



Russell Tribunal on Palestine

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The Gaza Blockade and Operation 'Cast Lead' in Gaza. Some health-related material relevant to Fourth Geneva Convention violations etc.

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Besieging a population into destitution

As far back as 2003 a UN Rapporteur concluded that Gaza and the West Bank were **"on the brink of a humanitarian catastrophe"**. The World Bank estimated then that 60% of the population were subsisting at poverty level, a tripling in only three years. Half a million people were completely dependent on food aid and Amnesty International expressed concern that the Israeli Defence Force was hampering distribution in Gaza. Over half of all households were only eating one meal a day. A study by Johns Hopkins and Al Quds' universities in Gaza found that 20% of children under 5 years old were anaemic, 9.3% acutely malnourished and a further 13.2% chronically malnourished. The doctors I met on a professional visit in 2004 pointed to a rising prevalence of anaemia in pregnant women and low birth rate babies.

In 2006 John Dugard, UN Special Rapporteur in the Occupied Palestinian Territory, told a session of the UN Human Rights Council that **"Gaza is a prison and Israel seems to have thrown away the key"**. He repeated earlier accusations that Israel was breaking international humanitarian law with security measures which amounted to "collective punishment" of the entire Gaza population. **"What Israel chooses to describe as collateral damage to the civilian population is in fact indiscriminate killing prohibited by international law"**, he said. He cited Israel's destruction in June 2006 of the only domestic power plant in Gaza, causing power cuts, and Israeli tanks and bulldozers had destroyed houses, schools and farmland. (Between 2000 – 2004, Israel had destroyed 2,370 housing units in the Gaza strip, leaving 22,800 people homeless by UNRWA calculations).

Mr Dugard noted that besides Israel, the US, Canada and the EU should also be blamed as they **have "contributed substantially to the humanitarian crisis by withdrawing funding not only from the Palestinian authority but also the Palestinian people"**. He noted that if the international community could not recognise what was happening in Occupied Palestinian Territories, **"they must not be surprised if the people of the planet disbelieve that they are seriously committed to the promotion of human rights"**.

Israel began restricting fuel imports in October 2007. This caused periodic disruptions to Gaza's main electricity supply. Power cuts and shortages of fuel for back up generators meant that Gaza's three sewage plants had been unable to secure the 14 days uninterrupted power supplies required to treat sewage. Gaza's sewage treatment body had less than 40% of the fuel it needed for much of that year, and estimated that it had been releasing 50/70 million litres of raw or poorly treated sewage into the sea every day during 2008. Aid agencies say that water pumping stations had struggled with power and fuel shortages, and in 2008 15% of the population had

access to water four to six hours per week, 25% had water every four days and 60% every second day. 70% of agricultural water wells require diesel for their pumps and many farmers lost crops due to lack of irrigation. One poultry farmer had to slaughter 165,000 chicks because he did not have the fuel for the incubators to keep them alive.

There were regular restrictions on construction materials, particularly cement, and spare parts for machinery. Israel said many of these items were considered "dual use" and could be used for weapons manufacture – for example water pipes, fertiliser, cement. UNRWA said that a lack of construction material had prevented the provision of accommodation for 38,000 people living in inadequate conditions. Factories making construction materials were obliged to shut down so that the construction and maintenance of roads, water and sanitation infrastructure, medical facilities, schools and housing projects had largely been halted. Lack of paper and printing material meant school books were distributed four months late for the 2007/8 school year, according to UNRWA.

The closures devastated the private sector of Gaza's economy. Nothing, apart from a small number of trucks of strawberries and flowers were exported after June 2007. Combined with a lack of raw materials and agricultural imports like fertilizer, approximately 95% of Gaza's industrial facilities were closed or operating at minimal levels. . 25,000 tonnes of potatoes and 10,000 tonnes of other crops perished or were sold off at a fraction of their value as a result. Before the closure, Gaza's exports were worth US\$ 500,000 per day

By late 2007 the WFP was warning that less than half of Gaza's food import needs were being met. Basics including wheat grain, vegetable oil, dairy products and baby milk were in short supply. Few families could afford meat. Anaemia rates were rising sharply and UNRWA noted that **"we are seeing evidence of stunting of children, their growth is slowing, because our ration is only 61% of what people should have"**. Giacaman et al from the Institute of Community and Public Health, Bir Zeit University, noted in the 2009 Lancet Series on Palestine that the rate of stunting in children under 5 years of age had risen from 7.2% in 1996 to 10.2% in 2006, using WHO Child Health Standards. Stunting during childhood is an indicator of chronic malnutrition, and is associated with increased disease burden and death, included compromised intellectual development and educational performance, and chronic diseases in adulthood.

By early 2008, the United Nations Relief and Works Agency (UNRWA) had almost depleted the stock of emergency food it had previously built up. Only 32 truckloads of goods had been allowed to enter Gaza since Israel imposed total closure on 18 January, whereas up to 250 trucks were entering daily before June 2007 and even that was insufficient. On 30 January UNRWA warned that unless something changed, the daily ration that it would distribute to 860,000 refugees in Gaza would lack a protein component: the canned meat that was the only source of protein in food parcels was being held up by Israel, and stocks inside Gaza were exhausted. The World Food Programme (WFP), then feeding another 340,000 Gazans, had been allowed by Israel to bring through 9 trucks of food aid in the previous 2 weeks; in the 7 months before that, the WFP had been bringing in 15 trucks per day.

In 2007/8 the Gazan population had been receiving, on average, on less than a fifth of the volume of imported supplies they had received in 2005. Only basic humanitarian items were allowed in, and virtually no export permitted, paralysing the economy. At times even basic supplies like flour and cooking oil were blocked from entry to Gaza. A joint survey by three UN agencies in May 2008 found that all Gazan retailers had run out of flour, rice, sugar, dairy products, milk powder and vegetable oil on three occasions in 2007.

In 2008 between half and three quarters of the Gazan population were relying on food aid from UNRWA for their staple foods. The ration provided about two thirds of daily nutritional needs and needed supplement by dairy produce, meat, fish and fresh fruit and vegetables bought on the open market, if available. Increasingly impoverished Gazans had great difficulty and pain for these extra items. The UN survey found that more than half Gazan households had sold their disposable assets and were relying on credit to buy food, with three quarters of Gazans buying less food than in the past.

In February 2008, under pressure from the US and Israel, Egypt dispatched additional border guards armed with water cannons and electric cattle prods to regain control of their border with Gaza. This followed desperate shopping by Gazans in Egyptian border towns as a result of the blocking by Israel of food that UN and other relief agencies were seeking to deliver.

Since the middle of 2007, movement in and out of the Gaza strip has been effectively prohibited. In totality these measures have comprised a state of siege, and throughout history besiegers have used hunger as a weapon.

As a result of all these measures, according to the UN, the economy has suffered **"irreversible damage"** and that 37% of breadwinners were now unemployed, with an average of 8.6 dependents per employed person. . Poverty rates in 2007 were 52% in Gaza (and 19% in West Bank) and are still increasing. When food aid and remittances were excluded, the rates rose to 79% in Gaza and 46% in West Bank.

According to the Commissioner General of UNRWA in 2008, **"Gaza is on the threshold of becoming the first territory to be intentionally reduced to a state of abject destitution, with the knowledge, acquiescence and - some would say - encouragement of the international community"**.

When Israel limited commercial shipments of food into Gaza in 2006, a senior government adviser Dov Weisglass, explained that **"the idea is to put the Palestinians on a diet but not to make them die of hunger"**.

In September 2007 the Israeli government declared Gaza **"a hostile entity"**, and then Prime Minister Olmert said that **"we will not allow them to lead a pleasant life"**.

In January 2008 Israel's Supreme Court dismissed the challenge by human rights organisations to the policy of restricting fuel supply.

In his Comment for the 2009 Lancet Series on Health in the Occupied Palestinian Territory, ex-US President Jimmy Carter wrote that Israel had **"consistently violated"** its commitment in the 1978 Camp David Accords **"to withdraw its political and military forces from Palestinian territory and grant the Palestinians full autonomy over their own affairs... There has been no withdrawal from the West Bank and Palestinians here and in the Gaza Strip have been increasingly strangled. Therefore the conflict within the occupied Palestinian territory has not abated and, by any objective measure, has worsened since I left office"**.

Measures by Israel to control and impede economic activity, and freedom of movement in and out of Gaza, has represented consistent and visible policy maintained over several years, yet evoking no criticism from the EU. Taken in conjunction with the staggering damage inflicted in Operation 'Cast Lead', Israeli policy appears to have centred on the de-development of Gaza.

The World Bank has described Gaza as **“starkly transforming from a potential trade route to a walled hub of humanitarian donations”**. More than US\$9 billion in international aid has not provided development because Palestinians lack basic security and rights

We should note that Article 55 of the 4th Geneva Convention (1949) specifically demands that **“to the fullest extent of the means available to it, the Occupying Power has the duty of ensuring the food and medical supplies of the population; it should in particular bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate”**.

Access to medical care

The apartheid Wall, on which construction began in 2002, continues in violation of the ruling of the International Court of Justice. It has been destroying the coherence of the Palestinian health system. By 2004 it was evident that the Wall would isolate around 97 primary health clinics and 11 hospitals from the populations they served. Qalqilya hospital, which primarily served refugees, saw a 40% fall in follow up appointments because patients could not enter the city. By 2004 there had been at least 87 documented cases (including 30 children) in which denial of access to medical treatment had led directly to deaths, including those of babies born while women were held up in checkpoints. Outside some villages Israeli Defence Force checkpoints closed at 7pm and not even an ambulance could pass after this time. As a consequence, for example, a man in a now fenced-in village near Qalqilya approached the gate with his seriously ill daughter in his arms, begging the soldiers on duty to let him pass so he could take her to hospital. The soldiers refused, and a Palestinian doctor summoned from the other side was also refused access to the child. The doctor was obliged to attempt a physical examination, and to give the girl an injection, through the wire.

Since the blockade Gazan hospitals have lacked heating because of power cuts, and spare parts for diagnostic machines, ventilators, incubators. Patients have been dying unnecessarily: cancer patients cut off from chemotherapy regimens, kidney patients from dialysis treatments etc. By early 2008, supplies of 107 classes of basic medicine were depleted and 97 medications on the verge of depletion.

According to the Palestinian International Campaign to End the Siege on Gaza, 90 patients had died between June 2007 and February 2008 as a direct result of Israel's siege, which denied them access to medical treatment.

The data collated by Physicians for Human Rights-Israel (PHRI) is noteworthy. In a report in April 2008, PHRI noted that prior to June 2007 about 400 patients left Gaza for Egypt via Rafah each month, and an additional monthly average of 650 requested permits for exit via Erez to medical centres in Israel, the West Bank, East Jerusalem and Jordan. In June 2007 Egypt closed the Rafah crossing and as a consequence the number of applications to exit Gaza via Israeli-controlled Erez doubled. Yet PHRI witnessed a drastic decline in the number of permits that were granted by the Israeli authorities. Most requests were being denied on the grounds of “security provisions” issued by the Israeli General Security Service GSS, who had assumed an increasingly prominent role. Many patients were thus trapped in Gaza.

From June 2007 Israel maintained a life/limb distinction regarding applications, refusing to recognise the right of patients not in a life threatening condition to exit Gaza. The result was the amputation of limbs and loss of eyesight that could have been prevented. From September 2007 even life threatening cases were denied and the number of access-related deaths rose. The success rate of applications supported by PHRI fell from 67% to 7%. PHRI also noted drastic deterioration in the policy being applied by the Israeli High Court of Justice (HCJ) in response to appeals. In November 2007 the HCJ ruled that **“even evil people should not be denied life saving care”**. By April 2008 WHO had registered 32 deaths directly related to denial of access to care.

On 30 January 2008 the HCJ declared that the occupation of the Gaza Strip had ended and that Israel had very little responsibility to its residents, in effect granting legitimacy to Israeli government policy to impose collective measures against the civilian population of Gaza. In March, during a petition for a cancer patient Mustafa Hilu, not only was the petition rejected, but the judge, Justice Melzer, wondered why the patient had not submitted a letter of thanks to Israel following care given to him previously.

PHRI collected data to indicate that in at least 30 cases since July 2007, the Israeli Secret Service had called patients – many of them with exit permits, obtained after many obstacles and delays – to interrogation at Erez crossing. In the course of the interrogation they were asked to provide information about relatives and acquaintances, or asked to collaborate and provide information on a regular basis as a condition for being allowed to exit Gaza to obtain life-saving medical treatment. If they refused or could not provide the information, they were turned back to Gaza. A petition submitted by PHRI to the HCJ on this issue was rejected after the judges refused to discuss the topic.

PHRI said that 200 patients had died while waiting for permits in 2007/8.

In April 2008, PHRI were demanding that the government of Israel ensured access to all patients needing medical care unavailable in Gaza to medical centres outside Gaza as a matter of policy; that the GSS desisted immediately from conditioning the exit of patients from Gaza on agreement to inform on others; that as occupying power Israel recognised its responsibility in international law for the welfare of the Gazan population; that international players used political means as well as leverage connected to their own provision of aid to Gaza to pressure Israel to recognise its responsibilities for the Occupied Territories as a whole and to end its siege on Gaza.

PHRI described the Gazan health system as “collapsing” under the pressure of shortage of equipment and spare parts, fuel and trained staff. According to the WHO, Gazan health authorities said in April 2008 that 85 urgently needed drugs and 52 items of medical supplies (e.g. swabs) were out of stock. Medical institutions had largely been unable to afford spare parts for equipment and the UN said that by December 2007, the majority of diagnostic equipment, such as X-ray machines and MRI scanners, in municipal facilities were no longer functioning. Medical staff were unable to exit Gaza for training and PHRI gave an example of a new radiotherapy facility that could not be used as there were no trained staff to use it. Fuel shortages affected hospitals, with ambulances running out of fuel at points in early 2008, and backup generators – needed during power cuts- running low on fuel and spare parts.

The 2009 Amnesty International report on the Gaza attack entitled “Operation Cast Lead: 22 Days of Death and Destruction” concludes that **“after Israeli ground forces took positions**

inside Gaza on 3 January 2009 they routinely prevented ambulances and other vehicles from reaching the wounded or from collecting bodies anywhere near their positions. Requests by the Palestinian ambulance services to be allowed passage to rescue the wounded and the dead in any area in Gaza which had been taken over by Israeli forces were consistently denied by the Israeli army. The ICRC estimated that the average time required to evacuate injured people was between two and ten hours, and in some cases several days". On 6 January the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported "over the last twenty-four hours the Palestinian Red Cross Society has not received Israeli approval for any of its coordination requests to reach those killed or injured". As a result many of the wounded, who were never more than fifteen minutes away from a hospital, died needlessly.

On 7 January, three PRCS ambulances escorted by an ICRC vehicle were finally allowed to evacuate fourteen wounded civilians, mostly children, from a house in the Al-Zaytoun area, in Southeast Gaza. All were members of the Al-Sammouni family who had been trapped in the house for three days. After the house was shelled on 5 January, tens of family members were killed or injured. All the surviving children and elderly people were wounded and had no food or water. Israeli forces did not allow the ambulance to approach the house so the paramedics had to walk 1.5 kilometres and transport the wounded, along with three other bodies, on a donkey cart from the house to the ambulance. The four small children next to their dead mothers were said by ICRC to be too weak to stand up on their own. In all there were at least twelve corpses lying on mattresses. The ICRC had been seeking access to the areas since the 4 January.

Amnesty gives several other examples of injured civilians who called out to Israeli soldiers in nearby buildings but were not answered. Ambulances were not allowed to come to their rescue and as a result one young man Ibrahim Shurrab, 18, died from loss of blood. His initial injury had not been serious but he bled to death. The father who watched Ibrahim and his other son bleed to death was unable to receive any help until eventually on the following day an ambulance was allowed to get through – some twenty two hours after they had been shot.

The Fourth Geneva Convention relative to the Protection of Civilian persons in Time of War of 12 August 1949 obliges states to respect and protect the wounded, to allow the removal from besieged areas of the wounded or sick, and the passage of medical personnel to such areas. The deliberate obstruction of medical personnel to prevent the wounded receiving medical attention may constitute "wilfully causing great suffering or serious injury to body or health", a grave breach of the Fourth Geneva Convention, and a war crime.

Torture and medical complicity

Torture continues to be state policy in Israel, institutionalised over many years in the interrogation of Palestinian men, but also children. This practice violates Article 2 of the Convention against Torture (CAT). Imprisonment of children violates the UN Convention on the Rights of the Child. The 2008 UAT report to the UN Committee against Torture concludes that torture and ill-treatment is widespread and systematic, involving complicity by agents of the State at all levels, and that the State was unwilling or unable to fulfil its treaty obligations under CAT.

Since 2000 more than 500 complaints of torture have been registered, but none have been investigated by the Israeli State Attorney.

The number of Palestinians held in Israeli prisons and detention facilities has steadily increased from 737 in 2001 to over 8,000 by the end of 2008. Children too are detained and held for indefinite periods, frequently without access to lawyers or parents.

Furthermore, it has been evident for many years that Israeli doctors serving in security units “form part of a system in which detainees are tortured, ill treated and humiliated in ways that place prison medical practice in conflict with medical ethics” (Amnesty International 1996). More recently, the 2007 report “Ticking Bombs” by the Public Committee Against Torture in Israel (PCATI) provided a graphic demonstration of the extent to which Israeli doctors continued to form an integral and everyday part of the running of interrogation suites whose output was torture. Israeli doctors might see detainees before, during and after interrogations accompanied by torture, did not take a proper history of their injuries (they knew how they had arisen), made no protest on behalf of these men, and returned them to their interrogators. The Israeli Medical Association appears to have been in collusion with the status quo in Israel regarding torture for many years, and thus in violation of the World Medical Association’s Declaration of Tokyo (to which they are a signatory) which forbids any involvement, however indirect, of physicians with torture and mandates them to challenge and speak out whenever they encounter it.

Harm to medical personnel

A PHRI report in 2002, following the invasion of the West Bank, noted that **“we believed that the Israeli Medical Association might be able to curb the appalling deterioration in the attitude of Israeli military forces towards Palestinian health and rescue services. Yet despite severe injury to medical personnel and to the ability of physicians to act in safety to advance their patients’ interests; despite Israeli shells that had fallen on Palestinian hospitals; despite the killing of medical personnel on duty – the IMA has chosen to remain silent”**. A 2003 report by PHRI and B’Tselem, the Israeli Information Centre for Human Rights in the Occupied Territories, referenced below, gave a comprehensive account of the abuse of Palestinian medical personnel by the Israeli Security Forces in breach of international law. It described the unwarranted delaying of medical teams at checkpoints, the humiliation and attacks they were subjected to by the Israeli defence force, and the illegal use of Palestinian ambulances by IDF soldiers.

The 2009 Amnesty International report on the Gaza attack entitled “Operation Cast Lead: 22 Days of Death and Destruction” devoted seven pages to descriptions of attacks and obstruction of medical workers, the firing on ambulances, and the prevention of access to medical care for the wounded. Amnesty noted that clearly marked ambulances flashing emergency lights, and paramedics wearing recognisable fluorescent vests, were repeatedly fired upon as they attempted to rescue the wounded and collect the dead. Such attacks intensified after Israeli ground forces took positions inside Gaza on 3 January 2009. Amnesty noted that ambulance crews risked their lives every day to carry out their mission.

Amongst the instances given by Amnesty are the killing by missiles of three paramedics as they walked towards two wounded men on 4 January (as well as a 12 year old boy who was showing them the way), and the missile attack on another ambulance crew in North Gaza on 4 January, in which the driver told Amnesty International: “we came about fifteen minutes after the missile

strike. None of those lying in the road had any weapons; they were just civilians, all young men; their bodies were scattered, not together. The paramedics picked up the first injured man and put him in the ambulance; then they picked up a second man, transferring him from the stretcher to the ambulance when the shell hit the ambulance. Arafa Abd al-Dayem fell, badly injured, and the patient had his head and legs blown off". The head of the tank shell went straight through the ambulance and lodged in the engine. The shell was a flechette shell, which on explosion fired several thousand small but deadly metal darts over a large area. The two paramedics were both seriously wounded and one of them died later that day. The driver also sustained a head wound. On 12th January, a 32 year old doctor was killed while attempting to rescue three residents in an apartment building in Jabalia, Northern Gaza. Dr Issa Abd Al-Rahim Saleh and a paramedic went up the stairs, both wearing red fluorescent medical jackets. They found two dead women and a wounded man, whom they placed on the stretcher and began to take downstairs. The stairs of the buildings were well lit by a window running down the length of the building. A shell or missile struck Dr Saleh, cutting off his head and killing the wounded man on the stretcher. The paramedic was seriously injured.

Palestinian Red Crescent Society (PRCS) report for 2009

PRCS has recorded a total of 455 violations by Israeli Occupation Forces against PRCS medical teams in 2009. These included direct shooting incidents, verbal and physical abuse, as well as impeding PRCS access to the sick and wounded in breach of international humanitarian law.

15 shooting incidents and attacks against PRCS ambulances and their teams were recorded in the West Bank and the Gaza Strip. Furthermore, a PRCS volunteer in the Gaza Strip died in the course of duty, while 10 others were injured and 22 ambulances sustained damage.

Moreover, PRCS recorded 440 incidents where its ambulances were delayed or denied access, including 289 such incidents on checkpoints leading to Jerusalem and 132 incidents in the Gaza Strip during Operation 'Cast Lead'. Another five similar incidents were reported at Al Alami gate (Allenby bridge/Jericho), while 2 incidents were reported in Ramallah and 2 others in Nablus and Qalqilya.

The biggest single violation committed by Israeli Occupation Forces against PRCS in 2009 was the targeting of PRCS Al Noor City in Tal Al Hawa/Gaza. White phosphorous bombs rained on the City, severely damaging medical facilities in the compound which includes Al Quds Hospital, the EMS station, the Administrative building and warehouses.

PRCS affirms that these practices constitute a crying violation of international humanitarian law, mainly the 4th Geneva Convention of 1949 on the protection of civilians in times of war and the 1st Additional Protocol which legally apply to the Occupied Territories, and which guarantee the respect and protection of the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians and for providing them with first aid, as well as the respect of the life and dignity of civilians under military occupation.

Such practices also violate article 20 of the 4th Geneva Convention which guarantees the respect and protection of the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, and article 63 which affirms that National Red Cross and Red Crescent Societies shall be able to pursue their activities subject to temporary and exceptional measures imposed for urgent reasons of

security by the Occupying Power.

Furthermore, Articles 12 and 15 of the 1st Protocol Additional to the Geneva Conventions stipulate that “Medical units shall be respected and protected at all times and shall not be the object of attack” and that they “shall have access to any place where their services are essential”.

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UAT report: Torture and ill-treatment in Israel and the oPt

In its 2008 Annual Report, the United Against Torture Coalition (UAT Coalition), a coalition of 14 Palestinian and Israeli human rights organisations, has undertaken an in-depth and critical analysis of Israel's compliance with the *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT).

The report examines the continued and systemic use of torture by the State of Israel, in both Israel and in the occupied Palestinian territory (oPt).

In accordance with the mandate of the UAT Coalition, the Annual Report focuses on violations against Palestinians, in both the oPt and Israel. The Annual Report is based on [material](#) submitted by the UAT Coalition to the United Nations Committee against Torture (the Committee) in September 2008, pending the Committee's periodical review of Israel's compliance with CAT, scheduled for May 2009.

The Annual Report draws upon the considerable experience of the UAT Coalition membership including more than 80 pages of affidavit material, extracts of which are interspersed throughout.

In preparing the Annual Report, the UAT Coalition examined the use of torture and ill-treatment by the Israeli authorities against Palestinians from the point of arrest, through interrogation and detention as well as the use of coerced confessions in the military courts. The Annual Report also considers:

- The use of torture and ill-treatment in non-conventional circumstances, including house demolitions, the Gaza siege and the coercion by the Israeli Security Agency (ISA) of medical patients attempting to exit Gaza in order to access necessary medical treatment.
- The continued use of incommunicado detention and lack of prompt access to lawyers for Palestinians detainees.
- The discriminatory nature in which laws and practices are applied to Palestinian detainees compared to Israeli citizens.
- The impunity with which ISA interrogators, police officers and members of the Israeli army torture and abuse Palestinian detainees, including children as young as 12.
- A legislative exemption that allows the ISA to interrogate Palestinian detainees without audio visual recordings as is required in other investigations.
- The failure of the State of Israel to clearly prohibit the use of torture and ill-treatment in its domestic legislation as recommended by the UN Committee.

The UAT Coalition concludes in its Annual Report that the use of torture and ill-treatment by Israeli authorities against Palestinians is both widespread and systematic. The State is either unwilling or unable to fulfill its treaty obligations under CAT.

The UAT Coalition has observed and recorded evidence of acts, omissions and

complicity by agents of the State at all levels, including the army, the intelligence service, the police, the judiciary and other branches of government. The UAT Coalition is of the view that until this culture of impunity is addressed the situation is unlikely to improve.

Contact a DCI-Palestine if you wish to receive a hard copy of the report or read it [online](#) in English, Arabic or Hebrew.

Source: UAT

APPENDIX

This is a to-be-published academic paper which provides a snapshot of post-'Cast Lead' Gaza in 2009. It is based on epidemiological fieldwork conducted under the aegis of the Institute of Community and Public Health, Bir Zeit University, Ramallah. An extensive reference list follows the paper.

Escalating humanitarian crisis and social suffering in the Gaza Strip? Living conditions, human security and health following the Israeli army attack on the Gaza Strip of December 28-2008- January 18 2009

INTRODUCTION

The three week Israeli Defence Force's devastating bombing campaign of the Gaza Strip from December 28, 2008 to January 18-2009 was launched at the height of midday activities with schoolchildren returning home from the morning shift (Rabbani, 2009). The Israeli air force, army and navy were all part of this attack (UN Fact Finding Mission on Gaza conflict, September 2009). Without warning (Amnesty International, 2009), the attack targeted an overcrowded 139 square miles piece of land with indiscriminate acts of violence directed against an already subjugated, destitute, and helpless 1.5 million Gaza Palestinians.

Described by the Israeli press as the harshest Israeli military assault on the Strip since the territory was captured during the 1967 War (Haaretz, 2008), the attack was planned several months before with long term preparation, information gathering and secret discussions while misleading the public (Haaretz, 2009). Contrary to Israel's allegations that Hamas violated the six-month truce, and justifying the attacks, the truce was violated on November 4, when the Israeli army entered the Strip and killed six members of Hamas (Siegman, 2009).

The scale and intensity of the attacks were unprecedented (Amnesty International, 2009).By the end of the campaign, some 1400 Gazans had been killed, including many civilians, over 400 children and 100 women, and at least 5380 had been injured, including some 1800 children and 800 women (WHO Feb 09). There were 3 Israeli civilian fatalities, and 182 were injured during the period (World Bank, Jun2 2009). Reports indicate that the population suffered severe psychological injury, stress, and grief on a broad scale, making the task of mental health care workers daunting in the aftermath (Bulletin of the World Health Organization, 2009).

The campaign also caused massive destruction of vital infrastructure and utilities, resulting in a lack of shelter and energy sources, deterioration of water and sanitation services, food insecurity and overcrowding. Businesses, factories and farmland were levelled, and more than 100,000 people were newly displaced, with over 15,000 homes damaged or destroyed (WHO Feb 09). This too was an intended de-development.

The immediate effects of the war on the Gaza Strip have been disseminated by media outlets and various humanitarian agency reports, revealing the extent of atrocities. For example, the International Committee of the Red Cross discovered shocking scenes when allowed to enter the Gaza Strip for the first time, including finding small children next to their mothers' corpses; and the Israeli English daily Haaretz revealed astonishing stories of how Israeli soldiers vandalized Gaza homes.

The war against the Gaza Strip was described as pointless and leading to a moral defeat for Israel (The Observer, 2009); having succeeded in punishing the Palestinians but not in making Israel more secure (Mearshmeir, 2009); and ending in utter failure for Israel (Haaretz Jan 22 09). As early as December 29, 2008, as the attacks were beginning, Richard Falk, the United Nations Special Rapporteur for Human Rights in the oPt maintained that the attacks entailed severe and massive violations of international humanitarian law, with violations including the collective punishment of the 1.5 million people who live in the Strip for actions of a few militants; targeting civilians, and the disproportionate military response. Testimonies by Israeli soldiers soon substantiated charges that the assault entailed grave violations of international law (Bisharat, 2009). By September 2009, the United Nations Fact-Finding Mission, led by Judge Richard Goldstone, found evidence of war crimes and crimes against humanity committed during the assault on the people of Gaza, and called for holding Israel accountable before international law (UN Fact Finding Mission on Gaza conflict, September 2009).

The incapacitation of the Gaza Strip began with Israeli military occupation in 1967, which has devastated its economy and people. While economic restrictions preceded the Hamas electoral victory of January 2006, since then the siege and blockade have intensified over time (Roy, June 2 2009). The siege and blockade are part of a policy of isolation forbidding most Gazans from leaving or exporting anything to the outside world, and importing a narrowly-restricted number of basic humanitarian goods.

In December of 2009, a consortium of 16 international humanitarian, development and human rights groups published a report indicating that there has been no rebuilding and no recovery in the Gaza Strip (Amnesty International UK and 15 other international organizations, 2009). Over \$ 4 billion had been pledged in March 2009 by the international community to help reconstruction and support the economy, but little of this money had been spent, because of the Israeli governments has continued a blockade and siege policy. This policy has prevented the importing of construction materials, including cement, glass and iron bars, leaving the Gaza Strip to rot in ruins.

Every week, 10 or so officers from the Coordinator of Government activities in the Territories of the Israeli army decide even about food products which can be brought into the Gaza Strip.

Various food items have been prohibited entry , such as tinned meat, tomato paste, pasta, clothing, shoes, and notebooks. The policy is subject to change, and there is no list of permitted and prohibited items (Haaretz 15/6/2009).

The Consortium's and other reports demonstrate the impact of the blockade on an already devastated ordinary people. The report also deems the blockade an act of collective punishment which violates international law, which is destroying the hopes of Gazans for social and economic development, and the key foundations for a just and sustainable peace. Thus an escalating and large scale, man-made, humanitarian crisis continues in the Strip because of the massive destruction legacy of the operation, and the continued border blockade coming in the way of reconstruction. The Egyptian government has colluded with Israel in imposing its own restrictions, including of humanitarian aid, at the Rafah crossing.

This paper focuses on the consequences on imprisoned Palestinians who have little control over their lives (FAFO, 2009) of the Israeli assault of the Gaza Strip. Utilizing the results of a living and health conditions survey conducted in the Strip during the middle of June-middle of July 2009, and other relevant reports, the paper aims to reveal the human insecurity and social suffering of ordinary people who live in the ruined and un-reconstructed Strip, and in the context of pre-existing and continued closures and siege; their views regarding their health and quality of life; and the most pressing needs as people express them.

METHODOLOGY

A cross sectional survey was designed to assess the post war consequences of the attacks on the Gaza Strip on population living conditions, health and human security, and to identify longer term health and health promoting needs. The sampling frame was obtained from the Palestinian Central Bureau of Statistics based on its 2007 census, and included all Palestinian households living in the Gaza Strip in the aftermath of the December 08 January 09 attacks. The instrument was composed of three parts: a roster, which included demographic, socio-economic and health information on all members of the household; a household questionnaire, which included information on housing characteristics, amenities, access to basic services, and other variables related to events taking place during and after the attacks; and a quality of life/ distress questionnaire focusing on adults 18 years or over. A total of 3102 household were visited with 3017 household questionnaires completed. There were some difficulties faced in completing the information gathering process. The results below reflect the initial analysis of the data.

RESULTS

Demographic and socio-economic characteristics of the study population

There were 18,838 people living in 3017 households, with the average family size to 6.24 persons. The population under 30 years of age comprised 74.1% of the total. 2.5% were 65 years old or over . 61% were refugees and the rest original inhabitants. The large majority (82.3%) lived in urban areas, 2.6% in rural areas, and 15.1% in refugee camps.

Of all adults who are not of school age (>18 years old), 24.9% had up to primary schooling, 55.8% up to secondary schooling, and 19.3% post secondary schooling.

Excluding students, housewives, retired and imprisoned people, 52.3% of those over 10 years old were working full time at the time of the survey, 16.9% part time with varied hours, and 30.7% were unemployed. People between 15-29 years comprised 63.7% of the total unemployed.

Displacement

Almost a third were reported as having to find shelter outside their residence during the war. Weighted for the Strip population, 462,732 persons left their homes for shelter during the war, and 22,729 persons or 4.8% of the displaced were reported as not living in their original residence and remained displaced at the time of the survey

HOUSEHOLDS

Basic Characteristics

The survey covered 3017 households, with 81.6% located in urban, 2.8% in rural, and 15.5% in refugee camp locales.

68.9% have to purchase water for drinking and cooking, and the rest receive water tanks from the municipality. People in the Strip are aware that the public network water is below acceptable standards required for human use, and so must resort to purchasing water to maintain their health.

Re Standard of Living index, rural areas were the most deprived of the entire Strip, more so than camps.

Outcomes of war

Financial and food insecurity

Of the total number of households 12.2% reported a decrease in income after the attack, mostly due to reduction in income from work. 19.6% of families reporting income reduction due to agricultural damage, 7.8% due to loss or damage of animal wealth, 15.1% due to the loss or damage of household projects, 14.8% due to the scarcity of production materials such as fertilizers and other supplies, 8.1% due to inability to reach the workplace, and 34.9% due to the loss of work altogether.

Among those who reported reduced family expenditure after the war, a high of 91.9% (14,573 families weighted for Gaza) reported a reduction in the purchasing of food, 89.2% clothing, 36.9% in educational expenses, 53.3% in residential expenses and equipment, 46.6% in health expenditures.

Property destruction

1.3% of households reported complete destruction of homes (2957 homes weighted for all of Gaza), 9.3% partial destruction (21,288 weighted for Gaza) , and 29.3% minor damages (67,324) total 39.9% of households. Total number of homes damaged scaled to all Gaza = 115,832 homes.

22.3% of those reporting commercial project damaged reported complete repair, 24.1% partial, and 53.6% no repair at all since the war on Gaza.

Only 3.9% of those reporting damage to crops and agricultural products reported complete repair, 6.6% partially, and 89.5% none at all. 7.1% of those reporting damage of animal products/animals reported partial repair, and 92.9% not at all.

Rural areas have been the hardest hit.

There were other types of destruction. 15.2% reported complete, partial or minor damage to schools where the children of the family study, 6.9% to the clinic the family usually attends, 6.9% to the commercial stores the family uses, 10.2% to the roads leading to home, 9.1% to universities attended by children at home; and 3.1% to gardens and public recreation places children visit. Of the total reporting destruction, 50% reported complete or partial repair of schools, with 50% not at all; 69.2% complete or partial repair of clinics.

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