

Fact Sheets Series “Behind the Bars: Palestinian Women in Israeli Prisons”



June 2008

Fact Sheet 1: Medical Neglect of Palestinian Women in Israeli Prisons

“Pregnant women and mothers having dependent infants who are arrested, detained or interned for reasons related to the armed conflict, shall have their cases considered with the utmost priority.” Article 76 (2)¹

“Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.” Article 20 (1)²

BACKGROUND

- Palestinians have been subjected to the highest rate of incarceration in the world since the beginning of the Israeli occupation of the Territories in 1967. It is estimated that **over 700,000** Palestinians have been detained by Israel, 10,000 women among them, constituting some 27% of the total population of the occupied Palestinian territory.
- Approximately 15-20 Palestinians are arrested by Israeli Occupying Forces on a daily basis, which negatively affects hundreds of families and extended social networks.
- Throughout the extensive struggle for independence, Palestinian women have played a key role in resisting Israeli occupation mainly politically and socially, but also in some cases militarily. The majority of women have been either imprisoned or detained for their activities on one of the aforementioned levels. Since the beginning of the 2000 Intifada **more than 700 women** have been either imprisoned or detained in Israeli jails.

FACTS AT A GLANCE

- As of May 2008, over 9,080 Palestinian political prisoners remain in Israeli prisons, detention facilities and camps; of those **73 Palestinian women** (including 2 girls aged 16 and 17 of a total of 327 minors, and 24 mothers with a total number of 68 children). A considerable amount of prisoners and detainees are held without any charge or judicial process. Additionally, two infants are remaining today with their mothers in prison.
- There are currently around 5,689 sentenced prisoners, 2,588 detainees and 803 in administrative detention.³ **Administrative detention** is lawful both according to military orders applied in the

¹ Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol 1)

² United Nations Standard Minimum Rules for the Treatment of Prisoners, Rules 20-26 refer to health services in prison, minimum health entitlements of prisoners and the general duties of doctors assigned to penitentiary establishments.

³ Data for May 2008

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occupied Palestinian territory and Israeli domestic law. Officially, it is aimed to prevent the danger posed to state security by a particular individual for a particularly short period of time. However, Israel’s understanding of “state security” has never been clearly defined. In consequence, its use of administrative detention explicitly violates restrictions imposed on it by international law. To date, thousands of Palestinians have been detained for months and years without having been tried or informed of the charges against them. While appeal is technically allowed, the military orders prevents detainees and their lawyers from accessing their files, which are kept completely confidential.

- Of the total of 73 female prisoners 52 are sentenced, out of which 5 women are sentenced for life, while 11 are sentenced for more than 10 years. 21 women are still awaiting trial, and an additional 6 are held in administrative detention.
- Three female prisoners are **Gaza residents** and have been prevented from family visits since the June 2007 take-over and the imposition of an almost complete siege of the Strip by Israel. They are not even allowed to communicate with their relatives by phone.
- Female prisoners are kept in three different prisons, namely **Telmond** (Sharon), **Neve Tirza** (Ramleh) and **Al-Jalameh** (Kishon). The vast majority however – 93 % - is currently held in Telmond. All three institutions are located outside 1967 occupied Palestinian territory, which is in contravention to international humanitarian law (IHL). According to Article 76 of the Fourth Geneva Convention⁴ “protected persons accused of offences shall be detained in the occupied country, and if convicted they shall serve their sentences therein”. The violation of this specific rule also adds an extra burden and further complications on family visits and access to lawyers.
- Although the **use of torture** is prohibited by both – the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT, 1987) and the International Covenant on Civil and Political Rights (ICCPR, 1966) to which Israel is a party state, cases of torture during interrogation have been documented by various human rights organization⁵. Women have reported having been shackled for nine consecutive hours while being questioned in addition to having been intimidated, threatened, humiliated, prevented from sleep and in some cases even beaten. Upon their arrest, they are rarely informed of charges against them or the location of where they are being transported. Some women have confessed to have been beaten by soldiers in front of their children.
- Female prisoners experience **extreme detention conditions** due to shortage and poor quality of food, overcrowded cells, uncomfortable sleeping facilities, lack of natural sunlight since cell windows are covered with iron sheets, denial of the minimum necessary health care and hygiene standards as well as isolation from the external world.
- The prevention and **obstruction of family visits**, including women’s children, is an often practice. Women prevented from family visits communicate with them via lawyers. Israeli prison authority and security agencies prohibit Palestinian detainees to use phones to communicate with families, lawyers and the outside world. The use of mail and post is also prohibited and letters are allowed to be sent only through International Committee of the Red Cross (ICRC) delegates after being screened by security officers.

4 Geneva Convention relative to the Protection of Civilian Persons in Time of War, 1949, Article 76

5 Addameer has documented cases through interviews with female detainees. For a background report please refer to “Violence against Palestinian Women” Public Committee Against Torture, 2005

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- Throughout the years, **pregnant women** have also been imprisoned. Their cases are of outmost concern, since the incarceration of pregnant women poses a high risk not only on the woman herself, but also on the birth outcomes, posterior growth and development of the newborn. Numerous risk factors during pregnancy, including poor nutritional status, poor obstetric histories, high levels of anxiety, depression and inadequate care, may have disastrous consequences.
- There are currently 2 women, who have been placed in **isolation** and are prevented from interacting with other prisoners. Although permitted under international law as a form of punishment, close confinement can never be imposed on prisoners in bad health and always accompanied by daily visits of a medical officer when inflicted⁶.

THE ISSUE: MEDICAL NEGLECT OF PALESTINIAN WOMEN IN ISRAELI PRISONS

- Health conditions of female prisoners in general are extremely difficult and poor. Currently approximately **25 %** of Palestinian female prisoners suffer from treatable diseases.
- They suffer from loss of weight, general **weakness, anaemia and iron deficiency** due to poor-quality food and the lack of essential nutrients. In addition, they are exposed to harsh treatment (physical and psychological punishment and humiliation) from male and female jailers with no regard for their condition or special needs when ill or pregnant. All such factors contribute to **pregnant women’s** suffering, given their need for special medical care in suitable conditions, as well as a special diet.
- Overall harsh imprisonment conditions, i.e. lack of fresh air, sunlight, moisture in the winter, heat in the summer, insects, dirt and overcrowded cells combined with stress, poor diet and isolation from families contribute to menstruation perturbations.
- Many women suffer from **rheumatism and dermatological problems** due to the moisture infiltrating their cells in the winter. In the summer in turn, poor ventilation, lack of fresh air and the prevalence of cockroaches and other bugs also contribute to skin diseases. However, the prison authorities have repeatedly refused to provide women with cleaning products.
- Women prisoners suffering from **treatable diseases** such as asthma, diabetes, kidney and eye diseases, sickle cell anaemia, cancer, and seizures have little or no access to medical attention. On the contrary, eye problems for example continue to get worse because of imprisonment conditions, i.e. lack of light. Similarly, their special nutritional needs are not taken into consideration.

Lack of qualified personnel, resources and specialized medical care

- The lack of adequate staff to meet physical and mental health needs often results in long delays in obtaining medical attention, disrupted and poor quality treatment causing physical deterioration of prisoners with chronic and degenerative diseases, like cancer; and lack of mental health treatment.
- To date, there are **no specialized gynaecological services** available in prisons and detention centres despite women prisoners having continuously complained about the lack thereof and requested regular visits of gynaecologists. When women require hospitalization in Israeli institutions, the gynaecological care provided is often culturally insensitive and causes further stress. In the case of unmarried women suffering from gynaecological problems, Palestinian doctors usually try to avoid internal examinations as a last option, by first performing abdominal scans and whole body scans. Some women have complained that neither such option, nor

⁶ Standard Minimum Rules for the Treatment of Prisoners, Article 32 (1)

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understanding was given to them in Israeli hospitals. Currently, 3 women are in need of specialized treatment whereas an additional 8 have requested to see an external gynaecologist.

- **Dental care** provided by prison authorities (Telmond) is inadequate. While 3 women with major dental problems have been requesting since 2003 to allow an external dentist to treat them inside the prison at their own expenses, their appeals have been rejected for 5 consecutive years.
- Some women prisoners suffer from **post-traumatic stress disorder** and depression due to violation of human rights in prison (such as living conditions, detention patterns, isolation from families etc) and other daily experiences related to life under occupation prior to coming to prison. Especially those who have been imprisoned for a very long period are in need of mental health care. There are currently 2 cases of women in need of serious therapy. However, no prison system provides mental health counselling.
- As a result of the pressure exerted by lawyers since the beginning of the **“Protection of Palestinian Female Prisoners and Detainees in Israeli Prisons”** project in January 2008, to date Telmond prison authorities have allowed 2 visits of a psychologist, 2 visits of a dentist and 1 visit of an orthopaedic doctor. The first visit of an external gynaecologist is supposed to take place in mid-June. However, the prison’s authorities still retain the right to judge whether such visits are needed or not. No agreement has been reached as to the continuation of specialized doctors’ visits, which can be denied at any time.

Shackling During Pregnancy

- Since 2003 until 2008 there were four cases of women **giving birth in prison** in extremely difficult conditions, where pre-natal and post-natal care was insufficient, including the most recent case of A.M., a Gazan woman in her early forties in January 2008, who is currently held in prison with her 5 month old baby.
- Their transfer to the hospital is usually carried out under strict military and security supervision with hands and feet shackled with metal chains, while their families are not allowed to accompany or stand by them. The prisoners are also chained to their beds until they enter delivery rooms and after giving birth they are chained once again to their beds.
- Shackling during labour may cause complications during delivery such as haemorrhage or decreased foetal heart rate. If a caesarean section is needed, a delay of even 5 minutes may result in permanent brain damage to the baby.

Through her own eyes – Pregnant Detainee Testimony

A.M., a pregnant woman from Gaza in her early forties and mother of 8 children, was arrested on May 2007 at Beit Hanoun (Erez) Crossing. After arrest, she was transferred to the Hasharon prison. In view of her age, A.M. required a higher level of care and medical supervision. Instead, she suffered from severe weight loss and fatigue due to low-quality food and unsuitable conditions inside the prison. In January 2008, feeling labour pain, the detainee was transferred to Meir Hospital in Kfar Saba where the Israeli Prison Administration (IPA) kept her arms and legs shackled. The cuffs were removed only inside the delivery room, and put back immediately after childbirth. A.M. went through the dehumanizing experience completely alone, since her family and husband, all Gazan residents were not allowed to visit her even after the delivery of the baby.

A.M.. describes her painful experience: "After delivery, I was cuffed by having one arm and one leg tied to the bed. In this position I was left for several hours before being taken back to my room. My baby was brought to me for breastfeeding only twice a day." A.M.. is currently detained in Telmond prison, accused of carrying explosives on her body in order to execute a military action. She is still not indicted, she is under detention. Nearly six months later, the baby has still not met his father or siblings.

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ISRAEL’S OBLIGATIONS UNDER INTERNATIONAL LAW

The State of Israel is obliged to respect, protect and fulfil the rights included in the *International Covenant on Civil and Political Rights* (ICCPR, 1966), the *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT, 1987) and the *Fourth Geneva Convention* (GCIV, 1949) as Israel is a State party to these treaties. As regards to the United Nations documents that deal with the specific topic of treatment of prisoners, even though they are not legally binding tools, they should be paid the importance they deserve as guidelines elaborated for the members of the United Nations and as tools bearing great weight in the field of human rights.

Numerous international instruments provide for the right to health of women, prisoners and civilians in times of conflict:

- The International Convention on the Elimination of All Forms of Racial Discrimination, 1969.
- Geneva Convention relative to the Treatment of Prisoners of War, 1949.
- The Declaration on the Protection of Women and Children in Emergency and Armed Conflict, 1974.
- United Nations Standard Minimum Rules for the Treatment of Prisoners, Rules 20-26 refer to health services in prison, minimum health entitlements of prisoners and the general duties of doctors assigned to penitentiary establishments, 1955.
- Protocol Additional to the Geneva Conventions (1949), and relating to the Protection of Victims of International Armed Conflicts (1977).
- Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment
- The Beijing Declaration and Platform of Action, IV World Conference on Women , 1995.
- Convention on the Elimination of All Forms of Discrimination against Women and Optional Protocol to the Convention on the Elimination of all Forms of Discrimination against Women, 1979.
- Convention on the Rights of the Child and Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, 2002.

For more information on issues affecting Palestinian women’s human rights in Israeli prisons please contact info@aseerat.ps

Addameer

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Mandela Institute

<http://www.mandela-palestine.org/>

Palestinian Counselling Center

<http://www.pcc-jer.org/>

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