



Between the Hammer and the Anvil

Women's Right to Health in the Gaza Strip



HUMAN RIGHTS
ISRAELI AND PALESTINE

דוכאים אטבים
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Introduction

In recent decades, there has been a growing understanding worldwide that violent conflicts affect women and men differently. According to multiple studies,¹ violent conflicts exacerbates gender inequality: women's already lower employment rates drop during a conflict; and poverty rates – typically higher among women – rise. UN Security Council Resolution 1889 (2009) calls upon states and civil society organizations to collect data about and assess the unique needs of women in conflict and post-conflict areas.² Indeed, in recent years the literature on the effects of conflicts of women in various places has developed considerably. This only highlights the fact that when it comes to the effects of the blockade on women in the Gaza Strip there is dire shortage of information and there is no intent of collecting such information systematically.

Our objective in publishing this paper is to present the data available to us on this subject, and analyze the picture arising from them, but also draw attention to the urgent need for a comprehensive study of the effects of the blockade on the situation of women in Gaza. As provided in Resolution 1889, the assumption is that systematic collection and analysis of data on the unique needs of women, including information about their personal safety, will help develop a better policy to protect women.

The document that follows addresses three ways in which the blockade on the Gaza Strip affects women, particularly by restricting or preventing their exit for medical treatment: (1) Restrictions on travel permits to female cancer patients for lifesaving treatments outside Gaza; (2) Preventing female patients from traveling for medical treatment due to their family ties to Hamas members; and (3) Preventing female patients from travelling for medical treatment due to their family relatedness to an individual residing in the West Bank without an Israeli permit. This document and the data it includes are informed by the ongoing work of Physicians for Human Rights-Israel (hereafter, PHRI), that includes

¹ E.g. Susan McKay (1998), The Effects of Armed Conflict on Girls and Women, *Peace and Conflict. Journal of Peace Psychology*, 4(4): 381-392.

Golie Jansen (2006). Gender and War: The Effects of Armed Conflict on Women's Health and Mental Health, *Affilia* 21(2): 134-145
Neal, Stone and Ingham, The impact of armed conflict on Adolescent Transitions, *BMC Public Health*. 2016 Mar 4;16:225.

² [UN Security Council Resolution 1889](#) (2009)

helping patients of both genders to obtain Israeli permits to leave Gaza for medical treatment in the West Bank, East Jerusalem, Jordan and Israel.

The conclusion arising from the analysis of all the information presented below is that the State of Israel must take into consideration the gender implications of its policies in Gaza. Even if women are not deliberately targeted, the actual damage caused to them requires special attention to the effects of the blockade policy on women – particularly women in need of medical treatment.

1

Theoretical Background: The Effects of Violent Conflicts on Women

In 2000, the UN Security Council approved the historical Resolution 1325, which for the first time recognized the unique impact of violent conflicts on women.³ This was the first of seven UN resolutions about women and security, which emphasized women's special status and their need to be protected at wartime, as well as to make sure that they take part in decision-making processes on peace and security. These UN resolutions have expressed the emerging international realization that war affects women and men differently; that women living in conflict zones have different needs than men; and that special attention to those needs is required to ensure their rights and status at the end of the conflict.⁴

Women in conflict zones are at a position of inherent inferiority, since despite representing the majority of the uninvolved and unarmed population, they are still exposed to the disastrous consequences of the war – indeed, the rate of civilian casualties in conflicts has been on the rise over the past century.⁵ Conversely, women are usually not part of the decision making circle, so that their needs and views are not taken into consideration, further increasing their exposure and vulnerability to political violence.⁶

The unique implications of conflicts for women are added to the constant condition of gender inequality. This inequality includes several key elements: (1) *Economic dependence* – many women depend on the men in their families for their livelihood, and do not have equal access to the labor market; (2) *Poverty* – women tend to be poorer than men, with studies showing that in conflict areas, the rate of poverty among women increases; (3) *Sexual and physical assaults* – Women are more vulnerable to sexual assault than are men; moreover, in conflict zone, the rise in the

³ UN Resolution 1325 (2000).

⁴ Sarai Aharoni, "Women, Peace and Security: Security Council Resolution 1325 in the Israeli Context", Van Leer Institute, 2015. (Hebrew)

⁵ In World War I, 15% of victims were civilians; in World War II, their ratio climbed to 65%, whereas in the wars of the second half of the 20th century and the first decades of the 21st, the ratio has been about 90%. See Golie Jansen (2006). Gender and War the Effects of Armed Conflict on Women's Health and Mental Health, *Affilia* 21(2): 134-145.

⁶ Ibid.

general availability of firearms in society usually results in growing domestic violence; finally (4) women are also the *primary caretakers* of their family members, limiting their ability to stay away from home – a constraint that adds to movement restrictions imposed on the entire population; in times of conflict, moreover, men are perceived as the protectors of the women, children and the entire nation, relegating the women back to more traditional roles, and any progress in achieving greater independence that may have begun earlier comes to an end.⁷

Relatedly, using family members, particularly women, as a way of pressuring (perceived) political enemies during conflicts is a form of collective punishment adopted by many states and quasi-state entities in the 20th century. This included the Soviet Union from the 1920s to the 40s, where family members of those suspected of political dissidence were arrested;⁸ South American countries, such as Chile, Argentina and Uruguay from the mid-1960 to the mid-80s, where sanctions of various kinds (including torture and rape) were applied to the spouses and other family members of activists (a practice promoted by the CIA);⁹ Mexico in the 1970s and 80s where women were made to suffer for acts by their partners;¹⁰ and Iran¹¹ and Cuba,¹² where travel restrictions were imposed on family members in the first decade of the 21st century, including the denial of visas from family members of citizens who had left the country without permit or had refused to return. Only recently, the Trump administration used the tactics of separating children from their parents in order to dissuade immigrants from arriving in the US. By imposing sanctions on women only for being relatives of Hamas members or of people residing in the West Bank without Israeli permit, Israel follows the deplorable tradition begun by these regimes.

According to studies on the consequences of the Israeli-Palestinian conflict, Palestinian women, particularly in Gaza, are severely affected, as they have to cope with increased pressure and violence, both domestically and within society.¹³ Given the high rate of general poverty in Gaza and the fact that 70% of its inhabitants rely on aid organizations for basic supplies, the economic dependency of Gazan

⁷ McKay, *The Effects of Armed Conflict*.

⁸ Golfo Alexopoulos (2008). Stalin and the Politics of Kinship: Practices of Collective Punishment, 1920s-1940s. *Comparative Studies in Society and History*, 50 (1), 91-117.

⁹ Mara Loveman (1998). High-Risk Collective Action: Defending Human Rights in Chile, Uruguay and Argentina. *American Journal of Sociology*, 104(2), 477-525; Thomas C. Wright (2014). *Impunity, Human Rights and Democracy: Chile and Argentina, 1990-2005* (Austin: University of Texas Press); Patrice McSherry (1999). Shadows of State Terrorism: Impunity in Latin America, *Social Justice*, 26(4), 78-83; Operation Condor: Clandestine Inter-American System, 144-174.

¹⁰ Dolores Treviz (2014). *Political Repression and the Struggles for Human Rights in Mexico: 1968-1990s*. *Social Science History*, 38(3-4), 483-511.

¹¹ Canada: Immigration and Refugee Board of Canada (2015). *Iran: Treatment by Iranian Authorities of Failed Refugee Claimants and Family Members of Persons Who Have Left Iran and Claimed Refugee Status (2011-February 2015)*.

¹² [Human Rights Watch, Cuba's Restrictions on Travel](#)

¹³ Dr. Dalia Zaksh, Dr. Amalya Sa'ar, and Sarai Aharoni, [Silent Testimony: Women in the Israeli-Palestinian Conflict](#). Isha L'Isha, Status Summary: 2005. (Hebrew)

women on male members of their family is particularly high, since their unemployment rate (68.9%) is high even relative to Gazan men.¹⁴ Women are also those who usually have to contain the anger and frustration of the men in their families for being prevented from playing their traditional role as the family's breadwinners and protectors – anger often expressed in mental abuse and even physical violence.¹⁵ Finally, the freedom of movement and activity of Gazan women is limited, due both to the Israeli blockade and to their responsibility of caring for their family members and managing the household.

¹⁴ [Suspended Dreams: The Effects of the Blockade on Women in the Gaza Strip](#), Gisha, 2018 (Hebrew).

¹⁵ [Fact Sheet: Mental Health Situation in the Gaza Strip](#), Gaza Community Mental Health Program, 2017.

2

Restricting the Access of Female Cancer Patients to Treatment outside Gaza

In recent years, and particularly since 2017, PHRI have received a growing number of appeals by female cancer patients from Gaza whose requests for a travel permit for medical treatment outside Gaza had been rejected or ignored for an unreasonable period – leaving them without access to lifesaving oncological treatment. These appeals have increased due to two trends. The first is the *deteriorating condition of the Gaza healthcare system and the lack of appropriate cancer treatments*: in Gaza, there are no radiotherapies, including radioactive iodine therapies for thyroid cancer.¹⁶ There is also severe shortage of many chemotherapy drugs such as Herceptin for breast cancer treatment, and Xelox, Folfiri, and Folfox for colorectal cancer treatment.¹⁷ The extent of tumor removal operations conducted in Gaza has been severely reduced due to a significant shortage in medical equipment and limited power supply.¹⁸ Moreover, Gaza lacks the equipment required to assess the progression of the disease, primarily PET CT scanners. As a result of all these factors, many cancer patients are directed for continued treatment in more advanced medical centers outside Gaza – in the West Bank, East Jerusalem, Jordan and Israel. Thus, out of all referrals by the Palestinian Ministry of Health for medical treatments outside Gaza, the highest percentage of referrals is for cancer treatments.¹⁹

The second trend affecting the appeals received by PHRI is the *drastic reduction in recent years in the number of travel permits granted to Gazan patients for the purpose of medical treatments*.²⁰ As recently as 2012, 92.5% of the requests for travel permits for medical treatment were approved, whereas in 2017, only 54% of requests were approved. In 2017, a quarter of all referrals for treatment outside Gaza were for cancer treatment.²¹

¹⁶ In 2017-18, PHRI received 11 appeals by women with thyroid cancer referred to radioactive iodine therapy outside Gaza.

¹⁷ In August 2018, in a statement by the Palestinian Ministry of Health in Gaza, Dr. Talha Balusha, Director of the Oncological Pharmacy Department at Al-Rantisi Hospital, said these medicines were lacking in the hospital.

¹⁸ Mor Efrat, [Overview of the Gaza Health System: Despite the Reconciliation, the Situation Keeps Deteriorating](#), PHRI, January 2018.

¹⁹ World Health Organization, [Right to Health: Crossing Barriers to Access Health in the Occupied Palestinian Territory](#), 2016

²⁰ [Al Mezan](#), Joint Press Release: Israel: Record Low in Gaza Medical Permits, 13.2.2018, <http://mezan.org/en/post/22378>.

²¹ World Health Organization, [Right to Health: Crossing Barriers to Access Health in the Occupied Palestinian Territory](#), 2017.

In 2017-18, PHRI dealt with 129 cases of Gazan female cancer patients whose travel permit requests had not been approved²². Many women had waited for months to have a permit granted and in some cases, even a year. Needless to say, the long wait and the resulting delay in receiving much needed treatment cost these women dearly. Their health deteriorated and the delay significantly reduced their odds of recovery.

Thus, we initiated a long-term, focused campaign, in order to draw public attention to the condition of female cancer patients in Gaza and allow them to leave Gaza to obtain the medical treatment they so urgently require. We appealed to the military, to the Israel Security Agency (*Shabak*), and to the Ministry of Defense, demanding that they process the pending applications without delay and reconsider and approve applications already refused. We were joined by other Israeli NGOs, such as the Israel Cancer Association and women's organizations led by Isha L'Isha - Haifa Feminist Center - who also made appeals to the authorities. We also raised the issue for discussion in the Knesset Committee on the Status of Women and Gender Equality, chaired by MK Aida Touma-Suleiman and obtained the support of other MKs who also appealed to the security authorities.

The Israeli medical community provided an additional, significant contribution to our struggle. The Israel Medical Association (IMA) and the Ethics Committee of the Israel Nurses Association joined our demands and made their own appeals to the security authorities. Moreover, 31 oncologists signed a petition submitted to the Ministry of Health and the Coordinator of Government Activities in the Territories (COGAT), demanding to let female cancer patients leave Gaza for medical treatments.

Thanks to this impressive public response, we eventually managed to help most (83%) women obtain their urgently needed permits. In fact, from February through June 2018, all the forty female cancer patients, who had contacted PHRI, obtained their permit thanks to our intervention. However, this situation changed since July, as described below,

3

²² In 2017 PHRI dealt with 65 cases of female cancer patients from Gaza, and in 2018 with 64.

Denying Permits to Gazan Patients Due to Family Ties to Hamas Members

In early July 2018, PHRI identified a new phenomenon, whereby applications for permits to leave Gaza for medical treatments were rejected due to patients' family ties to Hamas members. In May–October, PHRI received 12 negative responses to permit requests submitted by ten women and two men, based on this reasoning. This trend became more evident when the COGAT's June 2018 response to a freedom-of-information request by Gisha – Legal Center for Freedom of Movement stated that in 2017, 21 travel permit requests by Gazans were rejected due to "family ties to Hamas", while in 2018 this number rose sharply to 833.²³ In a subsequent response from December 2018 provided by the COGAT to a freedom-of-information request by PHRI, the numbers rose further: in 2017, 476 requests were rejected due to family relatedness to Hamas members, out of which the great majority was by women: 325, compared to 151 men. In 2018 (by October 23), the number of women whose departure from Gaza was prevented for this reason was almost double that of men: 968 compared to 431, for a total of 1,399.²⁴ Out of 1,875 requests rejected due to family ties to Hamas members in 2017–18, 969 were by patients, of which 608 were by women patients (361 by men).

The cases that came to PHRI's knowledge involve mainly women suffering from cancer or life-threatening tumors of other kinds, the treatment for which is unavailable in Gaza.²⁵ In the past, women patients in a life-threatening condition would have almost always received travel permits. In these cases, however, despite the severity of the applicants' condition, their requests were refused. In light of this recent development, it is feared that the number of travel permits for health treatment – that has already shrunk considerably in recent years²⁶ – may shrink still further

²³ [COGAT's Response to Gisha](#), June 2018. (Hebrew)

²⁴ [COGAT's Response to PHRI](#), December 2018. (Hebrew)

²⁵ Amal Abu-Jame' (33) from Khan Younis, for example, suffered from a benign meningioma brain tumor and was referred to surgery at Al-Makassed Hospital in East Jerusalem. Her request for a travel permit was rejected due to family relatedness to a Hamas member. Faida 'Abid (40) from Deir Al-Balah suffered from a malign breast tumor. She was referred to radiotherapy at Augusta Victoria Hospital in East Jerusalem, but her request for a travel permit was rejected for the same reason. [Dramatic Increase in Refused Permits to Travel out of Gaza](#), PHRI, August 2018.

²⁶ Al Mezan, [JOINT PRESS RELEASE: Israel: Record-Low in Gaza Medical Permits, 13.2.2018](#), <http://mezan.org/en/post/22378>.

in the near future. For these women, this policy change means denying their only chance for healing – and even surviving.

The state's decision to prevent these women from entering or passing through Israel for the purpose of receiving medical treatment due to their family ties to Hamas members represents a severe violation of their right to health. The right to health is a basic right, not conditioned upon a person's acts or behavior, and certainly not upon one's family ties. This is an unacceptable act of collective punishment – punishing one for the acts of another. In addition, since Hamas holds power in the Gaza Strip, all government employees, civil servants, police officers, etc. are in fact Hamas members, while most of whom are unrelated to its military wing. Thus, few of the inhabitants of Gaza are not somehow related to Hamas, so that denying medical treatment for this reason is not only illegitimate, but also rather arbitrary.

As part of PHRI's campaign to revoke the new procedure – which is based on the military's interpretation of the Security Cabinet of Israel²⁷ – we appealed to military authorities.²⁸ Having received no response, we petitioned to the High Court of Justice in August 2018, together with five patients affected by the procedure and three other human rights organizations: Gisha, Al Mezan and Adalah – Legal Center for Arab Minority Rights in Israel.²⁹ In response to the petition, the state announced that the cabinet decision did not apply to lifesaving treatments. The court adopted this narrow interpretation of the cabinet decision, thereby emptying it of all substance, and ruled that it is forbidden to prevent cancer patients from leaving Gaza for medical treatment due to family ties to Hamas members. In their ruling, the judges determined that the implementation of the cabinet decision was illegal, disproportional and opposed to the values of Judaism and the State of Israel, and that it is forbidden to punish relatives of Hamas members in such a wholesale manner only due to those family ties. The judges also wrote that patients may not be used as levers of pressure against Hamas in order to bring about the return of Israeli POWs and MIAs, and that even if it is obvious that the end is right, not all means are justified.

This significant ruling represented an extraordinary achievement in the current political climate. It allowed five patients in a difficult condition – those who had filed the petition – to leave Gaza for treatment. Just as important, if applied in full, this ruling would spare many other patients

²⁷ Made on January 1, 2017, the decision called for "several operative steps that would apply pressure on Hamas with the aim of promoting the return of [Israeli] prisoners of war and missing in action". One of the "pressure levers" approved by the cabinet for this purpose was "preventing the exit of family members of Hamas activists for medical treatments".

²⁸ [The first appeal to the Coordination and Liaison Administration to the Gaza Strip \(Erez\)](#) (Gaza CLA) was made in July 2, 2018. (Hebrew)

²⁹ [Remarkable Achievement for Human Rights Organizations](#), PHRI, August 28, 2018.

the torment of running into that obstacle on their way to medical treatment. By the time of this writing (March 2019), no further negative responses to permit requests have been received based on family ties to Hamas members. Nevertheless, refusals are still received due to other reasons.

4

Denying Permits to Gazan Patients Due to Family Ties to People Residing in the West Bank without an Israeli Permit

During 2018, PHRI received five appeals by Gazan patients whose exit for medical treatment had been prevented, because Israeli authorities feared that permits would be: "exploited by the person granted for the purpose of illegal residence. This is in light of the fact that according to our records, the requesting person has a family relative currently residing illegally in Israel or the West Bank".³⁰ In other cases, patients were denied exit for treatment as a means of pressuring their family members residing in the West Bank without permit. Leaving for treatment was made contingent on the relative's returning to Gaza. COGAT's response on December 23, 2018 to a freedom-of-information request by PHRI shows that in 2017, 367 requests for a travel permit out of Gaza for various purposes (including 186 and 181 requests by women and men, respectively) were refused out of "fear of illegal residence"; and in 2018 (until October 23), 464 requests were refused for this reason (by 209 women and 255 men, respectively).³¹

This case also represents collective punishment of patients due to acts of family members. Making the travel permit of patients contingent on the return to Gaza of others – as related to them, as they may be – is an illegitimate and immoral form of pressure. Denying Gazan patients access to medical services that are unavailable where they live, severely violates their basic rights and places their health and very life at risk. The political background for this Israeli conduct is an article in the Oslo Agreements that states that although the Palestinian Authority is responsible for managing the population registry in the West Bank and Gaza Strip, it is still required to inform Israel of any change made to it, with Israel being authorized to approve or reject that change.³² Thus, Israel actually controls the Palestinian population registry, emptying out of substance the mandate given to the Palestinian Authority to allow its inhabitants to relocate freely from the West Bank to the Gaza

³⁰ Email from the Gaza CLA, September 16, 2018.

³¹ [COGAT's response to PHRI's FOI request](#), December 23, 2018. (Hebrew)

³² [Israeli-Palestinian Interim Agreement](#) (Oslo 2).

Strip and vice versa. Thus, the population registry is used by Israel as yet another means of applying political pressure on the Palestinian leadership, particularly in Gaza. In recent years, given the ongoing blockade on Gaza and the frequent Israeli military attacks, more and more Palestinians seek to move from Gaza to the West Bank, where, despite the ongoing Israeli occupation, employment, education, and health options, as quality of life in general, are far superior to Gaza. Since Israel retains de facto control of both the border crossings and the population registry, any person leaving Gaza to the West Bank without returning by the expiration of the Israeli permit, is considered, according to Israeli law, an "illegal resident" in the West Bank. He or she thereby becomes liable to Israeli sanctions, including detention and deportation. This tactic of turning Palestinians from the Gaza Strip into "illegal residents" of the West Bank is part of Israel's divide-and-conquer policy, designed to sever Gaza from the West Bank.³³ This policy dovetails with the intra-Palestinian split between Fatah and Hamas, and may be one reason why the Palestinian Authority avoids challenging the management of the population registry by Israel.

In March 2018, PHRI appealed to COGAT, the Gaza CLA and the *Shabak*, demanding that patients be allowed to leave Gaza for treatment independently of whether their relatives return from the West Bank; and that permitting them to leave would no longer be made contingent on factors not directly related to the patient herself.³⁴ After having received additional appeals by patients whose requests had been made contingent on the return of their relatives from the West Bank, we made another appeal in September 2018. We demanded that access to medical treatment should not be made contingent on the return of her family relatives to Gaza.³⁵ COGAT's response was received in November, confirming the existence of this policy, and justifying it, using a security rationale.³⁶ In December 2018 we petitioned to the High Court of Justice together with the Gazan human rights organization Al Mezan, demanding to revoke that criterion.

The Israeli policy of severing the West Bank from the Gaza Strip produces extreme social and familial situations, the price of which is often paid by the women, whose partners have moved to the West Bank, leaving them behind to care for the household and children alone. The women, who usually do not take part in the decision-making, are affected both by the decisions of the Israeli policymakers – mostly men – and by the acts of the men in their own families, who leave the Gaza Strip.

³³ [Restricting Movement, Splitting a Nation, Position Paper](#), Gisha, June 2015. (Hebrew)

³⁴ [PHRI letter to the Gaza CLA, COGAT and Shabak](#), March 29, 2018. (Hebrew)

³⁵ [PHRI letter to the Gaza CLA, COGAT and Shabak](#), September 17, 2018. (Hebrew)

³⁶ [COGAT's response letter](#), November 5, 2018. (Hebrew)

When it comes to women in need of medical care, the negative effects are exacerbated, since on the one hand, they find it more difficult to function in their daily lives and on the other hand are prevented from accessing the treatment they need.

5

Summary & PHRI's Demands

For over a decade, Israel has been pursuing a policy of blockade, siege and restrictions on the freedom of movement of Gazans – as well as on commerce, agriculture and infrastructure development. Unlike the past, when Israeli authorities have been careful to excuse their policies using various security pretexts, in recent years they are more explicit about the political considerations underlying this policy. Examples include responses to the requests of Gazans for travel permits for the purpose of medical treatment, refused due to the patient's family ties to another, claimed to be a Hamas member or a resident of the West Bank without an Israeli permit. In other words, the patients' access to medical treatment is denied for reasons that have nothing to do with security – or to the patients themselves. Permission for access to urgently needed medical care is used to apply pressure on another individual, or even the Hamas government as a whole. Moreover, frequently after appeals and pressures by PHRI, requests initially rejected have eventually been approved. Patients could then leave the Gaza Strip for treatment – once again indicating that their access to medical care has been denied not due to a security risk, but as part of a politically motivated policy.

Women are affected by this policy, as in many other cases: they pay a price for the action of others. The actors, or those suspected of acting, are men on whose conduct the women have little or no influence. This is true on the individual level and it is also true on the political level of the entire Gaza Strip: although Gazan women take part in political actions, including the "Great March of Return demonstration" held along the border with Israel since late March 2018, the political leadership and armed forces are exclusively male.

Thus, Israel's sanctions against Gaza primarily affect the most marginalized population, whose involvement in the conflict is marginal: sick women. The harm to Gazan women as a result of these Israeli policies – whether designed deliberately to affect marginalized populations

in order to pressure Hamas, or a byproduct to the use of collective punishment tactics - is harsh, and in most cases unrelated to the women themselves, or to any actions under their responsibility. It therefore appears that the State of Israel and its security authorities do not take the consequences of their supposed "security" policy for sick women into account, even if the policy intent is not to compromise women's health and life.

Accordingly, PHRI demands that the State of Israel

- Adopt, following the example of many other countries, a national plan for implementing UN Security Council Resolution 1325, thereby ensuring the protection of women and their representation in decision making processes;
- Conduct in-depth and publicly visible research on the consequences of its policies for women, and refer to these consequences in formulating and implementing future policies;
- Immediately allow all Gazan patients to leave their area of residence for medical treatments available outside it.