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Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

At the request of the Government of Israel, the Director-General has the honour to transmit to the Fifty-sixth World Health Assembly the attached report by the Ministry of Health of Israel.

ANNEX

**The Report of the Israeli Ministry of Health
to the Fifty-sixth World Health Assembly
May 2003**

On the topic:

**THE RELATIONSHIP BETWEEN THE ISRAELI MINISTRY OF HEALTH AND
THE PALESTINIAN HEALTH AUTHORITY
2002-2003**

PALESTINIAN INDEPENDENT ADMINISTRATION OF HEALTH AND MEDICAL SYSTEMS

1. The Palestinian Health Authority has been fully responsible for the management of the health and medical systems in the Palestinian autonomous territories since the transfer of authorities and responsibilities from the Israeli civil administrative authorities to the Palestinian authorities in 1994. The health systems in Gaza and Jericho were transferred to the Palestinians on 18 May 1994, while the health system in the West Bank was transferred on 1 December 1994.

SIX JOINT ISRAELI-PALESTINIAN COMMITTEES IN THE FIELDS OF HEALTH AND MEDICINE

2. Together with handing over responsibility for the health systems to the Palestinian Authority, joint Israeli-Palestinian committees were formed to establish a framework for cooperation between the two sides, to discuss professional issues, to exchange information, data and views on various health and medical matters and to coordinate common policies.

3. The formation of four committees was later followed by the establishment of two more committees, bringing the total to six committees which deal with the following areas:

- (1) public health and epidemiology
- (2) environmental health
- (3) food quality control
- (4) pharmacology and pharmaceuticals
- (5) medical care in Israeli hospitals for Palestinian patients
- (6) training programmes and postgraduate studies for Palestinians in Israeli academic medical centres.

4. Senior Israeli and Palestinian physicians and experts in the relevant health fields were appointed as members of the joint committees. These professionals successfully cooperated as friends and colleagues, producing outcomes fruitful to both parties.

5. Near the end of 1997, the Palestinian Minister of Health made an arbitrary political decision to freeze the function of two committees: those dealing with medical care in Israel and with training programmes and postgraduate studies in Israel. Despite the halt of the committee meetings, medical care continued to be provided to Palestinians in Israel as it was previously and Palestinian physicians continued their residency programmes or other professional activities in Israeli academic hospitals.

THE ERA OF COOPERATION UNTIL 28 SEPTEMBER 2000

6. The month of September 2000 was still a month of hope for peace between Israel and the Palestinians, thanks to the ongoing peace process. In that month, cooperation between physicians and

health professionals from both sides was still friendly and productive. Four joint Israeli-Palestinian health committees continued to function fruitfully, Palestinian physicians continued their participation in residency and training programmes in Israeli academic hospitals, and Israel continued to provide medical services to Palestinian patients, as in 1994-2000. An average 4500 Palestinian patients were admitted to Israeli hospitals annually and an annual average of 9000 Palestinian patients received ambulatory services.

THE OUTBREAK OF PALESTINIAN ORGANIZED TERRORISM ON 29 SEPTEMBER 2000

7. On 29 September 2000, the attitude of the Palestinian Authority changed drastically. On that day, the Palestinian-organized terror movement called the “Al Aksa intifada” began. Regrettably, the Palestinian leadership decided to draw health and medical issues into the arena of political confrontation and, due to an arbitrary political decision of the Palestinian leadership, the four joint committees in the fields of public health and epidemiology, environmental health, food quality control, and pharmacology and pharmaceuticals ceased to operate.

8. Israel’s humanitarian attitude remained the same. Israel continued to provide Palestinian patients with medical services. Israeli academic medical centres continued to provide training programmes for Palestinian physicians. Israel enabled transit of donated medicines and medical equipment to the Palestinian territories and Magen David Adom (MDA – the Israeli emergency medical services association) continued to provide assistance to whoever required it, as before.

ISRAELI-PALESTINIAN INTERACTION AFTER 29 SEPTEMBER 2000, AND THEIR RELATIONSHIP IN HEALTH FIELDS

9. Let us examine the end of September 2000. What happened two and a half years ago? The Palestinian leadership could have chosen to continue negotiating with the Israeli Government in search of a political solution, possibly with the help of American and European leaders, but instead they chose war against Israel’s innocent civilian population. Terrorists, members of organizations such as Hamas and Islamic Jihad, terrorists belonging to the Tanzeem (the Fatah militia) and even the Palestinian police and security forces of the Palestinian Authority became occupied with planning brutal murders, developing laboratories to produce explosives and car bombs, and brainwashing young boys and girls before sending them as live bombs to explode among Israeli civilians: infants, children, young girls and boys, adults, women and the aged.

10. Hundreds of Israeli civilians were assassinated and thousands were wounded during the recent intifada. Palestinian terrorists cruelly assaulted innocent civilians by shooting at them at bus stations, markets, wedding halls, by killing children, women and the elderly in their houses and even in their beds. Israeli hospitals were overloaded with hundreds of injured and had to be constantly ready for disaster, 24 hours a day, day-by-day. Israelis became afraid to walk in the streets, sit in the restaurants and coffee-houses, visit public places and use public transportation.

11. During all this horrible period of terror, Israeli hospitals continued to provide medical care to Palestinian patients without interruption. In the period between April 2001 and April 2002, some 11 000 patients from the West Bank and Gaza were treated in Israeli hospitals. Another 10 000 patients from Palestinian areas were treated in Israeli hospitals between April 2002 and April 2003. A quarter of these patients were referred for hospitalization and three-quarters were referred for

ambulatory services including hospitalization in day-care units, consultations at outpatient clinics, and sophisticated diagnostic and investigatory procedures and laboratory tests of a wide variety.

12. The Palestinian Authority stopped payments to Israeli hospitals. The Palestinian debt is accumulating and, today, amounts to 18 million NIS (about US\$ 4 million). In spite of the large debt, Israeli hospitals continue to admit Palestinian patients and casualties for treatment without political considerations, delays or restrictions.

13. The MDA and the Palestinian Red Crescent continue to cooperate in emergencies and in evacuating the wounded; Israeli trauma units and emergency medical departments continue to treat Palestinians. And this is in spite of the fact that, very often, MDA ambulances arriving to treat the injured in areas of confrontation were attacked. During the first year of the intifada, 71 Israeli ambulances were damaged by terrorists or rioters.

14. There have been several proven cases of misuse of Palestinian ambulances to transport ammunition or explosive belts or to transfer terrorists.

15. Public health laboratories of the Israeli Ministry of Health continue to help the Palestinian Health Authority with laboratory tests for poliomyelitis and other viruses and with examination of imported food for bacterial contamination.

16. Sixteen Palestinian physicians are involved in a variety of professional activities in Israeli university hospitals as follows. Four physicians are continuing their full residency programmes and five physicians are participating in short-term training programmes in the Jerusalem Hadassah Medical Centre. Five physicians are still participating regularly in different professional activities in hospital clinical departments twice or three times a week and two are participating in post-doctoral medical research programmes.

17. The Israeli Ministry of Health and relevant authorities allow the admission of medicines, medical equipment and ambulances received as donations to the Palestinians from European and Arab countries and international organizations.

ESCALATION OF PALESTINIAN TERRORISM FORCED ISRAEL TO DEFEND ITSELF BY CONDUCTING THE “DEFENSIVE SHIELD” OPERATION ON 28 MARCH 2002

18. By the end of March 2002, the Israeli people had already suffered 18 months of continuous Palestinian violence and terrorism. Undoubtedly, the most aggressive act of terrorism was the 27 March suicide bombing of the Park Hotel in the city of Netanya in which 29 Jews were killed as they sat down to celebrate the evening of the Passover feast. Yet this attack, which took place on one of the holiest nights in the Jewish religion, was not an isolated event. During “Bloody March”, Palestinian terrorists killed more than 130 people in Israel. Among the dead were 12 children and 26 elderly persons.

19. Operation “Defensive Shield” in the West Bank, decided upon by the Israeli Government on 28 March, was launched to counter the extreme escalation of Palestinian terrorism. The aim of the operation was to attack all parts and components of the infrastructure of Palestinian terrorism, by locating and destroying all arms caches and bomb-making laboratories.

20. The Israeli Defense Forces (IDF) were forced to operate in densely populated areas since the terrorists concealed their activities in the heart of civilian populations. When urban operations finally became unavoidable, the IDF took maximum care to prevent harm to Palestinian civilians, often risking the lives of its own soldiers. Israel preferred to have its infantry carry out dangerous house-to-house searches than to use heavier weapons which would protect the lives of the soldiers but place Palestinian civilians at greater risk.
21. The high moral standards demonstrated by Israeli soldiers during the battles stands in sharp contrast to that of the terrorists who deliberately hid behind Palestinian civilians. Israel paid a heavy price for its principles and suffered tens of casualties. In Jenin alone, 23 Israeli soldiers were killed during the well-known operation in the refugee camp.
22. The Palestinian Authority published untrue allegations of a massacre in Jenin, combined with misrepresentative television pictures of severe damage. Human rights organizations finally confirmed what Israel had stated from the beginning – that there was no massacre in Jenin.
23. During the IDF operation in the West Bank, large amounts of explosives and various tools of terrorism were seized, including thousands of guns and rifles. Many explosive belts, ready for use by suicide bombers, were found and more than 20 bomb-making laboratories were uncovered.

WHY HAVE SO MANY CHILDREN BEEN HARMED IN THIS CONFLICT?

24. Not only has the Palestinian leadership encouraged its youth to take an active role in the violence, Palestinian terrorists purposely target Israeli children in their brutal attacks. The Palestinian Authority (PA), aware of the propaganda value to be gained, has actively promoted the participation of children in anti-Israel violence. Palestinian schools, summer camps, mosques and official media have engaged in incitement specifically directed at young audiences. The PA has trained children in the use of weapons, instilled in them the belief that death in battle is sacred, and encouraged them to become suicide bombers.
25. Cynically used, Palestinian children are sent into the streets to throw rocks, firebombs and grenades at Israeli soldiers. The PA has even provided transportation, busing children to violent flashpoints far from their own neighbourhoods. Armed Palestinian policemen and members of the Tanzeem (the Fatah militia) have often stood behind a human shield of juvenile “martyrs” and directed gunfire at Israeli soldiers, knowing the children’s wounds would be exploited for propaganda purposes. It is no surprise, then, that in the wake of violent clashes between Palestinian rioters and Israeli soldiers, children were among the casualties.
26. The PA’s manipulation of children, which has been extensively documented by the media, constitutes the violation of every international treaty and convention aiming to protect children in situations of armed conflict. The PA’s exploitation of children is both profoundly immoral and fundamentally illegal.
27. At the same time, hundreds of Israeli children have been killed or wounded in terror attacks. They were not “incidental” victims of the violence, but the intended targets of terrorists. They were deliberately targeted and killed by Palestinian sniper fire or shot while travelling in vehicles ambushed on the road. Children in school buses were killed and wounded by roadside bombs and youngsters playing near their homes were stoned to death by terrorists. Suicide bombers murdered tens of Israeli

youths in places known to be gathering places of young people such as discotheques, fast-food restaurants, shopping malls and bus stops.

28. Although the suffering of every child is tragic and regretful, a basic difference exists between the juvenile casualties of each side. Most of the injured Palestinian children were wounded while directly participating in violent confrontations while a minority of the casualties were the unfortunate result of crossfire or return fire directed at terrorist targets. By contrast, Israeli child victims were deliberately targeted by their terrorist attackers.

ISRAELI-PALESTINIAN INTERACTION IN HEALTH AND MEDICAL FIELDS ON 28 MARCH 2002, AND AFTERWARDS

29. Sick and wounded Palestinians are regularly brought for treatment to Israeli hospitals at the request of the Palestinians or after evacuation by IDF medical or MDA teams.

30. The Palestinian health-care system, including hospitals, continues to function as normal and the transfer of patients and wounded Palestinians to Palestinian hospitals is allowed. If, as a result of an ongoing confrontation, patients with kidney insufficiency who require haemodialysis or cancer patients who require chemotherapy are unable to reach Palestinian hospitals for treatment, they are brought by the IDF to hospitals in Israel. Cancer patients who require radiotherapy are brought on a regular basis to Israeli hospitals for treatment.

31. When the Palestinian Health Authority requests that an injured or ill Palestinian be transferred not to Israel for hospitalization but, rather, to another mid-eastern country or Europe for treatment, the Israeli authorities approve the transfer.

32. When military confrontations in Palestinian cities interfered with the functioning of hospitals because of electric outages or interrupted supply, the Coordination Office for the Territories made sure that the problem was solved, and it was often solved by joint Israeli and Palestinian teams. The IDF supplied, when necessary, generators to hospitals as well as medical oxygen, fuel and cooking gas. The IDF made sure that medications and medical equipment were delivered from storehouses to hospitals.

33. The cooperation between the Coordination Office for the Territories, the IDF, the Israeli Ministry of Health, nongovernmental organizations and other involved authorities enabled the admittance of medications, medical equipment, blood units for transfusions, ambulances and other humanitarian supplies donated by Arab and European countries: Jordan, Egypt, Morocco, Tunisia, Saudi Arabia, the United Arab Emirates, Norway, Sweden, Italy, France, Russia, Greece and Turkey. Donations were also received from the United States of America, Japan and international organizations such as the WHO, UNRWA, United States Agency for International Development, the Red Cross, the World Bank and "Physicians without Borders".

34. Since Israeli offers of assistance were rejected by the Palestinians, including the offer of medications and medical equipment, Israel enabled many nongovernmental organizations that regularly function in the West Bank and Gaza to assist.

35. The Red Crescent closely cooperated with the MDA until April 2002. At that time, the IDF found that Red Crescent ambulances were being used to carry terrorists. The Red Crescent personnel involved in this violation were interrogated. The Red Crescent officials were insulted and protested

that the MDA did not defend them before the IDF. As a result, the Red Crescent stopped cooperating with the MDA.

36. Provision of Israeli public health laboratory services to the Palestinian Health Authority continues with no change.

SECURITY INSPECTIONS OF PALESTINIAN AMBULANCES AND VEHICLES AT IDF ROADBLOCKS AND INCREASED SECURITY MEASURES AT ISRAELI HOSPITALS RESULTING FROM PALESTINIAN TERROR

37. Soldiers at IDF roadblocks must carry out thorough security searches of Palestinian ambulances and vehicles carrying Palestinian patients, women in the process of giving birth and medical teams. Such searches may cause a delay in their transfer. Such thorough searches are the result of past cases of the misuse of ambulances to smuggle terrorists or weapons or the disguising of terrorists as patients.

38. As a result of warnings that a terror attack at the entrance of an Israeli hospital is being planned and that it will be carried out by a Palestinian ambulance or a stolen Israeli ambulance, Israeli hospitals have had to increase their caution whenever a Palestinian ambulance or suspicious Israeli ambulance nears an emergency room. Stringent security measures must be conducted before an ambulance is permitted to approach the emergency room area and before its patient, escorts and medical team are permitted to enter the emergency room.

ISRAEL DESIRES THAT TERRORISM WILL STOP, THAT THE DIALOGUE TOWARDS PEACE WILL RESUME AND THAT A NEW ERA OF COOPERATION BETWEEN THE ISRAELI MINISTRY OF HEALTH AND THE PALESTINIAN HEALTH AUTHORITY WILL BEGIN

39. Israel is striving towards the cessation of all kinds of terrorism by Palestinians and for the return to the negotiating table in the hope of achieving a peaceful solution.

40. The Israeli Ministry of Health believes that, even before political negotiations towards peace begin, cooperation between the two parties in the fields of health and medicine will resume in some form or manner, and without reservations.

41. The Israeli Ministry of Health calls on the Palestinian Health Authority to appeal to their political leadership for official approval to resume the work of the joint committees in the fields of health and medicine for the benefit of both peoples.

42. The Israeli Ministry of Health strongly believes that cooperation in the above fields builds a significant and stable bridge to peace.

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