The dilemma of the Palestinian health crisis

The intractable Israeli-Palestinian conflict is rooted in a historical dispute over the ownership of 10 000 square miles of part-desert territory roughly bounded by the River Jordan to the east, the Mediterranean Sea to the west, the Lebanon and Syria in the north and Egypt to the south. A two-state solution has been proposed, but each side has its rejectionists – Israelis who reject the concept of a Palestinian state and claim all of the West Bank as part of the Jewish promised land, and Palestinians who reject the right of existence for the Jewish state and are sworn to destroy it. The conflict has a history stretching back some several centuries. So which side is right? Harry S Truman probably summed it all up when he said ‘No two historians ever agree on what happened, and the damn thing is they both think they’re telling the truth.’ And history probably doesn’t matter as much to the ordinary man, woman and child on the street in either Israel or Palestine, as does the reality of now. For years Israel has endured Palestinian rocket and suicide bombing attacks with indiscriminate loss of life and property, and Palestinians have had to live with the devastation of retaliatory aerial bombings, military raids, mass arrests and the demolition of whole neighbourhoods in the occupied territories.

In the exercise of its right to defend itself, its citizens and its internationally recognised sovereignty against outside attack, Israel has adopted a variety of security measures, some of which have virtually sealed off the occupied territories from the outside world. These include the ongoing erection of a 700 km barrier (variously called a wall or a fence) with about 600 heavily guarded gates or ‘crossings’, a permit system akin to the old pass system in this country, curfews and roadblocks. Israel has periodically also frozen the tax revenues due to the Palestinian Authority. Israeli authorities justify these measures on the basis of their demonstrated effectiveness against suicide and other attacks on Israeli citizens.

However, international humanitarians believe some measures have gone too far, contributing in large measure to what is, by all credible accounts, a health system in shambles and a dire health care crisis in the occupied Palestinian territories. Restrictions on freedom of movement have hampered public health programmes and emergency medical services, caused critical shortages of medicines, equipment and supplies, and gutted the hospitals and other health care facilities. Critically ill patients referred for specialist care, who must pass through border control posts to or through Israel, or checkpoints within the territories, are refused passage, or permits are interminably delayed for ‘security reasons’.

In this fractious political environment, many Israeli doctors have remained true to their professional calling. Palestinian patients who make it to Israeli hospitals receive the best of care. Physicians for Human Rights-Israel (part of the international Nobel Prize-winning organisation of the same name, whose activities include investigating human rights abuses all over the world, and working to stop them) regularly mediate with the authorities, including successful petitions to the High Court of Justice, on behalf of critically ill patients needing medical exit permits.1

But, given the complexity of Middle East politics, it would be surprising if there were not other views on the reasons for the health crisis. Gaza-based Israeli Defence Force’s Col. Nir Press has accused Hamas of ‘generating phony humanitarian crises’ by deliberately manipulating the timing of procurement of drugs and other medical supplies, thus ‘unnecessarily endangering Palestinian civilians’.2 Whatever the case may be, there is little doubt that internecine Palestinian feuding, Hamas’ conflict with the donor community, and the well-reported corruption and incompetence within the Palestinian Authority, have all contributed to the dire situation.

A multitude of humanitarian organisations such as the American Friends (Quakers) Service Committee, Amnesty International, the World Council of Churches, UNICEF and other UN agencies have expressed alarm over the human crisis in the occupied territories. The fiercely independent ICRC reports that ‘the destruction of houses, the sealing off of areas, roadblocks and the imposition of long curfews … hamper the activities of emergency medical services as well as access to health care …., and have a devastating effect on the economy’. In the same breath, the ICRC also cautions that ‘Palestinian armed groups operating within or outside the occupied territories are bound by the principles of international humanitarian law … Thus indiscriminate attacks, such as bomb attacks against Israeli civilians, and acts intended to spread terror among the civilian population are absolutely and unconditionally prohibited.3

There is a Kikuyu saying, that ‘When two elephants fight, it is the grass that suffers’. It is not within our gift or power to referee the battle of the elephants, but well within our right and obligation as medical professionals to try to coax the elephants off the grass.

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