Right to Health in the Occupied Palestinian Territory and for Prisoners and Detainees in the Israeli Prison System

Submission to the United Nations Universal Periodic Review (UPR)

State Under Review: Israel

Third Cycle
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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 all persons under its responsibility. Specifically, the right to health has been impacted in four key ways: (1) denials of medical exit permits to Palestinians in the Occupied Territories; (2) prolonged use of solitary confinement; (3) attacks on Palestinian medical teams; and (4) the mistreatment of Palestinian hunger strikers and the enactment of Israel's force-feeding legislation. The purpose of this report is to draw attention to and provide recommendations regarding the right to health for people in the Occupied Palestinian Territory and prisoners / detainees.

About Physicians for Human Rights – Israel:
Physicians for Human Rights – Israel (PHRI) stands at the forefront of the struggle for human rights—the right to health in particular—in Israel and the Occupied Palestinian Territory. Founded in 1988 by a group of Israeli physicians led by Dr. Ruchama Marton, PHRI works to promote a just society where the right to health is granted equally to all people under Israel's responsibility.

Content:

1. Review of Implementation of Past Universal Periodic Reviews (UPRs)

1.1. Israel underwent its last UPR on October 29, 2013.[1] Israel received 424 recommendations including 19 health-related recommendations.[2] Of these recommendations, Israel noted 15 and accepted 4.[3] Of the 4 accepted recommendations, the topics include: taking steps to ensure the right to health, education, and other rights dependent upon the freedom of movement;[4] enhancing efforts to further promote human rights to minorities by promoting participation in politics, the economy, equal access to education, healthcare and other social services;[5] continuing efforts to ensure equal access of Bedouin communities to education, work, housing, and public health;[6] and implementing previous commitments to increase state resources allocated to Arab-Israeli and Bedouin communities, especially regarding education, housing, healthcare, and employment.[7] The 4 aforementioned recommendations were accepted during the 2nd review cycle.[8]

1.2. As depicted in Sections 2.1 and 2.3 below, Israel has failed to comply with its commitment to take steps to ensure the right to health and other rights dependent on freedom of movement. Additionally, in Sections 2.2 and 2.4 below, Israel has failed to comply with its commitment to ensure prisoners have equal access to healthcare. Section 2.4 further shows the harms posed to hunger strikers, prisoners who are protesting the conditions of their detention.[9]

2. Overview of the Human Rights Situation on the Right to Health

2.1. Inhibited Access to Healthcare through Denial of Medical Exit Permits

2.1.1. One of the most critical human rights issues facing Palestinians in the Occupied Palestinian Territory (OPT) is the restrictions placed on freedom of movement and the denial of the right to health that ensues.[10] 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 a 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 the Coordination of Government Activities in the Territories

(COGAT) and Israeli Security Agency (ISA), who is authorized to deny the request without giving any explanation to the applicant.[11] 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. PHRI also collects data documenting trends regarding these requests for assistance.

2.1.2. Due to a lack of freedom of movement, critical social determinants of health[12] cannot be safeguarded in Gaza as it 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, when these determinants are not protected, there is an increased likelihood of disease, mortality, and morbidity. A study noted that Gaza will be 'unlivable' by 2020, largely as a result of Israel's blockade and the ongoing wars.[13] This created a situation that dramatically violates the right to health, including the lack of protection for its basic social determinants.[14] Simultaneously, there is a deterioration in the quality of human resources[15] while the need of patients to exit Gaza for advanced treatment only rises. Additionally, medical staff and students need to leave to receive training.

2.1.3. 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. 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 systematic, and the chances of recovery are reduced compared to regular access to healthcare. The disruptions are more critical in severe diseases (i.e. cancer).

2.1.3.1. See statistics regarding approved, denied, and delayed rates from the World Health Organization (WHO) at 4.1.

2.1.3.2. In 2013, 88.7% of requests to travel outside the Gaza Strip due to medical needs were approved.[16] The monthly data from the WHO suggest that the rate of applications approved in 2015, stood at 75.8%, which signifies about 13 percentage points less compared to the 2013 figures.[17] This further dropped to an approval rate of 62% from Gaza in 2016.[18]

2.1.3.3. 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 not much 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.[19] 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—often without knowing why they were originally denied.

2.1.3.4. 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.[20]

2.1.3.5. In 2016, approval rates dropped to 44%.[21] However, in the first half of 2016, only 25% of the applicants receiving assistance were granted reversals upon PHRI intervention.[22]

2.1.4. Recommendations.

2.1.4.1. 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.[23]

2.1.4.2. 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.[24]

2.2. Prolonged Solitary Confinement of Prisoners and Detainees, Including Those with Mental Illness and Minors.

2.2.1. Solitary confinement is a form of incarceration that is seriously detrimental to prisoners' short and long-term mental and physical health. Solitary confinement involves the distancing of one or two prisoners from the other inmates, for 22 or more hours a day,[25] indefinitely at times, cutting him off from virtually any meaningful human contact and social interaction. It is a cruel practice that runs fundamentally counter to any attempt to rehabilitate and treat prisoners.[26]

2.2.2. Israeli legislation provides for the solitary confinement of prisoners via 3 main procedures: solitary confinement for and during interrogation,[27] solitary confinement as a form of disciplinary punishment,[28] and solitary confinement under a procedure called separation.[29] Solitary confinement under the separation ordinance is supposed to be a measure of last resort meant to achieve the following goals: prison security, preventing serious disruption of discipline and normal prison routine, maintaining the well-being and safety of the prisoner or other prisoners, state "security" and preventing violence or drug offenses. Besides these legislated procedures, the Israel Prison Service (IPS) holds many prisoners under conditions of solitary confinement, in so-called protected wards.[30] [31]

2.2.3. The use of solitary confinement by the IPS has nearly doubled. In 2012, 390 placements in solitary confinement were recorded. That number jumped to 570 in 2013 and 755 in 2014.[32]

2.2.4. This chart with figures from July 2015, represents, as an example, the IPS' use of solitary confinement for a period of longer than 15 days, showing the duration periods of solitary confinement for that month:

Number of Prisoners	Solitary confinement period
28	One day to two months
26	Two to six months
20	Six months to one year
34	One year to three years
2	Three to five years
7	More than five years

[33]

2.2.5. Solitary confinement exacerbates existing mental / physical illness and may cause irreversible damage. Nonetheless, the IPS isolates prisoners with mental health issues as a way of dealing with their mental condition or as punishment for behavior they cannot control. IPS is responsible for ensuring conditions that do not harm a prisoner's health or dignity.[34]

2.2.6. While minors only account for 2% of the prison population, they account for 6% of the solitary confined population.[35]

2.2.7. PHRI receives daily complaints from prisoners and detainees held in conditions of solitary confinement. These reports describe considerable suffering, deficient and insufficient medical treatment, inhumane detention conditions, ongoing punishment, and the deprivation of basic rights.

2.2.8. Recommendations.

2.2.8.1. Ban the use of solitary confinement for those with mental and physical illness[36] and invest the resources needed to address the shortcomings in the mental health treatment system for prisoners.[37]

2.2.8.2. Prohibit any use of prolonged solitary confinement that runs counter to international standards promulgated by Mandela rules, particularly prolonged use of solitary confinement for more than 15 days.

2.2.8.3. Ban solitary confinement of minors (under the age of 18).[38]

2.3. Attacks on Palestinian Medical Teams and Investigative Impunity

2.3.1. Since October 2015, an uptick in attacks against Palestinian medical teams by Israeli security forces has occurred with impunity. These attacks, which are in contravention to the protections afforded to medical teams under international law, have largely remained uninvestigated by pertinent agencies.

2.3.2. The Palestinian Red Crescent Society has documented 421 attacks against team members alone between October 3, 2015 and February 28, 2017. Over 160 staff and volunteers were injured and 108 ambulances sustained various types of damage.[39]

2.3.3. PHRI, likewise, has investigated and filed complaints concerning 31 incidents where Israeli security forces harmed or hindered medical teams while carrying out their activities to the Police Investigations Unit, the Military Police Criminal Investigation Unit and other relevant departments. These filings explicitly documented injuries experienced by some of the medical personnel and residents in these areas. Injuries include: use of bullets and tear gas on ambulances, removal of injured people from within ambulances, and how the interference with the work of emergency teams resulted in grave consequences for patients.

2.3.4. In the overwhelming majority of cases, the investigations were downgraded, closed, and/or no action was taken—often without justification. At the time of this submission:

- 9 cases have received no response.
- The Police Investigations Unit[40] closed its investigations in 7 cases, claiming that they only investigate offenses that carry a punishment of more than one year even though these cases involved behavior with a potential risk to life, such as instances of shooting at ambulances. PHRI asked for an appeal in 6 of these cases.[41]
- In 5 other cases, the authorities argued that the circumstances did not justify the opening of an investigation.[42]
- Where the authorities have apparently opened investigations, through to PHRI's knowledge, they have never closed an investigation that resulted in accountability or disciplinary action.[43] [44] [45] [46]

2.3.5. The barriers placed on medical teams by security forces and the pattern of denial and delay of medical treatment to Palestinians suspected of carrying out attacks or taking part in protests are in contravention to international law and human rights standards, including the Geneva Convention provisions,[47] UN Resolutions,[48] and standards by the World Health Organization.[49] [50] According to these standards, the wounded and sick must be cared for and the operations of the relief societies must be facilitated.

2.3.6. See *Case Studies* at 4.2.[51]

2.3.7. Recommendations.

2.3.7.1. Immediately cease Israeli security force attacks on medical teams providing care to Palestinian residents of the West Bank and East Jerusalem.[52]

2.3.7.2. Conduct timely investigations into complaints filed with Israeli security forces alleging attacks on medical teams.

2.3.7.3. Ensure that security forces are aware of and honor the protection of medical teams to facilitate the implementation of the highest attainable standard of health.[53]

2.4. Israel's Policies and Practices towards hunger-striking Palestinians[54]

2.4.1. For generations, Palestinian prisoners and detainees (hereinafter: "prisoners") held in Israeli prisons have used hunger strikes to protest their wrongful imprisonment and the conditions of their detention. Hunger-striking is typically used as a last resort when all other forms of recourse are no longer available.[55] The IPS attempts to forcefully subdue hunger strikers and silence their protest through a number measures, including but not limited to: (1) shackling during hospitalization and (2) denying entry of independent physicians. Furthermore, the force feeding legislation, recently enacted and upheld by the Supreme Court, places hunger strikers at risk of CIDT.

2.4.2. Most of the hunger-striking prisoners are shackled by at least two limbs[56] while hospitalized.[57] The IPS reasons that the prisoner may flee or attack others if not shackled; however, this argument is hard to believe when the prisoner can barely stand. Nonetheless, IPS continues to shackle hunger-striking prisoners.[58] The IPS maintains a regulation mandating justification for shackling; however, the IPS fails to adhere to its own regulation.

2.4.3. The IPS usually denies the requests of hunger-striking Palestinians for an independent physician visit, in contradiction of IPS Directive No. 04.46.00.[59] [60] Between May of 2013 and 2016, PHRI filed more than 15 court petitions on behalf of Palestinian prisoners in this regard, and only after filing the petitions did the IPS allow independent doctors to visit Palestinian prisoners.

2.4.4. Such physician visits are necessary, in part, due to the structure of healthcare services in Israeli prisons. Decisions about patient health are made by medical personnel from the IPS, which is subordinate to the security system and thus subject to political and security considerations.[61] [62] A problem of dual loyalty exists, whereby IPS doctors, being directly employed by the prison services, are often in a state of conflict between the interests of their employers and their professional and ethical obligations toward their patients.

2.4.5. The denial of independent physician visits and the employment of prison doctors by the IPS were two matters discussed in the concluding observations by the Committee Against Torture after Israel's 2016 review. The Committee recommended that Israel should "consider transferring responsibility for all types of health care of persons deprived of liberty to the Ministry of Health in order to ensure that medical staff can operate fully independently from the custodial authorities."[63]

2.4.6. Furthermore, along this continuum, the Force Feeding bill,[64] passed in July 2015 by the Knesset, authorizes a district court to permit the administration of forced medical treatment—including force feeding—to a hunger-striking prisoner. The Supreme Court upheld the law,

issuing a decision rejecting arguments challenging the law on grounds insufficient to justify the risk of CIDT the legislation poses to hunger strikers.[65] [66]

2.4.7. The IPS punishes hunger strikers by revoking rights, which have an impact on health. The IPS may revoke family visits and put the hunger strikers in isolation.[67]

2.4.8. Recommendations.

2.4.8.1. End the mistreatment and CIDT of hunger-striking prisoners, including repealing the Force Feeding law and abolishing force treatment.[68]

2.4.8.2. Move the responsibility of prisoner health care from the IPS to the Ministry of Health.

2.4.8.3. Allow independent physician visits for prisoners, specifically hunger-striking prisoners.

2.4.8.4 Stop policy of punishment against hunger strikers.

3. Conclusion. Despite a strong national healthcare insurance, some of Israel's policies act to exclude the right to health to some persons under its responsibility, an obligation enshrined in international law. Specifically, the right to health has been impacted in four key ways: (1) denials of medical exit permits to Palestinians in the Occupied Territory; (2) prolonged use of solitary confinement; (3) attacks on Palestinian medical teams; and (4) the enactment of Israel's force-feeding legislation and other policies and practices placing Palestinian hunger strikers at risk of mistreatment and CIDT. Medical permit denials, in addition to running counter to the right to health, place the lives of Palestinians living in the Occupied Territory at risk. Israel's prolonged use of solitary confinement and solitary confinement of mentally ill inmates runs counter to international law, severely impacting prisoner physical and mental wellbeing. Attacks against Palestinian medical teams by Israeli security forces have occurred with impunity, and these attacks are in contravention with the protections afforded to medical teams under international law. Finally, forced treatment and mistreatment of hunger strikers may constitute CIDT and can amount to torture.

4.0 Annex

4.1. WHO Charts:

Table 2. Gaza patients' permit requests, by Israeli response, 2006-2015

Year	Applications	Approved	%	Denied / delayed	%	Israeli security interview	%
2006	5,470	4,932	90.2	538	9.8	NA	
2007	8,803	7,176	81.5	1,627	18.5	NA	
2008	10,458	6,301	60.3	4,157	39.7	282	2.7
2009	7,514	5,130	68.3	2,384	31.7	636	8.5
2010	11,635	9,085	78.1	2,550	21.9	413	3.5
2011	10,560	9,478	89.8	1,082	10.2	197	1.9
2012	9,329	8,628	92.5	701	7.5	206	2.2
2013	13,667	12,121	88.7	1,546	11.3	312	1.5
2014	18,141	14,953	82.4	3,188	17.6	359	1.9
2015	21,899	16,981	77.5	4,918	22.5	327	1.5

Source: Palestinian Coordination Office, Ministry of Health. GSS data from 2013-2015, January 24, 2016.

Table 3. West Bank patients' and companions' permit requests, by Israeli response, 2011-2015

	2011		2012		2013		2014		2015	
	No.	%	No.	%	No.	%	No.	%	No.	%
Approved	142,550	81.35	177,051	79.69	187,578	79.47	178,499	77.37	151,842	83.18
Denied	30,356	17.32	39,196	17.64	40,219	17.04	40,782	17.68	30,694	16.82
Delayed	2,322	1.33	5,941	2.67	8,230	3.49	11,431	4.95	NA	NA
Total	175,228	100	222,188	100	236,027	100	230,712	100.00	182,537	100.00

Source: Palestinian General Authority for Civil Affairs central office, Ramallah, West Bank.

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4.2. Case Studies of Attacks on Medical Teams.

4.1.1. On the December 30, 2016, at the Qalandiya checkpoint, Israeli security forces blocked Palestinian medical personnel from treating a wounded woman accused of carrying out an attack. Palestinian medical staff noticed that the woman, who was lying behind the gate of the checkpoint, was still breathing and moving her body. They asked the border police personnel several times if they could treat her, but were refused and requested to leave the scene. An hour later, an MDA ambulance arrived, and half an hour after that the MDA team were allowed to treat her.[70]

4.1.2. On the February 14, 2016, at Damascus Gate Market, Israeli security forces obstructed the access of a Palestinian Ambulance en route to evacuate a wounded individual. As the ambulance passed by the scene of the incident, staff noticed a wounded attack suspect who had been shot by security forces next to a police checkpoint next to the Damascus Gate market.

Their ambulance was prevented from entering the scene of the incident and five members of the Special Patrol Unit approached the ambulance with weapons drawn and flashlights shining on medical staff in a manner that prevented them from disembarking from the ambulance. The staff were then ordered to leave the scene of the incident. The ambulance was surrounded by police vehicles, which made it impossible for the ambulance to move forward. After several minutes passed, ambulances from Magen David Adom and Zaka and private paramedics arrived, according to testimony these teams were permitted to move freely unlike the Palestinian medical teams from the Palestinian Red Crescent Society.

4.1.3. On October 16, 2015, police forces broke into the Ras-Al-Jura area of Hebron and fired large amounts of tear gas and rubber bullets. When they were just 10 meters away from a Medical Relief ambulance that was parked in a safe place, they pointed their weapons towards it and fired tear gas. A canister broke the window next to the driver and fell inside the ambulance. The forces also fired rubber bullets at the front glass ambulance. The medical team stepped away and the police forces fired again three rubber bullets that hit the back of the ambulance.

4.1.4. On October 2, 2015, in Al Bireh near Jerusalem, while a medical team was evacuating a wounded man, Border Police fired two live bullets on the ambulance. Once the ambulance stopped, several border policemen tried to pull the injured man from within the ambulance, using force. When the driver attempted to reach the back door of the ambulance, behind which the wounded man was located, a border policeman pushed him, pointed his weapon, and closed the door on one of his legs when the driver attempted to climb back into the ambulance. The patient was finally evacuated by force and several stun grenades were thrown around the ambulance. Following the event, the ambulance driver and a volunteer had to be treated at a local hospital.

5. Endnotes.

[1] UPR Info. Accessed May 22, 2017. Web. https://www.upr-info.org/en/review/Israel.
[2] UPR Info Database. Accessed May 22, 2017. Web. https://www.upr-info.org/database/.
[3] *Id*.
[4] Australia
[5] Japan
[6] Australia
[7] United States
[8] *Supra*. UPR Info Database.
[9] Recommendations: (1) Government of Israel should mention a specific timeline on its plan of action to implement the relevant recommendations from the previous UPRs; (2) Government of Israel should prepare a mid-term review report and share publicly so that people can seek state accountability on its commitment to implementing the recommendations.
[10] 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.
[11] 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.
[12] 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.”

[13] Report on UNCTAD assistance to the Palestinian people: Developments in the economy of the Occupied Palestinian Territory. July 6, 2015. http://unctad.org/en/PublicationsLibrary/tdb62d3_en.pdf.
[14] Safeguarding Gazan Social Determinants of Health. April 2016. http://www.phr.org.il/en/safeguarding-gazan-social-determinants-health-april-2016/.
[15] Unable to leave Gaza for higher education, training or seminars, etc.
[16] http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html.
[17] Denied 2: Harassment of Palestinian Patients Applying for Exit Permits. http://cdn4.phr.org.il/wp-content/uploads/2016/12/2-Refused2_digital_Eng.pdf.
[18] 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.
[19] Denied: Harassment of Palestinian Patients Applying for Exit Permits. http://cdn3.phr.org.il/wp-content/uploads/2015/06/Denied.pdf.
[20] 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.
[21] 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.
[22] *Id.*
[23] Similar recommendations by Australia, Canada, Italy, Japan, Malaysia, Morocco, Pakistan, Palestine, Tunisia
[24] Similar recommendations by Bolivia, Cuba, Egypt, Jordan, Malaysia, Pakistan, Palestine, Qatar, Switzerland, Venezuela
[25] *Mandela Rules*. at Rule 44.
[26] *Id.* at Rule 45 specifically prohibits the use of solitary confinement on minors and those with mental illness when their conditions would be exasperated by such use.
[27] Regulation 5B of Israel's Prisons Regulations, 5738 - 1978, S.H. 495.
[28] Article 58 of the Prisons Ordinance [New Version], 5732 - 1971, and IPS Commission Ordinance No. 04.14.00 "Detention in Isolation."
[29] Article 19B of the Prisons Ordinance [New Version], 5732 - 1971, and IPS Commission Ordinance No. 04.03.00 "Holding Prisoners in Separation."
[30] Ministry of Justice, Public Def., Conditions of detention and incarceration IPS Detention Facilities in 2013-2014. (July 2015), available at http://www.justice.gov.il/Units/SanegoriaZiborit/DohotRishmi/Documents/prisonreport20132014.pdf.
[31] Commission Ordinance No. 03.01.00—Rules on the Operation of Prisons for Criminal Prisoners defines the protected ward as: "1. A ward whose purpose is to house prisoners who, due to their negative behavior or to their being at risk or posing a risk, are separated from the rest of the prisoners, and who do not take part in the various prison activities. 2. Life in the ward shall follow a normal routine, with the prisoners in this ward kept separate from the other prisoners in the other wards. 3. Prisoners in this ward are not defined as prisoners held in isolation." Because the IPS does not define protected wards as solitary confinement, they are neither included in the statistics nor given to any judicial review.

[32] Politics of Punishment: Solitary confinement of prisoners & detainees in Israeli prisons Status Report. Page 18. March 2016.
[33] *Id*. at 19.
[34] *Id*. at 22-25.
[35] *Id*. at 17.
[36] Similar recommendations by Syria, Turkey
[37] Similar recommendations by Cuba, France, Turkey
[38] Similar recommendations by Bahrain, UK
[39] Pale□tinian Red Cre□cent Society, PRCS' Operational Update (1/ 7/ 2016 - 31/12/2016), *available at* https://www.palestinercs.org/reports/PRCSOperationalUpdateEn53.pdf.pdf.
[40] Unit for Public Complaints within the Israeli police department, which handles complaints dealing with inappropriate conduct by a policeman or improper conduct in policing duties.
[41] An appeal occurred at the end of October 2016, but authorities have failed to contact PHRI. After closing these cases, Makhash refereed them to the Unit for Public Complaints within the Israeli police department, which handles cases of inappropriate police conduct. In effect, this downgraded the complaints.
[42] In 1 case, authorities inaccurately attributed the closing of the investigation to the complainant refusing to be interviewed.
[43] In 3 cases, after Makash reached out for the complainant's details, PHRI asked Makash investigators to contact the complainant through the Palestinian coordination and liaison office (known as DCO), to ensure the additional safety to the complainant. No effort was made to do so.
[44] Two cases were apparently moved to the State Attorney's office, but since PHRI was informed of this, no movement has been made.
[45] In 1 case, Makhash requested the complainant's details on 1.11.2016, and made contact with the complainant, but PHRI has not been informed of any movement in the case since then.
[46] In 3 cases, the complainant did not want to give information, and so the investigation was closed.
[47] Per the Geneva Conventions, civilian medical personnel shall be respected and protected (Article 15(1). Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977). Additionally, the Occupying Power should assist civilian medical personnel to perform their humanitarian functions (*Id*. at Article 15(2) and 15(3). Civilian medical teams should have unobstructed freedom of movement and access (*Id*. at Article 15(4). Article 13 states that "protection to which civilian medical units are entitled shall not cease unless they are used to commit, outside their humanitarian function, acts harmful to the enemy."
[48] Humanitarian personnel are to be respected and protected ("Recognizing the particular challenges faced by humanitarian personnel exclusively engaged in medical duties and medical personnel and reaffirming that all humanitarian personnel are entitled to respect and protection under international humanitarian law,"). Civilian medical personnel are not to be attacked to ensure medical treatment to all needing persons ("Recalling further the specific obligations under international humanitarian law to respect and protect, in situations of armed conflict, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities, which must not be attacked, and to ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required." U.N. Resolution 2286 (2016)).
[49] The Constitution of the World Health Organization (WHO) states that "protection of health is of value to all."
[50] The WHO recognized the importance for ensuring the safety and protection of medical workers (Outcome Resolution of the World Health Organization Executive Board Special Session on Ebola (54 I.L.M. 550; Special Session on Ebola).
[51] The case studies presented at 3.3 are just 2 of the 31 documented by PHRI. These 2 highlight common trends and themes seen throughout the others; however, unique situations are presented in each. To see the remaining case studies, please contact PHRI online.

[52] Similar recommendations by Australia, Canada, Malaysia, Morocco, Japan, Pakistan, Palestine, Tunisia, United States
[53] Similar recommendations by Canada, France
[54] Including the Force Feeding Legislation, policy of shackling hunger strikers, and denial of independent physician visits, constitutes potential mistreatment, violations of the right to health, and/or CIDT.
[55] For example, Palestinian prisoners and Israel recently settled an agreement after a 40-day hunger strike by approximately 1,100 prisoners. In total, around 1,500 prisoners participated. The prisoners protested the conditions of their imprisonment including: family visits, better medical care, and an end to solitary confinement for administrative detention. Rallies by supporters of the prisoners led to clashes with Israeli security forces throughout the Occupied Palestinian Territories on a near daily basis.
[56] And restrained by four at times.
[57] Palestinian Prisoners Hunger Strike of 2012. January 2013. http://cdn4.phr.org.il/wp-content/uploads/2017/05/PHRI_Report_The-Palestinian-Prisoner-Hunger-Strikes-of-2012.pdf.
[58] PHRI to Court: Order Release of Hunger Striker from Shackling. July 2016. http://www.phr.org.il/en/phri-appeal-court-order-ips-release-hunger-striker/.
[59] Allows for and regulates private doctors' visitations to prisoners for an external medical second opinion.
[60] Also in contradiction to the Patient's Rights Law.
[61] IPS' Budget Leaves Prisoners without Healthcare. June 2016. http://www.phr.org.il/en/ips-budget-leaves-prisoners-without-healthcare/?pr=56.
[62] The Palestinian Prisoners Hunger Strike of 2012. January 2013. Page 23. http://cdn4.phr.org.il/wp-content/uploads/2017/05/PHRI_Report_The-Palestinian-Prisoner-Hunger-Strikes-of-2012.pdf.
[63] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Concluding observations on the fifth periodic report of Israel. June 3, 2016.
[64] Passed in July 2015. Israel's Prisons Ordinance (No. 48) 5775-2015, "Prevention of the harm of hunger strikers" (hereinafter "the Force Feeding bill"), legalizes force feeding, which constitutes CIDT and can amount to torture, running in contravention to international legal principles.
[65] Israel Medical Association v. Knesset (HCJ 5304/15). September 11, 2016.
The Court reasoned that the law proportionally balances detainee's right to autonomy and state security. In actuality, the law completely violates the rights of the hunger-striking prisoner, potentially legitimizes torture, and gives the State increased power and control over a prisoner's body and life, in strict violation of medical ethics. Hebrew version available here http://www.phr.org.il/wp-content/uploads/2016/09/%D7%94%D7%90%D7%9B%D7%9C%D7%94-%D7%91%D7%9B%D7%A4%D7%99%D7%99%D7%94-%D7%A4%D7%A1%D7%A7-%D7%93%D7%99%D7%9F.pdf. English translation (translated by an organization with no relationship to PHRI) available here: http://versa.cardozo.yu.edu/topics/prisoners%E2%80%99-rights.
[66] While general United Nations treaties do not specifically refer to force feeding, the disregard for individual autonomy coupled with the amount of pain and anguish can amount to torture (Article 2(2) Convention Against Torture). Furthermore, the United Nations Special Rapporteurs on Health and Torture has urged Israel to halt the legalization of the Force Feeding bill (UN experts urge Israel to halt legalization of force-feeding of hunger-strikers in detention - See more at: http://www.ohchr.org/RU/NewsEvents/Pages/DisplayNews.aspx?NewsID=16269&LangID=E. Quoting "We are expressing grave concern at the allegations that the draft Bill amendment would allow the force-feeding and medical treatment of detainees and prisoners on hunger strike against their will. We are also concerned that the draft Bill may oblige doctors to act contrary to their code of medical ethics.
In the context of the draft amendment to the Prisons Act to engage to force-feeding detainees, we would like to recall that acts or threats of forced feeding or other types of physical or psychological coercion against individuals who have opted for the extreme recourse of a hunger strike may constitute a cruel, inhuman or degrading treatment or even torture." See also Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Concluding observations on the fifth periodic report of Israel. June 3, 2016). Additionally, the International Committee for the Red Cross (ICRC) opposes force feeding (Hunger Strikes in Prison: the ICRC's Position. https://www.icrc.org/en/document/hunger-strikes-prisons-icrc-position). In multiple cases, the European Court of Human Rights has ruled on force feeding

using Article 3 of the European Convention on Human Rights, which prohibits the use of torture. (Nevmerzhitsky v. Ukraine (2005), Özgül v. Turkey (1998), and Ciorap vs. Moldova (2007)).

[67] A hunger strike is considered a disciplinary offense under § 56 (8) of the Ordinance, which deals with a prisoner who "refuses to eat the bread of his law," (literal translation. Basically, “refuses to eat what he’s been given). In addition, a hunger strike may also be a disciplinary offense under § 56 (11) and 56 (41) of the Ordinance dealing with the destruction of food and the violation of discipline. The Prisons Service established a special commission order dealing with a hunger strike of prisoners (Commission Ordinance 04.16.00 Update dated January 19, 2005), which defines a hunger strike as a refusal to eat four meals (24 hours). In the order after 24 hours (4 meals), the Public Committee Against Torture in Israel (PCATI) grants a wide range of tools to the IPS to deal with hunger-related returns both in terms of disciplinary action and denial of various rights and benefits such as trips, visits, etc., and placing the strikers on disciplinary trial. The PCATI also specifies the medical treatment and follow-up required in the event of a hunger strike.

[68] Similar recommendations by Cuba, Oman, Syria

[69] World Health Organization. Right to Health: Crossing Barriers to Access Health in the Occupied Palestinian Territory, 2016.

[70] A video of the incident is available here: https://www.youtube.com/watch?v=pimQ-hAzGeA.