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B'Tselem – The Israeli Information Center for Human Rights in the Occupied Territories

NO WAY OUT

Medical Implications of Israel's Siege Policy

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Introduction

The restrictions on freedom of movement of Palestinians that Israel has imposed since the beginning of the current *intifada* are the harshest since 1967. In January 2001, B'Tselem issued a report describing the grave consequences of these restrictions.¹ In the months that have passed since then, Israel has eased or tightened the restrictions at certain times and places, but the situation essentially remained the same. Furthermore, as time passes and the restrictions remain in effect, the resulting damage increases.

The restrictions on movement have seriously damaged all areas of life of the Palestinian population. They are one of the primary reasons for the severe economic crisis in the Occupied Territories: unemployment has risen from eleven percent before the *intifada* to thirty-eight percent today; sixty-four percent of Palestinian households live below the poverty line (NIS 1,622 a month for a family of six).² The restrictions also negatively affected other aspects of life, such as education and family routine.

While closure and curfew are measures that Israel has extensively used in the past, the widespread use of siege – “internal closure” in IDF terminology – is a primary feature of the current *intifada*.³ The Oslo Accords leave Israel in control of eighty-two percent of the territory of the West Bank (areas B and C), including the major traffic arteries. The areas that were handed over to Palestinian control are divided among a great number of enclaves within the area under Israeli control. This situation enables Israel to sever the connection between the major West Bank cities and between the villages and their nearby city. In the Gaza Strip, Israel controls twenty-four percent of the territory, and here, too, its control of the major traffic arteries enables it to divide the Gaza Strip into several detached regions.

The siege is imposed, in varying degrees of severity, on the cities, villages, and regions in the Occupied Territories by blocking access to them. The siege is implemented not only by staffed checkpoints, but also by physical obstacles, such as concrete blocks and piles of dirt, by pits and trenches, and the like. The physical blockades create a situation that is, at least in the near future, irreversible. They make rapid movement in times of emergency impossible. The siege causes especially great harm to the villages, which are dependent on the nearby city for their daily needs, such as employment, education, and health services.⁴

This report focusses on one aspect of the current situation – the difficulties in obtaining medical treatment due to restricted movement between villages and cities within the Occupied Territories. The problems resulting from restrictions on movement are much broader than this specific issue. However, the examination of the medical implications is instructive as to the general nature of the problems: if emergency humanitarian cases

¹ B'Tselem, *Civilians Under Siege: Restrictions on Freedom of Movement as Collective Punishment*, January 2001.

² Palestinian Central Bureau of Statistics, *Impact of the Israeli Measures on the Economic Conditions of Palestinian Households*, April 2001. The report of the UN Special Coordinator for the Occupied Territories, T. Larsen, stated that Israel's restrictions on movement caused, during the first four months of the *intifada*, a decrease of fifty percent of Palestinian gross domestic product. See Office of the United Nations Special Coordinator, *The Impact on the Palestinian Economy of Confrontations, Mobility Restrictions, and Border Closures*, February 2001.

³ On the matter of closure and curfew, see *Civilians Under Siege*.

⁴ It should be noted that, in addition to the official restrictions imposed by the IDF on Palestinian movement, settlers groups also block roads and abuse Palestinian vehicles. See B'Tselem, *Tacit Consent: Israeli Law Enforcement Policy on Settlers in the Occupied Territories*, March 2001, pp. 20-24.

confront such difficulties, it is easy to imagine the fate of people who “only” want to get to work or visit their family.

Impairing access to medical treatment

Israel's siege policy impairs the ability of the sick to reach hospitals for treatment and of ambulances to transport the sick and wounded. It also creates other health problems. The Palestinian Red Cross attached to a petition to the High Court of Justice a list of 121 cases in which they were delayed in transporting the sick and wounded between 29 September 2000 and 18 February 2001.⁵ The International Committee of the Red Cross (ICRC) stated that, "There have also been incidents where vital medical assistance was denied, or delayed, thereby causing serious aggravations of individual medical conditions."⁶ In addition to the delay in transporting the sick, the siege makes it difficult for physicians to reach their place of work, which affects the functioning of hospitals in the Occupied Territories.⁷

The IDF Spokesperson denies that the siege harms access of the population to medical treatment and professes that it acts to prevent problems in this area. "As for the humanitarian problems that arise during the period of internal closure... the IDF has prepared in advance to provide appropriate solutions. The IDF has procedures the purpose of which is to ensure that emergency medical cases will be able to pass through the roadblocks..."⁸ The IDF declares that it implements a policy that, in every "area of territory" under siege there is at least one thoroughfare that is not blocked by unstaffed physical blockades. This is done, the IDF contends, "in order to avoid damage to the humanitarian needs of the civilian population".⁹ As the testimonies presented below show, these declarations are not consistent with reality.

In 1996, Physicians for Human Rights filed a petition with the High Court of Justice regarding the many cases in which the transport of patients for medical treatment was delayed during internal closures.¹⁰ During the hearing on the petition, the IDF undertook to issue and distribute an orderly procedure that ensures that medical teams and the sick can cross checkpoints. The procedure provides that, "As a rule, the commander of the checkpoint shall enable the crossing of a person at the checkpoint for the purpose of obtaining medical treatment, even if the person does not have the required permit, if the case is an urgent medical emergency."¹¹

Despite the IDF's commitment, in the years that followed, similar cases occurred in which the sick were delayed at checkpoints and, in 1999, Physicians for Human Rights again petitioned the High Court, claiming that the procedure was not disseminated among the soldiers and that they were not implementing it. The High Court agreed and ruled that, "The procedure that was agreed upon in the previous petition, which was to be forwarded down the chain of command to the soldiers at the checkpoints, was not provided to them. It is clear that there was a failure in this case for which some person or persons are responsible."¹² In a statement to the Court, of 4 January 2000, the IDF announced that the said procedure was distributed to all the region's brigades and the units were given the task of verifying that the soldiers at the checkpoints were aware of it. The High Court issued an order directing the army to implement the procedures by 31 January 2000.

⁵ HCJ 9242/00, *Physicians for Human Rights v. Minister of Defense*.

⁶ ICRC press release, 26 February 2001.

⁷ See B'Tselem, *Civilians Under Siege*.

⁸ See the response of the IDF Spokesperson, *Civilians Under Siege*.

⁹ *Ibid.*

¹⁰ HCJ 3109/96, *Physicians for Human Rights v. Minister of Defense*.

¹¹ Procedure for the Handling of a Resident of Judea and Samaria Arriving at a Checkpoint in a Case of Medical Urgency.

¹² HCJ 7517/99, *Fadawa 'abd al Salem et al v. Minister of Defense*.

However, the testimonies presented below, like those that were published in B'Tselem's previous reports on the current *intifada*, indicate that the soldiers are still not acting in accordance with the procedure to enable passage of the sick and medical teams.¹³

Furthermore, the massive use of concrete blocks and trenches, rather than staffed checkpoints, makes implementation of the procedure impossible, and prevents rapid transport in emergency situations. Unlike staffed checkpoints, where soldiers can exercise discretion and in urgent medical situations allow the sick to pass, the physical roadblocks are in effect fixed and unchangeable.

Therefore, the IDF cannot claim that "orderly procedures" ensure that the sick are allowed to cross the checkpoints swiftly.

The implementation of the policy whereby each "area of territory" has a route whose movement is controlled by soldiers is also questionable. However, even if it were true, the policy does not meet the humanitarian problems of the besieged population. First, in many cases, soldiers at checkpoints do not allow the sick to cross, in violation of the official procedures and IDF declarations. Second, the location of the staffed checkpoints varies and the IDF does not inform the population about the changes. The delay caused by the unstaffed, physical blockades while the sick and medical teams search for a staffed checkpoint is liable to critically affect treatment in urgent cases. Furthermore, even if it is possible to finally locate the staffed checkpoint, the difficulties entailed in the search render meaningless the IDF declaration that this ensures that the humanitarian needs of the population are not impaired:

- the difficulty and physical discomfort entailed in travel along alternate, dirt roads injure the sick and elderly;
- the travel time is prolonged, endangering the lives of patients who require daily treatment;
- the travel costs in this situation are extremely high, and, due to the economic situation in the Occupied Territories, often impossible to meet;
- the existence of only one checkpoint in an area, at which strict checks are made as a matter of course, creates a burden on the checkpoint and long lines of vehicles wanting to pass.

Given this situation, it is inevitable that those requiring medical treatment will be adversely affected. These are not "exceptional" cases. Rather, they are a direct result of the policy. The report presents below several testimonies that illustrate such cases. They relate to the transport of the sick to the hospital and to the difficulties faced by chronic patients who undergo periodic hospital treatment.

¹³ See *Civilians Under Siege*, pp. 19-24; B'Tselem, *Illusions of Restraint: Human Rights Violations During the Events in the Occupied Territories, 29 September – 2 December 2000*, December 2000, pp. 24-27.

Testimonies

March 2001: Two days for a cancer patient from the Jenin area to reach Ramallah for an operation

Testimony of Zarifa Hassan Anis a-Sa'ad, 49, married with nine children, housewife, resident of Silat al-Harhiya/Jenin District¹⁴

I am a mother of nine – six daughters and three sons. My husband is a farmer who has a meager income of no more than a few hundred shekels a month. Our financial situation is difficult, but we manage, thank God. My husband is elderly, almost seventy years old. This is why he cannot go to Israel to work at other jobs and relies only on farming for income.

At the end of 1996, I began to experience pain in my head. Before that I was healthy. I underwent tests at various hospitals in the West Bank – in Jenin, Nablus, and Ramallah. After a year of tests, the physicians at the hospital in Ramallah diagnosed a brain tumor. I underwent two operations in 1998 at the government hospital in Ramallah, but to no avail. After the second operation, my health deteriorated and I couldn't function. I could hardly move. I lay in bed all the time and my daughters ran the household. From time to time I went for tests in Ramallah.

In the beginning of 2000, I had chemotherapy at Assuta Hospital, in Tel Aviv. This was funded by donations collected by my family in Jenin. I received fifteen treatments at the hospital over the course of forty-five days. I was hospitalized for some of these treatments and after some I went home. I also underwent extensive lab tests and was X-rayed. I took the test results to the hospital in Ramallah, and the doctors decided to surgically remove the tumor. The operation was scheduled for 14 March 2001.

Village residents advised me to go to Ramallah a few days before the date of the operation because the roads were blocked and it would be better to leave early in order to get to the hospital on time. I was due at the hospital on 13 March for tests and preparation for surgery, which was to take place the following day.

Because of the illness, I cannot walk by myself. If I need to get up and walk a few meters, I have to lean on someone. On Sunday [11 March], I left my village, Silat al-Harhiya, at 7:30 in the morning with my husband. We took a taxi to Jenin. The trip went smoothly and we arrived at 7:50. From Jenin we took a taxi to Nablus. The normal route to Nablus, via Dotan Junction and Silat a-Daher, had been blocked by the Israeli army. So the taxi driver had to go through Qabatiya. After we passed Qabatiya we reached an army checkpoint near a-Zababida, where the Israeli soldiers would not let us through. They ordered the taxi driver to turn around. I asked the driver to explain to the soldiers what my situation was and that I had to go to the hospital, but the driver didn't listen to me and said that the soldiers at this roadblock would not speak to us. So he decided to return to Qabatiya and take an unpaved road around Meithalun, Sanur and al-Judeida. This road is long, and because it is full of pits the driver went very slowly. He had to stop the taxi from time to time because of the road conditions. My head was burning with pain.

We arrived in Nablus at around 11:30 in the morning. My husband and I took a bus to Ramallah from the central bus station there. Many drivers who were going the opposite way told the bus driver that the road was blocked off at the Burin junction. The vehicles travelling from Nablus to Ramallah were not driving the normal route but along dirt roads that bypass

¹⁴ The testimony was given to Raslan Mahagna on 13 March 2001.

Borin Junction. These drivers told the bus driver that it was impossible to reach Ramallah because it was closed off. Despite this, the driver kept going until we got to Burin Junction, an hour after we left Nablus. There was an army checkpoint at the junction. The soldiers ordered the bus driver to turn around and go back. We drove for another hour back to Nablus.

It was around 2:00 P.M. I was very tired, and my headaches were getting stronger, but I had to continue to suffer because I had to get to Ramallah for the operation. We asked taxi drivers whether there was a way into Ramallah, but they were all convinced that there was no way in because of the siege.

Having lost hope of getting into Ramallah that day, we decided not to return to Jenin, but to spend the night at a relative's house in Immatin, close to Nablus. We returned to Nablus the next morning and took a taxi to Ramallah. The driver took dirt roads in the mountains. The ride was slow and the taxi was constantly shaking. My head hurt terribly. I thought I would never make it to Ramallah alive because of the pain and the exhaustion. The drive took almost three hours to al Jalazun Refugee Camp. The taxi driver dropped us off there and said that he couldn't go any further because the road was blocked with concrete blocks and dirt, and soldiers were keeping watch on the blockade.

The other passengers helped my husband get me out of the car and sat me on the ground. It was almost 1:00 PM. My husband asked two of the passengers to help him carry me through the orchards to the other side of the roadblock. Two young men and my husband carried me to the other side of the road. They carried me for fifteen minutes, because they preferred to put some distance between themselves and the roadblock so that the soldiers wouldn't see us.

After we got to the road on the other side of the roadblock, we got into a taxi going to Ramallah. The driver told us he could only take us as far as Surda, because the Israeli army had dug up the road and was preventing cars from going to Ramallah. However, he explained, the soldiers do allow passage on foot. We had no choice. We got in and went to Surda. Passengers again helped my husband get me out of the car, and three young men carried me over to the other side of the checkpoint. My husband and I took a taxi to Ramallah. We got there at 2:30 P.M.

I cannot describe the hardship and pain I suffered during those two days. I'm a sick woman, and I can't walk because of the disease. Thank God I arrived at the hospital safely.

March 2001: Delay in allowing an eleven-year-old girl to cross the Hawara checkpoint to go to the hospital; the child died en route

Testimony of Barakat Salem Saliman Ahmad, 47, married with eleven children, unemployed, resident of a-Sawiyyeh/Nablus District¹⁵

My daughter, Isra, was the only daughter among my eleven children. She was sick from birth. She had a brain and speech defect. Also, once or twice a year she got a high fever and lost consciousness from spasms, and I had to take her to the village physician for treatment.

On 26 March 2001, in the afternoon, Isra and I were playing on the patio of our home. Then she went to her room. Ten minutes later, her little brothers came to me and said, "Daddy, daddy, Isra is sick and fell down." I went into her room and found her in serious condition with a high fever. I went to summon a taxi from town and a short while later a Volkswagen from Luban a-Sharqiyyeh, an adjacent village, came to the house. When the driver was informed that my daughter was sick, he had the passengers get out. He took my daughter and wife to the clinic in Qablan, a nearby village, and I followed them in another car. When we arrived, we saw that the clinic was closed and nobody knew where the physician was. We got back into the car with the intention of driving to Nablus via the main Hawara-Nablus road.

We decided to go to al-Watani Hospital, in Nablus, because my daughter had been a patient there for a long time. In the car were the driver, my wife, my brother-in-law, my daughter, and me. We approached the Israeli army checkpoint between Hawara and Nablus. The soldiers ordered us to stop. My brother-in-law got out to explain to the soldiers that we had a sick child and had to get her to the hospital. The soldier told me to get back into the car and that he would return immediately. We waited for a long time, during which my daughter vomited a second time, this time in front of the soldiers. But they ignored us. The driver got out and explained to the soldiers that we have a sick person with us and that we have to get her to the hospital, but the soldiers told him not to approach and to get back into the car and wait for them.

After about forty five minutes, the soldier came to the car. He did not request an identity card, conduct a search, or ask any questions. He only peered into the car. He did not agree to let us turn around and demanded that we wait. My daughter's condition continued to deteriorate, and, after a few minutes, we were allowed to cross through the checkpoint. That was before evening prayers. We drove to al-Watani Hospital.

It does not take more than ten minutes to drive from the checkpoint to Nablus, but because of the delay at the checkpoint, it took us fifty-five minutes to get there.

When we arrived at the hospital, Isra was unconscious, and she was taken to the emergency room. The physicians stated that she had died on the way to the hospital. The next day, we returned with her body to bury her in a-Sawiyyeh. On the way, the Israeli soldiers stopped us at the same checkpoint and asked why we had her in the car. I answered that I am her father and the other person is her uncle. The soldier asked why we didn't bury her in Nablus, why we were returning her body. I responded that I want to bury her in a-Sawiyyeh and not in Nablus. Then the soldier let us return to a-Sawiyyeh.

¹⁵ The testimony was given to Hashem Abu Hassan on 16 May 2001.

May 2001: Soldiers at two checkpoints delay transport of patient to hospital in Gaza; the patient died at the hospital

*Testimony of Ahmad Subhi Mansur Zo'arub, 46, merchant,
resident of Khan Yunis¹⁶*

On 10 May, around six in the evening, I was at the guest house of the Zo'arub family, in al-Mawasi. Qipah Zo'arub's father arrived and told me that his son was very sick and that we have to take him to the hospital immediately. We put Qipah into the car, a Peugeot van. His father drove and I got in with my cousin Muhammad Mazruq Zo'arub. We drove to the first checkpoint, south of the Kfar Yam settlement. The soldiers checked our identity cards. We told them that we have a sick person with us and that that have to take him to the hospital. They let us pass. We continued another kilometer to the checkpoint north of the Kfar Yam settlement. The soldiers there ordered us to stop and checked our identity cards. The northern and eastern sides of the checkpoint were chained close.

After a half-an-hour delay, they let us continue on our way. We drove toward the Tapuh checkpoint, which lies west of the Khan Yunis refugee camp. About fifty meters west of the checkpoint, we stopped at the al-Mawasi parking lot. From the checkpoint, which was surrounded by blocks and khaki-colored heavy fabric, one of the soldiers called to us to return to al-Mawasi. We told him that we want to get to the hospital. He repeated that we should return to al-Mawasi. We got out of the car and carried Qipah in our hands to show him to the soldier. The soldiers ordered us to go back and we said to them that he may die. The soldier said, "I'll kill you with him," and we heard him cock his weapon.

We got into the car and returned to the previous checkpoint and asked them to call the soldiers at the Tufah checkpoint to get them to allow us to cross and go to the hospital. They told us that the soldiers at the Tufah checkpoint have a higher rank and asked us to wait until border policemen arrive because they can enable us to cross. We waited there until 8:30 in the evening. While waiting, I called by mobile phone to summon an ambulance that had transported the sick from the area the day before.

Qipah was lying on the ground, his head resting on his father's lap. Qipah closed his eyes and stopped moving. He lay there breathing but without talking. Later, the ambulance arrived and took him to Nasser Hospital. His father and uncle accompanied him because the soldiers only allowed two people to go with the patient.

Ten minutes after I arrived home, I called the hospital. My uncle Khader told me that Qipah had died.

¹⁶ The testimony was given to Nabil Makhriz on 11 May 2001.

May 2001: Delay at checkpoints along the Bethlehem-Husan Road of an ambulance carrying a woman about to give birth

Testimony of Muhtadi 'Amr Muhammad Albadarin, medic, Palestinian Red Crescent, Bethlehem¹⁷

On Monday [7 May 2001], at around 8:00 P.M., we received a call at the Red Crescent center in Bethlehem to go to a woman about to give birth from Husan village, which is five kilometers from Bethlehem. She was about to give birth. Under normal circumstances, it would take an ambulance from three to five minutes to get there.

We left for Husan in an ambulance with license number 6234890. The driver was Samir Subah, 35, from a-Sawiyyeh, in Nablus. I went as the medic and both of us were wearing the official Red Crescent uniform.

After driving for around two minutes, we reached the al-Khader junction, where a Border Police jeep was standing. The border policemen asked for our identity cards, looked inside the vehicle, and let us pass. All that did not take more than five minutes.

We continued to the Batir junction, which lies on the other side of the bypass road, only twenty meters from the al-Khader junction. At the Batir junction, there were two jeeps with soldiers inside. They ordered us to stop on the side of the road, turn off the ignition, and get out. We did and put our hands up, as they ordered us to do. They searched us thoroughly and in a provocative way. When I protested their actions, several of them swore at us and said, "Ambulance, my dick." Then they thoroughly searched the ambulance. They were irritable and scattered the devices in the ambulance all around. All this took around twenty to twenty-five minutes. After they finished the search, they let us pass.

After proceeding about 300-400 meters, we came across an army jeep. The soldiers ordered us to stop and, again, searched us and the ambulance. That took ten to fifteen minutes, after which they let us continue on. We drove for around 500 meters and, at the Nahalin bridge, there was an army jeep, a Border Police jeep, and a private Israeli ambulance. They held us up for five minutes without making any search. They warned us not to go any further because there were settlers down the road who were attacking vehicles that passed. We responded that we have to continue to where we are going because a woman is about to give birth. We drove another kilometer, reaching the entrance to Husan. At the entrance, we saw some twenty to thirty settlers, most of them young, standing alongside their vehicles. Three Border Police jeeps were also there. The border policemen stopped us and told us to enter and exit the way we came, but did not explain why. The settlers did not bother us.

We entered Husan and got to the home of Mirwat Bassem Ibrahim Za'ul, 20. It was around 9:00 P.M. We put her into the ambulance and her mother also got in. We drove out the way we had entered because the other exits from the village were closed.

We reached the junction where the settlers were gathered, and three army jeeps came up to the ambulance. The soldiers hastily got out of the jeeps, opened the doors of the ambulance, and searched it in provocative fashion, while the patient was inside. They told us that the settlers, who were twenty meters away, were stoning vehicles, and advised us to return to Husan because we would not be able to pass. Just then, a Druze office came up to us. He saw there was a patient in the ambulance and suggested that we turn right rather than left and

¹⁷ The testimony was given to Musa Abu Hashash on 23 May 2001.

drive a few dozen meters toward the permanent Batir checkpoint. Then, he suggested, we should turn off the siren and the blinking lights and the parking lights and return to where we came from.

We turned and drove two kilometers to the Wadi-Fukin junction and waited for several minutes. We did what the Druze officer suggested. While waiting there, we saw three settlers' vehicles come toward us. When they got to around 200 meters from us, we quickly turned around and drove 200 meters to the permanent Batir checkpoint to seek protection.

We waited alongside the checkpoint for twenty minutes. We spoke with the soldiers and asked them to speak with the soldiers on the road to help us pass. They radios them. We also asked them to tell the soldiers to accompany us with an army jeep, but they said that it was not possible, but that the jeep would wait for us at the Husan junction. They added that the settlers had left the site.

We drove to the Husan junction and, in fact, there were no settlers there. But no army jeep was there either. We drove until we got to about twenty meters from the Nahalin bridge (fifty meters from Husan Junction). We saw settlers standing in the middle of the road. Six army jeeps and soldiers were also there. One of the jeeps approached us. The soldiers got out and looked at the ambulance and told us to follow them. When we got to the place where the settlers were standing, the jeep stopped, which forced us to stop, enabling the settlers to stone us. When that happened, our driver passed the jeep and drove on. We waited forty-five minutes until the jeep joined us. After that, there were no delays. We continued to the al-Khader junction, the soldiers [there] looked at the vehicle and allowed us to pass quickly. We reached al-Hussein Hospital around 10:45. The patient was worn out, frightened, and very tense.

After she was taken into the hospital, we returned to the Red Crescent station and filed a report on what happened to us on the way.

June 2001: Refusal to allow ambulance transporting patients to cross a checkpoint on outskirts of Bethlehem

Testimony of Salameh 'Abd Alhamid Daud Darwish, 74, married, retired, kidney disease patient, resident of Bethlehem¹⁸

On Saturday [2 June 2001], I left my home to go to 'Aliyah Hospital, in Hebron, to undergo dialysis. We went by public transportation via Taqoa and passed a number of Israeli checkpoints before arriving in Hebron. I underwent dialysis on Saturday and Sunday, and it was decided to transfer me to the government hospital in Beit Jala because I need dialysis twice a week, on Mondays and Thursdays.

On Sunday [3 June], the two hospitals arranged for my transfer and around 3:00 P.M., I got into an ambulance of the Red Crescent in Hebron. My wife came with me. We travelled to Halhul, where the ambulance stopped and another patient got in. He had lost consciousness and had to be taken to the hospital in Bethlehem. The patient and his brother got into the ambulance.

The ambulance continued until it reached the checkpoint after Gush Etzion. There were three Israeli army jeeps at the checkpoint and more than seven soldiers who blocked the road

¹⁸ The testimony was given to Suha Zayid on 4 June 2001.

leading to al-Khader and Bethlehem. The ambulance stopped in accordance with the soldiers' command. They did not let us pass. The driver of the ambulance and the medic explained that they were transporting two patients who had to get to the hospital in Bethlehem.

Two soldiers opened the ambulance door and demanded our identity cards. I gave them the medical authorization, but, despite this, they did not let us pass. The driver called the Red Crescent in Bethlehem and asked them to send their ambulance, which would arrive from the other side of the checkpoint, to transport us.

Two hours later, the ambulance from Bethlehem arrived. They explained that they had been delayed at Israeli checkpoints and by problems they had encountered along the way. They transferred us into the other ambulance, which took us to the hospital in Bethlehem.

June 2001: Ambulance with cardiac patient unable to enter Hebron because of physical blockades

Testimony of Nidal Hamid Ramadan al-J'abri, 38, married with five children, ambulance driver¹⁹

At 7:30 P.M. on Wednesday [6 June 2001], Bajis Altmizi, 40, was brought to the Red Crescent center in Adna after suffering a heart attack. He was possibly dead when he arrived at the center, but we are not authorized to make that determination. We left immediately for the hospital in Hebron. Two members of the patient's family came with us.

Since I knew that the main exit from Adna, which is around twenty kilometers from Hebron, is blocked by piles of dirt and concrete blocks, I drove via Hirbat Suba, which is five kilometers southeast of Adna. We continued another three kilometers and got onto Route 35. Seventeen kilometers from Adna, near the Sharq al-Awast gas station, we came across more piles of dirt and concrete blocks and couldn't continue towards Hebron.

We had to go back and try from another direction. After going several kilometers, I turned right onto a narrow, worn road that leads to the second bypass road. From there I wanted to get to the Hebron-Tarqumiya (Wadi al-Quf) road, but the way leading to this road was also blocked by piles of dirt. Because I was still on the bypass road, I drove toward the bridge over the Halhul-Hebron road. However, the road alongside the bridge was also blocked. It was impossible to get into Hebron.

I got out of the ambulance and called the Red Crescent in Hebron to send an ambulance from the opposite direction. We were in a low-altitude area and telephone reception was poor, so I ascended the hill and called from there. While this was going on, the medic again tried to resuscitate the patient. Five minutes later, the ambulance from Hebron arrived, and we transferred the patient. He reached al 'Ahli Hospital in Hebron where he was pronounced dead on arrival.

It took us forty-five minutes to drive to Hebron from the bridge over the Hebron-Halhul road. Normally, it takes ten minutes. On the return trip to Adna, we again had to use unpaved roads.

¹⁹ The testimony was given to Musa Abu Hashash on 7 June 2001.

Difficulties in obtaining dialysis treatment

Testimony of Litfiyeh Ibrahim 'Abdallah Jaludi, 41, married with six children, housewife, resident of Pequ'a Village/Jenin District²⁰

I am married and have six children, the eldest seventeen and the youngest eight. My husband is Jordanian and lives there because my application for family unification has not been approved.

I have a kidney disease for six years and have been undergoing dialysis for two years, three times a week at Altuni Hospital, in Nablus. The hospital's dialysis machine is the only one in the northern part of the West Bank and serves the residents of the Jenin and Tulkarm areas, in addition to residents of Nablus District..

I leave my small children at home when I go for treatment. I leave Pequ'a at 5:00 A.M. so that I can "get in line" at the hospital in time. At first, before the Al-Aqsa *intifada*, I would go to Nablus, via Jenin, by public transportation. I did it that way for financial reasons because I am poor and can't afford to hire a taxi. It took around ten to fifteen minutes to get to Jenin and I would arrive in Nablus between 6:30 and 7:00. I would finish the dialysis in the early afternoon and manage to return home in the afternoon in time to cook for my children.

When the events began, I had problems. The road between Pequ'a and Jenin couldn't be used because of the piles of dirt and concrete blocks that had been placed on the roadway, and the taxi drivers had to travel along poor dirt roads, causing great delay. Now the trip to Jenin takes forty-five to sixty minutes and sometimes even longer. There were instances that Israeli soldiers stationed at checkpoints would chase the taxi that I was in. Whereas the trip from Jenin to Nablus normally took around forty-five minutes, now it takes more than three hours because we have to travel over beat-up dirt roads. Driving along these roads is very bumpy and that just adds to my pains. I do not go by ambulance because that is considered "private transport" and the Palestinian Ministry of Health does not approve transport by ambulance for chronic patients, so the patients have to pay on their own.

Five times between October 2000 and March 2001 I did not get to my treatment because the village was completely closed from all directions. The last time that occurred was in March. Now I go three times a week. I leave after morning prayers, at around 4:30, and return home between five and seven in the evening.

Nobody helps me and my family, not even the Palestinian Authority. I have to pay between NIS 800-1000 on transportation to get the dialysis treatments. I have no use of my left hand because of the many dialysis treatments and I do all my work at home with my right hand, which also hurts a lot. On days that I don't undergo dialysis, my face, hands, and legs swell. My blood pressure rises and I feel as if I am going to die. When that happens, my family calls a private physician from Jenin or the village and he gives me tranquilizers. I don't rest until I get to the hospital in Nablus and undergo dialysis. Because I suffer so much, I pray to the Almighty that I die. The great trouble and difficulty in getting to the hospital is too much for me.

²⁰ The testimony was given to Raslan Mahagna on 26 May 2001.

Conclusion

I always opposed and will always oppose collective punishment.

Minister of Defense Benyamin Ben-Eliezer,
Voice of Israel, 2 March 2001

When Prime Minister Ariel Sharon and Minister of Defense Benyamin Ben-Eliezer took office, they stated their intention not to harm or hinder the Palestinian civilian population.²¹ The IDF Spokesperson contends that, “the IDF is instructed to balance between the existing security need and the damage caused to the civilian population as a result of imposing an internal closure,” and that the policy is to “minimize as much as possible the damage to the daily civilian life.”²² It is difficult to reconcile these statements with the situation described in this report or to consider them anything other than mockery of the Palestinians’ dire situation.

Israel’s siege policy inevitably damages the civilian population. Delays in transporting the sick and wounded on their way to medical treatment are only one aspect, though among the most severe. The siege is imposed on entire villages for an extended period, and has been a fixed policy since the outbreak of the *intifada*. It is not directed in an “isolated” manner, against specific individuals about whom the authorities have information indicating they may be a security threat, but against the entire population. By its definition and nature, the siege severely damages the daily life of the civilian population, primarily the weaker segments: the sick, the elderly, and children.

More than eight months have passed since the outbreak of the *intifada*. It is clear that the extensive restrictions on freedom of movement constitute collective punishment, which is prohibited under international law. The International Committee of the Red Cross made a similar finding in its press release issued in late February 2001²³ The committee of inquiry appointed by the UN Commission on Human Rights reached the same conclusion.²⁴

Even if Israel does not intentionally seek to harm innocent civilians, after so many months in which the damage suffered by the population is so clear and visible, continuation of the policy makes Israel fully responsible for its consequences. As noted above, even before the outbreak of the *intifada*, the restrictions Israel imposed on movement created serious humanitarian problems. Despite this, for years the IDF failed to implement the procedures that it promised before the High Court of Justice that it would implement. It also fails to implement them today.

Recently a plan has been announced that would further intensify the siege, pursuant to which the West Bank would be divided into eight districts, with travel to and from them being completely forbidden.²⁵ Implementation of this plan would undoubtedly lead to even more tragic results.

The use of sweeping measures against the Palestinian population is unacceptable and is a flagrant breach of human rights. The government of Israel must find immediate solutions to the humanitarian problems created by the siege. B’Tselem urges the Israeli government to:

²¹ “Prime Minister: Closure intended to Capture [Terrorist] Cell,” *Ha’aretz*, 13 March 2001.

²² Response of the IDF Spokesperson, *Civilians Under Siege*.

²³ ICRC press release of 26 February 2001.

²⁴ Report of the human rights commission of inquiry established pursuant to Commission Resolution S-5/1, of 19 October 2000, E/CN.4/2001/121, March 2001, p. 33.

²⁵ “Israel Dissects the West Bank into Eight Districts,” *Ha’aretz*, 7 June 2001.

- cease using collective punishment against the Palestinian civilian population;
- enable free movement of the sick and of ambulances, remove the physical blockades, and implement the procedures for passage at checkpoints;
- investigate cases in which IDF soldiers delayed the movement of the sick and prosecute those responsible.

Response of the IDF Spokesperson*

Israeli Defense Forces
The I.D.F. Spokesperson
Public Relations Branch
Itamar Ben Avi Street
Tel Aviv code: 63476
Tel/Fax: 972-3-6080339/40
11 June 2001



Mr. Lior Yavne
B'Tselem

Re: IDF's Response to B'Tselem's Report on "Impairing Access to Medical Treatment"

The IDF received the B'Tselem report on "Impairing Access to Medical Treatment." The details stated in the report are under review. Upon conclusion of the review, the IDF will forward the results.

Sincerely,

s/

Efrat Segev, Major
Public Relations

* Translated by B'Tselem