My six day experience in the Middle East

Deborah Cohen

The *studentBMJ* editor travels to Israel and the occupied territories, trying to make sense of an impenetrable situation. This is her diary. Photographs by Andrew Aitchison

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I'd always wanted to go to Israel, so I jumped at the chance when I was offered the opportunity to go on a press trip to Israel and the Palestine territories occupied by Israel with Médecins du Monde (MDM), a French medical organisation that has several projects dotted around the area. What bothered me was not security, but how I'd report what I see, and if people disagreed and they're bound to—that I'd be dismissed as a Zionist or a self hating Jew.

Saturday

Accompanying me are Andy Aitchison, a freelance photojournalist, and Michelle Hawkins from MDM UK. Our base is the newly refurbished MDM staff house in East Jerusalem, the predominantly Palestinian part of Jerusalem. Most of the other non-governmental organisations (NGOs) and UN buildings are located in the vicinity. Jean Sébastien Dy, [then] general administrator of MDM in Jerusalem, explains: "The Palestinian areas are friendlier than the Israeli parts, and we're also here to work with the Palestinian community."

Sunday

We receive a security briefing and cream waistcoats displaying the MDM logo for our safety—standard NGO attire. For security purposes and ease of passage through checkpoints, we were all issued with MDM identity (ID) cards.

After the "easy" way in ...

Travelling from Jerusalem to Ramallah, we arrive at our first checkpoint of the day. While we're waiting, diplomats pull up and glide through effortlessly, but our MDM ID cards let us pass through with relative ease.

Movement between the West Bank and Jerusalem is regulated by a system of ID cards. Palestinians living in the Jerusalem area have Israeli issued ID cards. They have access to health care, education, work, and national insurance benefits because they pay taxes in Israel. Palestinians living in the Palestinian territories carry a West Bank or Gaza ID. They need a permit from the civil administration to cross checkpoints into Israel, Jerusalem, settlements, and industrial zones where they work.

At the headquarters of the Palestinian Red Crescent Society (PRCS), public relations officer Reem Wadhan introduces us to the staff. She tells us tales of ambulances collecting women in labour to take them to the hospital delivery suites, only to be held up at a checkpoint, where the women give birth. Ambulances aren't even able to reach the sick person in the first place, she says. They are stopped at the checkpoint. When this occurs they contact the MDM team or International Committee of the Red Cross staff, who liaise with the Israeli Defense Forces (IDF) to negotiate their passage. After the escalation of violence during the second intifada in 2000, the

Map of the West Bank barrier adapted from map by Office for the Co-ordination of Humanitarian Affairs

IDF tightened security and further increased the number of checkpoints, making it impossible for Palestinians in the West Bank to travel freely.

... leaving the hard way

Apparently we've had the easy way into Ramallah, so we leave the "hard way" via the Qalandiya checkpoint. As we pass through, I see the barrier for the first time. Here, 8 metre high concrete slabs form a wall, and on it slogans are daubed in black paint. One reads: "If Hitler were alive today, he'd say: 'Damn, these Jews have exceeded my own expectations.'" Another says:

This is the abridged version; the full version is on bmj.com

"Palestine = one giant concentration camp." And another: "After WWII, you'd think the Jews would be the last people on earth to do to other people like what the Nazis did to them."

Kimberley Crunkleton, MDM's wall programme coordinator, takes us to Abu Dis. Inhabitants of Abu Dis consider themselves to be part of East Jerusalem—many of them have Jerusalem identity cards—but are separated from it by a wall running down the "green line" (the border of Israel established by the 1949 armistice agreements, before Israel took control of the West Bank and Gaza in the six day war in 1967) through the town. Two major Palestinian hospitals, Al-Maqassad and Augusta Victoria, lie on one side, and the main campus of Al-Quds University lies on the other. To cross into East Jerusalem to access medical facilities, patients, doctors, and medical students must obtain a permit from the civil administration.

Kimberley says that before the wall it only took five minutes in an ambulance to reach the hospitals from Abu Dis. However, now most people are transported to hospitals in other West Bank towns. The average transport time by ambulance has increased to over one hour and 50 minutes, she says.

That night we go out for dinner in West Jerusalem—the Israeli part. For security we go to a restaurant patrolled by a security guard carrying a gun. We're searched on our way in.

Monday

Our journey up to the north Jordan valley takes us on Gandhi Highway, the nickname of Rehavam Ze'evi, the assassinated ultranationalist Israeli tourism minister, who supported a transfer policy advocating that all Palestinians be forced into Jordan. We're on our way to Ein al-Beida, a village where MDM runs a mobile woman and baby preventive health service with British medical relief agency Merlin and the Palestinian Union of Health Work Committee (UHCW). It focuses on cancer screenings for women, developmental evaluation for children, nutritional assessments and counselling for families, and personalised health education sessions in the home.

Before we enter the road to the village, a red Israeli government sign warns that Israeli citizens are forbidden from going any further by order of the IDF commander. Entrance is allowed only with permission from the responsible authorities. A multitude of similar signs is dotted around the West Bank.

People don't understand preventive health care

The UHCW team are late. They've been held up at a checkpoint. Although fewer travel restrictions are in place for health workers, I'm told that they can't always move around freely and are often held up at checkpoints. Nevertheless, it's easier for them than patients. Suzanne Abujaadeh, outreach coordinator for the northern West Bank, explains that many Palestinians do not understand the importance of preventive health and will try to access health care only when they are ill. The barriers preventing people from accessing health care easily, coupled with ignorance about primary health care, make outreach preventive schemes crucial to the health of villagers.

Movement restrictions have hampered trade and employment, placed an economic handicap on the

The wall in Abu Dis makes travelling to Jerusalem's Augusta Victoria Hospital (tower is in top left of photo) and Dome on the Rock more complicated

Palestinian population, and have contributed to a decline in general health and nutrition. Elham Aqab, one of the healthcare workers, says that iron deficiency anaemia occurs in over half the young children in Ein al-Beida, as parents sell their fresh produce and feed their children tea and bread.

Tuesday

A day of extremes

Today I get the feeling I'm going to sample Israeli political extremes. I've lined up meetings with Physicians for Human Rights (PHR) and the IDF in Tel Aviv. My first meeting is with Hadas Ziv, the PHR's project director for the occupied territories and MDM's partner on an advocacy project.

She is impassioned about what she considers to be human rights abuses meted out by soldiers and politicians in the Palestinian territories. Hadas acknowledges the right for Israel to protect itself, but she thinks that the barrier should have been a last resort and questions its legality.

Travel restrictions cause health problems

She says many health problems facing Palestinians in the West Bank are a result of the travel restrictions. Ambulances are denied freedom of movement; women in labour are not allowed to pass through, giving birth on the road—Hadas says she knows of at least 40 instances; the number of hospital deliveries has nearly halved since 2000; and in the past two years, the number of stillbirths in West Bank villages, she claims, are up 500%. She also describes incidents when medical vehicles and staff have come under fire. "Medical staff and volunteers have been injured or killed while trying to carry out their medical duties," she says.

I ask her whose responsibility it is to provide health care to the Palestinian population in the West Bank, given that most of the area falls under Palestinian Authority (PA) civil control. She replies categorically: "It's the responsibility of Israel. While Israel occupies the Palestinian territories, it has control of issues central to maintaining adequate health care. As there is no sovereign state taking control of the occupied territories, responsibility under international law rests with the state of Israel." Ultimately, she says, Israel is not willing to pay for the cost of occupation—donors pay for it.

The IDF perspective

Next up is an IDF spokesman, Captain Jacob Dallal. In Israel, the army service is a central part of Israeli public life. Enrolment is a rite of passage into adulthood, and service in an elite unit is a passport to the best jobs in the private sector or a political career.

We're met at an anonymous building on a busy street. As we sit, he opens up the "antiterrorist fence" map. This details the route of the barrier together with statistics and graphs showing how effective it is in reducing Israeli deaths.

A similar fence has surrounded the Gaza Strip since 1996, and, with two exceptions, no suicide bombings have originated from Gaza inhabitants. "It's a barrier. It doesn't physically harm anyone; it doesn't kill anyone. It actually prevents people from being killed." Where Palestinians are cut off from their farmland, "agricultural gates" in the barrier provide access. He says that Israeli liaison officers have built up a rapport with Palestinian communities, helping to coordinate access to farming and health care. He cites a family blocked off from their land by a gate that opens a few times a day. The liaison officer gave the family a key to enable them to attend their land whenever they wanted. "These things never make a newspaper article, but they're done."

I ask about ambulance searches. He mentions an incident in 2002 when an explosive belt was found under a gurney transporting a sick child to hospital. The Red Crescent ambulance, containing the child's mother, brother, and sister was stopped at a checkpoint in Ramallah, and the bomb was found and detonated. "Ambulances have been used as a method of transporting militants, weapons, and explosive devices," he says. Since the incident, ambulances have been checked. "At the end of the day, hundreds of ambulances travel around the West Bank daily. You're always going to hear about the one case out of ten thousand when something happens," he says.

Later that evening Andy returns from his trip riding on the back of a PCRS ambulance. He shows me his photos; in one of them a soldier is checking a pregnant woman with a metal detector.

Wednesday

Nablus, in the north of the West Bank, is surrounded by steep hillsides forming a basin containing the main town area. Bordering the town is a wire fence patrolled

by Israeli soldiers and watchtowers; the two main entrance points at either end are marshalled by checkpoints. As we passed through the Huwara checkpoint, the atmosphere changed; the tension was palpable. I was advised not to mention my surname.

Into Nablus

Ours was the only car queuing to be let through by Israeli soldiers, but we didn't move for about half an hour and watched the soldiers at work. Palestinians of different ages queued behind a fencing barrier to our right, some holding piles of textbooks, others clutching bags of food. Tightly pressed up against each other, people shout angrily as someone pushes in ahead. A few look into our car, their faces blank. By the time we've crossed the checkpoint, only three people on foot have been searched and passed through into Nablus.

Our first stop is the dispensary in the old town. Established in 2002 by Nablus municipality, it's now completely funded by MDM to provide primary health care, medication, and lab tests, but facilities are basic.

Current health problems

Dr Bashar Jaber runs the clinic. Nowadays, he says, he sees a lot of people with mumps and measles, whereas 15 years ago such infections were rare. He puts this increase down to incursions and curfews impeding physical and financial access to health care.

Another explanation I'm given is that boxes of vaccines are denatured as the army search them for explosives. Children have received ineffective injections, leading to a breakdown in herd immunity.

I ask Dr Jaber what the solution is, commenting about the lack of airtime on my dictaphone. He laughs and says "a change of politicians on both sides."

Mental healthcare work in a formal setting ...

A group of four social workers arrives at the Nablus MDM house to receive training from Sylvie Mansour, a consultant psychologist working with the PA to improve mental health facilities, which are in desperate need of developing. Social problems in Nablus have increased both in children and in adults since the second intifada. Domestic violence has escalated as women become the brunt of men's frustration precipitated by unemployment and the perceived futility of the future.

Children truant from school. At best, they ask why go to school when they won't be able to leave Nablus. At worst, they question the value of living. Violence between children has risen too, as they emulate what they witness on television and on the streets, she says.

That afternoon we visit a psychological theatre group at a local school, which aims to help psychologists spot children with mental health problems. Flags are painted on the wall and fly from masts. In the entrance hall, a mural shows a child's face in the centre of a target with "Intifada" written across the top.

Four psychologists tell the open ended fictional story of Zania, a Palestinian schoolgirl, and discuss the narrative with groups of 8-10 year old boys. They give the children pieces of paper and crayons to convey their thoughts about the story pictorially. Palestinian flags are a centrepiece in their drawings, waving patriotically from rooftops and tanks. One child has drawn a duck swimming down a red river, saying that it represents the gunning down of his neighbours. Their houses were then bulldozed and the streets cleaned, forming torrents of bloodied water, he says.

ANDREW ATCHISON

A soldier climbs on board a PCRS ambulance to check a pregnant woman for explosives at the Az Za'ayem checkpoint

I'm told by one of the psychologists that the week before they had to provide an ending to the Zania story—their denouements focus on a grim reality in Nablus, involving politicking and warfare. Another child said that he saw his family and friends gunned down and then their house knocked down by a bulldozer. Children are clearly highly politicised. One child was wearing a knitted jumper, with a black and white *kaffiyeh* clad fighter raising a clenched fist in front of a Palestinian flag.

... and an informal one

That evening, a literary cafe is hosted by Bassam Marshoud, a psychologist, on behalf of MDM. The idea is to encourage Palestinians to talk about their thoughts and feelings that are evoked by writings. Reading today is Palestinian poet and academic Muhammad Rishah, whose poems focus primarily on the conflict. The audience is mainly men, who draw deeply on hookahs containing a flavoured tobacco. The cafe owner comments that he's relieved that crack isn't available in Nablus—he thinks people would turn to it to numb their pain.

Thursday

We're off to visit Battir and Husan, villages just outside Bethlehem, as MDM also runs women and child health projects in the south of the West Bank. Under current plans, the barrier will jut into the West Bank and loop around the tomb of Rachel (a Jewish matriarch), located near the entrance to Bethlehem, to annex it to the rest of Israel. This will encircle the villages, cutting them off from Bethlehem.

Specific health problems affecting women

In Husan, I meet Vickie Ibrahim, the southern West Bank project coordinator, at the woman and baby clinic. Husan and Battir have their own specific set of health problems and needs. Vickie highlights early marriage and intermarriage between relatives as causing problems for women's health—problems, she says, that have escalated since 2000. Vickie accuses some of the check-point staff of transgressing Palestinian customs by asking girls to remove their hijab. Families, not wanting to see their daughters undergo humiliating behaviour, keep them in the village and marry them off instead.

Vickie says intermarriage has brought with it an increase in associated genetic conditions. Four per cent of the population have thalassaemia, and congenital conditions run at about 12% in the villages.

Later that afternoon, while travelling to meet Shmuel Shapira, the deputy director general of the Hadassah Hospital in Jerusalem, I pass by Yad Vashem, the haunting Holocaust memorial.

Victims are treated without discrimination

Before entering the hospital, I pass through a metal detector and guards search my bag. A beautiful Mark Chagall stained glass window overlooks the process from the hospital wall. Security measures have been stepped up since the Mount Scopus campus was attacked with Molotov cocktails, killing six people and injuring 79, and has become the scene of regular attacks.

Dr Shapira meets me in the atrium. The main waiting area is crowded—orthodox Jews are sitting next to Muslims. As head of the "terror team," Dr Shapira has plenty of first hand experience of the consequences of

Children from the Balata refugee camp in Nablus show off their toy rifles

suicide bombs. The hospital treats up to 40% of terrorism victims in Israel, he says. "We treat victims without discrimination. We take them whether they are Israelis—Jews or Arabs, anyone."

He talks about some of the suspected terrorists he's treated and how suicide bombers have lain on a hospital bed next to their victims. Almost 1000 Israelis have been killed and 8000 injured in the past four years. "You extrapolate that for the United Kingdom," he says.

Dr Shapira describes the hospital as "an island of sanity in a sea of insane violence."

"A sick person is a patient, no matter who he is"

"Treating people is part of the Jewish tradition. Even orthodox rules say that you can break the *Shabbat* to treat a person," he says. "A sick person is a patient, no matter who he is. In the IDF medical corps, someone can belong to the enemy, but the minute they are sick or injured, they're your patient and not the enemy any more."

Friday

In spite of the torrential rain, I venture out to see the sites that are in part at the centre of the conflict. The old city is home to the Western Wall, the Dome of the Rock, and the Church of the Holy Sepulchre, all confined within a walled area measuring about one square kilometre.

As it's a Friday, Muslims hurry down the labyrinthine paths to pray at the al-Aqsa Mosque, which sits just above the praying Jews at the Western Wall. A short walk along Via Dolorosa the church marks the site of Jesus' crucifixion, where Christians spend time in silent contemplation. The religious fervour is overwhelming.

Some light relief?

Breaking the intensity are traders, desperate to flog some of their gear—nylon *kaffiyehs* made in China, rubber Osama bin Laden key rings, bronze Judaic memorabilia. One shopkeeper tells me that trade has dried up, as tourists are too frightened to come to Jerusalem. If it's a ploy to fleece more money off me it works. After a week of scrutinising every sentence, trying to soak up every detail, listening to political outpourings, I appreciate the mindless banter.

Competing interests: None declared.