



Right to Health
**Palestinian
Voices**



**World Health
Organization**

occupied Palestinian territory

Right to Health

**Palestinian
Voices**

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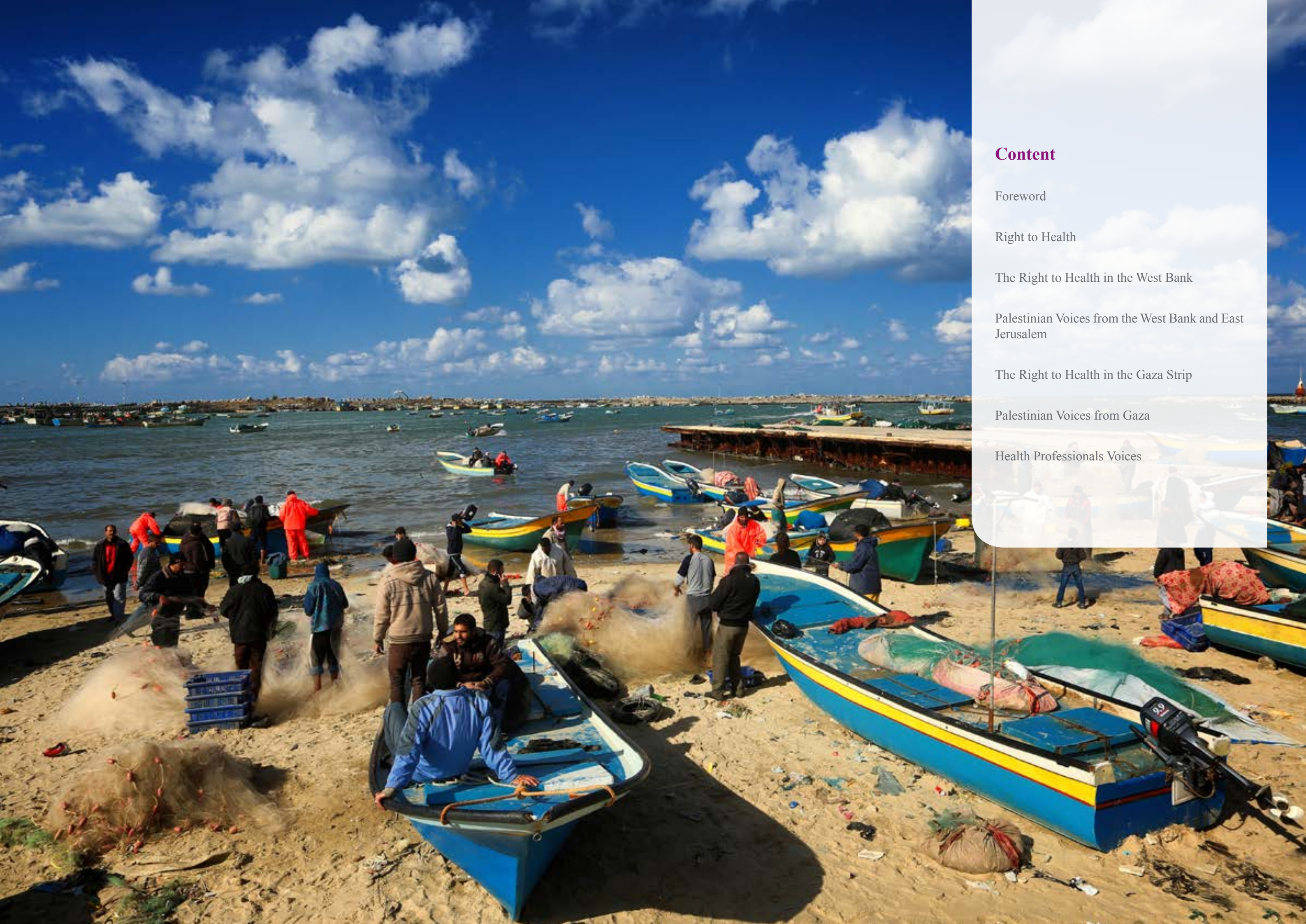
Page: 12,29 Samar Abu Ouf

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Content

Foreword

Right to Health

The Right to Health in the West Bank

Palestinian Voices from the West Bank and East Jerusalem

The Right to Health in the Gaza Strip

Palestinian Voices from Gaza

Health Professionals Voices

The right to the highest attainable standard of health *“is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”*. This right incorporates both access to available, quality and acceptable health care, as well as access to the conditions of life necessary to be and stay healthy and to promote health and wellbeing.



Palestinians living in the occupied Palestinian territory face substantial barriers to realizing the right to health. Since 2006, WHO has closely monitored barriers for patients from the West Bank and Gaza needing to apply for Israeli security permits to access health care. Access has been declining in recent years, with only 54% of patients approved by Israeli services for travel in 2017 compared to more than 90% in 2012. These are often vulnerable patients, requiring specialist services such as for cancer diagnosis and treatment at the major cancer referral centre, Augusta Victoria Hospital in East Jerusalem. However, challenges to the right to health for Palestinians go beyond barriers to accessing health care. They include long-term problems with the availability of health care, including supply of medications; challenges to the sustainability of the health system; barriers to accessing adequate water and sanitation; obstacles to accessing safe and healthy food; limitations to accessing healthy housing and a nurturing environment; and exposure to violence, including attacks on health care. As outlined in the UN Common Country Analysis, the occupation of the West Bank and Gaza remains the primary driver of vulnerability in the occupied Palestinian territory.

In this photobook, we aim to highlight some of the major barriers to the right to health for Palestinians living in Gaza and the West Bank, including East Jerusalem. While health professionals often rely heavily on statistics and numbers to examine and analyse health trends, we have tried here to incorporate portraits showing Palestinians from diverse backgrounds telling their stories. The book starts with an overview of what the right to health means from a health perspective. The sections with voices from the West Bank and Gaza start with an overview and key statistics to guide the reader in understanding some of the major challenges to the right to health that Palestinians face. In the final section, we portray some humanitarian health heroes and the barriers that they face to delivering vital health care services and to receiving training and access to opportunities for professional development.

The right to health places a number of obligations on duty bearers within the International Covenant on Economic, Social and Cultural Rights and other human rights treaties. These include the obligation to take steps for progressive realization of the right to health for all. In the occupied Palestinian territory, there are clear obligations on Israel as the occupying power, as well as obligations for the Palestinian Authority to the extent of its jurisdiction, and for the international community. We hope that this book can be a modest contribution to support meaningful collaborative efforts to improve health and human rights for all Palestinians in the occupied Palestinian territory.

Dr Gerald Rockenschaub
Head of office for WHO occupied Palestinian territory

A handwritten signature in blue ink, appearing to read 'Gerald'.



THE RIGHT TO HEALTH





West Bank including East Jerusalem



Gaza Strip



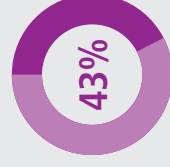
DEMOGRAPHIC STATISTICS



Population **3.01 million**¹



0.8 million registered refugees²



43% under the age of **18**¹

HEALTH SERVICES



587 primary health clinics³



51 hospitals³



3,747 hospital beds³



23% of essential medicines completely depleted during 2017⁷



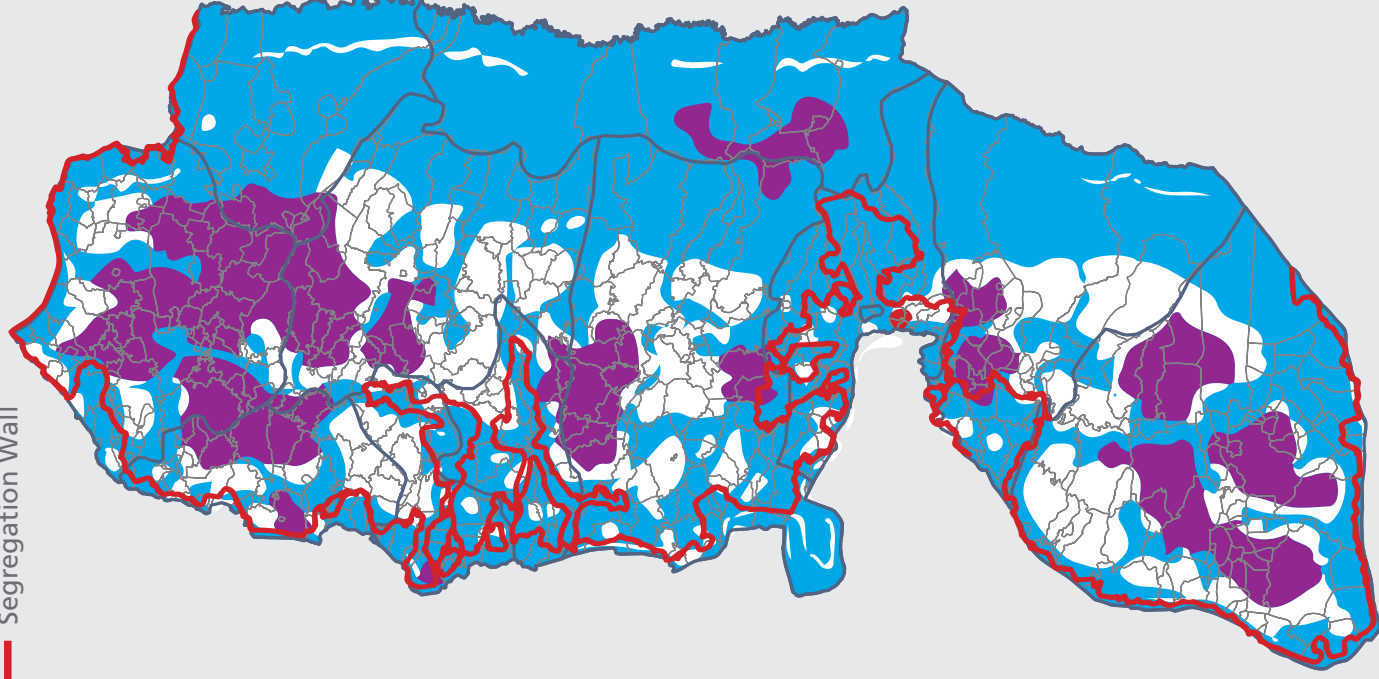
19% of essential medical disposables completely depleted during 2017⁷



78% of people covered by health insurance¹⁴



45.5% out of pocket payments for the population for the year 2016¹⁵



HEALTH ACCESS IN 2017



12% patients denied health access to East Jerusalem and Israeli hospitals⁸



74,400 West Bank referrals to East Jerusalem and Israel⁷



18% of patient companion applications denied access⁸



90% of the 2,125 ambulances trips requiring entry to Jerusalem denied direct access⁹



40,220 referrals to East Jerusalem hospitals from the West Bank and Gaza⁷



174,444 people in Area C served by mobile health clinics¹⁰

HEALTH STATISTICS



Life expectancy at birth **74 years**³



Infant mortality **18** deaths per **1,000** live births⁴



Maternal mortality **45** deaths per **100,000** live births¹⁶



7% people with disabilities⁵



157,612 people in need of psycho-social support⁶

UNDERLYING DETERMINANTS OF HEALTH



22% affected by lack of access to water and poor water quality⁶



140,301 people in Area C with no connection to water network or irregular water supply¹¹



61 checkpoints obstructing access to schools⁶



13% severe or moderate food insecurity⁶



20% unemployment rate⁶



9.5% stunting in children under 5 years¹²

HEALTH ATTACKS IN 2017¹³



70 incidents against ambulances, ambulance staff, patients and companions



10 incidents against hospitals and health centres



7 mobile clinics unable to access communities in Area C

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16. UN-MMEIG, 2015, Trends in Maternal Mortality.



Sahar: *“I had a vine, an apple tree, a fig tree, a peach tree. The air was fresh, and it was a joy to have our morning coffee outdoors.”*

When Sahar and her family lost their home in 2013, they moved to Shufat refugee camp because they couldn't afford to live in areas of occupied East Jerusalem. She describes conditions in the camp:

“People are left with no other alternative but to move into these areas... It's stressful here, it's lawless. There is no Palestinian Authority and no Israel. There is chaos. There are no regulations and there is no law enforcement... In winter, water seeps through the building close to electricity cables. The streets are full of rubbish and the municipality doesn't come here. Instead, they pay private contractors who do not do their work.”

Shufat is on the West Bank side of the Separation Barrier but is considered a part of Jerusalem municipality. This means that residents are still entitled to Israeli health insurance, unlike Palestinians in other parts of the West Bank and the Gaza Strip. For Sahar and her family, retaining this insurance was central to their decision to move to Shufat and not to other areas in the West Bank. In 1999 she received a bone marrow transplant after being diagnosed with leukaemia. She continues to have regular check ups at a clinic close to her demolished home.

“It was a horrific experience... Losing a home is like losing a son. We are forced into this. I would rather live in a tent by my demolished home, if only we were allowed to.”

Mohammad: *“Let's talk about our village. I swear to God I love it... Duqaiqah is a beautiful village, and the most beautiful thing about it is its nature.”*

At the age of 18 Mohamed was diagnosed with muscular dystrophy, which eventually left him paralysed from the neck down. He lives in Duqaiqah in the South Hebron Hills, in an area called Masafer Yatta that has been designated as a firing zone for military exercises by Israeli forces. The community is not permitted to build permanent structures, in stark contrast to the development of nearby Israeli settlements. In 2016, a semi-permanent caravan installed as a health clinic in a nearby village was confiscated. Mohamed accesses the primary health services of a mobile clinic that visits the area, run by an Italian non-governmental organization. The lack of paved roads means that Mohamed cannot have a wheelchair and relies on friends and family to carry him. When he needs to see the doctor or nurse, the community drives him in his car to the weekly mobile clinic nearby.

“I am proud of my brain... A good brain is a blessing from God, and it makes up for other shortcomings in life... This illness does not prevent me from accomplishing things.”

Khaled: *“Silwan is my home. I have no plans to move out. This is where I was born and this is where I want to live. I have a strong sense of connection to this place.”*

Israeli authorities came to demolish Khaled’s home at 6am one morning in August 2013. After being made homeless, he and his family of six children moved into a cave on their land. They managed to live there for three months, but when winter came they could not remain there:

“The rain seeped in through the rocks and we had little rocks falling on us sometimes. It was damp and unhealthy, and my daughters started to get chest infections. They also felt ashamed at school, and their classmates were pointing fun at them as the girls from the cave.”

Khaled feels a strong connection to the land he was born on. Like many Palestinian Jerusalemites, he chooses to live in overcrowded conditions with his family in order to stay in the city. Khaled’s wife lamented the lack of public space for the children to stay and the impact that the demolition had on them:

“There is nowhere here for [the children] to play. They’re stifled. Not having a house of our own has made the children feel unsettled. After the demolition, three of our daughters started to wet their beds at night.”

“It is devastating to see your home demolished and your children, as young as five months old, made homeless... We now live in my brother’s house... It’s very small, crowded and has hardly any fresh air. We tread on each other’s toes.”



Mosab: *“I became friends with most of the nurses and doctors around me. Some of them join me for coffee after my radiation sessions... My main support is my friends. They visit me often and I feel that they care about me. They give me strength.”*

Mosab was diagnosed with throat cancer in September 2017. He and his mother travelled to Jordan for care because they thought treatment there would be preferable. They stayed for two weeks but faced catastrophic medical expenses. Mosab left Jordan depressed. He couldn’t eat, sleep or see anyone. He was then referred to Augusta Victoria Hospital in East Jerusalem for treatment funded by the Palestinian Ministry of Health. His application for an urgent three-month security permit to access care was initially rejected by Israeli authorities, but this decision was reversed after the family doctor went to the Coordination Office to make a plea on Mosab’s behalf. Mosab has to undergo eight chemotherapy cycles and 35 radiation sessions. He visits the hospital five days a week from morning till afternoon, and his last session is due in April. When WHO spoke to Mosab his permit was due to expire and he expressed his anxiety about another possible denial: “I can’t wait to get this over with. I feel so bad for my Mum, who has to leave my one-year-old brother at home and stay with me all the time in hospital. I see her crying. Her suffering doubles my pain, I just want to see her happy again.”

“Honestly, I thought I will die soon. In my mind cancer was equivalent to death. Because three years ago, my very good friend died from cancer and his father was an oncologist. So, imagine, if he wasn’t able to save his own son I was sure that no doctor could save me.”



Dunia and Alaa: Contrasting experiences of maternal care

Dunia: *“I felt comfortable, I wasn’t worried. I knew there was a complication, but I also knew that the doctors were at my side and they gave me comfort. It made a huge difference that they allowed me to have my family with me. They were such an important source of support for me during the delivery.”*

Dunia is 26 and recently gave birth to a baby boy. As a resident of East Jerusalem, she is covered by the Israeli insurance system. This was her first time giving birth. The delivery was lengthy, taking 22 hours, but Dunia comments that she felt well supported: “I wasn’t scared during the delivery. The nurses and midwives were very caring and they calmed me down whenever I worried. The hospital allowed my mother, sister and sister-in-law to join me during delivery this helped me so much.” Despite having the option to go to an Israeli hospitals free of charge, Dunia preferred to access private care at St Joseph’s Hospital in East Jerusalem: “The hospital has a very good reputation and the doctors were excellent.”

“Giving birth is a magical experience but at the same time an overwhelming one. I wanted a hospital where I would feel safe. I wanted to be somewhere I could understand the language, somewhere I would be cared for and without any racism from the staff.”



Alaa: *“Now we have a health team that comes to our village to check on children and women once a week. Everyone from our village has access to these health services, but once a week is not always enough. When there is an emergency, we have to travel to Yatta, which is far away. If there is no car in the village we have to walk for an hour and a half to then wait for transportation.”*

Alaa is 26 and lives in a village in Masafer Yatta in the South Hebron Hills of the West Bank. She is married with two daughters aged 2 years and 10 years and she reflects on the difficulties she faced in accessing maternal health care during her pregnancies. Her village is remote, and there is not always a car present in the community. Without a motor vehicle, it takes villagers approximately 90 minutes to reach a road, where they can then catch a bus to the nearby town. There are 350 people living in Alaa’s community, served by a weekly mobile health clinic. Alaa remembers how lucky she was that there was a car in the village when she went into labour during her last pregnancy. She describes life in the village and the difficulties that she has faced getting work after she graduated with a degree in social work:

“There are no job opportunities. I would like to work and help my family but I can’t find work. I looked for work at schools in Yatta town but I wasn’t able to find anything. My husband works in Israel because there isn’t any work here. He can only get home to visit once every 2 weeks”.

“Travelling on the unpaved roads is not easy when you are pregnant. If you are travelling by car, it takes 40 minutes to reach Yatta town. When I went into labour with my second daughter, I was lucky that there was a car in the village at the time. When I reached Yatta Hospital, the nurses told me that if I had been any later I would have given birth on the way. I gave birth very quickly just after I reached the hospital.”

RIGHT TO HEALTH IN GAZA

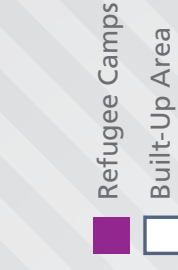
DEMOGRAPHIC STATISTICS



Population **1.94 million**¹
registered refugees²



50% under the age of **18**¹



HEALTH SERVICES



152 primary health clinics³



30 hospitals³



2,399 hospital beds³



32% of essential medicines completely depleted in the last four months of 2017⁷



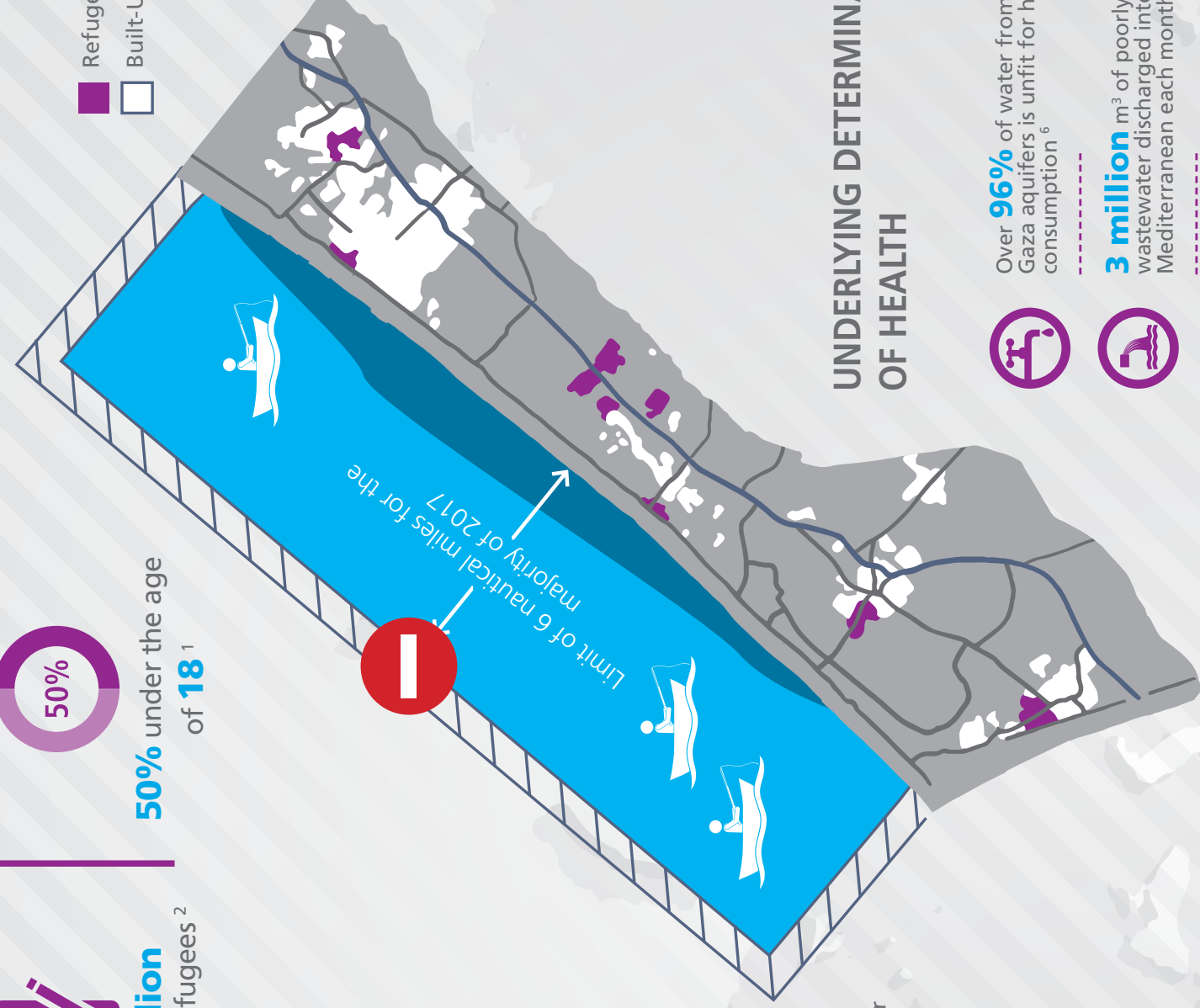
24% of essential medical disposables completely depleted in the last four months of 2017⁷



95% of people covered by health insurance¹⁰



45.5% out of pocket payments for the population for the year 2016¹¹



HEALTH ACCESS IN 2017⁸



46% of patient applications denied or delayed health access out of Gaza via Erez



12,075 patients exited via Erez



56% of patient companion applications denied or delayed access through Erez



1,405 exited Rafah terminal for health reasons



Rafah terminal open for exit for **21** days over the course of the year

UNDERLYING DETERMINANTS OF HEALTH



Over **96%** of water from Gaza aquifers is unfit for human consumption⁶



3 million m³ of poorly treated wastewater discharged into the Mediterranean each month⁶



70% of schools operate a double shift to accommodate limited teaching capacity⁶



40% severe or moderate food insecurity⁶



44% unemployment rate⁶



10.8% stunting in children under 5 years⁹



20,300 people remain internally displaced following the 2014 conflict⁶

HEALTH ATTACKS IN 2017⁸



24 incidents against ambulances, health facilities, patients and companions



60% of humanitarian health staff applying through WHO for exit from Gaza unsuccessful



596 patients called for security interrogation as a prerequisite to travel for health care

HEALTH STATISTICS



Life expectancy at birth **73** years³



Infant mortality **18** deaths per **1,000** live births⁴



7% people with disabilities⁵



210,000 people in need of psycho-social support⁶

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11. PCBS, National Health Accounts. Available at: http://www.pcbs.gov.ps/site/lang_en/797/default.aspx

12. UN-MMEIG, 2015. Trends in Maternal Mortality.



Fatima: *“My husband is so supportive and takes care of our child.”*

When Fatima was diagnosed with colon cancer in September 2016, she underwent surgery to have the tumour removed. She needed to travel out of Gaza for essential care, including for chemotherapy and biological therapy medications that were not available in Gaza at the time. She also needed a nuclear medicine scan that would show any spread of the tumour. After receiving three permits to travel for care up until February 2017, Fatima then made nine unsuccessful applications to exit for health care. In September 2017, she was told that she would have to attend Israeli security interrogation for her application to be valid. However, she was not given any appointment and as of February 2018 her access to care had been delayed by more than a year. She is married with a three-year old son and describes how her illness stops her from being able to care for him:

“It’s so painful that I cannot take care of my son. He is growing up and realizing my health problem.”

Faced with Gaza’s long-term shortages of medicines and medical equipment, Fatima does not receive enough colostomy bags and she describes the humiliation she feels as she is forced to resort to alternative methods:

“I need more than one bag per day and I haven’t money to buy it. I am forced to use disposable plastic bags or sanitary towels that make my clothes dirty and mean I have to keep changing my clothes.”

“I don’t know what our crime is or what offense we’ve committed that prevents us from traveling to access the care we need. We are patients.”



Hanan and Mahmoud: *“We received food baskets for six months, and we had to bake bread on an open fire. We brought water by Jerry cans from a large barrel placed in the street for free.” (Hanan).*

The 2014 conflict left Hanan, Mahmoud and their family of 11 homeless when bombing destroyed their home and whole neighbourhood. The building they lost comprised two apartments, which housed Hanan and Mahmoud’s immediate family and their son’s family. After the end of the war, Hanan, Mahmoud and their son received a single rental subsidy for 14 months. This stopped when the family was selected to benefit from a housing project.

The extended family then moved into two caravans from the project for 15 months. Hanan and Mahmoud have a son of 14 years with autism and learning difficulties. Mahmoud describes how the situation was particularly difficult for the children: “The situation was humiliating. 11 of us living in two caravans – it was cramped and in the summer it got so hot that we couldn’t stay inside. We even slept outside in the summer. Losing our home has been difficult for all of us, but especially for the children. Our son has autism, so he finds it difficult to cope with change and he found the upheaval very stressful. Now he’s afraid to go outside. After the war he started to wet the bed again. The conditions weren’t hygienic – we didn’t have electricity and we even had wastewater running close to the caravans.”

Today Hanan, Mahmoud and their family have moved into a small apartment with his son’s family. Mahmoud is struggling to find work, with 44% unemployment in Gaza, and the family struggle every month to find money to pay the rent.

“When the war ended, I kept telling our son it was over. I tried to encourage him to go outside to buy something from the grocery store, but even today he is still too scared to go out alone.” (Hanan)



Elham and her mother, Asmahan: *“My mother [Elham’s grandmother] supports us as much as she can. She visits me and brings food and clothes for the children.”*

Born in Khan Younis in the south of Gaza in January 2016, by the age of nine months Elham was found to be suffering from the effects of malnutrition. She wasn’t growing as expected and her mother noticed that she was sleeping a lot. A checkup with the Union of Health Work Committees revealed that she was anaemic, meaning that she had low levels of haemoglobin (the protein that transports oxygen) in her blood as the result of her poor diet. The clinic offered Elham’s mother monthly checkups and provided her with food supplements and medications. While this helped Elham and her family, the underlying risks that created Elham’s malnutrition remained. Her father and mother have been unable to find work, with Gaza’s economy suffering the impact of more than ten years of blockade. The family lacks the money to buy sufficient food, which prevented Asmahan, Elham’s mother, from breastfeeding Elham when she was a baby.

“I wasn’t able to breastfeed Elham... I had low calcium and iron levels. My husband couldn’t buy enough food for us or milk formula for Elham... Sometimes we bought milk when we had cash from relatives but when this was not available I prepared herbal drinks for her.”

Helena: *“I am a human being and I want my dignity.”*

Helena was studying English literature at Al Aqsa University in Gaza in 2000 when she had a fall that left her paralyzed from the hip down. She returned to university five years later, but she only managed to complete a semester as she struggled with access to the university premises. In 2009, Helena joined the Islamic University in Gaza which accommodates for persons with disability. She graduated in psychology and counselling and now works as a counsellor with a programme called We Work. The programme promotes the active participation of persons with disability in the workplace.

Helena has faced stigma as a person with disability, and some members of her family did not think she should go out to work. Helena has a strong character and understands her rights, but she fears for the future:

“It is my right to be able to have a life and a secure job. But I’m afraid because my job contract is for a limited time. If it ends without finding another job, I won’t have an income.”

“People treat me with pity, some make me feel as if I am inferior... My family has been under great pressure from our relatives because I go out to work. The relatives want me to stay home and be dependent on them. I could never accept this.”





Muhammed and Amal: *“The hospital has been fantastic and very kind to us. But Muhammed and I miss our family. I miss my children and my grandchildren. Muhammed misses his two sisters and parents. It’s hard for him that his mother is not next to him. But luckily he feels close to me”.*

After Muhammed, aged 7, was diagnosed with a cancer in his right hip in 2016, he was referred out of Gaza to Augusta Victoria Hospital in East Jerusalem for further investigation and treatment. He then started 15 sessions of chemotherapy accompanied by radiotherapy and surgery. His parents did not get security permits in time to exit Gaza to accompany Muhammad for treatment. Instead an older relative, Amal, takes him to the hospital in Jerusalem. Older relatives often accompany children because male relatives over 55 years and female relatives over 45 years are not required to undergo additional and lengthy security checks that often delay access to care. Amal describes the challenges they face:

“We’re good friends. We play together and I give him lots of cuddles. Still, I am no substitute for a mother or father. A child needs his parents.”

Financially, travelling the distance to Jerusalem and staying far from home takes its toll. Muhammed’s father is a labourer and the only breadwinner for the family. Amal must make the money that she receives stretch to last them: “I don’t dare to buy anything, but sometimes Muhammed asks to go to the cafeteria to buy a treat. I can only buy him the cheapest things... Much of the money goes on transport.” The family’s weekly income is approximately \$50 and they have had to borrow over \$250 to meet costs. Amal laments: “Gaza has no work, no electricity, no water, nothing. Gaza now is a big prison that is open internally but is closed off to the outside world.”

“At the beginning we thought he’d fallen and hurt himself, but the lump continued to grow bigger. The appointment in April had to be postponed for a month because the checkpoint to exit was closed for a Jewish holiday. Meanwhile the lump continued to grow. In May, a biopsy showed that it was cancer.”



Humanitarian health worker voices

Humanitarian health workers serve on the frontline to treat injuries resulting from conflict, as well as working to reach some of the most vulnerable Palestinian communities, such as those in remote parts of Area C of the West Bank facing major barriers to reaching health care facilities. Humanitarian workers are protected under International Humanitarian Law and International Human Rights Law. Attacks against health personnel, facilities and transport not only violate the protection accorded to them in International Law, but deprive patients of services, often at times of critical need.

WHO recorded 111 separate attacks on health care in 2017, affecting 18 health facilities, 75 ambulances and 43 health personnel. There were 137 patients and companions affected, in addition to 20,714 unsuccessful patient applications to access health care and 31,290 unsuccessful patient companion applications in 2017.

In this section, we portray individuals working on the frontline to deliver critical health services to Palestinians in challenging conditions. They discuss the difficulties they face in delivering health care, staying safe and even in accessing opportunities for training and professional development. All duty bearers should work to protect and to facilitate the work of humanitarian health workers and to promote the quality of health care for Palestinians, including through access to training and opportunities for professional development for health workers.



Dr Nibal: *“The work we do is very rewarding, not financially but emotionally. When I do my job it gives me satisfaction because I care about the people here. When I see that my patients are healthy and happy it makes me happy. We don’t just give patients a health service, we provide people with a chance to discuss the problems they face here in Masafer Yatta as well.”*

Dr Nibal works as part of a mobile clinic in Masafer Yatta, a collection of 14 communities in Area C in the South Hebron Hills designated as Firing Zone 918 by the Israeli military. Area C of the West Bank is under de facto Israeli civil and military control. The communities living here are threatened with dispossession, building demolitions and exposure to violence from military incursions and settlers. The clinic comprises Dr Nibal, a nurse and driver, providing primary health care services 8 to 10 times per week to these remote and vulnerable communities. The clinics are generally set up in a tent or an existing building in the communities. In December 2016, Israeli authorities confiscated the premises for one of the clinics led by Dr Nibal. Most communities the team visits do not have access to mains electricity, so the clinics depend on solar energy and fuel generators to function. Dr Nibal discusses her own hopes: “I would like to specialize in paediatrics. But even if I leave to do my specialty I will always come back to the mobile clinic, I love this work and the people here.”

“Most of our patients are children, women and elderly. We have a 4X4 vehicle to get to the different communities but it’s still not easy, especially in winter. We get stuck in the muddy roads. Imagine how difficult it is for people living here to access services! Most don’t even have cars. The communities are isolated and far from any towns.”





Raed: *“It’s not just a job, it’s a part of who I am now.”*

Raed joined the Palestinian Red Crescent Society in 2003 and has been working as an emergency aid worker ever since. Raed lives in Jenin and travels to PRCS ambulance centres across the West Bank. His journeys to and from work can take several hours, with unpredictable journey times depending on arbitrary waits at military checkpoints, which often shift location. Like many ambulance and emergency aid workers in the West Bank, Raed is confronted with the substantial risks of conflict. Raed has been attacked and verbally abused, and the teams he works with have been prevented from accessing injured patients in need of urgent treatment. He recounts a particularly dangerous episode after he just started working with the Palestinian Red Crescent Society:

“In 2003 during the Second Intifada, at 2am the emergency team in Jenin received a call. We reached the spot and found a body lying on the street. Before the team could reach the patient we were shot at. Then Israeli soldiers charged at us. We tried to explain that we were there to provide medical help to the wounded, but we had become a human shield.”

He and members of his team were then arrested and later released by soldiers while on duty, preventing them from reaching and treating critically injured patients in conflict.

“Working as an emergency practitioner and providing humanitarian aid in Palestine is not easy. We face so many obstacles in trying to reach the people who need our help and in trying to deliver our services.”

Mahmoud: *“I won’t lie by saying that such incidents don’t scare me or I don’t care for my life. I do fear for my life but at the same time I can’t think of doing any other work either. This is a part of my identity.”*

Mahmoud is a volunteer paramedic in Gaza for the Palestinian Red Crescent Society. At the same time as being a licensed driver delivering lifesaving first aid to patients he is in the process of completing his fourth year at Al Quds Open University studying health administration.

Emergency medical services in Gaza are vulnerable to health attacks. Health access was a critical issue during the conflict in the Gaza Strip in 2014. Ambulance staff were most affected by violence against health personnel in Gaza, with 40 ambulance staff injured and 13 paramedics killed. Beit Hanoun, on the north east edge of Gaza and close to the fence, has been particularly exposed to attacks.

On 21st July 2017 Mahmoud rushed to the site of protests close to the fence east of Jabalia with an ambulance team, about half a kilometre from Gaza’s north eastern border. While waiting to respond and assist in treating injuries from the protest the ambulance staff came under attack. Mahmoud suffered a broken nose, but after a week he returned to work assisting the injured.

“While I was observing the situation with other crew members, I suddenly noticed something black coming towards me and it immediately hit me in the face and nose, I fell down and blood ran out of my nose, I held my nose to stop the bleeding but I couldn’t move away from the scene. Tear gas was filling the place. My colleagues dragged me into the ambulance and drove me to the Indonesian Hospital. In the hospital, doctors stopped the bleeding, gave me pain relief and sent me for an x-ray where they found a small fracture in my nose. They released me to rest at home for a week. After one week I am back here trying to help.”



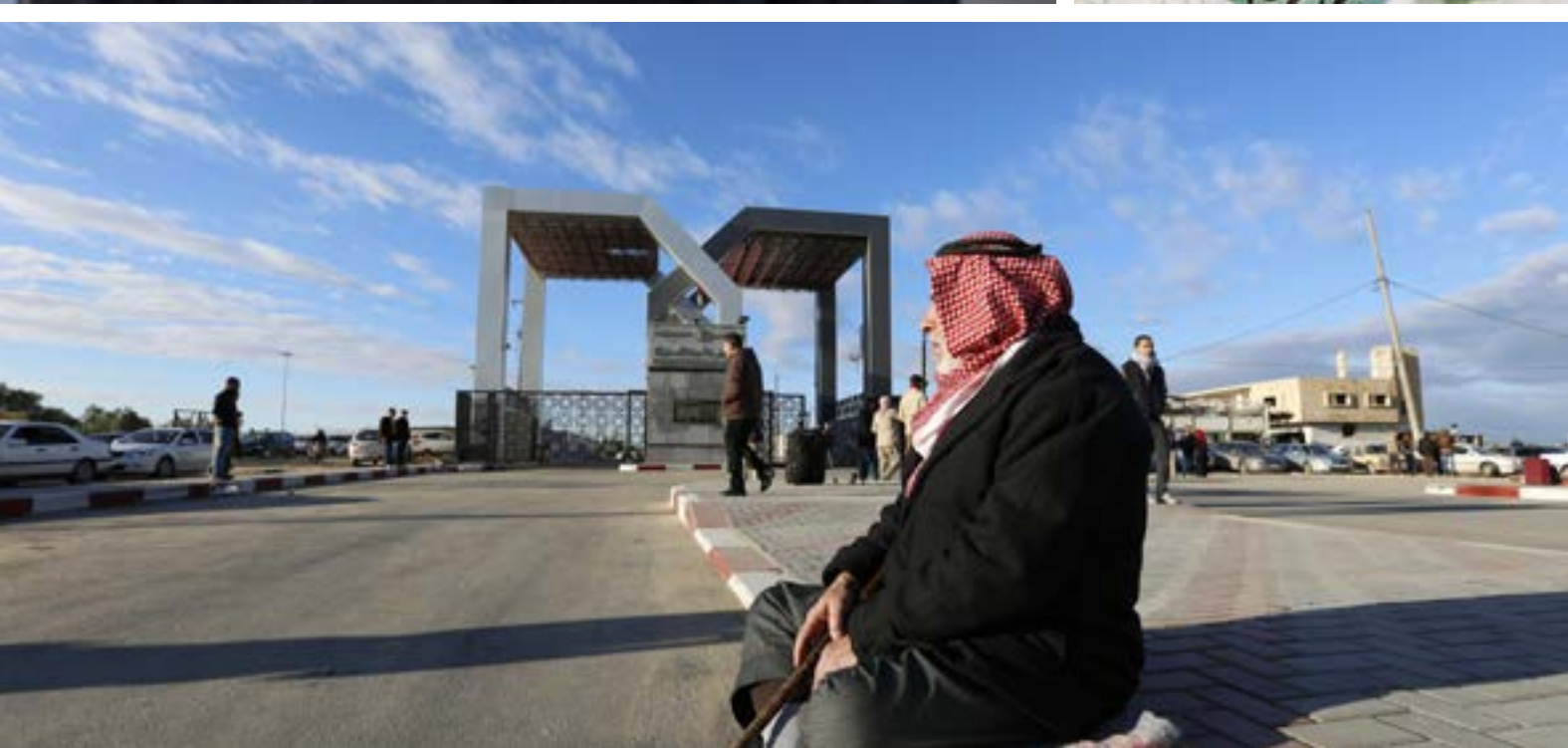
Hassan and Dr Khaled: *“This technology is so important for screening, diagnosing and treating cancers. Making endoscopy readily available to patients in Gaza reduces the stress and cost for patients of having to access care outside Gaza.”*

Dr Khaled, Head of Gastroenterology and Endoscopy at the European Hospital in Gaza, and Nurse Hassan, Head Nurse at the department, did not receive any response to their applications for security permits to exit Gaza to attend three to six months of training in their specialty at Rambam Hospital in Haifa. They decided to seek help from human rights organisations to appeal their case. After one month receiving no response to their permit applications, Physicians for Human Rights submitted new requests on their behalf. They were then informed that their applications for exit had been denied. Dr Khaled and Nurse Hassan missed the training opportunity and the chance to improve their clinical skills.

Hospital work in Gaza is difficult. Dr Khaled discusses the challenges: “The workload is high. The number of patients and number of procedures we have in these days are more than double compared to previous years. We work two days per week in the outpatient clinic and three days in the endoscopy department. We see at least 60 patients a day in outpatients and we perform about 20 procedures a day when we are in the endoscopy department. The waiting list becomes longer and longer. Patients can wait more than a year for non-urgent endoscopy appointments.”

“It’s not the first time that we missed an opportunity to have training outside Gaza. In the last year we lost three other such opportunities: two in the West Bank and one in Turkey. We receive no justification for why we are being prevented from attending these important trainings. We are health professionals and our work is to treat illness and to try to keep people healthy.”







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