



HUMAN RIGHTS
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PHYSICIANS FOR HUMAN RIGHTS
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לזכויות אדם לחقوق الإنسان

POSITION PAPER

CANCER PATIENTS IN THE GAZA STRIP IN 2020:

A SNAPSHOT

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Introduction

This paper addresses obstacles faced by Palestinian cancer patients, specifically women and children, from the Gaza Strip when accessing medical care in 2020. The many difficulties patients encounter while seeking to travel out of Gaza under "routine" occupation have been compounded by restrictions imposed due to the coronavirus crisis and the outbreak in the Gaza Strip, as well as the collapse of coordination mechanism between the Palestinian Authority and Israel, following the latter's declaration of plans to annex lands in the West Bank.¹

Focusing on requests received by Physicians for Human Rights (PHRI) from women and children with cancer in 2020, alongside the unprecedented spike in the number of requests processed, this paper seeks to shed light on the barriers Palestinian patients face in terms of access to oncological treatment outside their area of residence. This issue is particularly significant given the limited availability of oncological treatments within the Palestinian health care system in the West Bank and, especially within the Gaza Strip. Many patients, including cancer patients, are forced to contend with the Israeli permit regime, its restrictions and obstacles it puts in their path every time they need to travel out of Gaza to access treatment that is not available to them locally. Moreover, Israel often uses the permit regime as a way of collectively punishing and controlling the Palestinian population.² For instance, many patients are required to undergo a security interrogation before they are issued a health permit - a militaristic mechanism that exploits the plight of Palestinian patients to pressure them to provide information.

¹ Update Regarding Coordination for Travel by Patients and Accompanying Persons Out of the Gaza Strip, August 2020.

² See: Mahmoud Abu Arisheh. Denied: Harassment of Palestinian Patients Applying for Exit Permits, PHRI, June 2015.

The Coronavirus Crisis: Impact on Cancer Patients' Access to Treatment

In the early days of the coronavirus crisis, the number of permit applications submitted through the Palestinian Civil Affairs Committee dropped significantly. The Hamas government introduced travel restrictions within the Gaza Strip to curb the spread of the virus. This in addition to the decision of the Israeli government to tighten the blockade it imposes on Gaza and significantly reduce travel by medical patients. The criteria for travel for medical purposes included in the unclassified status of authorizations,³ which allows exiting in humanitarian cases only, were changed.⁴

Patients who were permitted to exit were required to quarantine inside the Gaza Strip for 21 days upon returning, in facilities whose conditions were not appropriate for their medical conditions. This quarantine requirement was increased to 28 days when coronavirus test kits were in short supply. This combination of restrictions added to the anxiety already experienced by anyone fighting cancer, primarily affecting cancer patients without local access to treatment.⁵

Patients who did receive permits were caught in a dilemma. They could forego treatment outside the Strip due to the danger of infection on the journey to the hospital or in the quarantine facility in Gaza upon their return, go without the cancer treatment and endanger their lives, or they could risk infection and make the journey to hospitals outside Gaza without any protection. Many patients opted not to make the journey, thus remaining without urgent, life-saving treatment.

Being aware of this predicament, early in the crisis, in April 2020, the Palestinian Ministry of Health in the Gaza Strip signed an agreement with Al-Hayat Hospital—a private health center—to provide chemotherapy to cancer patients from Gaza so they would not have to travel to hospitals

³ Criteria put in place by the Israeli authorities to limit Palestinian travel to and from Gaza and the West Bank. These are protocols that determine who is eligible for an Israeli-issued travel permit, usually patients who require treatment that is not available to them locally, exceptional humanitarian cases and a small number of merchants and businesspeople.

⁴ [OCHA oPt, COVID-19 Emergency Situation Report 24 March 2020](#)

⁵ [PCHR, 'The Situation of Cancer Patients in the Gaza Strip', 2020](#)

in East Jerusalem and the West Bank.⁶ While the agreement looked promising, the hospital soon reported it was experiencing medicine shortages and could not meet the needs of oncological patients in Gaza.⁷

Additionally, cancer patients who needed other forms of treatment, such as radiation therapy or PET/CT scans, still had to travel out of Gaza to receive them. These treatments and tests are crucial to diagnosis, treatment, evaluation, and monitoring processes. They enable doctors to assess the spread and stage of the disease. Because of this, many patients preferred submitting applications to travel out of Gaza, despite the inherent risks involved.

There are only three functioning linear accelerators – the devices used to deliver radiation therapy to treat cancerous tumors – in the entire Palestinian healthcare system, which operates across three separate areas split up by the Israeli occupation and its permit regime - the Gaza Strip, the West Bank and East Jerusalem. All three devices are located at the Augusta Victoria Hospital in East Jerusalem.⁸ According to Médecins du Monde, linear accelerators cannot be brought into the Gaza Strip or operated there, since Israel considers radioactive isotopes, which are used in these devices, to be dual-use materials and therefore bans them from entering the Gaza Strip.⁹ This means that any patient referred for radiation therapy, whether they are from the Gaza Strip or the West Bank, must travel to East Jerusalem. In other words, access to this vital treatment hinges on receiving an Israeli permit.

The coordination crisis and its impact on cancer patients access to treatment: Cancer patients from the Gaza Strip, already suffering severe hardship and facing serious restrictions, encountered another challenge when, in response to Israel's announcement of its plans to annex parts of the West Bank, the Palestinian Authority (PA) halted the coordination mechanism with Israel. However, the Israeli security and military agencies insisted on maintaining the permit process as

⁶ [MOH-Gaza, 'Al-Hayat Specialized Hospital in Gaza receive oncology patients', 27 April 2020.](#)

⁷ [PCHR, 'The Situation of Cancer Patients in the Gaza Strip', 2020](#)

⁸ [Médecins du Monde Palestine 'The Labyrinths of Health in Gaza', December 2019](#)

⁹ [Médecins du Monde Palestine 'The Labyrinths of Health in Gaza', December 2019](#)

a condition for allowing patients to exit. Even after the coordination mechanism collapsed, patients were left without access to treatment and other alternatives. Obviously, for patients, this complex situation, and the absence of safe, accessible passage out of Gaza was felt as an endangering experience for them.

It is important to remind that Gazan patients' access to medical treatment was entirely controlled by Israeli decisions even before the cessation of coordination. The Palestinian Civil Affairs Committee in the Gaza Strip, the agency responsible for transferring permit applications to the Israeli Coordination and Liaison Administration (CLA), had no influence over the decisions made by security officials in the CLA, and had no option of appealing these decisions. The void left as the coordination system collapsed merely served to highlight Israel's complete control over crossing points, travel in general and for patients in particular.

Out of an understanding of the acute distress of these patients, human rights organizations stepped in to fill the void, but without the required systems or workforce in place, they were only able to process a certain proportion of the incoming patient requests. Still, even when patients were able to file an application with the Gaza CLA through NGOs, there was no improvement in the responses given for urgent, life-saving cases, and Israel continued to deny permits. Whether the applications were made by adult patients or by parents asking to accompany their children to treatments, the CLA imposed additional bureaucratic obstacles, delayed responses, or denied applications all together.

The disastrous combination of a long-standing blockade (since 2006) further exacerbated by the coronavirus crisis and the collapse of coordination mechanisms left patients in general and cancer patients in particular in an impossible predicament. PHRI, for its part, was forced to grapple with the fact that even during emergencies and crises of the magnitude seen this year, the permit regime remains arbitrary, and Israel continues to employ it as a tool to control the Palestinian population in Gaza.

The Scale of the Problem: Figures on Cancer Patients Requiring Treatment Outside the Gaza Strip

According to the World Health Organization, 25,811 applications to exit Gaza for medical needs were filed over the course of 2018. Applications for oncological treatments made up more than 28 percent of all requests.¹⁰ According to Médecins du Monde, every year 800 to 1000 cancer patients from Gaza are referred for treatment outside the Strip for radiation therapy alone, as the treatment is not available locally.¹¹

In 2020, the number of requests processed by PHRI grew significantly compared to previous years, reflecting the increased distress experienced by patients, particularly from the Gaza Strip, due to the severe access restrictions. The increased workload was not just the result of the larger volume of applications but also of the complexity of the process, which involved various different interventions.

¹⁰ [WHO oPt, the Right to Health 2018.](#)

¹¹ [Médecins du Monde Palestine 'The Labyrinths of Health in Gaza', December 2019](#)

The Cost of the Permit Regime: Human Lives

As noted, due to the coronavirus crisis and the cessation of coordination between the PA and Israel, the number of monthly requests received by PHRI in June–August 2020 jumped sevenfold compared to May of that year. Most requests came from patients with serious and complex conditions, including emergencies where patients required ambulance transportation using the back-to-back method, meaning that patients would be transferred from an ambulance in Gaza to another ambulance at the border.

- Between June and August 2020 alone, PHRI processed 105 requests from cancer patients (out of a total of 155 requests from the Gaza Strip).¹² In 32 cases, the request came from a parent asking to accompany their child to an oncology treatment. Only 60% of minors traveling for treatment had parental accompaniment. The remaining 40% either traveled alone or with another adult, in some cases with no relation to them (figures from the Coordination of Government Activities in the Territories). The increase in requests from cancer patients from Gaza was dramatic compared to previous years – in 2019, PHRI processed 48 requests from cancer patients, including three minors.

Traveling with minors: After a slight increase in 2019¹³ of permits issued for parents to accompany their children for medical treatment outside of Gaza, there was an unprecedented spike in requests received by PHRI seeking such permits in 2020 signaling a significant setback. The rise observed by PHRI was confirmed by statements made by a representative from the Coordination of Government Activities in the Territories (COGAT) during a session of the Knesset Special Committee for the Rights of the Child. The COGAT official stated that 40% of the children who exited Gaza in 2020 traveled without a parent.

¹² In May of that year, PHRI processed 13 requests from cancer patients, compared to 95 (seven times more) in June.

¹³ Mor Efrat and Ghada Majadle, [Forced Separation: How Israel's Permit Regime Separates Children undergoing Medical Treatment from their Parents](#), PHRI, November 2019.

Over the course of 2020, PHRI received 88 requests from parents seeking to travel with their children. In 32 of the cases, the child had cancer, including cases of aggressive cancers such as acute leukemia. In some of the cases processed and monitored by PHRI, the children were referred for long hospital stays, comprehensive oncological treatments or bone marrow transplants—all of which are complex, life-saving treatments. Separating a child from their parents during medical treatment, complex or otherwise, is a blatant violation of the right to health and the rights of the child, both enshrined in international conventions. It defies the clear medical recommendations of leading international health and medical agencies, specifically the recommendations of the UN Committee on Social, Economic and Cultural Rights—a convention to which Israel is signatory.¹⁴ Palestinian parents often must pass the gauntlet of Israel's permit regime in order to be by their children's side as they receive medical treatment far from home. When their efforts are unsuccessful and their applications for a travel permit are denied on multiple occasions, they are forced to send their children with elderly relatives. PHRI has been calling attention to the illegality, arbitrariness, and callousness of the permit regime, to which cancer patients, among many others, fall victims to each month. Two patients and the ordeals they went through illustrate the depth of the permit regime's injustice:

An 18-month-old from the Gaza Strip was diagnosed with advanced leukemia. He was treated at al-Rantisi Hospital, the only facility in Gaza with a pediatric oncology ward. The toddler received assistance from Palestine Children's Relief Fund (PCRF), a charity that supports children with cancer in the Gaza Strip. He was referred for comprehensive oncological hospital treatment at the Beit Jala governmental hospital in the West Bank. An urgent permit request for the toddler and his mother as his accompanying parent, were filed ahead of the date scheduled by the hospital to begin treatment. The date passed with no response, pertinent or otherwise, from the military and the family was forced to reschedule. Despite an appeal made by PHRI to the CLA, no response came, and the toddler once again missed his scheduled treatment.

¹⁴ Article 12, International Covenant on Economic, Social and Cultural Rights (1966), ratified by Israel on October 3, 1991.

Due to the medical urgency, PHRI notified the military of its intent to file a court petition. The CLA then responded, demanding the toddler's mother undergo a security interview.

The mother's predicament and her distress should have been self-evident. Her son, not even two years old, was in mortal danger, and their application to access treatment is hinged on her interrogation. Despite the frustration and rage at the unrealistic delays, the mother decided to attend the interview in order to expedite her son's access to treatment. It was only after the interview that the application was approved, and the mother and son were able to travel to the hospital.

This case, in which a toddler under the age of two was denied rapid access to the required treatment, highlights the cruel and arbitrary nature of the permit regime. If saving the life of this toddler is delayed, and it required an intervention from a human rights organization for him to access treatment with his mother, if only after our intervention the CLA bothers to notifying the mother about the security interview, then the process is clearly perverted and has nothing to do with making medical treatments and healthcare accessible. It certainly does nothing to ensure a child with cancer from Gaza has safe and open access to treatment with parental accompaniment.

S. is a 54-year-old resident of the Jabalia Refugee Camp who was diagnosed with breast cancer in early 2020. She underwent a double mastectomy followed by chemotherapy. In July 2020, after this course of treatment failed and the cancer metastasized, she was urgently referred for radiation therapy at the Augusta Victoria Hospital. S. asked PHRI for assistance in obtaining a travel permit after the coordination mechanism collapsed. The Israeli CLA demanded she attend a security interview and required copies of her imaging and biopsy results. Having no choice, S. agreed to the interview, which was conducted over the phone due to coronavirus restrictions. She told PHRI that the interview was, "Humiliating. I was mocked, and I felt extremely humiliated. I was asked questions that had nothing to do with me, with no regard whatsoever for my medical condition".

In the interim, the date on which S. was scheduled to begin treatment passed, and she had to file another application via PHRI. Despite the urgency, the CLA insisted it would not process the application unless it received the biopsy results in addition to the medical reports expressly stating the severity of her condition. PHRI issued an urgent notice of its intent to take legal action, stressing that the delay was unreasonable and tantamount to accessing life-saving treatment. It was only then—after two months in which the critical treatment was delayed due to the unreasonable obstacles posed by the CLA’s demands—that S. was finally issued a medical travel permit.

The new reality in which “routine” blockade restrictions are compounded by coronavirus restrictions and the collapse of the coordination mechanism should have led the Israeli CLA to forego the permit process for patients. Instead, the Israeli authorities added requirements, for instance, test results in addition to medical reports, sending patients into a Kafkaesque labyrinth of scheduling treatments and applying for permits over and over again, all while facing the immense burden of anxiety experienced by anyone battling with cancer. The security interviews and the demand to expose intimate details about the diagnosis and progression of the disease are experienced by many female patients as an unnecessary invasion of their privacy. They report feelings of fear, humiliation, and extreme vulnerability vis-a-vis the mechanism on which their lives depend on.

It is important to stress that saying this is a matter of human life is not hyperbole, which is why, as soon as the coordination stopped, we asked the CLA to approve immediate travel for all patients left without access to treatment. Still, though human lives were clearly at stake, our requests went unanswered. This bureaucratic callousness had an immediate impact. When the parents of two children who had been referred by the Palestinian Ministry of Health for urgent heart surgery asked for our assistance in obtaining permits to accompany their children, we highlighted the urgency of the cases in our requests for immediate and/or expedited processing. Unfortunately, before a response came, the parents informed us their children had passed away.

Conclusion and Recommendations

Many cancer patients in the Gaza Strip are forced to travel for medical treatment outside Gaza as the treatment they require is unavailable locally, more often as a direct result of Israel's long-standing blockade on the Gaza Strip. Most patients are referred to Palestinian hospitals in East Jerusalem and the West Bank, and rarely to hospitals in Israel or abroad. In all these cases, including referrals to Palestinian hospitals, patients can only access treatment if they receive an Israeli transit permit. Every appointment requires a new permit, even if the appointments are just days or weeks apart. This means patients, some of them in serious conditions, must repeatedly file permit applications and go through the labyrinthine bureaucracy the process involves. Too often, they miss their appointments because their applications are denied or not answered in time.

The need to obtain a permit for each appointment means that even if a patient manages to attend one appointment, there is no guarantee treatment will continue, and it is often cut short. In some cases, after patients' conditions severely deteriorate, their physicians in the Gaza Strip are forced to reassess and alter the treatment protocol according to locally available treatment, undermining their chances of recovery.

In the past year, access to treatment, particularly for cancer patients, has been greatly reduced due to the pandemic and the collapse of coordination mechanism between Israel and the Palestinian Authority. As noted, access is routinely limited due to Israel's blockade on the Gaza Strip and the restrictions imposed as part of it. Still, in 2020, access restrictions reached a new nadir. The pandemic brought the extent of Israel's control over Palestinians' access to medical services into stark relief. It also further deepened Palestinians' dependency on Israel in all matters relating to accessing these services and exercising their right to health. This dependency coupled with Israel's control over Palestinian space and over so many aspects of their lives has had profound ramifications.

After decades of deep-seated violation of human rights, especially the most basic right to health, ending the occupation is a critical condition for allowing Palestinians to take independent action towards exercising their right to health. This is the demand countries committed to international law must make of Israel, and they must take action to see that Israel complies and is being held for its obligations.

As the occupying power, Israel has an obligation to ensure Palestinians' right to health, but this cannot continue indefinitely. The persistence of the occupation, in its many colonial and apartheid features, and Israel's control over most of the conditions necessary for the protection and promotion of the right to health, clearly demonstrate that this obligation must end, as its existence has failed to ensure Palestinians' human rights, including the right to health in its deep, broad sense.

In the immediate future, as long as the Israeli occupation and control prevents Palestinians from exercising their right to health independently, Israel must:

- Allow free, open access between the West Bank, East Jerusalem and the Gaza Strip, thus allowing the Palestinian health care system to function as a single unit.
- Revoke the permit regime and end the blockade on the Gaza Strip.

Finally, ending the Israeli occupation and control is a necessary condition for ensuring proper health determinants conditions and the provision of adequate health care in the occupied Palestinian territories.

Written by Haneen Kinani and Ghada Majadle

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2020 has been a rough year for Palestinian cancer patients from the Gaza Strip. The 'routine' restrictions and blockade imposed by the occupation were compounded by additional obstacles, severely affecting patients access to medical treatments: stricter criteria were enforced by Israel, the collapse of the coordination mechanism, and other restrictive measures placed by Israel and the Gaza authorities due to the coronavirus pandemic. All this has taken a heavy toll, leaving patients in a state of severe anxiety, with many unable to access critical, sometimes life-saving, treatments.