

Women's health under occupation

Paper presented by Zahira Kamal, Director General of the Directorate of Gender Planning and Development, Ministry of planning and International Co-operation, PNA

To
The 9th International Women's Health Meeting at York University –Toronto, Canada
August 12-16 in Toronto, Canada

Introduction

The current Intifada is a direct response to people's frustrations after 34 years of Israeli military occupation of the West Bank, Gaza and East Jerusalem. More specifically, it is a manifestation of the public's general disillusionment with the Oslo Accords. After seven years of the peace process, the military occupation remains, settlement activities have increased, and Israeli governmental policies continue to stifle Palestinian economic and political life.

The second Intifada began on 28 September 2000, as a result of the provocative visit of minister Ariel Sharon to the Haram Al-Sharif in Jerusalem. He arrived at the Muslim sanctuary with 1,500 heavily armed Israeli security forces. The next day, these forces responded to Palestinian protests against Sharon's visit with excessive force, firing tear gas, rubber-coated metal bullets and live ammunition at worshipers and protestors. Around 200 civilians were injured and six killed. Demonstrations and clashes erupted throughout the West Bank and Gaza Strip in direct response to the killings in Jerusalem, and Palestine entered into a state of emergency as Israeli aggression against civilians intensified. The Israeli army continues to escalate its deadly use of force, attacking men, women and children with tear gas, rubber-coated metal bullets, explosive high-velocity ammunition, anti-tank missiles, tank shells and attacks from helicopters gunship and F-16s.

Israel's policies during the Intifada have led to devastation and disruption in all areas of Palestinian life. From 29 September 2000 until 22 July, 2002, **1,761** Palestinians were killed¹, and about 20,000 injured². Approximately 2,000 of those injured will be left permanently disabled, 500 of whom are children according to an estimate by the Ministry of Health.

As of July 22, 2002:

- **Of those killed, 85,3 % were civilians.**
- **4% of those killed are women.**
- **361 (21,1%) of those killed aged 18 or younger .**
- **776 Palestinians were killed by live ammunition, 302 were killed by missiles and tank fire, 10 were killed by tear gas, and the prevention of medical treatment led to 50 deaths, 131 were assassinated.**
- **45 were killed by Israeli settlers.**

In conjunction with its excessive use of force against civilian demonstrators, the Israeli government has systematically destroyed houses, industrial plants and orchards. Furthermore, it has imposed various collective punishment measures which have served to choke the physical, mental, political, economic and social life of Palestine. The Israeli government has imposed arbitrary curfews preventing Palestinians from leaving their

¹ 714 were killed during the period February 1, and 30th of July.

² Figures are from PRCS field posts & EMS operation.

homes. It has also imposed a strict internal and external border closure, which has severely restricted mobility between the West Bank and the Gaza Strip and between the cities and villages throughout the Occupied Territories.

The Economic Effects of the Closures

The closures imposed by the Israeli military forces violate freedom of movement in Palestine, which is now made up of 220 discontinuous geographical entities. Hundreds of Israeli checkpoints have been erected at entrances of Palestinian villages and cities, and the Israeli government imposes frequent and lengthy closures of the Gaza international airport, the borders with Egypt, Jordan and Israel and the "safe passageway" between Gaza Strip and the West Bank. The closures have prevented Palestinian workers from reaching their workplaces (whether in Palestine or Israel), exporting Palestinian products, and importing raw materials, such as basic food supplies and basic building materials like cement. On many occasions, fuel supplies have been stopped as well. That led to:

- **GNP has been DROPED BY 51%.**
- **Israel prevents 300,000 Palestinians from going to work, resulting in a daily income loss of \$6,250,000.**

The unemployment rate is now 67% in Gaza and 48% in the West Bank.

66% of Palestinians now live in poverty (earning less than \$2 per day) a number that has more than doubled since before the Intifada.

- **50% need to borrow money to purchase basic foodstuffs, selling their assets to do the same.**
- **30% of children under 5 years old suffer from chronic malnutrition and 21% from acute malnutrition, a huge increase since survey was last carried out in 2000 when the figures were 7.5% and 5% respectively³.**
- **Total income losses to the Palestinian economy are estimated to be between \$2.4-3.2 billion. This number includes income only and does not take into account the cost of destruction of public and private property.**

Because of the unemployment caused by Israeli measures, many families are now unable to afford their basic living needs including food supplies, medication and other health care needs (half of the Palestinians population has no medical insurance). This economic hardship will have severe long-term effects, especially for the most marginalized groups including women, children, the elderly and the handicapped.

³ USAID and John Hopkins University report.

Health Consequences

Palestinians in the West Bank and Gaza Strip have suffered from numerous direct and indirect health consequences of the Israeli attacks and collective punishment measures. Obviously the direct health difficulties Palestinians face includes the deaths and injuries that occur on a daily basis from Israeli aggression. However, Israel's policies of collective punishment also have severe health consequences. Closures prevent Palestinians from accessing health services, and approximately 70% of the population is cut off from hospital care for weeks and months on end. Closures also prevent medical staff from reaching clinics, especially those located in the isolated, rural areas which are most affected by the closures. Sometimes Palestinian doctors and community health workers cannot pass through particular Israeli military checkpoints for days or weeks, even when they show identification that clearly marks them as medical personnel (non – attendance due to closure has been reported at 35-40% in some cases). The United Nation Relief Works Agency (UNRWA) has hired 100 new staff members, and reports an increase of 6000 hours of extra work.

Ambulances are also often denied passage through checkpoints (UPMRC reports that during the Israeli invasion their ambulances were stopped 3 times daily. Mobile clinics have been highly obstructed due to the total blocking of all access roads; the medical staffs are forced to carry the equipments over the checkpoints posing risks to both personnel and equipment. In addition, ambulances were attacked and damaged, PRCS reports 188 attacks on its ambulances, damaging 80% of its fleet.

During the latest invasion UPMRC reported on daily attacks, detentions and humiliation of their staff; on several incidents medical staff were forced to strip and lay on the ground and were severely beaten. Other incidents: On 25 January 2001, four PRCS medics were intercepted at a checkpoint, forced out of the vehicles, stripped and searched, before they were beaten and humiliated for over four hours. On 16 May 2001, PRCS reported that three medics were detained at a check point; were they were beaten, kicked and humiliated for over one hour. One medics hand was broken, their medical supplies and boxes were taken from the vehicle and emptied outside.

As a result of that attack on medical personnel, 8 medical personnel have been killed while carrying out their duty. 162 PRCS & UPMRC medical personnel injured and 254 attacked (shot at, beaten etc) by the Israeli army.

Medication Shortages; Israeli soldiers regularly denied access to staff and vehicles transporting medication and laboratory supplies to Palestinian villages. As a result, there is now high demand for specific medications in the most isolated areas of Palestine, especially drugs for patients suffering from chronic diseases. Patients with chronic diseases such as diabetes, cancer and heart disease need regular monitoring and follow-up care. Inability to access specialized care centres or inability of doctors and health staff to reach clinics means that these patients are not getting the follow-up care they need. In addition, because they cannot reach the clinics, patients cannot purchase necessary medicines. We have seen patients try to "stretch" their medications (i.e. take less than the recommended dosage each day in order to make the supply last over more days) and suffer complications as a result.

Women and new born children are affected

Access restricted or denied to health centres or hospitals. There are numerous documented cases of women delivering their babies at checkpoints, suffering miscarriage because Israeli soldiers denied them access to health facilities, patients dying at checkpoints because of heart troubles, and patients with renal failure and cancer patients dying for lack of access to treatment. Furthermore, due to road closures and travel restrictions, many patients referred for follow-up or specialized care cannot reach secondary and tertiary care centres to get the services they need.

Palestinians have faced numerous obstacles to obtaining health care such as:

- Disruption of Antenatal care. A majority of pregnant women who used to give birth with the attendance of a doctor or a midwife are now unable to do so, thus risking the lives of the mother and the infant. The percentage of pregnant women unable to access antenatal care is nearly five times higher now than before September, 2000 (20% as compared to 4%). There has been a 100% increase in home deliveries, and a shocking 56% increase in stillbirths since the Intifada began (Figures from the Ministry of Health).
- UNRWA reports 39 cases of child birth at checkpoints. 58% increase in number of still births (particularly in Jenin and Hebron areas). Also it reports 52% decrease in women attending post-natal care (of the 90% of women attending pre-natal care pre-intifada), and a 31% decrease in new acceptances on their family planning scheme.
- Another main concern is Women in labour, without access to medical or nursing help, having to deliver children at home under very difficult conditions and without the needed assistance, risking their lives and the life of their children. The longer the strict siege is maintained the higher the risk of labour and childbirth complications; which can lead to death, disability and much human suffering, and the higher the possibilities of infectious diseases spreading in these communities, and those do not pay attention to political boundaries.
- Interruption of vaccination program. UPMRC and The Ministry of Health work together in operating mobile teams to deliver vaccines to small, remote villages. This work is at risk because of the closures. The Ministry usually transports vaccines to health centres in a special cold chamber vehicle, which is necessary because many vaccines are heat-sensitive and will expire if they are not kept cold. Israeli soldiers have regularly turned away this vehicle and the vaccines cannot reach our centres. This is creating a vaccine shortage and there is a serious risk of disease outbreaks, such as mumps and measles in children.
- Infant, school children and pregnant women's vaccination schemes have also been either severely interrupted, or halted altogether during the past 18 days. According to Dr. Samia Halileh, a practicing paediatrician and faculty member at the Institute of Community and Public Health at Birzeit University, one of the most dangerous diseases affecting newborns if adequate vaccination is not available or

completed is tetanus. Usually infants are given the vaccine three times, at intervals of two months each and beginning at the age of two months, in addition to a booster at 12 months. The interruption of such a schedule during infancy, even for a period of tetanus if exposed to these deadly spores. This is especially true of cases that have never received the vaccine, but also includes those who have missed taking the full three doses on schedule as well as the booster. Note that the fatality rate for tetanus is in the order of 90%.

Pregnant Women are In Danger

1. Rana Al-Jayyousi from Azzoun village, who was in labor, died after Israeli occupation forces prohibited her from crossing the checkpoint, in order to reach the UNRWA hospital in Qalqilia. Rana suffered from internal bleeding which led to her death as well as her baby. The occupation soldiers not allow the ambulance carrying the bleeding mother to pass, the ambulance was then forced to return back to Azoun were the mother and the baby died in a Red Crescent clinic. Army soldier were watching close to the check point.

2. A woman from the village of Deir Abu Deif in her 6th month of pregnancy aborted her baby when settlers shot at her car.

3. In the village of Beit Dajan, Israeli forces made a woman in labor wait at a checkpoint for many hours. She was ultimately denied access to the hospital and delivered a stillborn baby. The mother suffered from a nervous breakdown.

4. Dr. Ali Sha'ar, reports that his wife began to go into labour at 32 weeks of gestation, two nights ago at around 4am. They live in the occupied and curfewed city of Nablus. He immediately called for an ambulance. By 6 am, he managed with a doctor friend of his to deliver the baby successfully. The baby cried, and looked healthy, but being premature he urgently needed inceptor facilities. Dr. Sha'ar and his friend did every thing possible to maintain the baby without inceptor while awaiting for the ambulance that never came. As twice, the ambulance personnel reported trying to reach Ali and twice being shot at, resulting in their return to the station. By 11am, the child began to suffer from apnea, and eventually died at 1pm.

5. On July 10, 2001 Firial Dies, 38 years old and a mother of two children, in her ninth month of pregnancy. When the time of giving birth get closer she left her village with her husband and her mother in law heading to Shiffa' Polyclinic in Tubas city passing through Israeli checking-posts. They were detained for more than two hours, which led to the birth of the child at the military checking-post. Unfortunately, the child died immediately and Firial was about to loose her life while giving the birth.

- Psychological trauma; the least documented, but perhaps the most long-term and devastating effect of the aggression is the psychological trauma that people, especially children, are experiencing Shooting, Explosions and Destruction of Property and Institutions Close By * 59% of respondents reported that they lived a

lot of that and practically all of the time, that is 6363 households and 32,450 persons. * 29% reported a lot of shooting most of the time that is 3127 households or 15,950 persons. * 52% reported hiding in fear, lack of sleep and mental distress, that is, 5607 households or 28,600 persons. * 52% also reported considerable destruction in their neighbourhood that is 5607 households or 28,600 persons. * 28% reported that their home was directly exposed to shooting, bombing and destruction that is, 3020 households or 15,400 persons. * 41% of the households reported that their homes were searched by the IDF, that is, 4421 households or 22,550 persons.

- House demolition, destruction and detonation: Since the beginning of this re-occupation and curfew, detonation in deferent cities and villages was heard every single day and night, leaving homes without doors, broken furniture and equipment, and in many instances, with valuables stolen. The loss of home is not merely a physical loss, as it has important consequences on health, specially the heath of children, older people and the disabled. Some of the communities that have been most affected have been dislocated more than once, leaving behind essentials and belongings, and have taken refuge in villa⁴ges or in homes of extended family members and friends. As women are the care taker of children, older and disables as well as the house hold they are the mostly affected by the loss of homes physically and psychologically.
- Unavailability of basic services; electricity and water; are essential for health and well being. What seems like a deliberate cutting of those two services have been the subjects of numerous reports. In Ramalla alone, over 100,000 people in town and surrounding of the Electricity company, serious harassment, and shooting at crews attempting to fix the different levels of damage, from power feeders to cut off cords and broken poles, even when approval to move around and fix villages remained without electricity for an entire week. According to the chief Engineer the damage was obtain from higher echelons of the Israeli Defence Force, has led and continues to lead to interrupted severely.
- Sanitation; since the beginning of this incursion, and curfew, two outstanding sanitary problems remain unresolved. People are facing troubles either with blown up water pipes or the usual emptying of cesspits at 9% each. The garbage problem was serious, with 95% facing a problem getting rid of household garbage, with 91% explaining the problem in terms of the municipal services coming to a halt during the curfew and 9% reporting the inability of even dumping the garbage outside the home, as the curfew was very strict; in these households, garbage piled up inside the home during the extended curfew. That creates legitimate fears of potential health crises in the country.

In the eyes of the average Palestinian, our society was effectively left at the mercy of a hostile state that continually violated, and with impunity, almost every law in the

⁴ Rita Giacaman, A population at Risk of Risks; No One is in a healthy State in Palestine, institute of community and public health, Birzeit University, April16,2002.

book regarding the behaviour of states in the armed conflict through out the Israeli illegal and endless occupation. Because, the Palestinian community feels at present that it has nothing more to loose, having no effective Palestinian state to defend their interests, nor an effective international third party to insure the respect of the law, desperate elements in Palestinian society felt they had no choice but to restore to their own means for self-defence. The continued violations of every principle and law that deals with the conflict by the state of Israel have resulted with a likewise violent response by Palestinian non-state actors. This cycle of action and reaction has allowed the Israeli state in the name of self defence to use formal state military strategies and means against non-state actors, leading to a level of violence that must be controlled if not to preserve lives, at least to insure regional and global stability.

The Palestinian society is a vibrant society, we have managed to sustain ourselves and survive extreme hardships for over fifty five years. However, our Palestinian people have been yearning for too long for peace and security. We have been yearning to move around freely without having to ask permission from young gun-toting Israeli soldier who are placed practically at our doorsteps. We have been yearning for too long for the time when we do not have to worry about our children and particularly our teenaged male children going back and forth safely to school. We have been yearning too long to be able to run our political and economic lives without the occupation constrains. We have been yearning for the need of security where we do not have to worry about being thrown in jail for exercising our right of self-expression and self-determination.

We believe that peace is possible in the Middle East as it was in other places in the world. We believe that the Palestinian societies and the Israeli society as well, had a strong desire and need for peace. We believe that we are able to work out our relationship and live with each other or next to each other in peace and harmony. We know that women are strong and resourceful people, we are looking forward for your help to bring a new understanding to the situation in the Middle East, and to approach peace building in a way that will promote long-term stability.

References

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Figures are from PRCS field posts & EMS operation.

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