



Palestine Red Crescent Society
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Table of Contents

	Page
About PRCS	4
Background to the Series	5
Introduction	8
The Right to Health	12
Protecting the wounded and sick	16
“... for security considerations ...”	24
The Separation Wall	26
The Wall’s impact on the access to health care	29
Responses of PRCS to alleviate the Palestinian people’s distress	32
The Hotline & Emergency medical network	32
Case study: the Barta’a Sharquiya cluster	34
Mobile Clinics	35
Case study: The Mobile Clinic in the Qalqiliya district	36
Executive Summary	38
Tables and Maps	41
Additional Resources	43

About PRCS

The Palestine Red Crescent Society (PRCS) was founded in 1968 as a direct response to the health and welfare needs of the Palestinian people, both in the Occupied Palestinian Territories (OPT) and the diaspora. Today, PRCS is employing more than 3,800 people, being supported by approximately 20,000 volunteers, working in 27 branches in 5 countries (OPT, Lebanon, Syria, Egypt, Iraq), maintaining 15 hospitals and 80 clinics.

PRCS provides various services through its numerous departments, including Primary and Secondary Healthcare, Emergency Medical Services (EMS), Disaster Services, Social Services, Mental Health Services and Rehabilitation. Besides its medical and social services, PRCS also focuses on the dissemination of the fundamental principals and International Humanitarian Law (IHL), in addition to youth programmes.

PRCS was built upon the seven fundamental principles of the International Red Cross and Red Crescent Movement, namely Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality, to which it abides. Since its foundation, the PRCS is an observer member at the International Federation of the Red Cross and the Red Crescent Societies (IFRC). Its staff and volunteers carry the emblem of the Red Crescent and are thus protected under international law.

Background to the Series



“Humanitarian Duty” is a series that documents violations of International Humanitarian Law against the PRCS and its beneficiaries. It covers the difficulties the PRCS is facing in carrying out its humanitarian duties, the continuing violations against PRCS medical staff and facilities, the effects of the occupation on the right to healthcare of the Palestinian population and their everyday struggle to access medical services.

In order to be able to publish such a report and to give a precise picture of the obstacles to medical and health-care access, every incident has been carefully documented, researched and analysed since the first day of the second Intifada (“uprising”) in September 29, 2000. Such detailed report is submitted by the staff members who witnessed or were victims of the incident and is then reviewed by the International Humanitarian Law Unit to ensure its accuracy.

Accordingly, this series is published by the IHL Unit, which endeavours to spread awareness of IHL and shed light on the difficulties medical aid workers face in the OPT. It takes the approach of linking real-life examples to international legal standards. The legal instruments used in this report are the 1949 Geneva Conventions, in particular the IV Geneva Convention relative to the protection of civilian persons in time of war (GC IV), and the 1977 Additional Protocol to the Geneva Conventions of 12 August 1949 relating to the Protection of Victims of International Armed



Conflicts (Add.P. I). The latter was drafted in order to complement and to strengthen the provisions stipulated in GC IV. It reaffirms in particular that the Parties to the conflict must at all times make a distinction between combatants and non-combatants, therewith ensuring the protection of civilians. Israel has ratified the Conventions in 1951 and is thus bound by its laws. It has, however, not done so with the Additional Protocol and would thus, theoretically, not be obliged to obey its provisions. Yet, many rules - in particular rules related to the protection of civilians - have acquired the status of customary law and thus apply to all states. Accordingly, when Additional Protocol I is cited in this publication, it is within this capacity.

The first report in this series covered the period from September 29, 2000 until June 13, 2003 and focused exclusively on violations against **PRCS** staff and facilities. In this year's report - embracing the period from June 14, 2003 until October 22,

2004 - **PRCS** attempts to transmit a sense of the grief and suffering of the Palestinian people

who are in need of medical aid but face enormous obstacles when trying to gain access to it.

PRCS has responded to the situation by implementing various projects and offering free emergency medical treatment and free ambulance service to its people. However, while reading through this report, it will be realized, that in the OPT ironically people sometimes have to pay a price for that aid, which is no less than their own lives.



A report of this size is subject to certain limitations. It is unfortunately beyond the capacity of **PRCS** to report on violations against other medical relief providers. This report is a collection of infringements solely against **PRCS** and patients which have been transported, attempted to reach or being in care of any **PRCS** facility. It will also only entail projects that have been implemented by the **PRCS** as a response to the problems closures, curfews and the construction of the Separation Wall have caused. Despite its limits, **PRCS** is convinced that this report provides without doubt a comprehensive insight on the difficulties other humanitarian aid organisations serving in Palestine are also subjected to.

Cases of violations against **PRCS** and every individual case linked to it are numerous and exceed by far the capacity of this document in order to include all. Every infringement on an individual is a tragic occurrence and would deserve full coverage. In the scope of such documentation, only a handful of cases could be included. To protect the identities of those involved, details such as names have been omitted in this report.

Introduction

One aim of this report is to introduce IHL to the readers, to raise awareness of its principles, aims and objectives. Yet, it also aims to present to what extent international humanitarian law is being complied with, and the committed violations against those institutions that rely on IHL for protection in order to be able to provide their humanitarian services to society.

The underlying issue behind the Geneva Conventions was to alleviate the distress of the sick and wounded, with GC IV focusing in particular on the protection and care of the civilian population.

“the wounded and sick shall be collected and cared for.”

Common Article 3(2) of GC



This protection is further emphasised in Article 16 GC IV.

Those serving the wounded and sick need to be granted the same protection in order to carry out the objectives of the respective Convention efficiently. Under IHL, medical aid workers are considered to be civilians. Accordingly, the protection and respect of medical aid workers and thereto related medical missions are of customary nature and thus must never be made the object of attack.

“Persons regularly and solely engaged in (...) the search for, removal and transporting of and caring for wounded and sick civilians (...) shall be respected and protected.”

Article 20, GC IV



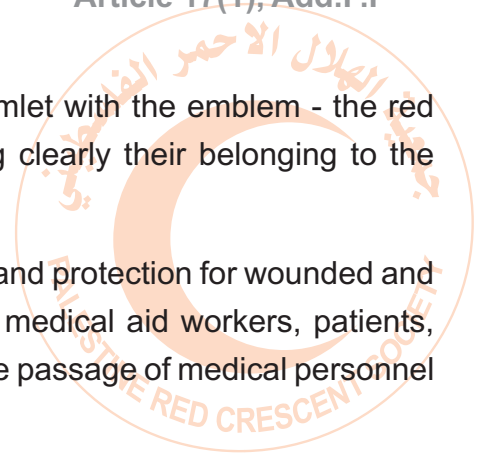
The protection of medical aid workers and their medical missions is again clearly stipulated in Additional Protocol I, demanding

“The civilian population and aid societies, such as national Red Cross (Red Crescent,...) Societies, shall be permitted, even on their own initiative, to collect and care for the wounded, sick and shipwrecked, even in invaded or occupied areas. No one shall be harmed, prosecuted, convicted or punished for such humanitarian acts”

Article 17(1), Add.P.I

To be recognized as such, medical aid workers carry an armband with the emblem - the red crescent, and carry at all times an identity card, stipulating clearly their belonging to the respective Society.

International Humanitarian Law provides not only for access and protection for wounded and sick, but for civilians in general. It implies the protection of medical aid workers, patients, vehicles and health-related installations. It also entails the free passage of medical personnel and equipment.



The real-life examples given below were mainly experienced by the Emergency Medical Services (EMS) stations of **PRCS** in their attempt to serve the Palestinian people. In the West Bank and Gaza, EMS operates out of 40 emergency stations and substations as well as 22 mobile first aid field clinics. The EMS staff, consisting of more than 300 Emergency Technicians (EMTs) and over 3,000 volunteers, operates 24 hours a day, 7 days per week from a fleet of 122 ambulances. Since the first year of the Intifada, **PRCS** ambulance services have been free of charge due to the deteriorating economic situation.

Although it is focused on the EMS, please bear in mind that violations are experienced also by other **PRCS** staff on a daily basis.

Being under the umbrella of the International Red Cross and Red Crescent Movement and thus protected under international humanitarian law, there are those who persist in ignoring the international protection of medical aid workers. The **PRCS's** humanitarian duty - assisting and protecting the wounded and sick as enshrined in Geneva Convention IV - is consistently hampered by directly targeting its workers and facilities, delaying or denying its ambulances access to the ones in need or destroying its facilities. Since 2002 the situation has been further aggravated through the construction of the Separation Wall.

Through this report, **PRCS** calls for the unconfined protection of medical aid workers and an immediate cessation of the violations against them when carrying out their duties. In





addition, **PRCS** calls for the immediate cessation of any conduct that hampers the Palestinian people's access to medical services, this entails in particular the further construction of the Separation Wall. While **PRCS** has taken measures to improve the situation in the currently most affected areas, this is not to be considered as a sustainable solution. The present documentation is to raise awareness on the qualitative and quantitative escalation of the situation through the

construction of the Wall on the Palestinian people's access to healthcare.

Israel is a signatory to several other covenants, such as International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights of 1966, as well as the 1989 Covenant on the Rights of the Child. As recently reaffirmed by the International Court of Justice (ICJ) in its Advisory Opinion on 9 July 2004, their provisions are applicable in the Occupied Palestinian Territories; subsequently, Israel is bound by their provisions and is further under an obligation to abstain from raising any obstacles which would hamper the exercise of such rights.

It is an appeal to the readers and to those involved in advocacy to challenge the Wall's completion but also to remind Israel towards its obligations as an Occupying Power.

The Right to Health

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...”

Article 25(1) of the Universal Declaration for Human Rights

The right to adequate healthcare has been long identified as being “one of the fundamental rights of every human being without distinction of race, political belief, economic or social condition.” Based on that formula, the International Covenant on Economic, Social and Cultural Rights (ICESCR) imposed an obligation through Article 12(1) on its States Parties to “recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” Although it has been argued that the ICESCR is not applicable in the OPT - being an area of armed conflict - the UN Committee on Economic, Social and Cultural Rights has stipulated that a State has an obligation to refrain “from limiting access to health services as a punitive measure, e.g. during armed conflicts in violation of international humanitarian law.” This position has been reinforced by the ICJ’s advisory opinion, which reiterated that the ICESCR, as well as the ICCPR are applicable to the OPT.

In addition, the right to health has been set forth in other Conventions, in particular GC IV, which imposes an obligation on the Occupying Power to

“ensure[] and maintain[], in cooperation with national and local authorities, medical and hospital establishments and services as well as public health (...).”

Article 56, GC IV



The right to health does not mean a right of every person to be healthy, but consists of four essential elements, namely accessibility, availability, acceptability and quality. In the scope of this documentation, the most relevant element in relation to the right to health is undoubtedly accessibility.

Accessibility - defined as health facilities, goods and services must be accessible and in reach to everyone - is closely linked to

the right to freedom of movement - a right, which is severely restricted in the OPT and poses the main obstacle to the Palestinian Population when it comes to the enjoyment of their right to health.

To be able to enjoy this right to its fullest extent, one should be free from any direct or indirect outside interference. This poses a particular obligation on States to refrain from denying or limiting access to health services for any person. Yet, roadblocks, checkpoints and curfews have a severe impact on the Palestinian population's right to health, in particular in emergency situations by obstructing ambulances and doctors from rapidly reaching persons in need and vice versa.

Since its last report, in which **PRCS** called for the immediate cessation of any kind of restrictions imposed on its staff or vehicles, the situation for **PRCS** medical aid workers has still not improved. From June 28, 2003 until October 22, 2004 **PRCS** recorded 597 cases of ambulance delays or denial of passage (**PRCS** defines a delay as an ambulance being held more than 15 minutes per checkpoint).



In the appliance of denying freedom of movement, no distinction is being made between innocent citizens, wounded and sick, and those, who allegedly pose a security threat. Unfortunately, it is not possible to gather statistics on how many times people have tried to gain access to medical services, but were not allowed to pass through or even leave their houses.

In addition, the continuous construction of the Separation Wall has not only increased limited access to health-care services, but has cut off the citizens of some villages completely from accessing any kind of medical services and has made it almost impossible for ambulances to pass through.

However, given the harsh restrictions medical personnel are facing, **PRCS** is sure that the number of instances where civilians were denied access - although in need of medical treatment - stretches into thousands.

Although Article 27(4) GC IV allows the Occupying Power to impose limitations on the civilian population's freedom of movement, the fundamental rights - the right to adequate health care - must under no circumstances be inflicted upon, even when measures of constraints are justified. In other words, no reason - even for security consideration - can justify any limitation on the core content of a right.



Protecting the wounded and sick

“The wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection and respect.”

Article 16, GC IV

In its commentary on Article 16, the International Committee of the Red Cross (ICRC) stated that the inclusion of the wording “protection and respect” does not only oblige the High Contracting Parties to refrain from attacking or ill-treating the persons protected under the Convention, but additionally imposes an obligation to come to their aid, to defend and to support them. In other words, it obliges the High Contracting Parties to take proactive steps

and to ensure that the persons in need receive adequate medical treatment.



The permanent disruption at roads and a stringent restriction on the freedom of movement in the OPT are anything else than supportive to humanitarian aid workers.

Physical roadblocks, consisting of concrete blocks, trenches, earth mounds, iron gates or dirt piles make



“A checkpoint is not simply a military outpost on a highway that checks the documents of pedestrians and traffic that seek to proceed along the road. Every day thousands of Palestinians must pass through these checkpoints in order to travel from home to work, to reach schools and hospitals and to visit friends and family. (...) Accounts of rudeness, humiliation and brutality at the checkpoints are legion. Ambulances are often delayed and women give birth to children at checkpoints.”

John Dugard, UN Special Rapporteur of the Commission on Human Rights

roads too often impassable and force ambulances to find alternative ways of transporting or even reaching a patient: taking alternative routes, which are often winding, bumpy field paths result not only in losing valuable time but also in unnecessary shaking of the patient - which at times can be life threatening.

Qalqiliya, 20 September 2003 (16:10): A **PRCS** ambulance transporting two patients from Ramallah to Qalqiliya was stopped by Israeli soldiers at the Yetshar settlement intersection. The soldiers detained the ambulance for 2,5 hours. During the detention period the driver and the patients' companions were ordered out of the ambulance and left standing under the hot sun. Finally, the ambulance was denied access and was obliged to take another route through the Za'atara road to reach Qalqiliya.

At staffed checkpoints soldiers frequently delay ambulances to pass, by carrying out comprehensive searches of the ambulances, at times destroying the medical equipment inside.



“Convoys of vehicles (...), conveying wounded and sick civilians, the infirm and maternity cases, shall be respected and protected...”

Article 21, GC IV



Jenin, 30 October 2003 (07:30): A **PRCS** ambulance was on its way to Ramallah transporting a 2-year old child in critical condition when Israeli soldiers at the Za'atara checkpoint stopped it. The soldiers ordered the crew to park the ambulance and forced the crew and patient out of the ambulance. The soldiers confiscated the medics' communication devices and began to search the contents of the ambulance damaging emergency medical equipment and supplies. The soldiers detained the ambulance for 3 hours before allowing it to pass. Due to the extensive damage caused by this incident, the ambulance was temporarily out of service.



Medics and sometimes also patients are forced to leave the ambulance and made to sit in the sun or rain. In many cases medics are arrested, beaten, harassed or verbally assaulted.

“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.”

Article 20, GC IV



To transport a patient, ambulances often have to encounter several checkpoints; being forced to stop at each of them has led to great delay of arriving at the destination and it is left to the soldiers to make the decision on how urgently a patient requires medical care, putting the patient's life at risk.



“Medical personnel of all categories shall be allowed to carry out their duties.”

Article 56, GC IV

Qalqiliya, 27 October 2003 (15:10): Israeli soldiers stopped a **PRCS** ambulance, transporting a patient who had been bit by a snake to Nablus, at the Habla ‘separation gate’. The soldiers ordered the crew not to move until they checked the patients’ ID. Although the patient’s condition worsened the ambulance was only allowed to pass after being detained for 35 minutes. When the ambulance reached Al-Nabi Musa village near Qalqiliya, an army jeep stopped it again and took the IDs of the crew. The ambulance was detained for another hour, before it was allowed to pass.

Jericho (Allenby Bridge Border Crossing), 06 July 2004 (16:10): A **PRCS** ambulance was on its way to pick up a cancer patient who was waiting in an ambulance at the Jordanian side of Allenby Bridge to be transferred to a local Palestinian hospital. At the border crossing, the ambulance was stopped and delayed access for twenty-five minutes by the Israeli police. The **PRCS** ambulance was subjected to a second delay of access for an additional 1,5 hour at the Jordanian gate before access was finally given to the ambulance driver only. The rest of the medical team was ordered to wait at the gate. The driver proceeded to transfer the patient from the Jordanian ambulance to the **PRCS** ambulance, which took twenty minutes. When the driver arrived back to pick up the rest of the medical team, the Israeli police stopped the ambulance again and commenced to search the ambulance. As the search was in progress, the driver noticed that the patient’s condition was worsening and immediately called out for

one of the medics to assist. However, the Israeli border police prohibited any of the medics to approach the ambulance. The search took one hour and during this time, the patient was not allowed medical intervention by the **PRCS** medics. The patient arrived at the Jericho hospital with no vital signs; cardio-pulmonary resuscitation was administered. However, the patient was soon declared dead by hospital officials. The unnecessary delay for 3,5 hours and prohibiting the **PRCS** medics from administering emergency medical care to the critically ill patient by the Israeli border police contributed to the patient's death.

Expecting mothers are afforded special protection and care as clearly stipulated in Article 16. Yet, many women face extreme difficulties in having their pregnancy properly monitored and are forced to give birth in circumstances, which do not meet the conditions they should be afforded. According to the Health, Development, Information and Policy Institute (HDIP) already by 2002, less than 50% of the women were able to give birth at a hospital, but were forced to deliver their child in the ambulance, in local clinics or even at home, due to the delay or denial of passage. Consequently, complications arising during and after labour can not be sufficiently treated due to the lack of specialised personnel and lack of the necessary equipment, which threatens the life of the newborn and the mother.

Khan Younis, 5 October 2003 (18:30): The EMS station received an emergency call about a woman suffering from pregnancy complications in East Rafah. However, the ambulance could not reach its destination because Israeli Army tanks were blocking the area. Therefore, at about 20:00 the ambulance crew requested ICRC coordination in order to receive permission to reach the patient. While waiting, Israeli soldiers started shooting at the ambulance and thus forced it to return back to the EMS station. A second attempt for ICRC coordination with the Israeli Army succeeded under the condition that the woman and her family would walk to a pre-determined location carrying a flashlight in order to meet up with the **PRCS** ambulance. When the medics began to walk towards the location to pick up the patient, Israeli soldiers again started shooting at them. The medics were obliged to return to the ambulance but

remained in the area waiting. Unfortunately, they were unable to transport the women and the ambulance returned to base at 23:30.

Nablus, 28 August 2003 (09:20): The EMS dispatch received an emergency call to transport two women in labour to hospital. At the Howwara checkpoint, Israeli soldiers stopped the **PRCS** ambulance and checked the patients' IDs. One of the women was denied permission to cross because she was carrying a Jordanian passport. The driver explained that the woman was visiting relatives in the West Bank and that she was about to give birth, but the soldier started shouting at him and tried to hit him. The driver defended himself by grabbing the soldier's hand, but a second soldier came and hit him on the chest. The soldiers then tied the driver's hands and forced him to lie on the ground for over an hour. The ambulance was detained for over 1,5 hours. Regarding the patients, one of the women was taken to hospital in a second ambulance, but the Jordan-passport holder was forced to return back. The woman gave birth at a village health centre.

Sometimes the EMT staff fail to convince the soldiers of the emergency situation and are, even after ICRC involvement, denied access completely. In this case, the EMT staff will try a number of options. If possible, the patient will be asked to reach a place, which is accessible for the ambulance and pick him or her up there. In case the patient cannot move or be taken to this place by others, **PRCS** tries to locate a health professional nearby, who might be able to reach the patient. However, sometimes the wounded or sick is located in an area under siege and it would thus be too dangerous to enter. If all options, to come to the patient's aid, fail the only choice left to EMTs is to give emergency medical advise over the phone and to instruct the patient to provide himself with first aid treatment.



Gaza 06 September 2003 (13:00): The EMS station in Jabalia received a call about an injured person located in the eastern part of Jabalia. Immediately, a **PRCS** ambulance was dispatched to the area, but the ambulance couldn't reach the injured person due to Israeli Army tank fire. The driver called the station and requested ICRC coordination to pass the area. Meanwhile the injured person who was later identified as a 17 year-old boy, called the **PRCS** emergency 101 number from his own mobile and asked for help. The youth managed to inform the EMS that he was shot in both legs. The ambulance crew at the scene began to give the youth directions on how to stop his bleedings. At 19:00 the ambulance was obliged to return back as it received a call from the D.C.O informing them that the Israeli authorities refused ICRC coordination. The following day, 07/09/2003, the station received a call from the D.C.O informing them that a **PRCS** ambulance would be allowed to enter and transport the injured person. The ambulance crew found the body of the 17-year-old boy after he was left bleeding for 18 hours.



“... for security considerations ...”

“Subject to temporary and exceptional measures imposed for urgent reasons of security by the Occupying Power: a) recognized National Red Cross (...) Societies shall be able to pursue their activities in accordance with Red Cross principles (...)”

Article 63, GC IV



Although Article 63 stipulates, that in situations of urgent security reasons the Occupying Power may suspend the work of National Societies, yet this reservation must not be used lightly. Under no circumstances can reasons of security justify the general suspension of all humanitarian activities or to allow interference with the continuity of the Society’s humanitarian action. In most cases, when requested a statement from the Israeli military

authorities on the delay or denial of passages, the overriding response was that their actions attempt to balance security needs and humanitarian considerations. Since the beginning of this Intifada there has been one controversial case, where a **PRCS** ambulance was found being used for other than humanitarian purposes. Having said that, this case has been disputed and never been officially acknowledged due to its very equivocal circumstances. In addition, repeated requests by **PRCS** through the ICRC for an independent investigation have been ignored. Nonetheless, this case has been continuously referred to, to uphold



the claim that it is entirely reasonable to delay and deny the passage of ambulances in order to counteract terrorist actions. Israeli military authorities argue that

“[t]here is not always specific information available regarding misuse of specific ambulances for terror purposes, hence there is no alternative to carrying out more comprehensive searches.”

Article 63 implies that if restrictions are to be imposed, they must be in proportion to the threat they counter and may not infringe the very essence of the respective right. Thus, exercising their right to inspect ambulances, the immediate transportation of the patient must be ensured, by e.g. providing a second ambulance, into which the patient will be transferred and transported to the hospital.

Having said that, since the beginning of this Intifada, **PRCS** ambulances have been delayed or denied passage 1563 times. Hospital reports have indicated that the delay or denial of access has contributed to the death of dozens of patients. Comparing these numbers to one controversial case and considering that the **PRCS's** mission is purely humanitarian, any interference and hindrance for security reasons - especially when putting a patient's life at risk - is completely out of proportion and can under no circumstances be justified by security considerations. Under Article 56 GC IV the Occupying Power is under obligation to allow all medical personnel to carry out their duty. Hence, in light of international humanitarian law the restrictions medical personnel and vehicles are exposed to can neither be considered as legitimate nor legal.

Jenin, 9 June 2004 (15:10): A **PRCS** ambulance was stopped by Israeli soldiers on Al-Nahada Street while on route to evacuate a heart attack victim from his home to hospital. Ten minutes later the crew was allowed to the victim's home after the medics had explained to the soldiers the serious condition of the patient. However, the medical aid required by the patient's serious condition arrived too late and he was later pronounced dead by hospital officials.

The Separation Wall

“(…). The wall, along the route chosen, and its associated regime gravely infringe a number of rights of Palestinians residing in the territory occupied by Israel, and the infringements resulting from that route cannot be justified by military exigencies or by the requirements of national security or public order. The construction of such wall accordingly constitutes breaches by Israel of various of its obligations under the applicable international humanitarian law and human rights instruments.”

International Court of Justice, Advisory Opinion, 9.07.2004



The tight policy of controlling the movement of Palestinian people through a network of roadblocks and checkpoints has been further increased by the construction of the Separation Wall (hereinafter the Wall). The major Palestinian transport roads are already severely disrupted by the numerous checkpoints, but in combination with the Wall, access to health care

is and will be further limited to a minimum, if not to say will be inexistent. In the districts of Qalqiliya, Tulkarem and Jenin movement “within” and “out” of these areas has become almost impossible for their residents. Their communities are frequently subjected to being a “closed military zone”, which means that the military denies all access to and



within their villages. The Wall is posing a direct threat to the lives of Palestinian people in need of health care - both in emergency situations and regular treatment. It has cut off some communities completely from the outside world and with the continuance of its construction will affect even more in the future. The Wall, once completed, will run the length of over 650 km. Its construction does not follow the 1967 internationally recognised border (known as the Green Line) but seizes its way into Palestinian territory at points up to 6 km (according to future construction plans, the Wall will be moved even further east up to 16 km into Palestinian land), confiscating Palestinian land and cutting off villages from the West Bank. The construction of a second wall, running along the Jordan Valley, is soon to begin. Once completed, approximately 1/2 of the West Bank will be isolated.

PRCS, together with others, have commenced to implement projects to improve and to ensure at least basic health services in the most affected areas. The implemented projects are nevertheless not to be seen as a long-term solution, but only as measures to alleviate the Palestinian people's suffering.

“[H]umanitarian aid is no longer the best way to help them (the Palestinian population). It is essential that the West Bank Palestinians’ basic rights under international humanitarian law are respected. [The] assistance programmes in the West Bank could only provide a short-term solution.”

ICRC, “New strategies for the West Bank”, 20.11. 2003

“[T]he Barrier deprives thousands of Palestinian residents of adequate access to basic services such as water, health care and education (...). The Palestinian communities situated between the “Green Line” and the Barrier are effectively cut off from the Palestinian society to which they belong. (...). The problems affecting the Palestinian population in their daily lives clearly demonstrate that it runs counter to Israel’s obligation under IHL to ensure the humane treatment and well-being of the civilian population living under its occupation. The measures taken by the Israeli authorities linked to the construction of the Barrier in occupied territory go far beyond what is permissible for an occupying power under IHL.”

ICRC, “West Bank causes serious humanitarian and legal problems”,
18.02.2004

The Wall's impact on the access to health care

In addition to the problems caused by the harsh infringements on the freedom of movement through checkpoints and roadblocks, the construction of the Separation Wall has worsened the situation considerably when it comes to accessing health care. Villages, especially in remote areas, are facing a situation of extreme isolation. At present, the worst affected are those which are stuck between the Green Line and the



Separation Wall. Parts of the Wall have already been completed and currently affect directly approximately 15,000 people - 5,000 people in the Jenin district, 9,000 people in the Tulkarem district and about 1,000 people in the Qalqiliya area. Palestinians living in these areas are



Source: Space Imaging Eurasia

prohibited from entering Israel and are also prevented to enter the West Bank. Once the Wall has been completed, the number of directly affected people to be trapped in this zone will rise up to 170,000.

Other communities, such as Qalqiliya city, have been completely hedged by the Wall, leaving one gate to enter and exit controlled by the Israeli army. Opening hours of these gates vary and are subject to constant change. It becomes evident that due to the strict control and the arbitrary allowance of movement, residents of these areas face a number of severe health access problems.

The few existing clinics in these zones are responsible for the treatment of the inhabitants of surrounding villages. Yet, the existence of a clinic or a hospital in the area, does not necessarily imply that patients can receive adequate treatment or required medication. Doctors and nurses do not always live in the immediate area and - given the restrictions on movement - arrive late or are often prevented from getting to work at all - despite carrying an identity card which



clearly stipulates their medical personnel status. Already prior to the Wall's construction these delays occurred on a regular basis given the numerous checkpoints medical staff had to pass on their way to work. Today, they also have to negotiate their passage through the Wall's gates which, as mentioned, are subject to arbitrary opening hours. This has resulted in an increase of a partial or even daily absence of doctors and nurses.

These clinics can often provide their patients only with very basic health services. In most clinics there is neither the trained personnel nor the necessary equipment to treat patients who suffer from illnesses that need regular, such as diabetes or dialysis patients, or specific treatment. The Qalqiliya district for instance lacks access to gynaecologic, paediatric or dermatological services. These specialised treatment facilities are available in towns, yet, the severe restrictions on movement do not assure that the patient will be able to access them. Consequently, especially patients suffering from chronic diseases are particularly endangered.

The provision of maternity services are also almost non-existent in such enclaves. Pregnant women, which are entitled to special care and protection (Art. 16 GC IV) can not receive the necessary pre- and postnatal care, which their special circumstances would require. The lack of special delivery facilities has forced many women to give birth in their homes, or under circumstances, which do not meet the necessary health and safety conditions.

Nablus, 26 October 2003 (18:55): Israeli soldiers at the Azmoot 'separation gate' checkpoint stopped a **PRCS** ambulance on its way to transfer a woman in labour who was waiting in a second **PRCS** ambulance on the other side of the 'separation gate' several meters away. For 10 minutes, the soldiers denied the ambulance permission to reach the patient. Due to the serious condition of the woman, the ambulance driver tried to get closer to the gate, but as he

did, the soldiers began firing toward the ambulance. The ambulance was obliged to return back to the EMS station.

Another problem consists of the unavailability of a 24-hour emergency service. Before the construction of the Wall, this service was provided by nearby towns. Today this service is no longer available and villages do not have ambulances in order to substitute such service. Transporting a patient in a private car to bring him or her to the nearest doctor is not an option. In most of these enclaves, travelling with a private car is extremely difficult if not to say impossible. Thus, in case of emergency the urgent treatment of the patient can not be ensured.

In addition to the lack of staff, clinics suffer from a chronic undersupply of medications. Transportation has become extremely difficult and villages often have to wait for the delivery of the needed quantity of medications. This problem of undersupply has been further increased through the constant growing demand of more medication due to the lack of adequate treatment.

Since many areas have been completely sealed off and are not accessible to “outsiders”, it is especially those villages that suffer from a chronic undersupply of medications. Thus, a clinic that can be accessed from time to time, both by the outside and the sealed off villages, will need to have a larger stock of medications to provide the surrounding communities. However, due to the restrictions on movement, it cannot be ensured that required medicines are delivered in time and in a quantity in order to supply all.

In short, the health-access situation in areas affected by the Wall can be summarized as followed: each clinic is facing a disproportionate pressure of a large population to serve and their diverse health needs in combination with a lack of staff and equipment, as well as uncertain and short opening hours.

Responses of PRCs to alleviate the Palestinian People's distress

The Hotline & Emergency medical network

In July 2002 PRCs commenced the Hotline & Emergency medical network aiming at improving the health conditions of the Palestinian people living under siege and curfews. Since the beginning of the construction of the Separation Wall, this hotline has become especially vital to the remote and cut-off villages.

The underlying concept behind this project was developed during the 2002 Israeli incursion. Being imprisoned in their own houses, citizens were not able to access any health infrastructure, like primary health care centres or maternities. Thus, the only choice they saw was to call 101, the PRCs emergency number, for all health-related issues. Being set up to deal only with emergency cases, evidently the PRCs Emergency Medical Team was swamped with responding to the populations' request (at times the Ramallah EMS station received up to 12 calls per minute).





Therefore, a network of 145 doctors and health professionals (including nurses, midwives, gynaecologists, obstetricians, physicians, traditional birth attendants) has been set up all over the West Bank in order to provide - on a voluntary and 24 hours basis - free medical consultations on the phone to the people living under curfew or closure. Required medication will then be delivered by an EMS ambulance. These hotline numbers were disseminated among the public through a national and local information campaign by **PRCS** branches to ensure overall knowledge about the availability of these services.

These health professionals have been equipped with emergency medical kits and delivery kits to provide free medicine to the patient - delivered by an EMS ambulance - and to assist pregnant women who are forced to deliver at home by giving advise on the phone.

The Barta'a Sharqiya cluster

The Barta'a Sharqiya cluster, consisting of 7 villages (Barta'a Sharqiya, Um Rehan, Khirbet Abdallah al Younis, Khirbet ash Sheikh Sa'id, Khirbet Muntar al Gharbiya, Khirbet ash Sharqiya and Dhaher al Malih) inhabited by 4536 Palestinians, presently belongs to one of the most affected areas by the Wall. The cluster



is situated between the Green Line and the Wall; lying on the west side of the Wall, the cluster has been completely sealed off and its residents are prevented from entering the West Bank. Health services are provided by one clinic run by the Ministry of Health, located in Barta'a. The clinic's opening hours are from 8am until 2pm daily and is headed by a doctor, who lives in the city of Ya'abad, situated on the eastern side of the Wall. Although the doctor has a permission to enter and exit the enclave, it is obvious that his daily presence depends on the arbitrary opening hours of the gate. In addition to the clinic, one nurse/midwife resides in Barta'a, who is available 24 hours. In short, one doctor and one nurse are serving the health needs of 4536 Palestinian people. In addition to the lack of staff, the clinic also lacks medications due to the severe restriction on entering and exiting the cluster. Since more than two months **PRCS** has attempted to enter in order to implement its Emergency Medical hotline project and to provide the medics with medical and delivery kits. "For security reasons" the **PRCS** staff was denied entrance and was forced to return back, thus continue to leave the residents with minimum health care facilities.

M mobile Clinics



A further response of **PRCS** to policies of closures and the construction of the Wall has been the implementation of mobile clinics. For some Palestinians these mobile clinics have become the only option in accessing health care services. The high range of unemployment and increasing poverty rate has made it unaffordable for many Palestinians to pay for medical services, especially if accessing them includes long and costly travels. **PRCS** has so far been

able to implement 4 mobile clinics (3 in the Hebron district, one in the Qalqiliya area), whose staff has been able to reach thousands of Palestinians in remote areas and areas under closure, offering free health services. In the near future, two more mobile clinics will be deployed in the Jenin district.



The Mobile Clinic in the Qalqiliya district

On 20 June 2004 the **PRCS** deployed a mobile clinic in the Qalqiliya district as a direct response to the Wall. It serves the inhabitants of Ras at Tira (388), Magaret Ad Dab'a (264), Arab Abu Farda (200), Arab al Sha'our (200), Beit Amen (1121), Azoun al Atmeh (1632), Arab ar Ramadir (190) and Wadi Alrosha (210), a total of 4185 people. The health team, consisting of 4 medics, provides the residents with free basic and curative services, psychological and rehabilitation treatment.

The mobile clinic team works 3 days a week, covering 2-3 villages daily, by attempting to visit each village weekly. As any other **PRCS** arrangement, also the mobile clinic does not receive privileged treatment at checkpoints or gates.

The village of Azzun al Atmeh, which lies south of Qalqiliya, has been completely surrounded by a fence, leaving one gate to enter and exit. Passage is allowed 3 times per day for 2 hours. Yet, as any other gate it is subjected to inconsistent opening hours. The village has one health care centre, which is run by a doctor from outside. His presence has dropped significantly, as he is constantly denied to pass the gate. Nevertheless, the centre's services are limited, as it is only equipped with very basic facilities.

The villages of Ras at Tira, Margaret Ad Dab'a, Arab Abu Farde, Wadi Alrosha and Arab ar Ramadir, about 3 km south of Qalqiliya city, have been completely sealed off by the Wall from the West Bank. Before the construction of the Wall, inhabitants of these villages relied on Habla or Qalqiliya city for health services. Now the Wall prevents them from reaching these cities, which, as a consequence, leaves the residents with no access to health facilities or nearby health centres. There is no ambulance available within the cluster to transport patients and private cars are not allowed to pass through the gate. Thus, medical help has to be called from nearby towns lying on the eastern side of the Wall to come to these villages and

provide the sick with medical care, which evidently is very time-consuming. In addition, the city of Qalqiliya has been completely hedged by the Wall with one gate to enter and exit. Before the Wall's construction the travel from these villages to the city took a couple of minutes; today this trip can take up to hours. The complete isolation of Qalqiliya city has had a devastating effect on other surrounding villages, which formerly relied on the city's services.



Source: PENGON

Executive Summary

Unfortunately, the reporting period of 2003/2004 has not seen any improvement, neither for the **PRCS** nor for the Palestinian population as a whole. Quite the contrary: systematic violations of International Humanitarian Law continue on a repeating and systematic level by the Occupying Power - either through a deliberate aggressive behaviour towards medical and humanitarian aid workers, or through policies that are directly based on international humanitarian law violations or at least imply their implicit support.

PRCS medical teams are doing their best to serve the people in need and always try to reach those who seek help. Sadly, this is not always possible due to extensive delays at checkpoints or complete denial of access. In addition, the killing, injuring and beating of **PRCS** medics, the demolition of ambulances and medical facilities has further hampered the humanitarian duty of **PRCS** workers.

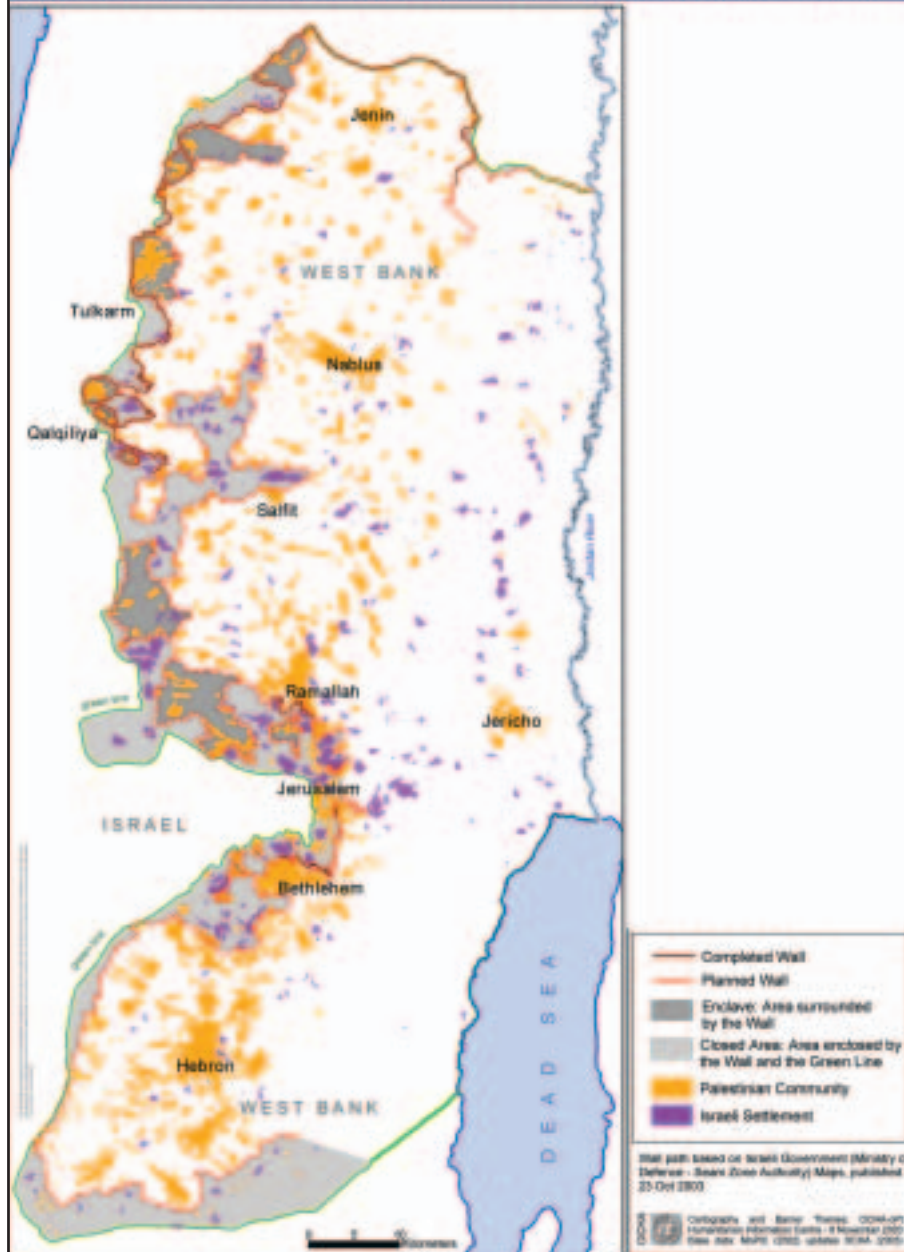
The numbers given in this report unfortunately can not give a picture of the effects these policies have on the average Palestinian person. Numbers and statistics can only portray the net effect of such policies and only to the extent that incidents are reported and gathered. Yet, even reported incidents only portray faceless individuals and can not in the slightest transmit the suffering each Palestinian individual in need of medical care is going through.

Despite all difficulties, faced violations and increasing limited freedom of movement, **PRCS** abides strongly by its humanitarian duty and is doing everything possible to alleviate the Palestinian people's distress. Yet, its activities and projects certainly do not meet the population's needs. With the continuous deteriorating situation, **PRCS** will have to implement more expensive and less effective measures to secure at least basic health care.

Repeated appeals to the Israeli authorities to investigate reported violations and to hold perpetrators accountable have been largely ignored. In addition, and other international organisations have repeatedly attempted to remind Israel of its obligations under international law, which implies unhindered access of medical aid workers. Still, the provisions under most notably Geneva Convention IV, to respect and protect medical personal and to protect the civilian population continue to be largely ignored. **PRCS** demands the immediate cessation of violations conducted by Israeli Armed Forces and the abidance of the International Court of Justice advisory opinion, which found that

◆ *“the construction of the wall being built by Israel, the Occupying Power, in the Occupied Palestinian Territory, including in and around East Jerusalem, and its associated regime, are contrary to international law. Israel is under an obligation to terminate its breaches of international law; it is under an obligation to cease forthwith the works of construction of the wall being built in the Occupied Palestinian Territory, including in and around East Jerusalem, to dismantle forthwith the structure therein situated, and to repeal or render ineffective forthwith all legislative and regulatory acts relating thereto (...).”*

Enclaves and Closed Areas between the Wall and the Green Line



Percentage of Palestinian Households by the Obstacles Facing Access to Health Services because of Separation Wall

Construction by Type of Obstacle and Location from the Separation Wall, October 2003

Type of Obstacle	Location from the Separation Wall		Total
	East the Separation Wall	West the Separation Wall	
Remoteness of Health Centres	38.6	73.3	41.6
Inability for Medical Staff to Reach Health Centres	39.4	76.4	42.6
Inability to Pay Costs	58.8	69.3	59.6
Lack of Medicines and Other Essential Medical Needs	41.9	65.9	44.0
Lack of Equipment	35.8	62.5	38.0
Lack of Child Health Care Services	24.7	63.7	28.0
Lack of Maternal Care Services	21.7	65.0	25.3
Others	1.7	3.3	1.8

Source: Palestinian Central Bureau of Statistics

Log of Attacks on Medics & Ambulances PRCS Emergency Medical Services Statistics

	28/06/2003- 22/10/2004	29/09/2000- 22/10/2004
PRCS Personnel Killed (3 EMT, 2 employees & 7 Volunteers)	9	12
Total EMT Personnel Injured	11	203
Total Attacks on Emergency Teams	74	362
Number of Personnel and Volunteers Arrested	1	81
Total Attacks on Ambulances (cumulative total) *	75	330
Total Ambulances Damaged (Some vehicles damaged more than once)	16	134
Number of Ambulances damaged beyond repair (out of service)	-	28
Violations & Restrictions on Ambulance Access	597	1563
Ambulance Access.		

* Total Attacks on Ambulances includes fire directed at Ambulances resulting in the following:

- Injury/ Death to EMTS.
- Damage to ambulances repairable/ beyond repair.
- Some ambulances may have had no or minor damage.

* Number of registered cases of denial of access by the Israeli Army at checkpoints or between communities. This does not include the thousands of cases when the Emergency System Service is paralysed. Please also bear in mind that since delay of access has become such a routine, delays below 30 min are often not reported any more. Thus, the numbers are estimated to be much higher.

Additional Resources

The International Committee of the Red Cross

<http://www.icrc.org>

International Humanitarian Law Research Initiative

<http://www.ihlresearch.org/opt>

International Court of Justice

<http://www.icj-cij.org>

Médecins du Monde

<http://www.mdm.org>

AI-haq - Law in the Service of Man

<http://www.alhaq.org>

B'tselem - The Israeli Information Centre for Human Rights in the Occupied Territories

<http://www.btselem.org>

HDIP - Health, Development, Information, and Policy Institute

<http://www.hdip.org>

PENGON - The Palestinian Environmental NGOs Network

<http://www.pengon.org>

Physicians for Human Rights - Israel

<http://www.phr.org.il>

Palestinian Central Bureau of Statistics

<http://www.pcbs.org>

Stop the Wall

<http://www.stophthewall.org>

For additional incident reports and the images used throughout this report please refer to our website <http://www.palestineRCS.org>

