

**Report of the mission in Palestine ( 7 days from 25/10 to 01/11/2009) of the « Groupe Proche-Orient Santé » (GPOS) endorsed by « Médecins du Monde » (MdM) - Belgium**  
*Pierre Viart, for the « Groupe Proche-Orient Santé »*

The GPOS is a small Belgian voluntary Association of health workers whose objective is to bear witness of the medical, psychological and social difficulties imposed to the Palestinians in the Occupied Territories. GPOS provides also a medical and psychological assistance and contributes to continued education. Our main partner in Palestine is the Palestinian Medical Relief Society (PMRS), a secular national and independent NGO whose main concern is the dispensation of primary care Medicine. GPOS supports Israeli organisations which campaign for human rights in occupied Palestine: Physicians for Human Rights (PHR), Alternative Information Center (AIC), Taa'Yush, Peres Centre for Peace, etc...

For this mission the group was constituted by 5 doctors : Valérie Alaluf (General Practitioner, emergency primary health care), Olivette Mikolajczak (psychiatrist), Michel Roland (General Practitioner, Public Health), Pierre Viart (Paediatrics, cardiology, member of MdM) and Marie-Jeanne Wuidar (General Practitioner, emergency primary health care), a psychotherapist (Marc Abramowicz) and two non-doctors : Daniel Dekkers (Engineer, in charge of the Group) and Laurence Taca (public health, member of MdM).

**Objectives :** The main purpose of the mission was to enter the Gaza strip in order to observe the medical, psychological and social consequences of the Israeli offensive of January 2009. We stayed 4 days, from 26 to 30 October. We spend the 3 other days in the West Bank, where we witnessed the evolution of the situation in East-Jerusalem and in the Jordan valley under the leadership of the Netanyahu-Liberman, government.

### **A. Gaza :**

Entry into the Gaza strip has been straightforward thanks to the endorsement of the NGO "Medecins du Monde-Belgium" and the good organisation provided by Daniel Dekkers. We went through the whole Gaza strip, North to South, East to West with the mobile clinics of PMRS and Caritas.

#### **Medical situation**

**Primary health care :** They are provided by various networks of fixed and mobile clinics, of which those of the PMRS, of the Ministry of Health and those of international N.G.O.s like Caritas and "Medecins du Monde – France" (which supervises 56 clinics of 4 different types, managed exclusively by Palestinians of Gaza). Primary health care is well shared-out among the territory. The expertise of the doctors is reasonable (there are exceptions...), but the supply of medication is parsimonious and the supply of medical equipment impossible. For instance MdM-F could not obtain a single equipment since January 2009. It seems that the tunnels are of no help for the entrance of medical equipment which is an indirect proof of the purely commercial character of the traffic between Egypt and the Gaza strip.

**Second level health care (hospitalisation) :** The siege totally prevents maintenance and replacement of equipment which becomes progressively out of use. Thus the 5 CT scans and RMN of the Gaza strip do not work any more. The hospital structures themselves are broking down and can not be improved or replaced since no construction material and sanitary equipment are available. The quality of health care is progressively declining. This is flagrant for the Children Hospital Al Nasser, manifestly obsolete and under-equipped although some local initiatives of "refurbishing" of the building have been made. The neonatal centre is the most penalised.

**Third level health care :** There are no hospitals at that level in Gaza and the patients must be transferred to the West-Bank, Jordan, Egypt or Israel to receive specialised health care. Since the beginning of the siege, the difficulty to transfer patients is steadily increasing and many deaths are due to the delays or even refusal of transfers. According to Physicians for Human Rights Israel, the Israeli government is targeting the Human Rights organisations and this NGO is no more a recognized interlocutor for the organisation of transfers of patients of Gaza. Moreover, the patients often obtain their transfer only if they accept to become Shinbet agents; inter-Palestinian dissension does not help but, as Pr.Sarraj reminded it to us, this dissension is skilfully orchestrated by the USA (Fatah) and Syria (Hamas) amongst others...At the Children Hospital we have seen a few newborn bearing operable malformations, but the authorisation of transfer had not been granted. The drug allowing their provisory survival being no more available, these children were condemned at very short term. It seems to us that there is a contradiction between the infant mortality numbers officially published (21 ‰) and those which should result of the therapeutic restrictions imposed to the newborn. If nothing changes these numbers will most probably deteriorate very rapidly.

**Mental Health :** The siege imposes since 3 years an imprisonment of the whole population while the guerrilla warfare of the Israeli army (IDF) creates a situation of permanent insecurity culminating with the January attack. In these conditions, the mental health of the inhabitants of Gaza could not be good. According to Pr. Sarraj, internationally known psychiatrist directing the Mental Health Centre there is an acute need of psychotherapists, both for children, adults and families. Group therapies are set-up with whatever means are available, but the quality of the supervision is poor by lack of specialised staff. There exist however successful initiatives like the drama-therapy project run by Jamal-Al Rozzi in favour of deaf children. This project could be started thanks to Belgian donors in coordination by Marc Abramowicz.. To be mentioned also the Caritas initiative offering psycho-social consultations and the interesting work of a multi-disciplinary group seen in Raffah.

**Environmental health hygiene :** The general hygiene of the population seems fair, but we have not visited many families at home. The general cleanness of the streets appeared to us to be better than last year (many roadsweepers). The most worrying problem concerns the waste water treatment: the water purification plants were partially or completely destroyed by bombardments and can no more be maintained because of the siege. A large part of the waste water is thrown back in the sea. The water purification plants are cracking; waste water percolates through and gets back to the aquifer, contaminating the drinkable water (see: <http://www.youtube.com/watch?v=KprSEbtjKDY> ). The children suffer from frequent gastroenteritis and intestinal parasitosis (essentially amoeba and giardia/lamblia) and the prevalence of anaemia is around 50 % for the children. The risk of epidemic is indeed increasing.

**Continuing education :** the seminars were appreciated and there was a rich exchange of ideas; however during one afternoon it was not possible to enter into details. We think that it would be interesting to propose more medical dialogue and less participation to the health care, for which the barrier of the language is a clear handicap. There is clearly a demand for continuing education by direct contact. We should work in this direction for the future and perhaps promote university twinning, although this will require cooperation with the Hamas administration... A discussion with BICUP is desirable.

### **Consequences of the January 2009 offensive**

In the suburbs of Gaza and Raffah (tunnels zone), whole areas were destroyed by the bombardments and the remaining ruins are impressive. But no massive destructions in the

centre of Gaza city: only single houses and official buildings have been destroyed and the ruins have been evacuated. A non informed walker has no immediate perception of the consequences of the offensive. One sees how there were “only” 1500 deaths: if the centre of the city had been bombarded like the suburbs, it would have been tens of thousands victims one would have to deplore. We have not noticed partial destructions of the medical structures we have visited. PMRS has not lost any staff members but ambulances have been destroyed: they have been replaced . PHR – Israel finds that one should intensify the pressure of the international opinion in order to impose to Israel an internal enquiry on the war crimes committed in Gaza and to impose the recognition of the Goldstone report (which has been rejected (November 2009) in the USA....)

### **Social consequences**

Most citizens are facing a catastrophic situation: tight siege, unemployment rate of more than 50% (also due to the destruction of many small business concerns and factories in January) and dependence on the UNRWA food rations. These are insufficient because they are now delivered each 3 months, although calculated on a monthly basis. The goods and products entering via the tunnels (still very active in spite of the bombardments, we saw them “functioning”) are expensive and profit only to the part of the population which can pay the prices imposed by the black market. It does not seem that the government ( Hamas) has the power or the will to organise a socially fair control of the tunnels products. The gap between the poor and the rich seems to increase. We found that the “rich” quarters were better maintained than last year (Gaza has still middle-class quarters worthy of the Riviera....). A naïve walker , in downtown Gaza, finds a similar atmosphere as in Mediterranean cities . And this impression is increased by the fact that more “luxury” products are at display in some shops, coming through the tunnels. Indeed this impression of improvement is fallacious and hides the increased pauperisation of the rest of the population and the persisting threat of Israeli interventions.

### **Security situation**

One walks in Gaza like in our countries, safely. Policemen are scarce and there is no harassment. The population is very friendly and seeks to establish contact; there are very few beggars. In spite of the circumstances, the atmosphere is rather good and the young people have their usual exuberance.

### **Political situation**

The population seems to resign to see Palestine divided in 2 territories managed by different governments. By Hamas in Gaza and the Palestinian Authority (Fatah) in the West-Bank. In Gaza the influence of the Hamas is clear in the official structures of the Ministry of Health. The main hospital of the city, Shiffa hospital cannot be visited without the presence of an official member of the Ministry. We could not meet however members of the government and could therefore not give a valuable opinion on the type of leadership in place – except about the management of hospitals. In any case the Hamas seems to manage to be accepted by the population. The opinions are circulating freely, the women wear almost all the veil but work normally and have free dialogue with men, at least in the medical sector, the only one we have really met.

## **B. West-Bank**

### **Medical situation**

It is comparatively favourable on the whole since doctors have less difficulties to obtain the needed medication and equipment. According to PHR however, medical expertise is deteriorating in the whole occupied territories. A Children Hospital is being build in

Ramallah. We have visited the PMRS clinics of the Jordan valley: they are perfect. In the Jiftlek village, PMRS succeeded to build a clinic in spite of the interdiction of the Israelis. It is in this village also that a school threatened to be destroyed by the Israelis could be saved thanks to the pressure of Israeli and international groups. The third level hospitals are the weakest point in the West-Bank. They cannot cover all the necessary special needs (for instance paediatric cardiology), thus maintaining a dependency (probably purposely maintained) to Israeli centres.

The Al Makassed hospital is the only Palestinian hospital in East-Jerusalem. It has a good quality centre of paediatric cardiac surgery. It is separated of the rest of Palestine by the wall and the Israeli try to break its development: the quota of admission are very low, equipment is very expensive since it has to come from Israel, the Palestinian staff has to pass 3 checkpoints to reach it and this staff must leave before 18h, which prevents to organise a guard service.

### **Human rights**

According to the Alternative Information Centre (centre created by Michael Warschawski with Israeli and Palestinian offices in Jerusalem and Bethlehem) the peace process (which will be on the agenda only in 50 years said for instance Ariel Sharon) is a virtual concept which is totally in contradiction with the reality on the ground. The claimed objective is to “Judaize” as much as possible the West-Bank (80%). Israel colonizes where “there is no land owner”. Under the Ottoman there was no cadastral survey ; the Jordan administration has surveyed and registered only part of the North part of the West-Bank from 1948 to 1967. The Palestinian owners of land in the West-Bank have no cadastral justifications for their claims. They are “present but absent as land-owners” (dixit Sharon)-and the land where they live are free and colonisable.... Israel knows that the expulsion or the voluntary transfer of all the Palestinians is impossible and that a bi-national state would deprive them from a Jewish state. They are creating a 2 level 2 state solution with connecting roads and tunnels to cut off tiny Palestinian enclaves. The Jordan valley should be annexed next year and a fence will separate the hills of Judea-Samaria from the Jordan valley. The PMRS clinics will then be off-limits for the Palestinians. Bedouins have less and less space, but they were authorized to stay on a dump area. The concrete wall is more and more replaced by a barrier with various barbed wire fences (a contribution of the Belgian firm Bekaert....) and other defence devices, 50m wide. This structure has the advantage that it can be easily moved, in order to further increase the land taken to the Palestinians.

### **Conclusions :**

The medical situation in Gaza deteriorates progressively, but the solution will not come from medical help, since the largest international NGO’s fail to import the necessary equipment. Only a political solution can improve the situation, before it is too late. Nevertheless we are convinced that it is useful to go to Gaza: by solidarity and to bear witness. The continued medical education is also an important goal and international university cooperation should be searched for. Mental health care is a field which should be developed and there is a great desire of collaboration, difficult because of the language barrier, but which should fit well with the objectives of Medecins du Monde – Belgium.

The situation in the West-Bank is better but far from perfect. Here also the change can only come from a change in the Israeli policy, which is not in view.

Our action should also continue to denounce the annexation policy of Israel, its denial of international law and its stretches to Human Rights.