



# 2007: Challenges & Achievements

## Annual Report

רופאים לזכויות אדם - ישראל (ע"ר)  
أطباء لحقوق الإنسان - إسرائيل  
Physicians For Human Rights - Israel



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## Introduction

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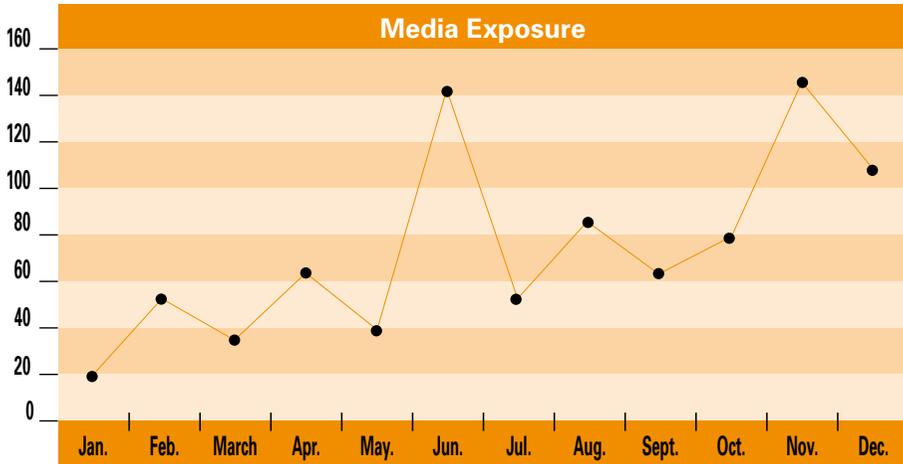
As we move into 2008, we offer our annual review of the year that has just ended, focusing on the main challenges faced by all the departments and projects of PHR-Israel, and on the ways we have confronted these challenges. Firstly, though, we begin with some statistics, acknowledgments, and general remarks.

This year, we received **2,526** new applications for assistance, and our clinics treated **17,627** patients. Physicians who volunteer in PHR-Israel devoted a total of **4832.5** work hours, including both medical assistance and advice and support for the staff in individual cases as well as in cases that touch upon core principles.

We were pleased to welcome **109** new volunteers this year, 72 of whom signed up as members of PHR-Israel. We attach great importance to recruiting new members – physicians, medical staff, and members of support teams (receptionists and translators) – and to spreading the message that human rights are an integral part of medicine. The larger the number of members we represent, the stronger our voice will be within Israeli society, and the more we will be able to influence decision-makers.

**We would like to thank all PHR-Israel volunteers for their devotion and hard work, which enabled us to provide a caring and professional response to every person who turned to us for help.**

Since March 2007, our public relations work has been handled by BenOr Consulting, with the objective of exposing our activities to a wider section of the public. This change has led to an increase in the number of media reports referring to PHR-Israel in various media forms (internet, press, radio, and television), as shown in the following graph:



In addition to the quantitative increase in media exposures relating to PHR-Israel, the quality of these reports has also improved. As media coverage of cases that touch upon core principles rose, there was a decrease in simple human interest stories that do not expose the policy issues that underlie the violation of the right to health.

As we move into 2008 we are preparing to hold a member census. With the help of PHR-Israel volunteer Yoel Epstein, we have been working for the past year on the installation of a new computer program. As soon as this process is completed, we will contact you and request that you renew your membership and complete new forms. This will enable us to update our lists of members and volunteers and to make our communication with you more efficient. We would appreciate if you take the time to update all the details so that we can achieve this important goal!

**During 2007, PHR-Israel encountered a growing number of people whose right to health is violated. The main obstacles preventing the realization of the right to health are Israel's occupation, migration and privatization policies, as well as discrimination on the grounds of ethnicity and nationality. Accordingly, our work over the year focused on an effort to change these injurious policies.**

As we pursued our medical activities, we encountered populations that are excluded from the Israeli health system. These include the Palestinians in the Occupied Territories and refugees who arrive in Israel and are not eligible for medical insurance.

- **The mobile clinic** encountered in 2007 the ongoing restrictions on freedom of movement in the West Bank, and the high levels of poverty, which result in health problems. Our response included the development of specialist clinics in the fields of diabetes, gynecology, and pediatric cardiology, in addition to our advocacy work (see below in the Occupied Territories Department).
- **The women's clinics** worked over the year to empower Palestinian women within their own society by raising their awareness of health-related issues. With this goal in mind, the format of the clinic was changed this year. Lectures were given on relevant topics; the medical and organizational aspects of the clinic were improved; and we gained a deeper understanding of the situation of women in the Occupied Territories.
- **The open clinic** worked hard over 2007 to meet the needs of refugees who arrived in Israel in unusually high numbers and began to come to the clinic. Some of the refugees have experienced exceptionally severe traumas.

**The Prisoners and Detainees Department** worked over the year to oppose the shackling of prisoners and detainees during treatment at medical institutions outside prisons. We also opposed the holding of Palestinian prisoners in solitary confinement in a manner that violates their right to mental and physical health.

**The Migrants and Undocumented People Department** campaigned in 2007 to sever the connection between citizenship and social rights. The department promoted the concept of “social residency” – the concept that any person present in Israel should be entitled to social rights (health, welfare, and education) regardless of his or her status.

**The Residents of Israel Department** campaigned in 2007 against the depletion of the public health package and the services provided by the state for its residents, and against the phenomenon whereby residents receive a higher level of health services in return for increased payments.

**The Right to Health in the Unrecognized Negev Villages Project** struggled to secure the right of the residents of these villages to water, electricity, and an environment free from hazards, as part of their right to health. The project also campaigned for substantive equality, rather than merely formalistic equality, in the clinics established by the state in the villages following Supreme Court petitions.

**The Occupied Territories Department** struggled in 2007 against the tightening of the policies of the Israeli government, the authorities at Erez Crossing, and the General Security Service. The authorities have made it virtually impossible for patients to leave the Gaza Strip for treatment in Israel or abroad – a policy that costs human lives.

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## Medical Activities

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### Statistics for 2007

Total number of patients – 17,627  
Total number of shifts provided by volunteer physicians – 958  
Total number of shifts provided by medical staff – 780  
Total number of shifts provided by volunteer support staff (receptionists and translators) – 325  
Total referrals to Ichilov Hospital – 1,567

## Medical Activities in the Occupied Territories: Mobile Clinic and Women's Clinic

### Statistics for 2007

Total number of patients – 11,288  
Total number of shifts provided by volunteer physicians – 298  
Total number of shifts provided by volunteer medical staff – 336  
Total number of shifts provided by volunteer support staff – 62  
Total number of clinics held – 58 (including regular clinics, specialist clinics and women's clinics)

### Mobile Clinic

PHR-Israel has operated the Mobile Clinic Project in the West Bank for the past twenty years. The objectives of the project are to protest against the occupation; to show solidarity with the health system in the Occupied Territories; and to identify and provide medical solutions for the residents. The project concentrates in particular on villages in the West Bank that do not have medical centers and/or which lack access to urban centers providing medical services due to the large number of checkpoints established in the Territories. The

project also provides seminars and lectures in order to strengthen the Palestinian medical system and advance cooperation between Israeli and Palestinian medical staff.

Every Saturday, PHR-Israel volunteers – medical and support staff – travel to the villages. Their journey is hampered by the Israeli checkpoints, and often their arrival to the villages is delayed by several hours. In the villages the Israeli volunteers work together with Palestinian physicians from various organizations, including the Palestinian Medical Relief Society (PMRS), the Red Crescent, and the Patient's Friends Society. Together, the physicians examine the patients, refer them for further treatment, and provide advice and guidance.

The mobile clinic also operates specialist clinics, particularly in larger Palestinian towns and villages. The goal of the specialist clinics is to strengthen ties and professional dialogue between Palestinian physicians and Israeli specialists. In the specialist clinics, Israeli specialists in pediatric cardiology, orthopedics, gynecology and diabetes cooperate with Palestinian physicians working in these fields. In addition to medical treatment and diagnosis, the specialist clinics also provide lectures and seminars on various subjects.

In this year's report, we focus on the specialist clinics in the fields of diabetes, gynecology, and pediatric cardiology in view of the special challenges encountered in these fields. Diabetes is the commonest medical problem in the West Bank, after high blood pressure, and the area suffers from a shortage of specialists in this field. There are no pediatric cardiology surgeons or clinics capable of diagnosing and treating children with heart defects in the West Bank. Accordingly, these children are dependent on operations performed by foreign surgeons who visit the region, or on charity organizations that finance operations overseas.

## Specialist Clinics

### Gynecology and Diabetes

#### Statistics for 2007

Total number of patients – 317

Total number of shifts provided by volunteer physicians – 19

The diabetes and gynecology clinics have operated since 2005, helping patients suffering from chronic diabetes, and women in need of specialist gynecological care. The clinics take place two or three times a month at the medical centers of the PMRS in three locations – Sabastiya (in the Nablus District), Qalqiliya, and Tulkarem. PHR-Israel volunteers who are specialists in the fields of gynecology and endocrinology participate in these clinics, alongside Palestinian physicians. The experts visit each of the centers every four to six weeks, and are therefore able to monitor the condition of the patients and attend to serious cases. The Palestinian and Israeli physicians also maintain telephone contact for the purpose of monitoring and consultation between the visits.

Dr. Eldad Kish, an endocrinologist and a PHR-Israel volunteer, participates in the diabetes clinic on a regular basis. He comments:

“On a typical Saturday, dozens of patients are patiently waiting for us...The project is a great success, for patients and physicians alike...Patients’ files are kept up to date, and the cases are discussed in detail with the local physicians, so that continuity in treatment and follow up are assured at all times.”

As already mentioned, the specialist clinic is important not only in terms of the treatment it provides for patients, but also as a source of information for the Palestinian physicians, whose access to information is hampered by the restrictions imposed by Israel on freedom of movement both within the Occupied Territories, and between the area and the rest of the world. According to PMRS doctors, the joint work in the specialist clinics has led to an improvement in the condition of diabetes patients. **For example, there are about 200 files for diabetic patients in the PMRS medical center at Sebastia. 90% of these patients have**

**shown some delay and reduction in the appearance of diabetic complications, and several patients have successfully switched from insulin injection treatment to pills.**

B., a 23 year old resident of Naqura in the Nablus district, was diagnosed in 2005 as suffering from type 1 diabetes. As is standard practice for diabetes patients under the age of 30, he began to receive insulin injection treatments. In 2006, B. was referred to PHR-Israel's specialist clinic by Dr. Aiman Shiha. He had high sugar levels at the time (250-300) and his condition was unstable. The amount of glycosylated hemoglobin in his blood (HBA1C) was exceptionally high, between 8 and 9 (the normal range is 6.5-6.8). After a thorough investigation, it emerged that B. had been wrongly diagnosed, and is actually suffering from type 2 diabetes. Dr. Aiman and Dr. Eldad Kish jointly decided that B. should stop taking insulin injections and begin treatment with pills, under close supervision. B. came to the center in Sabastiya for check-ups in order to prevent side effects and adjust the precise dose. The two physicians worked in consultation and managed to bring the patient's range down to 6.6, which is within the normal range. At his most recent visit to the clinic on 1 December, B. was well balanced, and his blood sugar was stable at 120. The injections had caused B. both psychological and financial difficulties, apart from the shortage of insulin in the Palestinian Authority. Accordingly, the switch to tablets led to a substantial improvement in his quality of life.

In a letter to PHR-Israel, Dr. Halla Hamdan, director of the Ibn Sina Center in Sabastiya, notes the vital importance of cooperation between Israeli and Palestinian physicians:

"We are particularly in need of cooperation in the fields of endocrinology and gynecology, since it provides us with up-to-date information and advice...Many complicated cases have been treated during these visits and the local community always seeks the opinion of the specialists...Sometimes we refer cases for treatment in Israel. Accordingly we will need ongoing cooperation and advice in the future, too."

Dr. Uzi Dan, a gynecologist and a PHR-Israel volunteer, also notes the benefit derived by the local medical team from the encounter with Israeli volunteer physicians:

“...I think you could say that the significance of the teamwork lies in the development of professional trust between us, which results in guidance (both active and passive). It sometimes seems to me that the local physician is not always exposed to all the latest developments in our professional field; sometimes the updates she receives are incomplete. It is apparent that innovative treatments are either provided on a limited basis, or are completely unavailable to the Palestinian population in the West Bank. Sometimes good advice about an alternative treatment protocol, or the selection of a different treatment center outside of the places in the West Bank, in which the freedom of movement is restricted, can revitalize a course of treatment that has reached an impasse...”

## Pediatric Cardiology Clinics

### Statistics for 2007

Total number of patients – 105

Total number of shifts provided by volunteer physicians – 7

The pediatric cardiology clinic began to operate in 2005 on the initiative of Dr. Nazia Asala, a specialist in pediatric cardiology and a PHR-Israel volunteer, and the director of the pediatric cardiology unit at the French Hospital in Nazareth, in response to the urgent need for pediatric cardiology specialists and surgeons in the West Bank. There are no pediatric cardiology surgeons in the West Bank and no centers providing diagnostic services for children with heart defects. There is also a grave shortage of vital equipment in this field. There is one specialist in pediatric cardiology who works in Muqassed Hospital in East Jerusalem; however, he is only qualified to diagnose patients, and cannot perform surgery. Moreover, due to the restrictions on freedom of movement from the West Bank to East Jerusalem, the residents of the West Bank cannot easily come for diagnosis. In the past, visiting specialists from Europe and the United States performed operations at Muqassed Hospital, but follow-up of the cases was impossible. Operations are currently performed at the hospital by a visiting specialist from New Zealand. However, patients requiring treatment with special equipment not available at Muqassed Hospital depend on referrals to hospitals in Jordan or Israel. Referrals for treatment outside the Occupied Territories

impose a heavy financial burden on the budget of the Palestinian Authority; moreover, patients encounter difficulties in securing permits to enter Israel or travel to Jordan.

The pediatric cardiology clinic therefore meets the needs of children requiring diagnosis and monitoring in pediatric cardiology. The clinic allows the children and their families to avoid the expenses and bureaucratic obstacles involved in securing entry permits to Israel. Dr. Asala has managed to find solutions enabling some patients to undergo surgery abroad, although these solutions cannot possibly meet all the needs. The clinic operates in cooperation with PMRS and with the French Hospital in Nazareth, where Dr. Asala is employed. Once a month, in the pediatric cardiology clinic, Dr. Asala and his Palestinian colleagues refer approximately 20 children for diagnosis at the PMRS Cardiology and Cardiovascular Center in Ramallah. Every year approximately 105 children are referred to the pediatric cardiology clinic. Of the 116 children seen at the clinic over the course of 2007, 13 underwent surgery.

A., a 17 year old resident of Askar refugee camp in Nablus, came to a medical day held by PHR-Israel in Beit Dajan. When he was 12, A. was diagnosed by Dr. Nazia Asala, who also assisted in raising funds for a heart transplant for A. in Naples, Italy. Yet, the Palestinian health system is not equipped to provide follow-up monitoring and treatment for patients who have received this type of transplant. A.'s father applied to PHR-Israel for assistance, as A. suffered from serious allergies and epileptic fits. He also asked for our assistance in enabling A. to undergo necessary tests. A. was invited to come to the medical day in Beit Dajan, which is close to his home. He was examined by Professor Raphael Walden, a member of the PHR-Israel board and deputy director of Tel Hashomer Hospital. With Professor Walden's help, A. was scheduled for comprehensive and complex tests at Sheba Hospital. In order to facilitate his passage through the various checkpoints, the mobile clinic director Salah Haj Yihya arranged for A. to be taken in ambulances, and he took him from the Qalqiliya checkpoint to the hospital. A. underwent the tests and we are currently waiting for recommendations regarding his course of treatment. PHR-Israel and the hospital also provided A. with some medicines that are not available in the Palestinian health system due to their high cost.

## Women's Clinic

### Statistics for 2007

Total number of patients – 1,565  
Total number of shifts provided by volunteer physicians – 50  
Total number of shifts provided by volunteer medical staff – 86  
Total number of shifts provided by volunteer support staff – 11

Two years ago, PHR-Israel inaugurated a project designed to promote the right to health of Palestinian women. The project also seeks to empower the women and to promote partnership and solidarity between Israeli and Palestinian women. The project's activities include medical days for women that are run solely by women, in order to create a comfortable and safe atmosphere for the women who come to seek advice and examination.

In order to address the broad goals of the project, we met with the representatives of 22 Palestinian women's organizations in Tulkarem, and with other women's organizations and women professionals from the West Bank. On the basis of the information we gathered, in 2007 we began to cooperate with local Palestinian women's organizations and to include additional aspects alongside the medical activities, such as lectures and workshops. We also began to run the clinic three times in each location in order to improve the medical treatment provided for the women and enable follow-up and the development of more meaningful contacts with the local Palestinian organizations.

In order to monitor the women's medical condition, we improved the documentation of the medical treatment. Each woman received a medical file which she brought along each time she returned to the clinic, so that we could see what had happened at the previous visit and monitor the performance of tests. The documents in the file are written in English and are kept by the women so that their local physician can continue the treatment.

During 2007 we began to interview Palestinian women in order to learn about the difficulties they face in realizing their right to health and about the impact of the occupation in this realm:  
<http://www.phr.org.il/phr/article.asp?articleid=463&catid=54&pcat=45&lang=ENG>

We also began to ask Palestinian women and our volunteers to complete feedback questionnaires in order to enable us to improve the methodology and the administration of the project.

As we begin 2008 after about one year of this new format for the women's medical days, we can see a clear improvement in the quality of these medical days, both in organizational terms and in terms of the medical service they provide.

## The Open Clinic in Tel Aviv

### Statistics for 2007

Total number of patients – 6,209

Total number of shifts provided by volunteer physicians – 660

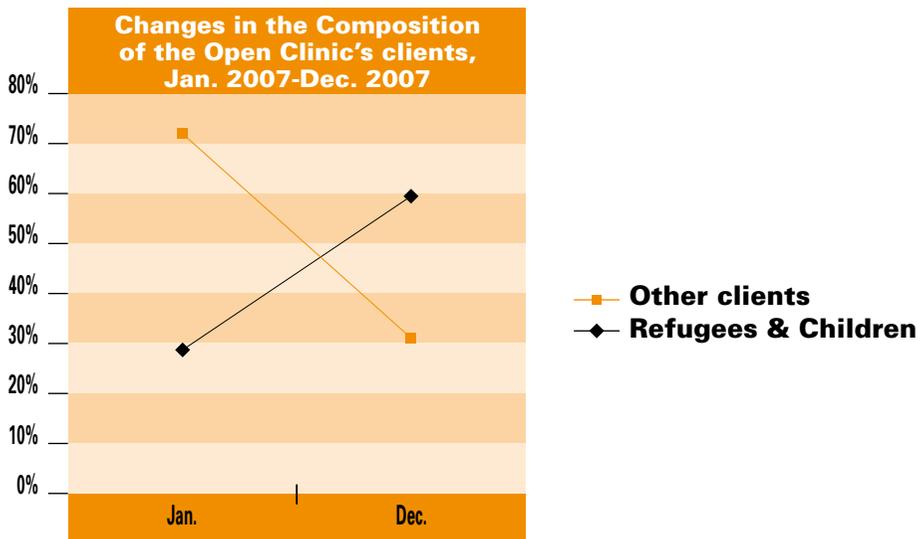
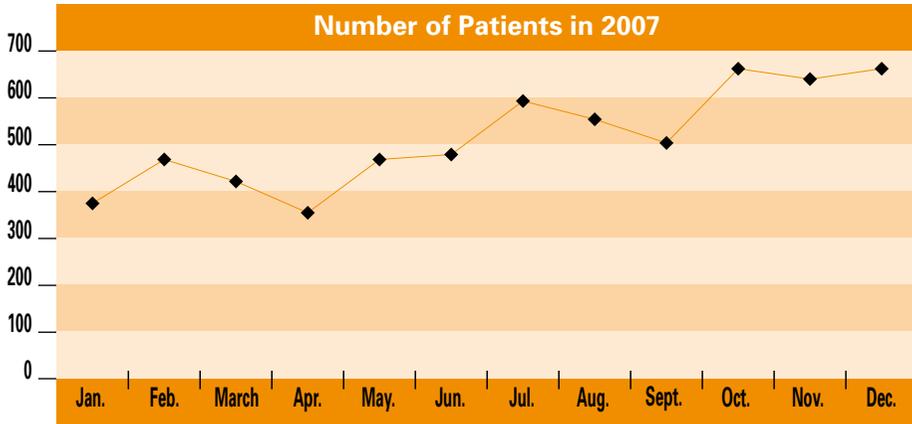
Total number of shifts provided by volunteer medical staff – 444

Total number of shifts provided by volunteer support staff – 260

Total examinations in volunteer physicians' clinics – 1,396

Total referrals to Ichilov – 1,184

The Open Clinic has been operating since 1998. It is run by volunteers and provides primary and secondary medical treatment, as well as para-medical treatments, for migrant workers, refugees, asylum seekers, and other undocumented persons. In 2007 dramatic changes were seen in the clinic's client population. The number of refugees who came to Israel over the year was higher than usual, and many of these refugees began to come to the clinic. An increase of 261 percent was recorded in the number of visits to the clinic over the year, mainly due to the influx of refugees (at the beginning of January most refugees were still being held in prisons, but over the subsequent months they were released, and hundreds more refugees continued to arrive in Israel each month). These changes are reflected in the following graphs:



The number of children of refugees with no medical insurance who come to the clinic also rose over the year. There are various reasons for this, but the main factor is economic. Parents who have only just crossed into Israel or been released from prison need a period of acclimatization. They cannot pay the fee required for insuring their children through the arrangement with the Meuchedet health fund; moreover, many of them are unaware of this arrangement. In 2006, an average of 30 children and 40 refugees came to the clinic each month, together accounting for some 20 percent of the total population of clients. By the

end of 2007, the average monthly figures were 60 children and 148 refugees, accounting for over 60 percent of the total client population.

P., an 8 year old refugee, suffers from cerebral palsy and is confined to a wheelchair. He also suffers from seizures. P. arrived with his family and another group of Sudanese refugees at Kibbutz Ibim in the south, where he began to receive treatment from a nurse who volunteers in the Open Clinic, and from the staff working in the youth village where he was living. The nurse managed to find a wheelchair for the child. She also located a neurologist who treated him on a voluntary basis, and ensured a regular supply of medicine preventing the seizures. To our complete surprise, after a period of several weeks during which the child's condition improved dramatically, the Migration Police took the entire family to Ketziot Prison. A few weeks later the family was released, although given their situation they should clearly never have been imprisoned in the first place. The family made their way to Tel Aviv. Their suffering was compounded when the boy's mother had a baby and was hospitalized a month later, suffering from a serious infection. The mother is now hospitalized in the intensive care unit at Ichilov Hospital, requiring sedation and ventilation. The oldest child in the family, a 10-year old boy, is caring devotedly for his disabled brother and the young baby, while the father spends his time rushing between home (where they live alongside another family of seven), the hospital, and casual employment. The family's debt to the hospital is increasing daily and probably now runs into hundreds of thousands of sheqels. All the children in the family require urgent nursing attention and insurance coverage, since they fall ill frequently (in addition to P.'s chronic condition). PHR-Israel cannot provide the care they need within the framework of the Open Clinic.

The Open Clinic has reached agreements with various medical institutions, without which we would not be able to provide treatment for undocumented individuals. We often draw on the services of volunteers who are willing to give their time and capabilities to help our clients without charge. However, when the need arises for tests or treatments that cannot be carried out in the clinic, more help is needed for our patients.

In 2007, Ichilov Hospital once again provided a fund for the clinic's clients. This fund enables clients to undergo blood tests, x-rays, and see a physician without payment. We refer to Ichilov patients who cannot afford to pay by themselves for the treatment they require.

This year we signed an additional agreement with Wolfson Hospital, providing a 50 percent discount on the cost of tests and treatment for patients referred by us. This agreement has enabled us to expand the treatment we can offer, and to improve its quality, mainly through more precise diagnosis. We use this reduction in fees mainly for imaging tests such as ultrasounds, CT, and so forth, as well as for simple operations that the patients can afford once the discount has been received. An additional grant enables us to assist in treating undocumented persons in Jerusalem, especially chronic and severely ill patients who cannot cover the high cost of the treatment they require.

For many years now, the Rosenblatt Laboratory, a private laboratory in the center of Tel Aviv, has provided our patients with a 20 percent discount on the cost of blood tests. When patients request special help, the laboratory often provides a larger discount.

## Mobile Clinic – Beersheva

### Statistics for 2007

Patients - 130  
Volunteer Physicians – 6  
Volunteer Medical staff – 1  
Volunteer Translators – 3

In June 2007, the mobile clinic made a special one-time journey to Beersheva in order to respond to the needs of the Sudanese refugees, who had arrived in Israel through the south of the country, after crossing the border from Egypt. Volunteers managed to find jobs for some of the refugees in Eilat, and others were accommodated in a hotel in Beersheva at the municipality's expense. The Ministry of Health refused to accept responsibility for the medical condition of the Sudanese refugees, so a medical day was organized in the area in order to provide medical care for the refugees and raise awareness of their medical condition.

On Friday, June 29, a delegation of PHR-Israel volunteers traveled to Neot Midbar Hotel in Beersheva where the refugees were being housed. Over the course of the day 130 people were examined, four of whom were sent to the ER for various problems, such as fractured limbs and pneumonia. Several physicians from Wolfson Hospital participated in the medical day, including specialists from the fields of pediatrics and gynecology, as well as a nurse – all volunteers in PHR-Israel. Several medical students from Beersheva University also participated in the medical day and assisted the medical team.



**Medical day in Beersheva, 29.6.07.** Photo: S.G.

It is worth noting that a few days before the medical day, representatives from the Ministry of Health had come to the hotel to classify the refugees according to their medical condition, but no medical examinations were undertaken until they were permitted to leave the hotel. A letter summarizing the diseases that were diagnosed or which required further clarification was sent to the Ministry of Health, but to date no reply has been received. Many of the refugees also came to the Open Clinic in Tel Aviv where their medical condition was monitored.

## Training

Two training courses were run this year for Palestinian physicians. The first course, on the subject of AIDS and diabetes, was held in Ramallah, in cooperation with the Union of internists in the Palestinian Medical Association. The course included lectures by PHR-Israel volunteers who are specialists in these fields. The course was attended by internal medicine physicians from throughout the West Bank.

In addition, the clinic held a weekend workshop in Neve Shalom/Wahat es-Salam on the subject of mental health care. Throughout the weekend, workshops on non-verbal instruments in psychotherapy were provided to the Palestinian participants. The workshops were led by PHR-Israel volunteers from the field of mental health, as well as 12 mental health professionals from the West Bank and the Gaza Strip.

In order to help patients who apply to PHR-Israel for assistance, we need the help of physicians and medical teams who are willing to volunteer to run medical days in the Occupied Territories and shifts at the clinic in Tel Aviv. The existing volunteers can barely cope with the volume of work every night and every Saturday. We need budgets in order to recruit additional staff members, who will help find medical solutions for severely ill patients who arrive at our clinic in Tel Aviv. We also need medical equipment, from folding beds to ultrasound transducers.

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## Migrants and Undocumented People Department

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Hundreds of thousands of people living in Israel are excluded from the provisions of the National Health Insurance Law and are not eligible for health services in the public system. These include migrant workers, refugees and asylum seekers, victims of trafficking, and spouses of Israeli residents whose status has not been recognized. The Migrants and Undocumented People Department has operated since 1998, providing individual assistance to migrants in communicating with insurance companies, employers, and government ministries that refuse to implement the right to health. When necessary, legal assistance is provided. The objective of the department is to establish arrangements which will ensure that the state bears overall responsibility for health insurance, and to cut the connection between civil status and social rights. The department also campaigns against the policy of denying any civil status to the spouses of Israeli citizens and their children.

Throughout 2007, the Migrants Department continued its efforts to protect the health rights of migrant workers vis-à-vis the insurance companies. The work focused more on fundamental issues than in the past. The department demanded that the public health system be responsible for health insurance programs for migrant workers, rather than private insurance companies. The department also continued to provide assistance for refugees and asylum seekers, playing a leading role in helping the large number of refugees from Sudan and Eritrea who arrived in Israel during the year to receive medical treatment.

Alongside its usual areas of activity, the Migrants Department expanded its field of operations in 2007 due to the needs that emerged in the field and the growing number of applications. The department adopted a more professional approach to its work, and began to initiate intensive actions on behalf of undocumented persons living in Israel. For example, the department began to assist people affected by the amendment to the Nationality Law, which prevents family unification for thousands of women married to Israeli men, who have been left without any civil status. We also assisted women who are living in polygamous relationships and lack any formal status.

The underlying approach that has been developed over the past year, and which will continue to guide the department over the coming year, is **the fundamental demand to**

**cancel the connection between civil status and social rights, and to promote the concept of “social residency,” whereby any person present in Israel will be entitled to basic social rights (health, welfare, and education) regardless of his/her status.**

### **Examples of the work of the Migrants Department**

- We received complaints from migrants stating that the Ministry of the Interior has prevented them from renewing their work visa due to their medical condition. The department contacted the Director-General of the Ministry of Interior and demanded that this practice be halted. Following our action, the Director-General instructed the Population Registry Offices to stop the practice of entering confidential medical information regarding the migrant worker into the office’s computer systems. The Director-General also stated that the renewal of a work visa should not be rejected on medical grounds alone.
- In February 2007, the Committee of Director-Generals for the Struggle against Human Trafficking reached its decision on the subject of medical insurance for the victims of trafficking. The decision states that “support frameworks and a package of services are to be established for the victims of trafficking and slavery, including housing, when necessary, and medical insurance.” The Migrants Department participated in the discussions of the Committee on Trafficking for purposes of Slavery; submitted a detailed position paper on the subject to the Committee; and led the discussion on the subject of the health rights of the victims of trafficking.
- On International Human Rights Day the Ministerial Committee for Legislative Affairs discussed PHR-Israel’s proposed law, according to which national health insurance will be provided to non-resident children. The proposal was accompanied by media work and by a petition supporting the proposal signed by some 70 physicians. The committee rejected the proposal, but the department is continuing to work in various ways to promote the proposed law.
- The “hot (i.e. immediate) return” Supreme Court petition: Together with five other Human Rights organizations, PHR-Israel submitted an urgent petition to the Supreme Court demanding an immediate halt to the so-called “hot return” procedure, whereby asylum seekers entering Israel are forcibly returned to Egypt. This procedure is liable to endanger the deportees’ lives, and constitutes a violation of Israeli and

international law. The petition was filed after the IDF deported 48 asylum seekers to Egypt approximately one day after they had crossed the border, in accordance with the “hot return” procedure. The vast majority of the deportees were Sudanese citizens, including at least 18 children. They were expelled without any of them having had an opportunity to state their case before the bodies empowered to order their expulsion; without their being permitted to contact the UN Commission in order to file an application for asylum in Israel; without any examination of their claims regarding the danger they might face if they were deported; without their having an opportunity to contact Human Rights organizations that could help them realize their rights; and without the implementation of conditions necessary for ensuring their safety in Egypt:

<http://www.phr.org.il/phr/article.asp?articleid=483&catid=73&pcat=73&lang=ENG>

- The Migrants Department filed a petition against the Migration Police and the Ministry of the Interior demanding that temporary residency status be granted to four Guineans who are being treated at the Open Clinic. The four Guineans were smuggled into Israel at the beginning of 2006 and cooperated with the police in providing evidence against a smuggling network. In return for testifying against the smugglers, they were promised protection by the Migration Police. This protection was indeed provided for one year, but recently the Migration Police stopped protecting these Guineans, and they have been ordered to leave Israel. In view of the danger they face in their country of origin after they testified against the human trafficking network, and since Israel does not have a proper witness protection program, the petition demanded that they be provided with protection in Israel.
- The department published a position paper on the defects in the implementation of the Patients Rights Law regarding its provisions for unconditional urgent treatment – “Less Urgent Medicine.”

**Over the year, the department received 381 new applications for assistance; filed 8 court petitions (and continued its work on 7 petitions filed in previous years); and published 3 position papers.**

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## Prisoners and Detainees Department

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The Prisoners and Detainees Department has been working since the establishment of PHR-Israel to defend the rights of prisoners and detainees to access to medical treatment, and to decent conditions of detention. The department processes individual applications for assistance, and the information gathered while processing these applications enables us to identify broader problems regarding the way the incarceration system treats prisoners, and to promote solutions to these problems. For example, we are working to end the situation whereby the medical system in the Israel Prison Service is under the supervision of the IPS and the Ministry of Public Security, rather than the Ministry of Health. We also oppose the fact that the IPS is insulated almost completely from criticism by non-governmental organizations.

The work of the Prisoners and Detainees Department would be impossible without the help of our volunteers who assist us in our ongoing work, provide professional medical advice over the telephone, examine the medical files of prisoners, and visit patients in the prisons.

During 2007, the IPS continued to take on the responsibility for the incarceration facilities of the Israel Police, as part of the plan to make the IPS the main body responsible for prisons and imprisonment in Israel. Accordingly, the work of the Prisoners and Detainees Department in 2007 focused mainly on work relating to the IPS.

**In 2007, we continued to campaign against the shackling of prisoners during treatment at medical institutions outside the prisons. In most cases, the authorities make no attempt to consider whether shackling is really justified.** As a result of our work with the medical teams in hospitals in recent years, the Ministry of Health and the Israel Medical Association have updated their guidelines on this subject. The Israel Association of Nurses also issued guidelines that unequivocally oppose the shackling of prisoners in medical institutions. We have received more requests for help than in the past from hospital physicians and nurses who come across cases of shackling of prisoners. In 2006 we presented a position paper to Attorney-General Menny Mazuz, who chaired the committee that examined the topic, and issued guidelines for the authorities responsible for imprisonment and for the health authorities. In December 2007, the Ministry of Justice announced its intention to invite all the relevant bodies to a discussion on the subject of shackling in hospitals.

**We collected information relating to the procedures for informing Palestinian families about the place of imprisonment and condition of relatives hospitalized immediately after their arrest.** We began this project because we had received applications for assistance from families who had been unable to obtain this information from the Israeli military or medical authorities. The army has a procedure requiring the transfer of information relating to the hospitalization of detainees to the Israeli District Coordination Office (DCO), which is supposed to transfer this information to the families. However, this procedure is problematic and does not seem to be carried out. Moreover, we believe that it is undesirable that medical information be transferred to security sources that are liable to abuse the information against the detainee's interests. We intend to demand that the security authorities and the Ministry of Health amend, and then implement the procedures, since we believe that the attending physician bears the responsibility to inform the hospitalized patient's family of his condition.

**Over 2006 and 2007 we collected data relating to prisoners held in solitary confinement in Israeli prisons, in preparation for a report we intend to publish shortly.** The report was prepared in cooperation with the Palestinian human rights organization A-Damir. The report shows that prisoners are held in solitary confinement for many years on the pretext of protecting state security or security in the prison. Prisoners suffering from psychological problems and who are liable to harm themselves or others are also held in solitary confinement, since the IPS is not properly equipped to provide meaningful psychological care. It is well known that solitary confinement causes psychological and physical damage among previously healthy prisoners, and all the more so when the prisoner was already suffering from psychological problems before his/her detention. The report shows that the IPS physicians and psychiatrists who examine prisoners held in solitary confinement violate the prisoners' rights as patients and fail to observe the rules of medical ethics. IPS physicians provide written statements testifying that prisoners are fit to be held in solitary confinement – a form of treatment that medicine has demonstrated to be harmful to the psychological and physical health of the patient. Psychiatrists do not issue such written statements, but their reports fail to warn of the medical danger inherent in solitary confinement, and they do not recommend that the prisoner be removed from solitary confinement. On the basis of our examination of the existing situation regarding the holding of prisoners in solitary confinement in prisons in other countries, we believe that it is possible to avoid holding prisoners in solitary confinement for 24 hours a day while still protecting the security of the prisoner and his/her immediate and remote surroundings. The report presents examples of alternative practices from around the world.

**On the individual level, after a five-year struggle, the court ruled this year that the IPS must finance a kidney transplant for Ahmad Al-Tamimi, a Palestinian prisoner serving a life sentence.** In December 2005 the IPS refused to finance the transplant, proposing that the prisoner should cover the cost. Since Al-Tamimi is a Palestinian, the IPS claimed that the Palestinian Authority should pay for the transplant. This position contradicted the response given by the IPS in an earlier petition filed by PHR-Israel against the Minister of Public Security and other respondents (HCJ 3274/02), in which the IPS not only claimed that “the package of services provided for prisoners is identical to the package of services established in the National Health Insurance Law,” but also noted explicitly that “in addition to this package of services, which is provided to the prisoner population, all prisoners held in custody (whether they are Israeli residents or not) are entitled to an additional list of medical services and aids, all of which are financed by the IPS and are not included in the National Health Insurance Law.” After we overcame this obstacle, the IPS went on to claim that a transplant does not constitute urgent medical treatment, and as long as the prisoner is capable of receiving hemodialysis treatments, there is no need to perform such an operation. This position was made despite the fact that it is known that transplants can significantly extend the life expectancy of the recipient. After the IPS continued to refuse to finance the transplant, PHR-Israel filed a petition on behalf of Al-Tamimi demanding that the IPS cover the cost of the operation. The court hearings took place over a period of two years during which the donor and recipient underwent tests to ensure that both were suited for the procedure. The IPS and Beilinson Medical Center both delayed the implementation of these tests, which are completed within a few months in the case of a patient who is not a prisoner. After the tests showed that Al-Tamimi and the potential donor are suitable candidates for the transplant, the court ruled that the IPS must finance the procedure. In its ruling, the court declared that, “the Appellant is a resident of the Territories. However, since he is in the custody of the state, the latter is obliged to provide the same medical treatment as it provides for citizens of the state through the public health system”:  
<http://www.phr.org.il/phr/article.asp?articleid=500&catid=73&pccat=73&lang=ENG>

**This year, the Prisoners and Detainees Department received 312 new applications for assistance and some 300 new files were opened. At any given time the department is working on approximately 350 active files. During 2007, PHR-Israel ran 33 visits by attorneys and 12 visits by physicians to prisoners. In addition, 8 prisoners’ petitions were filed.**

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## Residents of Israel Department

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The Residents of Israel Department has been working since 2002 to promote access to and equality in health services in Israel. Since the right to health is influenced by additional factors, the department seeks to promote a broad-based perception of the right to health. We believe that the obligation of the state is not confined to supplying medical services, but must also include an effort to ensure that all residents enjoy “vital preconditions” for health, such as access to clean drinking water, basic nutrition, housing, and so forth. We also believe that the narrowing of socio-economic gaps is a major factor influencing health. The department works on the public level to promote access to health services for disadvantaged sections of the population; to identify fundamental problems in the implementation of the National Health Insurance Law; and to find systemic solutions for these problems.

In January 2007, the newspaper The Marker published an article by PHR-Israel entitled “The State is abandoning the Health of the Poor.” The article discussed the need to adopt a health policy vision that seeks to narrow health gaps and improve the broader socio-economic conditions that influence the realization of the right to health in Israel. This innovative article set the tone for the entire year. Throughout 2007, we worked to highlight issues relating to the public health system that influence the equal right to health services. For example, the main issues addressed through our media work, legal action, and advocacy work in the Knesset included:

- A. The need to abolish the co-payments required for services and medicines included in the national health package.
- B. The need to narrow gaps in terms of the access to health services in the Negev (with an emphasis on specialist medicine), relative to other parts of Israel.
- C. The need to limit the inclusion of vital health services in the health funds’ supplementary insurance policies.

## Co-payments impair access to health for chronic patients, people of low-income status, and the elderly

Hani, a 19 year-old woman, suffers from cerebral palsy and epilepsy. Hani is recognized as a chronic patient and, accordingly, her health fund contributes toward the cost of medicines she is required to take on a regular basis (the health fund covers the cost of prescription medicines beyond a threshold of NIS 224 a month). Hani's mother contacted PHR-Israel and explained that the co-payment of NIS 224 a month in itself constitutes a substantial financial burden on the family. She inquired whether, in addition to the existing eligibility, other reductions and/or exemptions existed regarding medicines and treatments. Our investigation showed that Hani is not entitled to any further reductions. The only course of action open to the family is to contact the welfare services and foundations providing financial assistance.

Throughout 2007, PHR-Israel continued to highlight the fact that the co-payments impede the access of disadvantaged populations to medical services and medicines. One of the aspects we focused on was the plight of chronic patients, who are particularly severely affected by the financial cost involved in purchasing prescription medicines.

PHR-Israel also undertook in-depth research in professional literature from Israel and abroad relating to the subject of co-payments. We met with health experts from different professions (physicians, economists, pharmacists) who are involved in this field. The end product of the process was the adoption by PHR-Israel of a formal position advocating the abolition of co-payments for prescription medicines and medical services included in the national health package. In addition to publishing our position in the media, PHR-Israel also initiated a discussion in the Knesset, held under the auspices of the health lobby, which is chaired by MK Chaim Oron.

Today, we continue to act on this subject.

## Gaps in the availability of health services for residents of the Negev compared to other parts of Israel

The "Beersheva – Equality in Health Group" includes ten women who live in Beersheva and the surrounding area. Under the guidance of PHR-Israel, the group is working to promote the health rights of the residents of the Negev, both women and men. In 2007 the group worked to collect data relating to the gap in the availability of specialist medicine in the Negev in comparison to other parts of the country. After corresponding with the Health funds and the Ministry of Health, the group received statistics showing that the Negev receives inferior services in this field. These statistics were used as a basis for drawing public and media attention to the topic. However, the group was unable to obtain all the statistics it requested. Accordingly, PHR-Israel and the group jointly filed a freedom of information petition against the Health funds.

The group and PHR-Israel continue to work on this issue.

## The inclusion of life-saving medicines in supplementary insurance policies: widening the gap in access to services

On January 9, 2007, Clalit health fund announced the introduction of a new supplementary health insurance policy that covers the cost of cancer medicines not included in the national package. Maccabi health fund followed suit, introducing an upgraded supplementary insurance policy covering the costs of all medicines for cancer patients and other serious illnesses not included in the package, as well as a discount in dental treatment and other benefits. Following Clalit's announcement, PHR-Israel claimed that this process reflected a situation in which the national health services package is failing to keep pace with public health needs.

In August, the Ministry of Finance presented to the Knesset the outline of its economic program for 2008. The health section included several significant setbacks, the main impact of which is to reduce the state's commitment to the public health system. PHR-Israel presented its position in a joint document with the Adva Center:

<http://www.phr.org.il/phr/article.asp?articleid=497&catid=63&pcat=48&lang=ENG>

In addition, PHR-Israel, the Adva Center, and the Association for Civil Rights in Israel developed a joint and detailed position opposing the inclusion of life-saving medicines in supplementary insurance policies. PHR-Israel publicized this position in the media and in contacts with MKs in general, and the members of the Knesset Finance Committee in particular. The Finance Committee decided that the health funds would no longer be permitted to offer health-prolonging medicines not included in the package as part of the funds' supplementary health insurance policies. In addition, the national health package will increase by NIS 120-150 million in 2008-2010.

**In 2007, the department processed 273 new applications for assistance; filed 7 petitions and legal suits; and published a comprehensive report on the right to health in Israel (the public health system), 3 position papers, and 8 commissioned articles in the press.**

## Right to Health in the Unrecognized Negev Villages Project

Established in 2002, the Right to Health in the Unrecognized Negev Villages Project aims to realize the right to health in the unrecognized villages in the Negev, and to support the campaign by the Bedouin Arabs to secure state recognition for their villages. PHR-Israel works to realize the rights of the residents of the villages relating to water, electricity, and an environment free of hazards. PHR-Israel emphasizes the obligation incumbent on the state to realize the health rights of the residents of the villages, even if it is unwilling to grant recognition to the villages themselves. Equally, we emphasize the profound link between the state's failure to grant recognition to the villages and the state of health of their residents. Information accumulated during the processing of applications for assistance and from cooperation between PHR-Israel and local organizations informs efforts to change state policies through publicity or legal action.

**On the individual level**, the project continued in 2007 to process applications for assistance from residents of the villages relating to their right to health. Many applicants were elderly residents suffering from chronic respiratory problems who need electricity in order to operate medical equipment. Since the homes in the unrecognized villages are not connected to the electricity grid, patients are regularly hospitalized for the purpose of treatment. By refusing to connect the homes to the electricity grid, the state violates the residents' basic right to health and endangers their lives. A petition is currently being prepared on the subject of chronic patients, after protracted correspondence with government ministries has failed to secure a proper solution for the problem they face.

PHR-Israel was also active on the subject of house demolitions in cases in which the authorities failed to take into account the residents' medical condition – a three-year old boy with a serious genetic disease, in one case, and a four-year old girl with cancer in another. In both cases the execution of the demolition orders was suspended temporarily following intervention by PHR-Israel.

The project received 30 applications from residents of the villages on various issues relating to citizenship and undocumented persons, the registration of children, and social residency. Many of the cases were referred to the Migrants and Undocumented People Department; others were referred to other organizations active on these issues.

**On the principle level**, following a Supreme Court petition filed by Adalah, PHR-Israel and Bedouin residents regarding the spraying of the fields of the villages' residents with dangerous chemicals, a ruling was granted forbidding the state to spray the fields in the Negev with chemical substances that endanger the health of residents and livestock in the surrounding areas.

PHR-Israel petitioned the Supreme Court together with the Association for Civil Rights in Israel demanding that the clinics, including mother and child clinics, in the unrecognized villages be connected to the national electricity grid. We also work towards the opening of a clinic in Tel Al-Malah, one of the unrecognized villages. We are well aware that the state usually establishes clinics only after Supreme Court petitions have been filed by PHR-Israel and other human rights organizations. Even when such clinics are opened, however, this does not mean that they provide the same variety and quality of services as are available at clinics in recognized communities. Accordingly, we intend to monitor this aspect and demand that the right to health be realized fully and substantively.

In 2007, PHR-Israel encouraged discussions by the Knesset Internal and Environmental Affairs Committee on the subject of the water shortage in the villages, as part of The Coalition of Organizations for the Right to Water. We also organized a tour of the villages for Members of Knesset, public figures, and international organizations, focusing on the situation in the villages in terms of the water supply. PHR-Israel initiated a petition and a call for action by international organizations in order to cause the Israeli government to change its policy regarding the supply of water to the unrecognized villages. The petition strengthened cooperation with several international organizations active in water-related issues.



**A water container belonging to one of the families from the unrecognized village Tel Arad. In order to get drinking water, the family has to travel 4 kilometers and fill up the container.**  
Photo: Kobi Wolf

The project was also active in 2007 on the subject of air pollution in the unrecognized villages close to the Ramat Hovav site. A comprehensive report was prepared in cooperation with environmental and human rights organizations exposing the failure of the state to protect the residents of the village of Wadi Al-Na'am, which is close to the site, particularly following an explosion in one of the industrial plants in Ramat Hovav industrial zone. The publication of the report was accompanied by extensive public and media activities, including a press conference; media articles and interviews; and contacts with various government authorities, including the Ministry of the Environment, the Ministry of Health, the police, the Home Front Command, the Prime Minister's Office, and the State Auditor.

**Community activities:** Extensive public activities took place over the year in order to raise awareness of health-related issues in the villages. The project organized eight tours of the villages for various target groups, including public figures, students and lecturers, medical professionals, members of social change organizations, and international organizations. In addition to the tours, we held ten lectures and participated in seminars at which we presented the issue of the unrecognized villages. The lectures focused on various aspects of the violation of the right to health in the villages, such as the health impact of house demolitions; environmental hazards in the villages; the lack of infrastructure; and the shortage of health services.

We also supported and participated in public protests such as the “refugee camp” established opposite the Knesset by families from the villages whose homes were demolished by the state authorities – the Building Inspection Unit of the Ministry of the Interior, the police, and the army. These activities exposed the issue of the unrecognized villages to the general public.

**This year, the project processed 34 new applications for assistance; filed one petition; and published one report, two position papers, and three press articles.**

### **Course for Women from the Unrecognized Villages in the Negev**

PHR-Israel is working with a group of women from the unrecognized villages in the Negev. Over the course of the year the group met 19 times, and participated in workshops on various themes relating to health and health rights, such as proper nutrition, the Israeli health system, ethics and medicine in Islam, and child development. The group also held four tours in which the women visited one of the branches of the Institute for National Insurance, and met with various organizations established by and for women, with social change organizations, and with a group of women activists from Abu Ghosh.

During the last third of the course, the women began to choose a topic that requires practical action. The group first identified 23 violations of the right to health in the villages that they regarded as potential areas of interest in which action should be taken. The four main issues were: the environment, sewage and Ramat Hovav; house demolitions; access to health services in the Arabic language; and access to pediatric medicine in the villages.

The women chose to begin with addressing the lack of pediatric physicians in the clinics in the unrecognized villages. In order to collect information, they sent letters to Clalit and Maccabi health funds and to Soroka Hospital in Beersheva and interviewed mothers from the unrecognized villages in order to learn directly about the problems caused by the lack of pediatric physicians in the clinics.

The women also decided to run workshops on the right to health for groups of women under the auspices of women’s organizations in the villages and in the areas where they live. Over the past few months, various organizations and official bodies have requested to meet with the women’s group. For example, a number of representatives from the group

met with the directors of the Southern District of the Ministry of Health and highlighted the violations of the right to health from the perspective of women living in an unrecognized village.

The women are continuing their work, collecting information that will be used in the future in their public activities.

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## Occupied Territories Department

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The Occupied Territories Department has been active since the establishment of PHR-Israel, representing patients and medical personnel whose access to clinics and hospitals has been blocked or restricted by the Israeli security services, and working to combat blockades within the Occupied Territories. On the principle level, the department aims to cause Israel to recognize its obligation to provide medical services for the residents of the occupied territories, particularly in cases when treatment is not available in the Palestinian health system. PHR-Israel also seeks to end attacks on civilian infrastructures and everyday activities during military operations.

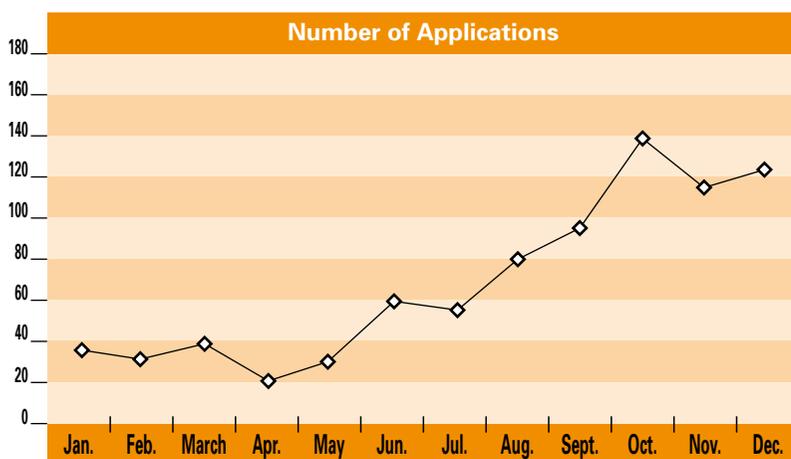
### Gaza: Health taken hostage

During the second week of June, the armed clashes between Hamas and Fatah in the Gaza Strip intensified. Between 12 and 17 June, approximately 170 people were killed and hundreds injured, mainly in shooting incidents. At the end of the clashes Hamas declared that it had taken control of the area. Israel and the international community responded by imposing an increasingly severe siege on the residents of the Gaza Strip. In June, the Rafah and Erez Crossings were closed. As a result, patients and injured people could not leave Gaza in order to obtain medical treatment that is unavailable there.

**Since June, the Occupied Territories Department has opposed the increasingly harsh policies of the Israeli government, the border authorities at Erez Crossing, and the General Security Service (GSS) regarding the departure of patients from Gaza. These policies have been clearly and sharply reflected in the number and nature of the applications for assistance received by PHR-Israel.**

In June, PHR-Israel and the Gisha Legal Center for Freedom of Movement filed an urgent petition at the Supreme Court demanding that patients be permitted to cross from the Gaza Strip into Israel for the purpose of life-saving treatment. During the hearings, the state declared that it has no obligation toward the residents of Gaza, and that the passage of patients and injured persons will be permitted solely as a humanitarian gesture. The court accepted the state's position and refused to discuss the status of the Gaza Strip.

Accordingly, since June, the number of patients who are prevented on “security grounds” from leaving the Gaza Strip, whether for Jordan, the West Bank, or Israel, has steadily grown. Since the Rafah Crossing to Egypt remains closed, those denied permission to leave Gaza have no other alternative for their medical treatment. It is harder than in the past for PHR-Israel to overturn refusals, and even recourse to the Supreme Court does not always ensure the passage of patients. This trend is illustrated in the following graph showing the rising number of residents in the Gaza Strip, who applied for assistance to PHR-Israel after their appeal to leave Gaza was denied by the authorities at the Erez Crossing:



The state further argued that in urgent and life-threatening cases only, residents would be permitted to leave the Gaza Strip for medical treatment. The potential loss of a limb, eye, or other organ would be considered a threat to “quality of life” rather than a life-threatening condition. Accordingly, a large number of patients shot in the legs during the clashes in June who required treatment to avoid amputation were rejected. The result: dozens of young men whose legs have been amputated. Other patients requiring eye treatments that are not available in the area have also been refused, and are now blind in one or both eyes.

### **The “security” argument has no legs to stand on**

During June 2007, PHR-Israel filed two petitions on behalf of Alaa’ Odeh, 35, who was shot in the legs during the clashes which occurred in that month. The court authorized Israel’s refusal to permit Odeh to enter Israel in order to receive treatment that could have saved him from amputation. Accordingly, the physicians in the Gaza Strip had no alternative but to amputate his leg. A few days after the above photograph was taken, his other leg was also amputated. In September 2007, PHR-Israel responded by sending a postcard to the media and to policy makers bearing the following photo and message:

“I wonder what goes through the mind of a GSS officer or a soldier who decides that a young man who has lost one leg, and is about to lose the other, constitutes a security threat, thus condemning him to a life of suffering and pain,” Prof. Rafi Walden, PHR-Israel.



**Alaa’ Odeh.** Photo: Muhammad Baba

In September, the Security Cabinet declared the Gaza Strip a “hostile entity,” and announced that it intended to introduce collective punishment against the population, such as restricting the supply of fuel and electricity. In response, PHR-Israel and other Israeli and Palestinian human rights organizations filed an urgent petition to the Supreme Court demanding that the disruption of electricity and fuel supplies to the Gaza Strip be delayed:

<http://www.phr.org.il/phr/article.asp?articleid=496&catid=55&pcat=45&lang=ENG>

During the hearings, the court suspended the cut in electricity supplies to the Gaza Strip, but permitted the authorities to introduce an increasingly severe restriction on supplies of fuel and diesel. This restriction damaged numerous institutions, including hospitals.

In its oral arguments, the state claimed that the collective punishment policy would not have any impact on sick people in the Gaza Strip. However, from September, Israel began to prevent people with life-threatening and urgent conditions from leaving the area to obtain treatment. Since the crisis in June 2007, and as the result of Supreme Court petitions filed by PHR-Israel, combined with intensive exposure in the local and international media, Israel has permitted 42 of 68 patients in a life-threatening condition to leave the area in order to obtain treatment. Fourteen of the remaining cases are pending.

<http://www.phr.org.il/phr/article.asp?articleid=494&catid=55&pcat=45&lang=ENG>

<http://www.phr.org.il/phr/article.asp?articleid=504&catid=73&pcat=73&lang=ENG>

<http://www.phr.org.il/phr/article.asp?articleid=528&catid=55&pcat=-1&lang=ENG>

In other cases, however, this policy has cost the lives of patients:

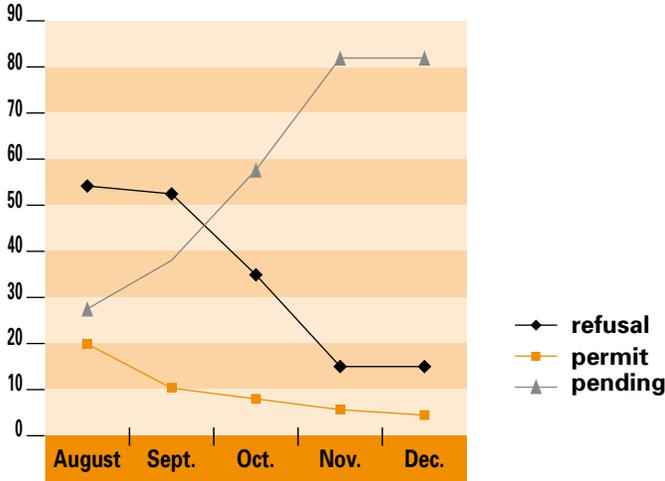
Nael Al-Kurdi, 21, was diagnosed in February 2006 as suffering from testicular cancer. He underwent surgery at Shifa Hospital in Gaza in March 2006, received radiotherapy in Egypt in April, and then continued to receive chemotherapy in the Gaza Strip. In January 2007 his condition deteriorated, and in March he was diagnosed as suffering from metastases in the liver. He was referred for treatment in Egypt, but could not travel due to the problems at the Rafah Crossing. After his attempts to travel to Egypt proved unsuccessful, he attempted to travel to Ichilov Hospital in Tel Aviv, but was rejected on "security grounds." PHR-Israel filed applications on his behalf, but these were rejected. In October his condition worsened. He contracted obstructive jaundice and additional metastases. A Supreme Court petition was filed on his behalf, in which three physicians expressed their opinion that the denial of treatment would endanger Nael's life on an immediate basis. Despite the physicians' statements, the court failed to demand that the State grant him passage. On 17 November 2007, while waiting for a further hearing of his case, Nael died. The following day, the State Attorney's Office announced that his passage to Israel had been authorized:

<http://www.phr.org.il/phr/article.asp?articleid=504&catid=73&pcat=73&lang=ENG>



**Nael Al-Kurdi.** Photo: Yngvil Mortensen

In October, the state changed its approach to applications from patients. Apart from patients whose applications were denied on “security grounds,” hundreds more patients received no response – positive or negative – to their request.



Alongside these increasingly punitive measures against patients from the Gaza Strip, the GSS also came to play an increasingly prominent role in decisions relating to passage through the Erez Crossing. Since June, there has been a growing number of cases in which patients, particularly those bearing exit permits, have been summonsed for interrogation at the Erez Crossing before leaving the area. During the interrogation, the patients are required to provide information about their acquaintances, relatives, or friends, or to collaborate with the GSS, as a condition for receiving medical treatment. If they refuse these demands, they are sent back to the Gaza Strip without receiving treatment, even in urgent and grave medical situations:

Ashraf Qadih was diagnosed approximately one year ago as suffering from lymphoid cancer. In January 2007, after undergoing primary treatment in the Gaza Strip, his condition worsened and he was transferred to Ichilov Hospital in Tel Aviv for advanced treatment. He then returned to the Gaza Strip with a chemotherapy program. In September he was told to come to Sheba Hospital in Tel Hashomer for an advanced isotope test that is unavailable in the Gaza Strip, but his application for an exit permit was rejected. Two further applications were also rejected without any reason being given. Ashraf contacted PHR-Israel and asked for assistance. After an application submitted by PHR-Israel was also rejected, a petition was filed at the Supreme Court on Ashraf's behalf. Following the petition, Ashraf received a permit for entry on December 2, 2007 at 2:00 pm.

Ashraf arrived at the Erez Crossing at 11:00 am in order to leave the area. After waiting for almost an hour, however, he was summonsed for interrogation by the GSS. He was asked to give his own telephone numbers, as well as those of his family and friends, and was told that he must collaborate with the GSS in order to enter Israel. The interrogator scolded him for filing a petition against the State of Israel and told him "You have cancer and soon it will spread to your brain if you do not help us." After Ashraf refused to collaborate with the GSS, he was forced to wait until 3:00 pm. He was then permitted to leave the checkpoint and head for Israel, but by this time he had missed his appointment at the hospital and the radioactive isotope materials had been destroyed. He returned to the Gaza Strip and was obliged to reschedule his appointment. To date he has not yet managed to leave the Gaza Strip and undergo the test.

In one of the petitions filed on Ashraf's behalf, PHR-Israel demanded that the authorities halt the practice of conditioning medical treatment on the provision of information and on collaboration with the GSS. A hearing on this matter was scheduled for the beginning of 2008. In preparation for the hearing, Ashraf and seven other patients provided affidavits for PHR-Israel's partner in the Gaza Strip, the Palestinian Center for Human Rights (PCHR).

In the light of the worsening situation as detailed above – the prolonged siege imposed by the Israeli government on Gaza; the closure of its borders; the tightening of policies regarding permission to leave Gaza for the purpose of medical treatment outside the

area; and the severe shortage of medicines, medical and ancillary equipment – PHR-Israel implemented an emergency action: an emergency convoy of humanitarian equipment and a delegation of physicians on its behalf to Gaza. The objectives of the convoy were to provide emergency aid, however modest, and to collect reliable information regarding the medical situation in the Gaza Strip. A further goal was to express solidarity with the residents of the Gaza Strip under siege. The delegation entered Gaza on January 9, and delivered an emergency dispatch of medical supplies at a value of approximately US \$ 40,000 into Gaza:

<http://www.phr.org.il/phr/article.asp?articleid=530&catid=55&pcat=-1&lang=ENG>

## The West Bank

### Entry of Palestinian ambulances into East Jerusalem

Although the army rules state that Palestinian ambulances are to be permitted to move freely within the State of Israel, after a security check, in practice Israel does not permit the passage of Palestinian ambulances to hospitals in Israel, or even to the Palestinian hospitals in East Jerusalem. In August 2007, PHR-Israel published a report on this subject entitled “Emergencies on Hold: Entry of Palestinian Ambulances into East Jerusalem.” PHR-Israel also filed a Supreme Court petition on this subject, which is due to be heard in March 2008.

The report shows that in 80 percent of cases ambulances are not allowed to cross. Patients must be transferred by the “back-to-back” method into an Israeli ambulance, even if the patient is in an emergency condition. In many cases, passage is not possible even using this method, since it requires prior coordination, which is impossible in emergencies. Ambulances are often obliged to return to the West Bank without transferring the patient to the hospital in Jerusalem. In any event, ambulances must wait for protracted periods at the checkpoint.

### Dalia Bessa: Personal responsibility

Ms. Dalia Bessa is the person who is solely responsible for providing travel permits for medical reasons in the West Bank. Ms. Bessa, the Health Coordinator in the Civil Administration, is a civilian employee of the Ministry of Defense. Her behavior shows an arbitrary and inconsistent approach to patients, medical personnel, ambulances, and

Palestinian hospitals, all of which are subject to her authority and are afraid to complain despite the numerous violations for which she has been responsible. On 15 August, following the death of a boy with head injuries on the outskirts of Jerusalem after Ms. Bessa refused to permit his evacuation to a hospital in Jerusalem, PHR-Israel filed a criminal complaint against her with the police. This case was widely covered by the Israeli media: <http://www.phr.org.il/phr/article.asp?articleid=482&catid=55&pcat=45&lang=ENG>

Approximately one week after the complaint was filed, a PHR-Israel staff member contacted Ms. Bessa with a routine request regarding a patient whose application to enter Israel for medical treatment had been rejected by the DCO. Ms. Bessa stated over the telephone that her office would not process requests from PHR-Israel, and that no further requests should be forwarded. Accordingly, PHR-Israel filed a complaint to Ms. Bessa's superiors and intends to instigate legal proceedings against her.

**During 2007, the Department received 949 new applications for assistance; filed 20 petitions; and published one report, 2 position papers, and one press article.**

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## Medical Ethics

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PHR-Israel believes that the medical community should play an important role in implementing the right to health on the basis of the principles of medical ethics and human rights conventions. Accordingly, we provide lectures on the subject of medical ethics at faculties of medicine and nursing schools in Israel. In 2007 we gave eight lectures on this subject. We also respond to cases involving serious violations of medical ethics. This year it was revealed that the Israeli military had run a secret trial on soldiers with the goal of developing a vaccine against the anthrax bacteria. In response, we launched an investigation into this trial and subsequently petitioned the Supreme Court demanding a halt to medical trials on soldiers in the Israeli military, as well as the establishment of a committee of inquiry for the purpose of investigating the subject.

In April 2007, a documentary program on Channel Two television entitled "Uvda" (fact), revealed the existence of "Omer 2," a secret medical trial undertaken by the Israeli military on some 800 soldiers beginning in 1999, with the goal of developing a vaccine for the anthrax bacteria. The program suggested that dozens of soldiers have contracted various diseases, some chronic, following their participation in the trial. Moreover, the trial was marred by ethical improprieties, particularly in terms of the manner in which the consent of the participants was obtained.

Following the exposure on the program, PHR-Israel began to investigate the trial and the development of the vaccine against anthrax, including an examination of various trials that have been undertaken in this field around the world. During our investigation we interviewed 60 soldiers who had participated in the trial, constituting approximately 8 percent of the total trial population. Of the soldiers we interviewed, 78 percent reported the appearance of medical problems during or after the trial. It also emerged that some of the medical problems reported are recognized side effects that were also reported in a trial developed and implemented in the past in the United States. The Israeli military concealed from the participants the emergence of a debate in the United States and Britain in recent years on the subject of the anthrax vaccine following the occurrence of serious side effects in people who have received the vaccine, and on whether or not the vaccine constitutes a recognized or an experimental medicine.

Our examination also showed that the Israeli military (unlike civilian hospitals, for example) is not limited by the requirements defined in Israeli law with regard to medical trials on humans; by the conditions established by Israeli regulations enacted on this subject; or by the restrictions established in the guidelines of the Ministry of Health for persons seeking to undertake such trials.

In view of the findings of our research, we petitioned the Supreme Court through Attorney Michael Sfard and Attorney Natalie Rosen, demanding that medical trials on humans within the Israeli military be halted until this issue is dealt with in the courts, and becomes regulated. We demanded the establishment of a committee of inquiry for the purpose of investigating the processes of authorization, implementation, and control relating to the medical trial conducted among soldiers with the goal of developing a vaccine for anthrax. PHR-Israel is currently participating in discussions in the Knesset Health Committee and the Science Committee regarding proposed legislation regulating the subject of medical trials in Israel. PHR-Israel has proposed that soldiers should be defined as a “sensitive” population, a definition that would enhance the protection they receive under the law.

**Physicians for Human Rights-Israel (PHR-Israel)** believes that every person has the right to health in its widest possible sense, as defined by the principles of human rights, social justice and medical ethics. It is the responsibility of the State of Israel to ensure the fulfillment of this right in an egalitarian manner for all populations under its legal or effective control: residents of Israel who are eligible for National Health Insurance, Bedouin residents of unrecognized villages in the Negev desert, prisoners and detainees, migrant workers, refugees and asylum seekers, and Palestinian residents of the occupied Palestinian territory.

PHR-Israel comprises some 1,500 members and volunteers, including some of the most senior medical professionals in the Israeli health system

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