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## OCCUPATION AND SETTLEMENTS AS THE MAIN DETERMINANT OF HEALTH FOR PALESTINIANS IN H2-AREA IN HEBRON

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## 1. INTRODUCTION

Using the World Health Organization's (WHO) broad definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity",<sup>1</sup> we have considered as threats to health any factor that undermines the survival, development and well-being of individuals and community. Physical, psychological and structural violence is the main cause, both directly and indirectly, of a lack of health. Violence, in turn, is linked to the presence of settlements: settlers sometimes initiate attacks. Israel is neglecting its obligation to defend the Palestinian civilian population in the occupied Palestinian territories against the criminality of Israeli civilians.<sup>2</sup> Moreover, control of land and resources - stemming from Israel's policy of putting its needs ahead of those of the Palestinians - carries with it the structural violence that Palestinians have to endure daily. Structural violence, that is, the systematic ways in which a social structure or social institution prevents people from meeting their basic needs, in Wadi al Hussein takes on the form of living in constant fear and a lack of very basic needs.

One effect of the presence of settlements around and inside Hebron City is the closure imposed on some neighbourhoods, such as Wadi al Hussein. Residents of Wadi al Hussein suffer harsh **limitations on their freedom of movement** and consequently many basic services have become inaccessible to them. Palestinian vehicles, including ambulances, are forbidden to enter the neighborhood freely, despite the fact that its population is entirely Palestinian. In this context, even basic access to health care in case of emergency is sometimes denied. Other factors have an impact on the social determinants of health, such as denial of **building permits**, inaccessibility of **water** sources, unavailability of **sewage** networks and **garbage** disposal services, all of which threaten psychosocial stability. In addition, restrictions on **economic development** in Hebron and loss of jobs due to the closure in Wadi al Hussein have made health care unaffordable to many.

## 2. OVERVIEW

### Brief history of Hebron since the Oslo Accords:

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<sup>1</sup> Constitution of the World Health Organization, Am J Public Health Nations Health 1946, 36: 1315-23

<sup>2</sup> Yesh Din, "A Semblance of Law: Law Enforcement upon Israeli Civilians in the West Bank" (executive summary), Tel Aviv, 2006, p.1

The Oslo Accords in the mid-1990s divided Hebron into H1 (Palestinian Authority-controlled area) and H2 (Israeli-controlled area).<sup>3</sup> The Old City of Hebron and the Ibrahimi Mosque (El-Haram El-Ibrahimi)/Tomb of the Patriarchs, which is sacred to both Muslims and Jews, are located within H2. Hebron City has Jewish Israeli settlers living in the heart of its built-up area, right next to a large Palestinian community; a fact that has often led to clashes between the parties, including the **massacre** of February 25, 1994, when Israeli settler Baruch Goldstein opened fire on Muslim men at Friday prayers, killing 29 and wounding many others. This massacre sparked a period of chaos in Hebron in which an additional 26 Palestinians and nine Israelis were killed, with many others injured. The incident inflamed the city and resulted in international demands that Israel ensure the security of Palestinians in Hebron, including UN Security Council Resolution 904, adopted on March 18, 1994, which called "for measures to be taken to guarantee the safety and protection of the Palestinian civilians".<sup>4</sup> Israel and the Palestine Liberation Organization subsequently agreed to the establishment of the Temporary International Presence in Hebron (TIPH) – an observer mission with members from several European countries<sup>5</sup> whose role is to monitor Israeli settlers and aid the Palestinian residents. Its main task is to "assist in monitoring and reporting the efforts to maintain normal life in the City of Hebron, thus creating a feeling of security among Palestinians in the City of Hebron". The first TIPH mission was established in May 1994, but was withdrawn in August of the same year following a dispute between Israel and the PLO over an extension of its mandate. The TIPH returned to Hebron in May 1996 as part of the Interim Agreement on the West Bank and the Gaza Strip (also known as Oslo II or the Taba Agreement). This second incarnation was subsequently replaced by a third TIPH mission, established as part of an agreement signed on January 21, 1997, in conjunction with the Protocol Concerning the Redeployment in Hebron.<sup>6</sup>

### On the ground:

Hebron City, in the southern West Bank, has a population of more than 165,000 Palestinians,<sup>7</sup> and approximately 400 settlers living in four settlements<sup>8</sup> – Avraham Avinu, Beit Romano, Beit Hadassah, and Tel Rumeidah – within the Old City (H2 area). These settlements are protected by around 1,500 Israeli soldiers. The settlers are connected to the Tomb of the Patriarchs and to the larger settlement of Kiryat Arba, by corridors lined with 87 obstacles that

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<sup>3</sup> Section 2(a) of the Protocol Concerning the Redeployment in Hebron, January 17, 1997, <http://www.jewishvirtuallibrary.org/jsource/Peace/hebprot.html>

<sup>4</sup> [www.tiph.org](http://www.tiph.org)

<sup>5</sup> [http://en.wikipedia.org/wiki/Temporary\\_International\\_Presence\\_in\\_Hebron](http://en.wikipedia.org/wiki/Temporary_International_Presence_in_Hebron)

<sup>6</sup> PCBS, Projected Mid-Year Population for Hebron Governorate by Locality, 2004-2006

<sup>7</sup> <http://en.wikipedia.org/wiki/Hebron>

<sup>8</sup> <http://www.smh.com.au/articles/2002/12/08/1038950271659.html>

physically prevent the Palestinian population's access.<sup>9</sup> A recent survey conducted by the Palestinian Ministry of National Economy found that the average income per household in the area is about \$160 per month, while the average for the West Bank is \$405.<sup>10</sup>

A census for the Wadi Al Hussein area<sup>11</sup> shows that:

- The total population in the Al Hussein area was 1050 people; Wadi al Hussein residents numbered 481.
- The number of counted households in the greater Al Hussein area was 159 households; the actual count in Wadi al Hussein was 26 households.
- The median age was 14 years.

### **Medical facilities in the area:**

#### **Hospitals -**

Several medical facilities are available in the Hebron area, none of which are located in Wadi al Hussein:

- Alia Hospital (governmental hospital),<sup>12</sup> located in H1 close to Wadi al Tuffah, built in 1959, which has:
  - various in-patient clinics
  - an emergency room equipped with a CT-scan machine
  - a dialysis unit
  - an intensive-care unit, where heart surgery is also performed
- Al Ahli Hospital (private hospital managed by a French NGO),<sup>13</sup> located in northwest H1. Open-heart surgery is performed here

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<sup>9</sup> The information was given to PHR-Israel by the municipality of Hebron on September 3, 2009

<sup>10</sup> OCHA, "The humanitarian impact on Palestinians of Israeli settlements and other infrastructure in the West Bank", July 2007, [http://www.ochaopt.org/documents/ocha\\_opt\\_settler\\_vilonce\\_special\\_focus\\_2008\\_12\\_18.pdf](http://www.ochaopt.org/documents/ocha_opt_settler_vilonce_special_focus_2008_12_18.pdf)

<sup>11</sup> Source: Palestinian Central Bureau of Statistics, 2008, Population, Housing and Establishment Census 2007, unpublished data. Note: Includes population counted during the period December 1-16, 2007, does not include uncounted population estimates according to post-enumeration survey

<sup>12</sup> [http://www.emro.who.int/palestine/index.asp?page=health\\_facility.facility\\_data&id=658](http://www.emro.who.int/palestine/index.asp?page=health_facility.facility_data&id=658)

<sup>13</sup> [http://www.emro.who.int/palestine/index.asp?page=health\\_facility.facility\\_data&id=479](http://www.emro.who.int/palestine/index.asp?page=health_facility.facility_data&id=479)

- Mohamed Ali Hospital (mother-and-child care only), located in Wadi Al Qadi, south H2
- Palestine Red Crescent Society Hospital, located in Wadi al Tuffah, out of service at the time of writing this report.

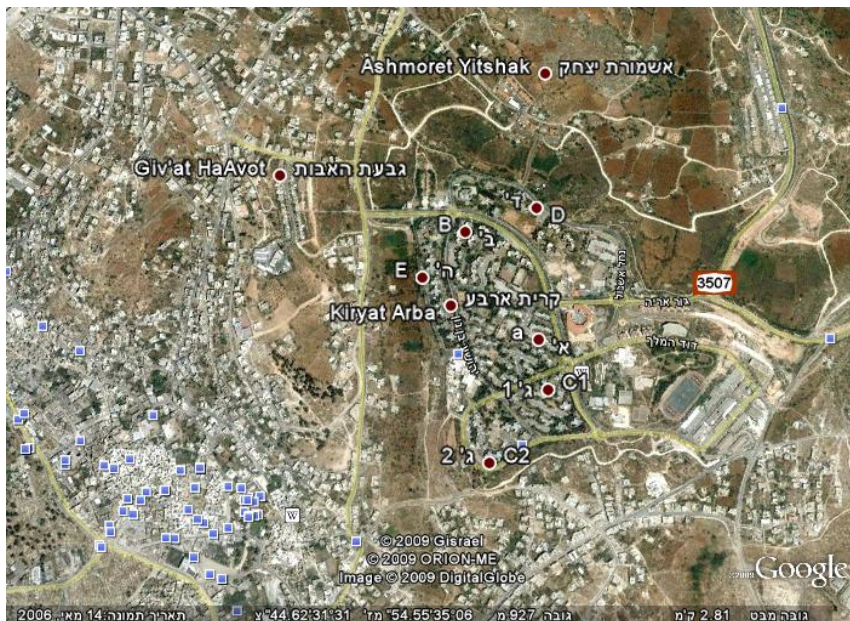
### **Clinics -**

Each clinic serves a different geographical area. People from Wadi al Hussein have to go to the clinic in the Osama School, located in the H2 area on the Jabal Jawar hill, two kilometers away from Wadi al Hussein.

- Governmental Health Clinic: 30 minutes on foot from Wadi al Hussein, near Ibrahimi Mosque in H2. Open six hours a day, five days a week and provides residents with primary health care, mother-and-child care, chronic disease follow-up. Has a pharmacy and a small lab.
- Osama School Clinic: 45 minutes on foot from Wadi al Hussein, replaced in August 2009 the Khaled Ebn al Walid Clinic (20 minutes on foot from Wadi al Hussein). Open five days a week and provides GPs, a weekly gynaecological service and a pharmacy.
- Quarantina Clinic: near Tel Rumeida, located on the border between H1 and H2.

The fact that none of the medical facilities is located in Wadi al Hussein forces its population to leave the neighborhood and face problems of access due to the checkpoints surrounding the area.

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Map of Wadi al Hussein (by Google earth)

Wadi al Hussein Borders –

East: Kiryat Arba settlement fence.

West: Zion St. in Arabic Othman Bin Aafan St.

South: Wadi Al Ghrous & the road connecting Kiryat Arba with Zion Street.

North: Wadi Al Nassara & St. Almusaleen (prayers).

### 3. ACCESS AND CLOSURE

The connection to Palestinian Authority-controlled H1 is absolutely fundamental to Palestinians living in Wadi al Hussein, as they have to refer to the Palestinian Authority for many services, including health care, in accordance with the so-called “Hebron Agreement”.<sup>14</sup>

As Wadi Al Hussein borders on settlements, many streets are off limits to Palestinians and a strict regime of closure is imposed on the neighborhood. Around Wadi al Hussein the main arterial road, Zion Street, is closed to all Palestinian vehicles, including ambulances.

At the time of writing, Zion Street is still closed on the western side – which borders the H1 area – by four checkpoints, working 24 hours a day, seven days a week and which are only available to settler vehicles:<sup>15</sup>

- Ashmoret: Zion Street’s northern access point

<sup>14</sup> [http://www.usembassy-israel.org.il/publish/peace/hebron\\_redepl.htm](http://www.usembassy-israel.org.il/publish/peace/hebron_redepl.htm), chapters 10-16

<sup>15</sup> For more information on vehicle access in Hebron see “Geopolitical situations In Hebron Governorate Palestine”, a field work by GIS unit at the Land Research Center, July 2006



- Rejabi Building ("Al-Ras"): Zion Street's southwestern access point
- Tareq Junction: southern connection between H1 and Wadi al Hussein
- Givat Ha-Avot: located at the entrance of the Givat Ha-Avot settlement, just 100 meters to the west of Zion Street. It blocks the shortest (200 meters) and fastest existing connection between Wadi al Hussein and the H1 area. The distance between the Givat Ha-Avot checkpoint and Wadi al Hussein is around 200 meters. Of the four Israeli checkpoints leading to Wadi al Hussein, this is the only one that has been managed since 2002 by a private company on behalf of the settlement.



Ashmorate. (Photo by Ilaria Camplone).



Rejabi Building. (Photo by Ilaria Camplone).



Rejabi Building. (Photo by Ilaria Camplone).

**Mr. Matteo Benatti**, director of the Hebron branch of the International Committee of the Red Cross explains that three of these checkpoints (Ashmoret, Rejabi Building and Tareq Junction) were converted from roadblocks to manned gates on August 3, 2009, in addition to the already existing Givat Ha-Avot.<sup>16</sup>

**Dr Hijazi Abu Mezer**, director of the Palestine Red Crescent Society Hebron, says that the opening of the roadblocks does not mean greater accessibility to Wadi al Hussein since these checkpoints lead to the same area: "In my opinion two of them [Rejabi Building and Ashmoret] will replace the Givat Ha-Avot checkpoint soon, which, I expect, will be completely closed. Hence adding those checkpoints means only a stricter closure regime in the area."<sup>17</sup>

### **Access to emergency evacuation services:**

In 2002, the UN Bertini mission obtained a much-criticized commitment from Israeli authorities to clear ambulances at checkpoints within 30 minutes at the most.<sup>18</sup> The Palestine Red Crescent Society uses this standard when reporting ambulance delays. In our report, we have measured delay in terms of time as measured by patients and confirmed in the official medical reports. The Fourth Geneva Convention and additional protocols for the protection of civilian persons in time of war mandate the right of access to medical care for civilians under occupation.<sup>19</sup> The delays detailed in this report in access to health-care facilities in Wadi al Hussein fail to meet these protocols and therefore breach

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<sup>16</sup> The interview with Dr. Benatti was held in Hebron on September 8, 2009

<sup>17</sup> The interview with Dr. Hijazi was held in Hebron on September 17, 2009

<sup>18</sup> Bertini C. Mission report, 11-19 August, 2002, UN Secretary General, <http://www.ochaopt.org/documents/ochaHumMonRpt0805.pdf>

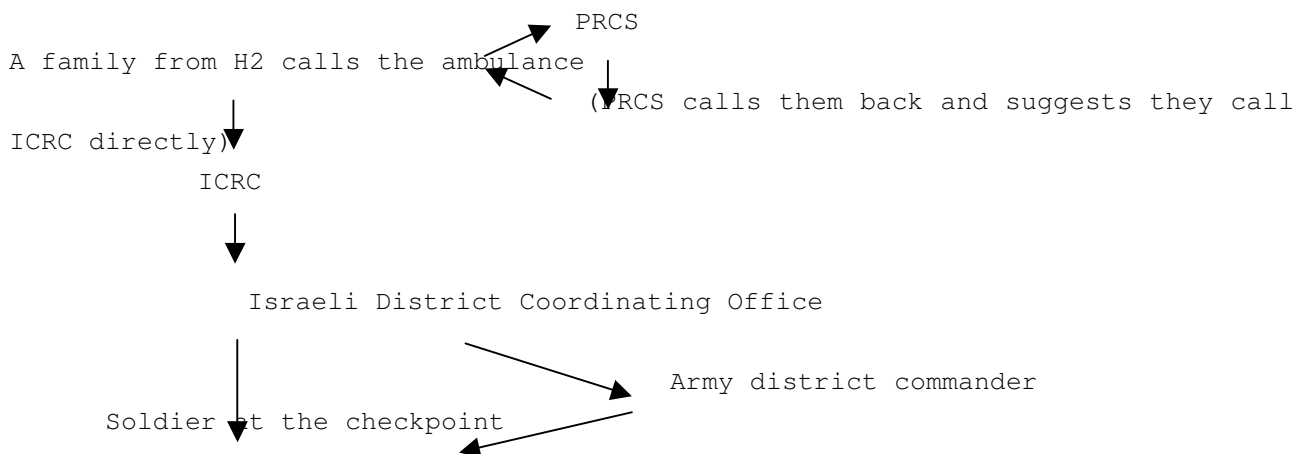
<sup>19</sup> Article 27 of the Fourth Geneva Convention and also Articles 6(1) and 34 of ICCPR



international law. It should be stressed that, from a medical point of view, there is no such thing as an "acceptable delay".

Security measures have deeply influenced the management of emergencies. Palestinian ambulances assigned to evacuate Palestinian patients from H2 cannot do so freely through checkpoints. Instead, they must coordinate their passage in advance according to a strict procedure. Many actors play a role in the coordination chain, which consists of mediation by the International Committee of the Red Cross (ICRC) between Palestine Red Crescent Society (PRCS) and the Israeli army.<sup>20</sup>

This scheme shows how the procedure works:



From the first call to the arrival of an ambulance, no delays have ever been reported. The delays start when the emergency vehicles try to cross the Israeli checkpoint, which considerably slows down the evacuation. According to Dr. Hijazi of the Palestine Red Crescent Society Hebron,<sup>21</sup> ambulances take an average of seven minutes from PRCS headquarters to reach the Israeli checkpoint. However, ambulances are kept waiting by soldiers at the Israeli checkpoint despite the fact that the whole process has been coordinated in advance with the Israeli District Coordinating Office. According to Dr. Hijazi, at the Givat Ha-Avot checkpoint, which the medical community considers the most problematic of the four checkpoints, ambulances are delayed by between one hour and an hour and a half.

<sup>20</sup> For further information on the coordination mechanism of ambulances, see "Emergency on Hold: Entry of Palestinian Ambulances into East Jerusalem" by Miri Weingarten, Physicians for Human Rights-Israel, August 2007

<sup>21</sup> The interview with Dr. Hijazi was held in Hebron on September 17, 2009.

CASE REPORT: Ayat Al Jabary

On March 15, 2009, at 7:00pm Ayat Al Jabary and her sister were walking towards their house in Zion Street. It was raining and they took a shortcut along the fence of the Givat Ha-Avot settlement, thinking it would be safe enough as nobody would be in the streets because of the rain. However settlers from Givat Ha-Avot suddenly started to throw stones. Ayat was hit on the head and lost consciousness 10 meters away from her house. Her mother called for an ambulance, which reached Givat Ha-Avot in four minutes. The ambulance was kept waiting at the checkpoint for one and a half hours without any explanation. Then, five minutes before the ambulance was allowed to enter, a paramedic soldier approached Ayat, who in the meantime had regained consciousness, asking some basic questions ("What is your name?" "Where does it hurt?") and trying to make her stand up and walk, but she could not. Eventually, she was taken to Alia Hospital, where she received an X-ray scan. Since then Ayat has reported sight problems and an inability to maintain concentration.<sup>1</sup>

**Access to water:**

According to the UN's Office for the Coordination of Humanitarian Affairs, water scarcity is a major concern in the West Bank, where access to, and control over, water resources is a constant struggle.<sup>22</sup> The report indicates that under the Oslo agreement, nearly six times more aquifer water is allocated for Israeli use, so that Israeli per capita water consumption is more than five times higher than that of West Bank Palestinians (350 litres per person per day in Israel, compared to 60 litres per person per day in the West Bank, excluding East Jerusalem). West Bank Palestinian water consumption is 40 litres less than the minimum global standards set by the World Health Organization.

The situation is particularly difficult during droughts such as in the summer months. The Israeli water company, Mekorot, in charge of selling water to Palestinian towns and public bodies, prioritises settlements, often leaving Palestinian towns and villages with a shortage. In the summer months in particular, residents of a number of West Bank cities, such as Hebron, Bethlehem and Jenin, face water restrictions.<sup>23</sup>

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<sup>22</sup> OCHA, "The humanitarian impact on Palestinians of Israeli settlements and other infrastructure in the west Bank", July 2007

<sup>23</sup> B'Tselem, "Thirsty for a solution - The Water Shortage in the Occupied Territories and its Solution in the Final Status Agreement", July 2000

According to Sami Natshesh, a Hebron municipality employee,<sup>24</sup> Hebron City relies primarily on water tanks and rainwater collected in household cisterns. Only 5-7 percent of water consumption (two or three days per month during summer) comes directly from the network.

In Palestinian Authority-controlled H1 Palestinians are supplied water in tankers. People can buy water tanks directly from the municipality, which sells it to the community for a controlled and reasonable price. This procedure is de facto impossible inside the H2 area, due to the ban on Palestinian vehicles.<sup>25</sup>

When water provisions are about to run out in H2, families apply to the Israeli District Coordinating Office for a permit to allow a tanker to enter the neighborhood. According to several testimonies provided to Physicians for Human Rights-Israel, the Israeli District Coordinating Office and the Israeli Civil Administration often keep Palestinians waiting weeks or months for permission, making the provision of water impossible. In addition the Israeli authorities do not allow Palestinians to build new rainwater cisterns in H2. Hence, the Wadi al Hussein community must often buy water from private dealers.<sup>26</sup> Water is delivered by tankers, which enter illegally and only by bribing the driver. As a result, Palestinians residing in H2 have to deal with higher water costs.

Water access and storage are also often compromised by attacks and violence by settlers.

#### CASE REPORT: The Abu-Saifan family

The family has running water only one or two days per month and it uses it to refill its underground reservoir. The house's reservoir was damaged during the construction of the Kiryat Arba wall in 1997. Because of the damage, the reservoir is now able to stock up to only half its original capacity, resulting in obvious hardships for the Abu-Saifan family in meeting their water needs. Despite the fact that the damage to the Abu-Saifans' reservoir is the settlers' responsibility, Israeli authorities have denied the family a restoration permits.

#### **Access to sanitation services and infrastructure:**

The Hebron Agreement of the Protocol Concerning the Redeployment in Hebron signed on January 17, 1997, states: "In Area H2, the civil powers and

<sup>24</sup> The interview with Mr. Natshesh was held in Hebron on October 4, 2009

<sup>25</sup> [http://www.btselem.org/english/water/20071028\\_Hebron\\_Area.asp](http://www.btselem.org/english/water/20071028_Hebron_Area.asp)

<sup>26</sup> From an interview with Fawaz Al-Rajabi, an electricity technician employed by the Hebron municipality. The interview was held on June 14, 2010

responsibilities will be transferred to the Palestinian side, except for those relating to Israelis and their property, which shall continue to be exercised by the Israeli Military Government" (article 10b).<sup>27</sup> The Palestinian Authority, that is, through the municipality of Hebron, has to provide the Palestinians living in the H2 area with the necessary services, such as water, garbage removal, a sewage network and electricity. Furthermore, article 16 says: "Municipal services shall be provided regularly and continuously to all parts of the city of Hebron, at the same quality and cost. The cost shall be determined by the Palestinian side with respect to work done and materials consumed, without discrimination."<sup>28</sup>

Despite these declarations, the Palestinian Authority is unable to provide these services because of the closure imposed on Palestinian vehicles in the H2 area. The current situation often forces citizens to procure services and supplies on their own, illegally and more expensively. Garbage, for instance, is dumped near the houses and burned. No truck is allowed to enter the neighborhood to remove the garbage and no adequate infrastructure exists. No roads, only narrow dirt streets, are allowed to be built. Israeli authorities are in charge of issuing building permits within the H2 area, but none have been issued since the beginning of the second intifada in 2000. Only someone in possession of a permit issued before 2000 is now allowed to build or restore.<sup>29</sup>

The Israeli District Coordinating Office also has never authorized the building of a sewage network in Wasi al Hussein, even though the citizens have filed several requests. The Palestinian municipality is in charge of fixing waste pipes. Municipal workers sent to work in Wadi al Hussein, are often harassed and attacked by settlers or held back by soldiers, with workers now claiming that special permits from the District Coordinating Office are required in order to safely carry out their tasks in Wadi al Hussein. In June 2009, the sewage system was out of order for a whole month, while the municipality waited for the District Coordinating Office to issue permits for them to fix it. Eventually the network was patchily repaired by citizens themselves.

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<sup>27</sup> <http://www.mfa.gov.il/MFA/Peace+Process/Guide+to+the+Peace+Process/Protocol+Concerning+the+Redeployment+in+Hebron.htm>

<sup>28</sup> Ibid.

<sup>29</sup> From an interview with Fawaz Al-Rajabi, June 14' 2010

<sup>30</sup> Ibid.

#### 4. THE CLOSURES' IMPACTS ON HEALTH

##### Health Indicators:

The health situation in the occupied Palestinian territories has been defined as a "chronic complex emergency"<sup>31</sup> indicating the extreme violence to which the occupation exposes the entire population, generation after generation. Measuring the disease burden and risk factors in such conditions is not simple, given that adequate tools are lacking for the assessment of survivors of chronic exposure to violence.<sup>32</sup> Today, information about well-being in this and others conflict areas is largely restricted to mortality and morbidity rates, but these indexes are insufficient to evaluate the real impact on health.

Life expectancy at birth in the West Bank is currently 73.4 years (between 2005-2010),<sup>33</sup> with an infant mortality rate of 24 per 1000 live born (between 2005-2008).<sup>34</sup> According to the World Health Organization, the main social determinant of health in the occupied Palestinian territories is the conflict itself and, chiefly, the restrictions imposed on Palestinians' freedom of movement.<sup>35</sup> Furthermore, Hebron H2 could be considered a special case because of the extraordinarily high levels of both security measures and settler violence.<sup>36</sup>

Given that the extraordinary security measures, the closure and the physical, psychological and structural violence, are directly dependent on the presence of Israeli settlements in a high-density Palestinian-populated territory, we can cautiously conclude that health in general and mental health in Hebron H2 is seriously affected by the settlers' presence and Israel's consequent conduct and restrictions.

First of all, restrictions on movement imposed on various parts of H2, including Wadi al Hussein, mean that medical evacuations are either delayed or prevented.

The unreliability of emergency medical care from the H2 area has meant that pregnant women take the precaution of moving to friends' and relatives' houses

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<sup>31</sup> Salama, P., Spiegel, P., Talley, L., Waldman, R., "Lessons learned from complex emergencies over past decade", *Lancet* 364, 1801-1813, 2004

<sup>32</sup> "The Quality of Life of Palestinians under a Chronic Political Conflict: Assessment and Determinants", Economic Research Forum, Working paper no 428, August 2008

<sup>33</sup> [http://www.un.org/esa/population/publications/wpp2006/WPP2006\\_Highlights\\_rev.pdf](http://www.un.org/esa/population/publications/wpp2006/WPP2006_Highlights_rev.pdf)

<sup>34</sup> <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN>

<sup>35</sup> WHO Eastern Mediterranean Regional Office, Social Determinants of Health - Palestine country paper, March 2006

<sup>36</sup> OCHA Special Focus, Israeli settler violence against Palestinian civilians and their property

in H1, as giving birth in Wadi al Hussein could be a very difficult experience. The Palestine Red Crescent Society reports a drop in patients' requests for ambulances from H2 from three to one per day in the last five years.<sup>37</sup>

Beyond the constant exposure to structural violence, childbirth is often exposed to denigration, attacks and physical violence.

CASE REPORT: Mohamad Suleman Al Jabary

During the second intifada in 2001 settlers attacked the Al Jabarys' home, smashing windows, entering the house and setting everything on fire. The family's mother and her children were at home and were all beaten by the settlers. The mother, seven months pregnant, went into labour because of the stress.

When the settlers left the house, an ambulance was called but it did not arrive. She had to walk almost an hour to the nearest checkpoint, where she took a taxi to hospital. Eventually she gave birth and her prematurely-born son, Mohamad, was kept in an incubator for two weeks. His mother went to visit him at the hospital daily. Crossing the checkpoint, she was every day denigrated by soldiers, who would tell her not to bother visiting her son, as he would surely die or remain handicapped. A medical report at his discharge diagnosed "prematurity", and upon current examination he shows motor disability, mental retardation and strabismus. In 2006 the diagnosis was "spastic lower limb due to cerebral palsy". Mohamad currently needs physiotherapy, but he cannot receive it because the closest physiotherapy centre is in Wadi Al Tuffah (H1), too far and complicated to reach, and beyond his family's means (every session costs about 50 NIS).

The limitations on movement impact not only emergencies, but also chronic diseases. The Palestinian community is going through an epidemiological transition, whereby communicable diseases continue to spread while non-communicable diseases represent a heavy burden and a high cost for society. Diabetes mellitus and its complications are major health problems in the occupied Palestinian territories, with a prevalence rate of 9 percent, causing 5.7 percent of total deaths,<sup>38</sup> while heart diseases cause 21 percent of all deaths.<sup>39</sup> Elderly and infirm people in particular are unable to reach medical

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<sup>37</sup> Interview with Dr. Hijazi

<sup>38</sup> Health conditions of, and assistance to, the Arab population in the occupied Palestinian territories, WHO 56th World Health Assembly, 17 May, 2003

<sup>39</sup> The Lancet Series on Health in the Occupied Palestinian Territory, 2008, Abdullatif Hussein, Birzeit University



centers, because they cannot walk the distance to the closest clinic. This means that the most prevalent pathologies cannot be adequately followed up, exposing people to complications and eventually sentencing them to a more serious outcome. Recently the Israeli authorities allowed Wadi al Hussein residents to apply for a permit to drive their own car in the neighborhood.<sup>40</sup> A positive development, this measure will not solve the problem as the majority of the residents do not own private cars and are still depend on ambulances and the limited public transportation.

## **Underlying determinants of health:**

### **Poverty -**

Poverty is a key-factor to take into consideration when assessing the impact of settlers' presence on health in this area. The unemployment rate in the last quarter of 2006 was 19 percent in the West Bank.<sup>41</sup> In H2, according to a recent survey conducted by the International Committee of the Red Cross, a large majority of Palestinian inhabitants live in absolute poverty, or on less than \$3 per person per day. More specifically, last summer in the restricted areas of the Old City of Hebron 86 percent of families lived in relative poverty, as they only had \$97 per person per month to cover food, clothes and all other living expenses.<sup>42</sup> Christoph Harnisch, the head of the ICRC in Israel and the Palestinian areas, blames "the severe restrictions on movement in H2." "There is a direct link between the closure of H2 and the severe level of poverty, as many shopkeepers have been forced to close down or move out and as people have lost steady jobs because of exhaustive security measures," he said in a statement. Poverty is rampant and restricts the already meagre possibilities of accessing health care. The affordability of nutritious food, medical checks and drugs become, together with violence and the closure, the biggest health challenge.<sup>43</sup>

### **Violence -**

Violence in turn is having a devastating impact on the psychological and physical health and well-being of the people. It would require a separate report, as it dramatically characterizes Palestinian daily life in Hebron. Violence works in different ways.

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<sup>40</sup> Interview with Fawaz Al-Rajabi

<sup>41</sup> <http://www.usaid.gov/wbg/wri.html>

<sup>42</sup> <http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/palestine-interview-090609?opendocument>

<sup>43</sup> <http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/palestine-interview-090609?opendocument>

Physical violence constantly threatens all residents of H2 and especially of Wadi al Hussein. Attacks from settlers are frequent and do not spare women, children or elderly residents. Matteo Benatti, director of the Hebron ICRC, says: “Most Palestinians living in the H2 area have had to put wire in front of their windows and have to keep them shut as they risk having urine, rotten vegetables or stones thrown at them through the windows. For children, even the daily walk to school can be frightening, as settlers may threaten them or throw stones. It is extremely tiring for families to live in this constant atmosphere of tension.”<sup>44</sup>

CASE REPORT: The Abu Saifan family

During December 2008, settlers carried out the most aggressive attack of recent years. It happened after the settlement in the Rejabibi building was evicted by the army. Avi Issacharoff, a journalist for the national Israeli newspaper Haaretz, witnessed the attack and published an article about it.<sup>1</sup> Settlers from Kiryat Arba assaulted the Abu Saifans’ house. First they jumped on the roof of the house, emptied the water tank and threw it, together with rocks, at the people below. Settlers also shattered windows and threw Molotov bombs inside the house, setting everything on fire. In the meantime, the family reports, the Israeli army standing nearby did not intervene. Footage by human rights group B’Tselem<sup>1</sup> also shows a member of the family, Abd Elhai Sleman Abu Sàifan, being shot during the assault. Fortunately he survived. One woman of the family, Jihad Abu Saifan, lost consciousness because of the stress during the attack and has been suffering from sleep disorders.



Daana's Farm's courtyard. (Photo by Ilaria Camplone).

<sup>44</sup> Interview with Dr. Benatti

CASE REPORT: The Daana family

Only a thin fence separates the Daana family's courtyard from Kiryat Arba. During the settlers' riots of December 2008, following their eviction from the Rejabibi building by the Israeli army, Daana's courtyard was one of the most violent arenas of the clash. Settlers standing along the settlement's side of the fence threw Molotov bombs over to the other side. The "anti-violence" special force of the Israeli police intervened and exploded some sound bombs into the Daana family's property in order to remove the settlers. Because of the blast and the violence Khaldoun Daana, 1 year old at the time, fell down and lost consciousness. He could not be taken to hospital, not even after the riots subsided a little. His family was kept under siege for the entire duration of the confrontation and later on, when a closure was imposed on the neighborhood, they were forbidden even to leave the house. After his fall, Khaldoun has not been able to walk, does not have any balance and is affected by strabismus. A recent MRI scan has shown "bilateral, occipital, periventricular hyper-intensity."

Many reports, whether published by official government bodies or produced by human rights organizations, have warned against the failure of the authorities to enforce the law upon Israeli offenders, especially those who have committed offenses against Palestinian civilians. The conclusion of all the reports is serious: Israel is abusing its obligation to defend the Palestinian civilian population in the occupied Palestinian territories against the criminality of Israeli civilians. Israeli human rights organization Yesh Din has recorded instances of the absence of adequate law enforcement by the authorities upon settlers who commit offenses against Palestinians.<sup>45</sup>

Violence is not only the sum of bloody incidents, but also a systematic mechanism - economic, political, legal, religious and cultural - ingrained in societies that stops individuals, groups, and communities from reaching their full potential. This is defined as structural violence. In other words it is "the avoidable impairment of fundamental human needs or the impairment of human life, which lowers the actual degree to which someone is able to meet their needs below that which would otherwise be possible."<sup>46</sup> Structural violence is often embedded in longstanding "ubiquitous social structures, normalized by stable institutions and regular experience". Because they seem so ordinary in our ways of understanding the world, they appear almost invisible. Disparate access to resources, political power, education, health care, and legal standing are just a few examples. Structural violence acts on the Palestinians population of Hebron H2 in many ways:

<sup>45</sup> Yesh Din, "A Semblance of Law- Law Enforcement upon Israeli Civilians in the West Bank" (executive summary), Tel Aviv, 2006, p.6

<sup>46</sup> Galtung, J., 1969, "Violence, peace and peace research", J Peace Res 6:167-191

- Politically: preventing self-determination and sovereignty and excluding them from the rest of the community, denying freedom of movement, construction and restoration (closure and siege themselves are part of the structural violence)
- Economically: bringing about poverty, unemployment, economic marginalization, exploitation of natural resources
- Environmentally: uprooting or destroying olive trees, imposing restrictions on water well drilling and water capture, preventing regular garbage removal, preventing construction of sewage networks, damaging infrastructures
- Culturally: Palestinians have to endure a harsh demonization of their culture and religion; they are constantly discriminated against as an “inconvenient” minority to be cleansed from the land to allow Jews to live there alone; they constantly have to endure intimidations written on walls.



Intimidations written on walls. (Photo by Ilaria Camplone).



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Intimidations written on walls. (Photo by Ilaria Camplone).

Structural violence has a deep and determinant impact on health since it is the main factor that prevents the Palestinian population from meeting its basic needs. In this sense Sahar Kayed Daana's case report is emblematic as it shows how administrative powers can act violently and influence individual health.

#### CASE REPORT: Sahar Kayed Daana

32 years old, Sahar Kayed Daana is affected by infectious echinococcus that has caused an hydatid cyst in her liver. Echinococcosis is an infection linked with poor hygienic conditions and it is due especially to the commixture between humans and animals.

Only a small corridor divides Sahar's house from the stable where sheep and horses are housed. The stable is wedged in the Daanas' house, surrounded by several other homes. The Daana family has tried to obtain a permit to build another stable in the property, further away from their rooms. Even though the permit was denied, the family built a stable anyway, which was subsequently demolished by the Israeli army.

## 5. CONCLUSIONS AND RECOMMENDATIONS

The neighborhood of Wadi al Hussein is about to reach a point of no return. Its particular location makes it a sensitive area, hankered after by settlers because it represents the last obstacle to creating a territorial continuity between Kiryat Arba and the Old City, where both Israeli settlements and holy sites are located. This seems to be the reason why the Palestinian population residing in this area is subjected to absurd restrictions and rights violations. Continuous violence and the closure regime imposed on the neighborhood aim to expel Palestinians from the land and make it "Palestinian-free" for the Israeli settlers. This process is already occurring, as internal and external displacement has been sharply increasing among the Palestinian community since 2000.

Given that health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and that it is largely determined by social-economic-political factors,<sup>47</sup> we have demonstrated how ill health is produced by the presence of Israeli settlers in the context of a densely Palestinian-populated territory.

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<sup>47</sup> [www.who.int/social\\_determinants/final\\_report/en/](http://www.who.int/social_determinants/final_report/en/)



The inability to achieve self-determination and a lack of basic rights and services are perceived by the Palestinians of H2 as a separation from the rest of the Palestinian community and from the rest of the world. This sense of isolation causes both individual and collective psychosocial instability. Moreover threats, denials, discrimination and violence, which inhabitants of Wadi al Hussein are constantly exposed to, pervasively undermine their security, that is, "a condition of existence which entails basic material needs, human dignity, including meaningful participation in the life of the community, and an active and substantive notion of democracy from the local to the global".<sup>48</sup> Frustration of the right to develop and flourish as a human being within a community leads to ill health.<sup>49</sup>

To conclude, ill health is determined by the Israeli occupation, discrimination and presence of settlements and settlers and, as the situation is essentially a political one, it can only be solved politically. It is to be hoped that the closure around Wadi al Hussein (Zion/Othman Bin Afan Street) is lifted immediately and the area opened to every Palestinian vehicle. There cannot continue a situation where different legislation and rights apply according to ethnicity, and the rule of law is practiced with such devastating. Settlements, meaning communities that are granted a different and preferential system of law, should be removed – not only frozen – and every civilian residing in the same area should have the same rights of self-determination and access to services.

Thus, the primary measure to improve the health conditions of the Palestinians in Wadi al Hussein is to remove broader root causes of ill health: the discriminating system of law, which directly correlates with violence. Where a legal equity between the Israeli and the Palestinian populations is impossible, the usage of the settlements as another tool of occupation and dispossession becomes evident, and thus – according to international law – necessitates their withdrawal.

**Physicians for Human Rights-Israel (PHR-Israel)** believes that every person has the right to health in its widest possible sense, as defined by the principles of human rights, social justice and medical ethics. It is the responsibility of the State of Israel to ensure the fulfillment of this right in an egalitarian manner for all populations under its legal or effective control: residents of Israel who are eligible for National Health Insurance, Bedouin residents of unrecognized villages in the Negev desert, prisoners and detainees, migrant workers, refugees and asylum seekers, and Palestinian residents of the occupied Palestinian territory.

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<sup>48</sup> Thomas, Caroline, 2000, "Global governance, development and human security the challenge of poverty and inequality", London and Sterling, VA: Pluto Press

<sup>49</sup> Banji et al, 2008, "Health as human security in the occupied Palestinian territory", Health in the Occupied Palestinian Territory 4, Lancet series on the occupied Palestinian territories