MAP

MEDICAL AID FOR **PALESTINIANS**

BRIEFING
PAPER

TERMINAL DECLINE?

PALESTINIAN REFUGEE HEALTH IN LEBANON

ABOUT MAP

Established in the aftermath of the 1982 massacre of Palestinian civilians at the Sabra and Shatila refugee camps in Lebanon, Medical Aid for Palestinians works for the health and dignity of Palestinians living under occupation and as refugees. Working in partnership with local health providers and hospitals, MAP addresses a wide range of health issues and challenges faced by the Palestinian people. With offices located in Beirut, Ramallah and Gaza City, MAP responds rapidly in times of crisis, working directly with local communities on meeting their long-term health development needs.

BRIEFING PAPERS

In addition to our health and medical work MAP is committed to challenging the root causes that underpin our existence. We do this through our advocacy work which is aimed at raising both public and political awareness about the issues that impact on the health of Palestinians.

This is the first in a series of briefing papers which aim to provide an accessible and reliable analysis of the issues that determine Palestinian health.

This publication was made possible by the generosity of MAP supporters. We thank these individuals for their continuing contributions to our work.

The report is based on in-depth research and 55 interviews conducted across Lebanon and in the United Kingdom between December 2009 and April 2010. MAP spoke with NGOs and humanitarian organisations working in the camps and with numerous Palestinians whose stories represent the spine of this report. Some names have been changed to protect individual identities.

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INTRODUCTIONS

"Palestinians in Lebanon have been neglected and remain a problem of international responsibility"

Salvatore Lombardo – Director of UNRWA, Lebanon[1]

This report has been in development for over a year and is part of MAP's ongoing work to raise the profile of the health challenges facing Palestinian refugees living in Lebanon. MAP aims to use this report as the basis from which to argue for fundamental improvements to the healthcare and living conditions of the Palestinian refugee population who have spent over 62 years in Lebanon. MAP is in total agreement with the Director of the United Nations Relief and Works Agency (UNRWA) in Lebanon, Salvatore Lombardo, who described the provision of Palestinian healthcare as a 'moral issue'.[2]

The findings of this report reveal that Palestinian healthcare in Lebanon is underfunded and chronically unfit for the needs of the refugee population. Of particular concern are the overburdened and under-resourced United Nations clinics, an acute shortage of Palestinians training to become doctors and an inadequate tertiary healthcare system that places unbearable stress upon patients.

The dignity associated with access to adequate healthcare is both a matter of life and death as well as one of international responsibility. In Lebanon, Palestinian refugees cannot benefit from the state's social security healthcare. Instead, 95% of Palestinian refugees rely on assistance from the UNRWA, the Palestine Red Crescent Society, NGOs such as MAP, and a myriad of informal civil society networks, in order to access healthcare.

Today some 62% of the 260,000-280,000 Palestinians estimated to be in Lebanon[3] are dispersed across 12 refugee camps. There can be little doubt that the camp environments are linked to the multitude of physical and mental health problems they suffer from. Indeed there is a higher proportion of Palestinian UN hardship cases in Lebanon than anywhere else in the Middle East. Meanwhile, despite a recent change in Lebanese legislation, Palestinians are still effectively barred from working in a substantial number of professions, including medicine and engineering.

Palestinian refugees are also embroiled in the relentless politics of the region. The destruction of Nahr al-Bared camp in 2007, caused by in-fighting between the Lebanese Army and Fatah al-Islam, placed a massive burden on an already overstretched health infrastructure. Today there are still some 10,000 Palestinians who remain displaced from Nahr al-Bared camp. Reconstruction of the camp, estimated to cost approximately $400 million, has been continually delayed, largely for political reasons.

In 2010 the British Ambassador to Lebanon, Frances Guy, stated that "the situation for Palestinian refugees is very important, because the whole settlement of the Middle East will depend to some extent on what happens to [these] refugees".[4] MAP believes that until there is a peace settlement, the international community has a moral responsibility to ensure that Palestinian refugees live in dignity and in good health. This report serves as a timely wakeup call on the perils of neglecting Palestinian refugee health.

JAMES DENSELOW
Medical Aid for Palestinians
November 2011

KEY FINDINGS

- Tertiary healthcare provision for Palestinian refugees is in a precarious state
- Training for future Palestinian doctors, nurses and dentists is in deep decline
- UN health services are increasingly under-resourced and overstretched with doctors in the camps seeing an average of 107 patients a day
- The environments of Palestinian refugee camps constitute a health hazard in and of themselves

A BRIEF HISTORY OF THE PALESTINIANS IN LEBANON

Anytime I visit a Palestinian camp I'm confronted by issues of British responsibility for what has happened to these poor people"

Frances Guy, British Ambassador to Lebanon[5]

During the 1948 Nakba, approximately 100,000 Palestinians were forced from their homes by Israeli troops and militia fled into Lebanon, a country with a population at the time of approximately 1,127,000. The Palestinian refugees came mainly from the north of Palestine: Galilee and the coastal cities of Jaffa, Haifa and Acre. Although there was historical familiarity based on social and economic links between the people of northern Palestine and southern Lebanon, the main barrier separating the two peoples concerned the refugee status of the Palestinians. As refugees they had a specific identity, specific areas of residence (the refugee camps) and, after 1950, a specific service provider - namely the United Nations Relief and Works Agency.[a]

Initially, the Lebanese government's policy was one of acceptance and support of the Palestinian cause. President al-Khoury told the Palestinians, "Our house is your house".[6] Yet the reality was somewhat different and life was hard for the newly arrived refugees. In 1948 the arrival of a largely Sunni Palestinian population, almost equal to 10% of the Lebanese population, threatened to tip the balance of the Lebanese 1943 National Pact which managed power in the country between sectarian groups.

Limited assimilation of Palestinians did occur, with some 40,000 receiving citizenship between 1948 and 1978. However, the majority of Palestinians who were either unable or unwilling to take Lebanese citizenship lived in 17 refugee camps and numerous unofficial settlements around the country. The positioning of these camps was important. The Lebanese authorities attempted to transfer Palestinians away from the border with Israel, instead setting up new camps predominantly near urban areas.

The Fatah Palestinian political party took over the Palestinian Liberation Organisation (PLO) in 1969, and was subsequently ejected from Jordan in 1970. This created a demographic and political shift that also affected the balance of power in Lebanon. Under the Cairo Agreement (1969), the Lebanese state effectively wrote off part of its sovereignty, allowing Palestinians to have control over the camps and to use them, as well as large parts of south Lebanon, as launching grounds for their battles against Israel.

In 1982, Israel invaded Lebanon as part of Operation 'Peace for Galilee'. The Israeli operation killed approximately 17,000 Lebanese civilians, and Israeli forces advanced all the way to Beirut. What followed was the darkest era for Palestinians living in Lebanon. Yasser Arafat and the PLO fighters were forced to leave the country, and their evacuation was followed by a bloody massacre at the Palestinian camps of Sabra and Shatila. It was carried out by the Lebanese Christian militia and supported by the Israeli military. For 40 hours between the 16th and the 18th of September 1982 the militia raped, killed, and injured over 1,000 unarmed Palestinian and Lebanese civilians in the camps.

After 1982 the Lebanese army made a concerted effort to obliterate the resistance movement in parts of the country. They confiscated Palestinian flags at demonstrations and placed restrictions on supplies entering the camps, from construction materials to furniture.

The situation did not improve for the Palestinians with the War of the Camps (1985-1987). This consisted of a number of sieges (the longest of which lasted six months) of some Beirut and southern camps by Lebanese militias.

"The simple term 'misery' is insufficient to describe the privations of living there during that period"

Suzy Wighton, MAP Nurse[7]

a Following the 1948 Arab-Israeli conflict, the United Nations Relief and Works Agency for Palestine Refugees in the Near East, was established by United Nations General Assembly Resolution 302 (IV) of 8 December 1949 to carry out direct relief and works programmes for Palestine refugees. The Agency began operations on 1 May 1950. In the absence of a solution to the Palestine refugee issue, the General Assembly has repeatedly renewed UNRWA's mandate, most recently extending it until 30 June 2014.

During the War of the Camps an estimated 2,500 Palestinians were killed and a further 30,000 displaced.[8] UNRWA reported that 87% of housing in the Palestinian camps in central and southern Lebanon was totally destroyed. The scars of the conflict left demarcated boundaries that, to this day, separate the Palestinian camps from the rest of Lebanon.

In the 1990s the Lebanese Ta'if Peace Accords finally ended the brutal civil war, but the Palestinian refugees found themselves more marginalised than ever. In August 2001 Dr. Sayigh described how, in a post-conflict environment, and with the focus of solving the Israeli-Palestinian conflict based in the West Bank and Gaza, the Palestinians in Lebanon had become 'old news' internationally and a 'non-issue' in Lebanon.[11]

An absence of official Lebanese governmental policy on dealing with the refugees – beyond constant reiteration of the rejection of 'Tawteen' (naturalisation) – meant dealing with the Palestinian refugees became an issue of unprecedented consensus amongst the various Lebanese sectarian communities.

MAP DURING THE WAR OF THE CAMPS

In 1987 Dr. Pauline Cutting wrote of her experience working for MAP in Bourj al Barajneh during the camp siege. In 'Children of the Siege'[9] she wrote, "We will stay with the people of the camp until the danger is over. We will remain with them – to live or die with them… My parents had instilled in me a strong sense of justice. What was happening here was unjust. I hoped they would understand that we couldn't leave now."

Dr. Kiran Gargesh volunteered for MAP in Ein el Helweh camp during the fighting, and later said[10]: "My initial placement was eight weeks long. I ended up staying in Lebanon for six years. We were under constant bombardment. The camp had no electricity or water and we had to ventilate by hand. Day in day out we had to deal with all sorts of injuries including many amputations and horrific shrapnel wounds. MAP made sure that a lot of our work involved training Palestinian staff to ensure the longer-term impact of our work."

CONDITIONS IN THE REFUGEE CAMPS

"The living conditions in all the camps are poor; there is severe overcrowding, a lack of privacy and natural light, unsanitary conditions and inadequate housing and infrastructure"

Rebecca Roberts, author of Palestinians in Lebanon[12]

In Lebanon there are currently between 260,000-280,000 Palestinian refugees living within a host population of roughly 3.9 million.[14] In addition, there are also some 35,000 non-ID Palestinians who are registered with the Lebanese authorities but not the UN, and some 3,000 Palestinians who are undocumented and therefore not officially recognised in any capacity. An estimated 65% of the Palestinian refugees in Lebanon live in 12 refugee camps scattered throughout the country. Many others live in 20 unofficial camps and settlements.[b]

Unemployment, running at roughly 56% for Palestinians[15] and at 17% for Lebanese, is the abiding manifestation of the refugee status quo. Palestinians are quick to highlight their exclusion from the Lebanese labour market.[16]

Each of the refugee camps is different, not in external appearance, but in terms of history, population, and the underlying local socio-political and economic dynamics. However, there can be little doubt that the very camp environments themselves are linked to chronic mental and physical health complaints.

"As refugees you have very little choice over your life; your basics at a day to day level are determined by other people"

Frances Guy, British Ambassador to Lebanon[13]

Two thirds of Palestine refugees are poor. This equates to an estimated 160,000 individuals[c] . Salvatore Lombardo, the Director of UNRWA in Lebanon, told MAP that: "more than 60% of the refugee population live below the poverty line of $6 a day, and within this there are pockets [of people who] live on less than $2 a day".[18] Earlier in 2010, Lombardo told Now Lebanon online forum that in comparison with other [branches of UNRWA] "we have in Lebanon the highest number of what we call 'special-hardship cases', which is the poor[est] of the poor. We have 50,000 people in this situation, 20-30% of the [Palestinian refugee] population, who live in deplorable poverty conditions. This is the highest percentage compared to all other areas [in which we operate]". [19]

"The overall economic conditions are unacceptable and almost appalling when compared to the conditions of Lebanon today"

Salvatore Lombardo – Director of UNRWA, Lebanon[17]

The Lebanese-Palestinian Dialogue Committee (LPDC) acknowledges that "the conditions of the camps are unacceptable".[20] On a recent visit to the camps, DFID officials stated that "the situation for Palestinian refugees in Lebanon is amongst the worst of any refugees, perhaps even worse in some instances than the situation in Gaza".[21]

The long-term presence of Palestinians in Lebanon, combined with the restrictions on long-term planning and a legacy of conflict, has created squalid, densely-packed camps. They are typified by poor quality, overcrowded buildings and inadequate, often dangerous infrastructure. A labyrinth of electricity lines and water pipes criss-cross overhead. Alleyways are often only wide enough for people to walk in single file. Continued restrictions on bringing building materials into the camp are in force, despite studies recognising that 25% of dwellings are built of 'inadequate and impermanent material'.[22] There is also a prohibition against the construction of new camps.

b 'Gatherings' are collections of homes built without official permission and left largely unserviced by the Lebanese state or UNRWA.

c The 2010 Socio-Economic Survey of Palestinian Refugees in Lebanon showed that 6.6% of Palestinian refugees spend less than the monetary equivalent necessary to cover their basic daily food needs. This amounts to 16,000 individuals.

Cramped conditions become almost impenetrable during times of rebuilding or maintenance. Olfat Mahmoud, Director of the Palestinian Women's Health Organisation (PWHO), spoke to us in her office while electric drills droned on in the background. "They [the UN] are six months into a two-year overhaul of the water and sewage infrastructure here in Bourj al-Barajneh camp. I find it very hard to move around the streets in the camp during these works. Imagine what it's like for the elderly or people with disabilities; living in the camps is itself a health risk".[23]

The camps are even more difficult for those with impaired movement or vision. Ten year-old Salim Hussein has a disability that means he uses a wheelchair. Since the work in Bourj al-Barajneh began he has barely been able to leave his two-room house, as this would mean his mother having to carry him and his wheelchair through the narrow streets.[24] MAP also spoke to an elderly resident of Bourj camp who, after a serious fall, is now physically unable to travel to health clinics, and who described life in the camps as characterised only by an 'absence of death'.[25]

In addition, camp residents struggle with an irregular electricity supply and a dilapidated informal water infrastructure that is available for many of the residents only for a few hours a day. Stagnant sewage is a chronic health risk as it is a breeding place for vector-borne diseases such as dysentery, hepatitis, typhoid and diarrhoea.[d] During the winter months, parts of the camps often flood with sewage, preventing children from going to school. Palestinian Popular Committees are tasked with managing the deteriorating infrastructure of the camp. They face an almost impossible job, having few resources amidst huge and ongoing challenges. The head of the committee for Bourj al-Barajneh[e] described some of the dangers of the camp, highlighting cases such as that of three residents who died this year in accidents involving electric cables which hang in dangerous clusters above the camp alleyways.

MIRIAM'S STORY

Seven years ago, in 2004, Miriam Huwadi, a resident of Bourj al-Barajneh, was preparing for her daughter's wedding. What happened to her son Mahmoud that day remains as raw as if it happened yesterday.

"It had been a windy night and several sheets of corrugated iron had been blown onto our roof. I told Mahmoud not to go up there, but he wanted to prepare the house for my daughter's wedding. Suddenly I heard a cry of pain and rushed up to find him lying dead. The sheet of iron was lying on a live electric wire that had blown onto the roof. He was only 14. He loved life. I remember him always helping his friends with their homework. He hated injustice and wanted to be a lawyer".

Today Miriam still lives and cares after her family in Bourj al-Barajneh.

d Maggie Preston, MAP Health Consultant, Beirut, Interview 14 August 2009 / 12 October 2010

e Interview with Member of Bourj al-Barajneh Popular Committee. 15 October 2010

UNRWA: OVER-BURDENED AND UNDER RESOURCED

"UNRWA has a mandate to protect, preserve and promote the health status of Palestinian refugees"[26]

2011 marks the 62nd anniversary of the founding of UNRWA, which was established in late 1949 although it became operational on 1 May 1950. Originally tasked with responding to the needs of 750,000 Palestinian refugees, today the agency provides education, healthcare, social services, camp improvement and emergency aid to an estimated 4.7 million Palestinian refugees living in the Gaza Strip, the West Bank, Jordan, Lebanon and Syria.

From 2008 to 2009, health services accounted for $212 million of UNRWA's annual budget of $1.1 billion.[f] By contrast, the UK spent $199 billion on healthcare servicing a population of some 60 million in 2010, none of whom live under occupation or under the same refugee status as exists in Lebanon. A very rough comparison highlights the challenge facing UNRWA: every year the UK spends £1,800 per person on healthcare; Palestinian refugees receive the equivalent of £26 per person.[27] This equates to around 70 times more healthcare spending per person in the UK, despite the warning by the UNRWA Director in Lebanon that "the (Palestinian) population is incredibly poor and relies extremely on the services delivered by UNRWA".[28]

UNRWA's health programme is consistent with the principles of the UN and the strategic approaches of the World Health Organisation (WHO). The organisation offers primary healthcare services, such as general medical checks, preventative maternal and childcare, radiology and dental care. Indicators of success include infant mortality, immunisation rates, provision of safe water access in the camps and connections to sewage infrastructure. UNRWA relies on voluntary donor support, roughly 94% of which is governmental or intergovernmental. Such dependency means that the health programme is inherently unsustainable and vulnerable to external financial crises.

UNRWA's Director in Lebanon, Salvatore Lombardo, described the organisation as an 'avatar' that exists in the absence of a Palestinian government.[29] UNRWA is not the Ministry of Health for Palestinian refugees in Lebanon, yet our research strongly indicates that it is now expected to act like one. However, there is representation tension between UNRWA and the refugees.[9] UNRWA sees itself as caught between the demands of the refugees and the demands of its international donors. Interviewees spoke of how "one of the main problems faced [by UNRWA] is that of high expectations of the refugee population, which is linked to [their sense of] international responsibility for their continued conditions".[30]

UNRWA has 3,500 employees in Lebanon and is responsible for providing healthcare for some 94% of the Palestinian refugee population. Primary health provision in Lebanon is complemented by the work of the Palestinian Red Crescent Society (PRCS), private physicians and NGOs. There are a total of 46 Arab organisations and 20 foreign NGOs assisting Palestinian refugees in Lebanon.[31]

However the volume and scope of their assistance is relatively small in comparison to the services delivered by UNRWA.[32] Studies have shown that UNRWA is the most frequently used healthcare provider: a third of patients with an acute illness visit a UNRWA health clinic, while a quarter consult a private doctor and 10% visit the Palestinian Red Crescent.[33]

OVERLOADED

The main difficulties with UNRWA, as cited by patients, are linked to the limited range of operations and the poor quality of patient care. In particular, medical facilities are commonly massively overburdened. Pressures on time and resources mean medical practitioners are often unable to treat patients in a comprehensive manner.

f The 2008-9 health budget was divided into $115 million for staff, $32m for services, $44.5m for supplies, $7.3m for equipment and construction, $2.6m for premises and $9.6m for subsidies.

g Security conditions have turned the UNRWA HQ in Beirut into what some refer to as a 'mini-Green Zone'

Doctors in these clinics are seeing an average of 107 patients per day as opposed to the recommended 70. This allows little time for reading a patient's medical history[h] and conducting a thorough diagnosis, and often forces multiple visits.[i] As Salvatore Lombardo acknowledged, "one of the most critical factors is that our doctors are not [physically] able to cope with the numbers of patients".[34] Over 1,400 Palestinian refugees were asked their opinion on UNRWA services. Almost seven out of 10 viewed the agency's relief work as "insufficient".[35]

The core reasons behind this overload are the growing needs of the refugee population combined with unforeseen emergencies such as the Nahr al-Bared destruction. This is juxtaposed with the tightening of financial constraints on health providers whose budgets are not increasing in line with inflation. As the 2008 UNRWA Annual Report made clear, "a severe financial crisis, and a scarcity of equipment and supplies, pose serious challenges to UNRWA's efforts to ensure quality healthcare to Palestinian refugees".[36] Today UNRWA is struggling with a $103m deficit in its operational budget. This chronic under-funding limits the agency's ability to retain and motivate competent staff (see section 'disappearing doctors', page 8).

One Palestinian interviewee in Lebanon described UNRWA as providing "partial primary healthcare that is overloaded".[37] Being able to spend a suitable amount of time with patients is a critically important aspect of a well-functioning healthcare system.

DR SULEIMAN'S STORY

Dr. Suleiman works in the busy UNRWA health clinic near the entrance to Ein el Helweh, the largest camp in Lebanon, located on the outskirts of Saida. Before 7am patients start to gather outside the clinic. Despite attempts to introduce an appointments system it remains very much a drop-in clinic, operating on a first-come, first-served basis. Dr. Suleiman is the clinic's senior medical officer and he spoke to MAP about his frustration regarding the numbers of patients he sees on a daily basis -

"While we see on average some 140 patients a day, our record is 200 for a shift that lasted less than eight hours. We need more and better-trained doctors. Ideally we should be treating only 50 patients a day maximum, and I feel guilty that I cannot spend proper time with people. In the camps the very environment people live in shapes their health. The most obvious issue is overcrowding. There is simply no space for people to live".

h One doctor we spoke to explained that ideally he would ask over 50 questions to determine a patient's clinical history.

i This with a working day that finishes at 1pm. Compare that to the MAP/Nabaa clinic in Ein el Helweh that sees 10-12 patients daily.

HOSPITALS: SHORTAGE OF DOCTORS AND EQUIPMENT

"The right to health of many of Lebanon's Palestinians refugees - a right enshrined in treaties that the Lebanese authorities have committed to uphold - is clearly being violated as a result of the poor healthcare available to them"

Amnesty International[38]

The Palestinian Red Crescent Society, founded in 1968, describes itself as a 'national humanitarian organisation, which caters to the health and welfare of the Palestinian people and others in need in Palestine and the Diaspora'.[39] It is a member of the International Red Cross and Red Crescent Movement, and secures funding through the PLO, nominal patient fees (for medicines and disposables) and donor support, on which it is increasingly reliant.

When it comes to all tertiary care Palestinians either have to go to PRCS or pay for access to Lebanese hospitals. PRCS hospitals are very important for the Palestinians in Lebanon and are seen as the NHS of the Middle East. They are free to access and treat Palestinians and Lebanese alike, although Palestinians make up some 80% of their patients. Critically, medical treatment that they cannot provide is subsequently referred to specialist hospitals. PRCS has five hospitals and nine primary healthcare centres across Lebanon. The crucial factor is the difference between the range of services offered by the PRCS hospitals[j] and the quality of these services. One PRCS doctor joked that being forced to spend less than a minute with individual patients means "I'm not a doctor, I'm a butcher".[40]

Few PRCS hospitals in Lebanon have working incubators. None has the ability to perform complex operations such as heart surgery. This is crucial considering the increasing incidence of cardio-vascular problems, chest and pulmonary disease, amongst the Palestinian refugee population. As the Director of PRCS Medical Services, Dr. Salah al-Ahmad, admitted, "we need to replace old equipment and be able better to maintain our other equipment. We also need to be able to train and pay our staff better".[41] There is a clear need to restore confidence in the quality of PRCS services amongst the populace. Palestinians spoke of being 'afraid to go into PRCS hospitals'.[42]

DISAPPEARING DOCTORS

Lebanese labour laws have two basic tenets[k] that have the effect of excluding Palestinians from the market:

1. Reciprocity of employment: Palestinians – as effectively stateless individuals – cannot partake in this.

2. Work permits: These are extremely difficult for Palestinians to acquire. Only 300 were granted in 2000 (compared to 2,448 in 1968). The PLO Representative to Lebanon, Abdallah Abdallah, pointed out that "there are 136,000 work permits for non-Lebanese in Lebanon, but only 261 work permits for Palestinians".[43] Although there has been a new labour law passed that will supposedly open up the labour market it has yet to be implemented.

The restrictions placed on Palestinians by Lebanese Labour Law, and professional guild demands for reciprocity, mean that Palestinians are the only nationality in Lebanon unable to practise as doctors.

In addition, Palestinian doctors would have to join the Lebanese Syndicate of Doctors, which costs $50,000 for non-Lebanese.[44] As the British Ambassador, Frances Guy, acknowledged, the current system is "discriminatory and there is a lot of work to do to persuade [Lebanese] professional associations here to allow Palestinians to be on equal terms [like] a Syrian, Jordanian or anybody else".[45]

Forced to work only in the camps, the situation for Palestinian doctors has further worsened as PLO scholarships for medical training abroad, which previously numbered in the thousands,

j PRCS offers services related to internal medicine, cardiology, ICU, general surgery, obstetrics and gynaecology, paediatrics, dialysis, orthopaedic surgery, dermatology, ophthalmology, neurology, emergency care, radiology and laboratory and ambulances services.

k Stemming from Law No.17561 (1964)

dried up in 1991 with the collapse of the Soviet Union. Today most refugees have low qualifications: 6% of the Palestinian labour force has university training compared to 20% for the Lebanese labour force.[m]

Dr. Ali Dakwar fled Palestine for Lebanon in 1948 with his family when he was just a two year-old child. His life as a refugee took him through UNRWA schooling to a degree in medicine in Moscow. He later returned to UNRWA as its Chief Field Officer for Health. Today he runs MAP's Maternal and Child Health Programme in Lebanon: "Pregnant women, nursing mothers and newborn infants constitute the most vulnerable groups in the Palestinian refugee community. Their health and survival is threatened by poor living conditions. The low level of services at hospitals is a major threat to maternal and child health. A severe shortage of neonatal equipment, such as monitors and incubators has [also] led to unnecessary infant deaths".[46]

Dr. Ikhlass Mustafa[47] told us that there have been "no scholarships for Palestinians to study as doctors or engineers" since the collapse of Soviet financial assistance. Dr. Soliman Daoud returned from a medical scholarship abroad in 1992 to find that he could not afford to make a living as a doctor in the camps, and is now working in a shop instead.[48] Dr. Aziz Ali[49], who works as a private doctor in the camps, compares his current salary to that of a Lebanese doctor back in the 1980s.

Dr. Mustafa works in Bourj al-Barajneh's Haifa hospital where the youngest doctor is 37 years old. She worries that in the next four or five years this shortage will be a serious challenge to the entire healthcare system for Palestinian refugees. The head of Haifa hospital, Dr. Said, knew of only three camp refugees training to be dentists in the whole country. Salvatore Lombardo acknowledged that "the recruitment of young Palestinian doctors is a problem that needs special attention".[50]

Dr. Said believes this denial of civil rights has crushed the ambitions of young Palestinians in Lebanon, depriving them of the opportunity to become doctors . Indeed, the roots of the problem go back to a larger educational challenge. Recent studies of the educational levels of Palestinians living in Lebanon show that every third person aged 10 or older in the camps and unofficial gatherings, is either no longer in school or left school without completing their education.[52] Only one in 10 has completed secondary or higher-level education, and just one in 20 has completed semi-professional or higher education. Internal conflicts in the camps, political instability in Lebanon, overcrowding in schools, low educational levels among parents, early marriage and chronic financial problems for refugees all place massive pressures on children to leave school and seek paid work at an early age.

A seven-year medical course for a Lebanese student at the Beirut Arab University (BAU) is $18,000 a year.[53] Those Palestinians who are able to study medicine are increasingly choosing to leave the country. The PRCS increasingly has to employ Lebanese medics, who are often reluctant to work in the camps and demand higher wages. This puts further strain on an already limited budget. UNRWA are also having problems recruiting medical officers and foresee "a real problem in five years' time".[54]

Salvatore Lombardo admitted to MAP that UNRWA "don't have enough resources to train our [medical] staff sufficiently or to modernise our structures" and that "we are currently very far away from the quality of services that 500 metres away is [being] provided by a [Lebanese] government hospital".[55]

Neither are Palestinian doctors exposed to new hospitals or up-to-date training. There are stories of Palestinian doctors working nightshifts illegally in Lebanese hospitals, but with no social security or insurance. This can be a risky affair.[56]

RASHID'S STORY

Rashid al-Habed is a 26 year-old resident of Bourj al-Barajneh camp. He is in the third year of a physiotherapy degree at the American University of Beirut (AUB).

"Most of the young residents of the camp don't work. Even those who graduate hang their degree on the wall and then look for work as labourers. If they can't find this work they just stay at home; they have no opportunities and hopes for the future. I couldn't afford to study medicine so I decided to study physiotherapy. I am determined to graduate. As a Palestinian our weapon is education [but] the Palestinians have no rights at all in Lebanon".[57]

l Foreign labourers working on Lebanese soil are not entitled to the benefits of any and all sections of social security, except if the country of their origin affords its Lebanese residents the same treatment as its own citizens with regard to social security.

m Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

TERTIARY HEALTHCARE

"They don't have access to Lebanese healthcare; they can't just go into hospital; maybe they can if they've got lots of money perhaps, but for an ordinary person they don't have the same rights as a Lebanese person does to reclaim any payment on health against the state, because there is no state for them"

Frances Guy, British Ambassador to Lebanon

Tertiary healthcare services[n] are defined by the UN as services 'requiring highly specialised technology and/or high levels of complexity'.[58] Between five and 10% of all Palestinian patients in Lebanon require tertiary care.[59] A third of the Palestinian refugee population is estimated to have chronic illness[60] and 4% a functional disability.[61]

The PRCS describe tertiary healthcare for Palestinians as being 'in crisis' and Salvatore Lombardo of UNRWA admits that "tertiary care is our biggest problem today".[62] With the demands for services high and the UN only able to provide 40% of the real cost of care, the agency aims to increase its coverage to 50% by the end of 2011.[63]

If the UNRWA clinics or PRCS hospitals cannot provide the necessary treatment then the patient is referred to a Lebanese hospital, with UNRWA only able to cover some of the initial costs. Barred from a plethora of jobs and professions, 95% of Palestinian refugees are unable to access the Lebanese social security system that supports access to specialised healthcare.[64]

Recent agreements between UNRWA and the Lebanese Ministry of Health allow for referrals to 35 Lebanese hospitals. However, the Lebanese health system is highly privatised. The basic cost for a Palestinian admitted to a Lebanese hospital stands at upwards of $200 per bed per night, which is covered by UNRWA, and more than $1,000 per night for intensive and more specialised care. Accidents are not covered. The cost of serious conditions, such as cancer or heart problems, is prohibitively high. The share of household expenditure on health jumps from 3% to 13% when a family member is chronically ill or disabled.[65] Accessing tertiary care forces patients into the uncertain arena of informal support networks in order to acquire appropriate treatment.

"If one family has a chronically ill relative, the financial impact is so dramatic that you can jump into poverty very quickly, because a fee for cancer medication in Lebanon is $50,000 and who can afford that when you are on $2 a day?".[66]

Everyday injuries can have financial impacts that last a lifetime. Elderly residents are at particular risk in the precarious camp alleyways and are rarely able to pay treatment bills if they do have an accident. A torn tendon and cartilage in the knee can cost over $3,000[67] to treat; a hip replacement can cost more than $2,000, with additional costs for physiotherapy, home care and nursing support.[68]

There are also issues with emergency treatment. Surfactant medication, for example, helps premature babies to breathe. However, it costs $1,000 and MAP has experienced numerous cases of children dying as their families simply cannot afford the medication.[69] Perhaps more shocking still is the story of Rita Hamdan, Director of Lebanese NGO Popular Aid for Relief and Development (PARD), who told MAP about the case of a Palestinian mother forced to leave her newborn baby in hospital for three months so that she could raise money to pay for the use of the incubator.[70]

n Tertiary services include: Cardiovascular and thoracic surgeries such as open heart surgeries, coronary angioplasty, aortic aneurysm surgery, vascular surgeries, neurosurgical operations, joint surgeries such as arthroscopies, joint replacement surgeries, complicated hepato-biliary surgeries, specialised paediatric surgeries, such as operations for oesophageal atresia, laparoscopic surgeries, cancer surgeries, specialised eye surgeries, specialised ear surgeries, management of burns, cancer treatment, medical treatment of higher complexity and/or treatment that requires highly-specialised care, such as treatment of advanced congestive heart failure, treatment of liver cirrhosis, hepatic encephalopathy etc.

MANAL'S STORY

Manal el-Faran, a 31 year-old from Bourj al-Barajneh camp, was born paralysed from the waist down[o]. In 2009 she was admitted to hospital with a serious gall bladder complaint. Manal ended up staying in hospital for 19 days. Each night cost her family $1,000 in addition to the costs of the operation (more than $5,000). While Manal was in hospital her mother was desperate to collect money to pay for her treatment, and resorted to borrowing significant amounts of money from friends and family.

When the hospital suddenly announced that Manal could return home, her mother was unable to collect sufficient fees on that day and thus had to raise an extra $1,000 to pay for an extra night at the hospital before collecting her the following day.

The costs of acquiring specialised care are so great that, in the past, health providers have focussed care on younger patients. This has led to stories of blatant age discrimination, whereby less money was available for specialised treatment for those aged over 60. Fortunately, as part of its restructuring in 2010, UNRWA halted the policy of prioritising those patients aged under 60 years.[71]

INFORMAL NETWORKS

"It is determination and informal social security networks that are the key to Palestinian survival in Lebanon"

Rebecca Roberts, Author of Palestinians in Lebanon[72]

The vast majority of Palestinians who are diagnosed with illnesses which cannot be treated in PRCS or UNRWA facilities are reliant on informal networks of financial support in order to access Lebanese hospitals. Whether it is complicated surgery or regular treatment for a chronic condition, refugees have to endure the anxiety and loss of dignity that comes with having to beg for money to save their own or a loved one's life. While thousands of Palestinians use tertiary care, nobody knows how many avoid it due to costs. As Rita Hamdan of PARD told MAP, "people cannot afford to get ill in Lebanon".[73]

Sources of social support are numerous. They range from local and international NGOs, to political parties[74], religious and community organisations, and finally friends and relatives living abroad. A resident of Bourj al-Barajneh told MAP how those without relatives abroad face all the stresses associated with a lifetime of debt.[p] Local popular committees in the camp, representing the specific towns and villages in Palestine from which residents originally fled, also provide funds for healthcare. The committees are not democratically elected, but nonetheless are the only source of internal authority.

Abdul Majid al-Ali was born in 1936 and remembers the traumatic flight to Lebanon. Today he is a resident of Bourj al-Barajneh camp and the president of a mosque committee that helps people to pay for medical operations:

o Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010 found that all households that have a disabled household head (9% of the refugee population) are classified as extremely poor.

p Informal interview, Bourj al-Barajneh 20 October 2010

"We collect money from those who can afford to give and cover a very small part of people's medical costs. The current system is not at all fair. UNRWA was established to care for sick Palestinians [but] instead they are forced to beg for money. We see increased incidents of sickness, with new applications for [financial] support every week."

There is no guarantee of being able to raise the often huge amounts of funds required. Patients frequently take weeks or months to be able to afford their own healthcare.[75] The first month after receiving a diagnosis is known as the 'golden period' for securing funds.[76] According to MAP's own research, people who cannot raise enough money in time regularly either postpone important operations[77], ignore their illness, remain at home in the hope their health will not deteriorate or else "deteriorate and die".[78] Abu Mamoud Zazou put it succinctly when he said "if you have nobody to take care of you, you're screwed".[79]

SUHA'S STORY

Suha is 44 years old and has lived in Bourj al-Barajneh camp in Beirut for 27 years.

Her husband works as a blacksmith earning $26 a day when there is work, but for the last two months he has been out of work. Six years ago Suha, the mother of six daughters and a son, was diagnosed with intestinal cancer. She was referred to a Lebanese hospital for surgery, where she spent 25 days. UNRWA covered some of the cost but the medical bill still came to $10,700.

However, it turned out that the initial diagnosis was wrong and Suha was in fact suffering from thyroid cancer. Her condition deteriorated due to the stress around the costs and the number of operations that she was facing. Suha's family visited NGOs and political and religious associations across the camp to gather money to pay for her treatment. Eventually she was forced to borrow money from a neighbour, leaving the family in severe debt. Six years later she is still paying back the money.

Suha's illness has come to dominate life for the entire family. Her daughter, Rasha, who previously aspired to study to become a hairdresser, left school to care for her mother. She travels with her mother to hospitals and shops and looks after their three-room house.

For a period Suha relied upon her brother-in-law in Abu Dhabi for help with her treatment. Her brother-in-law was connected to a doctor in France who sent Suha vital Thyroxin Henning medication, but at $100 per day the medication was far more expensive than she was able to afford. This supply ended months ago and when we visited Suha she was in the process of raising $2,000 for another hospital visit to treat a possible brain tumour.

"I'm psychologically exhausted but try not to show it and be strong for my family. UNRWA do what they can; sometimes they help, sometimes they don't. I can't find the language to describe being in so much debt; I feel beyond helpless. I used to be optimistic but now I spend my time running to collect money for treatment. Chemotherapy costs $1,800 a month and often I can't even afford to travel to hospital. I feel like things are getting worse. I've lost weight, feel constantly dizzy and have collapsed several times. I feel weak …..and the doctors tell me I may lose my sight. Living through the civil war seems like heaven compared to how things are now."

MAP travelled with Suha to Sam Homoud hospital in Saida where she discovered her latest treatment would cost $3,000. Suha and her family continue to try to raise money to keep her alive.

THE FUTURE

"The world wishes that we would vanish"

Hassan al-Owaty, Resident of Bourj al-Barajneh camp[80]

MAP has been working to increase access to healthcare for vulnerable Palestinian refugee communities in Lebanon for over 25 years. We understand the need for long-term development of quality services to improve the health and wellbeing of the Palestinian refugees in Lebanon.

Integration between agencies in health, education and social support is the cornerstone of our approach in Lebanon. By joining up services and understanding synergies, support can be streamlined and the impact can reach far deeper into the most vulnerable sections of these communities. MAP's work with UNRWA, NGOs and private care providers promotes early screening to diagnose and treat health problems before they escalate, as well as lobbying for more affordable diagnostic and clinical services.

MAP is supporting community outreach services, which bring home-based support to refugee families. With our local partners we are able to respond effectively and directly to the complex social and medical needs that face Palestinian refugees living in the camps. This work is underpinned by a health promotion approach that builds on people's resilience and looks at strengthening health and care seeking behaviours. By supporting local partners to develop and improve the quality of their services, MAP can help to ensure effective yet affordable and sustainable preventative healthcare.

However, as this report has made clear, there are fundamental challenges to Palestinian healthcare that need to be addressed immediately. There are two recommendations that would go a significant way towards improving the living conditions in the refugee camps now:

1. IMPROVED INTERNATIONAL SUPPORT

The British Ambassador to Lebanon acknowledged that in Britain "we have some kind of historical, moral obligation to help Palestinians living as refugees".[81]

International donor support must be both increased and sustained in order to address the critical gaps in healthcare provision that this report has identified.

As UNRWA's Director, Salvatore Lombardo, made clear, "there is a huge financial gap between the needs of the [refugee] population and what is actually given to UNRWA".[82] UNRWA's financial shortfall has a knock-on effect for NGOs in the health sectors who have found themselves competing with the agency for small grant support.[83] A recent report from the Lebanese Palestinian Dialogue Committee (LPDC) acknowledged that, "put simply, appropriate donor engagement on this issue could pay substantial future dividends".[84]

In addition to improved core funding, both the Lebanese government and international parties could set up a specific fund to support scholarships for Palestinian refugees to train as doctors. The scholarship application could include a clause committing the student to working in UN clinics for a period of time following graduation.

2. IMPROVED RELATIONS WITH THE LEBANESE GOVERNMENT

A report from the UN Secretary General's office on the status of UNSCR 1559 in October 2010 outlined how "the situation for Palestinian refugees living in Lebanon remains by and large dire. For many years the UN has urged the government of Lebanon to improve the conditions in which Palestinian refugees live in Lebanon, without prejudice to the eventual resolution of the Palestinian refugee question in the context of a comprehensive peace agreement in the region".

Reports estimate that Palestinians in Lebanon spend $340 million annually inside the country.[85] UNRWA's message to the Lebanese state is that "it is in your interest that the Palestinians in Lebanon live in peace and are happy".[86] The LPDC was established in October 2005 with a mandate that included addressing 'outstanding socio-economic, legal & security issues' relating to Palestinian refugees.[87] For the first time ever, the LPDC encouraged donors to give towards UNRWA camp improvement plans.

However, despite the attention given to the change in the Lebanese Labour Law in 2010, Palestinians have seen virtually nothing come of it as yet. As Nadim Shehadi of Chatham House in London explained, the law is "one small step for the Palestinians, but one giant leap for the Lebanese".[88]

For the first time the improvement of Palestinian civil rights appears to be compatible with a rejection of permanent settlement in the country. The Lebanese government needs to continue to seek the improvement of the conditions in the Palestinian refugee camps.

MAP OF LEBANON

LEBANON REPORT ACRONYMS

AUB – American University of Beirut
BAU – Beirut Arab University
LPDC – Lebanese-Palestinian Dialogue Committee
MAP – Medical Aid for Palestinians
PARD – Popular Aid for Relief and Development
PLO – Palestinian Liberation Organisation
PRCS – Palestinian Red Crescent Society
PWHO – Palestinian Women's Health Organisation
UNRWA – United Nations Relief and Works Agency
WHO – World Health Organisation

REFERENCES:

1 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

2 IBID

3 Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

4 Frances Guy, British Ambassador to Lebanon. Interview 20 October 2010

5 Frances Guy, British Ambassador to Lebanon. Interview 20 October 2010

6 "Too Many Enemies", Rosemary Sayigh, Zed Books, London, 1994

7 "One day at a time, Diaries from a Palestinian camp" , Suzy Wighton

8 Palestine Return Centre, www.prc.org.uk

9 Children of the Siege, Pauline Cutting, St Martins Press (January 1989)

10 Dr. Kiran Gargesh. Interview 6.7.09

11 Middle East International (2001) "No Work, No Space, No Future: Palestinian Refugees in Lebanon", Rosemary Sayigh

12 "Palestinians in Lebanon", Rebecca Roberts, I B Tauris, 2010

13 Frances Guy, British Ambassador to Lebanon. Interview 10 October 2010

14 Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

15 Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

16 Informal discussions 2009-2010

17 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

18 Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

19 Interview with Now Lebanon, April 2010. http://wwwnowlebanon.com/NewsArchiveDetails.aspx?ID=170562

20 The Lebanese-Palestinian Dialogue Committee website

21 Frances Guy, British Ambassador to Lebanon. Interview 10 October 2010

22 Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

23 Olfat Mahmoud, Director, PWHO, Interviews 12 August 2009 / 12 October 2010

24 Interview with mother of Salim Hussein, 16 October 2010

25 Abu Momoud Zazou, Resident of Bourj el-Barajneh, Interview, 17 October 2010

26 UNRWA Mandate

27 http://www.ukpublicspending.co.uk/breakdown?year=2010&units=b&state=UK

28 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

29 IBID

30 Olfat Mahmoud, Director, PWHO, Interviews 12 August 2009 / 12 October 2010

31 Socio-Economic Survey of Palestinian Refugees in Lebanon, 2010

32 IBID

33 IBID

34 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

35 "Funding Shortage Hits UNRWA Services", Terranet, 9 May 2010

36 UNRWA 2008 Health Report

37 Olfat Mahmoud, Director, PWHO, Interviews 12 August 2009 / 12 October 2010

38 Exiled and suffering: Palestinian refugees in Lebanon, Amnesty International, October 2007

39 Dr Salah al-Ahmad - PRCS Director of Medical services, Beirut, Interview 15 August 2009

40 Dr Salah al-Ahmad - PRCS Director of Medical services, Beirut, Interview 15 August 2009

41 Dr Salah al-Ahmad - PRCS Director of Medical services, Beirut, Interview 15 August 2009

42 Anonymous resident of Shatila Camp, Beirut, 13 August 2009

43 Lebanon's PM speaks out in favor of rights for Palestinian refugees", Daily News, 30 June 2010

44 Suha Ismail, Acting UNRWA Chief Field Health Programme. Beirut, Interview 14 October 2010

45 Frances Guy, British Ambassador to Lebanon. Interview 20 October 2010

46 Dr. Ali Dakwar - MAP Consultant & Former UNRWA Chief Field Officer for Health, Tripoli, Interview 16 August 2009 / 13 October 2010

47 Dr. Ikhlass Mustafa PRCS / PWHO Doctor. Beirut, Interview 12 October 2010

48 Dr. Soliman Daoud, Beirut, Interview 16 October, 2010

49 Dr. Abdul Aziz Ali, Beirut, Interview 15 August, 2009

50 Dr. Ahmad Said, Director of PRCS Haifa hospital, Beirut, Interview 14 August 2009

51 Dr. Ahmad Said, Director of PRCS Haifa hospital, Beirut, Interview 14 August 2009

52 http://www.reliefweb.int/rw/rwb.nsf/db900sid/VDUX-858LEC?OpenDocument

53 Interview with AUB Student, Beirut, 20 October 2010

54 Suha Ismail, Acting UNRWA Chief Field Health Programme. Beirut, Interview 14 October 2010

55 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

56 Dr. Ikhlass Mustafa PRCS / PWHO Doctor. Beirut, Interview 12 October 2010

57 Rashid al-Habed, Beirut, Interview 22 October, 2010

58 UNRWA Hospitalisation Services 2010.

59 Suha Ismail, Acting UNRWA Chief Field Health Programme. Beirut, Interview 14 October 2010

60 Socio-Economic Survey of Palestinian Refugees in Lebanon, AUB Report 2010.

61 Socio-Economic Survey of Palestinian Refugees in Lebanon, AUB Report 2010.

62 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

63 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

64 Socio-Economic Survey of Palestinian Refugees in Lebanon, AUB Report 2010.

65 Socio-Economic Survey of Palestinian Refugees in Lebanon, AUB Report 2010.

66 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

67 Kholoud al-Hussein, Research Assistant, Beirut Interview 17 October 2010

68 Abu Momoud Zazou, Beirut, Interview 17 October 2011

69 Maggie Preston, MAP Health Consultant, Beirut, Interview 14 August 2009 / 12 October 2010

70 Rita Hamdan -Director of PARD (Popular Aid for Rehabilitation and Development), Interview 15 August 2009

71 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

72 Palestinians in Lebanon, Rebecca Roberts, I B Tauris, 2010

73 Rita Hamdan -Director of PARD (Popular Aid for Rehabilitation and Development), Interview 15 August 2009

74 The PLO can pay 5-15% of tertiary costs

75 Dr. Ikhlass Mustafa PRCS / PWHO Doctor. Beirut, Interview 12 October 2010

76 Olfat Mahmoud, Director, PWHO, Interviews 12 August 2009 / 12 October 2010

77 Dr. Ikhlass Mustafa PRCS / PWHO Doctor. Beirut, 12 October 2010

78 Olfat Mahmoud, Director, PWHO, Interviews 12 August 2009 / 12 October 2010

79 Abu Momoud Zazou, Beirut, Interview 17 October 2011

80 Hassan al Owaty, Beirut, Interview 15 August 2009

81 Frances Guy, British Ambassador to Lebanon. Interview 20 October 2010

82 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

83 Olfat Mahmoud, Director, PWHO, Interviews 12 August 2009 / 12 October 2010

84 "Building a Better Relationship – Palestinian Refugees, Lebanon, and the Role of the International Community". Rex Brynen, IDRC/ CRDI, 15 June 2009

85 Socio-Economic Survey of Palestinian Refugees in Lebanon, AUB Report 2010.

86 Salvatore Lombardo, Director of Lebanon Field Office, UNRWA. Interview 21 October 2010

87 "Building a Better Relationship – Palestinian Refugees, Lebanon, and the Role of the International Community". Rex Brynen, IDRC/ CRDI, 15 June 2009

88 Nadim Shehadi, Associate Fellow, Chatham House, Interview 20 September 2010

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