



The Clinics for Law and Social Change

Annual Report 2019-2020

We are proud to present the Legal Clinics' 2019–2020 report. After a brief overview of our activities as a center, we will present in detail each clinic's activities in the past academic year.

As always, the Clinics' activity spans many different topics and areas of law all aimed at promoting human rights and access to justice—constitutional and administrative law, criminal law, labor law, tort law, family law, and others. The Clinics are also extremely diverse in terms of the causes and clients we serve, including all walks of Israeli society and especially marginalized communities and people whose voices are seldom heard. These include people living in poverty, people with disabilities, refugees, women survivors of sexual assault, women in prostitution, transgender people, the elderly, the Arab–Palestinian minority, and more.

Finally, the Clinics offer students experience with a wide variety of tools available to the legal profession for promoting social change: litigation, advocacy, drafting legislation, writing policy papers, alternative dispute resolution, educating the public, supplying legal information, and writing academic articles.

This year has been unique due to the outbreak of COVID-19. The pandemic and the measures taken to curb it created unprecedented challenges to human rights, and the legal clinics were at the forefront of legal activism to protect human rights in the various areas of activity. Full details of this activity can be found below in the reports of each clinic. For this short introduction, it suffices to say that the scope and importance of the activity was impressive and inspiring. In extremely challenging personal and professional circumstances, the staff and students took on the additional load, showed commitment and creativity, and succeeded in making a difference.

For example, one issue that was extremely central is the protection of privacy. The Law Technology and Cyber Clinic was involved in reviewing and monitoring the numerous emergency regulations allowing cellular tracking. The Clinic, together with a coalition of organizations and experts, wrote numerous policy papers, commented on bills, and participated in hearings in the Knesset Committee for Security and Foreign Affairs.

Soon after the beginning of the crisis, it became clear that in addition to a health care crisis, the coronavirus created an unprecedented financial crisis. The Civil Litigation Clinic was involved in numerous legal actions to address the legal aspects of this crisis, both through individual legal aid and through wider policy issues. For example, the Clinic filed a petition with the HCJ demanding that banks open all their branches to the public on the days that the National Insurance Institute (NII) pays pensions and benefits. Many people who receive these benefits (debtors, people in poverty, the elderly) do not have credit cards, debit cards, or checks, and therefore the closure of banks meant they were unable to withdraw money for essential use. Following the filing of the petition, the banks decided to open their branches.

A final example includes a petition filed by the Law and Education Policy Clinic on behalf of NGOs and activists from marginalized groups demanding that the Ministry of Education ensure that all children have sufficient access to online learning. According to the Israel Statistics Bureau, 24% of households in Israel with children are not connected to the internet and 15.7% do not own a computer. The situation is especially troubling in poor households, in the Bedouin population, in Eastern Jerusalem, and in the refugee population. While the petition was pending, the lock-down was gradually lifted and it seemed that schools would be going back to normal. Therefore, the court recommended that the petitioners withdraw the petition and instructed the Ministry of Education to prepare a plan to ensure universal access to online learning. The court also instructed the Ministry of Education to find solutions for “red” areas, in which schools were still closed. The Clinic is following the situation to ensure that the system is better prepared for the 2021 school year.

At the same time, the Clinics continued with existing projects and supplying legal services to clients in the best way possible despite the restrictions. The Dispute Resolution Clinic began conducting mediations through Zoom. The experience led the Clinic to write a practitioners’ guide concerning the challenges of, and things to notice when, conducting online mediation. The guide integrated existing academic and professional literature with the experience in the Clinic.

In addition to promoting human rights and providing quality legal education, we see the Clinics as a center for applied legal research. Unique knowledge and insights about the law are created in the Clinics, and the cooperation between clinicians, students, and research faculty is another way of amplifying the impact of the Clinics’ legal work on Israeli law and society. This year, several research projects developed in the Clinics came to fruition, including articles by De. Dalir Ken-Dror Feldman, Adv. Vardit Avidan, and Adv. Haran Reichman.

All of this would not be possible without the support of our many friends and benefactors. A special thanks goes to Ms. Tzily Charney whose generosity and vision has helped us establish the Leon Charney Dispute Resolution Clinic, and to the David Berg the Weil-Bloch foundation for their ongoing generosity.

In the coming academic year (2020–2021), the Arab–Palestinian Clinic will not open because the director, Dr. Ilan Saban, is going on sabbatical. The Public Defender Clinic will take a six-month break (beginning in January 2021) and reopen in the next fall semester (October 2021).

The Clinic for Law, Technology and Cyber

Clinical Director: Dr. Adv. Dalit Ken-Dror Feldman

Academic Director: Dr. Daniel Benoliel

The Clinic for Law, Technology and Cyber aims to address unique legal challenges that arise in the digital age. Focusing on effects on human rights and the public interest, the students in the Clinic examine new technologies and applicable legal regulations. Typically, legal regulation lags behind technological development, which creates challenges such as algorithmic discrimination, intrusion on privacy, and infringement of free speech on the internet. Additional legal challenges involve the adaptation of intellectual property law to the digital world and tortious and criminal responsibility for harms created by technology.

The Clinic was established ten years ago and was the first of its kind in Israel; it maintains, to this day, a leadership role in the growing field of technology and cyber law, initiating and leading coalitions, organizing conferences, and taking part in numerous projects. Together with the [Haifa Center for Law and Technology](#) and the [Center for Cyber Law and Policy](#) of the faculty, the Clinic is at the forefront of cyber and technology law in Israel.

This year eleven students participated in the Clinic and were involved in numerous projects, as detailed below. Alongside other projects, a main area of activity was the COVID-19 crisis and the challenges it created in terms of privacy and transparency.

I. Covid-19, Privacy, and Transparency

The coronavirus crisis created unique and weighty challenges related to privacy, and especially the use of mobile phone data. From the beginning of the outbreak, the Clinic stood at the forefront of the action to ensure that measures taken to curb the epidemic do not infringe on individuals' rights disproportionately. The Clinic director, Dr. Dalit Ken-Dror Feldman, joined a coalition of researchers, clinics, organizations, and practitioners who are experts in this field. The coalition wrote numerous policy papers (the Clinic was the primary writer of several of these) and commented on the various legislative bills and emergency regulations that were issued. The Clinic participated (via Zoom) in the marathonic meetings of the Knesset Security and Foreign Affairs committee that discussed them. This activity led to various changes in policy. For example, the Ministry of Health changed the regulations requiring 24 hour filmed surveillance of patients in coronavirus wards in hospitals, and various amendments to legislation and orders concerning cellular tracking by the Shabak.

The Clinic's activity related to the challenges of the coronavirus is ongoing.

1. In the second semester, the Clinic wrote the Ministry of Health concerning the use of the Whatsapp instant messaging application by medical teams for medical consultations. While using applications such as Whatsapp can potentially increase efficiency and speed, the Clinic warned that some of the applications are not sufficiently safe and recommended using applications that better ensure that private medical information is safe. The issue is especially timely as more of our health care is done from afar. We are still waiting for the Ministry's response.

2. The Clinic is currently writing a policy paper concerning copyright in online higher education. The policy paper aims to address challenges related to the fact that students and researchers are unable to physically come to the library to conduct research.

3. The Clinic is examining the impact of intellectual property protections on the search for a cure or vaccination for COVID-19.

4. The Clinic is currently writing a position paper concerning the importance of governmental transparency to creating public trust during the pandemic. The position paper is part of the inter-university cooperation Academia-IL Collective Impact: COVID-19.

II. Online Free Speech

1. Legislation

In 2020 the chairman of the main elections committee passed a judgment stating that political speech during campaigns must be marked so that citizens know who is behind the speech. The Clinic is drafting legislation that will codify this decision. Additionally, the Clinic is working on amending legislation to contend with the problem of political spam and nuisance calls and texts.

2. Alternative Enforcement

Alternative enforcement refers to the state approaching online platforms such as Facebook and YouTube and asking them to remove or block content in accordance with the platform's policy. These requests are usually successful and the content is removed. The process is identical to that of private individuals reporting content to platforms and therefore lacks transparency and public oversight. Last year the Clinic, together with partners, wrote to the district attorney asking that the practice be formalized in regulations and recommending that a public entity oversee these requests. The DA replied that the practice will be formalized but rejected the request to establish a supervising body. Following last year's activity, Dr. Ken-Dror Feldman, with Prof. Niva Elkin-Koren, wrote an academic article that has been accepted for publication in an Israeli law review. In the article the authors argue that the state as well as platforms such as Google and Facebook should act with full transparency with regard to alternative enforcement and that a supervising institution should be established.

3. Blocking Users from Public Figures' Pages on Social Media

In 2019, and especially around the time of the Israeli elections, the Clinic approached the attorney general and recommended that rules should be issued concerning blocking users from public figures' pages on social media. The Clinic, representing several academics and organizations, argued that public figures and entities should be required to enable more free speech on their pages than private individuals. This year the Clinic wrote a policy paper that proposes voluntary regulations for public figures' pages detailing the situations in which users may be blocked from pages. The regulations include different levels of blocking and an appeal mechanism. The policy paper will be submitted to the legal advisor of the Knesset, the Attorney General, and will also be uploaded to the Clinic's website and publicized to public figures.

III. Technological Entrepreneurship Project

The Clinic is involved in several projects related to technological entrepreneurship, taking advantage of the expertise of the academic advisor of the Clinic, Prof. Daniel Ben-Oliel.

1. Angels' Investments in Start-ups

Although the state of Israel aims to encourage investment in technological entrepreneurship, it is yet to be shown that the way these incentives are designed is effective. The Clinic aims to examine this question, and to do so has met with experts and also designed a questionnaire for angels that will shed light on their considerations when investing in start-ups. Due to the COVID-19 situation, the Clinic has not started the survey and is waiting for better timing. The Clinic also issued a second request under the Freedom of Information Act to the head of the Israel Tax Authority (ITA) requesting information concerning the scope of tax exemptions requested and granted to angels. The first request was submitted in 2019 and the response did not disclose all the information needed. We are awaiting the ITA's response.

2. Support Models for Technological Entrepreneurship

Private investors often prefer short-term investments, in which gains are immediate. Therefore, technological entrepreneurship, such as cleantech and bio-medical projects, that take longer to develop and complete face a special challenge. This is especially problematic when public funding has already been invested in the project and may go to waste if funding is discontinued. In an attempt to devise strategies to solve this quandary, the Clinic approached the Israel Innovation Authority (IIA) in the first semester to better understand the factors that lead to closure of companies. The IIA replied that this information is not collected. The Clinic is working with the IIA to create this type of information as a first step toward strengthening technological entrepreneurship of this kind. The Clinic has begun writing a policy paper on this topic and will continue this project next year.

3. Entrepreneurs and Their Companies

Last year the Clinic examined issues concerning the relationship between an entrepreneur's actions before establishing a company and the company's obligations. This year the academic advisor and Clinical Director wrote an academic article on the topic that will be published in a book called *Emerging Technologies: Challenges in Israeli Law* (Hebrew).

IV. Cyber Bullying

The Clinic, together with the Dispute Resolution Clinic, created a workshop designed for eighth-grade children concerning cyber bullying that is aimed at teaching the dangers and legal aspects of cyber bullying and giving the students tools for resolving disputes. The first workshop began in a school in Zichron Yakov; however, after the first meeting schools were shut down due to the coronavirus. We hope to resume this project next year.

Additionally, the Clinic is currently investigating the existing legal tools to contend with cyber bullying to see whether policy change is required. A policy paper will be completed during the summer and the conclusions will be promoted together with the [Netica Center](#) in the Israel Internet Association.

V. Kol Zchut Project

Kol Zchut is a website that offers accessible information about rights and entitlements in Israel. The Clinic wrote a guide to copyright for the website that was completed in the second semester.

VI. LGBTQ Database and Archive

The Clinic has joined the Haifa LGBTQ community in a project to establish a website that will archive photographs, documents, and information concerning LGBTQ history and activity in Haifa. The Clinic offers legal guidance in the areas of permission to use content on the website, privacy policy, and copyright. The Clinic has completed the terms of use, power of attorney, and the website's privacy policy and will complete the legal opinion concerning privacy this summer.

VII. The Ben Yehuda Project

The Clinic gave legal aid regarding copyright issues to the NGO for digitization of Hebrew Literature that runs the Ben-Yehuda project, which aims to digitize Hebrew literary classics and make them accessible online to the public.

VIII. Access to Knowledge in Higher Education

The Clinic has been involved in this project for several years; it is designed to improve public access to copyrighted material. The Clinic co-established a forum comprising representatives from most of the institutions of higher education in Israel. The forum formulated a set of agreed principles of fair use.

Due to growing need, the forum reconvened in February 2018 to examine the implementation of the principles that were decided upon in the forum, their interpretation, and any new challenges that had arisen.

This year the Clinic was involved in two related issues: First, the Clinic is involved in the implementation of the procedure for depositing theses that was created last year and in solving problems when they arise. Second, the Clinic, together with the academic libraries, is preparing a letter to Israeli publishers of academic journals to promote accessible publishing.

IX. Online Mediation Regulations

Together with the Dispute Resolution Clinic, the Clinic is mapping out Israeli standards of ODR for the standard committee of the International Council for Online Dispute Resolution (ICODR).

X. Conferences, Lectures, and Academic Research

During the year, the Clinical Director organized and participated in several conferences and academic and public lectures. Additionally, the Clinical Director wrote several academic articles based on clinical work.

The Legal Clinic for the Rights of the Arab–Palestinian Minority

Clinic Director (Professional and Academic): Dr. Ilan Saban

The Clinic's mission is to explore the legal issues related to the national schism in Israel and promote the rights of the Arab–Palestinian minority. Recognizing that some of these issues are sensitive and strongly contested within Israeli society, the Clinic aims to enable a peaceful and respectful discussion of them among Jewish and Arab students. The projects in the Clinic pertain to cases of discrimination against and exclusion of members of the Arab minority in Israel. By choosing discrimination cases, the Clinic functions within a shared middle ground of values according to Israel's Declaration of Independence, which states that Israel "will ensure complete equality of social and political rights to all its inhabitants irrespective of religion race or sex."

As stated above, Dr. Saban is both the professional and academic director; therefore, the Clinic enrolls half the number of students that other clinics enroll. This year, five students participated. Legal representation of clients is done in partnership with NGOs, pro bono legal practitioners and the professional director of the Clinics, Adv. Haran Reichman.

Next year the Clinic will not open because of Dr. Saban's sabbatical. When necessary, Adv. Reichman will continue representation in the cases.

I. Legal Status of Palestinian Youngsters in Israel

In the past three years the Clinic has provided legal aid to young Palestinians who live in Israel in welfare institutions in cases concerning their legal status in Israel.

1. In 2017 the Clinic filed a petition to the HCJ (represented by Adv. Haran Reichman) on behalf of a young woman who had lived in Israeli welfare institutions for several years and is now an adult. Following the filing of the petition, the state agreed to grant the client temporary residency; however, that was delayed because the client was required to undergo a security check. This year the young woman was granted temporary status, and another hearing in the HCJ is scheduled for November 2020.

2. The Clinic filed a petition to the HCJ (represented pro bono by Adv. Ronen Shklarsh) on behalf of an Israeli citizen who is seeking legal status for her children. The Ministry of Interior refused to grant status to the children since they are listed in the Palestinian population registry. The client failed to remove them from the registry and was therefore at a dead end. A hearing was held at the HCJ in June 2020 at which the court recommended the petitioner file a petition to the Administrative Court instead and once again attempt to approach the Palestinian authority and remove the children from the registry. An administrative petition was filed on June 14, and the Clinic has created contact with a Palestinian legal clinic from Al-Quds University that is helping the client in her appeal to the Palestinian Authority.

3. The Clinic is representing a young undocumented Palestinian woman whose mother is a resident of Eastern Jerusalem and father is a Palestinian from the West Bank. Last year the Clinic wrote a letter to the registrar explaining the client's story and requesting she be granted legal status in Israel. After the letter went unanswered the Clinic (represented pro bono by Adv. Ronen Shklarsh) filed an appeal to the Immigration Appeal Tribunal. The tribunal dismissed the appeal, stating that the client had not come to the court with clean hands. As

a result, the Clinic drafted a new application on behalf of the client for legal status for humanitarian reasons. The application will be filed in August.

II. Discrimination in Government Advertising Agency

The Government Advertising Agency (GAA) is a governmental unit in charge of advertising important information to citizens concerning rights and entitlements, preparing for emergencies, safety, and other important topics. The data show that the GAA severely underinvests in advertising in Arabic, with only 3%–4% of its budget going toward doing so. Since 2016 the Clinic, together with partners, has been involved in promoting equal treatment of Arabic in GAA publications.

In April, at the beginning of the coronavirus crisis, the Clinic approached the GAA demanding that it allocate an equal share of its budget to campaigns in Arabic concerning the health crisis. In the letter the Clinic argued that the share of advertising in Arabic is smaller than Arabs' share in the population and that there were specific campaigns that were not published in Arab media at all. The Clinic also argued that especially during a pandemic, advertising in Arabic is crucial for ensuring public health.

III. Access to Cemeteries in Abandoned Villages of 1948

The Clinic partnered with several organizations (Adala, Alkuds, Zochrot, Bimkom, Elaksa) to examine the issue of access to and preservation of cemeteries in Arab–Palestinian villages that were destroyed in 1948. The project does not aim to renew burial in the cemeteries.

In June 2020 the Clinic organized a roundtable (via Zoom) of planning professionals, lawyers, researchers, Knesset members, and representatives from civil society to discuss the issue and coordinate the different actions taken by stakeholders.

The Clinic prepared a policy paper together with Adv. Keish Nassar that was sent to the participants and to the Arab High Follow-up committee.

IV. Additional Projects

1. **Special Lawyers Bill.** Last year the Clinic wrote a legal opinion concerning the bill that designates “special lawyers” who are allowed to be exposed to confidential evidence in security cases. This year Dr. Saban, together with Adv. Smadar Ben-Natan, has written an article based on the policy paper. The article has been submitted for publication in an Israeli law review.

2. **Representation of Arab Palestinians in the Israel Public Broadcast Corporation (IPBC) Committee.** In June 2020 the Clinic, together with two partners (NGOs Ilam and Sikuy), wrote a letter to the chair of the search committee for the IPBC and the Minister of Communications stressing that the IPBC has a duty to appoint Arab members.

3. The Clinic is representing an Arab Palestinian woman with a disability who was denied a mobility pension.

The Leon Charney Dispute Resolution Clinic

Clinical director: Adv., Social Worker, and Mediator Dana Gilo

The Dispute Resolution Clinic, which has completed its second year of activity, is a unique and innovative clinical program that aims to promote human rights and positive social change using the tools of alternative dispute resolution (ADR). The underlying belief is that mediation and other dispute resolution tools benefit both sides of conflicts, and therefore the Clinic aims to raise awareness of the ADR approach and principles, both among students and among the general population.

Under the Clinic's approach, a significant share of conflicts can be resolved through conversation and cooperation instead of through courts. Mediation can also maintain and even rehabilitate relationships that have been affected by conflict. Additionally, mediation can empower the parties because they maintain control over the proceedings and their voices are heard throughout. By learning and practicing mediation, people acquire interpersonal tools that improve communications and relationships and can eventually prevent further conflicts from arising.

Twelve students participated in the Clinic this year and all of them participated in a professional mediation course before the beginning of the academic year and were certified as mediators.

The activity in the Clinic comprises pro bono mediations, which the students conduct together with a senior mediator (either with Adv. Dana Gilo, the director of the Clinic, or a mediator from the Haifa Community Mediation Center, with which we work). In addition to performing pro bono mediation, the Clinic engages in community projects, policy promotion, and education initiatives to teach the principles and tools of alternative dispute resolution to the public, especially to marginalized populations.

Due to the coronavirus crisis, the Clinic has had to significantly change its work by moving to online mediations and workshops. This led us to undergo a process of learning the opportunities and challenges of online dispute resolution (ODR).

I. Mediation

1. Small Claims Mediation

The Clinic took care of 37 cases of mediation that were referred to us from the Small Claims Court. In 20 of these cases, mediation took place, and half of these mediations ended in a mediation agreement that was later approved by small claims court. Six of the mediations were conducted via Zoom.

The mediations are conducted in partnership with the Haifa Center for Community Mediation, directed by Yaron Levine, and with the help of the volunteer mediators in the center. The students take an active part in the mediation, from the intake conversations and preparation for the mediation throughout the process and the drafting of agreements. At the end of each mediation, the students have a concluding discussion with the mediator and write their reflection about the process.

2. Family Mediation

This year the Clinic began conducting mediations in family law cases, which are especially complicated and sensitive. In the fall semester the Clinic conducted a mediation in a complicated divorce case, and despite the difficulty progress was made and several points of agreement emerged. In the coronavirus lockdown, the mediation was discontinued and the couple began living together again. The Clinic will continue the process if the couple asks it to.

3. Mediation for People with Disabilities

The Clinic is conducting a mediation between a person with psychiatric disability and the non-profit organization that owned the apartment he was renting. The Case was referred to the Clinic from the Civil Litigation Clinic (see its section of this report). The mediation is underway; there have been two meetings so far and the process is continuing.

4. Online Mediation

Because the Clinic was unable to perform face-to-face mediations, the Clinic began the process of moving to online mediation. The Clinic engaged in significant preparation, including studying the literature on the topic and inviting guest lecturers. During the second semester we held six online mediations (using Zoom), of which two ended with an agreement, three did not, and the last is still being negotiated.

The experience has taught us that online mediation has advantages and pitfalls. Online mediation is easier to coordinate and is more convenient for the parties because they can participate from the comfort of their homes. Some people also find it easier to participate in online mediation because they do not have to physically meet the other party. It also enables dividing the process into several short sessions rather than one marathonic meeting. The challenges include the difficulty of creating an atmosphere of openness and trust and the fact that many aspects of communication that are important for the process are lost in the online medium. Additionally, there are technical and privacy issues that need to be addressed.

These experiences led us to write a guide with practical recommendations for other mediators who are beginning to use video conference platforms for conducting mediations. The guide will be finalized in the near future and made available to the mediation community in Israel.

II. Mediation Workshops

The Clinic believes that dispute resolution tools can empower marginalized populations and enable them to promote their interests while conserving meaningful relationships. Therefore, the Clinic facilitates mediation workshops in various communities, such as housing in the community for people with disabilities, at-risk youth boarding schools, and women's community centers.

1. Women's Leadership Group in Kababir

In December 2019 the Clinic facilitated a four-meeting workshop on mediation tools for a group of 12 Arab Palestinian women in Kababir. The workshop was extremely successful and an additional meeting was set for April. Unfortunately, that meeting was cancelled due to the coronavirus situation.

2. People with Disabilities

- The Clinic partnered with the introduction-to-law project, in which law students teach introductory classes in law to the public. The students in the Clinic facilitated a two-meeting mediation workshop for people with disabilities.
- Last year the Clinic facilitated several workshops for people with intellectual disabilities who live in the community. In the spring semester, the Clinic conducted a two-meeting advanced online workshop (using Zoom) for a group of people who participated in our workshop last year. The workshop included a reminder of the main takeaways from the basic workshop and further exercising of dispute resolution skills.

3. Joint Workshop for the Elderly and Children

The clinic facilitated a two-meeting mediation workshop in the warm house project in Haifa in which, once a week, elderly people from Romema meet with children in Nigunim school and they participate together in workshops. The workshop took place in the first semester and included two meetings. Following its success, a third meeting was planned; however, it was cancelled because of the lockdown. We hope to reschedule it next year.

4. Youth Workers from the Municipality of Haifa

In June 2020 the Clinic facilitated a two-meeting workshop for the workers of the municipality of Haifa who are in charge of at-risk youth. Their job requires mediation skills because they must deal with conflicts between the youth, their families, and schools. Following its success, another workshop is planned for September for workers in the special education department of the municipality.

5. LGBTQ Community Haifa Open House

The Clinic is scheduled to conduct a conflict resolution tools workshop for the LGBTQ community in Haifa during the summer.

III. Dangerous Buildings Project

According to Haifa's dangerous buildings regulation, buildings that are found to be dangerous must be fixed within 30 days, after which the owners are subject to fines. Cooperation among residents is required—a challenging matter in any building but an extremely challenging barrier in the case of disadvantaged populations.

Together with Haifa Mediation Center, students in the Clinic have been working for the past two years with residents in a dangerous building in Haifa. Last year the Clinic helped arrange the building's first residents' meeting, and in January 2020 the second residents' meeting was held. The residents elected a committee and made several additional decisions to solve the problems the building has.

IV. Mediation in Student Disciplinary Procedures

Last year, the Clinic wrote a document examining the possibility of using mediation in student disciplinary hearings in suitable cases. Several meetings were held to promote this initiative, and the various parties were interested in conducting a pilot to further examine the suitability of mediation for disciplinary proceedings.

This year Adv. and mediator Dana Gilo conducted a mediation in a complicated disciplinary case concerning a graduate student. The mediation process included multiple sessions and ended in an agreement. The mediation helped avoid the imminent disciplinary procedure as well as potential litigation.

We hope that the positive experience will lead to using mediation tools in subsequent cases.

V. Haifa Community Court

In September 2019, the Haifa Community Court was inaugurated with the aim of bringing to Haifa the mission of community courts: to rehabilitate offenders and integrate them back into the community.

The Clinic offered to conduct mediation workshops for the participants in the rehabilitation programs. Developing skills for peaceful resolution of conflict, including being able to communicate one's needs and acknowledge other people's needs, can help decrease the need to resort to violence and crime. The Community Court staff have shown interest; however, due to the coronavirus situation the workshop was not carried out this year.

The Clinic will also begin offering pro bono mediation to participants to help them solve conflicts with family members, employers, and others.

VI. Ethical Standards in ODR

The Clinic, together with the Law, Technology and Cyber Clinic, joined an international project run by the International Council for Online Dispute Resolution (ICODR) that consists of mapping the ethical standards for ODR in various jurisdictions around the world. The two Clinics wrote a summary of the standards that apply to ODR in Israel.

The Legal Feminism Clinic

Clinical Director: Adv. Vardit Avidan

Academic Supervisor: Dr. Arianne Renan Barzilay

The Legal Feminism Clinic aims to stand at the forefront of feminist activism and employ a variety of socio–legal strategies to empower women and promote their rights. The Clinic stands out in comparison to other women’s organizations because it chooses especially complex and cutting-edge issues that have not been dealt with by others and because of its adoption of a unique combination of socio–legal strategies. In the 2019–2020 academic year, the Clinic enrolled 12 students who were involved in the following projects:

I. Appealing DA Decisions to Not Press Criminal Charges

In the 2020 fall semester, the Clinic represented an elderly woman of Ethiopian origins who was raped by her son-in-law, after which the police decided to close the investigation and not press charges against the rapist. Our client claimed that she was interviewed in Hebrew without translation and therefore did not understand the questions she was being asked. Unfortunately, while the case was pending, the woman died. Her family chose to file a complaint concerning her treatment by the police and the lack of prosecution, and the Clinic is representing them in this procedure.

The Clinic has been representing a rape survivor for several years. After the DA decided not to press charges against her rapist, the Clinic filed an appeal on her behalf. The appeal was successful; however, later on the case was once again closed. She is now interested in suing the perpetrator for civil damages. We are negotiating on her behalf with the perpetrator’s lawyer.

II. Discrimination in the Workplace

1. The Clinic is representing a woman in a workplace discrimination lawsuit. After returning from maternity leave, the client discovered that she was being removed from her previous position as an accountant and assigned to a secretarial position. While the Clinic was corresponding with the employer, the client became pregnant a second time, and subsequently the employer filed a request to fire her with the Ministry of Economy. Following the Clinic’s intervention, her dismissal was prevented, but she later decided to leave her job. In February 2020 the Clinic filed a discrimination lawsuit on her behalf to the labor court. The case is pending.

2. The Clinic represented a woman, a team leader in a pharmaceutical company, who discovered that a male employee who was recently hired to a lower-ranking position than hers and who had less experience than she did was earning 30% more than she was. The Clinic wrote to the company demanding they disclose information concerning worker’s pay. We are awaiting its response.

3. The Clinic represented a woman, an employee of a governmental agency, who lost a tender for a managerial position in which the three other contenders, all male, were less senior than she and could demonstrate less relevant experience. The Clinic wrote the employer claiming that the women had been discriminated against. Subsequently the worker began to be harassed. The Clinic wrote another letter cautioning that the worker would sue

the agency. Recently the employer informed the worker that her candidacy has been put forward for promotion. Therefore, we have discontinued treatment of the case for now.

4. The Clinic is representing a kindergarten aide who was issued a summons for a hearing before discharge, the reason for which was that her ex-partner filed a complaint with the police against her. The relationship with the partner was violent and according to his allegations, she threatened him. The Clinic submitted a response to the employer's letter requesting that it withdraw the intention to fire the client, given that the woman was in an abusive relationship. We are awaiting the employer's response and will represent the woman in the hearing.

III. Sexual Harassment

The Clinic is representing a woman who was sexually harassed in the workplace. The employer conducted an internal investigation, after which the harasser was fired. The Clinic is helping the client obtain damages from the offender according to the Prevention of Sexual Harassment Law.

IV. Representing a Defendant in a SLAPP Lawsuit

This year we represented two women who exposed cases of ongoing sexual assault. The first case involved an NGO employee who sexually assaulted at least two women. The worker reported his behavior, which resulted in his discharge. The offender sent a letter in which he threatened to sue our client for libel. The Clinic responded, and as of yet no lawsuit has been filed.

The second case involved a woman whose brother-in-law sexually abused her little brothers and is now in the midst of a criminal trial. The client has written several posts about the case on Facebook with the aim of raising awareness of sexual violence in the ultra-Orthodox community. The woman received a demand letter from her brother-in-law's lawyer threatening that he would sue her. The Clinic responded on her behalf, stressing that the trial was not under a gag order. No lawsuit has been filed.

V. Suing the Police for Failure to Take Action

The Clinic is representing a transgender man who filed several complaints with the police after being harassed. In one instance, the police caught the perpetrator while he was sexually attacking the client. Nevertheless, the perpetrator was released and the police failed to take any further action. Ultimately the client was shot and injured by the perpetrator, who was convicted and incarcerated for this crime. The Clinic has completed the lawsuit but is waiting for pro bono expert medical opinions, which are important for the case.

VI. Pricing Discrimination

In February 2020 the Clinic filed a discrimination lawsuit against a hairdresser's shop on behalf of a woman with short hair who requested a haircut and was charged twice the amount charged for a man's haircut despite the fact that the styles are the same, as are the effort and time needed to perform the cut. When the woman said this was unfair, the hairdresser insulted her. The lawsuit is pending.

VII. Rights Centers in Haifa and Acre

The Clinic grants legal aid to women in Otzma (power) center for marginalized women in Acre, and to women in the Center for refugees and undocumented individuals in Haifa. The aid focuses on socioeconomic issues, workplace discrimination, and, in the center in Haifa, also issues that are unique to undocumented women. For example, the Clinic gave legal aid to a nursing worker whose employer passed away and who wanted to remain in Israel to be treated for her cancer. The Clinic filed a humanitarian request on her behalf in March 2020. In another case the Clinic gave aid to a divorced woman from Eritrea who had seizures on her bank accounts and property because of her ex-husband's debt. The Clinic helped her write letters to remove the seizures. Another problem we saw in several cases involved undocumented women who are trapped in relationships because they depend on their partners financially or for maintaining their legal status in Israel.

The Clinic also joined a coalition of organizations in an attempt to find legal solutions to the special challenges that undocumented and migrant women face.

VIII. Socio-legal Services for Victims of Sex Crimes

Victims of sexual assault and rape have various points of contact with public services: in criminal proceedings, in seeking medical treatment, and in approaching social services for assistance. In the past few years, the Clinic has been thoroughly examining these services with the aim of improving them on behalf of the victims.

1. Disability Benefits for Sexual Assault Survivors

The Clinic represented two survivors of sexual assault in their claims to the NII to receive disability benefits. The NII accepted the claims in the first case, and in the second case we represented a woman in her appeal after the first petition for social security was rejected. A hearing was held at the end of July in which the appeal was accepted.

In addition to filing individual claims, the Clinic (together with the Haifa Rape Crisis Center) prepared a guide detailing victims of sex crimes' eligibility for disability benefits.

2. The Complaint Procedure

At the end of last year, the Clinic launched an online survey aimed at learning more about victims' experiences with the procedure of filing a complaint with the police. While a lot of criticism of the police is voiced in traditional and social media, the Clinic aims to provide more detailed recommendations based on a wider sample of experiences. The Clinic is currently analyzing the responses and will write a report.

3. Acute Rooms in Hospitals

The Clinic (with the Association of Civil Rights Israel (ACRI) and Yael Sherer, a feminist activist) has been involved for several years in the process of policy change concerning acute rooms in ERs, which are rooms that treat rape victims and also collect forensic evidence from them. In past years the Clinic has been responsible for important changes in acute rooms policy, including the treatment and preservation of rape kits. The Clinic is currently involved in further action concerning acute rooms. The Clinic aims to ensure adequate access to acute rooms in all of Israel and especially in the far north, where there are no acute rooms. To this

end the Clinic has filed freedom-of-information petitions to gain an understanding of the numbers of rape victims arriving to northern hospitals.

Additionally, the Clinic was informed some time ago that the Ministry of Health is in the process of drafting regulations that pertain to acute rooms. Since it seems that the regulations have not progressed, the Clinics recently wrote the Ministry demanding that the regulations be published within 60 days.

IX. Incest Above the Age of 21

In the last few years, the Clinic has been involved in attempts to fill a lacuna in Israeli law: incest is a crime only when the victim is under the age of 21. Not only are adult victims unable to prosecute offenders, they also cannot seek socio-legal help available to rape survivors. Now that the Knesset has reconvened, the bill is being promoted by MKs Michal Shir and Merav Michaeli.

X. Economic Violence

The Clinic has been involved in raising awareness and seeking legal solutions to economic violence for several years. In March 2019, the Clinic co-organized a roundtable for activists and lawyers from women's organizations concerning economic and emotional violence. In the roundtable, the Clinic presented a policy paper on the topic. In July 2019, another meeting with this coalition of organizations took place, during which plans were made for legal action to contend with economic violence. Since then, the students have been mapping out the different legal remedies available to victims of physical and psychological violence and are examining which can be applied also in cases of economic violence. The students also designed a workshop aimed at raising awareness of economic violence among women in community centers and women's organizations. The first workshop took place in Acco in January 2020 and was very successful. Additional workshops will take place when the restrictions on gatherings allow.

XI. Women's Health Care—the Abortion Committee

The Clinic launched a survey meant to collect information about various problems and infringement on rights that women encounter in their interaction with the committee for approving abortions. The survey raised several concerns regarding the committees. One major concern involves the presence of anti-abortion activists in the facilities in which the committee meetings take place and printed materials advocating their beliefs in the waiting room. Another worry is the practice of requiring women to provide written documentation to prove they are in emotional distress before they can be granted permission to have an abortion due to their mental state.

In the fall semester, the Clinic filed four freedom-of-information requests (each to a different health care provider) concerning these issues and others.

The Clinic, in partnership with the Center for Law Gender and Policy at the University of Haifa School of Law, organized a roundtable focusing on women's reproductive health care rights. The plan was to host health care professionals, social workers, activists, and researchers, and the Clinic was supposed to present the findings of the project along with recommendations. Unfortunately, due to the COVID-19 crisis, the roundtable will not take place at this time. We hope to reschedule it next year.

In January 2020, the Clinic wrote the Ministry of Health challenging the requirement to present written proof of mental state, arguing that this practice was inconsistent with the law and was prohibitively burdensome on women. We are awaiting a response.

XII. Sexual Harassment on Campus

The University of Haifa is undergoing a process to improve how sexual harassment is handled on campus. The Clinic prepared a legal opinion with recommendations and is participating in meetings with the University's Commissioner for preventing sexual harassment to promote these changes. For example, the Clinic recommended that the rules and regulations concerning sexual harassment be accessible online, that complainants have ongoing support, and more.

The University recently published a draft of new regulations for the prevention of sexual harassment that incorporates many of our recommendations. Among other things, the Clinic will accompany and support complainants in the complaint procedure.

XIII. Court Fees in Church Courts

The Clinic, together with Kayan, approached the church courts in June 2020, requiring that they disclose the court fees for the various procedures. The fees charged in the church court are significantly higher than fees in Rabbinical and Sharia courts and may bar women from approaching the court. Additionally, we argued that the difference in fees amounts to discrimination against women on the basis of religion.

XIV. International Women's Day on Campus

Every year on March 8, International Women's Day, the Clinic places and staffs a stand in a central location on campus to raise awareness of women's rights and funds for promoting them. This year the students organized a secondhand clothing and bake sale on campus, and the money was donated to a shelter for women who are the victims of domestic violence.

The Civil Litigation Clinic

Clinical Director: Adv. Reut Cohen

Academic Director: Dr. Sagit Mor

Traditionally, legal strategies for promotion of human rights primarily involved constitutional and administrative law. While these strategies are important, the effect they have on human rights is sometimes limited due to poor implementation and insufficient enforcement. Civil litigation offers effective tools for ensuring ongoing compliance with human rights norms. Moreover, in a world where corporations are increasingly powerful—owning information about us and influencing our rights at least as much as governments—new legal strategies must be developed to safeguard human rights.

The Civil Litigation Clinic was established to address these needs and is now completing its second year of operation. In the 2020 academic year, nine students participated in the Clinic, all of whom were in their third year. The Clinic has taken care of more than fifty individual cases as well as several high-impact cases and policy promotion projects.

The Clinic grants legal aid in the areas of debt, disability, housing, old age, pensions, and more. The cases are directed to the Clinic from various sources, including our rights center, the public defender's office, NGOs, social media, and personal acquaintances. When appropriate, the Clinic represents clients in courts. Representing individual cases also leads to larger projects for policy change.

In the 2019–2020 academic year, the Clinic engaged in various projects and cases. The coronavirus crisis and associated financial crisis were among the main focuses of our activity and the Clinic was at the forefront of legal activity to ensure financial and social rights.

I. Coronavirus-related Projects and Cases

1. Access to Cash

On Thursday, the 26th of March, the Clinic (together with ACRI) filed an urgent petition with the HCJ requesting that Banks be instructed to open to the public on Sunday, March 29, when social security pensions are paid (elderly, disability, and child support). Many people who receive pensions do not have credit cards, debit cards, or mobile applications and therefore use cash to buy food and other urgent supplies, depending on the cashier to retrieve their money. At the time, most bank branches were closed to the public because of the lockdown; typically, there was only one branch open in each district. Many people who live in poverty do not own a car, and with public transportation practically shut down many people could not get to the few banks that were open. Following the filing of the petition, the commissioners of the banks gave notice that all banks would open on Sunday and Monday (March 29–30) to enable people to get access to cash. The commissioner also said that the banks were making progress in providing all bank customers with debit cards; however, from the information we have, this process is still far from complete.

In addition, the Clinic approached the Mail Bank, which also serves people in poverty, to ensure that it would open on the day pensions are distributed. The Mail Bank replied that it was making arrangements to open its branches and extending its working hours to prevent crowding and ensure that social distancing was possible.

2. National Insurance Institute Appeal Committees

During the lockdown, the NII decided to postpone indefinitely all the appellate committee meetings that were set to review NII medical committees. The Clinic approached the NII, arguing that the restrictions do not prevent the meetings from taking place and that canceling them infringed appellants' rights. The committees resumed their activity in May.

3. Deferring Bank Loans

In March, the Clinic (with ACRI) wrote a letter to the Bank Commissioner recommending that banks be instructed to defer mortgage payments during the crisis. The Inspector has allowed banks to do so voluntarily, and different banks have acted differently. The Clinics recommended that the Inspector issue uniform instructions to suspend loans. Additionally, the measure was originally intended to suspend mortgage payments only; the Clinics recommended that the same instruction apply to loans of all kinds. The Bank commissioner did not reply, but in the weeks following our letter various instructions were issued concerning debt collection, interest rates, etc.

4. Credit History

In the same letter to the Bank Commissioner, the Clinic stressed the negative impact that the current crisis might have on people's credit histories. The Commissioner replied that his office is aware of this problem and that it instructed the banks not to collect information on bounced checks at this time.

5. Legislation concerning Coronavirus-related Debt

In June 2020, the Clinic submitted comments on a bill aimed at regulating the treatment of new debt created due to the coronavirus crisis. Our comments focused on ensuring that the rules apply retroactively to include debt created before the enactment of the law; allowing extensions for payments and limit interest, increasing the sums that the law applies to, protecting disadvantaged creditors, and ensuring that private companies are unable to bypass the instructions contractually.

6. Deduction of Debt from Pensions

The Clinic has engaged in several actions to prevent the confiscation of pensions to repay debt.

In the beginning of the coronavirus crisis, the Clinic, together with ACRI, approached the NII requesting that during the coronavirus crisis it refrain from confiscating parts of social security pensions to repay debts to the NII. Following the letter, the NII declared it would not confiscate pensions to repay "new" debt (created or discovered from February 2020); however, it would continue doing so to repay existing debt. The Clinic's position is that the institute should discontinue the practice altogether and that pensions should be protected from confiscation because they ensure minimal subsistence.

In May 2020 the Clinic filed a motion to join as a petitioner a petition filed by a Clinic from the College of Management on behalf of a man whose pension was confiscated to repay existing debt to the NII. Unfortunately, the court rejected the petition after a brief hearing.

The Clinic is now preparing a policy paper concerning deduction of debt from pensions. The Clinic will be meeting the NII CEO with its partners in ACRI this summer to discuss this issue.

In July 2020 the Clinic, together with ACRI, wrote a letter to the Ministry of Construction and Housing requesting that it amend the regulation that allows the Ministry to deduct 70% of rent aid pensions in cases of debt. The regulation allows the Ministry to carry out the deduction without due process—they are not required to give the debtor notice or hold a hearing. The Clinic also argues that the regulation is not authorized by law. We are awaiting the Ministry's response.

7. Individual Legal Aid

In the lockdown, we made efforts to reach out online because we assumed that many people are in need of legal aid related to the crisis but might not know where to obtain it. We consulted with many people. One of the cases involved an elderly man whose dentures were broken, and because of the lockdown his treatment was discontinued by the health care provider, who claimed that this was not an emergency since the man could eat mashed food. The Clinic wrote a letter on his behalf and as a result the health care provider agreed to continue the man's treatment. The Clinic he was referred to was not in his town, so we found a volunteer who agreed to drive him and make sure the treatment was completed.

II. Debt

The closing of 'Yadid', together with the financial crisis, has created demand for pro bono legal aid for debtors. The Clinic has consulted with many clients with regard to debt. Here are a few examples:

In the fall semester:

1. The Clinic represented a disabled man whose car was confiscated without a hearing because of debt, despite the fact that the law does not allow confiscating a car that is used by a person with a disability. After a hearing in court the sides reached an agreement and the car was returned to the client. The Clinic is considering suing the companies that initiated the confiscation.

2. The Clinic represented an elderly woman who received a warning before arrest because of debt. The woman used to be a drug addict and was convicted of a crime, sentenced to a fine instead of imprisonment, and sent to rehabilitation. The woman is rehabilitated; however, she has not worked since then and lives on social security pensions. She has been unable to pay the fine, which, with interest accumulating, was getting larger. The Clinic represented the woman in her filing to prevent the arrest and requested that payment of the debt be in payments and that the large amount of interest be excused. All requests were granted.

3. The Clinic is representing an elderly man, a public housing tenant, who, when visiting campus for a meeting at the Clinics, was fined (1000 NIS) for smoking in an open space next to the bus stop. The clinic appealed to the Haifa municipality, arguing that smoking can be legally prohibited only in certain designated places on campus rather than everywhere (within a specified proximity to entrances to buildings, in the bus stop, etc.). The municipality denied the appeal and the Clinic is representing the Client in court. The hearing has been scheduled for February 2021.

4. The Clinic intervened on behalf of a man who had had an old debt excused in a bankruptcy proceeding, but nevertheless an execution office file was opened to collect the debt. Following the Clinic's intervention, the file was withdrawn.

In the spring semester:

1. The Clinic represented a single mother whose income is based on a social security pension. Because her bank account has been seized due to debt, the client does not have a credit card or debit card and cannot withdraw cash from ATMs. Because of the coronavirus, her bank branch was closed and she did not have access to her money. This case led to the petition the Clinic filed together with ACRI, detailed above. In this specific case, we intervened on her behalf, and the seizure was lifted so she could withdraw money from her account using ATMs.

2. The clinic gave legal aid to a man who was in debt and filed for bankruptcy. The case was not heard because of the lockdown, so the seizure of his bank account and the restrictions on his driver's license could not be lifted. We filed a motion on his behalf to lift these restrictions which was accepted.

3. The Clinic provided legal aid to a man who had multiple debts. The Clinic helped him settle some of the debts and arrange a payment plan for the remaining debt.

4. The clinic represented a former prisoner in a petition to the District Court to erase default interest that accumulated while he was in prison. The Clinic argued on his behalf that the rationale of default interest is to incentivize debtors to pay, not punish them for defaulting. Since he was unable to pay while he was incarcerated, there was no justification for default interest. At the hearing held in February 2020, the judge did not favor the client's position and recommended that he come up with the money. Although the Clinic offered to represent the client in an appeal, the client decided to withdraw the petition. Unfortunately, he has since stopped paying his debt altogether.

5. The Clinic represented a woman who, 12 years ago, worked in prostitution. She is now rehabilitated. The client still had debt stemming from fines from that time. The Clinic filed requests on her behalf to erase default interest that was added to her debt, and these requests were approved. Additionally, in July 2020 the Clinic filed on her behalf a petition for exoneration that will be decided by the Minister of Justice and the President.

6. The Clinic represented an elderly woman whose house was scheduled to go into receivership because of a 28,000 NIS debt. The Clinic helped her respond to the request and obtain a payment schedule.

7. The Clinic gave legal aid to an undocumented woman's family members who are in debt because the woman, who has no health insurance, is hospitalized and unconscious.

III. Fine Collection Regulations

In the fall semester, the Clinic, together with ACRI, submitted comments on the Fine Collection Regulations draft. Our recommendations included allowing fine collection centers to decrease or excuse debtors from default interest in all suitable cases, rather than only in the circumstances stated in the regulations draft. The Clinic also recommended that the regulations provide guidelines concerning the rate of decrease and payment spread.

IV. Prisoners' Debt

People who are incarcerated are often also debtors, either with debt incurred before their incarceration unrelated to the criminal offense or debt that arose from fines or victim compensation. It is often impossible for them to make payments against their debt while incarcerated because they do not have income, and interest causes debts to swell. This severely threatens released prisoners' ability to reintegrate into society.

Last year the Clinic, together with ACRI and the public defender's office, filed a freedom of information application concerning the scope of additional debt created by interest on delayed payments.

Relying on the information gleaned from the freedom of information requests, the Clinic worked this year on a bill to contend with two of the challenges facing prisoners. The first issue is opposing the possibility of imprisonment instead of paying a fine in cases when the debtor is unable to pay, and the second concerns the problematic default interest, which was legislated in the 1980s when the rate of inflation was extremely high. Default interest today is extremely disadvantageous to debtors and especially to prisoners with debt.

In January 2020 a meeting was held with the Center for Collection of Debt to discuss the special challenges that prisoners with debt face. One important issue that was raised concerns the seizure of canteen money. The prison authority posits that canteen money can be seized and applied to debt, even when the source of the money is a prisoner's labor. The Clinic claims that canteen money should not be subject to seizure for two reasons. First, when the source of the money is prisoner labor, it should be protected in the same way that minimum wages are protected. Additionally, reports concerning prisons consistently show that the things that prisoners buy in the canteen are fundamental necessities that are not sufficiently provided in prison, such as toilet paper, canned food, soap, etc.

V. The Right to Use Checks

It is almost impossible to participate in all spheres of life without a checkbook. It is very hard to rent housing, enroll children in educational institutions, etc. And yet, banks view checks as a service that they can deny their customers, like credit. The Clinic has a different view on this issue: we argue that since checks are an essential service, banks do not have discretion in this regard and must issue checkbooks to any customer who requires them.

In July 2020, the Clinic, together with ACRI, wrote to the Bank of Israel requesting that the regulation be amended to put banks under a legal duty to issue checkbooks, subject to exceptions that will be explicitly set out.

VI. Insolvency Services in Eilat

In July 2020, the Clinic, together with ACRI, wrote a letter to the Minister of Justice requesting that the executioners' office in Eilat enable debtors to engage in insolvency procedures. At the moment, residents of the southern town who want to apply for insolvency must apply in the town of Ashkelon, which is located about 300 km from their home. There is no other town in Israel in which debtors are under such a burden. We are waiting for the Minister of Justice's reply.

VII. Consumer Protection

The Clinic grants legal aid in the area of consumer law when clients are from marginalized communities.

1. In the fall semester, the clinic represented a woman who bought a service from a company who also marketed a 10,000 NIS loan to fund the service. The client wanted to withdraw from the contract within the time allowed by the Consumer Protection Law, but the business refused to return the money. The Clinic helped the woman write a letter to the company and after the company still refused, the Clinic helped her file a small claims suit. The students accompanied the client to a mediation session and ultimately the money was returned to the client in its entirety and the company apologized.

2. The Clinic is representing a woman who was a victim of attempted murder by her ex-husband. The client sued the man and won damages; however, the plaintiff filed for bankruptcy. The Clinic is representing the woman in the bankruptcy suit.

3. In the spring semester, the Clinic helped a woman debtor. As a result of a mistake the center for debt collection collected more than required. After the Clinic's intervention the client's money was returned.

VIII. Administrative Collection

Administrative collection is a process in which institutions with collecting authority such as local municipalities have the authority to issue debt collecting warrants on their own behalf. In these cases, the institutions, such as municipalities, are the creditor, the judge, and the executioner. The debtors, therefore, face severe challenges in protecting their procedural and substantive rights.

For example, the Clinic represented a man who was issued a bill of 10,000 NIS from the municipal water corporation for debt created ten years earlier. The corporation had not acted on this debt before issuing the bill and did not offer details as to when the debt was created, whether the debt included interest, etc.

The Clinic wrote the water corporation on behalf of the client in December 2019, arguing that the statutory limitations period on the debt had expired. The corporation erased part of the debt but insisted on being paid the rest. After the Clinic explained the legal situation to the client, he decided to pay the remainder of the debt.

IX. Promoting LGBTQ Rights

Since its establishment, the Clinic has partnered with LGBTQ organizations and activists, and it has assumed a leadership role in promoting their rights. From its work, the Clinic learned that the discrimination and social exclusion that members of this community are subjected to

often have wide consequences, including poverty, debt, homelessness, and difficulty accessing medical care and social services. The Clinic seeks to find the links between the various legal problems and views all of them as aspects of systemic discrimination and exclusion. The Clinic engages in both individual legal aid and representation and policy change to promote LGBTQ rights. Here are some examples:

1. The Clinic is representing a transgender person who was restrained and forcefully treated in the ER. The hospital argued that he was unresponsive and that was why he was treated without consent.

2. The Clinic gave legal aid in two separate cases of debt to the NII in which the question of the legal status of same-sex partners was involved—specifically, whether a woman living with her female partner can be exempt from the NII tax. In one case, the debt was erased in May 2020. In the other, the client decided to appeal for a discount on the debt.

3. The Clinic gave legal aid to two transgender women who incurred debt to hospitals in which they were treated. In the first case, the woman was hospitalized after a suicide attempt. Due to encounters with transphobia, the woman did not obtain the forms and other documents needed to take care of the hospital bill, and she was sued by the hospital. The Clinic wrote to the hospital and, following this intervention, the hospital agreed to decrease the debt. In the second case, a Druze transgender woman was repeatedly hospitalized after being violently attacked, and as a result she owed the hospital a large amount of money. The Clinic helped her obtain the forms required for reimbursement, including accompanying her to the healthcare provider.

4. The Clinic is representing a young transgender man currently residing in France. The client has been receiving treatment for over five years and is now interested in changing the sex listed on his French ID. Because he is a resident rather than a French citizen, the French certificate is based on his Israeli ID, on which he is listed as male. The Sex Reassignment Committee in Israel, to which he wrote, required that he be interviewed, in person, several times over a period of time before the change would be made. The client is unable to comply with this requirement because of the pandemic. Following the Clinic's intervention, the client has begun the process via video conferences.

5. The Clinic helped a transgender woman file a small claims lawsuit against a business for cosmetic treatment after the service provider decided to stop treating the woman for hair removal and began using male pronouns. The lawsuit was filed in June 2020 and the hearing is scheduled for December 2020.

Transgender Healthcare Rights

1. The Clinic, together with Project Gila for Trans Empowerment, is involved in promoting the rights of transgender people in health care, and especially with regard to the procedures related to sex reassignment. Last year the Clinic filed two petitions under the Freedom of Information Act related to facial feminization surgery, which was later instrumental in a legal case the Clinic was involved in.

2. Additionally, the Clinic wrote a letter to the Ministry of Health concerning the Committee's unequal treatment of persons choosing to have their medical procedures performed in different hospitals. In the letter, the Clinic argued that there are unjustifiable differences in the treatments it agrees to fund and the procedures that its clients need to

undergo in order to access medical procedures from healthcare provider to healthcare provider. Following the letter, the Clinic has received reports from activists and clients that the committee has conformed with the requirements. In the letter, the Clinic also argued that the treatment of the different healthcare providers is not uniform and that there are even deviations between different districts regarding the same healthcare providers with regard to the procedures that they approve and fund and whether the approval of the sex reassignment committee is required for each procedure. The Clinic asked the Ministry to issue explicit instructions regarding which procedures healthcare givers should fund and which procedures could be approved based on the patient's informed consent (rather than committee approval). The Clinic has not received a reply.

3. In July 2019, the Clinic filed an amicus curiae petition on behalf of Project Gila for Trans Empowerment, ACRI, and the LGBT Rights Association. The case concerned a transsexual woman who was denied funding of facial feminization surgery by her healthcare provider. The Clinic argued that facial feminization surgery should not be categorized as aesthetic plastic surgery but rather as a medically justified procedure meant to treat gender dysphoria, a psychological condition recognized by the *DSM* arising from conflict between a person's gender identity and the gender the person was assigned at birth. The Clinic also argued that facial feminization surgery has been supplied in the past, contrary to the Ministry of Health's claim.

In the preliminary and intermediate hearings, the court granted the amicus request, remarking that it seems that facial feminization is included in the treatments for gender dysphoria and therefore should be funded. In December 2019 the Ministry of Health wrote a letter telling all healthcare providers to include all procedures (aesthetic and functional) that are required to treat gender dysphoria in the insurance coverage.

In May, after the hearing was repeatedly postponed due to the coronavirus situation, the plaintiff healthcare provider, Macabbi, informed the court that it had changed the policy and would fund facial feminization procedures. In July this policy was made public on the Macabbi website.

Despite this success, the case is still pending and the court has yet to decide whether facial feminization surgery depends on the final approval of the sex reassignment committee.

4. The Clinic also represented a transgender woman who is insured with a different health care provider (Clalit Health Care) and was denied funding for facial feminization surgery, despite the approval of the sex reassignment committee. The Clinic filed an official complaint with the Ministry of Health on behalf of the client, after which the surgery was approved.

5. In June 2020 the Clinic filed a freedom of information request concerning waiting times for sex reassignment surgery. Israel's health services do not have enough doctors who perform sex reassignment surgery, so waiting times can be years long. After receiving official data, the Clinic will consider possible action.

6. Also in June 2020, the Clinic approached the Ministry of Health requiring that it issue a circular to regulate the operation of the sex reassignment committee. The sex reassignment committee is authorized by a 2014 regulation that explicitly states that further regulations would be issued to give detailed instructions for the committee's activity and that

the regulations would be drafted together with representatives from the transgender community. We are awaiting the Ministry's response and will consider legal action if needed.

X. Legal Aid for People with Disabilities

The Clinic is defending a person with disabilities against a petition for his evacuation from his protected housing. The nonprofit leasing his home is arguing that the rental contract is a free-market transaction and therefore it can bring the contractual relationship to an end at its discretion. Due to the complexity of the case, we were of the opinion that it was better suited to mediation. In a hearing that was held in March 2020, the judge agreed that mediation was the best way to proceed. In June 2020 the mediation began and it is currently under way. The Dispute Resolution Clinic is leading the mediation.

XI. Damages for Unlawful Detention

In July 2019 The Clinic filed a 30,000 NIS tort lawsuit on behalf of a 16-year-old girl who was unlawfully arrested and detained. She was arrested after police officers searched her home in relation to a crime that her brothers were suspected of committing. During the search, the police found something in her belongings that looked like tools that might be used for breaking and entering. The girl was arrested and, against regulations, detained overnight with an adult woman, and she did not receive legal representation. The court released her, criticizing the police and stating there was no probable cause for the arrest. In April 2020 the case was settled and the client was awarded 10,000 NIS damages.

Another case of unlawful detention was referred to us recently by the public defender. This case concerns a man who was remanded to custody during his trial and was ultimately acquitted. The man claims that the prosecution acted negligently during the trial, if not worse, and that this behavior led to his remand. The Clinic is studying the case.

XII. Legal Aid in the Rights Center

The Clinic provides legal aid for clients in the rights center for undocumented individuals in Haifa (see Human Rights Clinic). The Clinic provides legal aid to both debtors and creditors. For example, the Clinic consulted with an asylum seeker who, after divorcing her violent partner, wanted to open a file at the Haifa Execution Office for collecting alimony debt. The office refused, claiming it was impossible to open a file without an ID. Following the Clinic's intervention, the file was opened.

The Public Defender Clinic

Clinical director: Adv. Sharon Ringer
Academic supervisor: Dr. Rabeea Assy

The Public Defender's office was established according to the 1995 Public Defender Act and is in charge of ensuring legal representation in criminal procedures for suspects and defendants who do not have access to legal representation.

The Public Defender Clinic operates in cooperation with the Israel Public Defender's office in Haifa. The students participating in the Clinic team with public defenders and assist them in representing suspects and defendants in criminal proceedings. The students meet with public defender office clients, many of whom are people from marginalized communities, people with disabilities, and people living in poverty. The students participating in the Clinic become part of the larger mission of creating access to justice for all people, thereby promoting social justice.

The students write detailed reports regarding their work and the insights they gained from it and participate in a weekly class.

Due to the coronavirus crisis and the lockdown, most of the practical work shifted to tasks that the lawyers gave the students and did not involve the students going to court. We hope that the students will be able to experience court procedures in the fall semester (which is the second semester of their activity).

In the summer, the Clinic will participate in a study aimed at comparing detention hearings with the suspect present in court and hearings with the suspect participating via video conference. The students will observe the hearings and fill out reports, which will later be summarized and from which conclusions will be drawn.

The Public Defender Clinic is a yearly Clinic that begins in the spring semester and continues into the fall semester of the following year. Nine students participated in the Clinic that ended in the fall, and ten students are currently enrolled in the Clinic that began this spring. These students will continue their activity in the fall. After that, the Clinic will take a one-semester break and resume activity in October 2021.

The Clinic for Law and Education Policy

Clinical Director: Adv. Haran Reichman

The Clinic for Law and Education Policy has been operating for nine years at the University of Haifa. Since its establishment, the Clinic has become a leading force in reforming the Israeli education system and promoting equal educational opportunity.

The Clinic deals with over two hundred individual cases each year that arrive through the Equal Opportunity in Education Hotline, through social media, and through direct communication to the clinic director, Adv. Haran Reichman. Additionally, every year from mid-August to mid-September, around the beginning of the school year, the Clinic operates a telephone hotline for parents and students. The cases the Clinic deals with include breaches of the right to free education, discrimination in education, entitlements in special education, etc. The clients who approach the Clinic are from all groups in Israeli society, and the Clinic is especially mindful about providing legal assistance to members of disadvantaged and marginalized groups. When cases are not solved by writing letters or advocating to the education authorities, the Clinic files lawsuits on behalf of its clients. This year, the Clinic filed eight lawsuits in various courts (and completed another petition that was not filed because the problem was resolved at the last minute) and took part in numerous Knesset committee discussions.

In the 2020 academic year, ten students participated in the Clinic and were involved in the following activities and projects:

I. Education in the Coronavirus Crisis

1. Access to Online Learning

The shift to online learning during the coronavirus crisis aggravated and accentuated existing injustices in the educational arena. According to the national statistics bureau, 24% of households in Israel with children are not connected to the internet and 15.7% of households in Israel with children do not own a computer. Most households with children have more than one child, who each need a computer to participate in online learning; this suggests that the number of children who lack the basic means to study online is very high. Only 33.5% of households with children own two or more computers.

There is a significant gap between Jewish and Arab children in their access to online learning. Among Jewish households, 21.7% are not connected to the internet, while 51.2% of Arab households are not. And whereas four of five Jewish families own at least one computer, fewer than three of five Arab families own one.

Students from the unrecognized Bedouin villages from Eastern Jerusalem and students from refugee families are especially disadvantaged. The unrecognized villages are not connected to electricity and children there did not participate in online learning at all during the lockdown. Most of the children in Eastern Jerusalem were also unable to participate in online learning.

In light of these dire circumstances, the Clinic, together with ACRI, filed a petition with the HCJ on behalf of hundreds of individuals and leaders from marginalized populations

demanding that the government ensure that all children have meaningful access to online learning. In the petition, the Clinic argued that access to online learning was crucial for digital literacy even in times of crisis and that the Ministry of Education failed to prepare for the crisis despite the plans made in the Ministry for ensuring digital literacy, including access to internet and devices.

The hearing was held in May 2020, when it was thought that the worst of the crisis was over and schools were reopening. As a result, the court recommended the petitioners withdraw the petition and instructed the Ministry of Education to prepare a plan to ensure universal access to online learning. The court also instructed the Ministry of Education to find solutions for “red” areas, in which schools were still closed.

At the moment, it seems that the Ministry of Education is still not doing enough to ensure access to online learning. The budget that was promised has not been allocated, and the Ministry of Education did not solve the problems created in the “red” areas. The Clinic approached the Ministry of Education concerning this problem and also requested a session of the Knesset Education Committee to discuss the issue.

The Clinic is following the developments, especially as we near September 2020, and will consider further legal action.

2. Parent Payments

During the lockdown the Clinics were approached by numerous parents whose schools required parents to pay parental payments, despite the fact that schools were closed and the services that the fees were supposed to fund were not provided. The Clinic wrote a letter alerting the Ministry of Education to this phenomenon, and as a result the Ministry issued instructions to schools that made it clear that they are prohibited from requiring payment for services not supplied.

II. Parents’ Payments in the Public Education System

The Clinic is leading a comprehensive nationwide struggle to restrict parents’ payments in the public education system and thus promote equal opportunity in education. Since 2014, the Clinic has been involved in high-impact litigation challenging the legality of a regulations that allow extensive parents’ payments. An HCJ petition was filed on behalf of a coalition of organizations and numerous parents, and over the years there have been numerous hearings. In August 2019 the HCJ rejected the petition in a lengthy decision. Despite the petition being rejected, the Court awarded the petitioners legal costs, stating that the petition led to positive changes in the Ministry of Education’s practices.

In October 2019 the Clinic filed a petition for additional review by the court. In the petition the Clinic argued that the Court’s decision created a misguided balance between autonomy and equality in education, that the Court did not give sufficient consideration to the fact that payments create segregation in education, and that separate education cannot be equal. The Clinic also argued that the court was mistaken in assuming that preserving equality would stifle educational excellence. Finally, the Clinic argued that the regulation exceeded the Ministry of Education’s authority under the Compulsory Education Act 1949.

In April 2020 the Court rejected the Clinic’s petition for additional review. In her decision, Chief Justice Hayut maintained that some of the court’s statements in the original decision

were not part of the decision's ratio decidendi and therefore not binding precedent (in particular, the court's analysis of the right to educational equality and the parental right to educational autonomy).

Despite the disappointing outcome from the petition, the Clinic is continuing work to decrease parental payments in public education. Among other things, the Clinic is cooperating with the newly appointed chair of the Knesset Education Committee, who is interested in increasing oversight of payments.

In addition to the HCJ petition, the Clinic is involved in several actions aimed at promoting the right to free education. In December 2018, the Clinic filed a petition on behalf of parents of students in a girls' high school in the settlement of Revava. According to the petition, the school illegally charged parents fees and used the money for purposes for which it was not allowed to use it. After the filing of the petition, the Ministry of Education conducted an inspection of the school and the school was ordered to return money to the parents. As a result, the petition was withdrawn in December 2019 (but legal costs were awarded). The Clinic is still following this case, and since some of the payments have not been returned, the Clinic sent another letter in July 2020 demanding that the school return all payments that were collected illegally. The Clinic is preparing another petition in case the school does not comply.

The Clinic is handling seven different cases in which the Ministry of Education refused to reveal inspection reports concerning parental payments and financial management of schools. In addition to dealing with the specific cases, the Clinic wrote a letter to the Ministry of Education last year concerning the general policy of concealing the audits, arguing that under the Freedom of Information Act the Ministry has a legal duty to reveal the audits, and stressing the importance of transparency to contend with challenge of illegal parental payments. The Clinic has prepared a petition and unless the Ministry of Education changes its policy, it will be filed in the near future.

The Clinic is routinely involved in specific cases of illegal parental payments. For example, in December 2019 the Clinic wrote a letter on behalf of tens of parents from Holon, where parental payments were charged automatically by credit card in a manner that did not enable parents to choose whether they wanted to pay the voluntary payments.

III. Refugee Children's Right to Education

In the past several years, the Clinic has been involved in numerous cases in which local education authorities have refused to enroll refugee children in schools and kindergartens or segregated them into separate institutions, although the law explicitly gives all children residing in Israel the right to publicly funded free education and segregation is not allowed under Israeli law.

1. Petah Tiqva

The town of Petah Tiqva has been continually trying to prevent refugee children from enrolling in its education system and has been segregating them into separate kindergartens. In 2016 the Clinic filed the first petition on this issue, resulting in the town enrolling the children. In July 2019 the Clinic filed another petition on behalf of 134 refugee children living in Petah Tiqva who were not enrolled in the education system. The Clinic demanded that the town enroll them immediately and ensure that they are not segregated from other children.

In July 2019 the court passed down a judgment ordering the town to enroll the students. Unfortunately, the town did not comply with the decision and in September 2019 the Clinic filed a motion to find the town in contempt of court. In an unprecedented decision, the court decided to find the town in contempt of court and assessed severe monetary sanctions for every day of breach. Only then were all children enrolled in the public education system.

However, the town of Petah Tiqva repeated this behavior once again, refusing to enroll some of the refugee children in the public education system altogether and enrolling others in four segregated kindergartens, often at a distance from the children's homes. In the beginning of July 2020, the Clinic (together with ACRI) filed an administrative petition to the District Court on behalf of 242 children. At the time of writing this report, two hearings have taken place in which the judge stressed that under Israeli law, separate kindergartens are not allowed. The case is pending and the town and Ministry of Education are currently making arrangements to enroll the children. The Clinic will ensure that the kindergartens are maximally racially integrated.

2. Tel Aviv

Tel Aviv is considered a municipality that is relatively benevolent toward its refugee and immigrant population. However, the schools and kindergartens that serve this population are mostly separated, which causes educational detriment to children.

In the past few years this policy has been reinforced with the establishment of two schools—Gvanim and Keshet—that serve only children of immigrants despite the fact that such children do not necessarily live close to these schools and there are other schools available that are not as far away. The Clinic wrote several letters concerning the municipal policy. Following the correspondence, some progress has already been made. First the municipality started funding transportation to schools for children who live more than two kilometers from school. Additionally, the municipality began subsidizing after-school care in the schools that serve immigrant children.

In February 2020 a meeting was held with Tel Aviv municipality; however, it does not seem likely that the municipality will change its policy. On the contrary, the municipality is promoting the establishment of a new school where today a public garden (the Levinski Garden) stands. The Clinic assisted residents in filing an objection to the plan, which is being discussed in the planning committee.

In the coming months, the Clinic will write another pre-petition letter to the Tel Aviv municipality and, if this is ineffective, prepare a petition against the policy.

IV. Education for Sick Children

Under the Free Education for Sick Children Act, children who cannot attend school for more than 21 days due to an illness are eligible for educational services in their homes. The Ministry of Education privatized this service and there have been many complaints about the quality and scope of the service. In past years the Clinic has given legal aid in tens of cases of sick students whose right to education was not adequately fulfilled; has led to the amendment of the law so it applies to children from the age of 3 (when education becomes compulsory), and has also filed a petition to the HCJ (in 2018) requiring the Ministry of Education to publicize a program for sick children as it is required to do by law. Following the filing of the

petition, the Ministry of Education drafted new regulations and the Clinic commented on them.

Within the past year there has been a change for the better in the Ministry of Education's treatment of the issue and supervision of the contractor has improved. During the year, the Clinic wrote the Ministry of Education several times, and even prepared a draft of a petition concerning the intention to extend the contract with Kadima Mada, who was in charge of supplying education to sick children. The Clinic argued that extending the contract was illegal and violated the doctrine of delegation of powers. Because of this intervention, as well as the many complaints against the contractor, the Ministry of Education has declared that the contract with the contractor will not be extended and that the Ministry intends to supply the services itself. This is an important achievement in the Clinic's long struggle against the privatization of this essential service. The Clinic is in touch with the Ministry to examine the implications of this move and to ensure that the children's rights are secured. The Clinic has also initiated a meeting of the Knesset Education Committee to discuss this issue.

V. Students with Allergies

In the past few years, the Clinic has been representing Yahel, an NGO established by parents of children with allergies, in promoting the rights of children with allergies in the educational system. In June 2019 the HCJ ruled in our favor in a petition filed on behalf of Yahel and tens of parents who were required to pay for medical aides for their children because the staff were not appropriately trained, putting the allergic children at risk.

After the decision, there was disagreement between the different governmental units who would fund the aides according to the court decision. In December 2019 we wrote the various relevant governmental units requesting them to solve the issue to avoid the need to go back to the courts. As a result, the aides were funded.

In December 2019 the Clinic gave legal aid to a kindergarten child with allergies who could not go to school because she had to share a medical aide with another child. The two children were not in the same space during all hours of the day therefore the aide would not be able to give both adequate attention. Following the Clinic's intervention, the child was allocated an aide.

VI. State Ultra-Orthodox Schools

Since 2013 (when they were initiated by the Minister of Education at the time, Shay Piron), forty state ultra-Orthodox schools have been established around the country, providing adequate secular education alongside education that is adapted to their students' religious way of life.

The Clinic is advising several groups of ultra-Orthodox parents interested in establishing state schools for their children. A group of parents from Mevaseret Zion requested to establish a school; however, their request was denied by the local authority and the Ministry of Education. The Clinic filed a petition on their behalf in July 2019 arguing that the state has a duty to provide state education to all children and that the schools available are unsuitable for the petitioners. We also argued that state ultra-Orthodox schools serve a social interest, as they will enable the children to learn the core curriculum and integrate into Israeli society. The petition was rejected in November 2019 in a decision stating that there is no law-based

entitlement to an ultra-orthodox state education and that the local authority had the authority to refuse to open such a school.

In January 2020 the Clinic appealed this decision to the Supreme Court. We argued that the District Court failed to address the constitutional arguments made in the petition and that ultra-Orthodox children have a right to an adequate education adapted to their way of life, like other children in the Israeli education system. After a hearing in July, the Supreme Court rejected the appeal stating that the education authorities' refusal to open the school was justified given the small number of children enrolled. The court stressed that if the school demonstrates sufficient enrollment the authorities will have to reconsider their decision.

VII. Special Education

Two years ago, the Special Education Law was amended, creating significant changes in the administration of special education. The amendment was supposed to ensure that all children receive adequate services, regardless of whether they are educated in special education schools or in inclusive education. The choice between these options was supposed to remain with parents and their children.

From the enactment of the amendment, the Clinic and other organizations have been concerned that students' rights would be infringed because limited resources and training would limit the number of children who would be adequately educated. These worries intensified when it became clear that most of the budget for the reform was directed toward building additional segregated special education classes and facilities.

This year the reform was implemented for the first time, with committees that were to determine students' entitlements for next year.

The coronavirus crisis created many difficulties in the committees hearings, and the Clinic, together with other organizations, intervened to ensure that all parents and students have a fair hearing.

The instructions that the Ministry of Education issued for the operation of the committees led to violations of students' rights. One violation involved the almost absolute weight that the committees gave to a grade that an algorithm generates for each student. The algorithm generates its grade according to a questionnaire filled out by the school concerning the child's functioning and disability. The committees had almost no ability to find that the child needed a higher level of support than the level decided on by the algorithm, and they were urged to find students eligible for minimal support to minimize the cost of services.

Moreover, parents were not sent the questionnaire before the committee, which prevented them from challenging its content and challenging the algorithm's determination.

Additionally, the Ministry of Education gave informal instructions setting quotas for each committees with respect to how many entitlements they were allowed to grant.

Because of these violations, the Clinic, together with Bizchut, filed a petition with the HCJ on behalf of eight NGOs, which led to the following important changes:

A new questionnaire will be created and will be sent to parents in advance. The questionnaire will not be the decisive factor in determining the students' eligibility; the committees will have the authority to grant a higher level of services than the algorithm suggests. Quotas of eligible

students will not be set and committees will consider each student according to his or her needs. Finally, the deadline for appealing committee decisions was extended.

The Clinic is following the implementation of these changes closely and giving legal aid in specific cases. If required, the Clinic will follow up to ensure that children's rights are realized.

The Human Rights Clinic

Clinical director: Adv. Samar Qudha
Academic supervisor: Dr. Itamar Mann

The Human Rights in Society Clinic engages in legal action aimed at promoting human rights, empowering marginalized groups, and preventing social exclusion.

The Clinic underwent a change this year, shifting much of its focus to projects related to status, immigration, and international law. This reinforces the activities that the Clinic began, including legal aid to refugees in Greece and the rights center for undocumented individuals in Hadar, Haifa. In order to facilitate this shift, the academic supervisor of the Clinic has also changed and is now Dr. Itamar Mann, whose expertise in international law as well as his contacts in the NGO world are valuable contributions to the Clinic's activity.

Alongside this new focus, the Clinic continues existing projects related to housing and social and economic rights.

The Clinic enrolled 15 students in the 2019–2020 academic year who were involved in the following projects:

I. Legal Aid to Undocumented Persons

The Clinic is leading the activity in the rights center in the neighborhood of Hadar that serves refugees and undocumented individuals. The rights center was established in partnership with a student-led health clinic established by the Technion medicine faculty. Students from the Human Rights Clinic and the Civil Litigation Clinic receive clients at the center twice a week in three-hour shifts and offer general legal aid. Also, when relevant, the students refer cases to other Clinics.

While the rights center has been working for almost two years already, in December 2019 the Clinics rented our own office space and equipped it to be able to give adequate legal aid.

In the spring semester, because of the coronavirus crisis, the rights center closed; however, we were referred cases from the Technion healthcare clinic. The center started working again at the end of May, according to Health Ministry instructions.

The cases that the Clinic deals with in the rights center include those involving legal status in Israel, access to health care (since many of the clients do not have health care insurance), housing, debt, and labor law.

For example:

1. In the fall semester the Clinic gave legal aid to an Israeli citizen whose partner is originally from the West Bank. The couple and their seven children have been living in Israel for a long time, but the partner does not have legal status in Israel and as a result does not have health insurance. The partner has health issues and the costs are heavy. After gathering all the necessary medical and legal documentation, the Clinic prepared an application to the Ministry of Interior on behalf of the couple. The application has not been filed yet, at the request of the couple.

2. The Clinic is giving legal aid to a Palestinian man who was suspected of collaborating with the IDF and therefore has been living in Israel for 15 years. The client has complicated health issues and does not have health insurance because he was granted only temporary sixth-month visas that do not include eligibility for health insurance. As a result, the man accumulated significant debt. At a certain point the Ministry of Defense stopped issuing his visa. In April 2020 the Clinic, together with the Clinic for the Rights of the Arab–Palestinian minority, filed a petition on his behalf with the Tel Aviv Administrative Court (represented by Adv. Haran Reichman, the professional director of the Clinics). Following the intervention, the state decided to renew the client’s visa.

3. The Clinic gave legal aid to an Israeli citizen and his partner, a woman from Colombia who came into Israel with her partner as a tourist and stayed in Israel. The couple have a son who was born in Israel. The woman’s tourist visa has expired and the Clinic is helping her file a request for legal status. Additionally, the Clinic is helping the couple prepare a motion to declare fatherhood because the client was not documented as the child’s father.

4. The Clinic is giving legal aid to a homosexual Palestinian man who is staying in Israel with a temporary visa to help him obtain a working permit. The Ministry of Interior required the man to produce various items of documentation obtainable only if the man travels into the Palestinian authority. This, however, would be very dangerous for the man. A petition on this issue is pending and we are awaiting the decision.

5. In the spring semester the clinic gave legal aid to an Israeli citizen living in Nazareth and married to an Egyptian citizen. The couple have three children and the father has been in the process of neutralization for the past few years. In the coronavirus crisis the Egyptian embassy did not provide services and he was unable to renew his expired passport. Without a valid passport the Ministry of Interior refused to renew his visa, and his health insurance also stopped. The client is a dialysis patient and therefore the discontinuation of his health insurance is especially serious. Following the Clinic’s intervention, the client was informed that his visa would be extended for another six months.

The Clinic has gained experience through individual legal aid, and in the spring semester this has led to the creation of a summary that details the legal status of the different populations of immigrants and undocumented individuals in the following areas of law: health care, social rights and eligibilities, housing, and legal status. The summary has been edited into information posters that can aid our clients as well as students from all Clinics who attend the rights center.

Additionally, during the lockdown, the Clinic created a guide for asylum seekers and for organizations that help them. The guide detailed the coronavirus-related aid available from different governmental units. The guide also shows how the coronavirus crisis takes an especially harsh toll on the immigrant population.

II. Greece: Refugees’ Right to Mental Health Care

In the past three years the Clinic has cooperated with a German legal clinic providing legal aid to refugees in Greece. The German clinic has a permanent center in the Greek island of Chios, which is a hotspot for asylum seekers from Africa and the Middle East. It partnered with us because we have Arab-speaking students and staff; the fact they did not have Arab-speaking staff was a barrier to their work in Chios. Students from the Clinic, together with Adv. Samar

Qudha, travelled twice a year to Chios and gave legal aid and legal translation to asylum seekers in initial asylum application and interview stage.

This year, the Clinic engaged in a project concerning the right to mental health care for refugees. Despite the fact that refugees often suffer from severe trauma that hinders their ability to function and integrate into society, the right to mental health care has not been sufficiently addressed by countries and international organizations. The Clinic is working with [Humanity Crew](#), an NGO that provides psychological aid to refugees incorporating culturally sensitive methods, with the aim of writing a report that will both document the situation on the ground—the mental healthcare needs of refugees and the availability of these services—and promote policies to increase access to mental health care for refugees. In October 2019, Adv. Samar Qudha traveled to Athens to establish connections with various NGOs and the refugee community and prepare for the students' trip. In February 2020, three students from the Clinic travelled to Athens, and in the course of 10 days met over 20 refugees (from Syria and Africa) and workers in aid organizations. After returning to Israel the students processed the information in the interviews and conducted legal research concerning the right to mental health care. The students wrote a policy paper that is in the final stages of editing and will be published in the near future. The policy paper will be sent to the International Organization for Migration and to NGOs working in the field with the aim of being instrumental in promoting mental healthcare policy that will address the needs of refugees.

III. Due Process in Martial Court

The Clinic has initiated a new project this year in partnership with the Public Committee Against Torture in Israel to safeguard procedural justice in Shomron Marshal Court ("Salem"). Students from the Clinic attend court to observe and monitor the proceedings and report violations of procedural rights.

In the fall semester the Clinic issued a general letter concerning some problems in the court. First and foremost, the defendants and suspects did not have a private space in which to consult with their lawyers and met them only in the court itself where the military DA and others were present. Second, the translation offered was not always adequate, so there were cases in which the defendants were not able to fully understand the proceeding. Also, the translation was not loud enough for the family sitting in the courtroom to hear. Finally, the families did not have an adequate waiting room and the hours of the hearings were not published in advance, so families and defendants did not know at which point during the day their case would be heard.

Following the coronavirus outbreak the students stopped the activity. However, the Clinic wrote a letter at the beginning of the coronavirus outbreak and following the issuing of two directives concerning arrest and detention in the West Bank. The directives restricted detainees' right to meet lawyers and their right to be physically present in court. The letter was addressed to the military court system and the military advocate general and requested that the court system make adjustments to ensure due process rights. The military advocate general office replied that the directives were used only in a minority of cases and, in any case, the court does not hold a hearing unless defendants and suspects are represented. The Clinic is following these issues.

IV. Housing

In previous years, housing was one of the Clinic's main areas of activity. As mentioned above, the Clinic now puts more focus on international human rights and immigration; however, housing rights in Haifa and Acre continues to be one the areas of field work and the Clinic represents clients in individual cases and is involved in policy issues as well.

1. During the past three years the Clinic has been representing a protected tenant from Wadi Nisnas in an evacuation case. Amidar, the public housing agency, filed for an evacuation order. The Clinic represented the client, and Amidar withdrew its motion. The Clinic continued representing the client, demanding that Amidar renovate the apartment and set a payment plan, which was approved by the court.

2. The Clinic is representing another Amidar resident from Halissa in an evacuation case. The Clinic succeeded in ensuring that the man and his family can remain in their home until the hearing in September 2020.

3. In the fall semester the Clinic provided legal aid to a woman who is a protected tenant in Acre. The landlord refuses to renovate the apartment.

4. The Clinic consulted a man whose father, a man with a disability, lives in a non-accessible home. The Clinic helped the man assess his eligibilities.

V. Additional Cases

1. The clinic is consulting with a family attempting to be reimbursed for ambulance rides for a patient who has died. After repeated letters to the healthcare provider and Ministry of Health, the Clinic prepared a lawsuit that was to be filed with the Labor Court. In June 2020, the Clinic sent the lawsuit draft to the healthcare provider, and the family was reimbursed.

2. In the Spring semester the Clinic began consulting the AMOCA modern art gallery in Sachnin following the rejection of its 2019 application for support from the Israel Council for Culture and Art. The Clinic is currently learning the details of the case and analyzing the legal questions.