PHYSICIANS FOR HUMAN RIGHTS ISRAEL

2016 ANNUAL REPORT
LETTER FROM CHAIRMAN PROF. NADAV DAVIDOVITCH

I have been a member of Physicians for Human Rights-Israel (PHRI) for the last 16 years. As an Israeli physician, I joined PHRI hoping to change the circumstances in which we all live. As a volunteer, I joined the open and mobile clinics supporting the task of providing care for people who were excluded from other forms of healthcare services. Meeting patients who were marginalized, such as Palestinians living under the Israeli occupation and undocumented migrants, I came to learn about the lives of the people I met and the political forces shaping those lives.

During these last 16 years, my understanding of the impact of the occupation on those subjected to it grew and deepened. Once I joined PHRI’s board, composed of Palestinian and Jewish-Israeli members, this learning process intensified, while PHRI’s mandate of ensuring the right to health extended to additional populations under Israel’s control. Throughout my time in PHRI, I witnessed numerous human rights violations that made me more aware of how the politics of health must be understood as an integral part of any conversation about health and medicine. What I saw as the moral imperative of opposing the occupation combined with the feeling that we, at PHRI, can make a difference in the lives of the people we serve by placing a mirror to the occupation and other health injustices have made it such that I never once regretted joining PHRI. Our clinical work, meticulous research and unique insights equip us with the ability to address the medical needs of the vulnerable and foster a public debate in Israeli society and beyond.

We have continued working in a challenging context, with the 49th year of the occupation proving to be a difficult one for our target populations. We witnessed a significant tightening of the freedom of movement for Palestinians and increased limitations put on Palestinians’ ability to leave Gaza. In addition, the continued increase in violence at the beginning of the year has led to attacks on Palestinian medical teams present during clashes. Meanwhile, the Israeli Supreme Court failed to halt the passing of the Force-Feeding law against a backdrop of continued Palestinian hunger strikes and the mistreatment of hunger-strikers. Inside Israel, asylum seekers were faced with a new legislative
onslaught to encourage their “voluntary” departure from Israel. At the same time, previously available health resources for status-less people dried up, including the closure of a hospital fund. Further, the Gesher clinic for mental health faced difficulties in taking on new patients. These changes were not isolated and occurred as part of the ongoing, government-led process of adopting hostile policies towards human-rights organisations which continued with the NGO Bill, further delegitimizing anti-occupation activists. The adoption of this policy was coupled with a string of attacks by right-wing NGOs.

In those harsh times, and as the only organisation focused on ensuring the right to health for all under Israel’s control, PHRI remains committed to challenging the status quo and promoting health rights. I ask you to join me in this endeavor, to provide timely humanitarian assistance, and engage in political activism, so that all can access what, in theory, seems so basic—the right to health.

2016 IN A NUTSHELL

14,733 patients treated in Gaza and the West Bank through the Mobile Clinic

1,200 medical professionals received training in Gaza

5,583 visits to our Open Clinic

8,524 hours contributed by volunteer doctors and nurses in the Open Clinic

164 Facebook posts, regularly reaching over 12,000 people each

25 petitions in Israeli courts

220 denials of exit permits challenged

6 reports published

24 lectures on human rights in medical, social work and nursing schools
PALESTINIANS IN THE OCCUPIED TERRITORY

The Palestinian medical system, divided into three territories controlled by Israel—the West Bank, Gaza Strip, and East Jerusalem—continued to face enormous challenges, especially in Gaza, where many treatments remain unavailable. In 2016, Israel dramatically increased security blocks on those exiting the Strip, with patients who need treatment facing movement restrictions and medical personnel unable to access up-to-date training.

In 2016, close to 15,000 patients received direct access to medical care via our Mobile Clinic in the West Bank and in Gaza. PHRI held four conferences in Gaza for approximately 1200 medical professionals, focusing on new developments in different fields such as cancer treatment, neurology and dialysis. Hands-on training was also provided to Gazan medical staff, who participated in complex hearing aids projects in the West Bank by Sheba Medical Center, Tel-Hashomer hospital, Physicians for Human Rights- Israel and Starkey Company (USA). Photo: Physicians for Human Rights- Israel
surgeries performed by PHRI volunteer physicians. In addition, PHRI held a medical conference in Tulkarem for 150 doctors and nurses. Selected media in these initiatives included a Channel 2 coverage on our West Bank mobile clinic, while Panet covered one of our women’s clinics to the village of Yabrud.

PHRI’s research, combined with local and international advocacy and media work, continued to challenge the permit regime, highlight the ongoing impact of the Gaza blockade and confront the impunity around attacks on healthcare teams. Through our publication Denied 2, PHRI drew attention to arbitrary security blocks, the growing difficulty in securing medical permits and the political instrumentalisation of freedom of movement. This publication is an analysis of the responses PHRI received when advocating for patient permits, critically highlighting that the overall permit approval rates by Israel dropped by a third. The report was distributed broadly and received coverage in local and international media, such as Almadar and Ha’aretz.

A.H, who resides in Jabalia refugee camp in the Gaza Strip, was diagnosed with breast cancer in 2016. Since there is no radiotherapy treatment available in Gaza, she filed a request for an entry permit independently to receive treatment in East Jerusalem. The request was ignored, and she missed the date for her hospital appointment in September. PHRI received her case and sent an urgent letter to the Israel’s Civil Administration in October. Shortly after, her request was approved and A.H. was able to travel to East Jerusalem for treatment.

PHRI also tackled the freedom of movement of women specifically, focusing on breast cancer patients, in a joint publication with London-based NGO Medical Aid for Palestinians. The deteriorated state of the healthcare system in Gaza and deficient treatment of patients, largely a result of Israel’s siege, was brought to light in PHRI’s report Amputees, which was presented in four conferences throughout Israel. PHRI also focused on the protection of medical staff through the filing of 11 complaints on attacks on medical personnel with the Ministry of Defense, the Police Investigations Unit and the Military Police Investigations Unit.

PHRI’s work led to a concrete improvement for Palestine Red Crescent Society (PRCS) ambulances, which faced frequent delays when trying to enter West Jerusalem hospitals. Following a series of letters and appeals, PHRI succeeded to create a policy change by the Israeli Ministry of Health. The latter made public a list of permitted PRCS ambulance personnel who had pre-approval to enter these hospitals. This facilitated the transfer of patients from East Jerusalem, dramatically reducing waiting times.
Ongoing meetings and briefings were held with local diplomats and international stakeholders to present our research findings, while four submissions were filed with UN bodies. PHRI also contributed a chapter on the protection of medical teams to the third report of the Safeguarding Health in Conflict Coalition, *No Protection No Respect*.

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Z.A. is a 58-year-old woman from Gaza who has been residing in Israel for the past 30 years. Z.A. suffered from abuse at home and had to leave Gaza since her life was in danger. She has no legal status in Israel and therefore no insurance to cover her medical treatment. She currently resides in a homeless shelter in Tel Aviv and has been treated in PHRI’s Open Clinic since 2015. In 2016, Z.A. was diagnosed with two cancer tumors and in August was informed that she needed to go through two urgent operations. PHRI coordinated with Augusta Victoria Hospital and assisted her in raising the funds for the surgeries. She was hospitalized shortly after, and the surgeries were performed successfully.

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**KEY FIGURES**

- **1,200** doctors in Gaza trained in latest surgical techniques
- **20** analysis & updates sent to stakeholders
- **14,733** patients benefited from direct medical treatment
The threat of force-feeding and force-treatment of Palestinian hunger strikers—which can be tantamount to torture—remained high for the numerous detainees who launched hunger strikes in 2016. Indeed, in September, the Supreme Court rejected the appeal of PHRI and other human rights organisations to strike down the Force-Feeding law. Despite the disappointing ruling, PHRI’s long history of work together with the Israeli Medical Association to oppose the law led its head, Dr. Leonid Eidelman, to call for the medical community in Israel to disregard the Supreme Court’s ruling as contrary to medical ethics.

We focused our efforts on preventing the implementation of the controversial law through campaigns targeted at the medical community, advocacy in Israel and abroad and litigation. Partly as a result of our awareness-raising efforts
among local and international stakeholders, none of the hunger strikers were force-fed.

We also combatted ill-treatment of hunger strikers, such as the denial of independent doctors’ visits and shackling practices—all of which are aimed at breaking the striker—through numerous petitions to the District and Supreme courts.

Our outreach efforts resulted in the cases receiving continuous local and international media attention (Albawaba, +972, JTA, Wattan T.V, Forward, and Mekomit.) We ensured that a clear understanding of the Force-Feeding law and the ethical, medical, and political issues around it as well as the current mechanisms used by the Israeli Prison Service were highlighted through our report Hunger for Justice.

Ill-treatment and torture of prisoners in Israel were also highlighted in our Politics of Punishment report, which brought to light the involvement of the medical community in solitary confinement practices and the heavy toll such isolation takes among those suffering from mental health issues. The conclusions of our report were later published in thinkprogress as well as in electronicintifada, MEMO, and MediaReview˚Net.

International advocacy efforts were ramped up to provide timely scrutiny on all these topics. Numerous meetings were held with relevant figures in the local missions, UN bodies and representatives of the EU. Following our submission to the UN Committee Against Torture (UNCAT) and our participation in Israel’s review session, the UNCAT’s concluding observations included strong language focusing on hunger strikers, solitary confinement, the right to independent medical examinations for persons deprived of liberty and the failure of doctors to report on injuries indicative of abuse. The World Health Assembly also voted in the first resolution on Palestinians in Israeli Prisons

In June 2016, A.N. was involved in a car accident. He was arrested and taken to Yuseftal Hospital in Eilat. After being treated, he was released back into police custody. Several hours later, he was returned to the hospital with new bruises and injuries that were not present during his first medical exam such as hematoma around his right eye, bruises on his back, and burn marks on his chest. The doctor, who treated him, documented the injuries and contacted PHRI. We reached out to his son and turned to the Public Defense office to obtain a legal aid council who was made aware of the situation. We also turned to the Police Investigation Affairs Unit (PIAU) and the Attorney General of Israel, underlining that the patient should not be transferred back to the policemen who abused him but to another police department, while opening an investigation regarding the abuse. The story was published in the local news. PIAU opened an investigation and the case was transferred to the State Attorney.
and published its conclusions on the right to health of Palestinians, drawing on materials and interviews provided by PHRI. In tandem with international NGOs such as Plateforme Palestine in France and in notable resource centers such as the Harvard Center for Health and Human Rights, we were able to give further exposure to these topics.

**KEY FIGURES**

- **415** prisoners & detainees assisted in receiving medical treatment
- **7** petitions in Courts to guarantee rights of hunger strikers
- **30,000** Israelis exposed to torture practices by social media campaigns
- **100+** letters sent by activists to members of the French Parliament
ASYLUM SEEKERS & OTHER STATUS-LESS PEOPLE

Asylum seekers, who are largely unable to access medical care, were subjected to a host of legislation and initiatives aimed at encouraging their departure from Israel. This included the new amendment to the Anti-Infiltration Act, the so-called “deposit law”. This law, effective May 2017, mandates the withholding of 20% of the salary of asylum seekers until their departure date, a move that will deliver a severe blow to the community as a whole. These measures are combined with a narrowing of medical options available to asylum seekers: Ichilov Hospital announced that it would no longer provide dedicated funds for asylum seekers, leaving many patients needing to find additional resources for medical examinations or treatments. Meanwhile, the Gesher Clinic, which
provides much-needed mental health services free of charge, also announced it could no longer accept new cases.

The Open Clinic, met these increased needs, welcomed over 5,500 patient visits, including hundreds of new patients, who sought treatment and advice in various specialist fields from our volunteer doctors and nurses. Our volunteer training was upgraded to ensure the Clinic’s personnel are better prepared for the range of problems facing patients. We also built a relationship with two universities to ensure an influx of medical students that can participate in the Clinic’s activities.

Based on our hands-on knowledge of the health situation for asylum seekers, our advocacy work focused on ensuring that the health needs of status-less persons are met through the extension of national health insurance to asylum seekers. This strategy included awareness-raising through submissions to the Ministry of Health of individual cases whose treatment requirements could not be met by our Clinic, as well as meetings with the State Comptroller Committee and with the most relevant Knesset committees: Labor, Welfare and Health.

One outright result of our advocacy was a clear attitude shift on the part of the relevant bodies. PHRI was therefore able to promote three joint discussions in these committees, which resulted in a public commitment by a senior Ministry of Health official to explore policy change, including a public health insurance plan for asylum seekers. This was the first time such an intention was publicly pronounced in Knesset. Meanwhile, we continued to advocate for improvements to health-insurance policies for status-less children through exemptions and reductions for low-income families.

PHRI’s initiatives to ensure a public mechanism for the identification and rehabilitation of those who suffered torture in Sinai received additional recognition with the publication of two new reports. *Sinai Torture Victims*

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In August 2016, D.M, an asylum seeker from Eritrea suffering from brain damage caused by severe head trauma, was summoned to Holot Detention Center. Following PHRI’s repeated interventions, we managed to deliver his medical documents to a Ministry of Health representative who declared that despite his condition there was no medical reason preventing him from staying in Holot. PHRI then lobbied the Ministry of Interior, submitting an urgent second medical opinion following a neurological exam by a PHRI volunteer doctor. After two weeks, we were informed that in accordance with the medical opinion, it was decided that D.M would not be summoned to Holot.
Speak highlighted the victims’ voices, while Not Passive Victims, published in collaboration with Haifa University, focused on data stemming from our research on the psychological conditions of these torture survivors.

Following our continued engagement of the Ministry of Justice, an inter-ministerial committee which included the Ministries of Health, Interior, Justice and Welfare was held to discuss potential state assistance for these torture victims. One option PHRI put forward was the adoption of a “pilot program” for establishing identification and rehabilitation procedures. PHRI, together with other human rights organisations, sent a list of nearly 100 torture victims to the committee, which promised to provide individual solutions for their various medical, mental and psycho-social needs. This ad-hoc measure marks an important step in our overall strategy of ensuring progress towards rehabilitative mechanisms. These internal advocacy initiatives were coupled with international endeavors at the UN level, which resulted in the UN Committee against Torture recommending that Israel makes available holistic rehabilitation services, an important milestone for this community.

### KEY FIGURES

- **5,583** patient visits visits to the Open Clinic
- **670** new beneficiaries receiving medical care
- **1,716** volunteer shifts carried out
- **2,799** referrals to further care
- **35** medical cases submitted to the Ministry of Health
Israel continued to see ongoing gaps in health provision between services offered in the center and in the peripheral areas. PHRI worked towards challenging policies that it sees as breeding health disparities and inequalities.

Our efforts focused on the mental health reform with the goal of creating a public system that meets the needs of all its patients. To this end, our report, *Abandoned by All*, sheds light on dire state of emergency mental health services in the South of the country, which is most affected by rocket fire from Gaza. The report was presented in four conferences around Israel and in Knesset debates. PHRI, together with its South Forum partners and the Center for Social Rights, an NGO based in Sderot, managed to ensure that the city’s only mental health clinic hired a new manager and therapist, which was achieved after a lengthy period where the clinic had barely any staff in an area with significant mental health needs.

“Stop the segregation in maternity wards”
PHRI and Zazim billboard in front of Meir hospital in Kfar Saba. Photo: Zazim
As one of the ways to address health disparities, PHRI focused on the issue of complementary insurance, in particular with regards to oncological treatment. The Ministry of Health wanted to condition the access to life-extending drugs only to those who have subscribed to such an insurance, i.e. 75% of the population. This would mean that 25% would have been left out of an arrangement which stigmatizes those with less financial means. PHRI aired its concerns through several meetings with the Ministry of Health, Heads of the HMOs and Knesset members, and distributed a position paper, while simultaneously launching a successful media campaign. These meetings contributed to raising awareness of the problematic nature of complementary insurance and clearly contributed to the Ministry of Health’s decision to cancel the plan. In a meaningful step for underprivileged populations in Israel, these drugs will remain part of the basic public health basket of medical services.

Together with a variety of partners, including Al-Jiq, a Bedouin organisation, the Arab Medical Association in the Negev and the Beer Sheva municipality, PHRI launched a course that provided practical tools for policy change and in-depth information on social gaps in Israel in general and in its health system in particular. Thirty social activists and healthcare practitioners—a representative cross-section of the Negev’s diverse population—enrolled in the course. Lectures and tours were provided by experts in different areas: Ministry of Health officials, lecturers on legal medicine, physicians working in the south’s hospitals and in Bedouin settlements, PHRI volunteer physicians, and public health policy experts.

At the end of the course, participants designed practical projects to address healthcare gaps that will be implemented throughout 2017. One of them includes a campaign to increase the investment of local authorities in the scope of medical services provided in Bedouin villages. Another project aims to hold the government accountable for its promise to increase the number of beds in the Negev-based Soroka Medical Center. Such projects constitute a significant step towards inhabitants’ involvement in improving the healthcare system of their area of residence.

**KEY FIGURES**

30 practitioners spent 30 hours acquiring tools to change health policy

11 Knesset meetings held to lobby for improved health policy
PHRI challenged discriminatory practices based on race, religion, civil status, geographical location, and ethnicity—all worrying trends that have developed into a culture of exclusion that compromises the integrity of health professionals. This issue is directly related to the penetration of the mentality and mechanisms of the occupation into the mainstream, daily Israeli life, with disturbing moral and ethical implications for Israeli society as a whole.

In April, we published *Racism in Medicine: The Politics of Segregation in Health*, which exposed the harm caused to various minorities in Israel with the complicity of the medical community. The report showed how Yemenite, Mizrahi, and Ethiopian Jews, among others, suffered from systemic discrimination and pointed at the covert segregation taking place between Jews and non-Jews in hospital maternity wards. Shortly after the segregation...
story was widely exposed in the media, it fueled a significant public debate. This came particularly important after public comments by Knesset Speaker Bezalel Smotric, who condoned such a separation between Jews and Arabs in maternity wards. PHRI launched a campaign in cooperation with grassroots organisation Zazim, putting up billboards in front of major hospitals and demanding that their directors put a halt to such a discriminatory practice. As a result of our campaign, the 2016 State Comptroller’s report, published in May 2017, cited PHRI and confirmed that “segregation in maternity wards that is not based on medical considerations is in violation of the principle of equality.”

To raise awareness within the medical system of these ongoing trends, PHRI continued with its teaching sessions, reaching out to 600 medicine, nursing and welfare students, as well as hospital personnel. We conducted 24 sessions aimed at demonstrating the link between medicine and ethics, explaining the challenges of our target communities, and providing information on what resources are available to support patients’ needs and rights.
PARTNERS

In addition to the hundreds of individual donors in Israel and abroad, PHRI thanks the following organisations and foundations for their generous support:

- **UNDP**
- **Brot für die Welt**
- **HILTI Foundation**

**SIGRID RAUSING TRUST**

- The Sigrid Rausing Trust
- Human Rights & International Humanitarian Law Secretariat
- UNHCR | The UN Refugee Agency

**Diakonia**

- Diakonia
- HEKS EPER
- The Royal Norwegian Embassy

**Christian Aid**

- Christian Aid
- Secours Catholique (Caritas France)
- The Samuel Sebba Charitable Trust

**MEDICI PER I DIRITTI (MEDU)**

- Medico International E.V
- The Tel Aviv Municipality
- The New Israel Fund
- British Shalom Salaam Trust

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