

WITNESS

13



MAP
MEDICAL AID FOR PALESTINIANS
YEAR
25



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The Israeli attack on a flotilla of ships trying to bring aid to Gaza pushed the three-year blockade of the territory back to the top of the headlines. The loss of life on board the *Mavi Marmara* compounds the tragedy that the situation in Gaza has been allowed to go on for so long.

Let us be clear: conditions in the besieged territory are desperate. Four out of five people are dependent on aid in a territory where over 750,000 are children. Health provision in Gaza is severely restricted with hundreds of essential medical supplies either at zero stock or in short supply. Large numbers of patients have died after being denied referrals for life saving treatment abroad.

MAP welcomed Foreign Secretary William Hague's recognition of the 'strong united international demand' for the implementation of UN Security Council Resolution 1860. But tough words without concrete action will not need to the change which is urgently required. Our team in Gaza is working around the clock to ensure that hospitals are supplied with life saving medicines and that doctors and surgeons have the training to cope with the situation. Meanwhile here in London MAP continues to lobby the British government to demand an immediate and unconditional end to the blockade. An 'ease' of the blockade is not enough.

At a recent event commemorating MAP's 25th year anniversary our new President, Lord Patten of Barnes, demanded that the EU not only call for an immediate end to the Gaza blockade, but also should work harder to promote reconciliation between the splintered Palestinian body-politic. Lord Patten will be a powerful advocate as MAP continues to work to improve the lives of Palestinians across the occupied Palestinian territory.

In addition to updates from Gaza, this edition of Witness examines the forgotten story of Nahr al-Bared refugee camp in Lebanon. It has been three years since the camp was destroyed in fighting and the process of rebuilding remains desperately slow.

Thousands of families remain literally refugees from a refugee camp living in garages, shipping containers and unsuitable and cramped accommodation. Thanks to your support MAP is running a programme supporting young mothers and their vulnerable newborn children. While their stories may not always make the mainstream media, MAP will ensure that they are never forgotten.

Andrea Becker
Head of Advocacy

MAP NEWS

- MAP condemned the Israeli attack on the Free Gaza flotilla publishing a letter in the Observer calling on the immediate and unconditional end to the blockade.
- MAP launched a new Neonatal Intensive Care Unit in the Gaza Strip. This neonatal ICU is one part of our 'Ensuring Safe Delivery' project. The neonatal ICU is housed at Al Awda Hospital in Gaza and is managed by our partner, the Union of Health Work Committees.
- Over 340 people attended MAP's 25th Anniversary dinner in London on 11 June, helping to fundraise over £300,000. MAP's new President, Lord Patten, delivered the keynote address urging the EU to push for an immediate end to the blockade. Dr Swee Ang, one of MAP's founders, was presented with a special lifetime achievement award.
- MAP organised the screening of the first Palestinian animation film 'Fatenah' at the London Palestine Film Festival. The film chronicles the struggle of a young Palestinian woman to leave Gaza for life saving medical treatment.. MAP Films highlights this issue in "Life or Death – Medical Referrals from Gaza", available on our website.
- A new interactive map of Gaza has been launched on MAP's website. The map highlights MAP projects and life in Gaza through films and photographs. Visit www.map-uk.org/gazamap
- MAP made presentations to several delegations of the OECD (Organisation for Economic Cooperation and Development) in Paris. MAP outlined the economic situation in East Jerusalem, the West Bank and Gaza as a result of the ongoing occupation and blockade. We also presented to a special session of the EU members of the OECD, a meeting hosted by the Presidency of the EU.
- Paul Julien joined MAP's London office as our new Trusts and Corporate Fundraising Manager. Paul has worked for many UK health and social welfare charities including Medical Foundation for the Care of Victims of Torture, Prisoners Abroad, and Crisis.



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3 YEAR ANNIVERSARY OF DESTRUCTION OF NAHR AL-BARED CAMP



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It has been over three years since the Lebanese army destroyed the Palestinian refugee camp of Nahr al-Bared following battles with the militant group Fatah al-Islam. Today although the rubble has been cleared, together with thousands of items of unexploded ordnance, the camp has not yet been rebuilt.

MAP spoke with the UN's Charlie Higgins who is in charge of overseeing the camp's reconstruction.

Can you give us the latest reconstruction news?

The truth is we're closer to the beginning than the end. It has been an incredibly difficult process due to a host of political and technical reasons, including the

discovery of archaeological remains below the camp which has meant that we've had to carefully excavate and document them and then backfill before constructing the new units.

The rebuilding of the camp has been divided into eight areas and a UN compound comprising of schools, community and welfare services. We've recently started on the first area and will soon start to work on the second.

The Vienna Conference in June 2008 signalled the start of reconstruction but the actual work only began in November 2009. The original plan was to have finished the camp by early 2012, but it is now looking more like the end of 2012 depending on no further obstacles on the ground and securing the large gap in funding.

What role have the Lebanese Government played in the reconstruction?

The Lebanese Government is essential to the process of reconstruction. They have been deeply involved in the urban planning for the camp, including the crucial purchasing of land for the site which they have committed resources to.

Security concerns have led to a strong military perimeter around the camp. This makes life difficult for the camp residents who are very unhappy with a permit system that forces Palestinian Refugees – even those who were formerly residents of camp but are now displaced elsewhere – to register with the Army if they wish to visit their friends and family members who have returned to live in the adjacent areas of Nahr al-Bared.

A change in the permit system would facilitate the social and economic recovery of the camp.

How much is the reconstruction costing?

The reconstruction of the camp is estimated to cost \$328 million. So far we've managed to raise some \$119 million towards that, so there is some way to go.

Also, in addition to our regular services UNRWA is currently covering the rent for 3,400 displaced Palestinian families living in adjacent areas of in Beddawi camp. Providing shelter, food and health support for these refugees from their refugee camp is currently costing some \$16 million a year. There are real concerns as to how much longer we can afford to cover these costs.

What will the new camp look like?

There has been a thorough design process for the camp including extensive independent consultation with its residents, family by family. The idea is to recreate the neighbourhoods that existed in the past so that people will live next to and above their old neighbours. Although the size of people's homes will be slightly smaller, this will allow for a far more spacious camp with far better access and public areas that make for a far healthier place to live in.

MAP's Maternal and Child Health programme has been operating in Nahr al-Bared since 2008. For more information visit www.map-uk.org/regions/lebanon

UPDATE: MAP IN NAHR AL-BARED

In Nahr al-Bared refugee camp, MAP is working with a highly vulnerable population. Refugees were further displaced from their homes during the destruction of the camp in 2007. This community now waits in temporary shelters and accommodation for the stalled reconstruction to commence. Three years in inadequate housing, consisting of makeshift shelters, plastic containers of just 16 square metres, cramped basements and garages, has taken its toll on the health of the population, in particular the women and children. Newborn deaths are worryingly high and concerning rates of anaemia in pregnant women are threatening the health of both mother and child.

On the outskirts of the destroyed camp lies an area of temporary dwellings that is home to 8,000 refugees. It is here that MAP has based its Maternal and Child Health centre, from which a team of midwives and community support workers run a programme of home visits and healthcare for women and children in the camp. There are no other health services in this area, despite the daily threats brought about by the harsh living conditions.

In the camps, the threats to maternal and child health are significant. Over half of the mothers that midwives visit are anaemic and most have poor access to running water or adequate sanitation. Women tend to have large numbers of children, with families of eight often crowded into shelters of just sixteen square feet. The youngest mother that MAP supports is only fourteen years old.

MAP's community midwives offer home-based support to pregnant women, newly delivered mothers and their newborns and infants. Women have access to doctors, nurses and clinical support. MAP also invites them to attend workshops that teach them about risks to watch out for, in particular, the importance of spacing out pregnancies to protect mothers and their unborn children.

Over the last three years, there have been clear successes within the project. High risk pregnancies and newborns are quickly identified and referred for monitoring and care. Anaemia has been greatly reduced and childhood illness tackled. Vitamin A supplementation is offered to 100% of all breastfeeding mothers, increasing infant immunity



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and maternal health significantly. Exclusive breastfeeding in the first month of life has increased from 35% to 91%. Mothers have benefited from peer support networks where women share contextual knowledge about safe motherhood and child health.

Safe motherhood and child health are two of the Millennium Development Goals, accepted internationally and upheld as a priority by the United Nations. These are also a long term priority for MAP.

By ensuring access to health care from the first days of life, we can offer a strong start for a child. By ensuring that a mother has a continuum of care from family planning through to pregnancy, as well as support and proper health information after childbirth, MAP can support empowered and healthy families, now and in the future.

GAZA HEALTH UPDATE: 3 YEAR ANNIVERSARY OF THE BLOCKADE

The Israeli military assault on the aid flotilla in May left nine people dead and dozens injured. The deadly attack succeeded in highlighting Israel's policy of blockade which has lasted for over three years and created a humanitarian crisis in the Gaza Strip.

The collective punishment of a civilian population is illegal, and the consequences in Gaza are clear. The closure of the Gaza Strip is undermining the healthcare system, hampering the provision of medical supplies and the training of health staff preventing patients with serious medical conditions from receiving timely specialised treatment abroad.

Today in Gaza there is a chronic shortage of specialised medical personnel and access to equipment, as well as dozens of drugs for cancer, heart, kidney and other diseases. The UN regularly reports a lack of spare parts for maintenance of medical equipment including assistive devices for people with disabilities. What is available runs out and isn't replaced because of restrictions.

MAP's field team are in regular contact with hospitals and the central drugs store in Gaza and report that

at present some 109 medicines and 120 essential medical disposables are at zero stock.

Permission to leave Gaza to receive medical treatment is denied or delayed for hundreds of seriously ill Palestinians and at least 28 individuals died in 2009 while waiting for permission to travel. This limit to tertiary care access outside Gaza impacts in particular on patients requiring cardiology, neurology, ophthalmology, oncology, radiology, hematology and gerontology care.

The story of Samir al-Nadim who died on 01 November after his exit from Gaza for a heart operation was delayed by 22 days is tragically typical. *Amnesty International* reported how by the time the Israeli authorities allowed him to leave on 29 October, he was unconscious and on a respirator. He later died of heart failure in a Nablus hospital.

The WHO reports that standards of health care in the Gaza Strip are declining. Several reports highlight deterioration in some key health indicators, such as rates of infant mortality. In addition unemployment, poverty levels and environmental standards are also reported to be worsening with possible long-term

adverse effects on the health of the population. At the heart of the blockade is that access to essential goods including humanitarian goods remains restricted.

"It is impossible to maintain a safe and effective healthcare system under the conditions of siege"

Tony Laurance, World Health Organisation

Electricity cuts disrupt all aspects of life. Those living in high-rise buildings rely on water carried to upper stories using electric pumps. As a result of the cuts, bathing, brushing teeth, doing laundry, washing dishes, and preparing meals for hours of the day is impossible.

A public health disaster looms. 90% of the water in Gaza is no longer fit to drink. Gaza's Coastal Municipalities Water Utility report that since the blockade they've been hampered by few essential spare parts to operate. Everyday 80 million litres of untreated or partially treated sewage is being dumped into the sea. As a result, water-related infections are widespread, and conditions are only worsening.

MAP's team on the ground continues to address the multiple health challenges for the people of Gaza, by resupplying hospitals and clinics, training medical personnel in a range of fields, including treating burns and primary trauma care. Meanwhile our London team is lobbying the British government to immediately and unconditionally end Israel's blockade.

Sources: WHO, UNDP, OCHA, Report of EU MPs visit to Gaza, Amnesty Annual Report



NAHR AL-BARED: 3 YEARS ON**GAZA STRIP: 3 YEARS ON**

BURNS EMERGENCY RESPONSE SERVICE FOR THE OCCUPIED PALESTINIANS TERRITORY

MAP is now launching a major capital programme to upgrade two existing burns units, equip and build three new units and train hospital staff right across the occupied Palestinian territory in burns treatment. This vision is based on MAP's firm belief that no human should be denied emergency care, particularly when minutes and hours can make the difference between life and death.

Burns injuries can lead to loss of life, complex infections and permanent deformity if not treated quickly and appropriately", says Dr Anas, who is the only Burns Surgeon in the West Bank. "Burns injuries can also be one of the most painful injuries a human can face and we don't even have the right facilities to manage their pain. We need equipment but more importantly we need teams," he says, "we need trained staff. With a burn injury, there are simple treatments that can be offered at the earliest stage in the ambulance. If the emergency staff do not know how to provide this simple care then the patient may well die. We can save lives and prevent deformity and scarring but we need the resources to do so."



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WHAT IS A BURN?

A burn is one of the most serious injuries a human can suffer. It brings pain, infection, disfiguration and too often, loss of life. During the war on Gaza, phosphorous bombs and explosives rained down on one of the most densely populated areas of the world, inflicting immense suffering on a people who had nowhere to hide. It quickly became clear that there was a desperate lack of equipment, staff and training to treat burns injuries. Despite these shortages, Israel maintained an uncompromising blockade prevented the seriously injured from accessing treatment outside of Gaza. In the streets and overcrowded waiting rooms, people had died from burns injuries that should not have proved fatal.

Over a year later, there is an ongoing risk of military attack in the Gaza Strip, coupled with the danger posed by hazardous living conditions in both Gaza and the West Bank. Despite this, there is just one burns unit in the Gaza Strip and just one in the West Bank. In the West Bank, in order for the injured to reach the existing burns unit in the northern district of Nablus, patients must negotiate a winding path of checkpoints, at which they are regularly delayed and denied entry. 50% of the burns patients referred to the burns unit come from the district of Hebron, right in the south of the West Bank. 67% of these patients who are forced to make that journey are children. The nature of burns injuries are such that a first degree burn can quickly develop into a more serious third degree burn within the space of an hour. However, the journey from the south to the unit in the north often takes over 5 hours. The situation of burns patient can seriously deteriorate within this time. When they reach the unit, it is often over capacity, with inadequate facilities to offer sufficient treatment.

Over the last year, MAP has been busy working with medical teams at hospitals and clinics in the West Bank and Gaza to establish the groundwork for complete upgrade of burns treatment capacity across the occupied Palestinian territory. In January, MAP succeeded in bringing a team of doctors and nurses to the UK on a unique training visit to Burns units across the country. This offered Palestinian doctors and nurses a chance to witness first hand UK capacity and protocol in treating, dressing and rehabilitating burns patients using the latest technological advancements

and complex reconstructive surgery. They were hosted by 5 Burns Units in Broomfield, Chelsea Westminster, Birmingham, East Grinstead and Stoke Mandeville.

This is the start of a leading programme for MAP, based on a firm commitment that, despite all the obstacles of the occupation and blockade, MAP will continue to lead on this bold initiative to substantially improve access to quality emergency treatment for burns victims. To be a part of this programme, watch out for regular bulletins and communications from MAP.

MAP PRESIDENT LORD PATTEN CONFRONTING INTRANSIGENCE

Today's miserable and brutal stand-off in the Middle East requires new political initiatives. The short-term failure of Israeli policies has concentrated global attention on their blockade of Gaza rather than on Iran's pursuit of nuclear weapons. The long-term failure has rendered increasingly difficult an eventual two-state solution as Palestine is broken up into barred Bantustans.

For the Americans, as President Obama's military commanders have told him, the absence of anything resembling a peace-process in the Middle East, and the ready identification of Washington with a very right-wing Israeli government, has made it more difficult for the US to deal with Iran, Iraq, Afghanistan, Pakistan and others.

If politics does not succeed, then humanitarian aid will continue to be necessary. Yet we should never allow the international community to depend on the provision of continuing humanitarian relief as an excuse for diplomatic drift and the failure to confront intransigence. Organisations like Medical aid for Palestinians do not exist so that others can duck their moral and political responsibilities.

The European Union has a role to play to break this logjam. The EU is Israel's biggest trade partner and the largest provider of development assistance to Palestine, yet it has been content to play a largely very quiet third fiddle to the United States.

There have been exceptions to this. In 1980 the EU heads of government and foreign ministers agreed the Venice Declaration which noted that "traditional ties and common interests" obliged them to play "a special role...to work in a more concrete way towards peace". They went on to spell out their commitment to the right to existence and to security of all the states in the region, including Israel, and "justice for all the peoples, which implies recognition of the legitimate rights of the Palestinian people". They denounced settlement activity as illegal, refused to accept any unilateral initiative to change the status of Jerusalem, urged a just solution to the problem of Palestinian refugees and supported a comprehensive peace settlement sustained by a decision of the UN Security Council.

However, for too much of the 30 years since then, the EU for all its best intentions has taken the view that only Washington really drives things forward in the Middle East.

Yet what should the EU do when American policy is going nowhere? Not surprisingly, the secretary-general of the Arab League called the so-called Quartet, which supervised the non-implementation of the road map for peace, "the Quartet sans trois".

It is true that the US has the primary external role in the region, and that any peace settlement will require Israel's willing agreement. But none of this justifies the EU's present nervous self-effacement. This policy removes much of the political price that the US should have to pay when it does nothing or too little. It gives Israel carte blanche. It damages Europe's relationship with its alleged partners in the Union for the Mediterranean, and it makes Europe complicit in outrageous and illegal acts.

Let us be clear, it is not only Israel that has believed that the collective punishment of the people of Gaza through the blockade since 2007 would weaken Hamas. Failure to take more decisive action to end a policy described by the International Crisis Group as "morally appalling and politically self-defeating" has spread responsibility for a policy that has caused suffering to Palestinians, diplomatic humiliation to Israel, and sowed seeds of hatred for the future.

Today the EU should not only call for an immediate end to the Gaza blockade but should work harder to promote reconciliation between the splintered Palestinian body-politic.

The UN should be tasked with preventing the flow of weapons while the EU should take the initiative with Turkey and the Arab League to re-establish a government of national unity involving Fatah and Hamas for the whole of the Palestinian territory. In due course the EU should monitor free elections there. You cannot favour democracy everywhere except in Palestine.



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Lord Patten is President of Medical Aid for Palestinians (MAP). This is an abridged version of a speech he delivered at MAP's Annual Dinner on 11 June.

CELEBRATING MAP'S 25TH ANNIVERSARY

Medical Aid for Palestinians' recently held its 25th Anniversary Special Gala Dinner. The event attracted key supporters from throughout MAP's history, from nurses and doctors involved in the founding and early years of MAP through to global advocates supporting Palestinian rights today.

At the dinner one of MAP's founders, Dr Swee Ang, was presented with a lifetime achievement award for her work for MAP. After receiving the award from Chief Executive Steve James, Dr Swee spoke of the reasons behind MAP's creation;

"I think first of all MAP is a way of expressing our friendship with the Palestinian people and I think firstly it is our way as people in Britain supporting the Palestinians wherever they are. So it doesn't matter if it's Lebanon or the occupied Palestinian territory we are there. We are basically called medical aid which is misleading because we do more than medical aid we do other things as well. If you define what is health you see it's a very broad thing. It is a state of well being. So if someone's house is blown up and he has no roof over his head that is leading to bad health. So we have a legitimate right to support them. I call it a bridge. We are the bridge between the good will of the British public and the Palestinian people. We are also the bridge so that the Palestinian people can come to us in Britain and so that the real face of the Palestinians can be

shown. People who are courageous, steadfast people who have suffered and yet not bitter, can be seen by the British public. That's MAP. So the modus operandi is that we do not do things against the will of the Palestinians.

If they say we don't want this clinic please shut it down, we shut it down. That's it. There is no way we would do anything to hurt them. So first of all we respect them, we love them and we stand by them".



Dr Swee celebrates her MAP lifetime supporters award with former MAP Doctor Pauline Cutting

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MAP is proud to have built strong relationships with many high profile individuals who have helped lobby for change in world policy towards the Palestinians and who have raised the profile of the issue over the years. We are also proud of the relationships we have built with other key NGOs who work alongside us to make sure we are complimenting each other and between us providing for key areas where there is the greatest need.

HERE IS WHAT SOME OF OUR PARTNERS AND SUPPORTERS HAD TO SAY:

Hanan Ashrawi, Leading Palestinian politician, elected member of the Palestinian Legislative Council:

"MAP has been a familiar presence in Palestine for the past 25 years, ... a significant presence, active and engaged in positive influence that serves to empower, the Palestinian people in the domain of health".

Peter Ford, representative of the Commissioner General of UNRWA:

MAP and UNRWA are in a sense sister organisations, we're both dedicated to helping Palestinians and our activities are complementary. MAP reaches the parts that UNRWA doesn't.

Dr John Beavis, Orthopaedic surgeon working for MAP in Gaza:

I support MAP because I know that it's an organisation with great experience in the Middle East. I know that it's an organisation that is well respected by the Palestinians and by actually everyone who's ever worked with them.

Ken Livingstone, former London Mayor:

I'm supporting MAP because Palestinians live in the most appalling conditions, and what MAP does has a huge impact... what we've got to do is make sure they get the resources to expand the work they're doing.

Archbishop Desmond Tutu, Chair of the Truth and Reconciliation Commission, winner of Nobel Peace Prize in 1984:

"I should first of all congratulate MAP on its 25th anniversary, I wish they weren't necessary today. MAP have carried out and are carrying out quite amazing work in the West Bank, in Gaza as they have done also in Beirut providing medical supplies to people in the most dire of situations".

MAP
MEDICAL AID FOR PALESTINIANS
25 YEARS

INTERVIEW: ALEXEI SAYLE

I've been a supporter of the Palestinian cause since I was a teenager. There is a constant effort in the propaganda war to label anyone who is critical of Israel as anti-Semitic. As a Jew I have to condemn this approach. There is a battle for justice for the Palestinians, and in a sense that battle is also for the soul of the Jewish people."

Some supporters of Israel ask me, "why do people ignore Somalia, Darfur and Zimbabwe?" They say "why do you pick on us? We're not the most repressive state in the world" and that's true, they're probably the ninth most repressive state. But this situation is far from being good enough and the region's slide into fascism is a consequence of nobody putting a break on the darker side of Israel.

As a resident of the West I have very little leverage on the junta in Burma, my government doesn't fund Burma, it does fund Israel however. Individuals also give both physical and propaganda aid. The US goes further financially supporting Israel and bribing Egypt to support Israeli policy. Remember Israel was founded by colonists from Europe and is in a sense the last European colony. This is our mess and we need to fix it.

The Palestinian people are terribly isolated and knowing that they have friends supporting them in the West is critically important. My support is not based on a romantic notion that just because a people are being oppressed they are somehow noble. The Palestinians have been oppressed for over sixty years, over 1.5 million are locked up in a concentration camp next to the sea, betrayed by Western governments and the Arab states.

This depressing reality has led to increased factionalism and internal fighting amongst the Palestinians. Maybe this shouldn't really be a surprise, staying mildly sane in those conditions for over sixty years is an achievement. We must do all we can to make the situation better and to show the Palestinians that they are not alone.

I'm deeply concerned over the psychological trauma of particularly those Palestinians trapped in Gaza. The legacy of their trauma is profound and even if everything was sorted out tomorrow the damage would still last for generations.

In the West Bank I can't imagine what it feels like as a child to see your mother and father constantly humiliated by teenage Israeli soldiers.



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Growing up in Britain is hard enough, so growing up under occupation or in a refugee camp in Syria and Jordan must be an unimaginable experience.

The West is complicit in this situation. In Gaza there is the idea that you can deprive people of a roof over their head, or children of writing paper, all in order to achieve a political objective. Clearly this is collective punishment for democratically voting the wrong way.

This is no different from medieval armies laying siege to cities, it's the same thing. It degrades us all. We need to act morally. People in Britain can do so much whether it is supporting MAP, attending demonstrations or getting involved in campaigns.

DONATION HOTLINE

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Donate online at www.map.org.uk

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MEDICAL AID FOR **PALESTINIANS**

33a Islington Park Street, London, N1 1QB

info@map.org.uk

Registered Charity no: 1045315