Gender Based Discrimination Regarding the Right to Health in Israel and the Occupied Palestinian Territories

Submission to the Committee on the Elimination of Discrimination Against Women (CEDAW)

State Under Review: Israel

Sixth Periodic Reporting
68th Session (October 2017)

Submitted by: Physicians for Human Rights Israel
http://www.phr.org.il/en

Aims and Objectives of this Report:
This submission illuminates Israel's failure to protect the right to health, under international human rights law and international humanitarian law, to women under its responsibility. Specifically, the right to health has been obstructed to five main groups: (1) Obligations to Eliminate Discrimination; (2) Discrimination in Public and Private Life; (3) Nationality; and (4) Healthcare and Family Planning. The purpose of this report is to draw attention to and provide recommendations regarding the right to health for women.

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Introduction

Physicians for Human Rights Israel (PHRI) submits this report to highlight the discrimination of women regarding the right to health for the Government of Israel's 6th periodic review. These violations apply most directly to the following Articles under the Convention on the Elimination of All Forms of Discrimination Against Women:

Article 7, 8 – Discrimination in Public and Political Life

Eritrean and Sudanese Asylum Seekers. There are currently 7,000 women among 40,000 African asylum seekers living in Israel. An estimated one-third of these women were subject to torture and inhumane treatment prior to entering Israel. Israel considers all African asylum seekers, including those who underwent torture, as "infiltrators" and denies them any civil status, thus depriving them of access to regular medical treatment.

Article 9 – Nationality

Pregnancy Monitoring for Women Without Status. The public health system in Israel recognizes the importance of regular monitoring and services during pregnancy. Pregnant women living in Israel without legal status, however, are not included under the National Health Insurance Act and are therefore denied systematic healthcare during this critical time.

Citizenship. Female residents of the West Bank that are married to residents and citizens of Israel are systematically discriminated against through unique regulations that pose financial demands and waiting periods, which prevents women from being able to access medical care.

Article 12 – Healthcare and Family Planning

Freedom of Movement Restrictions. When the healthcare needs of Palestinian patients living in Gaza extend beyond that which local institutions can provide, Palestinians cannot transfer to an external medical institution without receiving a medical referral and financial coverage from the Palestinian Ministry of Health and a timely permit to cross Israel from the Coordination of Government Activities in the Territories (COGAT) and Israeli Security Agency (ISA), which is authorized to deny the request without giving any explanation to the applicant.

Breast Cancer Patients. The five-year survival rate for breast cancer patients in Israel is over 86%. For Palestinian women living under occupation for 50 years, the situation is far bleaker. For those diagnosed with the disease, estimates of five-year survival rates can be as low as 40%.

Article 2 – Obligations to Eliminate Discrimination

LOI para. 11: Gender-based violence against women, including in the occupied Palestinian territory

1. The List of Issues (LOI) para. 11 included freedom of movement restrictions. This issue is covered more comprehensively under Article 12 with LOI para. 21; however, it is also applicable here. To be succinct, please see the information under Article 12.

Article 7, 8 – Discrimination in Public and Political Life

LOI para 23: Disadvantaged groups of women

2. **Trafficking and Torture Victims among African Asylum Seekers.** An estimated 40,000 Eritreans and Sudanese asylum seekers currently live in Israel, around 7,000 of which are women. Approximately 4,000 of these individuals (the 40,000) are survivors of Sinai torture camps. Israel only formally recognizes a few hundred of these survivors as victims of human trafficking, which grants them some treatment.[1] The vast majority, however, are not recognized as trafficking victims and therefore receive no specialized medical, physical, or mental health support, given the denial of non-emergency healthcare services to all asylum seekers.[2] Their trauma is left unattended for—even when severe levels of depression, anxiety, and PTSD symptoms are clearly present. Furthermore, for the few hundred asylum seekers who were recognized as victims of trafficking, the current mechanisms of healthcare and rehabilitation for trafficking victims are ill-suited for their needs.[3] Once the year-long stay in the shelter has ended, these women are left without almost no after-care, prone to deterioration in their already difficult mental and medical conditions.

3. GOI considers all asylum seekers, including Sinai torture victims, as "infiltrators" and denies them civil status—depriving them of access to non-emergency medical treatment.[4] They are forced to rely on civil society organizations for primary medical treatment.[5] The treatment

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[1] Zoe Gutzeit. Not Passive Victims. August 2016. http://cdn2.phr.org.il/wp-content/uploads/2016/11/2550_Sinai_Print_Eng-25.10.16-%D7%A1%D7%95%D7%A4%D7%99.pdf. See also https://www.ruppin.ac.il/%D7%9E%D7%9B%D7%95%D7%A0%D7%99-%D7%9E%D7%97%D7%A7%D7%A8/%D7%94%D7%9E%D7%9B%D7%95%D7%9F-%D7%9C%D7%94%D7%92%D7%99%D7%A8%D7%94-%D7%95%D7%A9%D7%99%D7%9C%D7%95%D7%91-%D7%97%D7%91%D7%A8%D7%AA%D7%99/%D7%9B%D7%AA%D7%91-%D7%A2%D7%AA-%D7%94%D7%92%D7%99%D7%A8%D7%94/Documents/%D7%9B%D7%AA%D7%91%20%D7%A2%D7%AA%20%D7%92%D7%99%D7%9C%D7%99%D7%95%D7%9F%207/%D7%A1%D7%99%D7%92%D7%9C%20%D7%A8%D7%95%D7%96%D7%9F.pdf.

[2] Israel grants Eritrean and Sudanese asylum seekers "group protection" and does not deport them; however, this protection includes no further rights. Israel has ratified the Refugee Convention but thus far it has accorded refugee status to only 8 Eritreans and 2 Sudanese.

[3] Recognized trafficking victims in Israel are eligible for a year-long stay at a designated shelter, where they receive medical, psychological, and psychosocial support. Israel also grants them a B/1 Visa (with a working permit) for that entire year. Once they have completed the year in the shelter they are either sent back to their country of origin for further after-care, or, in case they are asylum seekers, they remain in Israel but without a B/1 visa and no access to further medical care. Some get further support in a designated day-center operated by MESILA, the Tel Aviv municipality welfare center for the foreign community. Asylum seekers, however, cannot go back to their country of origin once this year-long stay ends.

[4] Patients Rights Law (1996). https://www.nevo.co.il/law_html/Law01/133_001.htm (Hebrew).

[5] *Supra.* Gutzeit.

available is limited, though. From 2010 to 2016, PHRI's Open Clinic identified approximately 1,100 survivors of Sinai torture camps among its patients, for whom it cannot provide more than preliminary medical services.

4. Torture and trafficking survivors have limited access to medical and rehabilitation services. The Gesher Mental Health Clinic, the only clinic funded by the Ministry of Health, is the only clinic that provides psychological support and psychiatric treatment for asylum seekers, had over a 180-person long waitlist with wait times up to ten months.[6] Being under-budgeted and understaffed, the clinic had to stop accepting new patients for 10 months in 2016-2017, leaving hundreds of patients without treatment options, including follow-up for those who underwent psychotic episodes and forced psychiatric hospitalizations. The clinic reopened on June 1, 2017 at a very limited capacity. To date, out of the 38 referrals to Gesher that the PHRI's Open Clinic has made between April 1 to July 16, 2017, only 3 patients began treatment.

5. A 2016 study by University of Haifa and PHRI surveyed 78 people, 40 of which were women, who crossed the Sinai Peninsula enroute to Israel since 2010.[7] Nearly 60% of women had been subject to or witnessed torture, and more than 35% of women reported being or witnessing rape and sexual assault.[8]

6. The Government of Israel (GOI) recognized its obligation to safeguard torture survivors by its 1991 ratification of the UN Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (UNCAT).[9] Article 14 states that State parties must ensure aid and rehabilitation to victims of acts of torture.[10] Paragraph 15 of General

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[6] Ilan Lior. Asylum Seekers in Israel Deprived of Basic Medical Care as Services Stop Treating Them. Haaretz. August 8, 2016. http://www.haaretz.com/israel-news/.premium-1.735732.

[7] The study was conducted by Mr. Kim Yuval, a PhD candidate, Prof. Amit Bernstein and their research team, and received the approval of the Yehuda Abarbanel Mental Health Center's Helsinki Committee for Human Experiments.

[8] Between 35 to 59% of women (depending on diagnostic criteria) suffered symptoms of post-traumatic stress disorder (PTSD), and 28% suffered depression. Comparatively, in Israel, between 7 to 10% of the population has symptoms of PTSD, and about 6% of the population is depressed. Furthermore, 35% of women surveyed are unemployed. In addition, there is a natural tendency for under-reporting of rape incidents.

[9] http://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx.

[10] Specifically, General Comment No. 3 which lists and details the obligations of State Parties to torture survivors in terms of providing means for redress and rehabilitation services. These include, inter alia, providing access to rehabilitation programs as soon as possible following an assessment by qualified independent medical professionals and adopting a long-term, integrated approach and ensuring that specialist services for victims of torture or ill-treatment are available, appropriate and readily accessible. Accordingly, the document underscores the holistic nature of the rehabilitation and the need to address medical as well as emotional-psychological issues affecting torture survivors. See: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CAT/C/GC/3.

Comment No. 3 highlights the duty of State parties to asylum seekers and refugees.[11] The GOI does not abide by these obligations.

7. Women are specifically negatively impacted by the lack of rehabilitative psychosocial support as they often find themselves in a cycle of exploitation, including forced marriages, as a result of the women's need to repay the ransom money, or when the women have difficulties surviving alone.[12] Thus, in addition to the physical and psychological trauma associated with their experiences, attention must be paid to their economic, social, and emotional situation. [13]

8. *Recommendations.*

9. *Expand psycho-social, psychological, psychiatric and medical assistance to refugees and those exposed to torture, including those living outside of Tel Aviv-Yafo.*

10. *Provide financial and employment assistance to refugees and asylum seekers to help meet their economic, social, and emotional situations.*

11. *Ensure that effective procedures are in place to identify as early as possible all victims of torture among asylum seekers, in particular by conducting thorough medical and psychological examinations, and that, when signs of torture or traumatization have been detected, victims have immediate access to specialized medical and psychosocial services.*

12. *Expand and adapt the services provided to recognized victims of trafficking and slavery so that they suit the needs and living conditions of those victims who are also asylum seekers and who cannot be transferred to their country of origin following the year-long stay at the rehabilitation-shelter.*

13. *Create a parallel mechanism for victims of torture that do not go back to their country of origin, which provides them access to medical, psychological, and psychosocial support in accordance with their changing needs.*

Article 9 – Nationality

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[11] The 2016 Concluding Observations of the Committee Against Torture specifically requested that the State Party "[e]nsure that effective procedures are in place to identify as early as possible all victims of torture among asylum seekers, in particular by conducting thorough medical and psychological examinations, and that, when signs of torture or traumatization have been detected, victims have immediate access to specialized medical and psychosocial services." (art. 47 (b).

[12] For postpartum depression among Eritrean women living in Israel, see: Nakash O., Nager, M., and Lurie I. 2016. "The Association between Postnatal Depression, Acculturation and Mother-Infant Bond among Eritrean Asylum Seekers in Israel", Journal of Immigrant and Minority Health. DOI 10.1007/s10903-016- 0348-8.

[13] For more information see *Not Passive Victims#* and *Current challenges facing African asylum seekers in Israel.#*

LOI para 16: Nationality

14. **Pregnancy Monitoring for Women Without Status.** Although the GOI recognizes that pregnant women need systematic care through all stages of the pregnancy, the GOI does not apply this recognition equitably to all pregnant women in Israel.

15. The National Health Insurance Act only applies to residents of Israel. This leaves approximately a quarter million non-residents with limited options that provide few—if any—medical coverage during key times. This group includes: asylum seekers, migrant workers, and other undocumented migrants. Pregnant women living in Israel without status, are not included under the National Health Insurance Act. These women are denied systematic healthcare even during this critical time—placing both women and infants at risk of long-term harm.

16. According to the Foreign Workers Directive, employers must arrange for the health insurance of their migrant employees. These migrant workers' insurance policies are very limited in their scope and while they do entitle women to some pregnancy monitoring, that entitlement only occurs after nine months of employment in Israel. Even then, oftentimes private insurance companies deny women the coverage they are entitled to. Furthermore, a statusless woman that was fired during her pregnancy and whose employer ceased to pay for insurance is without an orderly framework for systematic follow-up. In light of this, many migrant workers and most asylum seekers must rely on ad hoc, temporary, and partial solutions.

17. While Israeli women receive regular care, non-resident women receive limited care only at one clinic, the Terem refugee clinic in Tel Aviv. However, the prenatal care services that are offered at that clinic do not cater to the needs of women with high risk pregnancies. Non-residents that are considered high-risk have no recourse, except for private care, which the vast majority cannot afford.

18. Absent this lack of care for asylum seekers, migrants and others, the results are staggering. These include high rates of the following: late pregnancy terminations, premature births, Caesarean section births, intrauterine deaths, preeclampsia, and transmission of Hepatitis B to the fetus.[14]

19. Per the recently introduced amendment to the Anti-Infiltration Act, commonly known as the "Deposit Law," employers of asylum seekers must deduct 20% of the asylum seeker's income to submit to a deposit fund, which contents will become available to the employer

[14] Israel established a program that integrates status-less insurance-less HIV patients to the public Aids centers, still, the level of care that is given to the uninsured differs from the level of care that Israelis receive.

only upon departure from Israel.[15] Limiting a person's income, who is already struggling financially by 20%, severely impacts their access to quality food, medication and medical treatment, education and sanitary living conditions.

20. **Citizenship.** Beginning in 2003**,** a "temporary directive," to the Citizenship Law, prevented Palestinians who are married to Israeli citizens and residents from becoming Israeli residents, thereby also denying them access to health and welfare services in Israel. A petition to the high court that demanded the application of the National Health Care Act to this population resulted in the application of the aforementioned law on this population, through special regulations which came into effect in August 2016 (hereinafter "the new regulations"). There are currently 7,244 Palestinians living legally in Israel that recently received healthcare through these new regulations, mostly women.[16] This important achievement which acknowledges their right to health, as well as GOI's responsibility to securing it should be applauded. Notably, though, the actual implementation of the National Health Care Act to this population through the new regulations still entail discrimination and results in a denial of treatment.

21. Female residents of the West Bank that are married to residents and citizens of Israel and who have recently been registered to the National Health Care Act through the new regulations are systematically discriminated against through unique financial demands and lengthy waiting periods. Upon registration, which is mandatory, Palestinian women who are married to Israeli residents need to pay 7,695 NIS in addition to the mandatory monthly fees, to become eligible to medical treatment through the health funds. Those married to Israeli citizens are required to pay only 1,710 NIS in addition to the monthly fees. Given that over 70% of residents of East Jerusalem already live under the poverty line, these financial demands may further impoverish families. Those impacted by the Citizenship Law are Palestinians, who live in Israel on continuously renewed permits. Their inability to pay could potentially impact renewal of such permits.

22. Following registration and payment, all Palestinians under the new regulations must endure a 6-month waiting period at which no treatment is available to them, except in cases of medical emergencies.[17] In case they are unable to pay on time, they accumulate debts to the health funds, as well as having the waiting periods at which they are barred from medical treatment extended. These demands prevent women from being able to access medical care, thereby compromising their right to health. Israelis that are ensured through the National Health Care Act face no such sanctions.

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[15] Ilan Lior. Law Forces Asylum-seekers to Set Aside Fifth of Salary, to Be Paid Out When They Leave Israel. Haaretz. January 4, 2017. http://www.haaretz.com/israel-news/.premium-1.762910.

[16] Freedom of Information Act request received February 2, 2017, from the Ministry of Health. The number of those married to residents is almost double that married to citizens.

[17] Non-resident Palestinian patients that have married either a citizen or resident that are in an emergency may still have treatment in cases of medical emergencies through the Patient's right Act (1996)

23. *Recommendations.*

24. *Apply the National Health Insurance Act or an equally comprehensive mechanism to all asylum seekers so that they receive access to healthcare services.*

25. *Revise the new regulations governing the application of the National Health Insurance Act to those that fall under the Citizenship Law, enable this group access to public health services by cutting the waiting periods and through implementing discounts and exemptions mechanisms for families unable to pay the full price.*

Article 12 – Healthcare and Family Planning

LOI para 21: Health

26. **Freedom of Movement Restrictions.** One of the most critical human rights issues facing Palestinians in the oPt is the restrictions placed on freedom of movement and the denial of the right to health that ensues.[18] When the healthcare needs of Palestinian patients extend beyond that which local institutions can provide, Palestinians cannot transfer to an external medical institution without receiving a medical referral and financial coverage from the Palestinian Ministry of Health. Palestinian patients then have to receive a timely permit to enter or cross Israel on their way from COGAT and the ISA, who is authorized to deny the request without giving any explanation to the applicant.[19] The majority of those seeking PHRI intervention come from Gaza. PHRI provides assistance to Palestinians seeking these permits and transfers whose requests are either delayed or denied outright and collects data documenting trends regarding these requests for assistance.

27. Due to a lack of freedom of movement as well as the impact of numerous military operations, critical social determinants of health[20] cannot be safeguarded in Gaza. The obstacles placed on freedom of movement affects Gazans' ability to control and develop economic activities, education, and other realms of life necessitating access in and out of Gaza. As a result there is an increased likelihood of disease, mortality, and morbidity. This created a situation that dramatically violates the right to health, including the lack of protection for its basic social determinants.[21] Simultaneously, there is a deterioration in the quality of human resources[22] while the need of patients to exit Gaza for advanced treatment only rises. Additionally, medical staff and students need to leave to receive training.

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[18] Special Rapporteur on the situation of Human Rights in the Palestinian Occupied Territories Office of the United Nations High Commissioner for Human Rights. November 7, 2016.

[19] Ghassan Mattar, Denied 2 8 (Physicians for Human Rights - Israel, August 2016) *available at* http://www.phr.org.il/wp-content/uploads/2013/09/Refused2_digital_Eng.pdf.

[20] Including the wider socio-economic context that influence health. Per the WHO, "The social determinants of health are the conditions in which people are born, grow, live, work and age."

[21] Safeguarding Gazan Social Determinants of Health. April 2016. http://www.phr.org.il/en/safeguarding-gazan-social-determinants-health-april-2016/.

[22] Unable to leave Gaza for higher education, training or seminars, etc.

28. Israeli authorities may condition exit permits on being subject to questioning by or collaboration with the ISA while also distinguishing between patients based upon severity of their condition and the specialty of the treatment needed.[23] Israel has denied exit permits for medical escorts, thus affecting the ability of infants to access healthcare. PHRI observations from recent years reflect troubling trends regarding the denial of exit permits to receive medical care in hospitals with necessary treatment and expertise available. Upon PHRI's intervention, many of these denials were rescinded—suggesting arbitrary reasons for denial. The need to acquire a new permit for every appointment means that care is not necessarily systematic, and the chances of recovery are can be reduced. The disruptions are more critical in severe diseases (i.e. cancer).

29. Statistics regarding approved, denied, and delayed rates from the World Health Organization (WHO):

[23] The army regulation apparently has been changed to stipulate the requirement be "life-changing" instead of "life-saving." This has not necessarily been translated in practice, though.

Table 1. Ministry of Health referrals, by region of origin, location of destination and permit required for access, 2013-2016

Destination	2013						2014						2015						2016					
	West Bank		Gaza		All		West Bank		Gaza		All		West Bank		Gaza		All		West Bank		Gaza		All	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Inside oPt																								
West Bank	18,828	42.55%	2,243	12.90%	21,071	34.19%	23,703	43.62%	3,481	17.12%	27,184	36.40%	29,986	47.11%	5,753	24.00%	35,739	40.79%	28,944	43.00%	4,803	19.51%	33,747	36.71%
East Jerusalem	20,904	47.25%	5,946	34.19%	26,850	43.56%	26,463	48.69%	7,410	36.43%	33,873	45.36%	27,149	42.66%	9,583	39.98%	36,732	41.92%	29,636	44.03%	10,584	43.00%	40,220	43.75%
Gaza	-	0.00%	2,481	14.27%	2,481	4.03%	-	0.00%	3,288	16.17%	3,288	4.40%	-	0.00%	3,016	12.58%	3,016	3.44%		0.00%	2,993	12.16%	2,993	3.26%
oPt total	39,732	89.80%	10,670	61.35%	50,402	81.77%	50,166	92.31%	14,179	69.72%	64,345	86.16%	57,135	89.77%	18,352	76.56%	75,487	86.16%	58,580	87.03%	18,380	74.67%	76,960	83.72%
Elsewhere																								
Egypt	32	0.07%	2,827	16.26%	2,859	4.64%	21	0.04%	2,454	12.07%	2,475	3.31%	14	0.02%	1,744	7.28%	1,758	2.01%	9	0.01%	1,746	7.09%	1,755	1.91%
Jordan	202	0.46%	54	0.31%	256	0.42%	72	0.13%	31	0.15%	103	0.14%	34	0.05%	38	0.16%	72	0.08%	24	0.04%	26	0.11%	50	0.05%
Israel	4,278	9.67%	3,840	22.08%	8,118	13.17%	4,086	7.52%	3,674	18.06%	7,760	10.39%	6,462	10.15%	3,838	16.01%	10,300	11.76%	8,698	12.92%	4,464	18.13%	13,162	14.32%
Elsewhere total	4,512	10.20%	6,721	38.65%	11,233	18.23%	4,179	7.69%	6,159	30.28%	10,338	13.84%	6,510	10.23%	5,620	23.44%	12,130	13.84%	8,731	12.97%	6,236	25.33%	14,967	16.28%
Grand Total	44,244	71.78%	17,391	28.22%	61,635		54,345	72.77%	20,338	27.23%	74,683		63,645	72.64%	23,972	27.36%	87,617		67,311	73.22%	24,616	26.78%	91,927	
*Israeli permit required to access health care	25,416		12,083		37,499		30,642		14,596		45,238		33,659		19,212		52,871		38,367		19,877		58,244	
**Egyptian approval required to exit Gaza via Rafah border			2,827		2,827				2,454		2,454				1,744		1,744				1,746		1,746	
Total permits					40,326						47,692						54,615						59,990	

Sources: Health Annual Report Palestine (2013) and (2014); Ministry of Health, Directorate of Medical Referral (2015 data, obtained 18 January 2016) and (2016 data, obtained 6 February 2017).

30. In 2013, 88.7% of requests to travel outside the Gaza Strip due to medical needs were approved.[24] The monthly data from the WHO shows a drop in approval rate to 62% in 2016.[25]

31. In 2014, the great majority of requests (246 of 306) coming to PHRI were due to delays in answering applications on the part of the Israeli authorities or refusal to allow transit for patients. Delay related requests accounted for 42% (129) of all freedom-of-movement requests, whereas rejection-related requests accounted for 38% (117). There is little difference between the denial and delay because patients whose application for a permit is delayed rather than denied still lose their scheduled appointment—depriving them of medical treatment.[26] In many cases, the COGAT fails to provide justification for the delay or denial. Once being delayed and rescheduled, patients must reapply for an exit permit.

32. In 2015, a significant number of assistance requests (61.7%) received by PHRI, the rejections and delays were overturned upon intervention. This suggests that these rejections were unjustifiable by both Israeli standards and international law principles.[27]

33. In 2016, approval rates dropped to 44%.[28] However, in the first half of 2016, only 25% of the applicants receiving assistance were granted reversals upon PHRI intervention.[29]

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[24] http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html.
[25] Health Access for Referral Patients from Gaza Strip. WHO Report, April 2017. http://www.emro.who.int/images/stories/palestine/documents/WHO_monthly_Gaza_access_report-April-2017_FINAL.pdf?ua=1.
[26] Denied: Harassment of Palestinian Patients Applying for Exit Permits. http://cdn3.phr.org.il/wp-content/uploads/2015/06/Denied.pdf.
[27] The right to health is a principle enshrined in numerous international legal treaties stipulating basic human rights, which include Israel as a State party. The International Covenant on Economic, Social, and Cultural Rights (ICESCR), states: "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The "progressive realization" principle, outlined in ICESCR, only requires States to take action according to their abilities and resources. The U.N. Committee on Economic, Social and Cultural Rights (CESCR) observed, "The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement (emphasis added)." Article 12 of the International Covenant on Civil and Political Rights (ICCPR), which states, "Everyone shall be free to leave any country, including his own." Thus, the right to the highest attainable standard of health necessarily depends on the realization of incidental rights such as freedom of movement.
[28] Report of the Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, Michael Lynk. March 16, 2017. At para. 22. http://cdn2.phr.org.il/wp-content/uploads/2017/03/Michael-Lynk-Report.pdf.
[29] *Id.*

34. **Breast Cancer Patients.** In Israel, the five-year survival rate for breast cancer patients is over 86%.[30] For Palestinian women living under military occupation for nearly 50 years, the situation is far bleaker. Breast cancer is the most common form of cancer among Palestinian women,[31] but for those diagnosed with the disease, estimates of five-year survival rates can be as low as 40%.[32]

35. In Israel, screening for the disease is common, with 70% of women aged 50-69 receiving mammogram screenings.[33] Rates of breast cancer screening are very low in the occupied Palestinian territory (oPt), though.[34]

36. Obstacles at the point of diagnosis range from the challenges of traveling through checkpoints, to social and cultural factors, and the limited availability of mammography machines—particularly in Gaza. For those requiring treatment, hospitals in Gaza suffer chronic shortages of many essential medicines. This impedes treatment and causes some patients to resort to paying for medication through the private sector. Given the 39% poverty rates in Gaza, this option is not available for many.[35] These shortfalls are exasperated by the Palestinian Authority's recent cuts to healthcare in Gaza, and Israel, as the occupying power, ultimately bears responsibility.[36] [37]

37. If patients decide on radiotherapy, they meet numerous obstacles that undermine the effectiveness of treatment. The only radiotherapy center in the oPt is in East Jerusalem and requires a permit by the Israeli authorities.[38] In 2016, only 44% of medical patients were approved.[39]

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[30] Organisation for Economic Co-operation and Development (2015), Health at a Glance 2015: OECD Indicators, OECD Publishing, Paris. Site: https://www.oecd.org/health/health-systems/Cancer%20care%20(chart%20set).pdf.

[31] World Health Organization (2010). Country Cooperation Strategy for WHO and the Occupied Palestinian Territory 2009–2013. Site: http://www.who.int/iris/handle/10665/113222.

[32] *Id.* This makes breast cancer the highest cause of cancer deaths among Palestinian women.

[33] OECD (2015), Health at a Glance 2015: OECD Indicators, OECD Publishing, Paris. Site: https://www.oecd.org/health/health-systems/Cancer%20care%20(chart%20set).pdf.

[34] Studies of Palestinian women from the West Bank found that over 60% of women over the age of 50 have never attended a mammography session. Azaiza, F., Cohen, M., Awad, M. and Daoud, F. (2010), Factors associated with low screening for breast cancer in the Palestinian authority. Cancer, 116: 4646–4655. Site: http://onlinelibrary.wiley.com/doi/10.1002/cncr.25378/full.

[35] World Bank (2014). Gaza: Fact sheet August 1, 2014. Site: http://www.worldbank.org/content/dam/Worldbank/gaza-fact-sheet-final140801-ECR.pdf.

[36] April's budget provided for $4 million. May's budget provided a mere $500,000.

[37] The humanitarian impact of the internal Palestinian divide on the Gaza Strip. UNOCHA. June 2017 https://www.ochaopt.org/content/humanitarian-impact-internal-palestinian-divide-gaza-strip-june-2017.

[38] Breast Cancer in Occupied Palestine. http://cdn3.phr.org.il/wp-content/uploads/2016/10/MAPPFHR-Breast-Cancer-fact-sheet-WEB.pdf.

[39] Report of the Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, Michael Lynk. March 16, 2017. At para. 22. http://cdn2.phr.org.il/wp-content/uploads/2017/03/Michael-Lynk-Report.pdf.

38. When surgery is needed, doctors in Gaza are reported to resort to full mastectomies as opposed to localized cancer tissue removal, due to the high proportion of late-stage diagnoses, need for difficult-to-access radiotherapy associated with the treatment, and the travel restrictions placed on medical professionals which prevent them from developing surgical skills necessary for such procedures.

39. International humanitarian law stipulates that, as the Occupying Power, GOI is responsible for the health and welfare of the Palestinian population under its control.[40] This includes: (1) ensuring the population's access to adequate medical treatment; (2) ensuring the medical supplies of the population if the resources of the occupied territory are inadequate; and (3) ensuring and maintaining medical and hospital establishments and services in the occupied territory.[41]

40. *Recommendations.*

41. *Enable the freedom of movement for healthcare workers in Gaza to gain professional training.*

42. *Abolish the current/existing exit permit mechanism and allow all Palestinian inhabitants in need of medical treatment and their escorts access and free passage to the best medical treatment available to them, without any delay.*[42]

43. *Eliminate the blockade on the Gaza Strip to allow the freedom of movement for people as well as the free passage of medicine and medical equipment.*[43]

[40] Article 21 Hague Regulations of 1907 states that obligations for the sick and wounded is governed by the Geneva Convention.
[41] Geneva Convention (IV). Articles 14-23.
[42] Similar recommendations by Australia, Canada, Italy, Japan, Malaysia, Morocco, Pakistan, Palestine, Tunisia from UPR
[43] Similar recommendations by Bolivia, Cuba, Egypt, Jordan, Malaysia, Pakistan, Palestine, Qatar, Switzerland, Venezuela from UPR