

HEALTH CARE IN THE WEST BANK AND GAZA STRIP

The poor health of Palestinians and inadequate medical facilities are chronic problems in the West Bank and Gaza Strip. High death and infant mortality rates persist, disease is prevalent, and many ailments become crippling or life-threatening conditions due to lack of proper treatment. The problems are long-standing and numerous; the economic resources to solve them are limited. Several grassroots groups are mobilizing other resources—including the determination, initiative and abilities of Palestinians themselves—to improve the situation. To learn how the 14-month *intifada*, or uprising, is straining the fragmented health system, please read the accompanying box.

SOCIAL BACKGROUND

Approximately 1,600,000 Palestinians live in the West Bank and Gaza Strip today. In the West Bank, 60% live in rural villages, 30% in urban areas, and 10% in refugee camps. Incomes are low, most Palestinians making their living from agriculture. Electricity and telephones do not reach most villages, and transportation between villages is difficult and unscheduled. In the Gaza Strip, where refugees make up over two-thirds of the population, 30% of the Palestinians live in camps. Gaza's population density is one of the highest in the world: 1,730 persons per square kilometer (compared to 198 in Israel).

As in many developing societies, areas further from the major towns and cities, where people and resources are concentrated, are undeveloped. Sanitary conditions are often unhealthy: bacterial infections proliferate in outlying villages where exposed sewage runs through the streets and water is often nonpotable. Diarrhea and respiratory infections—both preventable—are the principal causes of



Immunization programs reach nearly every Palestinian child.

childhood death. Although immunization programs have reached nearly every Palestinian child, isolated epidemics of diphtheria, measles and polio have broken out in the past few years.

ECONOMIC CONDITIONS

Inflation and recession in Israel and throughout the Middle East have accelerated the deterioration of health services and facilities serving Palestinians. Costs have dramatically increased, making most health care financially catastrophic. A one night stay in a hospital, excluding treatment, costs over \$100—a great expense in a region where per capita annual income was \$910 in 1982.¹ Forty per cent of West Bank Palestinians subscribe to Israeli health insurance, which is supposed to cover all costs of care in government hospitals. Severe budget constraints, however, have recently forced the elimination of free services for the insured,

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CORPORATIONS LEND A HAND

ANERA salutes the **Texaco Philanthropic Foundation** for its generous donation for St. John's Ophthalmic Hospital in East Jerusalem, and for its sustained support over the years. One of the most advanced eye centers in the Middle East, St. John's traditionally treats patients without charge, and has recently established mobile outreach units to serve rural villages in Gaza.

AMER, ANERA's Medical Division, has just shipped \$121,000 in vital medicines to the American University of Beirut Hospital. **Lakeside Pharmaceuticals - Division of Merrell Dow, Marion Laboratories, Merck, Sharpe and Dohme, Parke-Davis, E.R. Squibb & Sons, and The Upjohn Company** generously contributed critical antibiotic, cardiac and respiratory medicines.

ENVIRONMENTAL CONDITIONS AND COMMUNITY HEALTH

Below: Exposed sewage and crowded living conditions help spread contagious diseases.



Above: Clean drinking water protects communities from water-borne diseases.

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and government hospitals have had to reduce staffs and beds.

Private hospitals have suffered, also. All are badly in need of expensive renovations and equipment, and staff to patient ratios are low. The number of hospital beds, already inadequate for the size of the population, is dwindling. In 1983 there were 1.8 beds per 1,000 persons in the West Bank, down from 2.15 in 1970; in Gaza, the number fell from 2.4 beds per 1,000 to 1.6 between 1974 and 1985. Revenue from hospital fees are not enough to begin repairs, bring hospital services up to minimum standards, and adequately equip facilities. To support their operations and make improvements, private hospitals rely largely on charitable donations and grants from abroad.

PRIMARY HEALTH CARE PROGRAMS

The poor hospital services, physically and financially out of reach of large numbers of Palestinians, have stimulated the development of grassroots health activities. Primary health care (PHC) programs reach rural districts and under-served urban communities through clinics. The programs emphasize preventive health care through health education, immunization, and sanitary improvements in communities.

Clinics are the only contact with physicians that many villagers have. Doctors visit once or twice weekly and nurses are on duty daily, dispensing basic first aid remedies that do not require sophisticated technology. Although the role of PHC clinics in the Palestinian health network is critical, their number is low. In 1986, only 135 PHC clinics existed to serve the 450 widely-dispersed villages of the West Bank.

REFUGEE CAMPS

Palestinians in the West Bank and Gaza who live in crowded camps endure conditions which are no better—and often worse—than in villages. Contagious diseases pose a constant threat to the population. Still, refugees receive many important health services unavailable in rural districts through UNRWA clinics.

UNRWA, the United Nations Relief and Works Agency for Palestine Refugees, operates clinics which offer preventive care; advanced services such as surgery are contracted with major hospitals. Most important, UNRWA services reach nearly all refugees under its care, a much higher penetration than either hospitals or PHC clinics have achieved.

CHARITABLE AGENCIES

Most of the PHC clinics and programs that have arisen are run by private Palestinian charities. These agencies provide low-cost, accessible health care on the grassroots level, and priorities are determined according to the particular needs of each community. The Red Crescent Society (RCS) sponsors clinics throughout the West Bank and Gaza, yet each operates independently. In the city of Hebron, for example, the RCS maintains a rehydration center and a Mother/Child Health center. In Ramallah, the RCS runs general-purpose clinics.

A few charities manage hospitals. Most, however, operate clinics, some staffed with specialists and equipped with laboratories, x-rays, and EKGs for cardiac monitoring. To keep fees low and affordable, they rely on financial assistance from outside sources—donations by individuals, grants from international agencies, community fund drives. The charitable agencies work hard to care for their patients and draw much support and participation from their communities.

INTIFADA STRAINS HEALTH RESOURCES

The *intifada*, or uprising, in the West Bank and Gaza Strip has precipitated an unprecedented health crisis. The Israeli Army's policy of physical violence against Palestinian civilians is producing injuries of enormous scale and severity. Ittihad Hospital in Nablus has treated over 3,000 injuries related to the *intifada*; of 1,100 admitted, most were victims of gunshot wounds.¹ Meanwhile, drastic budget cuts effectively deny many Palestinians access to medical care at Israeli hospitals, and are costing lives.²

Delegates from the Boston-based Physicians for Human Rights (PHR) visited the West Bank in February last year. They reported a uniform pattern of injuries indicating at that time "a deliberate policy of systematic beating designed to disable and not to kill."³ Such practices brutalize and demean both Palestinians who face such treatment and Israeli soldiers who feel compelled to act in this way. The consequences of this policy pose disturbing medical dilemmas:

Quality of care has deteriorated alarmingly under the strain of the high volume of traumatic injuries. No emergency or accident facilities for specialized surgical procedures exist in the West Bank and Gaza Strip. Most physicians are not trained in trauma management, are overburdened with patients, and face curfews, harassment and travel restrictions between home and hospital.

Medical cutbacks by the Israeli civil administration make it **more difficult to obtain treatment**. Hospital fees have increased dramatically, and only those with insurance coverage or the ability to pay the high rates in advance are admitted to Israeli hospitals. Transfers of serious cases from West Bank facilities to superior hospitals in Israel have been cut by a third. These measures

are attributed to the worsening economic crisis in Israel and low tax collection in the West Bank due to the *intifada*.⁴

Prolonged curfews of Palestinian camps and villages restrict movement of medical personnel, refugees and supplies, and render medical facilities inaccessible. Ailing children, pregnant women and people with chronic illnesses—hypertension, heart disease, diabetes, asthma, and epilepsy—do not receive adequate treatment. Outbreaks of measles and other communicable diseases in camps are predicted due to the interruption of UNRWA immunization programs.

Long-term medical problems are being created which will require a significant commitment of resources in the years to come. Brain and spinal cord injuries are common. PHR delegates observed "a substantial number of seriously injured, chronically disabled people [being] added to the Palestinian population. They will be there for decades, constituting a social, economic and human problem of troubling proportions."

ANERA has stepped up in-kind and financial assistance to facilities struggling to care for the stream of injured. Heightened awareness and sympathy in the United States for the human suffering of the Palestinians has stimulated increased support for ANERA's humanitarian efforts. In the West Bank and Gaza Strip, however, Palestinian health professionals point out that the crippled medical system is a decisive casualty.

1. Frankel, G., "Arab Town is Uprising's Fiery Center", *The Washington Post*, January 17, 1989, p. A17.

2. Frankel, G., "Israel Tightens West Bank Palestinians' Access to Medical Care", *The Washington Post*, January 21, 1989, p. A19.

3. Geiger, H. J., et al, *The Casualties of Conflict: Medical Care and Human Rights in the West Bank and Gaza Strip*, Physicians for Human Rights, Somerville, MA, March 30, 1988, p. 11.

4. Frankel, G., "Israel Tightens West Bank Palestinians' Access to Medical Care," *ibid*.



Mobile health clinics bring basic medical services to people living in remote villages.

FOREIGN AGENCIES

Several international agencies support private health facilities with financial or technical aid. American Near East Refugee Aid provides assistance in both cash and medical supplies. Hospitals, clinics and medical training programs receive ANERA grants to support operations and undertake facility expansion, renovation or construction. Be-

cause pharmaceutical supplies have been sharply curtailed recently, ANERA's Medical Division has stepped up shipments of life-saving medicines to Palestinian hospitals and clinics.

Health is only one area in which ANERA works. Its focus on over-all development makes ANERA's support of health system improvements quite comprehensive. ANERA assists successful farm cooperatives, revolving loan funds, irrigation projects, and vocational training programs which help raise living standards—and therefore, general health—of entire communities. ANERA worked with the Gaza City municipality to install a modern sewage system. Dairy and livestock cooperatives receive support to improve hygienic practices, and municipal slaughterhouses are implementing new techniques for preparing meat safely.

The emphasis on Palestinian self-reliance runs through each ANERA project because this quality is key to long-lasting improvements. The problems which undermine Palestinian health care are profound and interrelated. The medical community must translate limited financial resources into far-reaching and cost-effective services. ANERA assistance provides an important base from which hospitals and clinics are gradually but effectively improving and extending health services to Palestinians throughout the West Bank and Gaza Strip.

ANERA has received special gifts . . .

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- * Sponsors receive a photo of the child and a letter from the school during the year.

Contributions to ANERA are tax-deductible and should be sent with this form to the ANERA office. Thank you for your help!

Written and designed by Tanya Lolonis, ANERA Medical Director. All photos courtesy of UNRWA.



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