



Defence for Children International/Palestine Section
الحركة العالمية للدفاع عن الأطفال / فرع فلسطين

The impact of the blockade on children suffering from cancer diseases in the Gaza Strip

This report highlights the impact of the blockade imposed by Israel on Gaza on the provision of health services in the Gaza Strip. In particular, it focuses on children suffering from cancer and blood diseases, and their inability to access life saving medicines and treatment inside or outside Gaza. Children have the right to enjoy “the highest attainable standard of health”, as stated in the *UN Convention on the Rights of the Child (UNCRC)*, which Israel, as the occupying power, has a duty to facilitate. However, the closing of almost all of Gaza’s border crossings constitutes a threat to the right of Palestinian children to receive appropriate medical treatment, and a direct threat to their right to life.

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A. Introduction: The Gaza blockade

The Gaza Strip has 1.48 million inhabitants and one of the highest population densities in the world. Since the election of the Hamas government in January 2006, drastic restrictions have been imposed on the movement of people and goods in and out of the Strip. The restrictions were significantly tightened when an Israeli soldier was captured by three Palestinian factions in June 2006, and again in June 2007, when Hamas took control of the Gaza strip. Further sanctions were imposed following Israel's decision to declare Gaza a "hostile entity" in September 2007, and reductions in fuel and electricity supplies were implemented in September 2007 and January 2008.

State parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her right of access to such health care services

Article 24, UN Convention on the Rights of the Child

Gaza is almost completely dependent on Israel for supplies of both fuel and electricity, and it is over 80 per cent dependent on food aid. The impact of sanctions, adding to the lack of funding and the lack of coordination between Palestinian bodies, have resulted in critical shortages of food, medicines and building materials for humanitarian and industrial projects. In addition, virtually no industrial and agricultural exports have been allowed out of the Gaza Strip since June 2007. Israel's blockade has dramatically increased the poverty rate in Gaza, the effects of which are most acutely felt by children who constitute 56 per cent of the population of Gaza.

On 23 January, Palestinians blasted 17 holes in the fence at the Rafah border crossing, allowing hundreds of thousands of Gazans to pour into Egypt and stock up on supplies of basic commodities. However, with the re-sealing of the crossing only four days later, and Gazans still heavily dependant on foreign aid and on Israel for all basic supplies, the humanitarian crisis continues. Following his five-day visit to the occupied Palestinian territory (oPt) in February 2008, the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, John Holmes, expressed shock at the 'grim and miserable conditions'¹ he witnessed in the Gaza Strip, whilst condemning the Israeli imposed limitations on the flow of humanitarian aid and commercial goods in and out of the Gaza Strip.

I have been shocked by the grim and miserable things that I have seen and heard today, which are the result of current restrictions and the limitations on the number of goods that are being allowed into Gaza

John Holmes

¹John Holmes quoted in OCHA, UN humanitarian chief: The situation in Gaza is "grim and miserable" Press Release 15 February 2008.

B. The impact of the blockade on the health system

Restrictions on the flow of food, medical items, fuel and electricity supplies essential to the functioning of hospitals and waste water treatment facilities, and restrictions on access to the Strip for relief workers, have significantly impeded healthcare provision in Gaza. These restrictions constitute a flagrant violation of the right to health, a human right enshrined in various international conventions.

Israel is still exercising effective control over the Gaza Strip, and therefore bears primary responsibility for ensuring the welfare of civilians in all areas over which it has jurisdiction. As an occupying power, Israel has a duty to:

1. Ensure persons under its control are treated humanely and are protected against all acts of violence (Article 27, *Fourth Geneva Convention*);
2. Ensure adequate supplies of food and medicines to the population (Article 55, *Fourth Geneva Convention*);
3. Maintain hospitals, as well as public health and hygiene facilities in the occupied territory (Articles 56-57, *Fourth Geneva Convention*);
4. Allow relief operations for the benefit of the population of the occupied territory if the entire population – or part of it – does not have access to adequate supplies (Article 59, *Fourth Geneva Convention*); and
5. Refrain from using collective punishment measures: Article 33 of the *Fourth Geneva Convention* prohibits the occupying power imposing collective punishment against protected persons and their property.

Impact of the Blockade on Gazans' Right to Health

- Significant restrictions on the flow of supplies essential to operate hospitals and government-run health facilities (medicines, food, water, medical equipment and spare parts).
- Significant restrictions on electricity and water supplies necessary to operate hospital machinery and water treatment systems.
- Complex red tape for medical referrals and arbitrary denial of entry into Israel or Egypt for Gaza patients in need of specialised treatment abroad.
- Attempted manipulation and coercion of Palestinians patients to become informants for Israel, in exchange for medical treatment outside of the Strip.

Because of the blockade, many life-savings treatments, such as chemotherapy, radiotherapy, neurosurgery and paediatric surgery are only available outside Gaza². The UN Office for the Coordination of Humanitarian Affairs (OCHA) reported that 105 of the 416 essential drugs

² OCHA Special Focus. "The Closure of the Gaza Strip: The Economic and Humanitarian Consequences." December 2007

(25.2%) and 203 of the 596 essential medical supplies (34%) were at zero availability in December due to the lack of financial resources³. In addition, many medicines that are not on the Essential Drug List have become altogether unavailable at Ministry of Health facilities, including Pancuronium, a key medicine for general anaesthesia, and Glyvic for oncology patients⁴.

Furthermore, the reduction of electricity supplies has had a severe impact on the ability of hospitals to operate medical equipment and has damaged many medical devices. OCHA reported that in December 2007 Magnetic Resonance Imagery and X-ray machinery in public hospitals were no longer functioning, nor could they be repaired due to the lack of spare parts.⁵

As a result of lack of medicines and adequate medical equipment, the need for Gazans to travel abroad to receive specialised and costly medical treatment has increased. However, the restriction on the movement of people in and out of the Gaza Strip has not only reduced its residents' access to medical care inside the Strip, it is also preventing them access to services outside of Gaza. The Palestinian Centre for Human Rights (PCHR) reports that "patients, especially those injured as result of Israeli military attacks, are deprived of the right to appropriate health care due to lack of essential drugs and other medical facilities, as well as being denied the right to travel abroad for medical treatment unavailable in the Strip"⁶.

Impact of the Blockade on Cancer-Affected Children

- Shortage of medical supplies and restrictions in electricity and water supplies increase Gaza's dependency on Israeli hospitals for medical treatment. Restrictions imposed on the movement of patients and their accompanying relatives, lack of Palestinian financial resources, and a policy of 'treachery for treatment' at the Erez border crossing, prevent access to treatment abroad.
- Lack of specific cancer-related medicines and life-saving treatments for cancer patients increases patients' physical suffering and hinders their chances of survival.

Indeed, Gaza patients referred to hospitals in Israel are frequently denied permits. Heavy bureaucratic procedures also render such transfers increasingly difficult. In addition, accompanying parents have reported being pressured by Israeli officers into becoming informants for Israel, as an exchange for free passage through Erez. Parents and children holding permits have reported being eventually denied entry after long interrogations at Erez, during which officers from the Israeli Security Agency tried to coerce them into providing information as a condition for treatment outside Gaza⁷. This, combined with the inability of the government to finance medical referrals abroad, have resulted in the death of many patients. Recently, the World Health Organisation (WHO) reported that during the period October-December 2007, 20

³ OCHA, "Gaza Strip Humanitarian Fact Sheet", December 2007

⁴ Ibid.

⁵ OCHA Special Focus. "The Closure of the Gaza Strip: The Economic and Humanitarian Consequences." December 2007

⁶ Palestinian Centre for Human Rights, "Tightening the Siege: The Gaza Strip Border Crossings". Gaza, 11 December 2007 – 9 January 2008

⁷ Al Ahram Weekly, 11-17 Oct 2007, <http://weekly.ahram.org.eg/2007/866/re101.htm>

patients, including at least five children, died as a result of being unable to cross into Israel to receive treatment.⁸

This situation is severely affecting children suffering from cancer and blood diseases in Gaza. DCI/PS has documented the cases of three of these children, who are unable to access life-saving medicines either in hospitals or in private pharmacies.

C. Children suffering from cancerous tumours and blood diseases in Gaza

Approximately 340 children in the Gaza Strip suffer from cancer and blood related diseases. The Al-Nasser hospital is the biggest specialised child medical centre in the Gaza Strip. Its Blood Diseases Ward is the largest in Gaza, and it provides services to the majority of children suffering from cancer and blood diseases in the northern and central governorates and in the Gaza governorate. Children who suffer from cancerous tumours and blood diseases in the southern districts (Rafah and Khan Younis) receive treatment in the other/second-largest specialised medical centre in Gaza: the European Hospital. This hospital provides services to about 40 children.

In order to shed light on the predicament of these children, and the impact of the blockade on their health, a DCI/PS fieldworker met with Dr. Awad Al-Halol, a specialist in cancerous tumours and blood diseases at the Al-Nasser Hospital for Children in Gaza, and Dr. Zakaria Sik, head of the Cancer and Blood Diseases Ward at the European Hospital.

1) Al-Nasser Hospital for Children

The Cancerous Tumours Ward of the Al-Nasser Hospital for Children was inaugurated in 1998. It cares for approximately 300 children, but has only 30 beds . Therefore, many children receive treatment as outpatients. Those whose health is deteriorating will eventually be admitted into the hospital for close medical follow-up.

Shortage of essential medicines and medical equipment

The siege and closure imposed on the Gaza Strip has had a direct impact on the functioning of the Cancerous Tumours Ward, as it ran short of chemical medicines, which are needed to stabilise patients' health conditions and increase their chances of survival. Children also need immunity-boosting medicines in order to protect them against viral and bacterial infections which could worsen their health condition and therefore increase their suffering.

Medicines lacking in the Cancerous Tumours Ward of the Al-Nasser Hospital are:

| No. | Medicine | Used as a treatment for |
|-----|---------------|---|
| 1 | Neupogen | Boosts child immunity |
| 2 | Carboplatin | Chemical therapy |
| 3 | Actinomycin D | Chemical therapy |
| 4 | IGIV | Increases the number of blood platelets |

⁸ WHO, "Report on the death of Palestinian patients due to the lack of Referral Health Services not available in the Gaza Strip", October – December 2007

Dr. Al-Halol also pointed out a severe shortage in the following medical test facilities in the blood laboratories of the hospital:

| No. | Device | Used for |
|-----|----------------|-------------------------------------|
| 1 | Heart monitor | Monitors heart beats |
| 2 | Pulse oximetre | Used to measure oxygen in the blood |
| 3 | Desferal pump | Used to purify blood from iron |

Dr. Al-Halol further stated that obtaining medicines and new medical equipment had recently been complicated as a result of the Israeli-imposed blockade. The Desferal pump is a small device consisting of a needle placed under the patient's skin to pump Desferal into the patient's blood and remove excess iron. The ward in the hospital has only 30 such devices, 10 of which are not functioning because of the recurrent power outages; in addition, maintenance services for these devices are only available in Israel and Jordan. There are currently 30 patients in need of Desferal therapy and the hospital is trying to coordinate their referral. If the hospital was able to obtain enough functioning Desferal pumps, treatment would be more easily accessible, as the device can be used at home. Pumps cost US \$700, but cannot be imported into the Gaza Strip.



**Fadl, 5 years old
Zaitoun neighbourhood**

In June 2007, five-year old Fadl was diagnosed with leukaemia at the Hassouna Medical Centre in the Zaitoun neighbourhood of the Gaza Strip. Doctors advised that his case be referred to the Al-Nasser Hospital for Children in Gaza City, but after his health deteriorated rapidly, they recommended he be admitted to the

Makassed hospital in Jerusalem. However, Makassed was not sufficiently equipped to treat cases like Fadl's. He returned to Gaza and his health continued to deteriorate. On 21 August 2007, Fadl's family received a medical report recommending that he be transferred to Tel Hashomer hospital in Israel, where he could receive four doses of chemotherapy. Fadl completed a one-week cycle and then returned to the Al-Nasser hospital in Gaza to follow the treatment. However, some chemotherapy medicines have stopped being available in Al-Nasser hospital, and in other medical centres in Gaza. His family was concerned that the Gaza hospitals would run out of the main Carboplatin medication; in fact, they were told by doctors that due to shortages, even the most basic medicines could only be dispensed with a doctor's prescription, subject to availability.

Referrals

In addition to the lack of medicines, Dr. Al-Halol highlighted the issue of lack of coordination in referring patients to hospitals in Israel, or neighbouring Arab countries. He explained that the difficulty lay in the Israeli authorities' reluctance and procrastination in allowing these patients, even those holding official permits, to travel abroad. Due to the closure of the Rafah crossing connecting Gaza to the Arab world through Egypt, sending patients for treatment in Egyptian and Jordanian hospitals has become impossible.



**Nadine, , 8 years old
Shiekh Radwan**

At the end of August 2007, eight-year old Nadine was diagnosed with leukaemia. On 10th September 2007, she was admitted to an Israeli hospital, Tel Hashomer, where she stayed until 16th September. Doctors there prescribed intravenous immunoglobulin therapy (IGIV). When Nadine was transferred back to the Al-Nasser hospital in Gaza, she was given substitute medicines, because of shortages created by the Israeli-imposed blockade, and the IGIV treatment was discontinued. Her health continued to deteriorate. Like all other Gaza hospitals, Al-Nasser did not have the IGIV therapy prescribed in blood cancer cases to increase blood platelets. This medicine cannot be found in pharmacies, and a single dose costs NIS 400 (about US \$100). Nadine's father has been unemployed for the last three years, since he was prevented from travelling to Israel to work. Yet, he must support his wife and five children. Therefore, Nadine was referred back to an Israeli hospital on 17th November 2007, in order to be treated with IGIV. When Nadine came back from Israel on 25th November, she was no longer in need of special care and transport assistance; she was in much better condition. However, IGIV remains unavailable in Gaza and she is now receiving instead cortisone injections every 48 hour.

As for referrals to Israeli hospitals, Dr. Al-Halol explained that the work relationship between Israeli and Palestinian hospitals had deteriorated significantly during the last six months. This was manifested in growing delays of admittance on the part of Israeli hospitals; Gaza patients now frequently wait 10 days or more to be admitted, compared to only four days in the past. Extending patients' waiting time prolongs their suffering, and endangers their chances of survival. In addition, some Israeli hospitals fail to provide Palestinian patients with detailed medical reports on the status and progress of their disease - a problem that has been occurring more and more over the last six months.

Dr. Al-Halol stressed that the cost of sending a patient for treatment in Israel equals the cost of purchasing the required quantity of medicines to treat patients in Gaza hospitals.



Qusai , 4 years old
Central Gaza, Bureij

A year and a half ago, Qusai started to develop a malignant cancerous tumour on his left shoulder. Qusai's treatment began in the Al-Nasser hospital for children, in Gaza City; as there was no significant improvement, doctors then referred him to medical services in Egypt. Qusai was treated in Cairo for eight

months. When his condition worsened, he was referred to the Tel Hashomer hospital in Israel, where he was re-diagnosed and treated accordingly for a month and a half, starting on 27th July 2007. His health started to improve. Qusai was supposed to return to Tel Hashomer to continue his treatment a week after being discharged. However, Israeli authorities failed to grant him and the accompanying parent permission to enter Israel. Qusai's grandmother could no longer accompany him, as she is an ailing old woman who cannot travel and cannot speak Hebrew, so his father decided to accompany him. However, when they attempted to cross, they were denied entry and underwent nine hours of interrogation at the Erez crossing, despite having prior entry permits. Israeli officers at Erez questioned Qusai's father, and offered him incentives to collaborate with Israel. He rejected the offer. The nine-hour interrogation effectively prioritised security issues over humanitarian ones. In the end, the Israeli officers denied passage to Qusai and his father and sent them back home. After that day, the father applied several times for an entry permit, in vain. He said to DCI/PS: "My son continues to be a victim of the Israeli collective punishment imposed through the siege of the Gaza Strip, but my son Qusai should be kept away from any political issue... I don't know what to do, as I'm besieged in Gaza where there are no adequate chemical doses for treating my son, and I feel totally helpless in front of him, because of my inability to enable him to continue his treatment in the right place."

Power shortages

One of the main difficulties faced by the Cancerous Tumours Ward is the power outages caused by the lack of fuel supplies. After the destruction of the Gaza power station in June 2006, Israel increased its direct supply of energy to Gaza; at the end of January 2008 one of the feeders providing energy to Gaza City broke down, and as of 8 February it had not yet been fixed by the Israel Electric Company⁹. Thus, for instance, chemical therapy devices can no longer be made sterile in the event of a power outage, even one that lasts for a few minutes. In addition, refrigerators used for storing blood for transfusions are also affected by power shortages, ultimately resulting in the contamination of blood products, presenting a great danger to the lives of child patients.

⁹ OCHA, "Electric Shortages in the Gaza Strip. Ibid.

2) The European Hospital

The Blood and Cancerous Tumours Ward of the European Hospital was inaugurated in 2001. The number of children treated in the ward reaches about 40, coming from the districts of Rafah and Khan Younis. The ward has 10 beds for child patients.

During an interview, Dr. Sik, Head of the Cancerous Tumours Ward, emphasised the severe shortage of life-saving medicines. He also pointed out that the health condition of children in the ward started to deteriorate six months after the tightening of the closures imposed on the Gaza Strip by Israel, reducing the hospital's efficiency in treating children affected by cancer and blood diseases.

The hospital currently lacks six types of essential medicines:

| No. | Medicine | Used for |
|-----|----------------|---|
| 1 | Newpogen | Boosts child immunity |
| 2 | Carboplatin | Chemotherapy |
| 3 | Actinomycin D | Chemotherapy |
| 4 | I.V.I.G | Increases the number of blood platelets |
| 5 | L-asparaginase | Kills cancerous cells |
| 6 | Lencomax | Boosts immunity and alleviates chemotherapy effects |

Dr Sik pointed out that 20 children currently treated in the ward needed Desferal therapy, but he explained that all the hospital's Desferal pumps were no longer functional. The only replacement would be Exjade tablets used for the purification of blood from iron, but they are not available anywhere in the Gaza Strip.

D. Conclusion

The Gaza Strip is undergoing a humanitarian crisis as a result of the Israeli-imposed closures preventing access to healthcare, and reductions in electricity and fuel supplies to the Strip. This situation is having a severe impact on the provision of health services to Gaza residents. According to the Ministry of Health, 49 out of 57 ambulances are unusable due to lack of fuel¹⁰. The lives of patients on life-support systems and premature babies in incubators are also directly threatened by fuel shortages; while Gaza's enhanced dependency on Israel for medicines and specialist medical treatment is forcing more and more people to request permission for treatment abroad.

Despite much criticism of these Israeli policies from UN and international non-governmental organisations, the Israeli government, backed by seemingly unlimited American support, is continuing these practices in violation of the right of Palestinians to strive for the highest attainable standard of health. The United States publicly recognises the legitimacy of these Israeli practices in the name of self-defence, and as a response to rocket attacks fired from Gaza. The US stance was made clear through the recent veto of the draft presidential statement discussed during the 22 January emergency UN Security Council meeting on Gaza¹¹.

On 27 January the Israeli High Court rejected the petition submitted by Israeli and Palestinian human rights organisations challenging the Israeli army decision of 28 November 2007 to reduce fuel supplies to the Gaza Strip. This resulted in the effective legalisation of collective punishment measures, despite their express prohibition under international humanitarian law, particularly Article 33 of the Fourth Geneva Convention. Israel's imposition of collective punishment on the Gaza population has been denounced by, *inter alia*, the UN Secretary-General, Ban Ki-Moon, the UN Special Rapporteur on the oPt, John Dugard, the European Union's External Affairs Commissioner, Benita Ferrero-Waldner, and the Vice-President of the European Parliament, Luisa Morgantini. Yet, the situation remains the same, and the health of Palestinian children continues to deteriorate.

Words must be translated into action. The international community should act immediately and effectively to prevent the exacerbation of the situation, and demand that the blockade be lifted in order to allow the free passage of people and goods in and out of the Gaza Strip, and enable sick children access to life-saving treatment in Gaza or abroad.

Defence for Children International-Palestine Section, March 2008

¹⁰ PCHR, "Further Deterioration to Health Conditions in the Gaza Strip: 3 Patients Dies and Ambulances Stopped Operation Due to the Lack of Fuels", Press Release, 21 February 2008

¹¹ Laura Trevelyn, "UN fails to agree Gaza statement", BBC News 30 January 2008, http://news.bbc.co.uk/1/hi/world/middle_east/7216766.stm