2009

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The Humanitarian Crisis in Gaza: A look at the health infrastructure before, during and immediately after the December-January attacks

Khalil Qato

Far too often during international conflicts political turmoil dominates the headlines, thus drawing attention away from the humanitarian consequences. The Israeli/Palestinian conflict is no exception. As the ongoing occupation of the West Bank and Gaza by Israel has continued since 1967, the overwhelming storyline has focused primarily on a political solution, often overlooking the degradation of health and human rights under occupation. In 2006, after the Islamic Resistance Party, Hamas, won the Palestinian legislative elections, the Gaza Strip and West Bank were under an Israeli-led international embargo. These sanctions restricted the movement of goods and people in and out of Gaza and the West Bank. In 2007, the sanctions intensified in Gaza after Hamas withstood a coup attempt by rival and Western-backed party, Fatah. Afterwards, Hamas took over governance of the Gaza Strip, while Fatah controlled the West Bank. Israel, which has said it will not negotiate with the democratically elected Hamas government, placed even stricter sanctions on the Gaza Strip, while easing them in the West Bank. This attempt at using collective punishment as a means to pressure the ruling Hamas party in Gaza has led to significant deterioration of health and health care, and has further compromised hopes for peace.

In contrast to other impoverished countries where humanitarian needs are generally being met, Gaza is a humanitarian black hole - while humanitarian aid is provided, it all too frequently does not reach the people in Gaza due to Israeli restrictions. Geographically, the Gaza Strip is one of the most densely populated areas in the world, with 1.5 million people crammed into 365 square kilometers. Due to underdeveloped infrastructure and unreliable electricity and water supplies, 1.5 million Gazans face a daily struggle to survive. Due to the blockade’s restriction of movement, patients have been unable to travel to neighboring Egypt or Israel to access specialty care unavailable in Gaza. Furthermore, the blockade has severely limited the transportation of food and medicine into Gaza, and hospitals continue to be low on funds due to the financial embargo. This has led to a serious shortage of drugs and medical equipment. According to the World Health Organization (WHO), the political divisions between Gaza and the West Bank are also having a serious impact on drug stocks in Gaza. The West Bank Ministry of Health (MOH) is responsible for procuring and delivering most of the pharmaceuticals and medical disposables used in Gaza, however, stocks are at dangerously low levels. According to UNICEF, as of mid-November 2008, 20% of 473 essential drugs were at “zero level”, compared to 13% in mid-September, and 11.5% in mid-August.

In hopes of easing the restrictions on the Gaza Strip, Hamas and Israel agreed on a ceasefire in June 2008, allowing for humanitarian assistance to enter Gaza in exchange for no violence between the two sides.Israel breached this agreement five months later by killing six Palestinians on November 5 in an attack inside the Gaza Strip. After this truce collapsed, Hamas responded by firing low-grade rockets into Israeli villages near the border. The Israeli government then put an even tighter grip on the entry of food supplies and medicine into Gaza, where stocks of medical equipment were already very low due to the previous blockades.
On December 27, 2008, Israel began an onslaught against Palestinians in Gaza that killed 1,440 Palestinians including 418 children and 108 women, leaving 5,450 injured in a matter of 25 days. This massive toll on human life put immense strain on Gaza’s health care infrastructure. According to WHO, eight hospitals and 26 primary health care clinics were damaged during the attacks. With a total of only 2,000 hospital beds in Gaza and over 5,000 people injured, the hospitals were completely overwhelmed. The medical facilities were also affected by power cuts and fuel shortages, and they were forced to rely on back-up generators and fuel from the UN Relief and Works Agency (UNRWA).

The lack of medical supplies was exacerbated by the inability to get the few available supplies to where they were needed due to security issues. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), the hospitals are “on the brink of collapse” due to overstretched ICU’s and medical staff working extremely long hours under difficult circumstances, compounded by a lack of electricity, fuel and medical supplies. Furthermore, the number of trucks with medical supplies allowed entry into Gaza each day dropped from 24 on December 30, 2008 to only seven by January 6, 2009.

During the attacks, the United Nations passed a resolution expressing “grave concern at the deepening humanitarian crisis in Gaza”. According to UN Humanitarian Coordinator for the occupied Palestinian Territory, Maxwell Gaylard:

“...movement within the Strip is a severe challenge. Ambulances and medical workers are facing increasing difficulty reaching the wounded, and some have been killed in doing so.”

Difficulty in getting UN staff in and out of combat zones prompted the UNRWA “to put into effect a suspension of staff movement throughout the Gaza Strip.” The decision came after UN relief workers came under attack by Israeli forces. According to the Palestinian Ministry of Health, through the week of January 1, 2009, six medical staff were killed and 30 injured, with 11 ambulances being hit.

In addition to the high death toll and weakened health facilities, concerns have been raised regarding the long-term effects of some of the unconventional weapons that the Israeli forces used. Dr. Mads Gilbert, an emergency medicine physician and member of a Norwegian triage medical team volunteering in the Gaza Strip during the attacks, discussed in an interview his concerns over the use of the highly explosive Dense Inert Medical Explosives (DIME), which are made out of a tungsten alloy:

“On the long term, these weapons will have a cancer effect on those who survive....some research [has shown] that these weapons have a high tendency to develop cancer. So they kill and those who survive risk having cancer.”

White phosphorous is another questionable weapon employed by the Israelis on Gaza’s civilian population. It has a significant deleterious effect that can severely burn people and set structures, fields, and other civilian objects in the vicinity on fire. The uses of these bombs violate the Geneva Treaty of 1980 which prohibits the use of white phosphorous in civilian areas. The possibility of phosphorous bombs being used as precision weapons is impossible in a highly dense area such as the Gaza Strip, guaranteeing that civilians will fall victim to these dangerous weapons. Human Rights Watch believes that it violates the requirement under international humanitarian law to take all feasible precautions to avoid civilian injury and loss of
life. As a result of the use of DIME and white phosphorous, Dr. Gilbert has expressed fear that Gaza has been a “testing ground for new weapons” by the Israelis.

As I write this article, a shaky ceasefire has taken effect, and humanitarian aid is slowly trickling back into the Gaza Strip. The death toll continues to rise as bodies are being discovered beneath rubble, and the strain on the health care system persists. While political turmoil may continue to cause violence in the region, it is imperative that all parties take whatever measures possible to prevent civilian death. There is no excuse for an attack on medical facilities or medical personnel or the prevention of health-necessities from entering the Gaza Strip. The health problems in Gaza were only intensified as a result of the December-January attacks; the root cause of the health crisis in Gaza is the longstanding occupation and limitation of humanitarian aid into the area. Israel’s continuous and unyielding obstruction to the health of Palestinians combined with its use of unconventional military weapons pervert health, increase morbidity, promote deficiencies in health care delivery, transgress international law and ultimately make peace in the region less likely.

REFERENCES