



HUMAN RIGHTS  
ישראל ישראלית ISRAEL

PHYSICIANS FOR  
רופאים אֲطֵבָא  
לְזִכוּיּוֹת אָדָם לְחֻקּוֹת הָאִינְסָנָה

# POSITION PAPER

## FORCED SEPARATION

How Israel's Permit Regime Separates Children  
undergoing Medical Treatment from their Parents

November 2019

[www.phr.org.il](http://www.phr.org.il)

# 1. Background

Children from the Gaza Strip who are referred for medical treatment in hospitals outside it, whether for tests, in-patient care or surgery, need to be accompanied by an adult. The adult - usually a parent - is required to obtain an Israeli transit permit to exit the Strip through the Erez Crossing and reach the West Bank, East Jerusalem, Israel or another country. Therefore, the exit of children from the Gaza Strip for the purpose of receiving critical and even urgent medical treatment depends on Israel's permit regime. Denying parents' applications for accompanier permits and preventing them from being at their children's side during medical treatments is one of the many injurious practices that are part of the permit regime. This report concerns children who have received permits and their parents' ability to accompany them for treatment. However, it is important to note that there are cases in which permits requested for the minors themselves are not approved and the minors cannot travel to receive medical treatment.

Information obtained by Physicians for Human Right Israel (hereinafter: PHRI) from the Coordinator of Government Activities in the Territories (COGAT)<sup>1</sup> indicates that between February and September 2018, only about 44% of the applications for permits submitted by parents of children who had been referred for medical treatment outside the Gaza Strip were approved. From October 2018 to July 2019, a timespan over which COGAT claims there had been an increase in the number of permits issued to accompanying parents, the rate of approvals was just 79%.<sup>2</sup> The data indicates that in 2018, from February through September, only 1,859 permits were issued to accompanying parents, compared to 4,581 permits to minors. In 2019, 4,165

<sup>1</sup> In response to a Freedom of Information application submitted by PHRI in October 2018. See: [Link to response to Freedom of Information Application 2018](#) (Hebrew)

<sup>2</sup> See: [Link to response to Freedom of Information Application 2019](#) (Hebrew)

permits were issued to accompanying parents compared to 5,289 permits to minors.

The procedure for receiving a permit to accompany a child involves a security check by the Erez Crossing authorities. Because security checks may take a long time, and, as aforesaid, could result in the application's denial, children's access to treatment or surgery is sometimes delayed for many months, or eventually even completely denied. Consequently, a practice has emerged of parents who do not receive an exit permit from Gaza sending their children to remote hospitals accompanied by other relatives, or – in the absence of another option – by a stranger.

## **2. Children traveling for treatment with an accompanying person who is not their parent**

Beginning in 2017, PHRI began receiving more and more requests from parents from the Gaza Strip whose applications to accompany children to medical treatments had been denied or left unanswered for a long time. Many of the parents reported being told for months that their applications required an additional security check – a significant departure from the directives of the Gaza District Coordination Office (DCO) that permit application response times should not exceed 23 days.<sup>3</sup> Some parents reported receiving responses alternating between denial and under review, whereas at other times, they received no response at all.

In August 2018, PHRI was contacted by A.M., a Gaza resident and mother of a 12-month-old baby who had been hospitalized in Al-Makassed Hospital in East Jerusalem. The baby, M., was suffering from an intestinal condition and was first admitted to Al-Makassed in March 2018, when he was seven months old. He remained there

---

<sup>3</sup> A [Gaza DCO Procedure](#) which entered into effect in October 2017 stipulates that a decision in a permit request will be received within no more than 23 days.

for 14 days, during which he underwent bowel resection surgery - all of this without his mother. The mother's applications to accompany her son during the complex treatment had been denied by the Israeli authorities, and she eventually had to send him to Jerusalem with his grandmother to avoid delaying the surgery. As stated, in August, after the surgery, the mother contacted PHRI, as she wished to accompany her son for further treatment in Al-Makassed Hospital. She had been told for months that her application was "under review", and in some cases, that she was "banned for security reasons". Because of this, the child once again traveled with his grandmother. This time, he stayed in the hospital with her for more than two months. When A.M. contacted PHRI, she said the grandmother had to return to her home in Gaza due to her own health problems, leaving baby M. in the hospital without anyone accompanying him. It was only several days after and thanks to PHRI's intervention that A.M. received a permit and joined her son.

Regrettably, parents are often forced to make the difficult decision to send their children outside the Strip with individuals who are not immediate family, whose permit applications had been approved, or - in the absence of another option - with complete strangers, who for different reasons (such as old age) are exempt from security screening, or whose screening takes less time. Parents often tell PHRI that they hope their permit application gets approved while the child is in hospital so they can join them, or that they plan to re-apply in the hope of receiving a different, positive response. This, however, is a lengthy process that usually does not bear fruit. The case of K.N., a three-year-old boy with leukemia, is one such example. Over the course of April and May of 2019, the preschooler spent 43 days in Al-Najah Hospital in Nablus for chemotherapy, without a parent. The boy's 27-year-old mother submitted several applications to exit Gaza to accompany her son

during the month of April, all of which were denied. To prevent the child from missing their scheduled urgent treatment, a permit application was submitted for his grandmother. After the child and his grandmother left, the mother's application to take the place of the grandmother - herself an elderly woman whose health is frail- received no response.

Since the procedure for receiving an exit permit from the Gaza Strip is known to be long, arduous<sup>4</sup> and often fruitless, many parents forgo filing an application to begin with and choose to file one for a relative (often a grandparent), instead. A grandparent is more likely to receive a permit faster, which will expedite the child's access to medical treatment. The reality of parents facing a dilemma between two bad options and being forced to make a decision which will be detrimental to their child's mental state and the parent-child bond - is a manifestation of the profoundly devastating implications of the permit regime for Palestinian society in general, and in the Gaza Strip in particular.

The children who are hospitalized far from home, sometimes for long periods of time, are therefore forced to cope not only with their medical condition and the difficulties associated with the treatment, but also with the separation from their parents, which is a traumatic experience in its own right. Parents of young children who requested PHRI's assistance with obtaining a permit to accompany their children for medical treatment - after the children had been accompanied in the past by another person - said that the surrogate accompanying person reported the child had repeatedly requested to see their parents, and refused to eat and communicate with the people around them during their stay in the hospital. These reactions occurred even when the children were accompanied by family members; let alone when they were accompanied by strangers.

---

<sup>4</sup> Mahmoud Abu Arisha, [Denied](#), Physicians for Human Rights, 2015; Ghassan Mattar, [Denied 2](#), Physicians for Human Rights, 2016.

Some of the parents who contacted PHRI refused to send their children for treatment with other family members, particularly in cases involving nursing babies. This, for instance, was the case of M.N., 37, mother of L., a 15-month-old girl who had been suffering from heart problems since birth. In July 2017, the baby was referred to Sheba-Tel-Hashomer Hospital to prepare for surgery, but her mother's application to accompany her was not approved by the military on the grounds that an additional security check was required. It took five months, and PHRI's intervention for M.N. to finally receive an exit permit from Gaza and be by her daughter's side during the procedure.

### **3. The importance of parental presence during children's medical treatment**

Parental presence during a child's medical treatment is vital both for the outcomes of the treatment itself and for the child's psychosocial state. The presence, company, mental support, attention and care provided by a parent as a child copes with illness are of great importance. Settling for less when it comes to parental accompaniment compromises the child's recovery prospects and violates their right to health.

Research has shown that parent-child separation jeopardizes child development and bonding; creates a sense of fear, insecurity and lack of protection, as well as distress and helplessness which may lead to trauma.<sup>5</sup>

In his opinion, Oren Lahak<sup>6</sup>, an expert on medical psychology and a PHRI volunteer, emphasizes that parents are the child's main resource, particularly in the case of babies and young children. Children's

---

<sup>5</sup> Wood, L. C. (2018). Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Paediatrics Open*, 2(1)

<sup>6</sup> Oren Lahak's full opinion is attached as an appendix to this position paper.

internal resources have yet to mature and they lack soothing and comforting functions, making it essential for parents to fulfill these functions. The expert opinion also points out that numerous studies supports making parental involvement integral to the treatment of sick children, and that children coping with health care systems without parental accompaniment are at risk of developing depression and anxiety.

Lahak writes in his opinion:

Children facing chronic disease or injury who, as a result, need to undergo a medical procedure in a hospital, involving hospitalization, rehabilitation and a change of the familiar setting, need their parents as caregivers to maintain their familiar routine to the extent possible, thus preventing the possible development of psychopathology as a result of their absence and improving (mental and physical) recuperation and return to normal life.

Studies on the issue show that separating a baby or a child from their parents may cause "separation anxiety", defined in the American Diagnostic and Statistical Manual of Mental Disorders (DSM4) as "excessive anxiety concerning separation from home or from those to whom the individual is attached".<sup>7</sup> This anxiety involves physical symptoms including headaches, abdominal pain, nausea, vomiting, palpitations and chest pain. In addition, research points at behavioral symptoms including increased dependence, crying and complaining upon separation, impaired development, constant anxiety over the possible loss of a loved one or anticipation of harm or some bad event, incessant nightmares, reluctance and opposition to going to school or any other place, and

---

<sup>7</sup> American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders 4th edition, text revision. Washington, DC: American Psychiatric Association; see also, Figueroa, A., Soutullo, C., Ono, Y., & Saito, K. (2012). Separation anxiety. IACAPAP e-textbook of child and adolescent mental health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions

persistent refusal to go to bed without the person the child has developed great dependence on. "Separation anxiety" characterized by symptoms of anxiety and rage turns, at a later stage, into indifference and despair.

Israel's health care system recognizes the importance of parental presence during children's medical treatment. One example demonstrating this recognition is the monitoring of parental visits in neonatal intensive care units (NICU): care staff in NICUs and nurseries encourage parents to visit the babies as much as possible and put them on their bodies, to strengthen them and help their development. In addition, hospital social workers are tasked with regular monitoring of parental presence during child treatment.

The UN Committee on Economic, Social and Cultural Rights has also stressed the need for parents to be by their children's side during medical treatment and expressed concern over the large number of children from the Gaza Strip who undergo critical medical treatments without parental presence. The committee demanded that Israel ensure that all children referred for treatment outside the Gaza Strip are able to access such treatment in a timely manner and accompanied by at least one parent.<sup>8</sup>

## 4. Figures

**COGAT figures:** as mentioned, figures provided to PHRI indicate that between February and September of 2018, in 56% of the cases, children who had been referred for treatment outside the Strip traveled without parental accompaniment. The number dropped to 21%, in the period spanning from October 2018 to July 2019. From February to October 2018, the average monthly number of permits granted to minors for medical treatment outside the Gaza Strip amounted to 486.25. At the same time, the number

<sup>8</sup> See: [Concluding observations on the fourth periodic report of Israel](#).



of permits granted to accompanying parents in the same period amounted to an average of 215 per month.<sup>9</sup> In other words, in the absence of additional information it can be said that only 44% of the permit applications submitted by the parents of minor children referred for medical treatment outside the Gaza Strip were approved. On the other hand, according to figures provided by COGAT for the period spanning from October 2018 to July 2019, the average number of monthly permits issued for Gaza Strip minors amounted to 536.4, while the number of permits granted to accompanying persons amounted to 420.6.<sup>10</sup> This means hundreds of cases of children traveling for medical treatment without at least one parent every month. The increase in the number of permits enabling parents to accompany their children is likely the result of the introduction of a new type of permit specifically for accompanying parents, which is processed faster (see page 13).

**Requests to PHRI:** In 2017, PHRI processed roughly 25 requests from parents whose applications to accompany children for medical treatment outside the Gaza Strip had been denied. PHRI processed 22 such requests in 2018. In 2019, at the time of writing (October 2019), PHRI had processed 32 requests from accompanying parents. It appears, therefore, that the overall increase in the rate of permits granted to accompanying parents over the last year is mirrored by an increase in the number of requests made to PHRI due to difficulties obtaining permits to exit Gaza in order to accompany children. At this stage it is unclear whether this trend is the result of an increase in the number of denied accompanying

---

<sup>9</sup> See: [Link to response to Freedom of Information Application 2018](#) (Hebrew). It should be noted that the rate of permits granted to parents in February 2018 was very low (approx. 11%), compared to 51% in the remaining months. The reason for this may be found in the fact that parental accompaniment applications began being distinguished from other accompaniment applications only as of February and therefore there was no record accompaniment applications that were not marked as parental.

<sup>10</sup> See: [Link to response to Freedom of Information Application 2019](#) (Hebrew).

parent applications (it is possible, for instance, that more applications were officially denied instead of having been delayed for lengthy examinations, as was done in the past) – or another factor, such as an increase in the absolute number of accompanying parent applications submitted to the DCO or increased exposure to the work of PHRI.

The medical needs for which children had been referred for treatment outside the Gaza Strip in the cases in which we were requested to assist varied – from diagnostic tests, through surgery, to life-saving treatment such as chemotherapy. The children's ages ranged from seven months to 18 years.

A review of the requests submitted to PHRI exposes again the arbitrary nature of Israel's permit regime, which we have highlighted often in the past:<sup>11</sup> on more than one occasion, parents' applications for Gaza accompanier permits which were initially denied were then approved after PHRI' intervened and after public, media or legal pressure.

**Hospital figures:** Palestinian hospitals in East Jerusalem, where many patients from the West Bank and Gaza Strip are referred when the treatment they need is unavailable to them locally, are often forced to deal with the consequences of parent-child separation during treatment. Al-Makassed Hospital reported that during 2018 and up to May 2019, it treated 56 infants and children who had no parental accompaniment during all or some of their hospital stay.<sup>12</sup> Augusta Victoria, the hospital that provides most of the oncological care for patients from Gaza, reported a similar situation, saying only a small number of children arrived for treatment with their mothers in 2018.

Most of the children whose parents did not receive a

---

<sup>11</sup> Mahmoud Abu Arisha, [Denied](#), Physicians for Human Rights, 2015; Ghassan Mattar, [Denied 2](#), Physicians for Human Rights, 2016.

<sup>12</sup> Information given to PHRI staff member in a telephone conversation with Dr. Hatem Hamash, Head of Pediatrics, Al-Makassed Hospital, July 16, 2019.

permit to accompany them from the Israeli authorities arrive with more distant or older relatives - mainly grandparents - who are not able to care for them in practice. At times, due to fatigue or illness, the older accompanying persons must leave the children and return to the Strip to receive medical treatment themselves. In either case, the result is that hospital medical staff find themselves filling the role of the accompanying persons, staying after-hours to care for the children and ensure that they are not left alone. This adds to the difficulties and heavy workload medical staff are already faced with.

Ibtissam Gharib, head nurse at the Al-Makassed Hospital pediatric intensive care unit<sup>13</sup>, told PHRI that children arriving from Gaza without accompanying parents react differently to treatment, compared to children arriving with their parents (for instance, children from the West Bank). Gharib said children who have parental accompaniment react faster to treatment and have stronger vital signs. She also highlighted situations that are ancillary to parent-child separation during treatment, including sudden separation of nursing babies from their mothers, which has serious psychological implications and prolongs treatment.

## **5. Other responsible bodies: the Palestinian Civil Affairs Committee and Palestinian Hospitals**

Although Israel bears the brunt of the responsibility for parent-child separation during medical treatment, it is also important to mention the role Palestinian institutions play in this as well. The Palestinian Civil Affairs Committee in Gaza - the official body that

---

<sup>13</sup> Conversation between PHRI staff member and Ibtissam Gharib, Head Nurse, Pediatric Intensive Care Unit, Al-Makassed Hospital, September 24, 2018.

receives permit applications from Gaza residents and transfers them to the Erez DCO - has influence over the permit regime. For example, the Committee sometimes adjusts its work to directives from the Israeli side and recommends parents avoid submitting applications for permits to accompany their children in the first place since they are unlikely to be approved, and instead, submit applications for the grandparents. This effectively blocks any possibility for the parents to accompany their children. In other cases, the Committee delays submitting parental accompaniment applications once the child is already in hospital in the West Bank or in Israel - since it deems them unlikely to be approved, and therefore futile. In this, instead of fighting Israeli policy and protecting the rights of the Palestinian residents, the Civil Affairs Committee tends to toe the line with the procedures of the Israeli security forces, acting as a sub-contractor that carries out their policy.

Hospitals do not always help accompanying parents. Often, when a Palestinian child arrives at an Israeli hospital with an adult who is not a parent - whether this person is another relative or a stranger - the hospital does not press the Israeli authorities to allow the parents in as well. It seems that there is some sort of alarming internalization, among the medical personnel too, that security needs outweigh medical considerations. The readiness displayed by medical staff to adjust and lower their demands when dealing with the security establishment effectively leads to completely different treatment standards being applied according to population type. In this reality not only are patients' rights violated and their health compromised, but so are medical ethics.

An issue mainly affecting Palestinian hospitals in East Jerusalem is that in many cases, the hospital has no accommodations to offer accompanying persons during

their stay with the children. Medical teams are helpless since they cannot permanently house the parents in the hospitals themselves - and in the absence of any other choice, they signal to the parents that they will not be able to stay with their children throughout the medical treatment.

## 6. COGAT's new policy:

In response to a Freedom of Information application submitted by PHRI, COGAT stated that as of February 11, 2018, a new type of permit was available, entitled an "accompanying parent permit", and that such applications were prioritized and expedited.<sup>14</sup> This policy may have been adopted as a result of the continuing pressure exerted by PHRI, either directly or through the media<sup>15</sup>, on the Israeli authorities on this issue, including repeated communications to the Gaza DCO and COGAT in which we emphasized the importance of parental presence during children's medical treatment.

As specified above (see page 8-9), the new permit type seems to have resulted in some increase in the rate of permits issued for accompanying parents from Gaza - from 44% to 60% throughout the period reviewed by PHRI. However, requests received by PHRI do indicate that this new policy is not being fully implemented, and that in any event, it fails to result in a significant change on the ground. For instance, in May 2019, we contacted the Gaza DCO and COGAT demanding immediately approval for travel by four women - three mothers and one grandmother - as accompanying persons to children who had been referred for medical treatment outside the Strip. In our request, which was submitted after the children were

---

<sup>14</sup> [Link to response to Freedom of Information Application 2018](#) (Hebrew).

<sup>15</sup> [Report](#) (Hebrew) on Channel 13 news regarding a baby from Gaza who had been hospitalized for four months without his mother in Al-Makassed Hospital in East Jerusalem.

denied treatment because their parents were denied Gaza exit permits, we explained the importance of parental presence and the psychological implications for a child leaving for treatment without an accompanying parent. Since then, although our request remained unanswered, the three mothers received exit permits from Gaza. The grandmother's application was not approved, and her granddaughter did not travel for treatment.

## 7. Conclusion and demands

The figures provided by COGAT indicate that even today, after the introduction of a new permit designed to facilitate exit from Gaza by parents accompanying children traveling for medical treatment, many parents still experience difficulties receiving permits from the Israeli authorities in a timely manner. Consequently, from February to September 2018, in 56% of the cases, children who had been referred for treatment outside the Strip traveled without an accompanying parent. From October 2018 to July 2019, the rate of unaccompanied children was 21% (depending on the period and on the DCO's policy).

Studies have found that parental presence during children's medical treatment significantly improves their response to the treatment and their chances of recovery. Parent-child separation during treatment violates the right to health and the rights of the child enshrined in international conventions and contradicts clear medical recommendations by leading international health organizations and the recommendation of the UN Committee on Economic, Social and Cultural Rights. Said separation, with its long-term physical and psychological effects, serves as another, particularly cruel, example of the profound ramifications of Israel's siege on Gaza - which has been going on for over a decade - and of the arbitrary permit regime imposed on Palestinians in the Gaza Strip.

Given the professional knowledge available in Israel regarding the importance of parental presence during children's medical treatment, and given COGAT's official recognition of the importance of parental accompaniment - as reflected in the new procedure established in that matter - the figures on the number of children traveling for medical treatment without their parents are incomprehensible. These figures point to a policy that systematically and continuously violates the right to health of children from the Gaza Strip and their chances of recovery.

So that no child has to go through medical tests or treatments without their parents, all parties involved must put this issue at the top of their agenda: the Palestinian Civil Affairs Committee must work to have parents accompany children receiving medical treatment regardless of Israeli directives. Hospitals should adamantly insist parents be permitted to accompany their children and find accommodation solutions near the hospitals for parents while their child is in treatment.

Above all - the State of Israel must lift the blockade from the Gaza Strip and stop imposing restrictions on the lives of its residents, including restrictions that jeopardize their health and violate their right to medical care. Israel must ensure that all children referred for treatment outside the Strip are able to access it in a timely manner and accompanied by at least one parent. In addition, in a health care system that hails the contribution the parental connection makes to children's recovery and wellbeing during hospitalization and medical treatment, voices should be raised within the medical community in Israel in alarm over the almost blind acceptance of the absence of this connection in the case of Palestinian families from the West Bank and mainly from the Gaza Strip.

# Appendix

July 2019

## The importance of parental accompaniment in the treatment of sick children

By Oren Lahak, expert medical psychologist and professional instructor

A child's family, and particularly their parents, are their main resource. This is particularly true for babies and young children. Children's internal resources have yet to mature, and they lack internalized comforting and soothing functions, since, as said, children are still in the process of maturing, according to their age and developmental stage.

Children facing chronic or acute medical conditions (including surgery and other medical procedures) come in contact with medical care professionals (physicians, nurses and others) whom they do not know. Sometimes the language is foreign, and certainly the medical setting which includes sights, smells, sounds and other sensory experiences that are not familiar to the child from everyday life. Because of this, children need their family/parental envelope that forms part of their daily lives. Children coping with chronic conditions and those who are facing surgery or some other medical procedure, need someone to act as mediator between them and the medical staff, and they need comfort from known figures (parents) through the physical pain that is inherent in receiving care in medical facilities (injections, tests, invasive procedures, etc.).

Many studies affirm the aforesaid and support consistent, inseparable parental involvement as an inherent part of the sick child's treatment. For instance, today,



children are not usually separated from their parents prior to surgery, meaning it is standard procedure for parents to remain with their child during anesthesia, and be with them when they awake from surgery. Many studies show that parental presence during anesthesia has a positive impact on the children's health, both mentally (preventing post-traumatic stress disorder, as an example), and physically (speeding recovery and rehabilitation) (Sadejhi et al., 2017).

Moreover, studies have shown that children coping with the medical system without parental accompaniment are at high risk of developing depression and anxiety. This has led to the family-centered care approach, which is aimed at preserving family uniformity during situations in which children face hospital care and medical treatment, in order to maintain the child's familiar routine and environment (Palmer SJ, 1993).

In conclusion, children facing chronic disease or injury and, as a result, need to undergo a medical procedure in a hospital, involving hospitalization, rehabilitation and a change of the familiar setting need their parents as caregivers to maintain their familiar routine to the extent possible, thus preventing the possible development of psychopathology as a result of their absence and improving (mental and physical) recuperation and return to normal life.

**Kristensson-Hallström, I. (2000). Parental Participation in Pediatric Surgical Care. AORN Journal Volume 71, Issue 5, Pages 1021, 1023-1024, 1026-1029**

**Palmer SJ. (1993). Care of sick children by parents: a meaningful role. J Adv Nurs. Feb;18(2):185-91**

**Sadejhi et al. (2017). Impact of parental presence during induction of anesthesia on anxiety level among pediatric patients and their parents: a randomized clinical trial. Neuropsychiatr Dis Treat. 12: 3237-324**

Written by: Mor Efrat and Ghada Majadli

Research: Hussam Liftawi

Edited by: Reut Katz

Translation: Maya Johnston

Thanks to: Hadas Ziv, Ran Goldstein,

Dr. (Phd) Guy Shalev, Dana Moss and Dr. (Phd) Yotam Rozner

for their important comments and to Oren Lahak

for the psychological opinion.