

NewStatesman



Health care in occupied Palestine

Crispin Blunt

Andrew Mitchell

Jon Snow

in association with

MAP
MEDICAL AID FOR PALESTINIANS

New Statesman
John Carpenter House
Carmelite Street
London EC4Y 0AN
Tel 020 7936 6400
Fax 020 7936 6501
info@newstatesman.co.uk
Subscription enquiries,
reprints and
syndication rights:
Stephen Brasher
sbrasher@
newstatesman.co.uk
0800 731 8496

Supplement Editor
Becky Slack
Art Director
Anja Wohlstrom
Picture Editor
Rebecca McClelland
Design and Production
Leon Parks
Graphics
Laura Williams

Head of Key Accounts
Richard Rowe
020 7936 6462
Partnerships and
Events Manager
Rosalind Goates



Crispin Blunt MP
Member of
Parliament
for Reigate



Chris Doyle
Director,
Council for the
Advancement
of Arab-British
Understanding



Adah Kay
Author and visiting
professor, Cass
Business School
Centre for Charity
Effectiveness



Robin Kealy
Chairman,
Medical Aid for
Palestinians



Tony Laurance
Chief executive,
Medical Aid for
Palestinians



Andrew Mitchell MP
Member of
Parliament for
Sutton Coldfield



Mark Pawsey MP
Member of
Parliament
for Rugby



Ed Platt
Journalist and
author



Dimi Reider
Journalist and
author



Jon Snow
Lead presenter,
Channel 4 News



**Daniel Trilling
(chair)**
Assistant editor,
New Statesman

The Palestinian challenge

Lack of safe water and sanitation, limited medical supplies, uncertain access to facilities and services. These are just a few of the health and social care challenges that Palestinians living in the occupied territories face every day – challenges that threaten their lives, liberty and security.

To explore ways in which this crisis can be addressed, the *New Statesman*, with the support of the charity Medical Aid for Palestinians, held a round-table discussion with leading commentators. The conversation was informed, considered and animated as our participants debated the critical questions facing Palestinians.

For instance, what are the main obstacles to health and medical care in Palestine and how can these best be tackled? Until a solution to these difficulties can be found, how can Palestine meet its health and medical needs?

What steps can be taken to help unify the health-care system in Gaza and the West Bank? What impact does aid dependency have on Palestine's ability to become a sustainable state? What role can the international community play to ensure that the region becomes sustainable? What impact has the UN bid had *in situ*? Have the Israeli elections, which took place in January, affected the situation on the ground?

There were no easy answers. With the Palestinian health and social care system unequivocally linked to the political situation, it was felt that long-lasting improvements could be made only if Israel and Palestine can resolve their conflict.

Whether this presents itself as a one- or a two-state solution was the focus of much of our guests' discussion, as was the role of the various actors on the world stage. ●

This supplement, and other policy reports, can be downloaded from the NS website at newstatesman.com/supplements

CONTENTS

- 3 **Could a one-state solution be the answer?**
A round-table explored Palestine's acute health and social care challenges
- 7 **The resident's view**
It's not easy to stay healthy in Palestine, write *Wasseem El Sarraj* and *Michael Morse*

First published as a supplement to the *New Statesman* 31 May – 6 June 2013.
© New Statesman Ltd. All rights reserved. Registered as a newspaper in the UK and USA.

The paper in this magazine originates from timber that is sourced from sustainable forests, responsibly managed to strict environmental, social and economic standards. The manufacturing mills have both FSC and PEFC certification and also ISO9001 and ISO14001 accreditation.

Could a one-state solution be the answer?

A round table, hosted by the New Statesman and Medical Aid for Palestinians, explored how Palestine's acute health and social care challenges can be addressed

On 29 November 2012 the United Nations General Assembly voted in favour of a resolution to enhance Palestine's position at the UN from "permanent observer" to "non-member observer state". With this historic ruling, Palestine, for the first time, has been officially recognised as a sovereign state.

The change of status is largely of symbolic value. Palestine can now participate in UN debates but it will not be able to vote. Nor has its 65-year wait for independence come to an end, although Palestinians hope that their place at the table when participating in peace talks with Israel is now strengthened – particularly when discussing core issues such as the fate of the settlements, the right of return of Palestinian refugees and security arrangements.

It is not yet known whether the change of status will have an impact on the ground. Decades of Israeli occupation, conflict and lifelong displacement in

refugee camps have had a hugely damaging impact on the lives of Palestinians.

In Gaza, the blockade has left 1.7 million Palestinians confined within an area of 365 square kilometres. Vulnerable to poverty, food insecurity and disease, they are at the mercy of restrictions on medical supplies and equipment as well as power and water shortages; and they are dependent on international aid, including food aid. Patients are often unable to get access to vital treatment and medical staff have been forced to reuse disposable items, such as rubber gloves, thus increasing the risk of infection. Water provision and sewage treatment are also impeded, thus hindering access to the clean and consistent supply of water that would keep disease at bay.

In the West Bank, residents also face food insecurity, overcrowded schools, high levels of unemployment and the risk of their homes forcibly being demolished by the Israeli authorities. All of this is exacting a high toll on families' mental and physical health.

The ongoing blockade of Gaza, the presence of Israeli settlements, the separation wall and 540 checkpoints and barriers inside the West Bank are all causing increased cost, time and difficulty. Meanwhile, patients' access to specialised health care is hindered by challenges in obtaining the permits required by the Israel authorities. The uncertainty and last-minute nature of the Israeli response make the process more stressful for patients and their families. Children can also be denied access to health care if their accompanying relative is not approved by the Israeli authorities.

It shouldn't have to be this way. As participants in a recent *New Statesman* round-table event, held in partnership with Medical Aid for Palestinians (Map), heard, Palestine has "a reasonably well-developed health-care system", according to the chief executive of Map, Tony Laurance.

"It has a fair number and a good spread of primary-care clinics, enough hospitals and hospital beds, and the number of ►

▶ doctors and nurses at least bears comparison with that of neighbouring countries [not including Israel],” he said.

However, without power, functioning equipment and – most importantly – free movement and access to the outside world, this is not enough. A modern health-care system that is isolated from the rest of the world is not sustainable.

“The occupation clearly affects the social determinants of health, through unemployment, poverty, environmental degradation and many other factors,” Laurance said. “It also impedes and undermines the institutional development of the health-care system. Many of the best doctors leave. And there are access issues that are very directly a result of the occupation.

“Some 39,000 patients and their companions were unable to get to the main Palestinian referral hospitals in East Jerusalem [in 2012] because they couldn’t get permits from the Israeli authorities. Translate that to the UK. Imagine if you couldn’t get to Guy’s and St Thomas’ because there was a separation wall around it.”

The aim of the round table was to consider how these chronic health and social-care challenges can be addressed, and naturally the conversation began with a discussion about the role of foreign aid. It began with an overview of the British government’s financial commitment to the region from Andrew Mitchell MP. He emphasised how funding from the Department for International Development (DfID) falls into three categories, each worth roughly £30m a year: support for refugees in Gaza, Lebanon and further afield; support for effective governance structures and policing; and support for the private sector, which the UK government believes has a vital role to play in helping to build capacity and financial independence. However, this is funding with a future that is less than secure.

“All three of those [funding categories] are predicated on the basis that there is a two-state solution. If you stand as I have done at the police station on the West Bank and look back at Jerusalem you can see the effect that the settlements are having in closing down the two-state solution,” Mitchell explained. “Our policy

is predicated very much that this is a plausible aim. If it ceases to be, I would not be comfortable as an accounting officer in the Department for International Development signing off a sizeable budget, if the underpinning of it, the way it’s predicated, simply does not stand.”

Not only is the future of British funding dependent on a two-state solution, something that seems increasingly unlikely (more on this later), but doubts were raised as to how effective aid is in providing the Palestinian people with the right kind of support.



“The occupation clearly affects the social determinants of health”
 Tony Laurance

“It is important to work very closely with partners and help to build capacity in them,” said Robin Kealy, chairman of Map. “But however well you do that, you inexorably come back to this question about whether we are doing enough, or enough in the right way. In the long run, you see a society that is increasingly aid-dependent.”

Kealy reinforced this view by referring to a 2012 UN report – *Gaza in 2020: a Liveable Place?* – and its prediction of a bleak future for those living there. The report illustrates how the increasing isolation of Gaza since 2005 has led to its economy and its people being kept alive through “external funding and the illegal tunnel economy”. To survive, it needs to become open and accessible.

“The viability of a future Palestinian state depends on a proper connection between the West Bank and Gaza, providing access to the Mediterranean for the entire occupied Palestinian territory,” said the report’s authors.

This was a point reiterated by participants in our event, several of whom argued that, should Palestine be allowed to function properly, it is capable of thriving. As Mark Pawsey MP pointed out, Palestine has an educated, skilled and entrepreneurial population. And Chris Doyle, the director of the Council for the Advancement of Arab British Understanding (Caabu), highlighted how, if the Palestinians were given access to “the two-thirds of the Dead Sea they are legally entitled to, it would provide them with revenues, tourism and cosmetics”.

“If we are ploughing in millions and millions every year in aid, I think the Palestinian economy should be allowed to flourish, opening up the borders and opening up the land and resources to which they are legitimately entitled,” Doyle said.

Indeed, research by the World Bank in 2010 found that agricultural land in the Jordan Valley has a potential value of \$1bn a year. Not only that, but it also has “comparative advantages in the fields of tourism, transportation and logistics”. “The present situation severely handicaps Palestinian economic activity in the Jordan Valley . . . Yet Palestinians could develop the Jordan Valley as a powerhouse of export-orientated high value-added agriculture,” the bank’s researchers emphasised.

The links between poverty and health inequalities are well documented and there is no doubt that increased economic activity would have a significant beneficial impact on the health and well-being of the Palestinian people.

However, if the separation wall is to be pulled down, blockades lifted and settlement areas closed, it will require a big shift in attitudes inside Israel.

Currently, by all accounts, the occupation of the Palestinian territories has

dropped off the national conversation in Israel, which led some participants to acknowledge that Israeli domestic issues, such as the economy, are taking priority.

“If we go to Israel, it isn’t a subject of discussion,” said the broadcaster Jon Snow. “It is about the fifteenth thing that appears on anyone’s list of interests. Domestic discontent and the divide between the rich and the poor are far bigger than any question of trying to resolve the relationship with Palestine.”

So, how can the parties get the attention of Israel? Perhaps the end goal has to change, some participants suggested. Maybe Israel needs to be presented with an alternative to the two-state solution – and then required to choose which option it prefers.

“If it becomes apparent that a two-state solution will not happen, and I think we are reaching that point, then there will come a time when the Palestinian national movement will change from a liberation movement to a civil rights campaign, and we will start to see increasing pressure for a binational state,” said the journalist and author Ed Platt. “It seems to me that the most significant contribution that the west can make now is to shift the debate on and alter the terms on which we discuss the conflict.”

The one-state solution was mooted as a viable alternative – and one that the Israeli government needs to consider. Indeed, Crispin Blunt MP felt that this was an option that should already be on the negotiating table.

“If the Palestinian leadership had got its act together it would have thrown the ball back at the Israelis and said, ‘You choose.’ It would be the driver to force Israeli attention on the issue,” he said.

The author and social scientist Adah Kay, who lived and worked in the West Bank between 2002 and 2006, felt that the one-state solution would possibly be preferable to the Israeli government, not least because it would cost less. “It would take pressure off Israel in terms of maintaining its military presence, which is draining resources,” she said.

Moreover, if the focus shifts so that this becomes a civil rights and a human rights issue, Israel would be obliged to face up to the situation.

“The whole dilemma changes once you abandon the two-state solution,” said Snow. And he proposed: “It may be up to the international community to say, ‘Look, we’ll give it until December, and then that’s it. After that, we will regard this as one state, and at that point we will not provide funding to allow Israel to oppress its own people.’” He then suggesting that Europe and others should wield



**“You see a society
that is increasingly
aid-dependent”**
Robin Kealy

the influence of their trading relationships with Israel as a means of forcing the issue. “We do have the power to affect the dynamic,” he said.

According to Snow, the media also have an important role to play. Although he acknowledged that it can be easy to overstate the value provided by the press in these matters, he noted that, without the media spotlight shining firmly on the matter, it is that much easier for politicians to ignore it.

“The absence of interest from the outside world, partly because most hacks have been diverted to the Arabian states, to Syria, Egypt, Libya – and even now Mali – means the pressure is off. If there is no pressure on politicians as a result of the populace absorbing information

from the media, then despite the existence of the web and the social network and all the rest of it, we’re in a lot of trouble. My in-box is much more full of Bahraini complaint than it is of West Bank atrocity. And that is a worry, because we all know this is the cornerstone of discontent in the region, and if we don’t get it right, we’re clearly living on borrowed time.”

That said, there were mixed reactions from the table about exactly which politicians should be demonstrating leadership on this. The importance of the Quartet – the United Nations, the European Union, the United States and Russia – was undisputed but there was disagreement over what organisations or countries could do to instigate change.

“What happens if there is a European initiative led by Britain?” asked Mitchell. “The first thing that is asked in Israel is: ‘Where are the Americans? Are they behind you?’ And if they are not behind you it is an utter irrelevance to them. Unless [John] Kerry [the US secretary of state] can persuade [President] Obama – perhaps like [Lord] Carrington [the former British foreign secretary] persuaded Mrs Thatcher on Zimbabwe – to really engage and put American muscle and effort behind the last chance of a two-state solution, I do not see what progress can be made.”

This was not enough for Jon Snow, who described Mitchell’s comments as “a persistent excuse”. “The idea that we can’t do anything without the Americans – there is an extent to which it is possible, almost in a sort of propaganda way, to expose that situation, and for America’s allies to say, ‘Come on, this is not on,’” he argued.

It was Crispin Blunt who offered a way out of this apparent stalemate. He argued that the EU does already play a big role, primarily as financier, and that this provides “a lever that Europe could use without taking a leadership role”.

However, for Blunt, the critical players who had thus far not been considered in the round-table discussion were those in the Middle East itself – Palestinian and Arab leaders alike. He referred to the ►

► current peace plan, which has been developed by the Arab League under Saudi leadership, as “the last serious proposal that has come forward” and suggested that more focus be given to working with these regional nations.

“The thing I think we are missing here is the opportunity for both the Palestinian and Arab leaders to actually begin to effect the changes themselves. I wonder whether all the organisations we are associated with should actually be trying to get the Arabs, and in particular the Palestinians, to sort their political and strategic act out.

“Once they have got a strategy that is credible and supportable then we will be in a much better position to enable it to come to a conclusion,” Blunt said.

Dimi Reider, an Israeli journalist and blogger, felt that Britain also has a unique opportunity to contribute, based on the expertise it developed while negotiating with rival factions in Northern Ireland. This contribution would not be through



“Without the media spotlight it is easier for politicians to ignore it”

Jon Snow

providing a blueprint for a power-sharing agreement, he suggested, but as a means of “indicating that the one-state solution is a realistic probability in which it can

offer advice and assistance”. As he noted, “That will make Britain both seem more prepared and sound more serious about this process.”

As Caabu’s Chris Doyle pointed out, the Palestinian people are being asked to respond quietly and calmly to the huge stresses and aggression being forced upon them. How long they can continue to endure this is not known, but common sense would suggest not long.

Whoever has a role to play, they need to act quickly, Doyle said. The status quo might be comfortable for Israel, but it is far from sustainable for the Palestinian population.

As long as the situation remains unchanged, men, women and children will continue to suffer health inequalities, unnecessary and damaging trauma, and repression on a scale that most of us cannot comprehend. ●

Successful aid needs advocacy

Tony Laurance

Over the past 30 years, Medical Aid for Palestinians (Map) has been delivering health and medical care to those worst affected by conflict, occupation and displacement. Map has a strong track record of active engagement and provision of quality services.

Map addresses a wide range of health issues and challenges. The emphasis on partnership throughout our programmes has enabled a flexible approach, with a strong connection between emergency work and long-term health development. We work closely with trusted and experienced local partners and have the capacity to respond quickly and professionally to humanitarian crises.

We support a range of programmes – from running a mobile clinic to provide essential health services for isolated

communities in the Jordan Valley, to the development of specialist burns units in the main public hospitals in the West Bank and Gaza. Additionally, we provide support to people with disabilities, including those with permanent injuries received as a result of the hostilities, and provide psychosocial support to individuals who have been traumatised by the ongoing conflict.

The fact remains, however, that the Palestinians do not want to be aid-dependent. They want political intervention and an end to occupation so that they can be in charge of their own affairs and pursue their own development. There is a deep concern that aid without advocacy will simply perpetuate an unequal status quo.

Decades of Israeli occupation, conflict and lifelong displacement in refugee camps have had a damaging impact on generations of Palestinians, who lack control over nearly all aspects of their lives – including how resources are used on their behalf.

The failure to make any substantial political progress is a major obstacle, not only to Palestinian self-determination, but to the development of a sustainable and responsive Palestinian health system. That is why Map speaks out about the situation in Palestine and the realities on the ground.

Only if this situation is better understood will pressure for a practical solution build. It is also why we always try to ensure that we are responsive to local needs and build long-term relationships with our partners, supporting the advancement of local knowledge and the skills to find solutions to local problems.

This approach is essential to building on the resilience of Palestinian communities. It is also the foundation of independence for Palestinians, which will enable them to begin to move away from reliance on international aid and work towards a more sustainable and responsive health system. ●

Tony Laurance is the chief executive of Medical Aid for Palestinians

The resident's view

Wasseem El Sarraj
Michael Morse

It is only by living in Palestine that you can grasp fully just how difficult it is to stay healthy there

On 1 May Google made the semantic leap from “Palestinian territories” to “Palestine”. The upshot of this was far too much media attention and one or two angry Israeli ministers who – presumably basking in the attention – thought that Google’s insidious behaviour would undermine the peace process.

It is tragic, and comical, that we have reached a point where the collective belief in an imminent Palestinian state functions as a sort of metaphysical benchmark. Palestine could be a state, therefore it must have all the things states have: a suit-wearing prime minister, elected officials, a figure for GDP, a yearly fashion show, and so forth.

Most of these things amount to the equivalent of sprinkling sugar on to rotting fruit. The Palestinian health-care system is no exception and its dysfunction helps to expose the challenges of trying to build and run something, anything, while living under occupation and forced closure.

The health-care system sprawls out across the occupied Palestinian territories (oPt) of the West Bank and Gaza. Its array of providers includes the Palestinian Authorities (PAs), led respectively by Fatah and Hamas, the United Nations Relief and Works Agency (UNRWA), NGOs and the private sector.

Anyone who has visited the oPt, or can imagine the effects of decades of occupation, will appreciate how extraordinary a challenge it is to try to get access to these services. The West Bank’s system of checkpoints and barriers dominates life and forces citizens to take long detours, inevitably hindering the availability of health care in acute emergencies and the management of chronic illnesses.

No less important is the impact restrictions have on the ability of professionals to come together to plan policy, share information and access training. This relates

to access inside the territories, between the territories and internationally. According to the World Health Organisation, one in five requests for treatment outside Palestine between 2009 and 2011 was denied or delayed. Israel often refuses access on security grounds, even to parents of children in need of treatment.

The West Bank is undermined further when Israel withholds taxes due to the PA as punishment for seeking observer status at the UN. It leaves the PA unable to foot expenses, meaning staff go unpaid and services are shut down. It’s a sticky situation: the PA is barely hanging in there. Political gestures, such as the UN push, may undermine its ability to function.

Palestinians in Gaza rely on most of their medical supplies arriving from the

Strong political gestures may undermine the PA’s ability to function

West Bank. However, budget shortfalls and political differences can leave Gazan hospitals with dwindling supplies (or, in some cases, zero stock) of essential drugs and medicines. After Operation Pillar of Defence in 2012, for example, 160 of 478 essential medicines were out of stock. These shortages force patients to seek vital medicines from UNRWA clinics or NGOs that offer the medicines free or at reduced costs, or to purchase them on the expensive private market.

Gaza’s problems don’t stop there. Doctors often miss out on specialised training, and the rising population (numbers are predicted to reach 2.1 million by 2020) has left health workers overworked. UNRWA doctors often complain of having no more than several minutes with patients. Furthermore, UNRWA is staring at

a future where its own budget is shrinking while the challenges continue to pile up – including a refugee population growth of between 3 and 5 per cent.

Just as people find it hard to believe that there are five-star hotels in Palestine, it is difficult to understand why health among the inhabitants of the West Bank is in transition from illnesses that characterise the developing world to those in the developed world. The answer is a complex blend of a relatively well-educated population with a strong intellectual tradition and the relative cleanliness of the water – which can be drunk straight from the tap.

Gaza is a different story: its severely strained waste management system and putrid aquifers contribute to a grave threat to both the quality and the availability of drinking water, increasing the risk of communicable disease. And yet, surprisingly, Palestine is not famine-stricken, nor is it filled with emaciated children. Instead, unbalanced diets made up of vast quantities of cheap carbohydrates are leading to an increase in diagnoses of obesity, diabetes and heart disease.

Palestine does have smart and committed people and it does have more than the bare bones of infrastructure. What it can do without is an occupation that systematically undermines its plans for a functioning anything. The challenge, then, is not to make Palestine a provider in cutting-edge or “state-of-the-art” health care, like Israel, but to ensure that all Palestinians can get access to health care.

As Palestine disintegrates, and moulds itself to its occupier’s desire, health can be a unifying discourse to remind us of the inequity in lives between the Jordan Valley and the Mediterranean Sea. ●

Wasseem El Sarraj is an independent writer and researcher. Michael Morse, MD MPA, works as a psychiatric resident at George Washington University

Palestine Question Time

London & Oxford

Medical Aid for Palestinians (MAP) is hosting a 'Question Time' event on Palestine. An expert panel will answer your questions about the obstacles Palestinians face living under occupation and as refugees, including the barriers to health. Both events will be chaired by **Aimee Shalan**, MAP's Director of Advocacy and Communications.

As part of this event we want to know what questions you would put to the panel. To pitch a question, email us at info@map-uk.org or tweet us [@medicalaidpal](https://twitter.com/medicalaidpal) with the hashtag [#PalestineQT](https://twitter.com/hashtag/PalestineQT).

Tuesday, 18 June 2013, 7.00pm

**Oxford Town Hall, St Aldate's,
Oxford, OX1 1BX**

The panel for our Oxford Palestine Question Time is:

- **Peter Kosminsky**, speaking about the making and reception of his Bafta-nominated serial, 'The Promise'
- **Tim Llewellyn**, a journalist who worked as a BBC Middle East correspondent for 10 years
- **Karma Nabulsi**, Fellow in Politics at St Edmund Hall, University of Oxford, and a former PLO representative in Beirut, Tunis and London
- **Avi Shlaim**, Emeritus Professor of International Relations, University of Oxford

Tuesday, 25 June 2013, 7.00pm

**Islington Town Hall, 222 Upper Street, Islington,
London, N1 1XR**

The panel for our Islington Palestine Question Time is:

- **Victoria Brittain**, former associate foreign editor of the Guardian and author
- **Jeremy Corbyn**, Labour Party MP for Islington North since 1983, who has spent much of his time in parliament campaigning for the rights of Palestinians
- **Tim Llewellyn**, a journalist who worked as a BBC Middle East correspondent for 10 years
- **Dr Dina Matar**, a senior lecturer and director of the Centre for Media and Film Studies, SOAS, and author of 'What it Means to be Palestinian: Stories of Palestinian Peoplehood'
- **Dr Ahmed Younis**, Deputy Head of the School for Rehabilitation Sciences, Director of Prescribing Programme at St George's Hospital at the University of London, originally from Gaza



MAP

MEDICAL AID FOR PALESTINIANS

www.map-uk.org

MAP is a Charitable Company Limited by Guarantee. Registered Number 3038352 England.
Charity Registration No. 1045315