

PHM conference

Overcoming HRH (Human Resources for Health) crises in conflict and post-conflict situation¹

Parallel Session 6 on Thursday, 27 January 2011, 15.30 – 17.30 hrs

Bangkok, Thailand

Restrictions on freedom of movement for medical staff and students in the occupied Palestinian territory: undermining healthcare in East Jerusalem, the West Bank and Gaza Strip

Ruchama Marton, MD

Founder & President of Physicians for Human Rights-Israel

Introduction

Physicians for Human rights-Israel is a solidarity and protest movement struggling for human rights. We are in solidarity with their fight for freedom and we protest against the Israeli occupation. When we hear about limitations on access to adequate healthcare for Palestinians in East Jerusalem, the West Bank and the Gaza Strip, the focus is often on the tragic and dramatic cases of patients being stopped at checkpoints and not reaching medical treatment in time to save their lives. We know of the many patients from Gaza Strip denied permits to leave for treatment in Israel or abroad, who cannot receive the treatment they need because of the poor state of the healthcare infrastructure in Gaza.

¹ The source of information for this paper is the work of Physicians for Human Rights-Israel. For the most comprehensive report see 'A Wall in the Midst: The Separation Barrier and its Impact on the Right to Health and on Palestinian Hospitals in East Jerusalem', PHR-Israel, December 2005. See also PHR-Israel's website for more updates and reports: www.phr.org.il.

In this paper, however, the focus will be on the less dramatic but systematic damage caused to the entire Palestinian healthcare infrastructure by the restrictions healthcare students and employees face under the Israeli 43 years occupation. In particular, the two case studies examined in this paper will be the difficulties hospital staff from the West Bank have in reaching their places of work in East Jerusalem, and the denial of permits to medical students from the West Bank to complete training in East Jerusalem. Amongst many examples of other difficulties created for the Palestinian healthcare system, aspects of the Israeli occupation such as these are integral to the denial of basic rights to healthcare experienced by Palestinians.

Background

The situation regarding healthcare facilities in East Jerusalem reflects the broader effects of Israeli occupation in East Jerusalem and the West Bank, whereby the two areas are becoming increasingly separated and populations in both areas suffer as a result. The construction of checkpoints at city entrances at the end of 2000, and of the separation barrier through and around certain areas of the city, as well as the harsh permit system imposed on Palestinians which prevent them from moving between different regions of the West bank, have caused a significant decrease in the number of patients who are able to get to hospitals in the city. These hospitals are becoming facilities for East Jerusalem Palestinians only, the same hospitals that used to be the main medical facilities for the entire West bank and Gaza Strip. Israeli health maintenance organizations (HMOs) do not refer Jews to these hospitals, and Jews do not go to them. This development fits in well with the

increasing segregation and inequality in the area of healthcare, since the best Palestinian hospitals are half empty and therefore experiencing severe economical difficulties and the population remains with no proper medical care.

Access for staff

Hospitals in East Jerusalem have always relied on employees who are residents of the West Bank or Gaza Strip – 70% of their staff members were residents of these areas as of 2005. This number has been gradually decreasing the last few years. Since the early 1990s restrictions have been placed by Israel on the movement of medical personnel into East Jerusalem. In 1996 Israel established quotas of the numbers of staff from the West Bank which East Jerusalem hospitals could employ and who would receive permits to travel to work, exploiting these hospitals' dependence on staff from the West Bank and Gaza as a mechanism of oppression and control. Permits are regularly denied to employees in the name of security, final decisions being made by the General Security Services (GSS, or 'Shabak'). Furthermore medical staff is frequently denied passage even when they do have a permit, at the discretion of Israeli soldiers at the checkpoints. Hospitals mostly avoid challenging these decisions due to the weak position they are in vis-à-vis the Israeli authorities. They constantly have to replace staff who are denied permits, thus losing time and money and impeding the hospitals' functioning. Upon completion of sections of the separation barrier, many hospital employees without entry permits left their workplaces in Jerusalem altogether, having to make do with jobs available locally in the West Bank, because of the great difficulty and the daily risk involved in reaching their workplaces in the city. The barrier and the almost-total separation it imposes on the hospitals from the population they are supposed to serve thus pose a real threat to the very existence of these hospitals.

The most recent guidelines brought in on November 2, 2008, required Palestinian medical personnel traveling between the West Bank and East Jerusalem to use only the Qalandiya checkpoint in Ramallah, and forbid them to use other checkpoints closer to their homes. The passage via Qalandiya checkpoint adds one hour to two and a half hours to the daily journey of the staff on their way to East Jerusalem hospitals. These employees are also not allowed to use their own cars to cross the checkpoints, so must use local transport and cross on foot. These restrictions caused further delays and seriously disrupted the hospitals' work. Various parties including PHR-Israel and the Palestinian Medical relief Society, who were approached by medical personnel affected by the new guidelines, protested these new guidelines. This resulted in a partial lifting of the restrictions – but only allowing physicians to use any checkpoint, and not other medical staff.

Restrictions for medical students

Amongst those affected by the restrictions on movement and the permit policy are Palestinian medical students from Al-Quds University in Abu-Dis, (Jerusalem) which lies on the eastern side of the separation wall. During their 5th year of study they are required to complete practical training placements, which are most appropriately carried out in hospitals in East Jerusalem, for example in Makassed, where students are able to do the rounds at hospitals with a fuller range and higher standard of treatment facilities than in West Bank medical facilities. Makassed, with 200 beds, located in the Mount of Olives in Jerusalem, is the only teaching hospital in the occupied Palestinian territory and is considered the leading one professionally. The application process for these

placements requires the hospital to send names and ID numbers of students to the West Bank Civil Administration Health Coordinator, who has to approve the applications in coordination with the Israeli GSS ('Shabak'). Those students who receive permits then have to cross checkpoints from the eastern to the western side of the separation barrier, where they are sometimes stopped and required to attend interrogations by the Shabak, their permits taken away until they do so.

PHR-Israel is regularly approached by students in these cases. In recent months, for example, a medical student from Ramallah, who started his 5th year of studying medicine at Al Quds University, was granted a permit for 6 months to work in Makassed hospital. After 3 months, as he was crossing a checkpoint to get to Makassed, he was stopped by private security personnel, who took away his permit and told him he was denied access, without giving him any reason. He approached the DCO (District Coordinator's Office) in Ramallah about what had happened and they told him that on his file he was requested to attend an interrogation with the Shabak, although he had not been informed of this request until approaching the DCO on his own initiative. A few weeks later he went to this interrogation where he was requested to collaborate with the Israeli authorities in order to get his permit back, which would involve him providing them information about his fellow students, particularly those travelling abroad, and being in daily contact with the Shabak. When he refused to collaborate they threatened to use force against him. He approached PHR-Israel, who wrote to the Israeli authorities on his behalf in order to request the reason his permit had been removed. An answer came only two months later, which stated that the permit had been removed for security reasons, and they may reconsider the decision if the

student applies again. PHR-Israel submitted a petition to the High Court, and subsequently received an answer from the Israeli Ministry of Security which stated that students may apply for permits only once per year and denying the allegation that permits are denied to those who refuse to cooperate with the Shabak. In the meantime this student has been unable to complete his training at Makassed hospital in East Jerusalem.

Similar cases of slow and complicated application processes and arbitrary denials of permits to qualified medical staff are regularly dealt with by PHR-Israel, illustrating how the entire system of medical care in the occupied Palestinian territory is being undermined by the occupation's bureaucracy. In the case of Palestinians from Gaza Strip, permits for students or staff are simply not approved any more, meaning that it is impossible to maintain an adequate health system for the residents of Gaza and preventing East Jerusalem hospitals such as Makassed from employing staff from Gaza.

Conclusion

Outcomes of the situation described above include the establishment of many smaller medical centers or hospitals within the West Bank and Gaza Strip, replacing one good centre in East Jerusalem. No one centre is able to provide the highest standards of medical care whilst more and more smaller centers are built and the healthcare infrastructure as a whole increasingly undermined. This wastes money and human resources in an already stretched small budget. Moreover, it is inefficient and unnecessary to establish multiple medical facilities in such a small

geographical territory, when one good facility in East Jerusalem could serve the whole population as it did for many years.

The state of healthcare in East Jerusalem, the West Bank and Gaza Strip is ultimately dependent on the political realities of Israel/Palestine and the way in which Israel is implementing 'facts on the ground', in particular the territorial separation of these Palestinian areas. Israel's demand to postpone negotiations on the status of Jerusalem until permanent status negotiations also commit itself not to take unilateral steps that may change the status quo in the city, until such negotiations take place. The kinds of actions that have been described in this paper constitute a violation of this obligation. Human resources for health in the occupied Palestinian territory, therefore, cannot be genuinely strengthened without pressure being put on the Israeli state to change its political actions on the ground, for example the construction of the separation barrier and restrictions placed on movement of Palestinians.