



Physicians for Human Rights-Israel

Semi-Annual Report: January – June 2010



From January to June 2010, Physicians for Human Rights- Israel continued to promote the right to health for marginalized populations under Israeli control by implementing a multilayered approach including medical services, governmental lobbying, and public advocacy.

Between January and June 2010, 5,620 Palestinians received medical care through our mobile clinics and 3,595 status-less persons including refugees, asylum seekers, and migrant workers were treated at our Open Clinic. We aided 787 Palestinians from the West Bank and Gaza to receive exit and entry permits for medical care outside of the occupied territory and 454 Palestinians navigate the Israeli health system to receive medical care in Israeli hospitals. 6,137 appointments for status-less persons were made for secondary health care in Israeli medical facilities for blood tests, imaging, and specialist physicians. Hundreds of prisoners and detainees were assisted in accessing medical treatment both within the prison system and outside hospitals.

Alongside our medical assistance, we lobbied the Israeli government and key stakeholders to change overall policies negatively impacting the health of groups in Israel and the Occupied Territory. We lobbied various Ministries and the Israeli Medical Association to speak out against physician corroboration with torture and other inhumane treatment and to allow independent physicians to visit inmates during interrogations. We advocated to the Prime Ministers Office and the Knesset to create a national plan to eliminate health inequities between groups in Israel and we advanced plans to include dental health care and life saving and prolonging medications in the national public health basket. We called on the government to open additional primary health clinics, especially mother child health centers, in the unrecognized Bedouin villages in the South. By exposing the failures of the existing committees governing status issues and by persuading important stakeholders like

hospitals and the public health funds of the virtues of social residency status, we lobbied to the government to provide status-less persons with public benefits like health and welfare.

Over the project period, we also engaged in public advocacy to expose and educate both the Israeli and international public about human rights issues in Israel and our campaigns to promote the right to health. We educated over 1,000 people through direct participation in tours, site-visits, lectures, training sessions, and meetings. We reached thousands more through distributions of our reports and position papers via internet marketing and online and print media. These campaigns are described in more detail throughout the report.

The Climate

During the last six months, PHR-Israel has worked within an increasingly violent and racist climate, to respect, protect, and promote the right to health for disadvantaged populations. During the first month of the reporting period, on Friday, January 29th, the human rights community woke up to a targeted media campaign launched by right-wing group, [Im Tirtzu](#), against grantees of the [New Israel Fund \(NIF\)](#), and American Jewish organization that funds many human rights and social justice organizations in Israel. This campaign included a [front-page story](#) in the popular daily newspaper, Ma'ariv, calling such grantees of the NIF part of the "Falsehood Industry." The article claimed that these human rights organizations are responsible for portraying a negative image of Israel through testimony to the Goldstone Commission, the United Nations committee charged with investigating Israel's Cast Lead Operation during the winter of 2008-09.

Alongside the publication of this article, Im Tirtzu launched a campaign on major highway and street billboards, internet banners, and newspaper advertisements, against Israeli civil society organizations. Instead of questioning the nature of the organizations' testimony to the Goldstone Commission, the baseless campaign contended that human rights organizations are guilty by sheer participation in an investigation of Israel.

Such racism and its violent consequences have occurred within the context of a government set on preserving Zionist principles at the sake of considerable violations of human rights. During the last Knesset session, the coalition proposed or passed [14 explicitly racist laws](#), which either restrict the rights of minorities in Israel, compromise checks and balances within the government, or limit freedom of speech and assembly. Such laws include the February proposal to establish a Knesset sub-committee to investigate human rights and social change organizations, groups even Cabinet Ministers refer to as "strategic threats." In response to these attacks on human rights organizations, PHR-Israel signed onto joint letters demanding the Prime Minister to intervene against the verbal and legislative attacks against civil society organizations. Throughout these developments, we were in constant correspondence with European Diplomats and the US State Department via online updates and numerous briefings.

This bill was followed by a proposal calling for more regulations on human rights organizations that receive foreign funding, providing more government oversight and

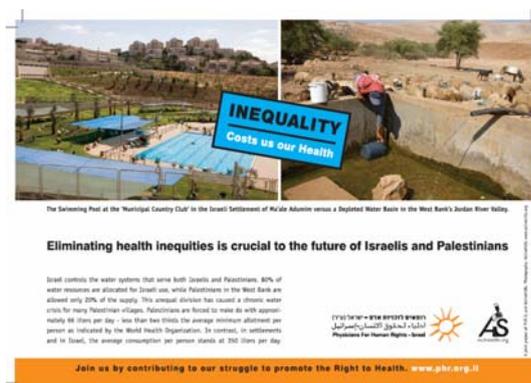
control of organizations of such "political activities" as protecting the environment, women's rights, and human rights. In April, the Knesset proposed a law to prohibit registration of new organizations or shutdown pre-existing organizations if "the association is providing information to foreign entities or is involved in legal proceedings abroad against senior Israeli government officials or IDF officers, for war crimes." Such a law makes human rights participation in international discourses such as submitting shadow reports to UN agencies and meeting with international policymakers subject to Israeli government control.

Israeli institutional policy combined with prolific prejudice among the Israeli public have intensified pre-existing inequalities and threatened people's wellbeing and freedoms. In the occupied Palestinian territories, Israeli police and army brutality towards demonstrators in cities and neighborhoods like Silwan, Sheikh Jarrah, Nabih Saleh, Al Wallaje, Beit Ommar, and Hebron have led to serious injuries, most uninvestigated by the State. In the unrecognized Bedouin villages in Israel, the Israeli army violently demolished tens of homes in towns like Twayel Abu Jerwel, Wadi Na'am, and Kasr Alsir. The Ministry of Interior, backed up by the Oz Police Unit, forcibly deported hundreds of migrant workers and denied asylum seekers, and continuously harassed and threatened to deport thousands more. This term, the Israeli policy, army, and security services arrested individuals in increasingly violent ways, arresting more people in groups, and for the first time, arresting a higher number of children under the age of 14.

The combination of Israeli institutional and public discrimination manifested itself towards the end of the term, with the calls for interrogations, overall harassment, and arrest of Palestinian citizens of Israel working for civil society groups. Hundreds of individuals, Jewish Israeli, Palestinians living in Israel, the West Bank, and Gaza, and international activists have been arrested at demonstrations or while engaging in civil society activities. In May, the Israeli security services arrested Amir Makhoul, a Palestinian citizen of Israel, and Director-General of [Ittijah](#), the platform of Arab-community based organizations in Israel. Makhoul, charged with anti-Israel activity and spying on behalf of terrorist groups, has been held in prison under harsh conditions and has yet to be released. Such unequivocal and institutionalized forms of racism bear witness to the weakening state of Israeli democracy.

At the end of the reporting period a significant change in diplomatic relations and purported policy change towards Gaza resulted from the May Flotilla Affair, which left 9 Turkish activists dead and dozens more injured. The shocking events succeeded in dominating the airwaves and the hearts and minds of concerned individuals from around the world, as well as the attention of local and international leaders. Seizing upon the window of opportunity which placed Gaza at the top of the international agenda, PHR-Israel made an emergency Advocacy trip to Washington DC to convince Congressmen and State Department Officials of the need to lift the Israeli closure on the Gaza Strip.

Cross-Departmental Campaigns and Outreach



In such a harsh and unwelcoming environment, PHR-Israel launched successful campaigns in all of our Departments. In honor of World Health Day on April 7th, PHR-Israel released a cross-departmental campaign entitled "Inequality costs us our health," which used photography as a tool to illustrate the growing inequalities between Jewish Israeli citizens and other groups under Israeli jurisdiction. Specifically, we created four mini-posters showing:

- Discrimination in police and military treatment of Palestinian and Jewish demonstrators in Jerusalem
- Access and quality of care at mother-child health clinics in Tel Aviv vs. centers in the unrecognized Bedouin villages
- Israel's rerouting of the water supply away from Palestinian towns to Jewish settlements in the West Bank
- The absence of an immigration policy for non-Jewish groups juxtaposed with near automatic citizenship for Jews.

To view the complete series, see ["Inequality costs us our health."](#) These mini-posters became the basis for a public advocacy campaign, whereby we mobilized our membership base of medical professionals to share this campaign with friends, colleagues, and patients as a way to inform Israeli society as a whole.

Over the last six months, PHR-Israel staff received an unprecedented number of invitations to give lectures, presentations, participate in meetings, and testify abroad within both Jewish communities and the human rights world. Our Executive Director, Advocacy Director, and Director of the Occupied Palestinian Territory Department traveled to Washington DC, London, Stockholm, Amsterdam, Brussels, and Geneva to provide information and advocate for a number of issues across all of our departments.

During the term, each department reached out to students to mobilize them to action on fundamental issues relating to the right to health and health inequalities in Israel. In the last six months, PHR-Israel staff gave 20 lectures to Israeli, Palestinian, and international students of medicine, nursing, law and international relations, among other subjects. In addition, in April we participated in a student conference in Tel Chai entitled "Cooperation between Society and Academia," where we presented and distributed PHR-Israel materials to hundreds of students.

Throughout the reporting period, we also worked with students as volunteers. Over 150 medical students performed triage screening in our Open Clinic for Status-less Persons and tens more participated in the Mobile Clinics in the West Bank. An additional 40 students volunteered in the reception or as translators in the Open Clinic. For the first time, we collaborated with students from Ben Gurion University, the Study Abroad Program of Columbia University Medical School and New York University, and the Arab Community College in Beersheva to create joint programming for students coming from different backgrounds on health issues in the unrecognized Bedouin villages. We also worked with students from Ben Gurion University on a campaign to persuade the State to provide national health insurance to non-resident children.

In March 2010, we discontinued our contract with an external public relations company and opted instead to hire an in-house spokesperson. This decision enabled us to better focus our efforts of crystallizing a cross-departmental strategy to be conveyed to the Israeli media. Since March 15th when she began working, [104 news pieces](#) covering PHR-Israel's work were published in online and print newspapers, online blogs, radio, and television, reaching people throughout the country. Articles published with the help of our spokesperson are included throughout this report.

Over the project period, we also made a concerted effort to activate our membership base by better engaging old members and recruiting new ones. In February 2010, we completed a membership census, which classifies our support base into potential volunteers and members in general and describes their professional background. From this project, we were able to recruit higher numbers of medical professionals than any other period to provide medical services in the Open or Mobile Clinics, see patients in area clinics and hospitals, give medical advice to our Intake Coordinators, write expert opinions for court cases and secure exit/entry permits for patients, and engage in additional principle advocacy with Israeli authorities like the Ministry of Health and the army.

Physicians for Human Rights-Israel's Board of Directors, 28 staff members, and hundreds of volunteers are delighted to present to you with the semi-annual report.

The Occupied Palestinian Territory Department



The Occupied Palestinian Territory (oPt) Department advocates for the right to health of the over 5.5 million Palestinians living in the West Bank, Gaza Strip, and East Jerusalem. The Department provides direct medical services and handles hundreds of

individual requests for assistance from Palestinian patients, medical personnel and students in the Occupied Territories who cannot reach medical centers for treatment, work, or studies. PHR-Israel caseworkers facilitate access to Israeli medical centers by consulting with Israeli volunteer doctors who read medical files and issue expert opinions which are then resubmitted to Israeli officials. Individual legal action and public advocacy is also employed vis-à-vis the Israeli government, international embassies and consulates, and non- governmental organizations.

I. Principle Advocacy

Over the project period, the Department advanced principle advocacy campaigns to safeguard the right to health for all Palestinians living in the oPt.

"Quality of Life" Cases

During the reporting period, Israeli officials continued denying entry permits to patients needing to leave Gaza to undergo procedures to improve their "quality of life." The Department is strongly opposed to such rejections as many of these denied cases include clinically urgent conditions like those that lead to the loss of vision, vital organs, or limbs. As a basis for advocacy on the issue, over the project period we analyzed data from appeals of rejected "quality of life" cases from the previous year. Based on this analysis, PHR-Israel issued a **position paper** with human rights groups [Adalah](#) and [Al Mezan](#) in [English](#), [Hebrew](#), and [Arabic](#) examining 48 denied appeals.

PHR-Israel's volunteer physicians provided a unique contribution to our data analysis and advocacy campaigns by evaluating patients' medical reports. Four physicians aided in establishing the breakdown: Dr. Ya'akov Arad, Chief of the Emergency Department at the Yoseftal Medical Center; Dr. Jonathan Cohen, Chief of the Intensive Care Department at the Rabin Medical Center; Prof. Michael Alkan, Specialist in Infectious Diseases at the Ben- Gurion University Medical School for International Health; and Prof. Zvi Bentwich, Head of the Center for Emerging Tropical Diseases and AIDS at the Faculty of Health Sciences at the Ben-Gurion University. Two physicians provided additional professional counseling: Dr. Adaya Barkay, Specialist in Pediatrics, Public Health and Health Administration; and Dr. Aliza Ron, Eye Surgeon at the Jerusalem Medical Center.

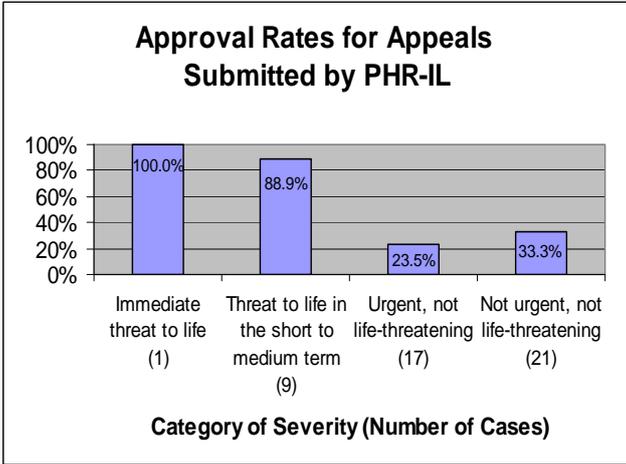
For the purposes of the study, with the help of these physicians, PHR-Israel divided the conditions of the 48 as follows:

Category of Medical Severity	Number of Cases
1. Medical Emergency: Immediate threat to life	1
2. Urgent Medical Need: Threat to life in the short-to-medium term	9
3. Urgent Medical Need: No threat to life	17
4. Medical case that is not	21

urgent and not life-threatening	
---------------------------------	--

As covered in greater depth in our position paper, the findings presented in the table above raised serious concerns that Israeli officials at the Erez Crossing are indeed implementing a policy of distinguishing between life-threatening and non-life-threatening cases: in nine of the ten life-threatening cases (categories 1 and 2) PHR-Israel appeals on behalf of patients were approved; in contrast, the vast majority of the appeals in non-life-threatening cases (categories 3 and 4) were rejected.

PHR-Israel succeeded in obtaining entry permits for 9 out of the 10 patients whose ailments were considered life threatening or of urgent medical need with threat to life, while in cases considered without threat to life (although often still medically urgent), we received entry permits for 11 out of the 27. The break-down below demonstrates PHR-Israel's success rates in advocating for patients who received rejections from Israeli authorities.



Several media outlets covered the release of our findings including [Yediot Ahronot](#), and [Walla](#), leading online news sources, and [Wafa](#), a popular Palestinian online news agency. As part of this advocacy campaign, throughout May and June we met with various stakeholders—Israeli and international—to discuss the findings of this research. Such briefings included a meeting with senior European politicians from the Netherlands to describe the obstacles facing the residents of Gaza that need to exit for medical treatment. In addition, on June 14, we sent a principle letter to the Israeli government on behalf of 28 patients from Gaza whose permit applications were denied by the Israeli army for similar reasons. We will continue to follow up on this campaign during the next project period.

Extortion of Gaza Patients and Medical Students by the Israel Securities Authority (ISA)

Patients and medical students attempting to leave Gaza for either medical treatment or higher-level education undergo security screenings before the Israeli army grants them exit permits from Gaza. However, many patients and students who arrive at the Erez Crossing with these exit permits are summoned for ISA (also known as the GSS, Shabak, or Shin Bet) questioning. Participating in such interrogations and agreeing

on future collaboration with the ISA is often a precondition for leaving Gaza for either medical treatment or continued education. **Between January and June 2010, 308 Gaza patients were summoned to Shabak interrogations as a precondition for exiting the Gaza Strip.** Additional details on this practice can be accessed [here](#). We were approached by many patients and medical students who do not agree to participate in such interrogations and therefore were unable to leave the Gaza Strip. In order to build an advocacy campaign against this practice, our caseworkers gathered testimonies from four patients and one medical practitioner who were told they had been issued entry permits and would be able to leave Gaza, but were instead arrested by Shin Bet agents. The individuals had already undergone all necessary security checks. An example of one such testimony follows:

Case Study: A. is a 27 year old resident from the Gaza Strip who underwent Shabak interrogations in February 2010 after submitting a request for an exit permit to receive advanced eye treatments at a medical facility in the West Bank.

"The interrogator asked me about the residents of the Alburej refugee camp where I live, about whether the [residents] belong to any groups, about my neighbors and other people they described as being associated with Hamas. He then said there was something wrong with his computer and that he would call me back later so that he could enter the information into the computer. I refused to cooperate. He asked me how much I earn. I told him NIS 2,000 [per month]. The interrogator told me, 'Your salary's low. How do you manage with all your expenses and rent? You're married with a kid. A menial worker in Israel earns more than the most senior employee [in Gaza].' I answered, 'My salary is fine, and I have enough, even more than I need.' The interrogator then asked me about my family and my sisters' husbands in great detail, and exclaimed about one, 'That one works for the Islamic Jihad as a rocket launcher.' He asked me to tell him exactly where he lives and then said again that his computer wasn't working properly and that he would call me back. When I refused he said to me, 'If this is how you speak to me, you'll never make it into Israel.' The interrogator then mentioned the names of some of my relatives and asked if they were active Hamas members. I told him they were not and then he asked, 'What do you think about using this Orange telephone number I'll give you and then we can talk to each other.' I refused yet again."

To respond to this issue on the principle level, on January 10th, we submitted a joint complaint together with [Adalah](#) and [Al Mezan](#) to Israel's attorney General's office regarding the arrests of Gaza patients as they arrived to exit Gaza for medical treatment. The Prime Minister's Office responded: "The State of Israel reserves the right to detain elements who seek medical treatments in Israel following information indicating that they are terror activists or that their entry to Israel might pose a security risk." The response also explained that the government of Israel was considering recommending to the Palestinian Health Coordinator to inform patients with exit permits about the possibility of detention and interrogation. This confirmed our suspicions that the Israeli government does not find it at all problematic to detain and interrogate patients who both need advanced medical treatment and have already obtained security clearances from the Israeli authorities.

On February 2nd, we followed up this letter by sending an official complaint to the head of the Shabak about their use of this practice. Hearing no response and after

receiving more complaints, on June 10, 2010, PHR-Israel teamed up with [Adalah](#) and [Al Mezan](#) to write a joint legal letter to the Government's Legal Advisor, requesting that they abolish this policy. This letter was followed by a [press release](#) on June 17th, discussing this practice in general but specifically focusing on how this coercion affects students trying to leave Gaza to continue their education.

Restricting Access of Medical Delegations to Gaza

While physicians in Gaza often lack the necessary medical equipment in Gaza to carry out certain procedures, in many cases, their lack of up to date trainings on how to use the latest equipment or perform the newest procedures prevents them from assisting patients. Over the project period, our caseworkers tried several times to assist Palestinian medical delegations from East Jerusalem, West Bank, and Israel enter Gaza to train physicians on the latest medical advancements. In March, PHR-Israel appealed to an Israeli Court to grant entry into Gaza for group of ophthalmologists from the Musallem Center in Ramallah. This delegation had just received a large donation of supplies from an American medical center. They wanted to enter Gaza to help with cornea transplant surgeries, share these new supplies, and teach ophthalmologists in Gaza recently developed eye procedures shared with them by their American counterparts.

Over the last decade, PHR-Israel medical delegations have entered the Gaza Strip in order to see patients, carry out medical procedures, and train medical staff. In 2008, PHR-Israel organized 9 such delegations, and following Operation Cast Lead, we carried out 3 more. However, since July 2009, all requests to the Israeli authorities to allow our delegations to enter Gaza have been denied. Throughout the reporting period, we continued submitting applications to the Israelis to grant permits to our physicians so they could enter Gaza. While we have had no success during this reporting period, we will continue to apply for entry permits for affiliated medical delegations to enter Gaza.

Undermining the Continuity of Medical Treatment

During the reporting period, we noticed that many rejected appeals were for applicants who had previously received numerous entry permits for treatment over the last several months and sometimes years. These patients are often in treatment for complicated chronic problems including kidney stones, orthopedic rehabilitation, and neurological conditions.

Such individual cases include:

- L, 52 years old was issued an entry permit to Israel to receive treatment for kidney stones at St. Lukes hospital in Nablus in February 2010. His request for an entry permit two months later, in April 2010, was not granted.
- A, 52 years old was given a permit to travel to St. Joseph's Hospital in East Jerusalem where he underwent neurological surgery. A. was asked to return for a follow up procedure on May 24, 2010, yet when he submitted his paper two months later to request an entry permit for follow up treatment he was denied.

- M, 16 years old, was hospitalized in September 2008 at Ichilov after falling several stories and breaking his left knee. After undergoing initial treatment, M returned to Gaza in a wheel chair. On June 7, 2010 he was asked to appear at Ichilov hospital for follow up orthopedic care, yet when he submitted the required paper work to Israeli authorities, his request was denied.

After gathering testimonies from several of these cases, we worked with Dr. Danny Rozin, an expert in Internal Medicine at Tel HaShomer hospital and a member of PHR-Israel, to write a formal letter to the Israeli Ministry of Defense about the importance of the continuity of treatment and how denying access for these patients could severely harm their health. This letter was sent on June 20, 2010 and we will follow up on the issue during the next reporting period.

Accountability for Operation Cast Lead

Over the project period, PHR-Israel continued to work to ensure Israeli accountability for Operation Cast Lead. On January 14th, we released a [position paper](#) detailing Israel's refusal to accept responsibility for the rehabilitation of amputees resulting from this war. We followed up this position paper with a letter to the State Prosecutors Office requesting information on the status of investigations regarding medical-related issues we had documented during the war. Following the release, in February, the Department along with [Adalah](#) briefed the head of the [Office of the High Commissioner for Human Rights](#) (formerly OCHA) on the details of the report and our recommendations to the Israeli government.

In light of Israel's lack of internal investigations into such abuses during this war, on January 26, 2010, PHR-Israel signed a joint letter initiated by Israeli human rights groups supporting the [Goldstone Report](#) and urging Israeli officials to set up an independent internal Israeli investigation. In [this letter](#), addressed to the Prime Minister and members of his cabinet, the heads of the human rights organizations called on Israel to take advantage of the time still remaining before UN deliberations on Goldstone to launch an impartial internal investigation into the war.

Following the release of the position paper and letter, from February 2nd to 3rd, our Advocacy Director met with various European policymakers and stakeholders in Brussels on the subject of Israeli accountability following the war. Following this briefing, we signed many letters, reports, and joint statements calling on Israel to be held accountable for its actions in Operation Cast Lead. This included joint letters with [Israeli NGOs](#) as well as with Palestinian and international groups including [Diakonia](#), with [Badil](#), and with [Medico International](#). We also signed a written report and submitted a [joint statement](#) to the UN Human Rights Council ahead of its March 2010 session on the [Goldstone Report](#).

In addition, in March, our Advocacy Director participated in a conference sponsored by [Diakonia](#) in Stockholm, Sweden on Israeli responsibility for the offensive as well as our efforts to hold them accountable. At the end of June, our Advocacy Director returned to Brussels to testify in front of the UN Committee charged with overseeing Israeli and Palestinian internal investigations. At this meeting, we presented our position on the problematic elements of Israeli internal investigations, specifically

focusing on Israel's inquiry into its conduct during Operation Cast Lead. Although as time progresses this war is thought of as less relevant, during the next project period we will continue to call on Israel to be held accountable for its actions during the war and for the many residents of Gaza still suffering because of it.

Supporting Non-Violent Demonstrators in East Jerusalem and Monitoring Police Violence

At the beginning of the project period, we expressed our official support for the non-violent protests in the Sheikh Jarrah neighborhood in East Jerusalem and on January 20th we official [called on our members](#) to participate in the protests. Four days earlier, PHR-Israel also signed a joint letter with other human rights groups condemning police violence and the increasing arrests of Palestinian, Israeli, and international demonstrators.

Over the project period, Israeli law enforcement handed down tens of house demolition orders to Palestinians living in East Jerusalem while simultaneously granting Jewish families building permits in Palestinian neighborhoods. Such unequal and racist policies sparked tensions and violence in East Jerusalem on six different occasions during the reporting period. Throughout the project period, our caseworkers worked very intensively to [document episodes of police violence](#) against Palestinian demonstrators. Testimonies we collected all point to:

- disproportionate use of force
- administrative detentions
- prevented or delayed access to medical care
- restricted access to medical crews and ambulances to clash sites
- discrimination and racism against Palestinian protestors while Jewish protest groups (religious and nationalist)

Using the testimonies we collected, we released an [update](#) on March 17th after Hamas' self-proclaimed "Day of Rage" and a [press release](#) on June 26th following escalated tensions between the residents of Silwan and the border patrol. In addition to our public advocacy efforts, during the project period we also wrote two letters, one addressed to members of the Knesset urging them to prevent police violence in East Jerusalem and the other appealing directly to law enforcement asking them to release their protocols on demonstration response as well as comment on the findings from our interviews with demonstrators and observers following the clashes. With rising tensions towards the end of the project period, we will continue to monitor, work to prevent, and expose police violence in East Jerusalem.

Access of Ambulances in East Jerusalem

According to a statute in police protocol, Magen David Adom (the Israeli Ambulance Service) must be escorted by the police when entering all Palestinian areas in East Jerusalem. Coordinating this escort often causes pronounced delays when ambulances are sitting outside the entrances to Palestinian neighborhoods, minutes away from the sick or injured, unable to evacuate the patient.

Beginning in January 2010, [PHR-Israel](#) and [ACRI](#) worked together to cancel the "escort rule" and allow the free passage of Palestinian and Israeli ambulances to Palestinian neighborhoods. After two visits to the area this reporting period, PHR-Israel sent a letter to the Israeli police on March 9, while a separate letter was sent to the Israeli Ministry of Health. Based on the information collected, we are exploring the option of possibly petitioning the court on the issue during the next reporting period.

Between May and June 2010, we gathered information on the agreement between Magen David Adom and Red Crescent Ambulances regarding the transfer of patients in ambulances between the West Bank and East Jerusalem. Using this information, we wrote and publicized an update to a [previous report](#) released about access to ambulances in Jerusalem. The full report will be released during the next reporting period.

Forum for the Advancement of Mental Health in East Jerusalem

Israeli authorities have neglected the provision of mental health services in East Jerusalem to such a level that most residents are forced to travel to the western part of the city, a problematic option due to cultural and linguistic barriers and pronounced discrimination, to receive care. For this reason, the Palestinian welfare bureau of Wadi Joz, under the auspices of the Jerusalem municipality, took it upon itself to establish a forum for the advancement of mental health services in East Jerusalem. The welfare bureau invited Palestinian and Israeli civil society organizations, including PHR-Israel, active mental health professionals, psychologists and psychiatrists to join this forum.

The forum aims to establish a mental health clinic in East Jerusalem with Arabic speaking staff and improve cultural accessibility (including language) to the National Insurance Fund, the Ministries of Interior and of Health. Over the past six months, the group met 6 different times. After several meetings with senior officials in the Ministry of Health, in May 2010, the forum sent an official letter to the Ministry of Health, asking them to open a mental health center in East Jerusalem. This forum is still in its beginning stages; during the next project period, we plan to continue and expand our joint initiatives.

Deportation of Gaza Residents living in the West Bank

As part of its larger strategy to separate the West Bank from Gaza, in April 2010, the Israeli military announced a Military Deportation Order targeting Gaza-born residents of the West Bank. According to this announcement, Palestinian residents registered in the Israeli population census as born in Gaza are not allowed to reside in the West Bank without an authorized permit which must be renewed in person every three months. In other words, any Palestinian caught without a permit to be in the West Bank will be automatically deported to the Gaza Strip. Against this measure, we joined two petitions submitted by [HaMoked](#) to the High Court of Justice. While legal processes are still pending, the Department has been a source of information regarding this new policy for Gaza-born residents living in the West Bank who regularly contact our office.

This overall policy began affecting patients trying to leave Gaza for medical treatment too. This project period, we witnessed Israeli authorities begin rejecting permit requests submitted by patients who have relatives in the West Bank out of fear that they might unite with their families there. [PHR-Israel](#) and [Gisha](#) took the case of one individual, Atsem Hamdan, to court. Judge Barkai of the Israeli High court declared "Considering the values that hang in the balance, the risk that the man will use his entry in order to remain there overrides the humanitarian value of providing medical treatment, for a resident of a hostile country." Ha'aretz published a [cover story](#) on this specific case, as well as the contradictory nature of Judge Barkai's ruling. In February, we released a [press release](#) on the subject and in May, we wrote a joint press release with other human rights organizations on the issue.

II. Individual Assistance

Assisting Palestinians Receive Entry Permits for Medical Care or Medical Training

As in years past, the Department continued to help Palestinians from the West Bank, East Jerusalem, and the Gaza Strip with overcome movement and access requirements and restrictions preventing them from receiving medical treatment or engaging in professional trainings or other duties. PHR-Israel advocated on behalf of these patients through correspondence with Israeli authorities (for residents of the Gaza Strip correspondence is with the Israeli army and for residents of the West Bank it is with the Civil Administration) by submitting written applications on their behalf that justify the need for treatment outside the Strip or West Bank. In each case, our intake coordinators consulted extensively with PHR-Israel affiliated physicians specializing in the relevant condition, who prepared a written opinion based on both the patient's medical records and telephone conversations with the patient's Palestinian physician in charge of his/her treatment. The written medical opinion was then transmitted to the Israeli authorities as part of PHR-Israel's official application.

Over the course of the reporting period, PHR-Israel submitted permit requests for the following groups:

- Patients whose requests for exit permits to obtain medical treatment were denied by the Israeli authorities (the Shabak and/or the Army).
- Patients whose requests for exit permits to obtain medical treatment were unreasonably delayed by Israeli authorities.
- Persons accompanying patients whose requests for exit permits to accompany relatives were denied or whose approval was delayed by Israel.
- Medical personnel requesting exit permits to study or to participate in medical training seminars and workshops.

The Department received individual appeals from a variety of different resources including Palestinians contacting the Department directly by telephone, Palestinian human rights organizations including the [Palestinian Center for Human Rights](#) and [Al-Mezan](#) who fax applications from patients to [PHR-Israel](#) on their behalf, public Palestinian institutions like hospitals and clinics, and the Palestinian Coordinator for Health Issues who transmits applications from persons whose requests were denied. The chart below shows the number of appeals from Palestinian patients and their escorts per month between January and June 2010.

Month (2010)	Gaza Strip	West Bank
January	117	28
February	103	27
March	97	27
April	86	30
May	113	25
June	110	24
Total	626	161

Of the **787** people we assisted, **506** were men (64%) and **281** were women (36%). In addition, **626** were from the Gaza Strip (79%) and **161** (21%) were from the West Bank. The number of appeals we received from Gaza residents decreased slightly in comparison to our numbers from the same period a year ago. In 2009, we received more appeals than any other project period because Operation Cast Lead led to many additional requests for medical evacuations for treatments unavailable in Gaza.

In addition to the patients and their escorts that we assisted during the project period, the Department also helped 8 medical teams gaining permits to travel to studies or places of work. For example, on both March 18th and June 23rd, we arranged for entry permits for ten mental health practitioners from the West Bank to participate in a conference in Israel on the latest psychotherapy methods including Eye Movement Desensitization and Reprocessing (EMDR) to resolve symptoms from instances of trauma. Based on their participation in these conferences, these mental health experts have now introduced this specialized method with their patients in the West Bank.

Since May of the project period, we began noticing that the Army began rejecting a greater number of patient permit applications, rather than delaying responses as has been the trend over the last year or so. Two main explanations, both resulting from the Gaza Flotilla incident, may explain this shift: First, the [Israeli Cabinet decision](#) to ease the passage of goods and streamline the policy of permitting the entry and exit of people for humanitarian and medical reasons has led to less overall delays and more flat out rejections by the Israeli army in their review of appeals. Second, since the Flotilla incident, the Rafah Crossing to Egypt has been open nearly routinely and so Israeli officials have begun claiming that medical treatment is easily available in Egypt, therefore bypassing the need to enter Israel for medical treatment.

In order to assist rejected individuals, during the last 6 months our volunteer physicians wrote **144 expert opinions and spent 105 hours consulting with doctors who issued 109 appeal letters** that were submitted to Israeli army officials on behalf of Palestinian patients. Of these official appeals, 13 (12%) were approved, 35 (35%) were rejected. We are still awaiting replies on 61 cases (53%), some of which were submitted in late May and June. Two such rejections are described below:

Case Study: R., a 35 year old woman, left the Gaza Strip 6 months ago with two young children to visit her family in Ramallah. R's husband is still in Gaza. While in the West Bank, R. was hospitalized with chest pain and told by doctors in Ramallah that she needs to undergo open heart surgery. R. requested that her husband join her at the hospital during the procedure, to provide support, watch the children, and as a precaution in case R does not survive the surgery. PHR-Israel submitted two requests to the Israeli army, once on February 8th, and again on February 24th, yet we never heard back from the officials. After many attempts to contact the army about this case, we were told over the phone that the army is suspicious about letting her husband enter the West Bank, as it raises questions about R and her children's exit from Gaza in the first place. They suspect she was trying to settle in the West Bank. To address this fear, we informed the army on two separate occasions that the father pledged that after the surgery, his wife and daughters would return with them to Gaza. Army officials replied that they would not review R and her husband's application until she and her children returned to the Gaza Strip. As of now, no solution has been found that satisfies both the family and authorities. R. continues to refuse surgery until her husband is given permission to join her.

Case Study: Y is a resident of Hebron who was injured in a work-related accident and needs regular rehabilitation and physiotherapy not available in Hebron, but are available in East Jerusalem. Thanks to PHR-Israel's assistance and intervention, Y obtained a long-term multi-entry permit to enter East Jerusalem for between 10-20 appointments per month. After his permit expired, Y was required to ask for permits for each visit separately. Due to the bureaucracy involved in coordinating between the hospitals and the Army, Y began missing appointments and turned to PHR-Israel for assistance. PHR-Israel corresponded with army officials who said that they were unable to issue Y a long term permit since he was now considered a security threat. Y is now forced to submit individual applications for every appointment and must appear at the army's permit office, located far from him home, every four days, in order to submit the necessary paper-work.

When working through official army and civil administration channels to reverse rejections did not achieve the desired results, we turned to the Israeli judicial system to appeal on behalf of individual applications. During the reporting period, the Department submitted **8 appeals to Israeli courts**. Five were discussed in court, of which two were approved and three were rejected. By the end of the project period, 3 cases were still pending in Israeli courts and we will continue to pursue legal action on behalf of these patients during the next reporting period.

Medical Referrals to Israeli Hospitals and Financial Coverage

Our caseworkers also assist patients from the Occupied Territories schedule appointments at Israeli hospitals and in certain cases, and with funds permitting, PHR-Israel underwrites the cost of treatment, a necessary precondition for entering Israel for medical care. From January to June 2010, we scheduled appointments for **over 200 West Bank patients** and provided **coverage for hundreds of appointments** and procedures. Of these 200 patients, 57 patients were provided follow up assistance after visiting PHR-Israel's mobile clinic.

In addition to scheduling appointments and paying for procedures, the Department also purchases necessary equipment needed to help patients recover. For example, in February and May 2010, with the help of a donor, we purchased prosthetic limbs for three different patients from Gaza injured in last year's Operation Cast Lead. After purchasing the limbs, we coordinated the procedure on behalf of the patients at Reut Hospital in Israel. In March 2010, we facilitated the transfer of an x-ray machine donated by an Israeli physician to the public hospital in Tul Karem in the West Bank.

III. Provision of Medical Services and Medical Trainings in the West Bank



During the project period, the Department continued operating our Mobile Clinic Project. Between January and June 2010, PHR-Israel carried out **25 mobile clinics**. Most mobile clinics include internists and a variety of specialists, while some mobile clinics focus on a specific medical specialty. During the project period, the Department coordinated 17 general clinics, 6 women clinics, 1 diabetes clinic, and 1 cardiology clinic. **5,620** West Bank residents were examined and treated at our mobile clinic, of which 57 patients were assisted by our West Bank intake coordinator in receiving entry permits and follow-up care inside Israel.

Our Mobile Clinics bring together Israeli and Palestinian health professionals and active members of Palestinian civil society for weekly cooperative medical work in rural Palestinian villages in the West Bank. Within this setting, Israeli doctors provide immediate primary care and when necessary, referrals for follow up care, while Palestinian and Israeli Pharmacists dispense basic medications to patients. From the very beginning, the [Palestinian Medical Relief Society \(PMRS\)](#), the largest non-governmental primary healthcare provider in the West Bank, has been the main partner of PHR-Israel in these activities. Over the years, PHR-Israel has built partnerships with other local non-governmental, independent organisations. Through consistent collaborative work, the mobile clinic serves as a gesture of trust and solidarity with Palestinian patients and medical professionals, helping to foster greater recognition for human rights values among the Israeli medical community, while sensitizing the Israeli public and international community to the need for Israeli policy change regarding its' control over the occupied Palestinian territory.

Case Study: On Saturday, June 5th 2010, PHR-Israel's Mobile Clinic arrived in Deir Astiya, a village near Sulfit in the West Bank, to carry out a general clinic. Cosponsored by the village's municipality, medical center, and the Palestinian Medical Relief Society, the mobile clinic took place in an old building that serves as a

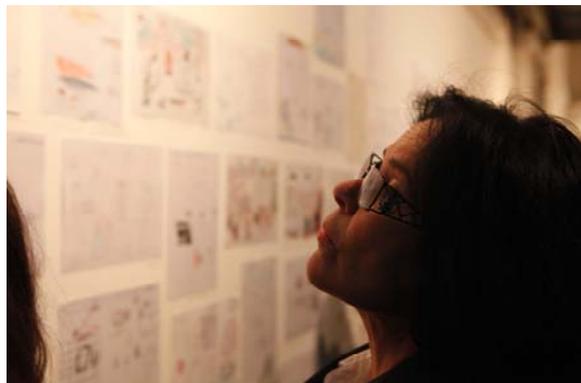
youth and community center for the village. Yassir Awwad, the Director of the Center, welcomed PHR-Israel's medical delegation and spoke about the daily difficulties the people face as a result of harassment from the surrounding settlements, poverty, and unemployment. Dr. Ilan Gull from PHR-Israel thanked our Palestinian partners for their gracious welcome and stressed the importance of ongoing cooperation and peaceful coexistence. Throughout the day, more than 320 patients were checked, including 60 children. Of these 320 patients, a neurologist saw 30 patients, a gynecologist saw 20, an ear nose and throat doctor saw 35, and an internist saw 50 patients. At the end of the day, the head of the Municipality, Nazmi Suleiman, expressed his thanks and appreciation for PHR-Israel and invited the delegation to a lunch in the the olive orchards surrounding the village.

In addition to our mobile clinics, in March and June, we also coordinated **2 surgery days** in Tul Karem in the West Bank where PHR-Israel affiliated orthopedists and surgeons conducted a total of **16 surgeries** with Palestinian doctors. This day served a dual purpose: Not only did patients receive the medical care they required; the Israeli physicians were able to update and train the Palestinian physicians in the newest medical technologies and procedures. Palestinian doctors will continue to implement these new techniques in their future work.

Not only do Palestinian physicians stay updated on medical advancements from their Israeli counterparts during surgery days and mobile clinics, PHR-Israel also organizes medical seminars for Palestinian physicians. During the project period, the Department organized **two** such **seminars**. On February 20th, 2010, 80 Palestinian physicians attended a training session in Jenin and on June 4th, 2010 over 100 Palestinian physicians attended a [training conference in Tul Karem](#) on the latest developments in internal medicine and surgery. Based on the success of this program, the Department will continue and expand such initiatives in the next project period.

For photographs from our mobile clinics and training seminars, please visit our [flickr page](#).

IV. Shaping the Local and International Debate on OPT Issues



Through exhibitions, publications, conferences, meetings, and briefings, the Occupied Palestinian Territory Department continued to shape the public debate, both within Israel and internationally, on various issues relating to health in the occupied territory.

Exhibitions

During the project period, we organized two exhibitions to raise awareness of violations of human rights in Gaza and to strengthen our ties with the community. The first event, on January 18th, 2010, we sponsored '**Childhood under Fire' An Exhibition of Gaza Children's Drawings, One Year After**, in commemoration of the one year anniversary of "Operation Cast Lead." We organized this event with the Gaza Community Mental Health Programme and Gisha: the Legal Center for Freedom of Movement. The exhibition featured [drawings](#), made by children in Gaza during the past year, collected by the Gaza Community Mental Health Programme. The opening night included an analysis of the drawings by a Clinical and Educational Psychologist from PHR-Israel, as well as speakers from all three organizations. Around 90 people attended the event, which took place in Minshar, a culture center in Tel Aviv.

The second exhibition was titled '**The Beaten Track - Obstacles Facing Gaza Patients in Need of Medical Care**,' which featured an [exhibition](#) of illustrations by Moran Barak inspired by the harsh journey patients from Gaza face when having to leave the Strip in order to seek medical treatment. The exhibition first opened in Tel Aviv, at the Left Bank, on May 7th, 2010. On the same day as the exhibition, the illustrations series were released as a special insert in the weekend edition of the Israeli newspaper, Haaretz, both in Hebrew and English. We will also release [the exhibit in Nazareth](#) in July and in Beer Sheva in October.

Through the use of illustration in both cases, PHR-Israel was able to translate the bureaucracy and effects of Israel's military operation and the ongoing closure of the Gaza Strip into more graspable concepts. During the next project period, we plan to send the Beaten Track Illustrations to Italy and London, where they will be used as a platform for speaking about violations of the right to health in Gaza and our related casework.

Upcoming Publications

During the project period, our staff finalized research and analysis of data collected for several publications. All four will be published during the next project period. The first publication focuses on the impact on health of the prolonged occupation on the Hebron neighborhood of Wadi el-Hussein. This report, based on data collected in 2009 and analyzed throughout the first half of 2010, will be published in September. The second publication will be a position paper that discusses the isolation of medical staff and patients from the El Azariyah neighborhood in East Jerusalem, to be released in September. The third paper will focus on obstacles for early treatment and detection of pediatric leukemia for Palestinian patients. The data has already been collected and the paper is in its final revisions. We hope to release it at the end of the next project period.

The fourth report focuses on food and water insecurity in the Gaza Strip. This report focuses on food and water insecurity in the Gaza Strip and analyzes how Israeli control of Gaza has created a population on the edge of disaster. The dependency of Palestinians in Gaza on external aid is the result of years of de-development, recently

intensified with the blockade policy in place since June 2007. Under these conditions, Gaza's economy has virtually collapsed, and people living in the Strip have suffered the humiliation of being unable to feed their children without daily handouts. The report is divided into two sections: the first on Food Insecurity and Gaza's Economy and the second on Gaza's water crisis.

The report concludes with Physicians for Human Rights-Israel's analysis of the ethical violations committed by Israel through its policies towards the Gaza Strip. Recommendations for Israel and the international community are provided, which we believe should be adopted as a way to immediately cease such violations and improve the livelihoods of Gaza residents.

Conferences and Meetings

In order to shape the public debate both within Israel and abroad, representatives from the Department participated in conferences, gave presentations, submitted testimonies, and briefed various stakeholders on the issue of health in the occupied Palestinian territory. During the project period, we enhanced our engagement stakeholders and policymakers in the US, the EU, the UN, diplomatic missions based in Israel and the oPt, foreign and international NGOs, the Israeli Cabinet and Knesset, and the general public.

Throughout our principle advocacy and individual assistance, the Department met with leading stakeholders, policymakers, medical professionals, and the general public about our specific initiatives. In addition to these meetings, between January and June 2010, we led **26 meetings** with various individuals on health issues in the oPt in general, as a way to shape the public discourse on the subject. A list of these conferences, lectures, meetings, and briefings is included below:

- January 5, 2010: Presentation to students from Georgetown University on access to medical care within the West Bank
- January 7, 2010: Presentation about our work in Gaza to OXFAM employees
- January 7- 8, 2010: Meeting with American physicians about our work
- January 12, 2010: Introductory meeting with the new Director of the Middle East at the Carter Center
- January 13, 2010: Presentation to an EU delegation in Israel
- January 13, 2010: Meeting with students from NYU study abroad program in Tel Aviv
- January 26, 2010: Briefing for the First Secretary at the Canadian Embassy
- February 17, 2010: Lecture to students of public policy from the University of Haifa
- February 23, 2010: Participation in a panel discussion with Shovrim Shtika in Jerusalem, addressed a group of American Jewish students
- February 24, 2010: Briefing to Matthew Welch, political officer at the US Consulate in Tel Aviv
- March 17, 2010: Presentation to Law Students from Northwestern University
- March 17, 2010: Participation at a Friends of Meretz event in Tel Aviv
- March 23, 2010: Meeting with the Deputy Head at the Spanish Embassy in Tel Aviv

- April 19, 2010: Briefing to the Regional Director and the Policy Director of the American Friends Service Committee (AFSC)
- April 26, 2010: Meeting with the Holland Political Advisor of Amnesty International
- April 26, 2010: Briefing to the French Solidarity Movement with Palestine
- May 3, 2010: Participation in a conference in Holland organized by the Dutch Friends of the Israeli Medical Association
- June 2, 2010: Meeting with the Economic Advisor at the German Embassy
- June 6, 2010: Lecture to American students on human rights in the oPt
- June 8, 2010: Lecture on our activities to representatives from the public health funds and the Ministry of Health
- June 13, 2010: Introductory meeting with American lobby group, JStreet
- June 13, 2010: Lecture to American students
- June 15, 2010: Brainstorming meeting with public health expert from Birzeit University
- June 18, 2010: Briefing to Deputy Head of the Slovenian Mission to Israel
- June 21-22, 2010: Presentation to the German Minister of Economic Development and Cooperation, delegation of German parliament members, donors, businessmen, journalists, and embassy staff
- June 27, 2010: Briefing to American representatives from Physicians for Social Justice

The Department for Status-Less Persons



The Department for Status-less Persons, including the Open Clinic, services over 250,000 people residing in Israel without civil status including foreign workers and their families, asylum seekers from around the world, Palestinian women and children in Israel who lost their status following the 2003 Citizenship Law, collaborators and alleged collaborators from the West Bank and Gaza, victims of human trafficking, and many others living in Israel without legal status.

The Department works simultaneously on several parallel initiatives to advocate for principle policy change and provide medical services for status-less individuals. Until overall questions about the State's Jewish and democratic nature are answered, advocating for a path to citizenship for status-less persons in Israel is a fruitless endeavor. Bearing in mind this political climate and the ideological inclinations of many in charge, the Department believes the best strategy for principle change is to advocate for the State to grant undocumented and status-less persons 'social residency' status. Beyond giving status to the status-less, social residency would enable these

individuals to access state-run social benefits like health care and welfare, without subjecting them to the more complex and longwinded debate over citizenship.

While we work to grant social residency to all status-less persons, we also engage in a targeted campaign to promote health rights for all non-resident children, a group particularly needing regular access to medical care for routine check ups and preventative care.

As part of the struggle for social residency, PHR-Israel believes that documented migrant workers and/or their employers should have the ability to access coverage from the public health funds. As things stand today, status-less persons are only able to purchase health insurance from private agencies which are prone to manipulating and exploiting their vulnerable clients. Similar to our approach regarding social residency, PHR-Israel focuses this campaign on documented migrant workers, as they represent the group most likely to be incorporated into the national health system, with the hope to eventually extend the struggle to all status-less persons. Transferring private health insurance to the public system would end company's discriminatory practices and allow status-less individuals to access better medical care from a more established and extensive health care system.

Until status-less individuals can access the public health system, PHR-Israel works to ensure that private health insurance companies do not manipulate the vulnerability of their clients, that they are held accountable for their actions, and that they do not wrongly deny medical care to clients.

PHR-Israel also believes medical care should be provided to all those who cannot afford to purchase private health insurance. Therefore, until social residency is given to all status-less persons, the Department runs an Open Clinic to provide basic medical care for non-residents with no other options. The Open Clinic serves over 7,000 patients each year.

In addition to these parallel initiatives, the Department also works to prevent the deportation of sick patients unable to receive the proper treatment in their countries of origin. We are also an active member of a coalition of human rights groups that lobbies to prevent the State from passing the Anti-Infiltration Law, legislation that would criminalize many asylum seekers and the individuals and groups that assist them.

The Department for Status-less Persons is staffed by 1 Department Director, 1 Clinic Manager, 3 Caseworkers, and over 200 volunteers. To advance our advocacy and humanitarian work, medical professionals provided **over 70 hours of medical consultations and opinions**. Volunteer physicians, nurses, and medical students volunteered **626 shifts** totaling **6,294 hours** to provide medical services to status-less persons. In addition, **231 shifts** were provided by over **50 volunteer receptionists** during the Clinic's morning and evening hours of operation. Over the project period, the Department's staff offered **19 training sessions** to these volunteers on Clinic procedures and protocol.

I. Promoting Social Residency Status for Status-less Persons

Lobbying the Inter-ministerial Committee for Social Residency

From 2006 to 2009, PHR-Israel submitted three petitions to the High Court of Justice in an attempt to lobby the State to grant three different status-less populations social residency. This pressure, combined with an additional petition by another human rights organization, led the Ministry of Health and Ministry of Welfare Services to form an Inter-ministerial Committee charged with exploring possibilities to grant social rights to status-less populations in June 2009.

Since the establishment of this Committee, the advocacy team of PHR-Israel's Status-less Persons Department has been in continuous correspondence with its members, lobbying for social residency in a variety of ways. Between January and June 2010, the Committee met 7 times, discussing three different models for social residency. Throughout the reporting period, PHR-Israel engaged in a tailored and targeted advocacy campaign to keep our recommendations on the forefront of their discussions.

At the end of the last reporting period, PHR-Israel worked with the [Association for Civil Rights in Israel \(ACRI\)](#) and [Kayan- Feminist Organization](#) to write an official letter to the Committee with a list of all the different status-less groups in Israel requiring social residency. This list included refugees and asylum seekers, documented and undocumented foreign workers and their families, Palestinians affected by the 2003 Amendment to the Citizenship Law, Palestinian collaborators and alleged collaborators, non-resident women suffering from domestic abuse, and others.

Throughout the reporting period, our advocacy team followed up on the Committee's work. We wrote numerous letters of inquiry and held many conversations with stake holders to pressure Committee members. In addition, we turned to our membership base, comprised mainly of medical professionals, to use their individual contacts to promote social residency to this Committee.

In January 2010, we brought an additional hearing to the High Court of Justice on the issue of Social Residency for victims of the Citizenship Law. Although this hearing did not bring about specific rulings on behalf of victims of the Citizenship Law, it moved this issue to the top of the agenda of the Committee.

During the reporting period, we also met with various government policymakers to explain to them the benefits of social residency. During the month of June, we met with Amnon Ben Ami, the new Head of the Israeli Immigration Authority. Department staff also joined the Knesset's Committee on Foreign Workers on a tour of South Tel Aviv, an area where many status-less individuals live.

In addition to directly lobbying the government, the Department's advocacy team met with a variety of stakeholders to introduce the idea of social residency and coordinate between groups to streamline our messaging and advocacy strategy. Over the reporting period, we met with UNHCR, UNICEF, the Tel Aviv municipality, community and human rights organizations including ACRI, Mesila, and the [Hotline](#)

[for Migrant Workers](#), hospital management, and social workers about social residency.

During these meetings, we clarified the subject of social residency and encouraged these groups to directly lobby to the Committee and advocate for the interests of the status-less groups they represent. Following the meetings, PHR-Israel worked with each group, advising about lobbying efforts and applications to the Committee. The effect of these meetings was immediate; by working together with stakeholders from so many different arenas, our advocacy campaign for social residency became significantly stronger. Among others, officials from the Municipality of Tel Aviv agreed to take on the issue of status-less children with the Committee and a major hospital in the Tel Aviv area decided to support for social residency rights for refugees and asylum seekers and foreign workers. In addition, the [Association for the Rights of Mixed Families](#) agreed to act on the issue of the status-less elderly population in Israel.

In addition to encouraging institutions to join us in our campaign for social residency, Department staff **presented to 9 groups of students** from Beersheva's Ben Gurion University, Hadassah Medical School in Jerusalem, and area high school students on health for status-less populations in Israel and how social residency could solve many of the gaps in medical care.

In addition, from April 23-24, the Department participated in a conference at Tel Chai titled "Cooperation between Society and Academia," a collaboration between social change organizations and academic institutions. Hundreds of students from across the country attended this conference. The Department presented on the right to health of immigrants to Israel including foreign workers and refugees and our campaign to pressure the State to grant them social residency. In addition, we distributed PHR-Israel materials to the students in attendance so they could learn more about our initiatives with status-less populations and about the work of our other departments.

During the project period, Department staff **gave 8 lectures to leaders from the foreign worker and refugee communities** about their health status in Israel, their right to health insurance, the differences between services offered by the Israeli government, the UN, and human organizations, and the role of the PHR-Israel Open Clinic. After the lecture, Department staff started discussions with the patients receiving valuable feedback and explaining a lot of misinformation about refugee and asylum seeker status in Israel. We hope to increase such initiatives during the next project period.

In addition, during the reporting period, Department staff held two meetings with volunteers about creating a social media project that would better raise awareness about the health needs of status-less persons including our social residency campaign. Specifically, this project will include written and video testimonies about the lives of Clinic patients in their countries of origin, their journey to Israel, their life in Israel, and their experiences at the Open Clinic. We will be launching a Department mini-site that will be updated in real-time with blog entries, photographs, and personal stories. We hope to officially launch this campaign in August.

Lobbying for Social Residency by Exposing the Failures of the Inter-ministerial Committee for Humanitarian Proposals

Since the late 1990s, the State of Israel has referred all cases requiring status determination to the Inter-ministerial Committee for Humanitarian Proposals, led by the head of the Immigration Authority of the Ministry of the Interior. In theory, this Committee receives individual applicants and decides whether or not they should receive status. In practice, this Committee meets quite infrequently, does not publish its meeting times, has no criteria or protocols, lacks an appeals process, and does not publish the list of its members. In addition, the head of the Immigration Authority supposedly calls this Committee to meet. However, the Immigration Authority lacked a head for most of 2009 meaning that the Committee did not meet for most of last year.

Physicians for Human Rights-Israel believes that this Committee is ineffective and discriminatory. Following the appointment of a new head to the Immigration Authority, this Committee once again became active. Therefore, PHR-Israel engaged in a large advocacy campaign against this Committee, culminating in a [leading story](#) in the major daily newspaper Ma'ariv in May 2010. This article detailed the problems with this Committee.

While the Department lobbies the State to grant social residency for status-less persons, part of our multilayered approach includes lobbying the Committee to make it more effective and impartial. In January 2010, following the reconvening of this Committee, the Department referred two status-less persons working in elderly care to the Committee. We are still waiting for an answer on these cases.

During the reporting period, a Department caseworker worked on 12 different applications to this Committee. Of these, 4 cases were given answers (none were granted status) and 8 are still waiting to receive answers from the Committee. In addition, our caseworker gave 4 additional individuals information about the Committee, giving them the choice of whether or not to apply. During the next project period, Department caseworkers will continue to follow up on the 8 pending cases with this Committee.

Lobbying for Social Residency by Exposing the Failures of the Humanitarian Committee

In 2003, the Knesset Amended the Citizenship and Entry into Israel Law, adversely affecting couples where one is an Israeli citizen and the other is a resident of the Palestinian Authority (or of Syria, Lebanon, Iran, or Iraq). Spouses from either the Palestinian Authority or these countries that are married to Israeli citizens from 1997 onwards are not allowed to pursue a process of family reunification which affords one spouse legal status in Israel. Spouses that received legal status between 1997 and 2003 were retroactively stripped of their status, losing the state-run social benefits that apply to all those with civil status. Affected by this law, over 20,000 individuals in Israel are unable to access social services like state-run healthcare and welfare while their spouses and children have no problem receiving such services. In March 2007, in response to enormous pressure from the Israeli and international human rights

community, the State created the 'Humanitarian Committee,' to provide a forum for individual applicants to receive recourse through civil status.

The Department's advocacy team works to lobby the Israeli government and the Israeli and international public to repeal this racist law. Similar to our other multilayered campaigns, while the advocacy team promotes the repealing of this law, we simultaneously seek to expose the failures and racist policies of the Humanitarian Committee. We believe that exposing the failures of this Committee will advance our efforts to cause the State to grant social residency status for those affected by the Citizenship Law.

During the project period, the Department also exposed the failures of this Committee in its inability to assist Palestinian collaborators and alleged collaborators. This Committee was specifically made to address victims of the Citizenship Law. However, in numerous cases, the State referred to this Committee Palestinians under threat in either the West Bank or Gaza that came to Israel to seek refuge. Our Department vehemently opposes the State's discourse which uses a "Humanitarian Committee" as a tool to avoid handling matters of principle, and calls on the State of Israel to find a separate solution for these individuals without grouping them with persons affected by a completely different issue. The issue of collaborators and alleged collaborators will be further discussed below.

In order to publicize the stories of those affected by this law, during the project period we began to gather testimonials from women victims of the law. During the month of May, we filmed several testimonies around the country. During the next project period, we hope to release short video in order to raise awareness of this Law and create public pressure to grant those affected social residency status.

Also during the project period, the Department formed a coalition with Shatil's Baka el Ghabria office to further discuss cooperation on issues relating to victims of this law. Our current efforts mostly focus on the center of the country, near our office, and this coalition will enable us to expand our activities to better assist those affected in the Triangle region in the North. We hope to see further improved cooperation and joint efforts during the next project period.

A product of our international advocacy efforts, the [US State Department's latest report on human rights](#) includes a description of Israel's Citizenship Law under the section of issues affecting human rights in Israel. This report specifically cites the work of PHR-Israel in attempting to pressure the State to grant social benefits to victims of this Law.

As an additional component of our multilayered approach, the Department believes that while advocating for the repeal of this law and the dissolution of the Humanitarian Committee, we should help affected individuals apply to this Committee. During the project period, we helped 10 individuals with applications to this Committee. In addition, our caseworkers provided information to over 25 individuals about the Committee and the process of filing applications.

II. Promoting Social Residency Status for Status-less Children

Principle Advocacy

While our campaign to promote social residency status for status-less persons includes children, we believe status-less children are especially vulnerable and deserve special protection. Although Israel is a signatory of the UN Convention on the Rights of the Child, several thousand children of migrant workers and refugees lack access to quality health care. Throughout the project period, the Department lobbied the Knesset Committee on Migrant Workers to adopt a policy that would guarantee the right to health care for children unconditionally.

Combined with our advocacy campaign to provide these children with public health care coverage, we believe that all status-less children in Israel should not be deported from Israel. Together with a coalition of other human rights organizations, we lobbied the Ministers of Health, Education, and Minorities and various Members of the Knesset to prevent the deportation of children. In March 2010, together with these other organizations, we published a petition to prevent the deportation of children in the popular Israeli daily newspaper *Yediot Ahronot*.

Individual Assistance

While the struggle to receive national health care for all status-less children is still in process, our caseworkers assisted many individual children with health care in different ways. First, we helped children with one Israeli parent register with the Ministry of Interior to receive status and subsequently be eligible for state-run social benefits like health care. Second, we assisted many families of status-less children with the process of purchasing private health insurance. And lastly, for families who could not afford private health insurance, we referred them to the free pediatric services offered in our Open Clinic.

Children with one Israeli parent are supposed to receive civil status from the Ministry of Interior. Children with Israeli mothers and foreign fathers often have no trouble registering with the Ministry of Interior. When the Israeli parent is the father, in the past expensive and humiliating paternity tests were required before medical coverage is offered by the State. However, throughout 2009, medical services were provided on the premise that a paternity test would one day be performed. In January 2010, the State decided to again precondition medical treatment on the results of paternity tests for all children whose mother was born outside Israel and the occupied territories.

As a result of this change, in February 2010 we appealed the High Court of Justice demanding the State provide immediate medical care to children with one Israeli parent. Working with ACRI who filed a similar petition years ago, we pressured the State to decide on this issue. While the High Court has yet to give a definite ruling, the Department will continue to monitor the progress of

this case over the next reporting period. Over the project period, **we helped 20 children with 'mixed-parents' register with the Ministry of Interior.**

In addition to children with one Israeli parent, our caseworkers also helped families purchase private health insurance for their children. In order to make this process as simple and affordable as possible, in 2001 as a result of PHR-Israel advocacy efforts, the Israeli HMO "Meuhedet" developed a special insurance plan for status-less children. During the reporting period, we continued to work with Meuhedet to ensure that they fairly applied this agreement to all status-less children.

In February, the advocacy team worked with the staff of the Open Clinic to develop a special questionnaire for all children coming to the Open Clinic for pediatric care. This questionnaire enabled us to identify the main reasons parents are unable to purchase private health insurance for the children, despite the arrangements available today. Because of these questionnaires, between February and June, Department caseworkers were able to assist many additional children register for health insurance.

Also in February, a caseworker and the Clinic manager met with the Director of Mesila, a human rights organization that also deals with children's health insurance issues. We discussed reoccurring problems with Meuhedet and possible solutions to offer to families. By training Mesila on this issue, many additional children were assisted.

Through our casework, we noticed that some cities outside of the Tel Aviv area were charging higher premium prices and manipulating criteria for Meuhedet insurance for status-less children. For example, since the end of 2009, our advocacy team has been working with activists from the city of Arad to ensure that all children were able to access health insurance either through 'Meuhedet' or a comparable alternative. In February 2010, this hard work came to a close and children in Arad began receiving medical care through the "Leumi" HMO.

In April, we noticed that Jerusalem and Beersheva residents were asked to pay higher premiums to insure status-less children. After discussing with the heads of Meuhedet branches in these two towns, they agreed to lower the premium costs to the price agreed upon in 2001. Our caseworker taught volunteers from these two cities on the details of the agreement so that they will be able to advocate for individuals if future problems arise. We will continue to follow up with volunteers from these two towns and ensure that no child is overcharged for health insurance.

In addition, in June 2010 we became aware that officials from Meuhedet branches in Eilat do not recognize the special agreement for status-less children. After corresponding with the Ministry of Health's Director General, we were assured that these branches would immediately change their policies.

Over the project period, we provided information to 20 families on Meuhedet health insurance for their children. We advocated on behalf of 14 additional

children to Muehedet to solve bureaucratic problems preventing these children from receiving coverage.

III. Transferring Insurance for Status-less Individuals from the Private Sphere to the Public System

Principle Advocacy

While the campaign for social residency and national health insurance for all status-less persons is in process, we believe that all migrant workers should be able to purchase insurance from the national health system. For documented migrant workers, we believe their employers should follow the same process as with their Israeli employees, where a percentage of the salary is removed and used for the national health and workers insurance. For undocumented workers without permanent employers, we believe they should have the ability to purchase insurance directly from the national health providers.

In order to convince the State that integrating these individuals into the public system is financially preferable, the Director of the Department worked with a renowned Israeli economist to write an economic feasibility study on the matter. This report shows that the transferring of insurance to the public system makes sense financially because migrant workers are attractive to insurers, as they are generally a young and healthy community whose members undergo medical screening prior to their arrival in Israel. Furthermore, most status-less persons stay in Israel only for several years and therefore do not age in Israel. The report describes how many status-less persons pay hefty monthly premiums to private medical insurers, who often provide limited and problematic health coverage. The report concludes that transferring policies to the public system will be best for both status-less persons – who will receive fairer medical coverage – and for Israel’s medical sector, as the public system will be boosted financially.

Our report, combined with lobby work, led the Knesset Center for Research to launch its own project on the subject. In February 2010, this Center published its own research paper, based on the findings of our study, demonstrating the financial benefits of shifting the private insurance from the private to the public sector. We plan to launch a campaign around this report during the next reporting period.

During the rest of the project period, our advocacy team met with many stakeholders to convince them to take part in this campaign. First, we established a group of PHR-Israel influential members from the medical community and briefed them on the subject. Second, we approached Member of Knesset Haim Oron and convinced him to join us in this campaign. Together with our members and MK Oron, we successfully lobbied the Inter-ministerial Committee for Social Residency, various public Health Maintenance Organizations (HMOs), the management of area hospitals, and representatives of the Ministry of Health on this move. During the next project period, our advocacy team will continue to work with these stakeholders to bring about the transferring of private insurances to the public system.

IV. Mediating on behalf of Palestinian collaborators and alleged collaborators

Suspected of collaboration with the Israeli government, hundreds of Palestinians flee to Israel after their lives are threatened in the West Bank or Gaza Strip. In most countries, individuals under similar circumstances would be able to apply for asylum and receive state-run social benefits in the country of settlement. In Israel, however, no asylum process exists for these Palestinian refugees. The Department's advocacy team works to pressure the State to give all status-less persons, including these threatened Palestinians, social residency status. In addition, our caseworkers also assist these individuals with their medical needs.

In February 2010, the Department brought a [petition to the Supreme Court on behalf of S.M.](#), a Palestinian whose life is threatened in the West Bank for suspected collaboration with Israel. After being tortured for months by the Palestinian Authority, he managed to flee to Israel in 2001. He was given a permit to stay in Israel; however, he was not given residency status and was therefore ineligible from state-run health care. S.M. suffers from kidney failures and a distressed mental status as a result of his trauma. The petition called on Israel to grant him temporary residency, or to provide him with all his clinical needs. The petition also listed Israel's responsibilities toward suspected collaborators, as well as its responsibility for the repercussions that accompany the practice of drafting collaborators from among citizens of occupied territories – which is illegal under international law.

In response to our petition, the State ruled that because he had a wife and daughter in Israel, whom he is no longer in contact with, that he should present his case to the Humanitarian Committee. This ruling was based on a technicality and although S.M. has Israeli relatives, his claim for status had nothing to do with them. By ruling in this way, the State was able to deflect responsibility from the issue of threatened Palestinians as a whole.

S.M. is currently waiting for the Humanitarian Committee's decision. During the next project period, the Department will continue to follow up on his case and advocate that in principle, the state grant social residency status for all Palestinians living in Israel whose lives are under threat in the occupied Palestinian territory.

Over the project period, our caseworkers assisted 5 different Palestinians under threat living in Israel. Not including S.M., whose case is described above, we currently have 3 petitions pending in the Supreme Court. In addition, we gave information to 5 Palestinian alleged collaborators about their rights in Israel.

V. Representation on behalf of status-less persons to local health authorities and private insurance agencies

Many status-less persons, including documented migrant workers, are exploited and manipulated by employers and private insurance agencies. Insurers often take advantage of unaware migrant workers that do not speak Hebrew by renegeing on their responsibility to provide medical treatment. Quite often, insurance companies do not provide explanations and rely on the helplessness of insured workers in order to save money on expensive medical treatment. Our caseworkers advocate on behalf of these individuals to insurance companies, and when necessary, legal action was pursued.

Over the course of the project period, our caseworker helped 44 individuals with specific problems with insurance companies. To help these 44 people, our caseworkers contacted insurance companies through official letters and meetings over 175 times. In addition, our caseworker made hundreds of phone calls to insurance companies to clarify the status of these open cases. In addition, our caseworker helped 270 status-less persons sign up for medical insurance over the project period.

Case Study: R, a migrant worker from Nepal, has been working legally in Israel since December 2008. A day after arriving in Israel, she registered for medical insurance through the Ayalon insurance agency. In January 2010, a family physician referred her for an endoscopy test, but her insurance refused to cover it. In March 2010, R's insurance policy ended, and when she applied to renew it, they refused. R came to the Department at PHR-Israel to ask for assistance with her insurance. Following our assistance, the Ayalon agency renewed R's insurance; however, the endoscopy test was still not approved and no reason was given. After our intervention, the insurance company claimed that as written in the initial medical evaluation, the condition in question predates her joining the insurance policy. Once we talked with the patient, we understood unquestionably that she had only recently been feeling pains, well within the 12 months she had been insured with Ayalon. According to the patient, since she does not speak Hebrew or English, she could not communicate at all with the doctor, and that this miscommunication was the reason for the mistake in the evaluation. With our help, R went to a doctor from the insurance company with a translator. The physician wrote a new evaluation, which we submitted to the Ayalon insurance company, and the procedure was approved. To the delight of the patient, the procedure did not come back with any significant findings.

VI. Preventing the deportation of those suffering from chronic illnesses

Many status-less individuals have chronic diseases that cannot be adequately treated in their home countries. PHR-Israel believes that these individuals should not be deported to countries where their treatment is not ensured. During the reporting period, our caseworker helped **prevent the deportation of 76 individuals**. Our caseworker initiated 303 official letters and meetings as well as hundreds of phone calls on behalf of these patients.

Case Study: P.B. is a 60 year old migrant worker from Romania that has legally worked in Israel for the past 5 years. On January 31st, she went to the Emergency Room with general complaints. After testing, she discovered that she suffers from rectal cancer. On February 16th, she underwent surgery to remove the tumor and needs chemotherapy and radiation over the next six months. Unfortunately, her work VISA expired on May 30th and she was set to be deported. Our caseworker filed an appeal to the Ministry of Interior on her behalf. Because of our efforts, her deportation order was reversed and she is allowed to stay in Israel until the end of her medical treatment.

VII. Opposing the Proposed Anti-infiltration Law

In May 2008, the Knesset proposed a law to imprison every person, including those requesting asylum, who crosses the border illegally. This law also calls for the

punishment of those whose seek to "ease their stay" in Israel, including individuals who work for human rights organizations like PHR-Israel.

Physicians for Human Rights-Israel is an active member of the [Refugee Rights Forum](#), a group of human rights organizations working together to lobby against this law. During the project period, this group met four times. In February 2010, coinciding with the first Knesset debate surrounding this law, the Forum released a [position paper](#) covering the racist and immoral aspects of this law. In addition, we organized a press conference on the matter including a presentation on the myths regarding refugees in Israel.

In March 2010, the Forum organized a large lobbying campaign to coincide with the end of the Knesset recess. Working with scores of journalists, Members of Knesset, key Israeli stakeholders, and prominent rabbis, we engaged in a large-scale media campaign addressing the Israeli public audience about the problematic nature of this Law. In order to reach a more international audience, in April 2010, PHR-Israel met with Euromed, a European human rights organization that works with civil society in the Mediterranean region. We briefed their representatives on issues concerning the Anti-Infiltration Law. We hope to see a joint initiative on this topic during the next project period.

In June, together with the Refugee Rights Forum, the Department's advocacy team planned a massive campaign to coincide with World Refugee Rights Day. 70 Israeli and refugee activists organized several events in the Tel Aviv area, giving out pamphlets about the problems facing refugees in Israel today, the impending Anti-Infiltration Law, and the work of many human rights organizations to better the lives of refugees in Israel. By the end of the day, these activists persuaded 1,465 Israelis to sign cards against the Anti-Infiltration Law. These postcards were submitted to the Prime Minister. Also in honor of this Day, Ha'aretz newspaper published an [article](#) featuring Dr. Raphi Valden, member of PHR-Israel's Executive Board and dedicated volunteer, discussing how the infiltration law would wrongly target devoted physicians and volunteers like him. The Forum will continue to follow up on such initiatives during the next project period.

VIII. The Open Clinic



Until social residency status is given to all status-less persons, PHR-Israel also believes medical care should be provided to all those who cannot afford to purchase

private health insurance. Therefore, the Department runs an Open Clinic to provide basic medical care for status-less persons with no other options.

Physicians for Human Rights-Israel's Open Clinic provides medical services for individuals living in Israel who are excluded from the public health system. The clinic services asylum seekers from Africa and other parts of the world, foreign workers and their families, Palestinian women and children in Israel who lost their status following the 2003 Citizenship Law, collaborators and alleged collaborators from the West Bank and Gaza, victims of sex trafficking, and many others living in Israel without legal status.

Between January 1- June 30, 2010:

- **3,595** status-less persons received primary and specialist care at PHR-Israel's Open Clinic
- **1,147** appointments were made for status-less persons at Open Clinic volunteers' private clinics
- **4,054** appointments were made for patients to area hospitals, laboratories, and other medical facilities for further treatment
- **1,330** new patients came to the Open Clinic

During the last six months, over 200 volunteer physicians, nurses, and medical students from around the country volunteered **626 shifts** totaling **6,294 hours** to provide free medical services to status-less persons. Shifts were coordinated by a salaried Open Clinic Manager, while a patients intake coordinator helped patients schedule follow up appointments and secure discounted rates for procedures and consultations.

In addition, **231 shifts** were provided by over **50 volunteer receptionists** during the Clinic's morning and evening hours of operation. Between January and June 2010, Open Clinic staff offered **19 training sessions** to these volunteers on Clinic procedures and protocol.

Countries of Origin

The majority of patients, 62 percent, are refugees or asylum seekers who are not entitled to civil status in Israel and as a result often cannot afford to purchase private health insurance. This number is even higher when looking at new patients; refugees and asylum seekers represent 79 percent of our new patients. Of this group, the majority are from Eritrea and Sudan. In addition, a significant number of patients arrived from Nigeria, Ethiopia, Ghana, the Ivory Coast, Israel, the Philippines, the occupied Palestinian territory, India, Sri Lanka, Nepal, Russia, Georgia, Liberia, Moldova, Myanmar, and Sierra Leone.

Services:

1. During the reporting period, patients received primary general medical care three days per week, five hours per day. On average, between 50 and 70 patients per day were treated by two- three general physicians, one nurse, two medical students, one translator, and four receptionists
2. Gynecological services were available in the Clinic one day per week, four hours per day. An average of 13 patients per shift were seen by one gynecologist, one

translator, and one receptionist and an additional 15 referrals for patients per week to see 2 gynecologists in their private clinics at reduced cost were issued

3. Pediatric care for an average of 12 children was offered once a week, four hours per day. One pediatrician and a receptionist assisted patients.
4. An average of 12 patients twice a week received psychiatric care
5. The Clinic made specialist physician and paramedical services available to patients. Two orthopedists, 8 physiotherapists, 1 endocrinologist, 4 nutritionists, and 2 internists offered their services on site at the Open Clinic, while additional referrals were issued to a variety of specialists in area hospitals and physicians' private clinics
6. Reception services, referrals coordination, and counseling including explanation of follow up medical care was available six days a week, 12 hours per day five days per week and 4 hours per day one day per week; emphasis was given to more complicated cases including pregnancy follow up, abortions, HIV/Aids, cancer, and surgeries
7. Open Clinic salaried staff and volunteers transferred medical documents to PHR-Israel's funding committee comprised of Clinic volunteer physicians to determine priority patients who may receive limited funds to cover select medical procedures
8. Open Clinic staff identified noteworthy cases and general medical trends and shared information with PHR-Israel's advocacy team who published over 20 articles in the media during the last six months and used the information for government lobby campaigns

Referrals from the Open Clinic

During the project period, **5,201 referrals** were made for patients to area hospitals, clinics, and laboratories for specialist physician appointments and various examinations, imaging, and procedures to further clarify a patient's medical situation.

Referrals to Specialists:

19	Cardiology	72	Neurology
64	Dentistry	22	Oncology
105	Dermatology	202	Ophthalmology
97	Dieticians	33	Optometry
89	Ear, Nose, and Throat	221	Orthopedics
94	Emergency Room	267	Physiotherapy
22	Endocrinology	14	Plastic Surgery
82	Gastroenterology	9	Proctology
671	Gynecology	241	Psychiatry
6	Hematology	16	Pulmonology
133	Immunology	37	Rheumatology
194	Internal Medicine, Diabetes, and Chronic Disease Specialty	147	Surgeons and Surgery
123	Mother-Child Health Clinics	44	Urology
7	Nephrology		

Referrals for Procedures:

99	Abortion	16	Endoscope
13	Biopsy	11	H. Pylori Screening
1,210	Blood, Urine, Stool Tests	8	Mammography
70	CD4	5	MRI
7	Colonoscopy	54	Pap smear
48	CT Scan	44	Swine Flu Vaccinations
25	Echocardiogram	138	Ultrasound
7	EEG	215	X-Rays
3	EMG	200	Other

Referrals were made to the following institutions, among others:

- **1,147** referrals were made for patients to private practices of PHR-Israel volunteer physicians where services are offered free of charge or at significantly discounted rates.
- **1,041** referrals were made to Ichilov Hospital in Tel Aviv. The Open Clinic refers patients free of charge or at specially discounted rates, due to an in-kind donation from Ichilov to PHR-Israel.
- **640** referrals were made to Wolfson Hospital in Holon. From January 1 to April 21 of the reporting period, patients referred by the Open Clinic received treatments at a 50% discount through an arrangement with PHR-Israel. **Unfortunately, on April 21 this agreement was canceled by Wolfson Hospital. We are currently in negotiations with the hospital's management to have this agreement returned.**
- **27** referrals were made to Sharei Tzedek Hospital in Jerusalem during the beginning of the project period for very specific treatments unavailable at such low prices in Tel Aviv area hospitals. **Our small fund at this Hospital ran out during the last six months.**

Laboratory Services

During the last six months, a total of **1,210 referrals to laboratories** for blood, urine, and stool tests were given to patients including 368 to Ichilov Hospital, 329 to Wolfson Hospital, 261 to Rosenblatt Laboratory, and 252 to Levinsky Clinic.

Pharmaceutical Services

The Open Clinic has a basic pharmacy stocked mainly with donated medicine and supplemented with some purchased drugs. General and specialist doctors prescribe medications with the limitations of our pharmacy in mind. In some cases, the medications in our Clinic are not sufficient for the needs of particular patients. In these instances, Clinic volunteers send patients to a private pharmacy near the Clinic where our patients receive a 20% discount.

During the project period, Open Clinic staff and the Steering Committee decided to concentrate more efforts on pharmacy inventory and recruiting additional in-kind donations of medications. Based on these new decisions, all drugs in our pharmacy, even if categorized as 'over the counter,' now require a written prescription by the family doctor to be collected before the medication is dispensed to the patient. This will enable us to monitor the inventory of our medication and the use of specific medications.

In addition, Open Clinic staff also launched a small campaign with our volunteer physicians asking them to keep boxes in their private clinics for patients to drop off unused medication. From this campaign, we were able to add additional medications to our pharmacy, saving money for our patients.

Mental Health Services

As the majority of our patients are refugees and asylum seekers who suffer violence, sexual abuse, and trauma in their countries of origin, on their journey to Israel, and within Israel, PHR-Israel works hard to provide mental health services and treatment for our patients.

Over the last six months, **141 patients** received psychiatric care on a needed basis, with some patients coming for just a few sessions, others coming monthly, biweekly, or weekly as needed. This term, psychiatrists volunteered **241 total psychiatric sessions** for Open Clinic patients.

Over the last six months, Open Clinic staff noticed that many patients required mental health services not from a psychiatrist but rather from a social worker or psychologist. Although the Open Clinic has previously referred patients to social workers and psychologists on an ad hoc basis, no streamlined system for these referrals existed. Therefore, Open Clinic staff developed a program with [Assaf](#), a human rights organization devoted to helping refugees and asylum seekers. Together, we developed a specific set of referral forms whereby patients are sent to an Assaf social worker for a one hour intake session. The social worker determines whether patients would be best served by continued care with a social worker or referral to a psychologist or psychiatrist. Planning and coordination between Assaf and PHR-Israel ended in the middle of June. During the last two weeks of June, 7 patients were referred to this program. As our volunteer nurses, medical students, and physicians become aware and used to this program, we believe the number of referrals will increase tremendously.

Translators

Over the last six months, **21 translation shifts** were provided by **4 different volunteer translators**. These translators are Israeli volunteers who translate from Arabic to Hebrew. While translation from Arabic helps many of our patients, a large percentage, including women, only speak Tigrinya, a language spoken in Eritrea.

This reporting period, the Clinic staff asked bilingual Eritreans, themselves present in the clinic for treatment, to assist in translation for other members of their community. Many individuals were eager to help and often jumped at the opportunity to assist fellow refugees. However, when sensitive yet extremely common issues like rape, violence, and torture were discussed, translation from within the community became very problematic.

To solve this problem for the long-term, in February the Clinic teamed up with Mesila, an organization of social workers who assist migrant populations. Together, we developed a course on medical translation covering such topics as patient confidentiality, objectivity, volunteering, and medical ethics. 22 refugees from Eritrea, Ethiopia, and Sudan participated in this 8 session course. Upon completion, participants will begin volunteering in the Clinic as official translators.

Open Clinic staff always makes a big effort to make information available to our patients in a variety of languages. Most of our informational sheets are readily available in English, Hebrew, Arabic, and Tigrinya. In addition, other languages including French, Spanish, Hindi, Tagalog, and Russian are available for many of the documents. Over the last six months, translators volunteered **45 hours** of their time to translate these informational sheets into a variety of languages.

Currently, topics of such [informational sheets](#) include general information and operating hours for the Open Clinic, information about safe sex, list of human rights organizations by topic with contact information, the rights of those working in nursing and elderly care, the right to health insurance for patients, information on health insurance for employers, information about children's insurance, information about the emergency room and hospital admittance, and information about delivery and childcare.

Refugee Women and Gender Equality

The Open Clinic provided gynecology services and issued referrals for specialist women's healthcare to over **671 women**. In addition, 123 women and children were directed to "Tipat Halav" Mother-Child health clinics.

Breakdown of services offered to women:

- **671** gynecological visits, 472 offered for free to women in our Open Clinic and 199 offered at discounted prices at volunteer physicians private clinics
- **123** women were directed to 'Tipat Halav' Mother-Child Health Clinics where they received free pregnancy check ups and their infants received free vaccinations
- **99** women underwent abortions, including for victims of rape
- **54** women received pap smears in the Open Clinic
- **8** women completed mammography breast cancer screenings

The process for women to receive abortions and receive proper and adequate pre-natal care is complicated for our patients. A women wanting an abortion must complete two sets of blood tests (offered at two different institutions) and an ultrasound to determine the age of the fetus, receive the permission of the Committee to Terminate Pregnancy, and undergo the abortion itself. Depending on the legal status of the patient, the advancement of the pregnancy, and the way by which the women became pregnant (rape or not), an abortion can range from 461 shekels to 8,246 shekels. Similarly, pregnancy care includes many different referrals that can also be quite confusing and expensive including blood tests at three different institutions, frequent gynecological checks, and visits to the 'Tipat Halav' Mother-Child stations.

During the reporting period, Open Clinic staff noticed that we due to language barriers, women were not always understanding the complexities of the abortion processes. Also, we were not always able to follow up on care with pregnant mothers. To mitigate these challenges, the Open Clinic formed a coalition with Brit Olam's Hagar and Maryam program, an organization that explains the process of abortions or pregnancy to patients, offers classes on pregnancy and parenting, and escorts patients to their appointments. Between the start of this coalition (March 7th) and the end of the project period, **186 women** have passed through this program.

Currently, the Open Clinic has one gynecologist volunteer in the Clinic per week. This medical service is offered for free to our women patients. However, over 60 women are on a waiting list to this doctor at any given time, and it often takes about one month before they can see the doctor. Women who do not want to wait that long can see a private gynecologist for either 100 shekels (25 USD) or 200 shekels (50 USD). However, even these doctors are in such high demand that women often have to wait one or two weeks to see them. Currently, no solution besides the emergency room exists for women without money needing to see a gynecologist urgently. Open Clinic staff will try to recruit additional gynecologists to volunteer in the Open Clinic during the next project period.

Many of the women requesting abortions have just been released from detention centers and come to the Clinic to see a doctor for the first time since making the journey through the Sinai desert to Israel. Scores of female visitors to the Clinic mentioned that they were raped repeatedly by their smugglers and wanted to terminate these unwanted pregnancies. The Open Clinic discussed this phenomenon at length with both UNHCR and PHR-Israel's advocacy team. Both agreed that without proper statistics, an advocacy campaign would be quite difficult. As such, Open Clinic staff teamed up with a volunteer from the Hotline for Migrant Workers, an organization that often encounters women victims of rape while they are still in detention, to begin creating a database of women victims of rape. The Open Clinic recruited two volunteers to go through the medical and psychiatric files of all women that requested abortions since January 1, 2009 and to mark whether or not they are a victim of rape. In addition, these volunteers are in contact with many different human rights organizations dealing with this issue to add any additional information they have to this database. This initiative began during the project period and will be completed during the next project period.

In addition to finding statistical information about previous instances of rape and violence, the Open Clinic is currently working on developing a questionnaire that all new patients will be asked including information on any violence and sexual abuse they incurred on their journey to Israel. During the project period, Open Clinic staff met with a variety of individuals from UNHCR, legal clinics, and human rights organizations to develop a quality questionnaire as well as way to properly ask patients about their experiences. We plan to begin using this questionnaire during the next project period.

The Open Clinic also participates in the Sex and Gender Based Violence (SGBV) forum organized by the UNHCR. This forum includes various human rights groups dealing with refugee women. During the project period, the group met 5 times. Organizations successfully updated their peers on services they offered and programming was streamlined in order to provide the best treatment for women refugees. Beyond better cooperation and networking among groups, the forum was able to develop specific informational sheets for women's and girl's assistance. These meetings will continue into the next project period.

Children and Adolescents

During the reporting period, the Open Clinic helped **287 children** (17 and under) including 172 boys and 115 girls. Pediatricians volunteer weekly in the Open Clinic

offering medical care to children. Receptionist volunteers often organize toys for the children while they are waiting to be seen by the pediatrician.

HIV/AIDS Treatment

During the project period, the Open Clinic issued approximately **250 referrals for HIV testing**. In addition, **122 files of HIV-positive patients** are currently managed at the Clinic, a majority of which are asylum seekers. PHR-Israel's services include diagnosis, clinic and hospital follow up through volunteer HIV/AIDS specialists, consultations, and referral to the Israel AIDS Task Force for allocation of donations for ARV medications.

During the reporting period, HIV/AIDS follow-up for Clinic patients became increasingly problematic. First, of our 122 positive patients, only 40 are receiving regular anti-retroviral (ARV) medications. The other 80 or so only get their blood checked and receive basic antibiotics to ward off related infections. This severe deficiency is a result of limited donations of ARV medications to the [Israel AIDS Task Force](#).

In response, the Department's advocacy team approached the [International Dispensary Association \(IDA\) Foundation](#) about providing generic HIV drugs for the foreign worker and asylum seeker populations in Israel who cannot access ARV medications through the national health insurance funds. After extensive correspondence, in January 2010, we received principal agreements from the IDA to work with the Israeli Ministry of Health on the limited sale of generic ARV medications.

Following the IDA's approval, we sponsored three meetings with the pharmaceutical section of the Ministry of Health, the Israeli Unions of AIDS Doctors, and the Israel AIDS Taskforce about the subject. During this meeting, we began discussing the potential legal problems and the process for receiving Israeli approval. Facing expected opposition from pharmaceutical companies, the Ministry of Health did not yet approve this move. We will continue following up on this issue over the next 6 months.

The second problem facing the Open Clinic regarding HIV follow up and treatment was that during the project period we ran out of funds to help patients cover the costs of required HIV follow up examinations. Patients are required to undergo blood tests twice a year. Ichilov Hospital, through an in-kind donation to the Open Clinic, sponsors certain blood tests and the doctors' visits for these patients. The rest of the standards blood tests, however, can cost between 500 and 1,250 shekels (125 USD – 315 USD.) In order to minimize the costs of these tests, Open Clinic staff began forwarding the medical files of patients to Doctor Zvi Bentwich, Chairman of PHR-Israel's Board and an expert immunology doctor, to determine the minimum examinations each patient required and to decide which patients were priority to receive funding. Regarding our asylum seeker HIV positive patients, the Open Clinic used the funds given to us from UNHCR to cover their treatments. In the following reporting period, the Open Clinic must find additional resources to help our HIV positive patients cover the costs of blood tests and other procedures. The third problem arose when Ichilov Hospital stopped extending the in-kind donation of immunology doctors' visits for patients not from the Tel Aviv area. In order to help the patients unable to afford doctors' visits at tourist prices in hospitals in

Jerusalem, Beersheva, or Haifa, the Open Clinic started to have Dr. Bentwich see these patients once per month in the Open Clinic free of charge. During the reporting period, PHR-Israel scheduled a total of 133 appointments with immunology specialists in either Ichilov Hospital or in the Open Clinic.

In order to deal with these problems in a more comprehensive manner, during the reporting period Open Clinic staff met with the Israeli AIDS taskforce, Assaf, and the Levinsky Clinic to find better solutions for follow up for our HIV positive patients. The results of these meetings will impact our work in the next project period.

Emergency Care

When doctors or nurses examining patients at the Open Clinic recommended care in hospital emergency rooms, PHR-Israel coordinates and finances transportation to the hospital. In one case, an Open Clinic volunteer escorted a patient to the hospital in an ambulance.

The State does not require advance payment for services given to patients whose medical condition 'endangers their life.' Although patients are required to sign forms stating they will pay in the future, most patients cannot afford to pay their debts for emergency services rendered. This term, **94** patients were directed to hospital emergency rooms by Clinic volunteer physicians and medical staff.

Services for Disabled Persons

Asylum seekers often suffered torture or other forms of violence in their countries of origin, leaving them physically or mentally disabled. Additionally, many refugees were shot during their flight to Israel, leaving many with sustained injuries that left them disabled. PHR-Israel's Open Clinic provided physiotherapy and orthopedic services to aid disabled persons in their rehabilitation, or at least to alleviate their pain. This project period, Open Clinic staff made a concerted effort to recruit additional physiotherapists to volunteer their services in the Open Clinic. The Open Clinic was able to offer much more physiotherapy for patients in need. Access to the clinic for disabled is ensured. This term, PHR-Israel issued **267** referrals to physiotherapists and **221** referrals for orthopedists.

Prisoners and Detainees Department



The Prisoners and Detainees Department promotes the right to health of all inmates in Israeli prisons and detention facilities. According to the Israeli Prison Service (IPS), true to May 2010, 21,564 individuals are being held in one of Israel's 35 prisons and

detention facilities. The Palestinian Authority (PA) reports that of this number, approximately 7,000 are referred to as "political" prisoners by the PA or "security" prisoners according to Israeli officials. This group includes 310 children under the age of 18 and 34 women. Geographically, around 5,000 of these prisoners are from the West Bank, 739 are from the Gaza Strip, and 395 are either East Jerusalem residents or citizens of Israel. In addition to political prisoners, the Israeli Prison Service also holds approximately 2,000 asylum seekers and migrant workers (including women and children) who, according to the government, have illegally entered the State of Israel. While some are quickly deported back to their home countries, others spend months or even years in Israeli detention facilities, awaiting Israeli authorities and officials to decide their fate.

To advocate for the promotion of the rights of prisoners and detainees, the Department directly assists individuals to ensure they are receiving appropriate medical care, engages in principle advocacy to change Israeli laws regarding prison health, lobbies international policymakers on Israeli prison issues, and trains the Israeli medical community on medical ethics and responsibilities regarding prisoners. Over the project period, the Department **sent 246 letters** of inquiry to the Israeli Prison Service, the Ministry of Health, and other government officials mostly on behalf of individual patients needing express care, but also regarding principle matters such as shackling in civilian hospitals, suspected instances of cruel and degrading punishment, and violations of medical ethics.

Since the new Chief Medical Officer of the Israeli Prison Service (IPS) took office, PHR-Israel has experienced some improvements in its correspondence with officials and new opportunities for entry into an otherwise opaque system. While the system continues to be riddled with ethical and bureaucratic pitfalls, over the project period, on average we received replies to our inquiries within approximately two weeks, as opposed to several months as was the case under her predecessor. Through direct contact with prisoners or their families, we have seen that our appeals to the Chief Medical Officer are taken seriously and certain improvements have been made in specific individual cases.

As for the more general problems that lie in the functioning of the IPS's medical department, major adjustments are required to ensure transparency and the proper provision of medical care to prisoners and detainees. Our principle advocacy campaigns seek to change these underlying problems with the IPS to ensure better treatment of inmates in Israeli prisons and detention facilities.

I. Principle Advocacy to Change Israeli Policy

During the project period, the Department worked on a variety of campaigns to change the treatment of many prisoners and detainees suffering from medical problems in Israeli facilities. We engaged in a targeted initiative to end physician corroboration with cruel, inhuman, and degrading treatment and worked to ensure that civilian hospitals and IPS officials adhere to new guidelines prohibiting the shackling of inmates during medical treatment. We also pressured the government to allow independent, external physicians to visit patients during interrogations in the prisons and detention facilities. In addition, we lobbied the IPS to institute better minimum

living spaces for inmates and psychiatric evaluations for inmates subjected to solitary confinement.

Preventing Physician Corroboration with Inmate Torture

Complaints of ill-treatment in Israeli detention centers continue to be made on a regular basis. According to [data published](#) by the [Public Committee Against Torture in Israel \(PCATI\)](#) in December 2009, of the [over 600 complaints of ill- treatment](#) submitted to the Israeli authorities since 2001, **not one** has resulted in a criminal investigation. In March 2010, a group of Israeli human rights organizations, PHR-Israel among them, wrote to the incoming Israeli Attorney General demanding that he establish an independent unit within the Justice Ministry or the Israeli Police to conduct criminal investigations of all complaints submitted against Israel Securities Authority (ISA or Shin Bet) interrogators involving suspected torture or abuse. The letter described how the over 600 complaints had all been transferred to an internal body of the ISA for preliminary examination, but were then closed without investigation.

Over the past year, IPS physicians, Israeli physicians employed by the IPS, continued to supply ISA interrogators with medical assessments of detainees' medical status, remained on call during interrogations, and failed to report or document claims of abuse. Such practices violate medical ethics, including the [Tokyo Declaration](#) which was formally adopted by the [Israeli Medical Association](#). Between May 2009 and the end of the reporting period, the Department obtained copies of medical forms involving 8 different inmates. All the medical forms were signed by physicians from the Kishon Detention Center and were addressed to interrogators from the Special Investigations Wing at the facility. These documents described, in detail, the health situation of these inmates, giving interrogators the medical knowledge they need to understand the "limitations" of the interrogation. In other words, in defiance of their professional codes of conduct, these physicians appear to have collaborated in, or at least tacitly condoned, cruel and degrading treatment and/or torture of inmates.

Together with [PCATI](#), we developed a targeted advocacy campaign to prevent physicians from passing medical information about detainees under interrogation to interrogators. We requested the Ministry of Health to issue guidelines for doctors regarding their compliance with torture including avoiding checking detainees before and interrogations. We believe such a campaign pressures the ISA to stop using torture techniques during interrogations. In addition, during the project period, we worked on draft legislation requiring physicians that encounter inmates complaining of torture or ill treatment to treat the patient, document the complaints in detail, and under no circumstances pass the information to the interrogators. This legislation calls on these physicians, who are bound by the Hippocratic Oath, to do all they can to prevent inmates from being returned to such interrogations. During the next reporting period, we plan to send the Ministry of Health a detailed report outlining such practices including details of the 8 cases described above and recommending significant changes in IPS physician protocols. We will continue this advocacy campaign during the next project period.

Independent Physician Visits for Inmates under Interrogation

Security suspects are routinely denied access to independent doctors during the period of their interrogation. Israel's [Patients Rights Law](#) and [IPS guidelines](#) give all patients, including those being held in prisons and detention facilities, the right to a second opinion by an independent doctor. For several years, the Department heard from numerous individuals that this right was denied from inmates undergoing interrogations. These suspicions were confirmed in May 2010 when we requested that an independent doctor visit one inmate under interrogation. The Legal Adviser to the [Israel Securities Authority](#) (Northern District) replied that, “**Generally speaking, we object to the conduct of [medical] examinations by external doctors during an investigation.**” This response reflects a major violation of medical ethics, whereby patients are denied their fundamental right to adequate medical treatment. In addition, it shows that the Israel Securities Authority (ISA) trumps other bodies, like the Israeli Prison Service and the Ministry of Health, when implementing the health rights of prisoners and detainees in Israeli prisons and detention centers.

Visits by independent doctors are essential due to dilemmas of “dual loyalty” of doctors who are employed by the IPS and at the same time bound by medical codes of ethics to protect the wellbeing of the patient. Physicians employed by the IPS rarely report instances of torture and almost always treat patients in IPS uniforms, causing automatic distrust by the patient towards the doctor, not to mention, compromised care.

This problem is compounded by the fact that interrogation rooms (both the detention cell and the investigation room itself) are closed zones that no outsiders are permitted to visit. This goes against [Section 71 of the Prisons Ordinance of 1972](#) which establishes rules for official visitors in prisons. The scope of this ordinance was [expanded in 2002](#) by the Attorney General to include unannounced official visits to detention facilities and detention cells in police stations. During these visits, prisoners are supposed to be able to present their complaints to the visitors, including grievances pertaining to the use of force. However, neither of these regulations is followed in regards to interrogation rooms. In fact, according to [Israel Prison Service \(IPS\) guidelines](#), the Minister of Internal Security has the discretion to authorize entry to certain areas of the prison, while restricting access to other areas. By denying access to interrogation rooms, the right to medical care of inmates is severely violated.

During the next project period, the Department plans to launch a targeted and concentrated advocacy campaign to promote the right of inmates, especially those under interrogation, to access an independent doctor loyal to the patients and not the Prison Service.

Shackling of Inmates during Medical Treatment

During the project period, the Department continued our [ongoing campaign](#) to prevent shackling of prisoners during medical treatment. In January 2010, we sent official letters to 3 hospitals after receiving reports of the shackling of prisoners during hospitalization. These letters instructed hospital medical staff about regulations against shackling of patients including IPS procedures, IMA recommendations, and

Ministry of Health protocols. We asked to have a meeting with hospital management in order to urge them to increase awareness of this issue. Our complaints regarding the individual cases were never answered.

In order to pressure the hospitals to implement these guidelines, we asked the Ministry of Health to publish an official notification on the issue but the request was refused. We also tried speaking with the Chief Medical Officer of the IPS but we were told that the shackling of patients is a security issue and she therefore cannot intervene. We then turned to the Ministry of Justice, which was instrumental in drafting the initial guidelines with the IPS in 2008. On April 4, we sent them a complaint about the IPS's lack of adherence to its own regulations which require the IPS to notify the hospital in advance that a shackled prisoner is going to be brought to the hospital and must supply a reason for the shackling. From our correspondence with the Ministry of Justice, we were notified that they forwarded our letter to the relevant authorities and will answer us as soon as they receive their response. We will continue to follow up on this during the next project period.

Inmate Living Spaces

According to the WHO, underlying [determinants of health](#) include a safe physical environment. Prisoners are forced to live within a couple of meters, often severely impacting the mental and physical health of the inmates. In November of 2009, we sent a joint letter with [ACRI](#) and the Prisoners Rights Clinic of [Ramat Gan's Law and Business College](#) to the IPS and the Ministry of Public Security requesting them to issue minimum living space standards for prisoners. While there is a law about detainees, there are no guidelines for prisoners. Living space for prisoners is now reduced to 2.5- 3.5 meters. Following this inquiry we learned that enlarging prisoner living spaces is on the agenda of the IPS and even the Finance Ministry has given initial agreement. On June 21, 2010, we were invited to take a tour of 4 prisons to see the old versus new cells. In the next project period, we will continue to correspond with the Ministry of Public Security, supporting the IPS plans to enlarge cells even beyond the Finance Ministry's plan.

Beyond expanding the living spaces allocated to each prisoner, the Department works to ensure that all inmates live under somewhat decent conditions. On January 14, 2010 we went with the [UN High Commission on Refugees \(UNHCR\)](#) to evaluate imprisonment conditions in the Saharonim detention center for asylum seekers. In May, we participated in an [Internal Affairs and Environment Committee](#) of the Knesset about the numbers of prisoners and detainees the IPS is allowed to hold. This Committee is in charge of approving this number. During the next reporting period, the Department will continue to meet with relevant bodies to ensure that prison and detention conditions are monitored and exposed to the public.

Solitary Confinement

During the reporting period, we began cooperating with the Public Defenders Office in cases of [solitary confinement](#). According to new regulations issued by the Ministry of Justice, prisoners who are held in solitary confinement or other forms of isolation from other inmates are entitled to the representation of a lawyer during the periodic court hearings concerning their confinement. In a meeting with representatives from

the Public Defenders Office, we agreed that PHR-Israel will supply psychiatric evaluations for these hearings and that together we will demand that prisoners be released from solitary confinement. As part of this campaign, in February 2010, we met with [Addameer: Prison Support and Human Rights](#) to discuss solitary confinement and the possibilities for change. In April, we met with the Public Defenders Office to continue our joint initiatives as part of this campaign.

II. Direct Advocacy on Behalf of Individuals

During the project period, the Department's two caseworkers tirelessly assisted individual inmates who suffered deliberate medical neglect, were denied medical treatment, or were not given sufficient information about their medical conditions. From January to June 2010, the Department **opened 81 new files**, worked on dozens more files opened in previous project periods, and answered questions for tens of inmates and their families without the need to open files. To help these individuals, the Department arranged **21 visits for doctors and lawyers** to see patients and **consulted for over 47 hours** with physicians about the medical conditions of inmates. Of those that we helped during the project period, 77 percent are "political" prisoners, 14 percent are convicted criminals, and 9 percent are asylum seekers or migrant workers.

The Case of Ameer Makhoul

On May 10, 2010, Ameer Makhoul, the Director of [Ittijah](#), an umbrella organization for Palestinian human rights groups in Israel, was arrested and imprisoned for suspected offences against the security of the State of Israel. On May 25, 2010, PHR-Israel filed a prisoner's petition to request that an independent doctor be permitted to access Makhoul's medical files and medically examine him. The Israel Securities Authority (ISA) refused this request. In response, we worked with [Adalah](#) and [PCATI](#) to deliver a habeas corpus ruling on the refusal of the ISA to allow Makhoul to be examined by an independent doctor during interrogation.

Following this campaign, a physician from PHR-Israel was allowed to meet with Makhoul, but only after the interrogation was over and he was transferred to a regular IPS prison. During the next project period, we are going to continue corresponding with the Ministry of Health, the IPS, and the Prime Ministers Office about the flagrant violations of the medical needs of those under interrogation.

The arrest and interrogation of Ameer Makhoul was covered widely in the local and international press. Our work in this case was also covered extensively including articles in [Electronic Intifadah](#), [Yediot Ahronot](#), [Ha'aretz](#), and the [Jerusalem Post](#).

Medical Treatment for Asylum Seekers

During the reporting period, we received several cases of asylum seekers who were detained after crossing the border between Egypt and Israel. Most reported that they had suffered repeated rape, violence, and torture by the smugglers that escorted them through the Sinai Desert into Israel. Many of these same asylum seekers had suffered similar traumas in their home countries of Sudan, Eritrea, and Ethiopia.

Many women arrive to Israeli detention centers pregnant from rape during the journey to Israel. Several of these women asked the Prison Service for abortions but were never assisted by the IPS. Over the course of the project period, PHR-Israel successfully intervened in several cases resulting in the release of these women. Once released, the women were able to undergo abortions with the help of PHR-Israel's Open Clinic and other human rights organizations. In April 2010 we wrote to the Chief Medical Officer of the IPS asking that they see to it that asylum seekers get appropriate physical and mental support after being detained at the border. We wrote furthermore, that pregnant women who wish to have an abortion need to be able to do so without delay and with the help of the IPS, or be released immediately in order to allow them to access human rights organizations for assistance. The Chief Medical Officer replied PHR-Israel should contact her directly in cases where women need abortions and that she would see to it that these women are released immediately. In cases of women asylum seekers who are not candidates for release she pledged to approve the abortion within a few days.

While this helped solve the immediate problem, it is not an ideal solution for these women. PHR-Israel's Open Clinic, which is dependent on volunteer doctors and donated medicine, should not be the official address for asylum seeker assistance. Furthermore, there is no solution for the men asylum seekers who suffer from trauma encountered in their origin countries or on the way to Israel. During the next project period, PHR-Israel will continue to correspond with the IPS on the subject and if necessary, will pursue legal action on the matter.

Medical Mismanagement and Miscommunication

Many individuals report that physicians do not adequately explain to them their medical conditions. Patients go for testing but never hear about the results. Often, the gravity of the situation is not fully explained leading to much stress on the part of the inmates and their families. The case of T exemplifies this problem well.

T., a 27 year old Palestinian male from the West Bank, appealed to PHR-Israel through his lawyer complaining of weakness and weight loss. He said he underwent medical tests but did not receive an explanation about the results or diagnosis. We wrote to the IPS Chief Medical Officer asking that an appointment be scheduled for T at the prison clinic. After several days we received an official response from prison authorities saying that an appointment was scheduled for T, but that he later denied needing to see a doctor. Attached to this official answer from authorities was a letter signed by T himself confirming he had no further complaints. After receiving this letter, we were informed by the prisoner's lawyer who visited him that his client had indeed signed the letter, but only because he was pressured to do so by the prison doctor. Another appointment was scheduled for him at the clinic. If this grievance was not enough, the patient was later told, based on tests he underwent, that he suffers from intestinal cancer. After sending the results of the tests to a PHR-Israel volunteer physician, we understood that his condition was in fact *pre-cancerous* and that he did not have cancer at all. T., who left the prison clinic thinking his life was soon to be over, actually had no danger to his life. During the next project period, we plan to file an official complaint about T.'s case with the Ministry of Health.

Cruel, Inhumane, and Degrading Treatment of Inmates

Many inmates are not properly treated after injuries suffered during interrogations or other harsh physical and emotional treatment endured in Israeli prisons and detention facilities. Two cases from the project period reflect this trend.

In March 2010, we complained to the Ministry of Health (MOH) and to the Israeli Medical Association (IMA) about the case of M., a Palestinian detainee who was severely beaten during interrogation. M. required medical treatment unable to be supplied in the prison clinic and was transferred to a hospital. The doctors that treated M. at both the hospital and later at the IPS detention center failed to document the beatings and did not report them to anyone. We asked the Ministry of Health and IMA to investigate the case and take action on this blatant violation of medical ethics and human rights. The IMA responded by saying that the complicity of doctors in torture is criminal and asked whether we filed a complaint to the police. The Ministry of Health replied that they are checking into the case. We also addressed the manager of the Hospital, asking whether the doctors who treated M. documented the physical signs and whether they reported to hospital management and/or to someone outside the hospital. In our correspondence, we also requested that the hospital raise awareness among its medical staff about their obligations in cases of suspicion of torture. Although we sent a reminder to the Hospital and the case was covered in the [media](#), we never received a reply.

Inmates are often treated cruelly by the IPS in situations other than interrogations. For example, in November 2009, we received the medical file of N, a 45 year old prisoner from Hebron suffering from vision problems. While reviewing his medical file, we learned that N attempted suicide in 2006 by trying to hang himself with a bed sheet. After the incident, prison guards handcuffed him to his bed for over 48 continuous hours.

Correspondences documented in his file include one between the head of the ward and the social worker who ordered the cuffing, as well as a telephone conversation with the prison doctor who also recommended the same procedure. At no point was the prisoner referred for a psychiatric or psychological evaluation. Following our receipt of this medical file, Dr. Ze'ev Weiner of PHR-Israel's Ethics Board wrote to the Chief Medical Officer of the IPS complaining about the way prison doctors and social workers related to N. after his attempted suicide. In his note, Dr. Weiner explained that chaining a prisoner to the bed is not a substitute for psychiatric treatment or evaluation, which are professional requirements in such cases and an additional requirement according to the IPS' own regulations. He added that it is not ethically conceivable that a physician would recommend shackling a person to his bed, unless it was necessary from a medical standpoint.

In January 2010, the Chief Medical Officer replied that the purpose of the shackling was to prevent the prisoner from suicide in hopes that "after the period of acclimation he would again find a reason to live." She added that in this case the shackling was not used as punishment and therefore the doctor's behavior was considered suitable. In April 2010, we officially responded to the Chief Medical Officer arguing that her reply was unacceptable and that the behavior of the IPS was not in line with the Ministry of Health's ethical or professional guidelines. Accordingly, we've requested

a change in IPS protocols on the issue. In May 2010, an additional reminder was sent to the IPS. This case reflects the IPS's views on cruel and inhumane treatment and has informed our principle advocacy to change the overall policy of the Israeli government on the issue.

Medical Neglect

The IPS often neglects many patients' medical needs, waiting until cases become urgent before treating individuals or neglecting to treat them at all. The below case reflects this trend.

W., a 25 year old woman, was injured in 2004 when a cooking gas tank accidentally exploded in her home. W sustained severe burns to her body. One year later, she was arrested and sentenced to time in prison. Since her arrest and despite our repeated appeals, the IPS refused to allow her access to a specialist to examine stiffness in her hand related to the accident. In June 2008, W was examined by a plastic surgeon from PHR-Israel who recommended W undergo an operation to save her hand. Although we addressed the IPS several times about the operation, it was only conducted after we appealed to court. In July 2009, W underwent the operation and a week later she was brought to the hospital for follow up. In December 2009, a lawyer from PHR-Israel visited W who complained that she had not been checked by a specialist since July and that her hand had returned to the condition prior to the surgery. PHR-Israel complained to the IPS again in January 2010 regarding the deteriorated condition of her hand. Following this initial appeal, PHR-Israel corresponded with the IPS several times regarding their failure to provide adequate follow up care. PHR-Israel plans to send a specialist to visit W. in August, and is exploring the possibility of appealing to the court once again to enable her to undergo the care she requires.

Gaza Flotilla Raid

On May 31, 2010, the Israeli army boarded 6 ships aiming to bring humanitarian aid to the Gaza Strip. In the raid that followed, 9 passengers were killed, several more were injured, and hundreds were detained and/or arrested. Following these mass-arrests, we sent an urgent letter to the Ministry of Health and the Foreign Ministry demanding that an emergency hotline be established in order that families could inquire about the medical and legal status of their loved ones. Throughout the week following this raid, we received numerous phone calls from families searching for loved ones. Families of passengers from countries like Qatar and Indonesia, found it increasingly difficult to find out the status of their loved ones, as their countries have no diplomatic ties with Israel and were having difficulty receiving the information from the Red Cross. Through numerous attempts at correspondence, we asked the state to establish a hotline that would include a mechanism for families from countries with no diplomatic ties to Israel to confirm details of their relatives.

As passengers began to be deported to their home countries, the need for an emergency hotline became less necessary. PHR-Israel believes that in future incidents, the State should be much more forthcoming with information about the whereabouts and medical and legal status of individuals held under Israeli control.

III. International Principle Advocacy

During the project period, the Department engaged in an intensive and targeted advocacy campaign to lobby the State of Israel to ratify the [Optional Protocol to the UN Convention against Torture \(OPCAT\)](#). In 1991, Israel ratified the [UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#). In order to provide an enforcement mechanism for this Convention, in 2006, the UN adopted the Optional Protocol, which established a worldwide system of torture prevention based on regular visits to places of detention. Since 2006, 50 States have ratified the Optional Protocol, and an additional 64 States are signatories.

Working with [Adalah](#), the [Al-Mezan Center for Human Rights](#), and [PCATI, PHR-Israel](#) researched and wrote a position paper calling on Israel to ratify this protocol. In preparing the paper, we consulted with the [Rehabilitation and Research Centre for Torture Victims \(RCT\)](#) in Denmark on some of the more technical details in relation to the OPCAT, and incorporated some of their valuable comments to the draft.

The position paper was published in April 2010 in [English](#), [Hebrew](#), and [Arabic](#). It details the mechanisms of the Optional Protocol to the UN Convention Against Torture (OPCAT) and argues that Israel should sign and ratify it as key tool in the elimination of torture and other forms of ill-treatment in prisons and detention centers in Israel. The subject of the OPCAT was selected by the partners because it is one of the priority issues of the project, and also due to the momentum generated by its ratification and accession or succession to the treaty by 64 states, including 20 since the beginning of 2008.

The report also describes the lack of procedural safeguards within the Israeli legal and prison systems against torture and ill-treatment against security detainees in particular, including provisions that allow security detainees to be denied access to a lawyer for up to 21 days, and up to 90 days in the military courts, the exemption of the Israel Securities Authority (ISA) and police from making audio and video recordings of security suspects in their interrogations, and the lack of an effective mechanism for official visits to detention facilities under the responsibility of the ISA, including by independent doctors. In view of the current lack of transparency and effective monitoring and supervision, and given ongoing and consistent complaints of torture committed by ISA interrogators, the paper argues that the innovative dual system of regular monitoring of places of detention by independent, expert, national, and international visiting bodies through unrestricted visits can play an important role in the fight against torture and ill-treatment and the impunity currently enjoyed by its perpetrators. Finally, we urged members of the international community, and in particular States Parties to the OPCAT, to call on Israel to sign and ratify the OPCAT.

As part of our advocacy efforts, PHR-Israel, along with our partner organizations, posted the position papers on our respective websites. The position paper was also distributed on several list-serves, including the “WWS-TortureList,” based at Princeton University in the United States, and which is sent out to hundreds of leading academics, lawyers, and journalists in the United States and the United Kingdom who work on torture-related issues. It was also sent to the list-serve of the Euro-Mediterranean Human Rights Network and the IOPT list-serve, as well as various

targeted contacts, including European Commission officials identified during our EU advocacy work completed over the last six months.

IV. Training Sessions for the Israeli Medical Community

The state of basic medical services in Israeli prisons and detention facilities and the common use of cruel, inhumane, and degrading treatment as an interrogation method are not topics easily identified by the IPS or Israeli civilian physicians and medical staff. To fill this gap, during the project period, the Department continued to make a concerted effort to educate Israeli medical professionals on topics like medical services in Israeli prisons, dual loyalty of prison physicians to both the IPS and the patients, dilemmas of dual loyalty when treating prisoners outside of Israeli prisons, cases of suspected torture in Israeli prisons, and the corroboration of Israeli physicians with cruel, degrading, or inhumane treatment in prisons and detention facilities. These training sessions have produced a pool of medical professionals who are adequately trained and well-versed in the relevant regulations, and better able to identify, document, report, and challenge suspected instances of torture or other inhumane treatment.

PHR-Israel's Prisoners and Detainees Department held the following 9 trainings, reaching over **230 medical students and professionals**:

1. January 28, 2010: trained 31 nursing students from Tel Aviv University
2. February 22, 2010: trained 60 medical staff from hospitals and private clinics
3. February 23, 2010: trained 29 medical students from the Hebrew University in Jerusalem
4. March 4, 2010: trained 14 psychiatrists, psychologists, and social workers from the Umm Al-Fahm psychiatric center
5. March 9, 2010: trained 21 medical students from the Hebrew University in Jerusalem
6. March 16, 2010: trained 26 medical students from the Hebrew University in Jerusalem
7. March 23, 2010: trained 26 medical students from the Hebrew University in Jerusalem
8. April 18, 2010: trained 30 nursing students of Tel Aviv University
9. May 2, 2010: trained 25 nursing students of Tel Aviv University

The trainings for the students are given by one or two members of our education team comprised of Dr. Zeev Wiener, MD., Dr. Graciela Carmon, MD., Hadas Ziv, PHR-Israel's Executive Director, and Anat Litvin, Director of PHR-Israel's Prisoners and Detainees Department. The trainings curriculum is based on PHR-Israel's casework and expertise in addressing torture, cruel treatment and medical neglect, as well as numerous articles and books on the subject of medical ethics, prison dual loyalty, and suspected torture.

Challenges

During the project period, we were unable to hold training sessions with medical personnel associated with the IPS including military medical staff and prison doctors. With regard to training military medical staff, on February 21, 2010, during a meeting

with Officer Israel Tal, Head of Public Relations at the Israeli Army Spokesperson's Office, PHR-Israel offered to hold training sessions for military medical staff. In response, we were asked to present a proposal in written form, which we submitted on March 21, 2010. On May 16, 2010, we were informed by an army representative that our offer to hold trainings for military medical staff was still under discussion, but that it would probably be denied because of "legal complications." We were unable to get an explanation about the nature of the alleged legal complications, and asked for a written response, which has yet to be received.

Regarding training session for prison doctors, despite an initial welcoming by the IPS Commissioner and Chief Medical Officer at a meeting on December 29, 2009, the IPS refused to allow PHR-Israel to conduct training sessions for prison medical staff. The Chief Medical Officer stated during the meeting that she viewed PHR-Israel's work as vital to her own efforts to improve the medical treatment provided by the IPS to prisoners and detainees. However, she feared that allowing PHR-Israel to hold training sessions may anger the IPS management, making it more difficult to implement changes during her newly appointed tenure. Over the next project period, especially as the Chief Medical Officer becomes more secure in her position, we hope to offer training sessions for military and prison medical personnel.

Residents of Israel Department



The Residents Department advocates for a more inclusive Israeli public health system that does not discriminate among Israeli residents and includes a broader basket of health services. Through research and lobby campaigns, this Department works to eliminate the substantial health inequalities between Israeli residents living in peripheral rather than central districts, between Arab and Jewish citizens, and between poor and rich communities.

Such gaps can be seen in various health indicators between groups residing in Israel. In terms of life expectancy, in the center (the area of Israel that includes Jerusalem and Tel Aviv), the average age is 79.7 years as opposed to 77.3 in the south (Be'er Sheva and the Negev Bedouin Villages) and 77.9 in the north (Haifa and the Galilee). Infant mortality is the lowest in the center at 3 deaths per 1000 infants and highest in the South at 9.4 out of 1000. Such gaps also exist in availability of services. The South has half as many hospital beds per person as the Center. Disparities between the underlying determinants of health like access to potable drinking water, sewage infrastructure, open spaces, and financial stability vary greatly between periphery and center as well as between population groups.

The Residents of Israel Department is staffed by 1 Department Director, 1 Director of the Unrecognized Bedouin Villages Project, a part-time representative in the South, and several core volunteers. The Director also heads the Subcommittee on Community and Civil Society Involvement for the National Health Promotion Council, an independent advisory committee to the Ministry of Health.

I. Health Inequities in Israeli Society

Advancing a National Plan

The Residents Department believes that eliminating health gaps in Israel is a priority issue that necessitates the attention of the Prime Minister and his supporting staff. During the reporting period, the Residents Department worked to bring the issue of health disparities to the national scene. The Department continued working together with the [Adva Center](#) and the [Association for Civil Rights in Israel \(ACRI\)](#), and incorporated the [Galilee Society](#), and [Tene-Briut for the Promotion of the Health of Ethiopian Israelis](#) forming an unprecedented coalition of organizations representing and uniting key minority interests in Israeli society.

During this reporting period, the work of this coalition centered on the publication of a policy position paper entitled "[Working Today to Narrow the Gaps of Tomorrow: Goals for Decreasing Health Disparities](#)" in April of 2010. This report analyzed health gaps between Jews and Arabs, Israelis and recent Ethiopian immigrants, and persons receiving maintenance payments and those not receiving this welfare benefit. The report recommends the State formulate a national plan to reduce health inequities, including creating a cross-sectional government body to formulate policy and coordinate among government ministries. The body would also present periodic reports to the Knesset including current updates on health disparities, delineation of goals for the reduction of these inequities, and progress on various actions to reduce these gaps.

The coalition also developed a lobby strategy to follow the report's publication. The publication was sent with a letter to the Prime Minister, members of the Knesset and important stakeholders from all government ministries, and was followed up by a press conference attended by major media outlets. An [article](#) published by the Jewish Telegraphic Agency, discusses the conclusions of the Health Disparities report, stressing the importance of creating a national plan. Following this publicity, we were contacted by the Healthy Cities Network, [Sikkuy: the Association for the Advancement of Civic Equality in Israel](#), and Yasmin of the Negev: a Women's Organization who expressed interest in officially joining our efforts. In the next reporting period, we will continue to plan joint initiatives with this growing movement.

In May, the President of PHR-Israel's Board of Directors met with Avishai Braverman, the Minister of Minorities in the Knesset on this topic. Following this productive meeting, MK Braverman met with the Director of the Department as well as various human rights organizations to go over the specifics of our national plan. He received our ideas enthusiastically and pledged to work together with the coalition to incorporate several of the report's recommendations in his future policy plans.

Women's Health Group in Beersheva

Since the end of 2005, the Residents Department has been working with a small women's advocacy group in Beersheva. After years of coaching and advice, these women have formed a cohesive and active group that promotes the health rights of residents living in the south of Israel. As part of this ongoing program, PHR-Israel employs part-time a coordinator for this project. During the last six months, this group continued to work on two initiatives: increasing the availability of medical equipment in the South and decreasing waiting times for appointments for secondary medical treatment.

At the end of 2009, the Ministry of Health announced that it would offer a tender for 8 new MRI machines. During the reporting period, however, we found out that the tender was transferred to a new internal Committee within the Ministry of Health. Following extensive correspondence, we received a verbal agreement that they would adhere to the criteria previously agreed upon during the last reporting period with the Ministry of Health.

Even after this shift in responsibility, the Ministry of Health still has not released the tender. Over the last six months, we have sent three letters asking for updates on the tender and turned to a journalist from the popular daily newspaper [Yediot Ahronot](#) to investigate the delay in issuing the tender. In addition, we worked with Member of Knesset Haim Oron who issued a special inquiry to the Deputy Ministry of Health asking for an official update on the tender. In March, the Deputy Minister of Health responded by explaining that the tender was being held up in Court for an unrelated reason. During the next reporting period, the Department will continue to follow up and ensure that the distribution of this vital machinery reflects the needs of the country, including those of the periphery.

The amount of time patients must wait for appointments for secondary medical treatment, including specialist doctors' visits and advanced imaging examinations, varies significantly for individuals living in the periphery versus those living in the center of Israel. Throughout 2009, the women's group collected data documenting waiting times for specialist doctors by geographical area in Israel. This work culminated in the publication of a [position paper](#) the subject in November 2009. As part of our lobbying campaign following this publication, at the end of January 2010, the Department Director met with the Knesset Public Petitions Committee to discuss the Ministry of Health's lack of regulation and oversight of waiting times. The Department does not believe this Committee is doing enough to institutionalize controls and will continue to follow up with the Committee during the next reporting period.

During the project period, the women's group continued to collect data regarding waiting times, this time for specialist physicians working in hospitals, as opposed to outpatient clinics. In February 2010, this group interviewed patients waiting for secondary health care in out patient clinics at Saroka Hospital in Beersheva. From these interviews, they were able to compile statistics about waiting times for patients from the South. In addition, the group researched various solutions to this now well-documented program. By examining materials from the [Knesset Research Center](#) and

other institutions, the women's group was able to learn a lot about possible ways to solve this problem. During the next project period, the women's group, with the guidance of the Director of the Department, plans to release a position paper on the subject.

Health Gaps between Jewish and Palestinian Citizens of Israel

The Department has been working on an in-depth report on health disparities between Jewish and Palestinian citizens of Israel which it plans to release at the end of the year. This report will analyze differences in availability of medical services including the availability of general practitioners and specialists, access to Arabic-speaking medical staff in Palestinian areas, and differences in underlying determinants of health like access to quality water, open spaces, education, socioeconomic stability and prosperity, and healthy environmental conditions.

Between January and June, a medical student with a scholarship to intern with the department for the project period, spent over 200 hours collecting data which compares Arab and Jewish areas in Israel. Data was collected in 3 Jewish and 3 Arab areas in the center of the country. The findings of this mapping will be published in a report during the next project period.

Regarding racism against Palestinian citizens of Israel, during the project period, PHR-Israel was recruited to the roster of the [Council of Organizations against Racism](#). After a series of meetings, the Council organized a major conference in the Knesset on March 16th. At this conference, PHR-Israel's Executive Director spoke about the connection between racism and the right to health. On March 21st, the International Day against Racism, the Council held a press conference highlighting the international index of racism report which highlighted a number of institutional cases of racism in Israel, including two pending Knesset proposals, against Palestinian citizens of Israel. Following these activities, the Council raised money to hire a coordinator to organize future activities. In an attempt to mobilize younger Israelis, the Council launched a graphics competition to design a new logo for the Council. Many students participated in the competition. During the next project period, the Department plans to maintain an active role in the Council, participating in a variety of activities.

Eliminating Co-Payments

Over the last several years, the Department has engaged in concentrated advocacy campaigns to cancel co-payments. In 2009, the Ministry of Health and the Ministry of Finance formed a committee to examine this issue. In the beginning of 2010, the committee finished its work but did not publish its conclusions. Through indirect channels, the Department was able to see a copy of these conclusions. While they represent a step in the right direction, they are still problematic in that they do not abolish all additional payments, leaving many disadvantaged citizens right where they started.

Based on these conclusions, during the project period, the Department created a strategic plan to pressure the Ministry of Health to publicly release their conclusions regarding co-payments for medical services included in the service basket. Working

with [ACRI](#) and the [Adva Center](#), we decided that we should begin our campaign with a pragmatic objective: to persuade the government to eliminate co-payments for primary and secondary preventative health services and for people with chronic illnesses. In addition, we organized a lobbying strategy to achieve this goal comprising drafting an official letter to the Deputy Minister of Health, a briefing for journalists with key stakeholders present, and a messaging strategy including newspaper advertisements, internet banners, and video clips.

During March, the Department completed a position paper on the subject and drafted the letter to the Deputy Minister of Health. This letter calls on him to make public recommendations to the Ministry of Health Committee on Co-Payments. The Department is waiting for the right political climate to release the position paper and send this official letter. These actions as well as our lobbying strategy will be implemented during the next project period.

Sick Days for Workers

Over two years ago, the Department, along with [ACRI](#) and [Kav LaOved](#), submitted a petition to the High Court of Justice claiming that workers should not have to present written diagnosis from physicians before taking sick days. On February 8, 2010, we finally received a ruling from the High Court stating that written diagnoses are no longer required to take sick days. After years of working on this campaign, we successfully improved the situation for workers across Israel.

World Health Day

In honor of World Health Day, on April 7, 2010, and as part of our "[Inequality Costs Us Our Health](#)" campaign, the Department [released an anthology](#) of previous position papers and research on growing health gaps in Israel. Specifically, this report discusses inequalities in waiting times for services by geographical region, availability of advanced medical technology and equipment by region, and significant health gaps between Jewish and Palestinian citizens of Israel.

II. Inclusion of Services in the Service Basket

Dental Care

PHR-Israel believes that dental care for all Israeli residents should be included in the service basket provided under the national health insurance funds. In order to achieve this aim, PHR-Israel is an active and principle member of the Coalition for Public Dental Care, a coalition including [PHR-Israel](#), [ACRI](#), [Yesod: For a Social Democratic Israel](#), [Singur Kehilati](#), the Arabic Dentistry Union, the Dental Hygienists Association, and the National Parents Association. Over the reporting period, the Coalition met 8 times to discuss priorities and develop advocacy strategies.

During 2009, the Coalition developed a platform advocacy strategy to add dental care to the service basket. At the end of the year, the Coalition wrote a position paper detailing this platform for dental health reform. The Coalition discussed this initiative with MK Haim Oron (Meretz) who proposed legislation based off of the Coalition's recommendations. During January 2010, the Coalition circulated a law proposal

among Knesset Members asking them to affirm their commitment to include dental in the service basket on a permanent basis for children and senior citizens. By the end of January, 48 Knesset Members had signed onto this proposal.

Also at the end of 2009, Yaakov Litzman, Deputy Minister of Health, proposed allocating 65 million shekels to cover dental care for children under the age of 8. However, these 65 million shekels came from the budget to cover the addition of medical technologies and services to the health basket. In response, the Israeli Medical Association, the Dolev Foundation, and the Movement for Quality government filed a petition with the High Court. On January 28, [PHR-Israel](#), the [Adva Center](#), [ACRI](#), and the [Human Rights Legal Clinic at Tel Aviv University](#) requested to be recognized as a favorable partner for petitions on this subject. Working together with these human rights groups, we wrote a strong opinion in favor of including dental care in the health basket.

Although this petition is still pending in the High Court, the Ministry of Health formed an internal committee to outline the details of this reform. On February 18, the Coalition was invited to testify before this committee about the plan we outlined in our position paper to include dental care in the service basket. Following this testimony, the Coalition held a symposium on the subject with representatives from the community and the local Israeli public. At this successful event, MK Haim Oron as well as members of the Coalition spoke about the necessity of dental care, especially for children.

On March 4, the Coalition was again invited to testify before the Committee of the Ministry of Health. Following this meeting, the Committee asked us to prepare a document on the implementation of this plan including ideas regarding co-payments and the geographical distribution of services. On March 16, [PHR-Israel](#), along with Coalition active members [ACRI](#) and the [Adva Center](#), submitted our official view supporting dental services for minors.

On April 7, coinciding with World Health Day, the Coalition held a public conference in Jerusalem. At this conference, Deputy Minister of Health Yaakov Litzman, MK Haim Oron, Professor Harold Sgan-Cohen from the School of Dentistry at the Hebrew University of Jerusalem, and representatives of the Coalition gave lectures on the importance of the addition of dental care to the national health services basket. On April 8th, the Coalition was invited to participate and lecture at the [Israel National Institute for Health Policy and Health Services Research](#).

Following the recommendations of the internal committee of the Ministry of Health, in May and June 2010, Knesset members began talking about various reform ideas. The Knesset proposed two different pieces of legislation. One supported adding dental care to the service basket for children up to age 8. The other proposal called for the creation of a 5th national health fund that would be 'for-profit' and only provide dental care. The Coalition engaged in a major advocacy campaign, in favor of the first proposal and against the second proposal. We claimed that a for-profit health fund would increase inequities in accessibility of dental health services, especially for the poor. We argued that dental care should not be only for those who can afford it but rather as a part of the service basket for everyone. Following this campaign, the

Knesset dropped the 'for-profit' nature of the national health fund. The Coalition will continue following up on this issue during the next project period.

Life-Saving and Life-Prolonging Medications

In 2007, the national health insurance funds tried to sell supplementary insurances for essential services not covered in the health basket. PHR-Israel believes that offering supplementary private health insurance through the national public scheme would exacerbate gross inequalities between the rich and the poor, Arabs and Jews, and the center and the periphery in Israel. After successful campaigns against this, the Knesset passed a law that prevented the public health funds from selling life-saving and life-prolonging medications as supplementary insurance plans. Following the passing of this law, the Finance Committee agreed to pay for the incorporation of new medications and services into the national health basket for three years.

This arrangement ended in January 2010 and in March, the public health funds began a colossal marketing campaign to persuade Israeli residents to purchase supplementary insurance policies that covers life-saving and life-prolonging medications. This campaign included billboards, internet banners on every major local newspaper website, television commercials, and radio advertisements. On March 25, our initial response against this onslaught was discussed in an [article](#) published by the Israeli popular daily Yediot Ahronot.

In response, on April 12, the Department, along with [ACRI](#) and the [Adva Center](#), corresponded with Yoel Lipschitz, the Deputy Head of issues relating to national and supplementary insurances for the Ministry of Health. After some investigation, we discovered that the public HMOs were able to bypass the legislation by severing the connection to the public sphere and promote the supplementary policy through the private system. With this in mind, the Department plans to develop an effective campaign against this scheme during the next reporting period.

Geriatric Care

Like dentistry, geriatric care is not included in the national service basket. During the project period, the Department began to strategize about a campaign to incorporate geriatric care into the service basket. As an initial step, [PHR-Israel](#) joined a Coalition with [ACRI](#), the Organization for Patients Rights, and different grassroots organizations dealing with the elderly. In January, the coalition met twice to more clearly define its work agenda and form various taskforces on specific issues like lobbying and public relations. The newly-formed Coalition also met with Member of Knesset Haim Oron to begin planning activities and advance legislation he proposed on the subject. Although other campaigns took priority during the project period, the Depart plans to focus on this issue during the next reporting period.

Sex Reassignment Surgery

While Sex Reassignment Surgery is included in the national health basket, the protocol surrounding this procedure is very problematic. Since 2008, the Department and PHR-Israel members have corresponded with the Ministry of Health regarding reforming this protocol. As a response, the Ministry of Health formed a committee on

the issue and asked a PHR-Israel board member to serve on it. After meeting in 2009, in January 2010, the committee released the first draft of its conclusions regarding the regulations for this surgery. Our board member, as part of her role on this committee, wrote her reservations about the draft and requested that the Committee be reconvened. Following a lack of response, she then asked the Committee to at least allow for a dissenting opinion to be written regarding these procedures.

Still without a reply, in February, the Department sent a letter to the Ministry of Health regarding the draft and demanded that it better incorporate the rights of the candidates for the surgery. During April, our board member attended an additional committee meeting on the subject. With little results from these actions, the Department will continue to pursue this issue during the next project period.

III. The Bedouins of the Unrecognized Villages



As part of the Residents Department, our Bedouins of the Unrecognized Villages project seeks to promote the right to health for the 180,000 Bedouins living in Israel. Of all Israeli citizens, the Negev's Bedouin population is the most disadvantaged. Most cannot access basic health care; their villages lack sufficient medical clinics, mother child health care clinics, and gynecological, pediatric, and other specialist services. Further, Bedouins live without the underlying determinants of health like clean water, electricity, and a hazard-free environment.

Israeli policy towards its Palestinian citizens, especially Bedouins, reflects a broader strategy whereby the State tries to concentrate Palestinians to certain cities, and take control over more land for Jewish citizens. For example, in the 'mixed-cities' of Acco, Haifa, Lod, Ramle, and Jaffa, frequent house evictions, home demolitions, and increased police harassment and brutality towards Palestinian citizens all embody what many, including PHR-Israel, consider to be Israel's ongoing, underlying policy of minimizing Palestinian presence in these cities. With regards to the 45 unrecognized villages, which are spread out over tens of kilometers of land, the State aims to remove these Israeli citizens and resettle them in 7 Bedouin townships. Such a move would give the State of Israel control over significantly more land in the South of Israel which traditionally and for centuries has been in the possession of the Negev Bedouin.

Because of this overall policy, the State refrains from ruling on the principle level in favor of Bedouin rights in Israel. Setting a policy that would connect all the unrecognized villages to the national electricity grid and water system, for example,

would reaffirm the presence of these villages and make their evacuation much more difficult. Therefore, on both matters of principle and in individual cases, the State uses a variety of tactics including delivering ambiguous rulings, avoiding setting dates for Knesset or High Court discussions, and overall delays in decision-making, to avoid ruling on these issues as whole. These actions represent our biggest obstacle towards affecting social change on a wider scale for the Bedouins living in the South.

Primary Health Care

Currently, Bedouins in the unrecognized villages do not have sufficient access to primary medical care facilities. During the project period, the Department worked to open additional clinics in the villages of Tal Almaleh and El- Foura'a. In addition, the Department advocated adding specialist staff to the existing medical clinics in the villages and for these clinics to be hooked up to the electricity grid so that they would have the means to refrigerate vital medications like insulin.

Tel Almaleh and the surrounding smaller villages comprise a large community of 16,000 people that do not have access to a single medical facility. Individuals have to travel over 16 kilometers on unpaved roads to get to the nearest doctor. As part of a High Court petition to open additional clinics in the unrecognized villages, in 2005, the Ministry of Health suggested that a clinic be opened in Tel Almaleh. Following this announcement, the District Planning and Building Committee claimed that the lack of urban planning in the village makes the opening of a medical clinic impossible.

After numerous advocacy efforts, in 2009, the Department appealed to the High Court demanding that they open a clinic in Tel Almaleh. In response, the Court postponed deciding on the petition for 6 months, claiming that it wanted to wait for the results of the Goldberg Commission in order to incorporate them into the decision-making process. This Commission, established in late 2007, was already long overdue to release their plan for implementation of concrete recommendations to improve the situation in the unrecognized Bedouin villages in the South.

After these 6 months expired, in April 2010, the Department worked with the [Association for Civil Rights in Israel \(ACRI\)](#) to send an official response to the High Court explaining that it is now a year and a half after the Goldberg Commission was supposed to release the implementing framework and demanding that the Court release a decision. The High Court responded by agreeing not to cancel the petition but still decided to wait before scheduling a discussion on the results of the Committee. To date, there is still no response from the Commission and the High Court of Justice has yet to schedule a date for the discussion on the subject. During the next project period, the Department will continue to pressure the High Court to schedule a discussion and implement its initial decision to open a medical clinic in Tel Almaleh.

Like Tel Almaleh, the town of El-Four'a lacks a medical clinic. In January, the Department began correspondence with one of the public HMOs about opening a clinic in the village. The HMO responded that they were interested in the idea but could not find an appropriate place within the town to open a clinic. The Department worked with the community to find a central location for the clinic and after extensive

discussions with individuals from the town, a central place was chosen. In March, we wrote to the HMO with the proposed location for the clinic. Not getting a response, we wrote a reminder letter in May. By the end of the project period, we had still not heard back from the HMO. We plan to follow up with the HMO and take the necessary advocacy measures to pressure the State to open a medical facility in this village.

Following a needs assessment conducted by the Department in 2008, we noticed that one of the main problems is the lack of gynecologists and pediatricians to provide basic care to the women and children of the unrecognized villages. Getting no results from extensive correspondence from the Ministry of Health and the HMOs, we decided that pursuing legal action was our only recourse. Currently, we are working with [Adalah: the Legal Center for Minority Rights in Israel](#) and the [Regional Council for the Unrecognized Villages \(RCUV\)](#) on examining possible legal options.

In addition to opening more medical clinics and employing additional gynecologists and pediatricians, the Department also believes the State has the responsibility to connect these clinics to the electricity grid. Without electricity, clinics cannot fully function and most importantly, they cannot refrigerate many vital medications like insulin. In 2008, the Department brought the issue of refrigeration of medications for chronic patients to the High Court of Justice. After several hearings, in September 2009, the High Court demanded that the HMOs and the Ministry of Health provide the medication for the clinics. However, the High Court did not rule that these clinics should be connected to the electricity grid, and it remained unclear how the HMOs and the Ministry of Health would fulfill their obligations to the Court. Upon receiving this ruling, the Department immediately expressed concern that the Court avoided the principle issue of electricity in the unrecognized villages and instead ruled, without explanation of how the decision might be implemented, that these clinics should have access to refrigerated medication.

During the project period, the Department followed up on this petition and demanded that these medications be provided in the clinics. Making no progress, the Department developed a new strategy. In April 2010, the Department sent a letter to the HMOs asking for a list of medications they would provide in the clinics. Based on the Court ruling, they will have to list that they provide basic medications that require refrigeration like insulin. If they decide to include medications requiring refrigeration on the list, the Department will petition the Court claiming that the HMOs, even though they are listing these types of medications, are not fulfilling their obligation to the Court. And if the list does not include refrigerated medications, then the Department will have an even clearer case for Court, proving that the HMOs are in contempt of the previous ruling. The Department plans to carry out this action during the next project period.

Mother Child Health Clinics

During the last project period, three mother child stations in the unrecognized villages of Wadi Al-Naam, Abu Tlul, and Kasr Al Sir were closed by the Ministry of Health who claimed that they lacked a sufficient staff of nurses. In response, in March 2010, the Department petitioned the High Court of Justice to find a solution and immediately reopen these clinics. Soon after, the Ministry of Health received

approval from the Finance Ministry to provide financial incentives for all medical staff, including nurses that work in the South.

While this ruling is a step in the right direction, it does not address the closing of these three clinics specifically, nor does it create a timetable for their reopening. Reflecting this disappointment, in late March, the Department wrote an official letter on behalf of the petitioners asking that the clinics be immediately reopened. Receiving no word about a date for this issue to be discussed in court, the Department met with the Ministry of Health officer in charge of the Arab population in the Negev. He promised to act personally within the Ministry towards re-opening these clinics.

Following these efforts, the Ministry of Health made numerous statements that it plans to reopen the clinics in these three villages. However, the Ministry has not taken any concrete steps towards this objective. Over the last 6 months, the Department has heard increasing numbers of testimonies from families in the villages about women who cannot receive prenatal care and infants who are not getting vaccinated. In response, we sent an urgent letter to the Ministry of Health describing how the continued closure of these clinics will cause a major deterioration in the health of women and children and will increase infant mortality in the villages. The Department has yet to receive a response to this letter. During the next project period, the Department plans to continue its relationship with the Ministry of Health officer in charge of the Negev's Arab population and continue to pressure for the immediate reopening of these mother child health clinics.

In addition to our advocacy efforts to reopen these three clinics, between March and June 2010, the project engaged in a campaign to monitor a joint-initiative between the Ministry of Health, Ben Gurion University, and Saroka Hospital to train women mediators to work in the mother-child health stations to raise awareness among Bedouin women about basic family health. In March, we requested and received materials from the Ministry of Health about the program, including a complete description and budget. We interviewed the two individuals in charge of the program from Ben Gurion University and Saroka Hospital. We also interviewed 4 women from the Bedouin community who had participated in the course.

Following this investigation, we found several problems with the program. First, the budget seemed insufficient, making it impossible to reach the desired objectives. Second, women who had completed the course did not engage in the activities for which they were trained—educating Bedouin women about family health including pregnancy care and child vaccinations—but instead became translators in the ill-equipped mother child health stations. Third, we discovered that the project did not take into account the social context of the Bedouin women and as such, programming was often irrelevant to the needs of the women. During the next project period, the Department plans to advocate to the Ministry of Health to change the program to make it more socially acceptable and accessible as well as expand the program to reach more women.

Water

In recent years, the State has directed all inquiries regarding connection to the national water system to the 'Water Committee,' a group comprised of the army and police

without representatives from the Ministry of Health and civil society. Since its formation, the Committee has rejected 85% of all applicants.

After [months of attempts](#), the Department decided that trying to secure connections to the national water system via the Water Committee was an untenable option. Therefore, in April 2010, the Department started an unofficial correspondence with the head of the Southern District Water Authority. We sent him an internal position paper of durable solutions to solve the water issue including concrete ideas for water centers and piping infrastructure. At the end of April, he responded by asking specific questions about proposed planning and agreed that he was ready to discuss 10 locations for water centers. While the Department believes well over 10 centers are required, we recognize that this is a positive first step. During May and June, the Department mapped possible locations, choosing the 10 areas with the most severe water shortages that can be connected to the national water system with relative ease. At the end of June, we submitted our proposal to the Water Authority. We plan to continue this correspondence during the next project period and hopefully gain the approval to connect these 10 areas to the water system.

Healthy Environmental Conditions

Comprising 19 chemical factories, the Ramat Hovav area of the Negev is the biggest industrial and chemical zone in Israel. The pollution and other environmental hazards emanating from this zone have made asthma, general pulmonary problems, and other chronic diseases quite prevalent in the unrecognized Bedouin villages.

Building on previous actions including High Court petitions regarding this industrial zone, in April the Department held a meeting initiated by a member of the [Likud Party](#) with the Ministry of Interior, Ministry of Health, the Ministry of Environmental Protection, the Police, the National Guard, and the Council of Abu Basma, a representative body of several unrecognized villages. At this high-stakes meeting, we discussed needed protection measures and the adverse health effects caused by the dangerous substances used in Ramat Hovav and their effect on the Bedouin population living in the Wadi ElNam of the Negev.

Following this meeting, we submitted an official letter outlining our demands including that the Knesset Committee on the Interior and Environmental Protection create a timetable for implementation of solutions for the people living within a 5 kilometer radius of the industrial zone. Receiving no response, we followed this report by approaching the High Court of Justice. We are waiting for the High Court to set a date for discussion on this issue. In addition, in May and June we submitted two official inquiries through Member of Knesset Dov Hanin about the composition of the Knesset Committee, point out that it does not have a single Arab representative. During the next project period, the Department will follow up with the High Court and this Knesset Committee to ensure a healthy environment for the Bedouins living near the Ramat Hovav industrial zone.

Empowerment of the Bedouin Medical Community

In March 2009, the Department initiated a working group of physicians from the Bedouin communities in the Negev. During the project period, this group met 5

times. During these meetings, these physicians engaged in a variety of group-building and brainstorming activities. After the first few meetings, these individuals decided to focus their efforts on issues relating to mother and child health in the unrecognized villages. They created a program whereby they will train local residents to be trainers themselves on issues relating to general family health. After fundraising for this group, the physicians decided to start a pilot course for women from one of the villages facilitated by the physicians themselves. During June 2010, the physicians group developed the syllabus for the course and recruited participants. The course is set to begin in August 2010. The Department looks forward to continuing to work with the physicians group on issues relating to mothers and children as well as to plan additional joint initiatives on other topics ranging from access to quality water to healthy environmental conditions.

Shaping the Local and International Debate on Bedouin Issues

During the project period, the Department participated in numerous initiatives to bring the issues facing Bedouins in the unrecognized villages to both the national and international scene. In March, PHR-Israel officially joined a forum of organizations working to promote Arab-Bedouin rights over land. During the project period, the government began a serious and targeted campaign of house demolitions in the unrecognized villages. Being secure in your living surroundings is an essential underlying determinant of health, and as such, the Department decided to become an active member of this Forum.

During the project period, the Forum formed three taskforces: the first to plan community advocacy and publicity in Israel, the second to organize a legal team and an international lobby strategy, and third to coordinate a planning team that would create alternative urban plans to the ones suggested by the government. Based on this strategy, the Forum was able to coordinate and institutionalize all of the initiatives of the member organizations as a platform to learn best practices and streamline different efforts. In April, the Forum planned and participated in a rally and discussion concerning house demolitions. And in May, the Forum sponsored a discussion on the issue in the Finance Committee of the Knesset. In the next reporting period, the Department plans to expand its activities with the Forum and create more joint-initiatives to end the government's policy of house demolitions in the unrecognized villages.

For the past two years, the Department has been an active partner of the Negev Coexistence Forum for Civil Equality, a group of human rights organizations working to promote the rights of Bedouins in the Negev. In August 2009, alongside the Forum, the Department submitted a shadow report and gave expert testimony to the UN Committee monitoring Israeli compliance with the International Covenant on Civil and Political Rights. In June 2010, in time for the Committee's next meeting in Geneva, the [Forum submitted an updated report](#) addressing Israel's most recent violations of Bedouin rights and the increasingly dire situation facing these communities in the Negev. The Department continues to follow up with this UN Committee.

Beginning in February, the Department coordinated a major program for medical students on the issue of the unrecognized villages. The Department worked with the

School of Health Sciences at Ben Gurion University in Beersheva, the Study Abroad Program of Columbia University Medical School, the Arab Community College in Beersheva, the Committee of Arab University Students in Beersheva, and the Regional Council for the Unrecognized Villages. The goal of this project is to plan meetings for medical students from different backgrounds including Jewish Israeli citizens, Bedouin Palestinian citizens of Israel, and international students from the United States. Throughout the project period, the students got to know one another and engaged in group-building exercises. Medical students from the unrecognized villages brought the international students on tours of their villages. In April, the students produced a work plan for joint projects to promote health in the unrecognized villages. With the end of the school year, activities ended but the Department is looking forward to work with them at the beginning of the next school year.