2000 – 2010

Ten years of MSF presence and assistance in the Gaza Strip

In November 2000, in the wake of the second Intifada of the Israeli-Palestinian conflict (see box), violence was spreading and looked set to escalate. For MSF, an international, medical humanitarian organisation specialised in delivering emergency aid in crisis situations, there was a clear need to launch long-term activities in the Gaza Strip.

Although Israeli public health and medical services are highly efficient and fully operational, the same can not be said for the Palestinian Territories, where the population suffers the violence of war, without benefitting from the same medical assistance or access to care (especially psychological care) as the Israelis.

The Palestinian health system is, and always has been, more efficient in the Palestinian Territories, and notably in the Gaza Strip, than in many of the other countries in which MSF works, but there are some specific medical needs that it is unable to meet. So, in November 2000, following a series of needs assessments, MSF decided to open a psycho-medical and social programme in the Gaza Strip, under Israeli occupation since 1967.

During the ten years we've been working in this fragile and volatile setting, and in the face of uninterrupted violence, our programmes have evolved to respond to new needs and offer more diversified care. And over these ten years of continuous activity, our field teams' assessment of the situation has also changed. Violence from the Israeli-Palestinian conflict; the emergence and addition of another major conflict, this time between Palestinians, and the paralysis of the health system; the imposition and repeated stepping up of the blockade; a gradual reduction of access to economic resources and specialised care; 1.5 million inhabitants imprisoned within its borders… Over the years, these political, security and economic factors have considerably worsened what was already an extremely difficult humanitarian, sanitary and medical situation.

Today, there is still insufficient care available in some medical fields. MSF's current programmes aim to fill specific gaps. In addition to regular donations of medicines and medical material to health facilities, MSF is also providing psycho-medical and social assistance, rehabilitation care and reconstructive surgery.

Box/link

A brief overview of the history of the conflict

The Israeli-Palestinian conflict refers to the conflict in the Middle-East between Palestinians and the State of Israel. It officially began on 14th May 1948, the day the State of Israel was created.

The Israeli occupation of the Palestinian Territories started at the end of the "Six Day War", from 5th to 10th June 1967, between Israel and a coalition of Egypt, Jordan, Syria and Iraq (the Arab League).

The first Intifada (an Arabic word meaning "uprising"), also called the "war of stones", was a general and spontaneous uprising of the Palestinian population against Israeli occupation. It began on 9th December 1987 and ended in 1993 with the signing of the Oslo Accords.

The **Oslo Accords** were the outcome of discussions between Israeli and Palestinian negotiators in Oslo, Norway, aimed at finding a resolution to the Israeli-Palestinian conflict. The resulting Declaration of Principles was signed in Washington on 13th December 1993 in the presence of Yitzhak Rabin, the Israeli Prime Minister, Yasser Arafat, Chairman of the Palestinian Liberation Organisation's Executive Committee and Bill Clinton, the US President. It provided a framework for negotiations and established a Palestinian interim self-government authority for a transitional period of five years. The Oslo process was followed by the signing of the Gaza-Jericho agreement on 4th May 1994, which granted the Palestinian National Authority limited powers. Finally, the interim agreement on the West Bank and the Gaza Strip, or the "Taba Agreement", signed in Washington on 28th September 1995, provided for the first elections of the Palestinian Council and, pending the conclusion of the negotiations, a negotiated partition of the Palestinian Territories into zones with differing levels of Israeli and Palestinian control. This attempt at peace, widely supported by the international community, ran into difficulty between 1996 and 1999, following a hardening of positions on both sides once the crucial subjects of the status of Jerusalem, the problem of Palestinian refugees and the fight against terrorism were broached. Extremism resurfaced with the assassination of Yitzhak Rabin in 1995 by a far-right Israeli student and an ever-increasing number of attacks by the Palestinian Hamas and Islamic Jihad movements. It became impossible to pursue the Oslo process after 2000 and the outbreak of the second Intifada.

The second *Intifada* is also known as the '"Al-Aqsa Intifada". Al-Aqsa, the holiest site in Judaism and Islam's third most sacred site, is located in the old city of Jerusalem. Since the VII century it has been home to two high places of Islam located at the foot of the Wailing Wall, the Temple Mount and the Al-Aqsa mosque.

Psychological health care, the history of MSF's programme in the Gaza Strip

In 2000, the Israeli army and settlers were still present when MSF decided to set up in the Gaza Strip. More than 8,000 settlers, spread over 21 different sites, lived amongst the 1.4 million inhabitants of the Gaza Strip. They withdrew only in 2005. The barriers to health care were thus considerable: movement restricted by security measures, long waits and frequent checks at the military check points, roads sealed off, difficulties reaching health facilities. The Palestinian medical staff also struggled to get to work. Ambulances could not move about. Some patients no longer left the house, not even for medical care, because they feared losing their homes, or seeing them destroyed in their absence. In the most exposed areas, leaving home or being out on foot at night placed peoples' lives in mortal danger.

Stress, panic fear, trauma. When MSF opened its programme in Gaza, a large part of the population – notably children – were psychologically affected by the imprisonment, the occupation, the fear and the lack of hope for the future. Their anxiety added to the economic problems they were dealing with and the tensions building up at home. The violence and the climate of fear, or even terror, reigning at the time, and above all at night, generated stress and intense panic attacks, along with an accumulation of trauma. Our patients suffered from strong feelings of isolation, insecurity and depression, and post-traumatic syndromes. Some were prostrate, no longer able to speak or eat. Others experienced episodes of delirium following a traumatic event. Children had lost previously acquired skills, and were suffering from enuresis, hyperactivity, failure at school and depression, and a lack of confidence in the future.

Doctors and psychologists working with the patients most at risk. MSF chose to work at the heart of the most exposed areas right from the outset of its programme. Our patients are cut off from all social networks, living in refugee camps and/or nearby war-torn areas, borders, bombing zones, Jewish colonies and Israeli military camps. These families are highly exposed to danger: neighbourhoods and inhabitants are regularly targeted by gunfire and military incursions. Fields are destroyed and houses surrounded, occupied or flattened. Tanks conduct regular patrols. Our teams visit patients in their homes. These visits are often the only times when the isolation of some of these families can be lifted.

MSF doctors and psychologists identify and offer care to the most vulnerable patients. Our objective was (and still is) to address both their physical and psychological issues. Our work provides care to Palestinian families regularly exposed to potentially traumatic events during the Israeli-Palestinian and inter-Palestinian (since 2007) conflicts.

Our patients manifest physical symptoms, reflecting their mental distress. Chronic or pre-existing pathologies (such as cardio-vascular illnesses, digestive troubles (particularly ulcers), dermatitis, etc.) are aggravated by stress and acute depression. Anxiety, anger, sleeping or eating disorders: medical consultations detect and provide care for all these problems. The MSF doctors provide medication (including psychotropic medicines if the patient's state so requires).

Treating the trauma first of all, at the same time as or before a doctor's intervention, the MSF psychologist initiates therapy in which patients – men, women and children – express their fears, treat their psychological trauma and depression and reduce their levels of stress. The therapy is short (a maximum of fifteen sessions) and delivered to individuals, families or groups, depending on the case. Each psychologist follows between 50 and 70 patients or families per month (more than a hundred people). Our work is well understood and accepted. It is often the families themselves who facilitate the identification of others in need of help, referring them to our teams. After certain Israeli military offensives, such as "Days of Penitence" in 2004 or "Cast Lead" in 2009, MSF set up

psychological care sessions for health care and emergency staff, who were highly exposed to the searing violence.

The social aspect of MSF's activities is an essential part of its work. During the incursions of 2000 - 2005, families had to flee empty-handed, leaving their homes, livestock and fields behind. Whole areas were sealed off, surrounded by tanks, without food supplies, drinking water or medicines. Things have evolved since the Israelis' withdrawal, but the area's economy, under considerable strain since the embargo imposed in 2006, leaves 70% of the population living below the poverty line, 40% of people unemployed, and 80% totally dependent on international aid*. Our psychological and medical work has been underpinned by social assistance for the last ten years. It can be material on a one-off basis, and above all, consists of putting families most in need in contact with local and international aid organisations.

Box

MSF Psychological programmes today

MSF has been working in the Gaza Strip since 2000 and Naplouse (West Bank) since 2004, running a psycho-medical-social programme for people experiencing trauma associated with external (Israeli-Palestine) and internal (inter-Palestine) conflicts. Our teams offer patients short therapy to ease their psychological suffering. The patients can be referred to MSF doctors and social workers, or to other facilities and assistance organisations, according to their needs.

Emergency response and adaptating our medical work

MSF has mounted emergency responses on several occasions over the last 10 years, and adapted its work to meet specific medical needs: donations of medicines and medical material, strengthening health facility staff, setting up rehabilitation care and surgery.

MSF has also regularly denounced the consequences of the conflicts (both external and internal) on civilians, the difficulties medical staff experience in reaching victims, the lack of security guarantees in the field and the obstruction and manipulation of humanitarian aid and health care.

2005 – Israeli withdrawal – the pre-positioning of material and teams

During the Israeli withdrawal from the Gaza strip in 2005, some Palestinian armed factions upped their volleys of rocket fire. Resistence amongst some Israeli settlers also stiffened. In preparation for all eventualities, our teams conducted an evaluation of health centres in the most exposed and volatile areas. We pre-positioned assistance material (hygiene kits, jerry cans, blankets) and medical supplies, and based surgeons and emergency doctors in several danger zones in Gaza.

2006 – Deterioration in the health situation – Donations to health facilities

Following the legislative elections in January, which brought the Hamas to power, the United States, Canada, the European Union and Japan suspended their financial aid to the Palestinian Authority. The health situation took a rapid turn for the worse, with shortages of medicines and medical material, and strikes amongst ministry of health staff who were no longer being paid. MSF donated medicines to Gaza hospitals and placed specific drug orders, notably for the treatment of chronic diseases.

June 2006 – Operation "Summer rain" – Donations of medicines and material, medical teams strengthened

The same year, in June, following the kidnapping of Israeli soldier Guilat Shalit, Israel launched its Operation "Summer Rain". Following this new downturn in events, MSF provided logistics aid (water supply) to uprooted people fleeing the bombing. Medicines and emergency medical material were donated to and pre-positioned for frontline hospitals treating the wounded. Close contacts were maintained with these health facilities, so as to react to medical and human resources needs, and deliver supplies for emergencies and intensive care. Our psychologists continued their consultations (home visits and at centres).

2007 – Inter-Palestinian clashes – Setting up a rehabilitation care programme

In mid-May 2007, inter-Palestinian clashes flared up anew, leaving 130 people dead and 800 wounded during cross fire in the streets where the reprisals were unfolding. The hospitals were not spared during this bout of civil war, and witnessed first-hand their share of violence. The international teams were evacuated on security grounds during the fighting. Our Palestinian colleagues continued to follow up our patients and organise donations to hospitals. In mid-June, the Hamas took control of the Gaza strip. Access was severely limited, the Israelis set up their blockade, and a number of shortages began to set in, notably in surgical material, specialised equipment and medicines. During the peaks of the violence, the influx of wounded was such that patients were

discharged from public hospitals too soon, with no organised outpatient follow-up. During their evaluations, our teams met dozens of wounded with infections and serious medical complications. Several hundred people needed specialised care, but the existing facilities were unable to provide it. Furthermore, most physiotherapy care was fee-based, limiting the number of patients able to turn to it. Thus MSF decided to set up direct medical aid. A programme of rehabilitation (consultations, dressings, antibiotic treatment and pain management) and quality outpatient care, along with physiotherapy support, was set up in July 2007. The patients unable to get to our dispensary in Gaza city were treated at their homes by mobile medical teams. 210 patients were seen in three months, mainly for bullet wounds. They were largely young, and civilians.

2008 – A decline in the availability of health care – Paediatric programme in Beit Lahia

Given the pauperization of the population, the on-going decline in the availability of health care and the overload of work in the only paediatric hospital to the north of the Gaza strip, MSF opened a paediatric programme in Beit Lahia in late March 2008. It provided health care, treatment and medical follow-up to children under 12 years old. In 2009, it conducted over 9,000 consultations. The most frequently found pathologies included respiratory infections, vitamin deficiencies, anaemia and diarrhoea due to the poor quality of water treatement and waste disposal in Gaza. Other organisations then became involved and the level of paediatric care improved. The programme therefore shut in September 2009.

March 2008 – Operation "Warm Winter" – Care for the wounded and minor surgery

In March, in response to rocket fire against Israel, the Israeli army penetrated and bombed the north of the Gaza Strip. Operation "Warm Winter" left some 120 people dead and 360 wounded, including many women and children. The intensity of the fighting compromised the MSF teams' ability to move about. In its dispensary in Gaza city, MSF treated the wounded and carried out minor surgery. Medical material and essential medicines (dressings, intravenous solutes, anaesthesia medicines, antibiotics and analgesics) were donated to hospitals in the north, drawn from MSF's pre-positioned emergency stock in its central pharmacy in Gaza city. Our dispensaries were readied to receive an influx of patients, even if the numbers involved represented only a small proportion of the overall needs.

August 2008 – Strike amongst health care workers – MSF denounces the politicization of the health sector.

In August, the Palestinian health care workers trade union declared an "all out" strike, caught as it was between the conflict of interests pitting the Palestinian Authority, based in Ramallah, against the Gaza authorities. The health care consequences were all too real, and all the more so for people already worn down by years of conflict. With an absenteeism rate of 50 to 80% amongst hospital staff, this movement affected the entire public system. The primary health care services – emergencies, intensive care units and operating theatres – struggled to maintain quality health care standards. Specialist surgery was suspended completely, and the transfer of patients outside the area was even more limited than usual. The number of patients in our paediatric dispensary surged, and our teams were strengthened accordingly. MSF denounced the politicization of the health sector, which should not have to suffer the consequences of either the inter-Palestinian or Israeli-Palestinian conflicts.

2010 – Access to limited specialised care – reconstructive surgery

In 2010, despite its partial lifting, the embargo on the Gaza strip is still hampering the health system: delays in patient care, limited access to specialised care, reduced quality of medical care. Petrol supply is sporadic and power cuts are frequent. The Gaza population has turned to generators instead using smuggled gas bottles, candles and paraffin lamps, all of which are sources of serious domestic accidents, often involving children. In early August, MSF decided to initiate a programme of reconstructive surgery in Nasser hospital, in southern Gaza, in collaboration with the local health authorities. The activities include follow up, or elective surgery, for wounded patients and victims of violence or domestic burns, thereby reducing the waiting list of patients requiring this type of care (more than 500 patients have to wait between 12 and 18 months for their operations), and working in a manner conducive to a transfer of skills from our international staff to their local colleagues. Two months after the programme's initiation, MSF has carried out 185 consultations and 51 surgical interventions.

"At present, several hundred patients need recontsructive surgery. Most are victims of the conflict; some of them have been waiting for several years. And the waiting lists for this kind of highly specialised surgery are long." - **Dr Annette Heinzelmann, MSF programme manager for Palestine since 2005**

"Our reconstructive surgery programme has several aims: providing care to patients who in some cases have been waiting several years for this kind of specialised procedure and working in collaboration with our Palestinian colleagues so as to transfer skills and teach them certain techniques they haven't yet acquired." - **Dr Annette Heinzelmann, MSF programme manager for Palestine since 2005**

On 27th December 2008, the Israeli military launched operation "Cast Lead" in the Gaza Strip. The offensive ended on 18th January 2009. Nearly 1,300 Palestinians were killed (including 900 civilians, of whom 300 were children), and around 5,300 people were wounded. A look back over these events, their consequences on the Gaza people, and MSF's response

On 31st Devember 2008, three MSF international staff joined their 70 Palestinian colleagues in the Gaza Strip. Our teams, present throughout the offensive, encountered major difficulties in reaching the wounded. The insecurity brought our dispensaries to a halt. Only our facility in Gaza city remained open, but patients couldn't reach the health centres.

The MSF Palestinian staff, equipped with emergency medical kits, consulted, cared for and treated people in their neighbourhood: 250 people received care this way. The teams donated medical material and medicines to Gaza's main hospitals. On the 17th January, the first emergency surgical team reached Gaza. On the 18th January, the Israeli forces declared a ceasefire. MSF brought in 21 tons of medical material, including two inflatable hospital tents.

Specialised and follow-up surgery. MSF focused its activities on specialised and follow-up surgery. At the peak of the crisis, faced with an influx of wounded in hospitals already overflowing, many "non-urgent" patients were left untreated. Many wounded, treated by overwhelmed emergency teams, were discharged too soon, or simply stayed at home, fearing for their lives. Large numbers of them needed a second intervention.

Evaluations conducted by MSF revealed major specialised and follow-up surgical needs for the wounded during the first three weeks of January: orthopaedic surgery, skin grafts for severe burns, unbridling and cleansing wounds and posing dressings under general anaesthesia. Amongst the

seriously wounded, 20% had infected wounds. Patients were identified by going from door to door in the most affected areas, or by people working in our rehabilitation care dispensaries. The hospitals also referred wounded patients to us. Lastly, information on MSF's surgical care was broadcast on the radio.

Between 5 and 8 operations were carried out in our field hospital every day (which included two operating theatres, one intensive care unit of 12 beds and a rehabilitation care unit). Our surgical activities lightened the workload in Palestinian hospitals, leading to a gradual resumption of normal activities (emergencies and elective surgery). Between January and July 2009, the MSF teams carried out 84 orthopaedic and 278 reconsctruction procedures.

Adapting our rehabilitation care. More than a third of the patients admitted to our rehabilitation care dispensaries after mid-January 2009 were children under 15, women and the elderly. More than a hundred wounded, i.e. three times more than the usual average, came to our facility each day. 9 new patients out of 10 had wounds inflicted during bomb explosions. They were usually wounds fom multiple mortar shards or open fractures.

Out of 100 new patients, 25% of them had infected wounds, and another 45% presented a high risk of infection. A new finding: a high number of burns. More than one new patient in ten had 10 to 15% of the body surface affected. Around half of our new patients would suffer from more or less serious after-effects. MSF attempted to limit the complications and assist these wounded in the recovery of as much mobility as possible.

A new triage system was set up. The lesser-wounded and almost cured patients were referred to local primary health care centres. Those who only needed physiotherapy were placed on a waiting list and the “Cast Lead” wounded were paid for by MSF. A 3rd dispensary opened in the north, an area particularly hard hit during the Israeli offensive, and a 4th in the south, on the Egyptian border. The number of mobile teams was also increased and our admission criteria were extended to include severe cases of accidental burns.

In 2009, 1,116 people received MSF treatment and our teams carried out 65,000 acts of health care. One year after “Cast Lead”, 85 victims of the offensive were still being followed up in our programme. Some of them were still waiting for their prosthesis, others orthopaedic or reconstructive surgery to limit the functional complications of their wounds.

Strengthening psychological care. We strengthened our psychological care, notably for the health care staff (ambulance staff, emergency teams and paramedics), who were particularly exposed during the offensive. Direct witnesses of the violence, they were often confronted with the impossibility of accessing the wounded, and feared for their own safety.

In the space of three weeks, ambulance staff, health care workers and firemen carried out nearly 1,300 interventions, the equivalent of three years of “normal" activity. Psychological support was also offered to the families of those who died whilst providing assistance.

The psychological trauma is considerable. A number of families and children require psychological support and psychotherapy. Several people have asked for our psychologists' help of their own accord - practically unheard of in the past. Meanwhile, contact was resumed with most patients receiving care before “Cast Lead”. Our psychological team required strengthening.

370 new patients received care, more than half of whom were under 12. The majority of them presented severe psychological troubles associated with the trauma of the offensive. Our short therapy aimed to relieve mental suffering and help the person resume a normal life. This objective was achieved for 78% of our patients.

Health Embargo

In June 2007, the Hamas took control of the Gaza Strip. Reaching the area became difficult, the Israelis set up their blockade, and a number of shortages set in, notably in surgical material, specialised equipment and medicines. In January 2008: following Palestinian rocket fire on Israel and subsequent Israeli military reprisals, the embargo was stiffened.

All crossing points for fuel and goods were closed. The Erez crossing point was left open to international personnel (humanitarian workers and journalists) and urgent medical transfers only. Things deteriorated swiftly as a consequence, particularly in terms of health care.

Critical medical shortages and delays in health care. The MSF teams maintained regular contact with the hospitals, and soon observed critical shortages in pharmaceutical stocks. Elective surgery ground to a halt whilst primary health care centres were forced to cut back their activities. In late January 2008, around two thirds of the metallic wall separating Egypt from the Gaza strip was blown up and destroyed. Several hundred thousand Palestinians flocked across the border to stock up on Egyptian supplies.

The fuel shortage has consequences. In early 2008, only three hospitals in Gaza had received sufficient fuel supplies to run their generators. During power cuts, hospital services were limited to intensive care, emergencies and operating theatres. Medicines were supplied randomly. Petrol stations were operating on a sporadic basis only, and around 50% of Gaza's population had no access to drinking water.

MSF suffered from these fuel shortages. In April 2008, our teams had to limit their movements, and one fifth of the rehabilitation care team's home visits could not be conducted. Other patients struggled to reach our health facilities.

The random fuel supplies still hamper the smooth functioning of the only electrical power plant in Gaza still in working order following operation "Cast Lead". The rolling power cuts last between 8 and 12 hours every time. The Gaza population has turned to generators instead, along with smuggled gas bottles, candles and paraffin lamps, all of which are sources of serious domestic accidents, often involving children.

An accumulation of aggravating factors. In March, the Israeli military launched its "Warm Winter" offensive. It left around 120 dead and 360 wounded. The fuel shortages meant ambulances struggled to get around. Whilst supply problems were nothing new to the area, the surge in violence increased the pressure on already weakened health facilities. The crisis received wide media coverage, and was denounced wholesale by the international community and NGOs. But MSF pointed out that this deterioration was nothing new, and resulted from an accumulation of several political and economic factors.

The Israeli "Cast Lead" offensive of December 2008 – January 2009 lead to destruction on a massive scale. But here again, the embargo prohibited the entry of all reconstruction material and limited food and medical supplies. The battered health sector took a further turn for the worse.

MSF has been denouncing the health and economic consequences of the embargo since 2006, and has spelt out its concerns with regard to the blockage's repercussions on a people already seriously weakened by years of conflict. And whilst the embargo is being partially lifted*, the difficulties persist nonetheless. Financial and material donations from abroad are now reaching Gaza. Hospitals are

being rebuilt, and local health facilities have recently received state of the art supplies in medical material and medicines. But the restrictions on the comings and goings of persons and goods continue. The spare parts required for the maintenance of the equipment cannot get in. Health care staff still cannot leave Gaza for the training and refresher courses they require, notably on the correct use of these sophisticated new machines. 25% of patients still have specific pathologies that cannot be treated in Gaza, due to a lack of trained staff or specialist material, and their requests for medical referral abroad are refused. Four years after its imposition, the embargo still has a negative impact on the humanitarian, medical and health situation in the Gaza strip. MSF, as an international medical NGO, can respond to certain specific medical needs, and transfer modern skills to Palestinian health workers, thereby mitigating some aspects of this medical seclusion.

"It is totally illusory to think that the Hamas can be targeted without sanctioning the entire Palestinian population. So there is nothing surprising about what the embargo is doing to Gaza's inhabitants, and the deprivations it entails as a disproportionate retaliatory measure. Rensentment of the Israeli government increases every day, the international community "is doing nothing to help", but Palestinian groups have also been in open conflict for the last few months. Without any perspective of a political break through, the violence can only get worse." - **Pierre Salignon, General Director MSF 2007.**

"This blockade must be lifted, and now. It's urgent." There are shortages across the board, including books and writing materials. Hospitals and schools are missing windows and roofs. Everything needs rebuilding: houses, health facilities, state infrastructure.... Then the Gaza inhabitants can attend to rebuilding themselves, physically and psychologically."- **Jean-Luc Lambert, head of mission in 2009.**

MSF in the West Bank

MSF is working in Hebron and Naplouse, running a psycho-medical-social programme for people experiencing trauma associated with external (Israeli-Palestine) and internal (inter-Palestine) conflicts. Our teams offer patients short therapy to ease their psychological suffering. The patients can be referred to MSF doctors and social workers, or to other facilities and assistance organisations, according to their needs.

Whilst there are fewer deaths caused by the Israeli-Palestine conflict in Naplouse, the psychological abuse continues, generating violence in its turn. Our teams have found that the sources of tensions in the area have changed over the past year. The violence is increasingly due to the forced cohabitation between Palestinian villages and neighbouring Israeli settlers.

MSF has been working in Naplouse since 2004. During a six-month misison, a psychologist will treat some thirty patients and around 300 new patients are taken on each year. More than 2,100 psychological and 821 medical consultations were conducted in 2009.