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Gaza closure: not another year!

Geneva/Jerusalem (ICRC) - The hardship faced by Gaza's 1.5 million people cannot be addressed by providing humanitarian aid. The only sustainable solution is to lift the closure.

The serious incidents that took place on 31 May between Israeli forces and activists on a flotilla heading for Gaza once again put the spotlight on the acute hardship faced by the population in the Gaza Strip.

As the ICRC has stressed repeatedly, the dire situation in Gaza cannot be resolved by providing humanitarian aid. The closure imposed on the Gaza Strip is about to enter its fourth year, choking off any real possibility of economic development. Gazans continue to suffer from unemployment, poverty and warfare, while the quality of Gaza's health care system has reached an all-time low.

The whole of Gaza's civilian population is being punished for acts for which they bear no responsibility. The closure therefore constitutes a collective punishment imposed in clear violation of Israel's obligations under international humanitarian law.

"The closure is having a devastating impact on the 1.5 million people living in Gaza", said Béatrice Mégevand-Roggo, the ICRC's head of operations for the Middle East. "That is why we are urging Israel to put an end to this closure and call upon all those who have an influence on the situation, including Hamas, to do their utmost to help Gaza's civilian population. Israel's right to deal with its legitimate security concerns must be balanced against the Palestinians' right to live normal, dignified lives."

The international community has to do its part to ensure that repeated appeals by States and international organizations to lift the closure are finally heeded.

Under international humanitarian law, Israel must ensure that the basic needs of Gazans, including adequate health care, are met. The Palestinian authorities, for their part, must do everything within their power to provide proper health care, supply electricity and maintain infrastructure for Gaza's people.

Furthermore, all States have an obligation to allow and facilitate rapid and unimpeded passage of all relief consignments, equipment and personnel.

Israeli soldier Gilad Shalit is about to enter his fifth year in captivity. Hamas has continued to rebuff the ICRC's requests to let it visit Gilad Shalit. In violation of international humanitarian law, it has also refused to allow him to get in touch with his family. The ICRC again urges those detaining Gilad Shalit to grant him the regular contact with his family to which he is entitled. It also reiterates that those detaining him have an obligation to ensure that he is well treated and that his living conditions are humane and dignified.

Ruined livelihoods

Although about 80 types of goods are now allowed into Gaza – twice as many as a year ago – over 4,000 items could be brought in prior to the closure. Generally, the price of goods has increased while their quality has dropped – this is one consequence of the largely unregulated trade conducted through the tunnels that have been dug under the Gaza-Egypt border to circumvent the closure.

Fertile farmland located close to the border fence has been turned into a wasteland by ongoing hostilities, affecting people's livelihoods in many rural communities. The buffer zone imposed by Israel extends in practice over one kilometre into the Gaza Strip, covering a total area of about 50 square kilometres that is host to nearly a third of Gaza's farmland and a large share of its livestock. Agricultural activities in the area are hampered by security conditions. Israel's enforcement of the buffer zone and frequent hostilities have resulted not only in civilian casualties and the destruction of civilian property but also in the impoverishment and displacement of numerous families.

Gaza's fishermen have been greatly affected by successive reductions imposed by Israel on the size of the fishing grounds they are allowed to exploit. The latest restriction to three nautical miles has cut down both the quantity and quality of the catch. As a result, nearly 90% of Gaza's 4000 fishermen are now considered either poor (with a monthly income of between 100 and 190 US dollars) or very poor (earning less than 100 dollars a month), up from 50% in 2008. In their struggle to survive, the fishermen have little choice but to sail into no-go zones, at the risk of being shot by the Israeli navy.

"I have already been arrested and my boat has been confiscated several times," said Nezar Ayyash, who heads Gaza's fishermen's union. "But this is our life here. We know that fishing can cost us our lives, but we have no other choice but to go out with our boats: we need to feed our families."

No cure in sight for ailing health-care system

Gaza is suffering from an acute electricity crisis. The power supply in Gaza is interrupted for seven hours a day on average. The consequences for public services, especially the primary health-care system, are devastating. Hospitals rely on generators to cope with the daily blackouts.

The power cuts pose a serious risk to the treatment of patients – and to their very lives. It takes two to three minutes for a generator to begin operating, and during that time electronic devices do not function. As a result, artificial respirators must be reactivated manually, dialysis treatment is disrupted and surgery is suspended as operating theatres are plunged into darkness.

To make matters worse, fuel reserves for hospital generators keep drying up. Three times this year, fuel shortages have forced hospitals to cancel all elective surgery and accept emergency cases only. Gaza's paediatric hospital had to transfer all its patients to another facility because it could no longer function. Laundry services have repeatedly shut down. With the prospect of increased electricity consumption during the hot summer months when

air conditioning is required, the situation is likely to deteriorate further if hospitals do not receive ample fuel.

Fluctuations in the power supply can also damage essential medical equipment. Repairs are difficult owing to the closure, under which the transfer into Gaza of spare parts for medical equipment is subject to excessive delays of up to several months.

The transfer of disposable electrodes, which are used to monitor the heart rhythm of cardiac patients, has been delayed since August 2009. Without this equipment, patient lives are at risk, as heart problems may not be detected in time. Because of the restrictions in place, most heart monitors in Gaza will be unusable by the end of this month. The run-down state of equipment is one of the reasons for the high numbers of patients seeking treatment outside the Strip.

Stocks of essential medical supplies have reached an all-time low because of a standstill in cooperation between Palestinian authorities in Ramallah and Gaza. At the end of May 2010, 110 of 470 medicines considered essential, such as chemotherapy and haemophilia drugs, were unavailable in Gaza. When chemotherapy is interrupted, the chances of success drop dramatically, even if another painful round of treatment is initiated. Haemophilia patients face life-threatening haemorrhages when compounds such as Factor VIII and IX are not available.

More than 110 of the 700 disposable items that should be available are also out of stock. The only way to cope is to re-use such items as ventilator tubes or colostomy bags, even though doing so can lead to infections that endanger patients' lives.

"The state of the health-care system in Gaza has never been worse," said Eileen Daly, the ICRC's health coordinator in the territory. "Health is being politicized: that is the main reason the system is failing. Unless something changes, things are only going to get even worse. Thousands of patients could go without treatment and the long-term outlook will be increasingly worrisome."

The health-care system is further weakened by severe restrictions imposed on the movement of people into and out of Gaza. The restrictions prevent medical staff from leaving the Strip to get the training they need to update their skills, and technicians from entering to repair medical equipment.

Lack of sanitation hazardous for health and the environment

The lack of proper sanitation and certain agricultural practices are polluting Gaza's aquifer. Only about 60% of the territory's 1.4 million inhabitants are connected to a sewage collection system. Raw sewage discharged into the river Wadi Gaza, which snakes through urban areas, jeopardizes the health of the communities living on its banks.

Because the aquifer is over-exploited, drinking water in most of Gaza contains high levels of nitrate, chloride and salt. The water is unfit for consumption, and the risk of contracting an infectious disease is high.

Assembling enough suitable materials to carry out sanitation projects is a slow and haphazard process. Materials obtained through the tunnel trade can be of questionable quality, while some items, such as certain electro-mechanical pumps, cannot be found at all, which hobbles construction efforts.

"The current situation is critical and may lead to an irreversible trend in the degradation of underground fresh water," said Javier Cordoba, who oversees the ICRC's water and sanitation activities in Gaza. "Large-scale projects, such as the construction of a desalination

plant, must be undertaken to meet water-supply needs without further exposing the aquifer. The closure must be lifted so that the 4.5 billion US dollars pledged by donor countries over a year ago can be put to use."

ICRC activities in 2010

In Gaza, the ICRC continues to work closely with the Palestine Red Crescent Society, supporting its efforts to boost its capacities as a provider of core humanitarian services within the Gaza Strip, which include pre-hospital emergency care and psycho-social activities. The ICRC has also provided support for construction and renovation work carried out on three stations of the Palestine Red Crescent emergency medical services, two of which were damaged during last year's war.

The ICRC closely monitors the situation of civilians adversely affected by the conduct of hostilities or armed violence. It makes confidential representations to the authorities or armed groups concerned, reminding them of their obligation to comply with international humanitarian law and other international rules.

The ICRC endeavours to ensure that a certain level of care is maintained for sick and injured patients, but owing to restrictions there is only so much it can do. It delivers spare parts needed to keep medical equipment in working condition. In addition, to help hospitals cope with the most urgent needs, it regularly supplies medical facilities with drugs and other medical items intended mainly for emergency rooms and operating theatres. It also provides technical assistance and supplies for the Artificial Limb and Polio Centre in Gaza City, where over 1,000 patients have received treatment this year.

The ICRC is doing everything it can to enhance the power and water supply in hospitals, where it is also seeking to improve sanitation, laundry and other services. In addition, it is building an extension to the Polio Centre in Gaza City.

The ICRC continues to work on upgrades for the Rafah wastewater treatment plant which will eventually serve some 170,000 people. However, to finish the work, certain materials must be allowed in through the crossing points. The upgrades, once completed, will result not only in a safer and more healthful environment for the population, but also in treated wastewater clean enough to seep into and refresh the aquifer, which remains the sole source of drinking water in the Gaza Strip.

The ICRC helps needy families in Gaza to make ends meet through cash-for-work programmes, and helps farmers to increase crop yields. In particular, the aid it provides enables farmers to reclaim and develop land degraded by military operations or enforced neglect, to improve soil fertility and productivity, and to obtain enough seedlings for each agricultural season.

Over 800 Gazan detainees in Israeli prisons have been prevented from meeting face-to-face with their loved ones since June 2007, when Israel suspended the ICRC's family visit programme. To mitigate the effects of this measure, the ICRC has doubled its own visits to Gazan detainees and stepped up its efforts to maintain family links by delivering written and oral messages between detainees and their families.

Between January and May 2010, the ICRC:

visited about 450 people held in places of detention throughout the Gaza Strip in order to monitor the conditions of detention, the treatment they receive and the application of

procedural safeguards. The organization shared its findings with the authorities on a regular basis and made confidential representations whenever appropriate;

conducted visits once every three months to 300 Gazan detainees in over 20 places of detention in Israel;

delivered over 100 messages from Gazan families to detained relatives and over 200 from Gazan detainees to their families in Gaza;

provided about 90 tonnes of drugs and disposable items for eight government hospitals;

responded to 17 requests from the Ministry of Health to help keep specialized medical equipment up and running; in particular, the ICRC provided spare parts for ultrasound and mammography machines, oxygen connectors for an intensive care unit, a laryngoscope lens, and a power supply box for a CT scanner. It also provided spare parts for hospital generators and washing machines;

provided technical support for Shifa Hospital's emergency department, which included two emergency-room training courses attended by over 50 doctors and nurses;

provided maintenance for over 60 ambulances from the Ministry of Health's fleet, and carried out 15 station visits together with the Palestine Red Crescent Society to monitor and support the activities of the emergency medical services;

supported the efforts of the Palestine Red Crescent to boost its capacities, and took steps to enhance coordination between various ambulance service providers in the Gaza Strip;

provided support for construction and renovation work carried out on three stations of the emergency medical services;

provided support for Palestine Red Crescent workshops on disaster planning attended by 120 staff and volunteers;

promoted international humanitarian law in sessions with Gaza's Hamas authorities, armed groups, academics and religious groups.

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