



# WITNESS

10

**MAP**  
MEDICAL AID FOR PALESTINIANS

Dear Supporter,

I have joined Medical Aid for Palestinians (MAP) as its new Chief Executive at a time when the situation in the Middle East is worse than ever for Palestinians and where our continued emergency relief and long term development projects play a crucial role in alleviating a great deal of suffering.

Having recently worked for three years as the Chief Executive of the St John Eye Hospital in East Jerusalem, I am already familiar with the healthcare situation in the Occupied Palestinian Territory. I have witnessed at first hand how the restrictions on the movement of Palestinians mean that a more nuanced approach is required in providing health services. MAP has now worked in the region for almost 25 years and its support of mobile clinics and community based health care are examples of pragmatic ways to cope with these restrictions in order to help the most vulnerable Palestinians.

In addition to my time in Jerusalem I have 25 years of senior management experience working in the private sector across the Middle East from the Yemen to Lebanon. The experience I have gained during this time will help me to continue developing MAP's programmes and capacities to face the myriad of challenges throughout the region.

Despite the welcome ceasefire in June, the Gaza Strip is still under an effective state of siege, with woefully inadequate supplies of fuel, aid and general supplies getting through. The UN reported in July that about 95% of Gaza's local industry remains closed; imports of goods were 26% of the level prior to the Palestinian elections in January 2006; and the total ban on exports from the Strip continues. Our staff in Gaza report that the entire strip smells of fried food as drivers are forced to use cooking oil to fuel their cars. The humanitarian situation remains critical.

In a year that was supposed to bring greater peace and stability, but instead has brought increasing hardship with the virtual imprisonment of Palestinians in Gaza and the cantons in the West Bank, your support and our ability to deliver it is more vital than ever.

We thank you for your support.



Steven James  
Chief Executive Officer  
Medical Aid for Palestinians



- Gaza has been effectively sealed off from the rest of the world since mid-June 2007. Very few residents can exit Gaza, even in the case of medical emergency, and only limited commercial and humanitarian supplies can enter. Dependency on agencies in Gaza now stands at 80%, which will further increase due to the continuing closure of Gaza's external borders.
- The current patient death toll since the start of the siege in June 2007 is between 172 and 226. There are 1,329 patients suffering from chronic diseases who are at risk due to lack of essential medicines to treat their conditions.
- The number of households in Gaza below the poverty line continues to grow, reaching 51.8% in 2007 despite significant amounts of emergency and humanitarian assistance.
- According to the Palestinian Ministry of Health in Gaza and the Palestinian officials at Erez crossing, the number of patients permitted to leave has decreased sharply, and only 15-20 patients now leave Gaza each day.

Sources: UNRWA 2007 Annual Report, UNRWA July 08, IMEMC June 08, PHR-Israel July 08, Palestinian Red Crescent Society .

Palestinian at 'flying checkpoint', © MAP 2008



# THE SLOW DEATH OF GAZA CONTINUES

In late February of this year, the Israeli military launched an assault on the Gaza Strip. For a harrowing few days, people in Gaza tried to cope with the onslaught of tanks and attack helicopters, while those on the outside watched in horror and helplessness as the civilian death toll mounted. Death from these attacks and "from the sky" – as Gazans often call it – is not uncommon. For years, there has been a weekly, if not daily, civilian toll.

What was different during those days in late February and March was the number of deaths in a very short span of time. What this meant is that enough blood had been split for the media to take notice, and for a brief moment the outside world paid attention.

Prepared for such attacks, MAP provided emergency surgical kits to hospitals in areas most affected by the incursion. All the items in each kit are in critically short supply in Gaza and include: iodine to prevent infections, latex tourniquets to limit blood loss, penrose drains to drain fluid from wounded areas, and antibiotics such as penicilin, ampicillin and amoxicillin. Even before the weekend was over, our staff had implemented plans to put another emergency surgical kit into place – to save lives, this time and next.

Since the truce between Hamas and Israel, or what in Arabic is more accurately called the 'tahdiyeh' or calm, death for the time being does not arrive from the sky. But the slow death of siege continues as before, unrelenting.

## What the Siege Means

The 'siege' can be described as an acceleration and intensification of Israeli government policies to isolate the population of the Gaza Strip, cripple its economy, and incentivize the population against militant activity by harsh (and illegal) measures of collective punishment.

It means the denial of a broad range of items – food, industrial, educational, medical – deemed 'non-essential', for a population largely unable to be self-sufficient at the end of decades of Israeli occupation. It means that industrial, cooking and diesel fuel is scarce. There are no queues at petrol stations; they are simply shut. The lack of fuel in turn means that sewage treatment and water treatment stations cannot function normally, resulting in decreased potable water and tens of millions of litres of untreated or partially treated sewage being dumped into the sea daily.

Cars fuelled by cooking oil in Gaza, © MAP 2008



The lack of fuel also means that Gaza's electricity plant cannot function. The electricity cuts — still between 8 and 12 hours a day — affect homes, businesses and hospitals. Those lucky enough to have generators in turn struggle to find the fuel to make them work, or spare parts to repair them when they break from overuse.

While the siege had been affecting Gaza's most vulnerable, its effects have been quickly spreading to the entirety of the population, as reserves and coping mechanisms are exhausted.

Khalil, who researches and documents human rights violations for the Palestinian Centre for Human Rights, one of MAP's partners, tells of how his life has changed during the siege. Having a secure job, Khalil never used to worry about providing for his family, unlike so many in Gaza. Khalil gave up trying to find car fuel months ago and now walks for over an hour to work every morning.

"Before the siege, when we finished a canister of cooking gas at home, we simply left it by the door for the landlord to replace — we gave it no thought whatsoever. Now that Israel is placing heavy restrictions on fuel, I find myself constantly worrying about whether we will have enough cooking gas for the week. I have no idea where it will come from, something as simple and basic as cooking gas! Now we have to think very carefully about how often to cook."

With the truce, some additional trucks are getting across. But this is misleading: an increase of almost nothing, for a population even less able to cope, amounts to still not enough.

**Andrea Becker, Head of Advocacy, MAP**

# MAP'S PARTNERS

## AL NASSER PAEDIATRIC HOSPITAL

Al Nasser Paediatric hospital is the main paediatric referral hospital for the whole of the Gaza Strip. The combination of reduced support to the Ministry of Health since January 2006, and the almost complete siege of Gaza, has blocked the repair and maintenance of critical medical equipment. Al Nasser hospital has six 'Intensive Care Unit' beds, however now only two are fully equipped and operational for clinical care.

In April and May 2008, in cooperation with the 'Royal College of Paediatrics and Child Health', MAP supported infant life support training for over 20 paediatricians in the Gaza Strip. However, in order to make this training effective we have to ensure that the trained paediatricians have the appropriate equipment to look after the children in intensive care; training on its own will not save lives.

In order to support infants and children that are on life support, we are providing a range of equipment including portable monitors, portable ventilators, pulse oxymeters, incubators, infusion pumps, syringe pumps, potable suction and an emergency trolley.

MAP is also working to ensure that doctors working in neonatal and paediatric ICU in the Gaza Strip are able to:

- Effectively monitor vital life signs
- Appropriately treat critically injured or ill children
- Help to reduce the number of newborn infants and children needlessly dying due to lack of appropriately equipped hospitals in Gaza.



Photo of incubators in Gaza of incubators in Gaza – © MAP

Palestinian children  
playing during the sunset  
time in Rafah in the  
southern Gaza Strip,  
© Maan Images / Hatem  
Omar



## PALESTINIANS WHO HAVE DIED IN 2008 FOLLOWING AN INFRINGEMENT OF THE RIGHT TO SEEK MEDICAL TREATMENT OUTSIDE OF THE GAZA STRIP

**Nabeel Buheri**, an 11 year-old child, died of a heart failure on the 30th of July after being banned from getting out of the Gaza Strip to seek life-saving medical treatment.

55 year old **Hidaya Issa** died of cancer on the 30th of July after many failed attempts to get out of the Strip for treatment.

**Muhammad Hamdan Hamidan Abu Hweishel**, 68 year-old resident of Deir al Balah, died on the 11th May in Deir al-Balah, following a delay in receiving medical care.

**Fawzeyeh 'Abd al-Fatah Yusef a-Darak (Qab)**, 66 year-old resident of Deir al-Ghusun, Tulkarem district, died on the 14th of February following a delay in receiving medical care. Fawzeyeh suffered a heart attack and died after Israeli soldiers at al-Jarushiya checkpoint did not permit her evacuation to hospital in Tulkarem.

**Ratebah Muhammad Ibrahim al-Khatib**, 45 year-old resident of Gaza City, died on the 22nd of January in Gaza City, following a delay in receiving medical care.

**Fatma 'Ali Da'ud a-Lidawi**, 44 year-old, died on 21st of January in Gaza city, following a delay in receiving medical care. She was ill with spleen and liver problems. Israeli officials delayed her entry into Israel for five days after her scheduled appointment. On the day she was allowed to enter, officials delayed her through Erez Crossing for a few hours, and she arrived in a serious condition at Ichilov Hospital, where she died a week later.

**Shirin Isma'il 'Abdallah Abu Shawareb**, 9 year-old resident of Nusseirat Camp, Deir al-Balah district, died on 15th of January in Gaza city, following a delay in receiving medical care.

**Yihya Mustafa Salim al-Jamal**, 54 year-old resident of Gaza City, died on 12th January in Gaza city, following a delay in receiving medical care.

Sources: B'Tselem, IMEMC

## MAP'S PROJECTS EMPOWERING MOTHERS OF CHILDREN WITH DISABILITIES

**MAP's project with the Ameera Association in the Gaza Strip empowers and supports mothers of children with disabilities. This project works through a set of varied activities and programmes such as workshops, training courses as well as social activities.**

The training is participatory and provides mothers with opportunities to meet with other mothers in a similar situation, to gain confidence not only on disability awareness, rights issues and their own self confidence, but also practical skills to support the development and well being of their children.

Key areas of practical training include: daily living skills, physiotherapy, child development, communication (including sign language for children with hearing impairments), and orientation & mobility training for parents of children with visual impairment.

Ameera Association works with children who generally fall into four main categories: cerebral palsy, visual impairment, hearing impairment; and learning impairment. Following the training Ameera supports mothers in their homes and in small groups at community level in following up to encourage mothers to keep an ongoing support network in place.

The number of mothers attending is already much higher than originally intended and for many mothers of older children and young adults with complex needs this is the very first time they have had support or even the opportunity to meet other mothers. Despite the problems with petrol and lack of public transport the women still come, often after over an hour's walk carrying their child.

# SPEAKING OUT

## BARONESS HELENA KENNEDY

### "PALESTINIANS TRAPPED IN LEBANON'S MAZE"

Palestinian refugees in Lebanon commemorate 60-years in exile from breezblock cities denied access to adequate health and education facilities.

“ I visited Lebanon for the first time this year in my capacity as President of 'Medical Aid for Palestinians' (MAP). What I witnessed was the terrible and worsening poverty of the refugee camps across the country.

Less than a ten minute drive away from the fashionable shops and restaurants of central Beirut, hidden behind a glitzy new sports stadium, are the camps of Sabra and Shatila. Entering past bullet-pocked buildings, guardians of the camps tragic history of wars and massacres, you arrive in what are essentially dangerously overcrowded slums. The camps narrow alleyways are filled with hundreds of low hanging electricity cables and buzzing generators located next to communal water supplies that have all seen better days. People are frequently electrocuted.

Although inside each house is spotless and meticulously cared for, rubbish lines the streets and the rain-induced damp challenges the structural integrity of the buildings. Meanwhile children who attend a rotation-based system in overcrowded school classes struggle along with backpacks the same size at they are.

In the middle of this I met with MAP's partners, like the brave director of the 'Women's Humanitarian Organization' (WHO) Olfat Mahmoud, who reminded me of how crucially important such organizations are in battling against the forces of extremism and despair. Mrs. Mahmoud's center seeks to empower and provide critically needed health care to the women of the camps whose medical needs are wide-ranging and urgent. Rising food prices and availability mean that many are suffering from the side-effects of an increasingly carbohydrate-only diet. Girls know little about menstruation and are ill prepared for adolescence. Health education is critical and WHO is working hard to provide information on reproductive issues, self examination for breast cancer and physiological support for women undergoing the menopause.

What impressed me so much about Olfat's work is that this provision of such vital services comes against a backdrop of ever radicalizing and increasingly conservative politics, which means that such intervention is treated with suspicion by some. The politics surrounding an estimated 750,000 Palestinian refugees in the country got even more desperate last summer as fighting between the Lebanese army and Fatah al-Islam led to the almost total destruction of Nahr el-Bared camp in the north. Some 35,000 refugees were made refugees again from their refugee camp. The international response to this displacement

has been almost mute and today only a small percentage of the inhabitants have returned to hastily built and unsuitable UN shelters.

There is no simple answer to the question of Palestinians in Lebanon. The complexity and weaknesses of the host country's politics make it difficult to effectively lobby the Lebanese government to address the policies of discrimination that Palestinians face in the country. The jobs they're not allowed to have, the building materials they're not allowed to bring into the camps, the dreams that they are unable to dream.



In addition the threat of actual and potential further conflict is never far away. Whilst I was in the country the largest camp, Ein el Hilweh, was sealed off by the Lebanese army whilst battles between various factions went on inside. As with any conflict it is the most vulnerable who lose the most whether in the standard of their lives today or their hopes for the future.

Hope itself is an increasingly rare commodity amongst a people who have been failed by the political leaderships at all levels. This year is the year of the 'Annapolis peace process', yet recent events in Gaza and continued paralysis over Israeli settlements in occupied Jerusalem and the West Bank mean that little real progress is being made. Inertia in the Palestinians Territory combined with inertia in Lebanon means that there is seemingly no light at the end of the tunnel for Palestinian refugees.

Meanwhile the life services designed to care for the Palestinians are looking increasingly unreliable. The United Nations Relief and Works Agency (UNRWA) which has been tasked since 1948 to provide welfare services for the refugees is overstretched and underfunded, unable to provide the necessary medical and educational services to an ever-increasing population. The destruction of Nahr el-Bared puts further strain on an organization rife with bureaucratic inconsistencies.

I left Lebanon with more questions than answers over the future of Palestinians in the country. But what I do know is this - attention and action is sorely lacking for these refugees and the continued political paralysis coming at the 60th anniversary of their original displacement is a shocking indictment of all political leadership's inability to effectively address such an important and enduring issue

Helena Kennedy QC is President of MAP



Palestinian Refugee in Wavell Camp, © MAP 2008

# PALESTINIANS IN LEBANON

- There are between **300-400,000** Palestinian refugees living in camps in Lebanon. The overall population of Lebanon is thought to be **3,971,941** (CIA World Fact Book).
- Over half of the Palestine refugee population in Lebanon (**53%**) is registered as living inside **12** official camps (UNRWA, 2008).
- It is estimated that as many as **60%** of Palestine refugees in Lebanon are unemployed or underemployed due to Lebanese labour market restrictions and to low skill levels relative to their Lebanese counterparts (UNRWA, 2008).
- The majority of refugees continue to exist on the margins of the Lebanese economy and society and their socio-economic situation has been characterized by long-term high unemployment, illiteracy, poor housing, poor levels of nutrition and consequently, poor health (UNRWA, 2008).



# DONATION HOTLINE

## 020 7226 4114

Donate online at [www.map-uk.org](http://www.map-uk.org)

**Cover:** Palestinian children attend a rally at the closed Rafah crossing point between the Gaza Strip and Egypt to demand its reopening, April 5, 2008, on the occasion of the Palestinian Children's Day.  
Maan Images / Wissam Nassar

# MAP

MEDICAL AID FOR **PALESTINIANS**

Registered Charity, Number 1045315.

33a Islington Park Street, London, N1 1QB