

Abstract

Military closures imposed on the Palestinians since March 2002 severely impair the right of freedom of movement and other human rights —especially the right to health. International humanitarian law requires that the occupying power ensure the well-being of the civilian population in an occupied territory. However, the Israeli government relies on the international relief community to provide Palestinians basic health services that otherwise are impossible for the Palestinian health system to deliver because of closures. By delivering humanitarian aid to Palestinians, the international community is, in practice, subsidizing the occupation. International actors in the Occupied Palestinian Territory (OPT) should consider the need to reconcile epidemiological, technological, political, and economic pressures with ethical imperatives, including advocating equity of access to health care and other basic services.

Les fermetures des frontières par l'armée imposée aux Palestiniens depuis mars 2002 affecte gravement la liberté de mouvement et autres droits humains fondamentaux – notamment le droit à la santé. La législation humanitaire internationale préconise que la puissance occupante assure le bien-être des populations civiles en territoire occupé. Cependant, le gouvernement israélien compte sur les secours de la communauté internationale pour apporter aux Palestiniens les services de santé fondamentaux que le système de santé palestinien est incapable d'assurer raison des fermetures. En fournissant une aide humanitaire aux Palestiniens, la communauté internationale subventionne, en pratique, l'occupation. Les acteurs internationaux dans les territoires palestiniens occupés (PTO) devraient réfléchir à la nécessité de réconcilier les pressions épidémiologiques, technologiques, politiques et économiques avec les impératifs éthiques, et d'y inclure un plaidoyer pour la défense de l'égalité d'accès à la santé et autres services de base.

Los cierres militares impuestos a los palestinos desde marzo de 2002 perjudican severamente el derecho de libertad de movimiento y otros derechos humanos básicos-sobre todo el derecho a la salud. La ley humanitaria internacional exige que la fuerza ocupante asegure el bienestar de la población civil en un territorio ocupado. Sin embargo, el gobierno israelí depende de la comunidad de auxilio internacional para brindarles a los palestinos servicios de salud básicos que, de otra forma, el sistema de salud palestino no puede proveer debido a los cierres. Al entregar ayuda humanitaria a los palestinos, en la práctica, la comunidad internacional está subsidiando la ocupación. Los participantes internacionales en el Territorio Palestino Ocupado (TPO) deben considerar la necesidad de conciliar las presiones epidemiológicas, tecnológicas, políticas y económicas con las exigencias éticas, incluso la defensa de la equidad de acceso a la atención de la salud y otros servicios básicos.

OCCUPIED PALESTINIAN TERRITORY: Linking Health to Human Rights

Angelo Stefanini and Hadas Ziv

I learned that I had had an indirect hand in the deaths of thousands of people; that I'd even brought about their deaths by approving of acts and principles which could only end that way. Others did not seem embarrassed by such thoughts, or anyhow never voiced them of their own accord. But I was different; what I'd come to know stuck in my gorge. I was with them and yet I was alone.

Albert Camus, *The Plague*

The outcomes of the Israeli-Palestinian negotiations around the so-called "road map" to peace have not yet been determined. What has been determined, however, is that, since the eruption of violence in September 2000, Palestinians have suffered from a lack of access to basic services, particularly badly needed medical services, and violations of their health-related rights have increased considerably. Since that time, dozens of roadblocks have been established in the West Bank and in the Gaza Strip, preventing people in these areas from obtaining medical care. Physical barriers have been built around villages; medical personnel have been denied free passage; ambulances have come under fire; hospitals have been surrounded by tanks and searched; equipment has been destroyed; hospitals have been left without medical supplies; and residents have been imprisoned

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in their homes without basic food items or access to medicines. The amount of suffering that these Palestinians endure, including an intolerable loss of human lives, is immense.¹

As stated by Physicians for Human Rights-Israel: "Such a grave exacerbation has been possible, in no small measure, because Israeli society no longer generates internal checks and balances on such behavior. Various elements that could have checked this deterioration, such as the Israeli Supreme Court, the Israel Medical Association, the media and opposition public opinion, have either failed to do so, or done too little, too late."² The international community should act on this critical issue.

This article argues that by depriving, through a regime of closures and siege, the Palestinian population of fundamental human rights, in particular the right of freedom of movement, the government of Israel is blatantly disregarding international human rights and humanitarian law.³ Only by strongly denouncing this state of affairs can the international community fulfill its obligations to ensure human rights for all Israelis and Palestinians.

Lack of Freedom of Movement and Its Consequences

Article 12 of the International Covenant on Civil and Political Rights (ICCPR) states: "Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence."⁴ Paragraph 3 of this article, however, permits restrictions on grounds of national security and public order. Israel's invasion of Palestinian cities in March and April 2002, and the military operations that followed, were accompanied by extreme restrictions on freedom of movement, including general closure, internal closure, siege, and curfew that go well beyond what might be considered legitimate restrictions for reasons of security. (See box at right for definitions of these restrictions.) Contrary to Israel's claim that it is not obliged to apply the conventions relating to international human rights law, in the Occupied Palestinian Territory (OPT), Israel is under a clear obligation to both respect and fulfill the rights of the Palestinians in the OPT.⁵ Israel's argument that its commitment to ensure,

for example, the right to health does not apply in the OPT to the same extent that it does within its own borders is weakened once the state itself blurs the distinction between its own territory and the OPT, such as by supporting settlements and the construction of the wall.

Despite provisions that permit temporary derogation from certain rights in times of emergency, the state does not have *carte blanche* to impose restrictions at will. Article 4(1) of the ICCPR limits the possibility of derogating from the Covenant's provisions and states that any suspension of rights must be "to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law."⁶ Israel's sweeping imposition of restrictions infringing upon the freedom of movement of all residents of

DEFINITIONS OF RESTRICTIONS*

General Closure — Invalidation of permission to enter Israel and East Jerusalem, to travel overseas, or to travel between the Gaza Strip and the West Bank. The closure relates solely to Palestinian residents of the West Bank and the Gaza Strip and is enforced by manned military checkpoints. The first closure was imposed in 1991. Since 1993, written permits have been necessary by default for exit from the Occupied Palestinian Territory. Any regular entry/transit permits held by residents lose validity when closure is announced. The current closure has been in effect since September 2000.

Internal Closure — Denial of passage between regions or centers of population (towns, villages, zones) within the West Bank and Gaza Strip. The internal closure relates solely to Palestinian residents of the West Bank and the Gaza Strip and is enforced by permanent or temporary manned army checkpoints and by physical barriers blocking routes. Since early 2002, passage within the West Bank and Gaza has been permitted only to bearers of written permits issued by the Israeli Civil Administration.

Siege — Physical blocking of entry and transit from individual centers of population (towns, villages) by means of earth barriers, concrete blocks, and destruction of routes. This policy in effect stops vehicular travel by Palestinians on all main roads and on most other routes. The physical blocks are usually added to manned military checkpoints in larger centers.

Curfew — Prohibition of the exit of individuals from the threshold of the houses they are residing in at the time of announcement of curfew. Curfews are usually declared in individual towns and villages and are occasionally lifted for short periods (hours) to allow residents to purchase supplies.

* Physicians for Human Rights-Israel, *A Legacy of Injustice: A Critique of Israeli Approaches to the Right to Health of Palestinians in the Occupied Territory* (Jerusalem: PHR, 2002).

the OPT, regardless of their involvement in any particular activity; the instances in which restrictions appear to have been imposed as revenge for Palestinian attacks on Israelis; and Israel's occasional decision to relax the restrictions as gestures of goodwill toward the Palestinians all suggest that the restrictions imposed by Israel cannot be construed as the minimum necessary response to the circumstances.⁷ A 2002 report of the Special Rapporteur to the UN Secretary-General on his visit to the OPT and Israel stated:

It is necessary to ask whether the measures resorted to by Israel, particularly curfews and closures, always serve a security need. Often they appear so disproportionate, so remote from the interests of security, that one is led to ask whether they are not in part designed to punish, humiliate and subjugate the Palestinian people. Israel's legitimate security needs must be balanced against the legitimate humanitarian needs of the Palestinian people. To the Special Rapporteur it appears that there is no such balance. Human rights have been sacrificed to security.⁸

A recent World Bank Report suggests that, even though closure is a response to a threat to Israeli security, it is not always necessary, and major improvements can be made to protect Palestinians' rights without compromising Israel's security.⁹

These restrictions have severely aggravated the continuing decline in both economic activity and income for Palestinians, and prospects for economic recovery are grim. Military operations have resulted in the destruction of infrastructure and productive capacity.¹⁰ Curfews have frozen economic activity. Tighter internal and external closures prevent economies of scale and income generation for Palestinians by interfering with the export of goods and services to Israel or other countries. Israel's withholding of clearance revenues owed to the Palestinian Authority, estimated by the International Monetary Fund at US\$681 million (as of the end of June 2002), places the Palestinian Ministry of Finance under severe financial duress, leading to significant delays in payment of salaries to members of the Palestinian Authority and to suppliers.¹¹ In addition, the ongoing weakness in the Israeli economy, the depreciation of

the Israeli shekel, and tightened Israeli fiscal and monetary policies have all had a serious negative impact on the Palestinian economy.¹² Coping mechanisms, remarkably resilient thus far in preventing social breakdown, have been further stressed by the humanitarian burden of recent months, resulting in high levels of social suffering.¹³

In accordance with a plan endorsed by the Israeli government in June 2002, Israel began construction of a separation wall along the entire West Bank.¹⁴ The wall is intended to separate Israel from the West Bank to prevent any uncontrolled movement of Palestinians to Israel.¹⁵ According to the Israeli Human Rights Organization B'Tselem, however, the current route of the separation barrier is the primary cause of human rights violations of Palestinians in the area.¹⁶ Although the route was ostensibly determined by security considerations, other factors, among them the desire to route the barrier east of the settlements in order to include land intended for their expansion, also played a role. These extraneous considerations (i.e., land appropriation) are improper and do not justify the violation of Palestinian human rights. Additionally, since October 2003, Israel has implemented a new system of permits, through which it restricts Palestinians' access to any of their farmland situated west of the barrier. This system flagrantly discriminates between Palestinians and Israeli Jews and breaches Israel's obligations pursuant to the ICCPR to respect the rights of residents of the OPT to freedom of movement (Article 12) and not to discriminate against them (Article 2). Israel rejects about 25% of the applications to obtain entry permits into the "seam area."¹⁷ Physicians for Human Rights-Israel has found that, on any given day, 40% of requests for entry on medical reasons are rejected.¹⁸

Israel also restricts the freedom of movement of farmers holding permits to enter their land, by reducing the number of gates through which farmers can enter their land and by opening the gates for only short periods—up to 90 minutes total—two or three times a day. Israel has also refused to compensate Palestinians who are denied access to their land for their loss of income.¹⁹ In denying Palestinians rightful compensation, Israel can also be understood to breach the

Fourth Geneva Convention (Article 39), pursuant to which the occupying state must ensure the residents a livelihood if they are prevented, on the basis of security concerns, from earning a living. The harm to the livelihood of many farmers in the area aggravates the economic hardship that has prevailed in the OPT since the beginning of the second Intifada in late September 2000.²⁰

The UN Humanitarian Plan of Action released in November 2004 clearly states the fundamental challenge facing the humanitarian community: without political solutions to lift the closures, curfews, and other restrictions, relief efforts can have only a limited impact on the humanitarian situation.²¹ However, no political solution has been found. Consequently, the humanitarian situation for people in the OPT continues to worsen in comparison with November 2002 when the first Plan of Action was published. (Table 1 provides an overview of indicators that document the worsening conditions.)

Impact on Health and the Health Sector

The right to health of the Palestinians has been severely compromised by this deteriorating economic and social situation. The entire Palestinian health system is preoccupied with crisis management due to repeated military operations and long-term closures. Both routine work and long-term development efforts are hampered. A measure of coordination takes place among the various international bodies in the field, so that assistance can be provided in a systematic manner. This assistance is problematic, however, since it addresses a situation to which the solution can only be political.

Everyone in the health sector is affected by these adverse conditions. Patients are prevented from obtaining care at health centers due to impassable roads or long queues at military checkpoints. Travel delays also prevent health workers from attending to their duties effectively, severely impairing the capacity of health institutions to provide services; and often health workers cannot visit communities to deliver preventive care.²² Supplies are delayed by closures or are held in central stores that are difficult to reach. The international community is facing increasing costs and com-

plications in its continuing efforts to maintain and strengthen the Palestinian National Authority's capacity, as well as to respond to the emergency through humanitarian assistance. The long delays and unpleasant, lengthy commutes for both international and national staff are especially problematic for UN agencies' logistics and impede national staff's ability to report to work. Not being allowed to travel from the West Bank to Gaza and vice-versa also greatly interferes with the work of national staff.

Transporting medicines is impossible without the assistance of international organizations, which have increased the number of deliveries of essential medical supplies from the Ministry of Health (MoH) Central Stores in Ramallah to district hospitals and primary care centers. The Health Inforum operations room set up by the World Health Organization (WHO), the Italian Cooperation, and the United States Agency for International Development

| Monitoring Indicators | Situation As of November 2002 | Situation As of May 2003 |
|---|-------------------------------|--------------------------|
| Persons with limited access to water and hygiene | 30,000 | 50,000 |
| Education: disrupted school attendance (number of pupils) | 260,000 | 400,000 |
| Injuries (monthly average) | 250 | 270 |
| Casualties (monthly average) | 60 | 72 |
| Special hardship cases | 320,000 | 410,000 |
| Living under curfew (daily average) | 520,000 | 390,000 |
| Water prices (tanker-water % change) | 8 | 12 |
| Destroyed agricultural land (dunums) | 52,000 | 92,000 |
| Destroyed housing (number of units) | 1,800 | 2,300 |
| Unemployment (%) | 50 | 53 |
| Number of workers in Israel (daily) | 22,000 | 16,000 |
| Poverty (% of total population) | 60 [21 pre-Intifada] | 60 [75 Gaza Strip] |
| Consumer prices | 7 | 11 |

Table 1. *Monitoring Indicators*²³

(USAID) provides real-time information on needs and access and matches health providers' requests for drugs and medical equipment with supplies provided by donors.²⁴

The overall impact of closures on Palestinians' health and on the health sector in general is difficult to quantify, primarily because the lack of freedom of movement makes it difficult to collect meaningful information. Researchers from Birzeit University, often traveling by foot in very risky circumstances, have been studying living and health conditions in several towns and villages in the West Bank, documenting the environmental and public health crisis that is gradually unfolding and threatening the lives of tens of thousands of Palestinians. Their research findings, also a victim of closures, cannot be widely disseminated.²⁵ Thousands of people, including women in labor, children with serious infections, kidney dialysis patients, and men and women with chronic diseases, are being deprived of life-saving hospital care and are at risk of developing serious complications. Some are likely to die confined in their isolated villages. (Table 2 provides statistics on some health indicators.)

A national anthropometric assessment of children aged 6-59 months was undertaken in 2002 by Al Quds University and Johns Hopkins University Bloomberg School of Public Health.²⁶ This study revealed an alarming prevalence of acute malnutrition in the Gaza Strip (13.3%) and chronic malnutrition prevalence of 17.7% and 7.9%, respectively, in the Gaza Strip and the West Bank. Further studies confirm the worsening nutrition situation (Table 3). Recent survey findings by the Maram Project, funded by USAID, reveal that 22% of Palestinian children aged 12-59 months suffer from Vitamin A deficiency.²⁷ The World Health Organization deems a Vitamin A deficiency rate over 20% to be "severe," constituting a public health problem that requires immediate action.²⁸ The water and hygiene situation throughout OPT also continues to degenerate. There is strong empirical evidence that rural communities are forced to use alternative water sources (e.g., tanker water) that may be contaminated and cause a high incidence of water-related diseases, such as severe diarrhoeal disease.²⁹

International Involvement and the Dilemma of UN Agencies

The Israeli government and its agents on the ground—the military forces—refuse to accept responsibility for meeting Palestinians' health and human rights needs, as required by international law.³⁰

Moreover, by strictly enforcing the closures regime and imposing long delays on patients, ambulances, and health staff at checkpoints, they interfere with the efforts of Palestinian bodies to perform this function.³¹ Ignoring its own responsibilities, Israel transfers to the international community the burden of financing essential services for a society whose economy has been paralyzed. At the same time, Israel can be understood to be refusing to hear criticism of its own policies from the international community, although these policies are the principal cause for the current situation, or even to provide help in cases when it does not approve of an international presence (as was the case in the Jenin refugee camp in April 2002).^{32,33} Thus, for example, while the Israeli government refuses to receive a UN delegation to investigate its actions committed during "Operation Defensive Shield," it accepts, and even invites, humanitarian aid from international bodies, as the presence in the OPT of several humanitarian agencies and international nongovernmental organizations (NGOs) demonstrates. This help is useful from Israel's perspective since it enables Israel to continue its own policies without having to bear responsibility for the resulting economic and humanitarian consequences.

Israel's request for intervention in the form of assistance opens the door for external actors to influence Israeli policy. Donor countries should make it clear that they will not continue to contribute to the construction of a civil society if the fruits of these investments are going to be shelled in the future by the Israeli military forces.³⁹ According to the World Bank:

The destruction of donor-financed infrastructure assets is a serious issue for donors. While the scale of this is now significantly less than in 2001, during May 2004 ap-

preciable damage was done to economic infrastructure in Gaza (road surfaces, electricity transformers, water mains, the environs of the Gaza Industrial Estate). Much of this had been built or repaired with donor funds. Donors have expressed reluctance to invest in major new infrastructure assets as long as they perceive a risk of damage or destruction, and this continues to inhibit productive investment.⁴⁰

If investments are to be more than charity—if they are to empower and strengthen Palestinian society and enable it to begin to act on its own again—they must be accompanied

| Health Indicators | 2003 | 2002 | 2001 | Pre-Sept. 2000 |
|---|-------|--------------|-------|---------------------|
| Palestinian fatalities | 528 | 1,068 | 577 | 327 (Sept.-Dec.) |
| Palestinian injuries | 2,405 | 4,382 | 6,386 | 10,603 (Sept.-Dec.) |
| Prevalence of anaemia (%) among refugee population in: <ul style="list-style-type: none"> • nursing mothers • in children under 3 years | | 31.5 43.1 | 23.4 | 34 |
| Women attending antenatal care (%) | | 82.4 | | 95.6 |
| Home deliveries in West Bank (%) | | 14 | 7.9 | 8.2 |
| Number of women giving birth at checkpoint | 9 | 20 | 18 | 5 |

Table 2. *Health Indicators*³⁴

| Food and Nutrition Indicators | 2003 | 2002 | Pre-Sept. 2000 |
|---|---------------|-----------------|----------------|
| Food intake (children 6-59 months) ³⁵ <ul style="list-style-type: none"> • Median energy (K cal) • Median protein (gm) | 962.6 30.9 | 1,020.1 32.5 | |
| Chronic malnutrition (stunting) in West Bank (children 6-59 months) (%) ³⁶ | 9.2 | 7.9 | 6.7 |
| Chronic malnutrition in Gaza (%) ³⁷ | 12.7 | 17.7 | 8.7 |
| Acute malnutrition in West Bank (children 6-59 months) (%) ³⁸ | 3.1 | 4.3 | 2.2 |

Table 3. *Food and Nutrition Indicators*

by an unequivocal demand that Israel stop violating human rights in the OPT, act to find a political resolution, and immediately remove all restrictions on freedom of movement in the OPT, including internal closure, siege, and curfew.

Donors and United Nations agencies, especially those concerned with health and health care, find themselves caught between their primary mandate of institutional development and capacity-building, on the one hand, and the urgency of responding to sudden crises in ways that may jeopardize or nullify their ability to provide sustainable assistance, on the other. WHO, other health actors, and social services providers have to build on short-term strategies to minimize their impact on the delivery system, caused by steadily rising costs from the waste and inefficiencies in the present situation. In addition, the poor financial state of the Palestinian MOH is endangering the functioning of the health services. There seems to be no way out of this impasse. Donors, UN agencies, and international NGOs swing from one position to the other out of expediency—that is, they shift from responding to sudden emergency needs to returning to their original longer-term development goals. The complexity of the situation in which both the MOH and international development partners find themselves is compounded by the fact that, as humanitarian needs gradually lessen as political solutions are found, the health system will be less and less capable of addressing increased health needs because of its reliance on outside assistance.

Conclusion

The present crisis in the OPT is essentially a political one and requires a political solution. The increasing restrictions imposed on Palestinians severely impair not only the right of freedom of movement but also other human rights whose enjoyment depends on the movement of people and goods from place to place. Two dilemmas confront the international humanitarian assistance to the OPT. First, the primary cause of poverty and humanitarian crisis in the OPT is the closure regime.⁴¹ “According to World Bank calculations, if aid had been doubled to US\$2 billion per year, poverty would have fallen by 7% by the end of 2004. If closures were lifted, however, poverty would fall by 15%.”⁴²

Second, as noted by the International Committee of the Red Cross (ICRC) in its official commentary to the Fourth Geneva Conventions, "the Occupying Power...continue[s] at all times to be responsible for supplying the population, in order that relief operations might retain their humanitarian character."⁴³ According to this analysis, Israel is obliged to provide humanitarian assistance, not the international community. A just and lasting peace is possible only if it is built on respect for international humanitarian law, of which the Fourth Geneva Convention is a cornerstone, ensuring minimum protection for civilians in armed conflict and occupation. The Convention fully takes into account military necessity and cannot be violated for "security" reasons.

The United Nations Secretary-General believes that, in order to bring peace and security within reach of both Israelis and Palestinians, it is essential to "address the core issues: occupation, violence, including terrorism, and the economic plight of the Palestinians."⁴⁴ He has repeatedly condemned suicide bombings as morally repugnant and has condemned any and all attacks on civilians, from whatever quarter, as contrary to international law. He also condemns the excessive use of force. Failure to focus on issues such as equity and international law may contribute to a perception that the current situation in the OPT is morally, socially, and politically acceptable, just as silence on such issues might be seen as acceptance of the status quo. While offering help but not a remedy, humanitarian assistance can in fact mask the real issue facing the people it intends to help: restriction of access constitutes an abuse of both human rights and international humanitarian law.

A disengaged international health community, speaking with the authority of science and its alleged value-free analysis of technical problems, may end up proposing only technical solutions to essentially political problems. By dealing with health and development within a political and economic vacuum, the international health community may fail to recognize the actual constraints that limit and shape the possibilities for action: occupation and restricted movement are at present the main determinants of the health of Palestinians.

WHO's Constitution affirms the equality of rights and the unalienable dignity of all human beings.⁴⁵ Equity of access to health services has emerged as a dominant concern of WHO member states committed to responding to the challenges posed by increased health inequalities both between and within countries.⁴⁶ To work in this direction, the international health community in the OPT should consider the need to reconcile epidemiological, technological, political, and economic pressures with ethical imperatives, such as ensuring equity of access to health care.

Palestinian society is clearly experiencing a massive human rights and humanitarian crisis and has become increasingly dependent on outside donations and assistance from humanitarian organizations. This situation is not the result of natural forces, however. The damage has been caused by humans. Accordingly, only an end to Israel's occupation will enable the Palestinians to recover from the crisis. It is difficult to overestimate the importance of this connection and the devastating impact that it has had and continues to have on the health of the Palestinians.

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2. Physicians for Human Rights-Israel, *A Legacy of Injustice: A Critique of Israeli Approaches to the Right to Health of Palestinians in the Occupied Territory* (Jerusalem: PHR, 2002): p.6.
3. For our purposes we may divide international law into human rights law (including the International Covenant on Economic, Social and Cultural Rights; and International Covenant on Civil and Political Rights) and humanitarian law (which include the four 1949 Geneva Conventions and 1977 Protocols). While the Geneva Conventions are meant to protect civilians during wars ("Jus in Bello"), the Charter of the United Nations was created with the aim to codify the conditions under which the use of force is permissible ("Jus ad Bellum").
4. See <http://www.hrweb.org/legal/cpr.html>.
5. This claim has been rejected by both UN human rights bodies and the European Court of Human Rights. Concluding Observations of the

Committee on Economic, Social and Cultural Rights: Israel, UN Doc. E/C.21/1/Add.69, 2001; Concluding Observations of the Human Rights Committee: Israel, UN Doc. CCPR/C/79/Add.93, 1998. See also the ruling of the European Court of Human Rights relating to the applicability of human rights in territory subject to the effective control of the state. *Loizidou v. Turkey*, App. No. 40/1993/435/514 (Preliminary Objections) (1995): paras. 62-64.

6. Paragraph 3 of this article permits restrictions on grounds of national security and public order. In conditions of emergency, moreover, Article 4 of the Convention permits states to take steps derogating from their undertakings in accordance with the Convention, with the exception of a number of specific rights (such as the prohibition on torture) that may not be derogated from in any circumstances. The right to freedom of movement is not included in the category of rights that are to be observed in all circumstances.

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8. General Assembly, UN Doc. A/57/366/Add.1 (2002): para. 4.

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10. The World Bank, *Intifada, Closures and Palestinian Economic Crisis: An Assessment* (October, 2004). Available at <http://siteresources.worldbank.org/INTWESTBANKGAZA/Resources/wbgaza-4yrassessment.pdf>.

11. *Ibid*, p. 20.

12. *Ibid*, pp. 9-12.

13. R. Giacaman, A. Matarieh, V. Nguyen-Gillham, and R. Abu Safieh, *Quality of Life in the Occupied Palestinian Territory* (Unpublished preliminary findings, 2004).

14. Aluf Benn, "Sharon Approved: Separation Security Fence Will be Erected along the Green Line," *Ha'aretz*, 4/5 (June 2002).

15. B'Tselem, *The Separation Barrier* (Jerusalem: September 2002): p. 3.

16. B'Tselem, *Not All It Seems—Preventing Palestinians Access to Their Lands West of the Separation Barrier in the Tulkarm-Qalqiliya Area* (Jerusalem: June 2004).

17. "On 2 October 2003, about one month after the construction work on the first section of the barrier was completed, the commander of Central Command forces, Maj. Gen. Moshe Kaplinsky, declared the area between that section and the Green Line a closed military area. The declaration refers to this area as the 'seam area,' and states that 'No person shall enter or stay in the seam area' and that 'A person found in the seam area shall be obligated to leave it immediately.'" *Ibid*, p. 8.

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21. UN Office for the Coordination of Humanitarian Affairs, Consolidated Appeals Process (CAP), Humanitarian Appeal 2005 for Occupied Palestinian Territory, pp. 7-16.

22. Physicians for Human Rights-Israel, *A Legacy of Injustice* (Jerusalem: PHR, 2002): pp. 54-59.
23. Data from UN Office for the Coordination of Humanitarian Affairs, Consolidated Appeals Process, Humanitarian Appeal 2002 for Occupied Palestinian Territory; Ibid, Humanitarian Appeal 2003 for Occupied Palestinian Territory; Ibid, Mid-Year Review (see note 35).
24. See <http://www.healthinform.net/>.
25. Most of the Birzeit University reports are available at: <http://www.healthinform.net/modules.php?name=Downloads>.
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36. Pre-Intifada figures from Palestinian Central Bureau of Statistics, *Food Security Assessment and Nutritional Surveillance* (1996).
37. Ibid.
38. "A damage assessment was conducted [by the World Bank] with broad-based donor support immediately following the intensified violence in March-April 2002 and developed an estimate of damages to infrastructure and institutions of over US\$330 million; this is in addition to an estimate of damages of US\$300 million, prepared by the Bank, that were incurred prior to March, between September 2000 and December 2001." The World Bank, *Technical Annex for a Proposed Trust Fund Grant of US\$20 Million to West Bank & Gaza for an Emergency Municipal Services Rehabilitation Project, Report No. T7569* (22 November 2002).
40. The World Bank, *Disengagement, the Palestinian Economy and the Settlements* (23 June 2004): p. 13.

41. The World Bank, *Four Years—Intifada, Closures and Palestinian Economic Crisis: An Assessment* (22 November 2004).
42. Fact sheet on the socio-economic and humanitarian situation submitted to Ad Hoc Liaison Committee, Rome, 10 December 2003, cited in UN Office for the Coordination of Humanitarian Affairs, Mid-Year Review of the Consolidated Appeals Process, Humanitarian Appeal 2004 for Occupied Palestinian Territory (2004).
43. Fourth Geneva Convention (see note 30): article 60.
44. United Nations Secretary-General, *Statement to the Commission on Human Rights*, UN Press Release SG/SM/8196 (12 April 2002).
45. World Health Organization Constitution, available from the World Health Organization. Available at http://policy.who.int/cgi-bin/om_isapi.dll?hitsper-heading=on&infobase=basicdoc&record={C88}&softpage=Document42.
46. United Nations Secretary-General, *Statement to the Commission on Human Rights*, UN Press Release SG/SM/8196 (12 April 2002).