not given blankets. Palestinians arrested were not allowed to meet with attorneys.

D. DESTRUCTION OF PUBLIC HEALTH INFRASTRUCTURE (ARTICLE 56, GENEVA CONVENTION)

Shelling of residential areas destroyed water reservoirs, electricity generators, pumping stations, telephone cables, and sewage/water treatment facilities. On several occasions, Israeli forces prohibited Palestinian technicians from fixing the damage or shot at them while making repairs, in violation of Article 56 of the Fourth Geneva Convention (Table 1). Several Palestinian communities have reported severe, continuous water shortages. The Ministry of Health has complained that the siege has made routine testing of the quality of water extremely difficult. UNRWA has reported serious disruptions of its chlorination programs in refugee camps due to Israeli closures. An outbreak of shigellosis has been reported in Al-Fawwar Refugee Camp in Hebron because of restrictions on disinfecting water supplies (HDIP, 2001).

In several locations, prolonged curfews have led to an accumulation of garbage increasing the risk of epidemics. Additionally, Israeli forces have closed all the roads leading to sanitary landfill sites for several urban centers and have prohibited municipal vehicles from reaching landfill sites (Ibid.).

3. Israel's Excessive, Disproportionate, and Indiscriminate Use of Force to Combat the Palestinian Intifada (International Covenant on Civil and Political Rights, Article 6.1)

Palestinians killed, injured, and disabled: An estimated 1,500 Palestinians have been killed and over 20,000 injured as a result of Israeli military assaults during the 19-month intifada. Palestinian healthcare providers estimate that 10% of those injured will suffer some form of disability, which will need rehabilitation services and pose an additional burden on the developing health system.

In addition, to live ammunition used by Israeli soldiers and settlers, the Israeli army has used tanks, Apache helicopters, and F-16 warplanes against Palestinians. Unarmed civilian Palestinians have frequently been shot at without warning or reason, while walking on the road in their villages or towns, standing in their front yard, shopping at a market, driving, crossing a checkpoint, sitting in their homes with their families, or participating in civilian demonstrations against the Israeli occupation. An analysis of killing patterns during the first seven months of the Intifada conducted by the Health, Development, Information, and Policy Institute (HDIP) indicates that of 456 Palestinians killed, 33% were 18 years of age or younger, 88% were civilians, and 44% were killed for no apparent reason – there were no demonstrations or clashes in the area.

U.N. Human Rights Commissioner Mary Robinson (Ibid.) described patterns of injury among Palestinians during the first two months of the intifada. This included “a disproportionate number of injuries to the upper body, the head, and many from live ammunition or rubber-bullets fired at very close quarters.” There was also a “disturbing pattern” to the bullet wounds received by Palestinians shot by Israeli soldiers during the daily clashes.

Assassinations: Israel has also intensified its conduct of political assassinations or extrajudicial killing, leaving no opportunity for victims to defend themselves or have a fair trial. According to Hanny Megally, executive director of Human Rights Watch's

Middle East and North Africa division, “this is in essence a policy of killing without public accountability. The Prime Minister of Israel is effectively acting as prosecutor, judge, and jury, in a secret process where the death sentence can’t be appealed.”

Psychological Health: Extended exposure to violence and dangerous living conditions has short- and long-term effects on the psychological well-being of Palestinians, and especially on children. UNICEF Special Representative in the West Bank and Gaza, Pierre Poupard, described the psychological health conditions of Palestinian children by saying (UNICEF, 2001):

Our assessment of available data suggests that the lives, behavior, and attitudes of Palestinian children have changed dramatically since the onset of the current conflict. Sleep-related problems are the most common form of psychological distress among children reporting problems. These include nightmares, bed-wetting, insomnia, and irregular sleeping patterns. Fear is also common. Fear of darkness, fear of sleeping alone, leaving the house, strangers, loud noises, and sudden movements. Children find it difficult to concentrate. Some are more anxious and irritable. Children are experiencing psychosomatic symptoms, such as headaches, stomach cramps, and skin problems. And others are withdrawing from friends and family, rebelling, or becoming aggressive themselves.

Reports from hospitals indicate that there is an increased admission rate for people with psychological problems and nervous breakdowns (Al-Ayyam Newspaper, February 19, 2001). Gaza Community Mental Health Program therapists reported counseling increasing number of children suffering from post-traumatic stress disorder. Symptoms include thumb-sucking, crying clinging to parents, nightmares, bed-wetting, poor appetite, poor sleeping patterns, short attention spans, aggression toward siblings or parents, and fear of dying.

Conclusions

Reports from international, Israeli, and Palestinian health and human rights organizations operating in the West Bank and Gaza Strip show a pattern of continuous and systematic disregard for and violation of international laws. Such actions have resulted in large-scale destruction of the developing Palestinian health system, the inability of local and international healthcare providers to reform their duties, and a deterioration of the health condition of Palestinians. Respect for international human rights and humanitarian law and the implementation of the Geneva Convention by the occupying power are deemed an urgent necessity to stop the humanitarian crisis among Palestinians. The presence of an international protection force is needed to safeguard the implementation of international human rights and humanitarian law during an interim period leading to the implementation of U.N. resolutions and ending Israeli occupation.

Table 1:
Israeli Violations of Humanitarian and International Laws

I. Disrespect for the Principle of Medical Neutrality

Example A: Attacks on emergency medical services and medical personnel

International laws violated: Fourth Geneva Convention, Article 20 (UNHCHR, 1948):
“Persons regularly and solely engaged in the operation and administration of civilian hospitals, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirm and maternity cases shall be respected and protected.”

Effects on health: Death and injury of medical workers; obstruction of medical activities.

Example B: Attacks on medical facilities

International laws violated: Fourth Geneva Convention, Article 18 (UNHCHR, 1948):
“Civilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, may in no circumstances be the object of attack but shall at all times be respected and protected by the Parties to the conflict.”

Effects on health: Injury of patients in medical facilities; extensive damage to medical facilities.

II. The Use of Collective Punishment Measures Against Palestinians

Example 1: Collective punishment

International laws violated: Fourth Geneva Convention, Article 33 (UNHCHR, 1948):
“No protected person may be punished for an offence he or she has not personally committed. Collective penalties and likewise all measures of intimidation or of terrorism are prohibited. Pillage is prohibited. Reprisals against protected persons and their property are prohibited”

Example 2: Movement restrictions

International laws violated: Universal of Human Rights, Article 13 (UNGA 1948):
“Everyone has the right to freedom of movement and residence within the borders of each state.”

Example 3: Passage of patients

International laws violated: Fourth Geneva Convention, Article 17 (UNHCHR, 1948):
“The parties to the conflict shall endeavor to conclude local agreements for the removal from besieged or encircled areas, of wounded, sick, infirm, and aged persons, children and maternity cases, and for the passage of ministers of all religions, medical personnel and medical equipment on their way to such areas.”

Effects on health: Death, medical complications; home, street deliveries.

Example 4: Passage of health personnel

International laws violated: Fourth Geneva Convention, Article 56 (UNHCHR, 1948):
“...Medical personnel of all categories shall be allowed to carry out their duties.”

Effects on health: Health staff unable to perform duties.

Example 5: Passage of medical supplies and humanitarian aid

International laws violated: Fourth Geneva Convention, Article 55 (UNHCHR, 1948): “To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring the food and medical supplies of the population; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate.”

Effects on health: Lack of needed medical supplies and humanitarian aid.

Example 6: Shelling of residential areas

International laws violated: Fourth Geneva Convention, Article 53 (UNHCHR, 1948): “Any destruction by the Occupying power of real or personal property belonging individually or collectively to private persons, or to the State, or to other public authorities, or to social or cooperative organizations, is prohibited, except where such destruction is rendered absolutely necessary by military operations.”

Effects on health: Death and injury; damages of personal and public property.

Example 7: Mass arrests

International laws violated: International Covenant on Civil and Political Rights, Article 7 (UNGA, 1966): “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

Effects on health: Detentions under unhealthy conditions.

Example 8: Destruction of public health infrastructure

International laws violated: Fourth Geneva Convention, Article 56 (UNHCHR, 1948): “To the fullest extent and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.”

Effects on health: Destruction of public health infrastructure; increased risk of epidemics.

III. Israel’s Excessive, Disproportionate, and Indiscriminate Use of Force

International laws violated: International Covenant on Civil and Political Rights, Article 6.1 (UNGA, 1966): “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life”.

Effects on health: Death, injury, disability; psychological problems.

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