Since late March 2018, thousands of Palestinians have participated in the weekly Great March of Return (GMR) demonstrations in the vicinity of Israel’s perimeter fence between the Gaza Strip and Israel, calling for the Palestinian right of return and the ending of the Israeli blockade. The large number of casualties among unarmed Palestinian protestors, in particular the high number injured by live ammunition—in circumstances that did not appear to constitute an imminent threat of death or serious injury to Israeli soldiers behind the fence, has raised concerns about excessive use of force by Israeli forces.  

The first article in this month’s Bulletin examines the humanitarian impact of these injuries on the individuals themselves and the implications for the overstretched Gaza health system.

On 29 May, the World Health Organization (WHO) released a report on Palestinian injuries during the first year of the GMR, based on research which WHO conducted in collaboration with over 20 agencies. From 30 March 2018 to 30th March 2019, 277 Palestinians were killed and over 28,000 injured during the period of these protests. The report notes that the trauma stabilization points, established by WHO with the support of the Ministry of Health and Palestine Red Crescent Society, have removed a significant burden of the GMR trauma caseload from the already overwhelmed hospital network in Gaza, and that between 435 and 1,227 lives are estimated to have been saved as a result of the established trauma referral pathway.

Nevertheless, some 60 per cent of the GMR injuries needed hospital treatment, including over 6,800 caused by gunshot. According to WHO, “while this would overwhelm even well-prepared emergency services in the best-equipped health systems everywhere, it is an almost insurmountable challenge for Gaza’s hospitals.”

Israel’s use of high-velocity ammunition against demonstrators has caused “excessive damage to the bone and irreversible damage to neurovascular structures. Such injuries are often complicated by extensive soft tissue damage.” These have resulted in permanent and life-changing injuries: WHO estimates that between 20 and 30 per cent of all those with gunshot wounds to the limbs, between 1,209 and 1,746 patients, will need some form of specialized tertiary treatment.
Providing such treatment will require additional resources from a health system experiencing longstanding challenges, including shortages of medicines and medical disposables, a continuing salary crisis affecting government employees, and lack of funding. As noted by Dr. Gerald Rockenschaub, head of the WHO office in the occupied Palestinian territory (oPt), “trauma interventions in Gaza are not only a response to the emergency but also a longer-term investment in building the capacity of the health system to address the critical service gaps that have persisted for years.” Due to the enormous increase in injuries, health was the only sector which requested an increase in funding in the 2019 Humanitarian Response Plan (HRP), compared to 2018: by end-May, some 42 per cent of the $32 million requested was secured.

An additional challenge for those injured in the GMR is continuing Israeli restrictions on access for patients requiring health care unavailable in Gaza. Between 30 March 2018 and 30 April 2019, of the 550 applications from patients injured in the GMR demonstrations to exit Gaza via the Erez crossing to access healthcare in Israel and the West Bank, only 17 per cent were approved by the time of their scheduled appointment. Although the Egyptian-controlled Rafah crossing has been almost continuously open since July 2018, exit to Egypt, including by patients, remains limited, as illustrated in one of this Bulletin’s case studies.

The other article in this month’s Bulletin concerns the restrictive planning regime in East Jerusalem, which makes it almost impossible for Palestinians to obtain building permits to meet their basic housing and infrastructure needs. Consequently, entire neighbourhoods are unlicensed and thus face the threat of demolitions and displacement.

One of these is the Wadi Yasul area of Silwan, home to some 700 Palestinians. The Israeli authorities have zoned it as a ‘green area’, and repeatedly rejected attempts by residents to rezone the neighbourhood as “residential”. About 500 people living in 50 buildings in Wadi Yasul are at risk of displacement following the exhaustion of almost all domestic legal remedies. Several structures were demolished there in April, which witnessed the highest number of East Jerusalem demolitions in a single month since OCHA began systematically recording this in 2009. Five people were seriously injured by Israeli forces during the operation. This and the impact of demolitions on residents who lost their homes, including children, are covered by one of this Bulletin’s case studies.
GAZA HEALTH SECTOR STILL STRUGGLING TO COPE WITH ‘GREAT MARCH OF RETURN’ INJURIES

Hundreds of wounded protestors at risk of limb amputation

Years of blockade and other movement restrictions on people and materials, including medical resources, the deepening intra-Palestinian political divide, and a chronic energy crisis, have led to a serious deterioration in the availability and quality of health services in the Gaza Strip. The Gaza health sector suffers from chronic shortages of certain equipment and supplies, including antibiotics and chemotherapy drug stocks. According to the World Health Organization (WHO), there has also been a serious deterioration in the “social determinants of health”, with “water from the aquifer basically unfit for human consumption, sewage flows largely untreated into the Mediterranean and the economy is stifled.”

Further pressure strain has been placed on the Gaza health sector since March 2018, as a result of the massive casualties from the ongoing ‘Great March of Return’ (GMR) demonstrations. In a recently published report, WHO analysed the 277 fatalities and over 28,000 injuries recorded in the year between 30 March 2018 and 31 March 2019. Gunshot accounted for 210 of the fatalities and for 6,872 injuries, or 25 per cent of the total casualty caseload. “Although any health system in the world would be overwhelmed if it had to manage a high influx of trauma casualties every week; the most pressing concern was the staggering number of gunshot wounds.”

Some 172 people were permanently disabled as a result of their gunshot injuries, including 36 children. The major cause of permanent disability was amputation, with 121 amputations recorded during this period. According to WHO, “amputation, be it arm, hand, leg or foot, is emotionally devastating for the victim but also for family and the care givers. It affects every element of life, including home and work. Even after surgery, long term rehabilitation, and a prosthetic, some will still need home adaptations and assistive devices.”

Regarding the gunshot injuries, “many still face excessive damage to the bone, irreversible damage to neurovascular structures and extensive soft tissue damage,” with osteomyelitis, a bone infection, a particular concern. According to the report, gunshot wounds have resulted in between 1,209 and 1,746 patients “who will need some form of specialized tertiary treatment with a wide range of multidisciplinary services; this cohort accounts for up to 30% of the total gunshot wounds to the limbs.”
WHO warns, that “without this treatment being made available in Gaza the number of amputations may drastically increase in 2019.” Finding the funding to provide these services is a challenge to the overstretched and under-resourced health sector in Gaza. On 8 May 2019, the Humanitarian Coordinator for the oPt, Jamie McGoldrick, appealed for additional funding to meet the needs of the GMR wounded: highlighted that resources are urgently required to support the health system in Gaza: “The health structures really are in bad shape and that’s why we have put this appeal out for $20 million to address the needs of those 1,700 people, but also to support the health system”

**Low Patient permit approval rates for GMR casualties**

With local capacity in Gaza overburdened, the Palestinian Ministry of Health (MoH) frequently refers patients who need specialized health care to more advanced facilities in the West Bank, including East Jerusalem, and in Israel. To access West Bank and Israeli hospitals, patients and their companions require permits from the Israeli authorities to leave Gaza through the Erez checkpoint. The application is submitted once the medical appointment has been arranged and approved by the MoH in Ramallah.

According to the World Health Organization (WHO), timely patient permit approval has declined in recent years from more than 90 per cent patient permit applications in 2012 to 61 per cent in 2018, the second lowest rate recorded by WHO. In the first four months of 2019, out of a total of 8,203 permit applications, 67 per cent were approved (5,482 applications), six per cent were denied (503 applications) and 27 per cent were delayed (2,218 applications), meaning that there was no definitive response to the application by the date of the hospital appointment. If a patient is too old, young or sick to make the journey on their own, they may require a companion: less than half (48 per cent) of patient companion permit applications were approved in 2018.11

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“The health structures really are in bad shape and that’s why we have put this appeal out for $20 million to address the needs of those 1,700 people, but also to support the health system”

Humanitarian Coordinator for the oPt, Jamie McGoldrick
However, the approval rate for patients injured during GMR demonstrations is significantly lower than for the rates cited above. According to data from Gaza’s Coordination and Liaison Office, between 30 March 2018 and 30 April 2019, the Israeli authorities received 550 applications from patients injured in demonstrations to exit Gaza via Erez crossing to access healthcare. Of those applications, only 17 per cent were approved, 26 per cent were denied and 56 per cent were delayed.

**PATIENT PERMIT APPROVAL RATE**

**30 March 2018 - 30 April 2019**

- **GMR Cases**
  - 17% Approved
  - 26% Denied
  - 57% Delayed
- **Other Cases**
  - 6% Denied
  - 27% Delayed
  - 67% Approved

Between 30 March 2018 and 30 April 2019, only 17 per cent of GMR patient permit applications were approved.

**Patient Access through Egypt**

The other crossing point to exit Gaza is controlled by Egypt, and in previous years thousands of patients previously relied on Egypt as an accessible and affordable destination for medical services. However, the sporadic opening of the Rafah border with Gaza by Egypt since mid-2013 has significantly reduced access for MoH referrals.

Despite the almost continuous operation of the Rafah crossing since July 2018, the exit of people through it has been delayed and impeded for a range of reasons, including unclear criteria regarding the selection of those allowed to cross every day. In 2018, Rafah was open for 188 days in both directions, during which there were 59,849 crossings by Palestinians from Gaza: of these, 1,510 were patients and 1,464 were patient companions. In 2018 only eight per cent (including companions) of medical referrals from Gaza were to Egypt.12
Personal story: “I lost consciousness and woke up the next day in the hospital without my leg.”

Fadi Shaqoura is a 25-year-old Palestinian who lives in Jabaliya camp with his nine-member family. Fadi was injured on 23 February 2018, during one of the demonstrations held after the US announced its decision to move its embassy from Tel Aviv to Jerusalem.

According to Fadi: “I was just watching when I was hit by a bullet that entered and exited my left leg, then exploded in my right leg, which had to be amputated. Following my injury, I lost consciousness and woke up the next day in the hospital without my leg. I asked where my leg was and they told me it had been amputated. My left leg was also severely injured; I couldn’t walk and stayed in a wheelchair for six months.”

Fadi’s mother, Hanan, added: “When Fadi was injured, they told me that he had passed away. When I went to the hospital to see him, I found him lying on the bed with his amputated leg over his body. I saw that he was still breathing and I told the doctors that he was still alive. At that moment Fadi woke up and called me.”

In November 2018, Fadi submitted his first referral request for an appointment at the Bethlehem Association for Rehabilitation in the West Bank.

“I received the appointment but my permit to cross through the Israeli-controlled Erez crossing was delayed, so I missed my appointment and had to apply for a new one. My second appointment was in February 2019, which I again missed because this time my permit was denied for security reasons. The third time, I applied for an appointment and received it in March 2019 but my permit was still under consideration. Now I’m waiting for a fourth appointment so I can apply for a permit, and hopefully be able to cross and get the healthcare I need.”

“It has been over a year now and there is no change in my situation. I have no one to help me or provide any support, even with medicine. I tried to obtain a referral through the Egyptian-controlled Rafah crossing, but an artificial limb is not covered financially in Egypt.”

His mother adds: “Our economic situation is difficult. I’m very sick and can’t walk; I have had four surgeries on my back. We all need medicine and we have large debts. Fadi is still very young and he wants to walk again.”

Fadi concludes: “I really don’t understand why I can’t travel and receive treatment. All I want is to have an artificial leg.”
Dawlat Hamdeen, a 33-year-old Palestinian woman from the Beit Hanoun area in the northern Gaza Strip, was severely injured by an explosive bullet in her right thigh during a GMR demonstration on 14 May 2018, when over 50 protestors were killed and thousands were injured. ¹³

Dawlat recalls: “When I was shot, I lost my sight but I was able to hear the medics around me. Shrapnel from the bullet tore out the tissues, veins, arteries, and even the bones of my thigh and I had severe bleeding that caused my hemoglobin level to drop. One day before my injury, I asked my sister not to participate. I was anxious that she might be killed or injured, but it was me who got shot. It was my first time participating in the protests.”

Dawlat’s mother said: “When I arrived at the hospital where Dawlat was receiving treatment, the doctors told me that she would die within an hour. She had septicemia and an air embolism. Her body became swollen and she received 62 units of blood. Dawlat stayed five days in the intensive care unit. We were expecting her death at any minute. The hospital was so crowded with the wounded that when Dawlat regained consciousness, and whenever she needed help, doctors were not available.”

Dawlat’s father, Fawzi, said: “Dawlat was in a very critical situation. We started procedures for her medical referral abroad. We applied for an exit permit for her twice, the first time for treatment in Jordan and the second in Jerusalem, via the Israeli-controlled Erez crossing. Her application was denied both times for security reasons. The second time, we received an official document from the Israeli authorities that Dawlat’s permit had been refused, which is an indication that we cannot cross Erez at all.

Instead, in October, we tried to travel to Egypt. The first two attempts to cross the Egyptian-controlled Rafah crossing were unsuccessful; we were sent back, first at the Palestinian side and then at the Egyptian side for reasons that are unclear. We finally managed to exit Gaza on the third attempt after spending almost one full day at the crossing. From Rafah crossing to the Suez Canal, a trip of nearly 200 kilometres, we were stopped at 32 checkpoints and our luggage were inspected at each one of them.”

After overcoming innumerable obstacles and personal suffering, including moving between hospitals, referral requests and obstacles to financial coverage, Dawlat finally received appropriate treatment in Egypt. “I stayed in Egypt for four months and underwent four surgeries, including plastic surgery for both legs. I still cannot bend my leg because of the metal bar stabilizing my bone and I rely on crutches to walk. I need to go to Egypt again in November for further treatment but I’m not sure if I’ll manage to cross. I’m happy, at least, that I was able to travel to receive treatment.”
Those who build without the requisite building permit face the threat of demolition, displacement and other penalties.

WADI YASUL: A COMMUNITY AT RISK OF MASS DISPLACEMENT

As reported in last month’s Bulletin, some 60 homes and other structures were demolished in East Jerusalem in April, due to lack of building permits. This is the highest number in a single month since OCHA began to systematically record demolitions in 2009. More people have already been displaced in East Jerusalem in the first four months of 2019 than in all of 2018.14 Although no demolitions occurred in East Jerusalem in May, it has been the practice of the Israeli authorities to refrain from conducting demolitions during the month of Ramadan and demolitions are expected to resume after the Eid holiday in June.

Demolitions must be seen in the context of the restrictive planning regime in East Jerusalem, which makes it impossible for Palestinians to meet their basic housing and infrastructure needs. Only 13 per cent of the territory annexed by Israel following the 1967 occupation is currently zoned by the Israeli authorities for Palestinian construction.15 However, much of this land is already built-up, the permitted construction density is limited, and the application process for obtaining building permits is complicated and expensive. Between 1967 and 2012, 4,300 permits were issued by the Jerusalem Municipality for Palestinian areas of East Jerusalem, an average of less than 100 permits a year.16 During the same period, the Palestinian population grew by more than 200,000, culminating in an estimated gap of 900-1,100 housing units per year between legally permitted construction and the number of units needed to meet population growth.17

As a result, unlicensed construction has been widespread, both within the 13 per cent and in locations where Palestinian construction is completely prohibited, such as unplanned areas (30 per cent of land in East Jerusalem) or areas designated as “green” or for roads and other public infrastructure (22 per cent).18 It is estimated that at least one third of all Palestinian homes in East Jerusalem lack an Israeli-issued building permit, potentially placing over 100,000 residents at risk of displacement. Those who build without the requisite building permit face the threat of demolition, displacement and other penalties, including costly fines, confiscation of building equipment and possible prison sentences.
Entire neighbourhoods exist that are inadequately planned, under-serviced, have severely reduced space for development, and face the threat of demolitions and displacement. One such neighbourhood is the Wadi Yasul area of Silwan, located just south of the Old City of Jerusalem between Jabal al Mukabbir and At-Thuri (see map on page 10). Wadi Yasul is home to some 700 Palestinians but has been zoned by the Israeli authorities as a ‘green area’, specifically forest, since the late 1970s. Efforts by residents over the past 15 years to rezone the neighbourhood as “residential” have so far been rejected. The District Planning Committee has maintained that Wadi Yasul should remain ‘green’ due to its proximity to the Old City, in line with the Local Outline Plan for Jerusalem 2000, and that unlicensed Palestinian homes therein should be demolished.

Efforts by residents over the past 15 years to rezone the neighbourhood as “residential” have so far been rejected.

Silwan neighbourhood

Silwan is one of the Palestinian neighbourhoods most under pressure in East Jerusalem due to overcrowding, inadequate services, and the threat of demolition and displacement from unauthorized construction. As with Wadi Yasul, the al Bustan area of Silwan has been designated as an ‘open’ or ‘green’ area where all Palestinian construction is prohibited. Al Bustan is the proposed site of a tourist park to be constructed by the Jerusalem Municipality: if this plan is implemented, more than 1,000 Palestinians residing in approximately 90 houses will lose their homes.

Silwan is one of the areas in East Jerusalem most targeted by Israeli settler organizations, who are taki control of Palestinian properties and establish settlement compounds. The establishment of many of these settlement compounds has involved the forcible eviction and displacement of Palestinian residents, with a negative humanitarian impact. It has also generated a coercive environment on the daily lives of Palestinians residing in the vicinity of these compounds by creating pressure on them to leave. The main elements of this environment include increased tension, violence and arrests; restrictions on movement and access, particularly during Jewish holidays; and a reduction in privacy due to the presence of private security guards and surveillance cameras.

The Norwegian Refugee Council (NRC) is currently handling 62 legal demolition cases in Wadi Yasul; 50 of these cases will be heard at the District Court on 12 June. The risk of demolition is imminent: these cases have exhausted almost all domestic legal remedies and their outcome is linked to a District Court ruling on 31 March 2019 that dismissed three similar cases in Wadi Yasul, and to a subsequent decision by the Supreme Court on 14 April 2019 to deny a request by the residents’ lawyer to appeal the dismissal of these cases.
People at risk of eviction:
- 0 - 7
- 8 - 12
- 13 - 27
- 28 - 59

Structures at high risk of demolition in Wadi Yasul

1949 Armistice Green Line
Settler House
Green area
No Man’s Land

Demolitions in Silwan

Demolitions
People Displaced

- 2020: 37
- 2019: 30
- 2018: 26
- 2017: 21
- 2016: 16
- 2015: 14
- 2014: 10
- 2013: 8
- 2012: 14
- 2011: 7
- 2010: 8
- 2009: 4
In parallel, residents have, for the third time, retained a planner to initiate a new spatial plan for their community. This was submitted to the National Planning Council on 19 February 2019 and a decision is pending. Ahead of the June District Court session, the community’s planner and lawyer will also meet with the municipality to discuss planning venues that would protect the community from the threat of mass demolition. If these demolitions are executed, around 500 people living in 50 residential buildings, around twenty per cent of them registered Palestine refugees, will be at risk of displacement in Wadi Yasul. Under International Humanitarian Law, the occupying power has the obligation to respect lives and private property and is prohibited from destroying property except where such destruction is rendered “absolutely necessary by military operations”.

A number of structures in Wadi Yasul have already been targeted: a stable and a warehouse were demolished on 17 April. Also on 30 April 2019, Israeli security forces demolished two residential structures in Wadi Yasul, displacing 11 people. Five people were seriously injured by Israeli forces using physical force, stun grenades and sponge-covered bullets in the course of the operation as residents tried to retrieve belongings prior to the demolitions. Anas Burqan, whose home was destroyed, was injured with a sponge-covered bullet to his back and subsequently arrested (see personal story: “It’s difficult to carry on”).
On 30 April 2019, Israeli forces carried out two residential demolitions in Wadi Yasul, displacing two refugee families consisting of 11 people, including seven children. Anas and Qusay Burqan are brothers who lived opposite each other on land owned by their father before their houses were demolished. The Burqan families were among the three cases, supported by NRC, which were dismissed by the District Court on 31 March.

According to Qusay Burqan, a father of three: “On the day of the demolition, the children were on their spring break and my first concern was to wake them up and send them to my in-laws’ house with my wife. I didn’t want them to see their house being demolished. No child should witness that.”

“We had never seen something like this before: Israeli forces came at 5:30 in the morning with more personnel than we could count. The operation quickly escalated into violent clashes with beatings, stun grenades and sponge-covered bullets. We were trying to get the furniture out of the houses but they didn’t give us a chance. Five of our neighbours who came to help were injured that day. I was knocked unconscious. My brother Anas, who was trying to collect his furniture and valuables, was shot with sponge-covered bullets, detained and fined. He was also placed under house arrest and banned from entering Wadi Yasul for 15 days. It was clear that nothing could stand in their way.”

Qusay subsequently rented an apartment of 50 square metres in at-Tur and the family now live there without a living room or a safe space for the children to play. He is unemployed.

“Once I knew that the demolition was imminent, I tried to prevent it and spent my time following up with the municipality and the lawyer. I couldn’t continue with work as a driver and my boss fired me. Most of our belongings were destroyed: everything was under the rubble. My children lost their school books and I cannot replace these books at this time of the school year. It’s difficult to carry on.”

© Photo by OCHA
Children of Qusay and Anas Burqan sitting by their belongings after their homes were demolished, Wadi Yasul

“I didn’t want them (his children) to see their house being demolished. No child should witness that.”

Qusay Burqan
Personal story: “There’s a constant fear hanging over our heads.”

Jamileh Suleiman Awad is a 54-year-old mother who moved to Wadi Yasul almost 30 years ago when the family bought a piece of land there.

“My kids were young and I gave birth to my younger sons after we moved to Wadi Yasul. We have many memories here. We worked so hard to be able to afford our own piece of land. At the beginning in Wadi Yasul, there was no water or electricity. We brought it all. I remember my father-in-law used to carry water on donkeys. Every time a neighbour moved in, we would help them get electricity and water. This is how it all began. People in Wadi Yasul became one family rather than just neighbours.”

In 1991 the family received their first fine for building without a permit and they paid out NIS 85,000 over the years. They received additional fines every time they added a fence or a structure. Like many other families in this tightly-knit Palestinian community, Jamileh and her husband have their sons’ families living with them in the family home.

“We all live together, close to each other. It’s crowded but we don’t have a choice. My sons can’t afford to rent independently so we built a second and a third floor; we divided the apartments so that there’s space for all of us.”

Like most of the residents of Wadi Yasul, Jamileh’s family house is at risk of demolition. “There’s a constant fear hanging over our heads. If they go ahead with the demolitions, we’ll be separated and I don’t know how to plan for that.”

Jamileh’s husband, Suleiman, adds: “In Wadi Yasul we’re all in the same boat. None of us have permits to build. I want to remain hopeful because we simply have nowhere else to go. We just wish we had the same rights as settlers have; we see them building and expanding with no obstacles. It’s not fair”.

“If they go ahead with the demolitions, we’ll be separated and I don’t know how to plan for that.”

Jamileh Suleiman Awad
1. On 18 March, the independent and international Commission of Inquiry into the protests in the oPt, appointed by the United Nations Human Rights Council, released its final report, having investigated all 189 Palestinian demonstration-related fatalities between 30 March and 31 December 2018 and tracked more than 700 injuries. With the exception of two cases, the Commission found reasonable grounds to believe that the use of live ammunition by Israeli forces against protestors was unlawful.


3. Ibid., p.32.


6. Ibid., p.11.

7. Additionally, 22 people were paralyzed due to spinal cord injuries and at least nine people suffered permanent sight loss. WHO Situation Report 1-30 April 2019. http://www.emro.who.int/images/stories/palestine/documents/WHO-Health-Cluster-Special-SitRep-_1_-30_April_2019.pdf?ua=1


9. Ibid., p.11.


12. Ibid., p.9.

13. Fifty-five Palestinians killed and thousands injured in Gaza https://www.ochaopt.org/content/fifty-five-palestinians-killed-and-thousands-injured-gaza

14. On 3 May a joint statement was issued by the Resident and Humanitarian Coordinator, the Office of the High Commissioner for Human Rights and UNRWA to call for “an immediate halt to the Israeli authorities’ destruction of Palestinian-owned property in East Jerusalem”.


On 26 April, the EU mission in Jerusalem and Ramallah also issued a statement calling on Israel to reconsider the execution of demolition orders in Wadi Yasul and reiterating its strong opposition to Israel’s settlement policy.

15. Following the June 1967 occupation of the West Bank, including East Jerusalem, Israel unilaterally annexed an area of 70 km² referred to as East Jerusalem. This unilateral annexation of EJ is an illegal acquisition of territory by the use of
force. It contravenes Israel’s obligation as an occupying power under IHL not to irreversibly alter the status quo of the occupied territory, and it has not been recognized by the UN and the international community.


18. The remaining 35 per cent has been expropriated for Israeli settlements in spite of the IHL prohibition on the transfer of the occupying power’s civilians into occupied territory.


20. The regulations to Hague Convention IV: “Art. 46. Family honour and rights, the lives of persons, and private property, as well as religious convictions and practice, must be respected.”