

The Social and Economic Costs of War-Induced Disabilities in the Gaza Strip

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Research Paper:
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Gaza Strip**

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Introduction:

According to recent estimates, approximately 10,000 individuals have sustained permanent disabilities due to the war in the Gaza Strip¹. This figure is likely to rise, as these estimates do not account for all injuries and disabilities, and the ongoing war continues to generate new disabilities daily. The "Israeli" occupation deliberately inflicts injuries that result in permanent disabilities as a tool of warfare against the Palestinian population. This strategy was not introduced during the current war in Gaza but has been a consistent tactic throughout the history of the occupation.

During the First Intifada, the practices of the occupation resulted in a significant number of injured Palestinians, reaching 80,000 by 1987, with approximately 15,000 of these individuals sustaining permanent disabilities². In the Second Intifada, which began in 2000, daily Israeli assaults on Palestinians further exacerbated disability rates due to gunfire and torture within detention centers. Consequently, the number of persons with disabilities as a result of occupation practices has doubled compared to persons with disabilities from all other causes. Specialists have indicated that the disability rate in Palestine increased to at least 3-5% during this period, compared to 1.9% prior to the Al-Aqsa Intifada, according to the Palestinian Central Bureau of Statistics (PCBS)³.

The United Nations Office for the Coordination of Humanitarian Affairs reported that during the Great March of Return protests, the occupation forces deliberately targeted demonstrators' limbs with live ammunition. This led to limb injuries in 7,000 individuals, or approximately 88% of those affected, followed by injuries to the abdomen and pelvis. Moreover, 156 of these cases resulted in amputations (126 lower limb amputations and 30 upper limb amputations). Additionally, at least 94 cases required secondary amputations due to infections in the bones, typically resulting from exacerbated injuries⁴. Testimonies from Israeli army snipers have confirmed that they were ordered to target the knees of demonstrators directly⁵.

During previous wars waged by the occupation forces in the Gaza Strip, studies have indicated that the weaponry used caused severe injuries among Palestinian civilians. The missiles fired by unmanned aerial vehicles (drones) resulted in the amputation of significant portions of limbs for all victims who

¹ "Statement Issued by the Disability Rehabilitation Sector of the Palestinian Non-Governmental Organizations Network" *The Palestinian NGOs Network* (29 June 2024). website: <http://n9.cl/8ape2>

² Ziad Amr, *A Report on: The Right of Persons with Disabilities in the Applicable Legislation in Palestine* (Ramallah, Independent Commission for Citizen's Rights, 2001). Link: <http://n9.cl/0esyoz>.

³ Waddah Eid, "Israel Doubled the Rate of Disability across the Palestinian Territories", *Al Jazeera* (6 December 2007). website: <http://n9.cl/tmk5e>.

⁴ "Two years later: Persons who got injured and sustained traumas during the Great March of Return are still struggling." *OCHA* (6 April 2020). Link: <http://n9.cl/mksi9>

⁵ Rami Haydar, "Testimonies of Occupation Snipers: The Strategy of Shattering Knees!", *Alassas Net* (2 October 2020). Website: <http://alassas.net/6477>.

lost their extremities. Moreover, injuries caused by explosives launched from aircraft were considerably more severe than those inflicted by other types of weapons⁶.

The Palestine Liberation Organization documented Israel's use of 13 types of internationally banned weapons in its war on the Gaza Strip. These weapons were reported to be supplied by the United States, Germany, and several other countries. Notably, among the documented munitions were: smart cluster bombs, vacuum bombs, and highly lethal dimer munitions, which leave injuries with long-lasting and often untreatable effects. Other documented weapons included "Halper" bombs and dumb bombs weighing approximately 2 tons each, causing massive destruction⁷.

Since the inception of the current war, the occupation forces have employed weapons specifically designed to create disabilities, with a focus on densely populated areas. The ongoing war has turned a significant portion of the narrow coastal strip, home to 2.3 million residents, into rubble⁸. The deliberate targeting of civilians and buildings with munitions designed to cause severe injuries and disabilities is evident. Statements from the occupation forces reinforce this, with the Israeli military spokesperson, DANIEL HAGARI, noting: "There are hundreds buried under buildings in our attacks", in addition to the "Defence" Minister in the occupation army YOAV GALLANT previously stating "We are fighting human animals and act accordingly".⁹ The use of weaponry in Gaza has been aimed at increasing the number of casualties, with volunteer surgeons reporting that some weapons are designed to maximize fragmentation, leading to severe internal injuries¹⁰. According to a report by Humanity and Inclusion, the intensity of the bombardment since the beginning of the war has resulted in both immediate and long-term devastating effects. The primary injuries from explosive weapons include fractures, peripheral nerve damage, amputations, spinal cord injuries, brain injuries, and burns. Furthermore, a Human Rights Watch report highlighted that some injured individuals arrived at hospitals with complex injuries difficult to manage, exacerbated by shortages of medical supplies and painkillers due to the blockade, which has led to preventable long-term disabilities¹¹.

Wars directly and indirectly impact the number of persons with disabilities. The weaponry used by the occupation forces in their current war on the Gaza Strip provides evidence of a deliberate strategy to

⁶ Hanne Heszelein-Lossius et. Al. "Severe Amputation in Surviving Palestinian Civilians Caused by Explosives Fired from Drones during the Gaza War", *The Lancet* 391 S15(2018). Website: <http://n9.cl/9b2pvk>.

⁷ "Liberation Organization: Documenting Israel's Use of Thirteen (13) Internationally Banned Weapons in Gaza." Day 7 (7 April 2024). website: <http://n9.cl/yon7ga>

⁸ "Non-Viable: United Nations Estimates that Removing Rubble from Gaza Could Take 14 Years," *Al Jazeera* (26 April 2024). website: <http://n9.cl/z2oze>

⁹ Statement by the Israeli Occupation Army Minister, Yoav Gallant, on 9 October 2023. Video link: <http://n9.cl.7kfc1>

¹⁰ Aysu Bicer, "Israeli Weapons with Shrapnel Designed to Maximize Casualties", *Anadolu Agency* (11 July 2024). Website: <http://n9.cl/5gs0e>

¹¹ "Gaza: Amputation Nerve Injuries and Fractures – New Report on Injuries Caused by Heavy Bombing," *Humanity and Inclusion* (12 December 2023). Website: <http://n9.cl/tm601a>.

inflict injuries leading to disabilities, as corroborated by the aforementioned statements. This approach has direct and indirect effects on the social and economic fabric of the Palestinian population. This research paper aims to examine the consequences of the ongoing genocide against Gaza on disability rates and persons with disabilities, by presenting and analyzing the economic and social costs associated with war-induced disabilities.

On the Social and Economic Costs of Disability:

Wars have a direct impact on disability rates, causing injuries that can lead to either temporary or permanent disabilities, particularly when access to necessary medical intervention is lacking. Many countries around the world have witnessed varying increases in disability rates during the times of war, and the impact on disability rates can continue for years after the war has ended.

A study on the effects of the American War in Vietnam on disability rates indicated a correlation between the severity of bombing and the prevalence of disability, depending on geographic distribution and population density. Specifically, a 10% increase in bombing intensity results, on average, in a 0.61% increase in the overall disability rate. Regarding the types of disabilities, the rates for visual, physical, and other types of disability increase proportionally by 0.50%, 0.52%, and 0.52%, respectively¹².

The study indicates a significant disparity in the intensity of bombing across different regions. Geographic areas were categorized based on recorded bombing intensity, revealing that higher bombing intensity correlates with increased disability rates in those regions. Specifically, regions that experienced bombing levels up to 406% higher than areas with the lowest intensity showed a relative increase of 25% in the disability rate. Furthermore, the impact on severe disabilities is more pronounced for individuals born before or during the war, with persistent effects evident after the war due to unexploded landmines and ordnance. The impact of the war was particularly severe on those with significant disabilities and on individuals born during the peak years of bombing¹³.

Researchers from Stony Brook University, the University of Tennessee, the National Institute of Disability, and the Oxford Institute of Population Ageing, estimate that a household with an unemployed adult with a disability requires, on average, 28% more income (\$17,690 annually) to maintain the same standard of living as a similar household without a disability. Studies generally show

¹² Michael Palmer et Al. "Long-Lasting Consequences of War on Disability". *Journal of Peace Research* 56(6)(2019): 860-875. Website: <http://n9.cl/xxwex>.

¹³ Ibid.

that employed persons with disabilities are twice as likely to earn less than the minimum wage compared to their non-disabled counterparts. Additionally, family members often reduce their working hours to provide support and care for the disabled family member, thereby diminishing the household's overall income¹⁴.

These circumstances result in both direct and indirect costs. The Indirect costs include lost earnings for persons with disabilities due to barriers and discrimination in employment, as well as costs borne by families who reduce their working hours or accept lower wages for the flexibility needed to provide care. Direct expenses also cover disability-related needs such as personal assistance services, healthcare, regular medication and rehabilitative treatments, home modifications, and the purchase and maintenance of assistive devices. These factors contribute to increased direct expenses for persons with disabilities and heighten the risk of poverty, as they face greater challenges in meeting monthly expenses, saving, and fulfilling their essential needs¹⁵.

Education is often viewed as a fundamental factor in enhancing the opportunities for persons with disabilities to cover alternative costs. However, challenges that impede access to education due to various social and economic factors result in lower chances of earning sufficient income for persons with disabilities. Those with complex and severe disabilities are particularly vulnerable to earning lower wages. A study on the economic cost of disability on families in South Africa found that individuals with mild disabilities tend to earn income that is equal to or higher than that of non-disabled individuals. In contrast, persons with severe disabilities receive significantly lower income. The average wage for persons with mild disabilities and persons without disabilities ranges from \$340 to \$406, whereas the average wage for those with severe disabilities drops to \$258, representing a 30.8% decrease. Additionally, the alternative cost for families with disabled children is higher, as these families typically earn only 70% of the income compared to families with non-disabled children¹⁶.

The Palestinian Context for Persons with Disabilities

In 2017, the disability rate, according to a narrow definition, was 2.1%. This rate is broken down as 1.8% in the West Bank and 2.6% in the Gaza Strip. Disability prevalence varies by age group, with disabilities being more common among adults than minors. Among the types of disabilities, physical disabilities are the most prevalent. Additionally, the incidence of disability, irrespective of type, is

¹⁴ Nanette Goodman et Al. *The Extra Costs of Living with a Disability in the U.S. – Resetting the Policy Table* (United States of America: NDI, The University of Tennessee and Stony Brook School of Social Welfare, 2020). website: <http://n9.cl/mrdhh>.

¹⁵ Ibid.

¹⁶ Jill Hanass-Hancock and Nicola Deghaye, *Elements of the Financial and Economic Cost of Disability to Households in South Africa* (Pretoria: National Department of Social Development, 2015). Website: <http://n9.cl/ttt62q>.

higher among males compared to females. In the Gaza Strip, the North Gaza Governorate recorded a disability rate of 3.2%, followed by Deir al-Balah Governorate¹⁷.

Participation of persons with disabilities in public life in Palestine is generally low, with their engagement in the labour market and educational institutions being notably limited. This often results in a reduced ability to meet their material needs, thereby trapping them in cycles of poverty. According to the PCBS, more than one-third of persons with disabilities (aged three years or older) have not enrolled in preschool or school, compared to only 6% of non-disabled individuals. Furthermore, 34.1% of children with disabilities (aged 10 to 15 years) have never attended school. Enrolment rates in education for persons with disabilities decline as they advance beyond secondary education¹⁸.

The PCBS indicates that 73.1% of persons with disabilities (aged 15 to 59 years) are employed for a wage, with 50.4% engaged in regular employment and 22.7% in irregular employment. Among these individuals, 6.8% have visual disability attributable to the occupation, 7.1% have hearing disabilities, and 11.6% have physical disability. In terms of disability causes in Palestine, most are classified as genetic. However, disabilities caused by the occupation account for 4.2% of visual disabilities, 3.3% of hearing disabilities, and 2.2% of Physical disabilities¹⁹.

It is worth noting that 90% of persons with disabilities in Palestine have health insurance. Of these, 36.6% have only governmental insurance, 13.2% have only UNRWA insurance, and 37.6% have both governmental and UNRWA insurance, representing the highest proportion. The coverage of health insurance is notably higher among persons with disabilities in the Gaza Strip and among the general population of the Strip. Conversely, 9.9% of persons with disabilities lack health insurance, with the majority falling within the age range of 17 to 25 years²⁰.

Although the Government Health Insurance Regulation for Persons with Disabilities No. (2) of 2021 stipulates that disability is the criterion for eligibility²¹, the Ministry of Health continues to use a 60% disability impairment rate as the benchmark for qualifying for health insurance. This approach treats disability from a medical perspective, determined by the impairment percentage assessed by the medical committee. In contrast, the rights-based perspective on disability asserts that disability,

¹⁷ *Characteristics of Individuals with Disabilities in Palestine* (Ramallah: Central Bureau of Statistics, 2021). Website: <http://n9.cl/2tipwd>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

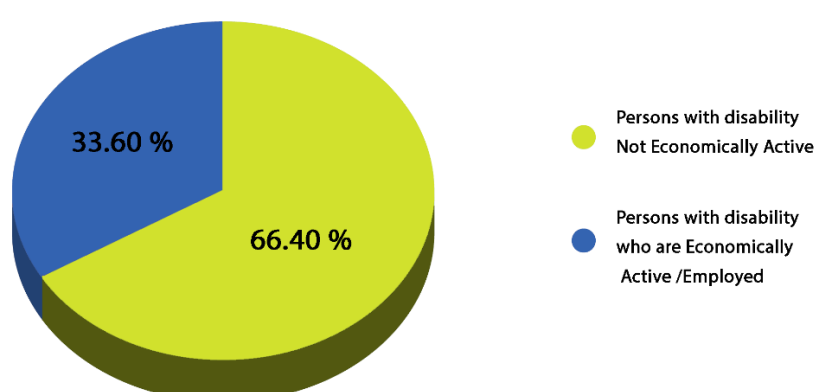
²¹ Government Health Insurance Regulation for persons with Disabilities No. (2) of 2021. website: <http://n9.cl/hlr22>.

regardless of its type or severity, should define eligibility for health insurance and all other rights for persons with disabilities as outlined in the Convention on the Rights of Persons with Disabilities.

Persons with disabilities face additional challenges related to the enforcement of health insurance. Although the health insurance regulation is supposed to relieve persons with disabilities from any service charges, in practice, some persons with disabilities are still required to pay these charges. Moreover, certain medications needed by persons with disabilities are unavailable²², and assistive devices are not provided by the Ministry of Health.

The unemployment rate among persons with disabilities within the age group of (15 – 59) is 38.3% of the economically active population, with only 20.8% being employed. In contrast, 66.4% of individuals within this age group are economically inactive, meaning they are not engaged in the labour market and are not seeking employment. This translates to 61,627 persons with disabilities who are neither employed nor actively seeking work. Additionally, only 9% of women with disabilities of working age are economically active, with nearly half (45.4%) being unemployed. The unemployment rate among males with disabilities stands at 37.5%. The PCBC also indicates that the likelihood of finding employment is higher in the West Bank compared to the Gaza Strip. Generally, the prevalence of disability increases with age, reaching 2% by the age of 40. Although the age group of (15 – 59) is not the highest in terms of disability prevalence, the rate of disability within this age group remains significant²³.

Distribution of persons with Disabilities of working (15-59) According to their Economic activity status



*The previous chart is based on statistics from the Palestinian Central Bureau of Statistics, 2017.

²² "Health Insurance for persons with Disabilities ... Disputes Regarding the Enforcement." *Al-Hayat Al-Jadida* (6 February 2022). Link: <http://n9.cl/1gkcc>.

²³ *Characteristics of Persons with Disabilities in Palestine*. Ibid.

Unemployment significantly impacts economic growth. On one hand, economic recessions contribute to increased unemployment rates, and the rise in unemployment further exacerbates economic stagnation, particularly as weakened demand for goods and services reduces economic activities and elevates unemployment rates.

The high unemployment rates among persons with disabilities have a more pronounced effect on the economy compared to unemployment rates among those without disabilities. This disparity is attributable to the additional costs associated with disabilities, which include ongoing medical and rehabilitative treatments, as well as assistive devices and tools necessary for persons with disabilities to achieve a standard of living comparable to that of individuals without disabilities.

Gazans are classified within the two poorest categories among the five most impoverished categories according to the welfare index established by PCBS²⁴. This indicates that the standard of living in the Gaza Strip is generally lower than that in the West Bank. This holds true for persons with disabilities as well, with 41.5% of persons with disability in the West Bank living within the two lowest poverty categories on the welfare index, compared to 75.3% of persons with disability in the Gaza Strip residing in these two lowest categories. This implies that persons with disabilities in Gaza face elevated levels of poverty, particularly due to reduced access to education, the job market, and lower wages.

The Palestinian Authority has raised the minimum wage by issuing Palestinian Council of Ministers Decision No. (4) of 2021, which set the minimum wage at 1,880 shekels per month, 85 shekels per day, and 10.5 shekels²⁵ per hour. However, this minimum wage is insufficient to cover the cost of living for Palestinian families in general, especially given the poor economic conditions, high unemployment and poverty rates, and rising prices. Additionally, it does not account for the extra costs associated with disabilities, which require a higher income to achieve a standard of living equivalent to that of individuals without disabilities. According to PCBS, the average total monthly expenditure for a Palestinian family²⁶ in 2017 was 4,674.5 shekels²⁷. Considering the 28% increase in costs related to disability, as noted in the previous American Study, the required amount rises to 5,983.36 shekels. Given the unemployment rates among persons with disabilities and the minimum wage of 1,880

²⁴ Based on the welfare index used by the Palestinian Central Bureau of Statistics, the population has been divided into five categories ranging from the poorest to the wealthiest. This classification is based on specific indicators related to household assets, such as the appliances and goods possessed by each family. For more, visit the following link: <http://www.pcbs.gov.ps/Downloads/book2564.pdf>

²⁵ The Palestinian Council of Ministers Decision No. (4) of 2021 on the Minimum Wages in Palestine. Visit the following link: <http://n9.cl/s6p8t>.

²⁶ Assuming that the family consists of 5.5 members.

²⁷ "Household Expenditure and Consumption Survey (October 2016 – September 2017)." *Palestinian Central Bureau of Statistics* (2018). website: <http://n9.cl/qxc98>.

shekels, this minimum wage covers only 30% of the cost of living, assuming that they can access the job market and secure the minimum wage.

The Impact of the Gaza War on Disability-Related Costs

Based on the estimated number of persons with disabilities caused by the current war in the Gaza Strip, which reached approximately 10,000, the disability rate will be increased by 0.46% of the total population of the Strip. This represents a 17.2% increase in the percentage of persons with disabilities within the Gaza Strip to date. The Study related to the Vietnam War, referred to in previous section, indicated that every 10% increase in the rate of bombings correlates with a 0.61% increase in the disability rate. This suggests that in the Gaza Strip, every 7.54% increase in bombings corresponds to a 0.46% increase in disability. While the figures in Gaza are somewhat analogous to those in Vietnam, the prolonged duration of the Vietnam War—spanning over 19 years—and the differences in population percentages indicate a similarly severe impact, pointing to catastrophic conditions in the Gaza Strip.

In addition to the general cost of living, persons with disabilities and their families incur additional expenses related to disability requirements. These requirements vary depending on the type of disability:

- **Visual disability:** Personal assistants, corrective lenses, screen readers, and white canes.
- **Hearing Disability:** Hearing aids with or without telephone adapters, cochlear implants, visual and sensory alert systems, and sign language interpreters (assistants).
- **Physical Disability:** Physical therapy services, occupational therapy services, specialized bathroom aids, manual or electric wheelchairs, and walking aids.
- **Cognitive Disability:** Personal assistants (especially for severe disabilities), personal hygiene supplies, and speech and communication therapy sessions²⁸.

Based on a survey about the situation of children with disabilities and those injured during the current war in the Gaza Strip, which was conducted on a sample of 545 children, preliminary analyses indicated that 62.9% of the 162 injured children require rehabilitative treatments, amounting to 102 children.

²⁸ Based on the classification of needs and requirements specified by the Palestinian Central Bureau of Statistics, as outlined in the 2011 Disability Survey results.

Medical assessments revealed that they need a total of 13 to 14 sessions²⁹. Given that the cost per session is approximately \$20, including transportation expenses, the estimated total cost for all sessions per child is about \$270. Therefore, the estimated total cost of treating these children amounts to \$27,540. Additionally, some severe disabilities may require ongoing annual treatments, potentially averaging up to 48 sessions per year, which translates to approximately \$960 annually, not including potential multiple surgeries. This is in the context of the massive number of casualties since the onset of the war.

Since the onset of the war³⁰, 97,937 people were injured in the Gaza Strip until now, with an estimated 11,000 cases of limb amputations³¹. Applying the previous figure to the estimated number of amputations, the projected cost could reach \$2,970,000. This estimate does not account for subsequent surgical procedures or ongoing pharmaceutical treatments, representing a minimum cost estimate. According to the United Nations Office for the Coordination of Humanitarian Affairs, limb reconstruction and rehabilitation typically span from six months to three years, depending on the severity of the condition. This process may involve between two and eight surgeries and 12 to 30 physical therapy sessions, with the cost for each case potentially reaching \$40,000. In the 2020 Humanitarian Response Plan for the Occupied Palestinian Territories, a total of 18 projects were identified to address specific health and protection needs of those affected. The total amount required to cover these costs was estimated at \$13.5 million³².

In addition to the cost of rehabilitative treatment, there are also expenses for assistive devices and tools. The prices of assistive devices vary depending on the type of disability and the nature of the device itself. The following table outlines the essential expenses required to cover the cost of basic assistive devices for certain types of disabilities, not accounting for maintenance costs or the purchase of new assistive devices:

²⁹ *Unpublished Report on the Preliminary Results of the Situation of Children with Disabilities and Injuries During the Current War in the Gaza Strip survey* (Ramallah, Star of Hope Society for the Empowerment of Women and the Social and Economic Policies Monitor (Al Marsad), 2024).

³⁰ Palestinian Central Bureau of Statistics, main page. See link: <http://n9.cl/56lbud>.

³¹ Amjad Yaghi. "Limbs Amputations .. 11,000 Victims during the Aggression on Gaza". *Al-Arabi Al-Jadid*. (20 July 2024). Link: <http://n9.cl/vqlel>.

³² "Two Years Later: Individuals Injured and Traumatized During the "Great Return March" Continue to Struggle," *OCHA* (27 April 2024). Link: <http://n9.cl/mksi9>.

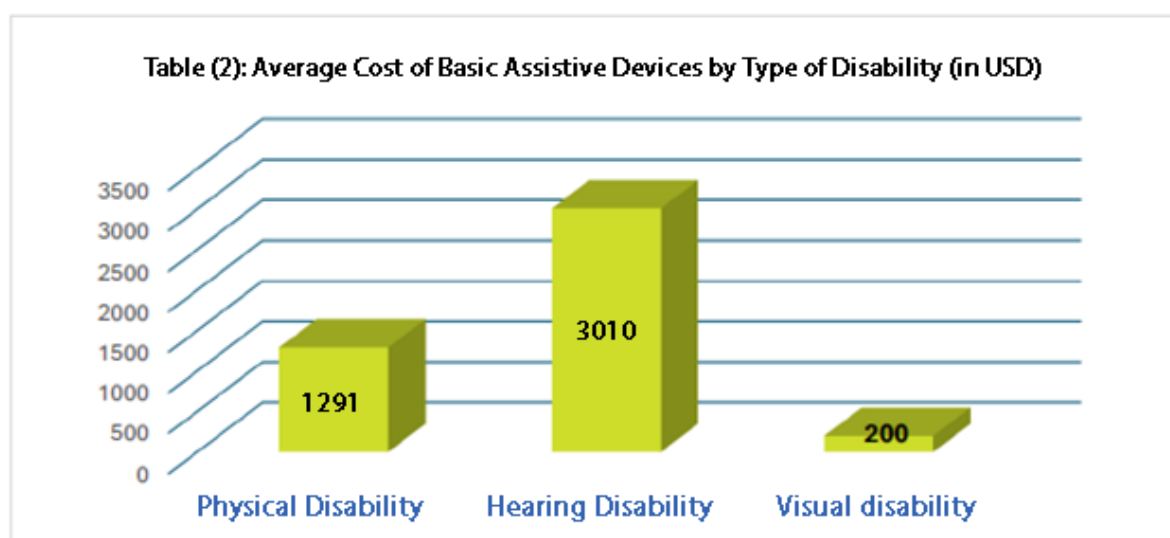
Table (1): Cost of Assistive Devices by Type of Disability in USD

Physical Disability		Hearing Disability		Visual Disability	
Manual Wheelchair	850\$	Hearing Aid	1000\$	White Cane	200\$ per year with the treatments
Electric Wheelchair	3000\$	Cochlear Implant/ Internal Hearing Aid	5000\$		
Cane/Crutch	23\$	Battery Cost	10\$		
Average	1291\$	Average	3010\$	Average	200\$

* The data in the table is based on information collected from the field through organizations working with persons with disabilities.

Based on the estimated data provided above, the following figure illustrates the average estimated cost of assistive devices by type of disability in USD. The estimated costs for assistive devices related to hearing and physical disabilities are notably higher, whereas the estimated costs for visual disability assistive tools are lower. However, certain types of disabilities, including visual disability, also require personal assistants. The cost of personal assistance for visual disability ranges from \$20 to \$30 per day, as does sign language interpretation for hearing disability.

Table (2): Average Cost of Basic Assistive Devices by Type of Disability (in USD)



These assistive devices are essential requirements for persons with disabilities; however, they do not encompass all of their needs. Additional requirements include technical devices that facilitate communication, such as screen readers, speakers, and visual and hearing alert systems. Furthermore, home accommodations—such as ramps, elevators, and modifications within the home like adapted bathrooms and furniture—also constitute part of the additional costs incurred by persons with disabilities.

Based on the prices set by the Prosthetics and Paralysis Center, the average cost for prosthetic limbs is \$1,955.60. Given the estimated number of amputation cases at 11,000, the total cost for prosthetic limbs required due to the war is approximately \$21,511,600 to date.

Table (3) below provides a detailed breakdown of the prices. The table indicates a significant variation in prices relative to the average. The highest price for a prosthetic limb, as outlined in the table, is \$6,388. If this highest price is applied to all amputation cases, the total cost would amount to \$70,268,000.

#	Device/Tool	Unit	Price per Unit in USD
1	Standard Above-Knee Prosthetic Limb	Limb	1763
2	Standard Below-Knee Prosthetic Limb	Limb	921
3	Silicone Above-Knee Prosthetic Limb	Limb	2388
4	Silicone Below-Knee Prosthetic Limb	Limb	1546
5	Advanced Silicone Above-Knee Prosthetic Limb	Limb	6388
6	Advanced Silicone Below-Knee Prosthetic Limb	Limb	2546
7	Fixed Wrist Prosthesis	Limb	300
8	Myoelectric Prosthetic Limb	Limb	1840
9	Movable Above-Elbow Prosthetic Limb	Limb	2000
10	Movable Below-Elbow Prosthetic Limb	Limb	1500
11	Fixed Below-Elbow Prosthetic Limb	Limb	776
12	Fixed Above-Elbow Prosthetic Limb	Limb	1500
Average			1955.6

* The data in the table is based on the prices set by the Prosthetics and Paralysis Center.

The lifespan of a prosthetic limb depends on the individual's age, activity level, and growth rate. A prosthetic limb can last anywhere from several months to several years. During the initial period, particularly the first six months, the prosthetic limb often requires specific adjustments, which may range from minor to moderate. If the limb is properly fitted, only minor adjustments or maintenance may be needed, and it can potentially serve the individual for up to three years³³.

Due to the significant pressure on healthcare facilities and the acute shortage of medical supplies and equipment, a large number of amputations may have been performed under suboptimal conditions for fitting prosthetic limbs. This situation necessitates additional medical and surgical interventions before prosthetic limbs can be fitted. Such conditions may also increase the need for prosthetic adjustments after installation. This issue is exacerbated by the large number of amputation cases that require medical interventions, often with depleted medical supplies. Some procedures were conducted without anesthesia or proper medical instruments, such as the operation performed by DR. HANI BSEISO on his niece using a kitchen knife³⁴.

Who Bears the Cost?

Palestinian Government face financial difficulties due to the overall decrease in the Palestinian general budget, which primarily relies on clearance transfers and foreign aid. This situation markedly impacts the operations of these ministries, especially following the reduction in aid from donor countries to the Palestinian Authority and the restrictions imposed by the occupation on clearance transfers. Additionally, the Palestinian general budget is not allocated in a manner that aligns with the needs of each sector. For instance, the Ministry of Health was allocated only 14.5% of the general budget for 2023, according to the Citizen's Budget, which amounts to \$748 million³⁵. This allocation affects the Ministry's ability to enhance its services and impacts the range of services covered by government health insurance, including health insurance services provided to persons with disabilities.

The cost of disability encompasses the ability of persons with disabilities to access the following basic necessities: medications and routine treatments, personal hygiene supplies, rehabilitative therapies, assistive devices and equipment, personal assistants (such as aides and sign language interpreters), and home accommodations. Access to these necessities is considered a fundamental right of persons

³³ Roya Medical Service. Visit the following link: <http://n9.cl/j74ch>

³⁴ "A Scene from Hell: Amputees in Gaza." *Al Jazeera* (18 June 2024). Link: <http://n9.cl/a5md7>

³⁵ The Citizen's General Budget of 2023. Visit the following link: <http://n9.cl/ocos9>

with disabilities, which governments are expected to provide as part of a comprehensive social protection system.

Assistive devices and therapeutic services, including medication and rehabilitation, are among the services stipulated in the Health Insurance Regulation for persons with Disabilities. However, a review of the Ministry of Health's Budget for 2023³⁶ reveals no allocation within the Ministry's budgets for the costs necessary to cover these services. Additionally, there is a lack of clear details or specific allocations related to providing the service basket covered by insurance for persons with disabilities and its comprehensiveness in addressing their needs.

In Gaza today, the healthcare system is generally suffering from shortages in medical supplies, medications, and equipment, compounded by deliberate targeting. The presence of the occupation has affected the healthcare sector even before the recent war due to the ongoing blockade. Before the war, there was already a shortage of many medications specific to persons with disabilities that were not available at the Ministry of Health. During the war, the occupation prevented the entry of certain assistive tools and devices into the Sector. These conditions have exacerbated the challenges faced by persons with disabilities during and after the war, especially given the weakened capacity of the Ministry of Health to fulfill its role and manage the additional costs of disability amidst the increasing number of cases due to ongoing conflicts.

The additional costs of disability are expected to be covered by the State and should be a fundamental part of the rights of persons with disabilities. This includes allocations for persons with disabilities and their families to cover these extra costs, as well as sustainable and inclusive empowerment programs. However, several factors hinder the realization of this, including the budgeting process, such as the Ministry of Health's budget and spending preferences, as well as the poor economic conditions.

The substantial increase in the number of persons with disabilities raises the economic cost of disability amidst a struggling Palestinian economy, which the occupation deliberately undermines. By creating injuries that lead to disabilities, the occupation aims to further strain the Palestinian economy and increase poverty among Palestinian families. This situation is compounded by the difficulties faced by persons with disabilities in accessing the labor market and the need for many persons with severe disabilities to have family members as caregivers, which reduces the opportunities for other family members to participate in the workforce.

³⁶ Ibid.

Persons with disabilities and their families often bear the costs associated with disability due to the weak social protection system, Limited capacities of the Palestinian ministries, and poor distribution of the Palestinian Authority's general budget. This situation exacerbates poverty among persons with disabilities, which in turn has a negative impact on the overall Palestinian economy.

The costs of disability resulting from the war on Gaza are substantial and are not temporary but ongoing. Even if international humanitarian organizations cover initial costs, for example, the cumulative cost of disability will continue to affect the entire Palestinian economy and social fabric.

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