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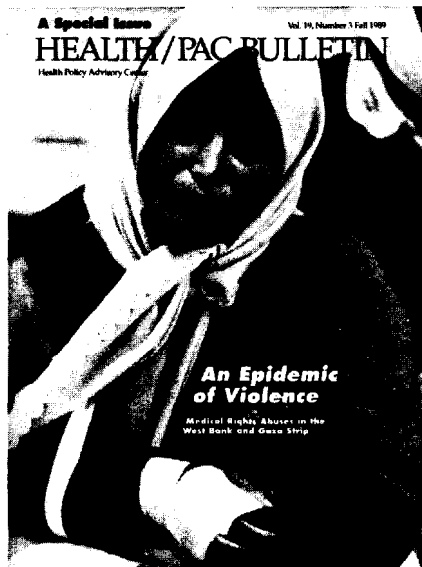


***An Epidemic
of Violence***

**Medical Rights Abuses in the
West Bank and Gaza Strip**

Health Policy Advisory Center

Since its inception in 1968, the Health Policy Advisory Center—known as Health/PAC — has served as a unique progressive voice for changing consciousness on domestic and international health priorities. Through the *Health/PAC Bulletin* and the books *Prognosis Negative* and *The American Health Empire*, and in its outreach to a national network of grassroots activist groups, Health/PAC continues to challenge a “medical-industrial complex” which has yet to provide decent, affordable care.



Design Sheila Kwiatek, FlowerGrafix

Front Cover Palestinian woman in Balata Camp, West Bank, whose hand was broken by Israeli soldiers. Bill Biggart, Impact Visuals.

Back Cover Beita resident, shot in the head by an Israeli settler, dead on arrival at hospital. Neal Cassidy, Impact Visuals.

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Breaking the Cycle of Violence

The violence that engulfs the people of Israel and the Palestinians living under Israeli occupation is all the more tragic because it fuels a cycle of anger and distrust. Each new death or injury further blocks the way to peace and health for both peoples.

In February of 1988, the U.S. organization Physicians for Human Rights (PHR) sent four of its members on a fact-finding mission to gauge the health and medical consequences of the Israeli Defense Force's efforts to control the unrest in the West Bank and Gaza Strip. The group's findings revealed a disturbing pattern of abuse by the members of the defense forces. Their report makes clear that the health and medical rights of men, women, and children are being grossly violated. The violations take two forms: excessive use of force, which results in death or injury, and interfering with the sick and injured's access to medical care.

To focus attention on these violations, and to help speed their end, we offer major excerpts from PHR's report, "The Casualties of Conflict." Physicians for Human Rights is a national organization of physicians committed to documenting and stopping human rights abuses worldwide. We are grateful to the organization for allowing us to condense its report and especially to its executive director, Jonathan Fine, for helping us contact the other physicians and peace advocates who generously contributed articles to this special issue.

To provide balance, we also include excerpts from the Israeli government's official rejoinder to the "Casualties of Conflict." In an effort to broaden the government's response, in late July I wrote to the Minister of External Affairs at Israel's Ministry of Health in Jerusalem asking the government for an article clarifying and expanding on its position regarding the issues raised in the report. I later made a separate request for a written response from the health ministry through the Consulate General's office in New York. As of early November, the ministry had not replied.

In the final articles, we hear from three writers who are working to bring peace to the region. Ruhama Marton, an Israeli physician, writes about the mutual efforts of Palestinian and Israeli doctors to safeguard human rights amidst the violence. Moustafa Barghouthi, a Palestinian physician, reports on the organizational work of Palestinian health professionals who, while providing health services in the face of occupation, are also working to rebuild a national Palestinian identity. Gail Pressberg, the

director of the Foundation for Middle East Peace, a non-profit, educational organization, concludes the discussions by examining the roots of the violence and advocating one widely discussed approach for ending the conflict.

Readers wanting to learn more about human rights abuses in the West Bank and Gaza Strip may be interested in recent factfinding reports issued by the Lawyers Committee for Human Rights and Amnesty International. These organizations, like PHR, play a crucial role in exposing government violations and bringing international pressure to bear on human rights offenders. As always, health advocates are critical allies in such efforts.

—Joe Gordon, Executive Editor

X-ray of the head of a Palestinian teenager shows six rubber bullets embedded within the face and neck. The widespread use of rubber bullets by Israeli soldiers has seriously injured many people during the intifada.



Physicians for Human Rights

Why We Went to Israel

Jonathan Fine, Physicians for Human Rights

From the onset of the intifada in December 1987 until the present, the Israel Defense Force has met organized peaceful protests, stone throwing, and intermittent firebombing by Palestinian youths with the use of live ammunition and other lethal and sublethal weaponry, the intentional beating of many hundreds, the imprisonment of thousands without trial or even the filing of charges, the demolition of homes as a form of collective punishment, forced exile of communal leaders, the suspension of educational opportunity for most youths, and the perpetuation of many forms of economic, social, and political discrimination. While stones, rocks, and firebombs must be condemned as crude weapons which may cause disabling and even lethal injuries, the disproportionately harsh methods of the IDF have resulted in far greater morbidity and death: to date, more than 500 have died and over 30,000 have been wounded.

As the executive director of Physicians for Human Rights (PHR), I visited Israel and the occupied territories in January 1989 to see the health consequences of this conflict through both Israeli and Palestinian eyes. PHR, a national, non-profit organization of health professionals, had sent two prior missions to Israel. Our organization's goal is to focus attention on the health effects of human rights abuses and to bring medical, psychiatric, and public health skills to prevent human rights violations wherever they occur.

Since its founding in 1986, PHR has undertaken 22 overseas missions to 11 countries. These include Chile, Czechoslovakia, Kenya, Malaysia, Panama, Paraguay, the Republic of Korea, Turkey (concerning the use of poison gas by Iraq), and the Soviet Union, as well as Israel.

In February 1988, PHR sent four physicians to report on the medical consequences of the police and military actions in the West Bank and the Gaza Strip. The mission resulted in our report, "The Casualties of Conflict." The findings of the PHR team received a great deal of attention internationally. To our knowledge, our mission was the first by a U.S.-based national human rights organization to Israel's occupied territories since the beginning of the occupation in 1969.

In August 1988, PHR sent Dr. Robert Kirschner,

Jonathan Fine, a physician, is executive director of Physicians for Human Rights in Somerville, Massachusetts.

Israeli soldiers assist a 28-year-old Israeli army reserve soldier shot in the head twice at close range in Bethlehem, West Bank.



Cristine Grunnet/Reuters



Deputy Medical Examiner of Cook County, Illinois, to investigate the deaths of two Palestinians in detention and to meet with the chief forensic pathologist of Israel, Dr. Maurice Rogev. However, on that occasion Dr. Rogev refused to see Dr. Kirschner "on higher orders," and no second autopsies were allowed. Since that time, PHR has revisited the occupied territories to conduct a series of forensic investigations at the request of the families of the deceased and the West Bank human rights organization Law in the Service of Man (Al-Haq). On these occasions, for the first time since the occupation began in 1967, the Israeli authorities allowed independent forensic examinations. PHR has also conducted an initial study of the health services and conditions of imprisonment of the thousands of Palestinian detainees. (A report of the prison health mission is to be published by PHR in fall 1989).

Why so much attention to Israel? There are many egregious offenders worldwide. In fact, during the period of the intifada, many more have been killed in other countries. Virtual genocide has occurred in Somalia, Sri Lanka, and Iraq.

The honest answer is that many of us were outraged by the deliberate policy of administering beatings to break the bones of Palestinian detainees, announced by Defense Minister Rabin in January 1988. The brutality struck home. Some of us are Jews; all of us are Americans. Israel, for many of us, has been not only an ally, but part of our

extended family. Though we never spoke of it at the time, I think many of us felt a special responsibility to document these abuses for the world community.

Within the organization, we had a brisk debate. Overwhelmingly, PHR board members approved of this initiative. Since, a few individuals have criticized our efforts as well as those initiatives of other human rights monitoring groups as "picking on Israel." It is interesting, however, that no one has ever questioned this organization's motives for sending two missions each to Czechoslovakia, Kenya, and the USSR or six to Chile.

Once the first mission to Israel was completed, we found ourselves rewarded, not only by Arab-Americans, whom we came to know and respect, but by many other Americans who shared our sense of restless conscience about not speaking out. Remarkably, we found that not one of over 1,400 members and supporters of PHR throughout the United States resigned to protest our actions.

PHR is also involved in monitoring human rights abuses in the Arab and Moslem world. We have reported on Iraqi use of poison gas against the Kurds and Syrian imprisonment of scores of health workers, and we are currently investigating the imprisonment and torture of Egyptian opposition figures. We intend to continue monitoring human rights abuses in both Arab countries and Israel as long as we may be useful. ■

Rubber bullets collected in Shatti refugee camp, Gaza, June 1988.



The Casualties of Conflict

Medical Care and Human Rights in the West Bank and Gaza Strip

The following excerpts are from "The Casualties of Conflict: Medical Care and Human Rights in the West Bank and Gaza Strip, Report of a Medical Fact Finding Mission by Physicians for Human Rights," published in March 1988. This condensation of the 49-page document is reprinted with the permission of Physicians for Human Rights. The photographs that accompany the text, as it is presented here, are not part of the original report.

"The Casualties of Conflict" is the work of H. Jack Geiger, MD, Arthur C. Logan Professor of Community Medicine of the City University of New York Medical School; Jennifer Leaning, MD, Attending Physician, Brigham and Women's Hospital, Harvard Medical School; Leon A. Shapiro, MD, Associate Clinical Professor of Psychiatry, Harvard Medical School, Massachusetts Medical Center; and Bennett Simon, MD, Associate Clinical Professor of Psychiatry, Harvard Medical School, Cambridge Hospital.

The complete report is available from PHR, as are reports of subsequent missions, including reports on human rights violations in detention camps and prisons in the West Bank and Gaza Strip. PHR is located at 58 Day Street, Suite 202, Somerville, MA 02144, (617) 623-1930.

Authors' Note: The Historical and Political Background

Almost all serious violations of human rights occur in the context of conflict: national, political, social, economic, cultural, ethnic or racial. Whether the conflict involves hostile or competing groups within a single society or conflict between two societies or nations, any investigation of human rights violations must be read in the light of the relevant history of conflict and the broader context in which violations occur. That attempt should neither compromise the investigators' nonpartisan status nor dilute their findings, but it is an obligation of their work.

These general observations apply to the Israeli-Palestinian conflict, and were very much a part of the planning and the conduct of this mission. *Both the Board of Physicians for Human Rights and the four physicians who travelled to Israel, the West Bank and the Gaza Strip from February 4 to 12, 1988, were profoundly aware that the current Palestinian "uprising" and the Israeli response to it were but the latest episodes in a half-century of almost continuous violence, bloodshed, terrorism and counter-insurgency, including three full-fledged wars,*

violations of every sort, and prolonged occupation. We were reminded constantly, both before our departure, in the field and on our return, of that history and its relationship to the attitudes, the behaviors and the events that were the focus of our concern.

It is not possible, in this brief preface, to describe all the complex forces and perceptions which are at work in the current conflict. Any attempt to do so would inevitably result in a balance sheet, the accuracy and fairness of which might be bitterly contested by one side or the other and which might ultimately serve only to distract attention from the principal focus of this report. Nevertheless, during our mission and in extensive discussions during the preparation of this report, we were repeatedly made aware of the importance of these competing viewpoints and urged to describe them as an essential aspect of the context in which human rights problems are occurring.

Among the Israelis, we found perceptions of a nation and a people beleaguered and profoundly vulnerable, vastly outnumbered and confronted by hostile neighbors committed to their destruction, refused recognition by much of the world and surviving only through its own military strength and determination in the face of continuing terrorist assaults. Some of those perceptions are based on a long and harsh reality: more than 40 years of history which are real to every Israeli, and are the prism through which the Palestinian uprising is inevitably seen, although the interpretation of the current hostilities and the definition of an appropriate response varies widely. It is the reason the uprising is viewed by many (though certainly not all) Israelis as a profound threat to national security, simply another stage in the continuing attempt to destroy their country, despite the obvious disparity in military power in the West Bank and Gaza Strip. In this view, the central lessons of the last five decades are that stones are merely the precursors of rockets, force is a necessary response, and a policy of intimidation and subjugation is not merely justifiable but essential. For others, the uprising represents dangerous claims by an enemy to a land they believe, on religious grounds, to be their own. There is also a large and politically active segment of the Israeli population which draws different lessons from the decades of bloodshed, and urges negotiation over issues of land and peace. For this group too, however, national

security and the maintenance of military strength are essential concerns.

Among the Palestinians, we heard similarly fierce and proprietary feelings of lands, villages, cities—homes—lost or threatened. There was an acute awareness of a large population in refugee status, some for as long as 40 years, and a parallel awareness of bloodshed extending through several generations and touching almost every family. A growing nationalism on the West Bank and Gaza Strip, a strongly felt denial of a basic right of the Palestinian people to self-determination, and a decision to take their fate into their own hands, seem to be fueled by a powerful sense of need for political recognition and of effective abandonment by other Arab nations. Terrorism is overwhelmingly defined as Israeli state terrorism, and their own violence as justifiable attempts at liberation. But the central perception, as it was presented to us repeatedly, is of an indefinitely prolonged and intolerable occupation marked by chronic degradation and brutalization, systematic injustice, an absolute denial of their own equal status as humans, and an inexorable attempt to destroy their community and identity through the confiscation of land, arrests, arbitrary detention, collective punishment, economic subjugation and discrimination, and the use of military force.

Both sides, in short, believe that what is at stake is communal and national survival. That belief overwhelmingly influences the actions and responses of Palestinians and Israelis alike, and provides the context in which human rights problems are occurring.

We are aware of other limitations and potential biases in a human rights mission of this sort. The report of an investigation lasting barely more than one week can present a single snapshot in time, inevitably incomplete despite our best efforts to be both comprehensive and fair. Nevertheless, if it is the product of careful investigation and documentation, as we believe this report to be, and if it has been compared with the findings of other nonpartisan and experienced observers, and examined for consistency with events both antecedent and subsequent—as we have attempted to do—it can have real value.

The overriding insistence of human rights advocates must be that there are no circumstances in which the persistent, widespread and major violations of human rights described in this report are acceptable. The belief that initiated this investigation, with full recognition of the historical and political context but with a single-minded

focus on the protection of basic rights, is that the proper understanding and explanation of violations does not constitute their justification. Most things, we know, can be explained; but some things, we believe, must never be explained away. These include the medical and psychological dimensions of human rights violations which are the central concern of our report.

Introduction: The Conduct of the Mission

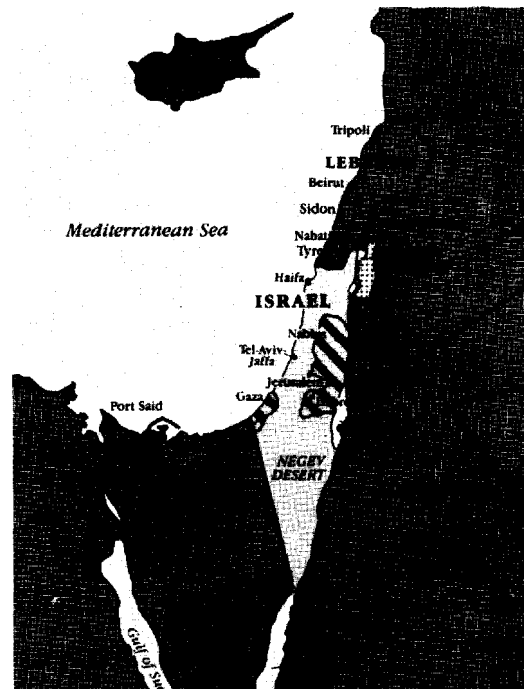
From February 4 to February 12, 1988, our delegation of four physicians from Physicians for Human Rights (PHR) undertook a fact-finding mission to investigate the medical consequences of civil disturbances and police and military actions in Jerusalem, the West Bank and the Gaza Strip.

The major part of our visit was taken up with visiting hospitals, emergency rooms, blood banks, clinics and homes in the refugee camps, Arab villages, towns and cities in the West Bank and the Gaza Strip. Much of that time was spent seeing, examining or interviewing patients and attempting to assess what we knew best, doctors at work with patients and the human rights aspects of medical care. In the course of four days of such field work, we examined and interviewed 103 patients, most of them injured within the preceding 24 hours.

We spoke at length with officials and staff of the United Nations Relief Works Agency (UNRWA) and the leaders of the Union of Palestinian Medical Relief Committees, and made briefer contacts

with the International Committee of the Red Cross and the Palestinian Red Crescent. We interviewed the chief Israeli health officer of the Civil Administration, a branch of the Ministry of Defense, in the West Bank, and met with staff physicians, nurses, administrators and other personnel of the hospitals operated by the Israeli Civil Administration in Ramallah, Hebron and Gaza City. We spoke sometimes at length and sometimes briefly with representatives of a broad spectrum of Israeli opinion, both within the government and private citizens. We talked informally to a few Israeli physicians, some mental health professionals, and at length with Israeli Defense Force psychologists commissioned by the army to survey and report on the effects on soldiers of the present disturbances and the IDF's methods of response. We also spoke with both Palestinian and Israeli lawyers and human rights advocates on issues of human rights violations involving injury, medical care and treatment, and met with Israeli and Palestinian university professors.

We have attempted, finally, to distinguish carefully



between the things we witnessed directly, those that we did not observe but believe to be reliably reported, those on which no final determination was possible, and those which we believe are sources of error or have been incorrectly reported. We understand that, in the intensely political climate of Israeli-Palestinian tension and the continually evolving flow of events, no report can be "final," but the final responsibility for the present report is, of course, entirely our own.

The Medical Consequences of "Force, Might, Beatings"

Our team spent three 18-hour days in the West Bank and one day in Gaza City examining people who had been injured in the uprisings, interviewing physicians and medical staff, observing medical care, listening to histories and reviewing medical records, X-rays and other documents. We visited the emergency rooms and inpatient units of Mokassed Islamic Charitable Hospital in East Jerusalem and three hospitals operated by the Israeli occupying authorities: the hospitals at Ramallah and Hebron in the West Bank and Shifa Hospital in Gaza City. We also spent several hours in the emergency room of Hadassah Hospital at Ein Kerem in West Jerusalem.

We saw patients and staff at the UNWRA clinics at Jalazone, Kalandia and al Am'ari refugee camps, and patients of the Union of Palestinian Medical Relief Committees at Jabalia refugee camp. We also went into homes within the UNRWA camps and examined injured people who had not sought formal medical care for fear of political reprisal, or were recovering from injuries incurred earlier in demonstrations or in Israeli army detention centers.

Of the total of 103 patients we examined directly, three had severe burns due to a household fire and 100 had injuries related to the uprisings. Of these, 72 had been injured within the previous 24 hours and 28 had injuries which had been sustained during the previous two months of the uprisings. Whenever possible, we reviewed medical charts, operative notes, and X-rays. The majority of the patients we saw were young men ages 15-25, but the list included some children, some pregnant women and some older women.

The injuries fell into one of four categories: those inflicted from beatings, from gunshot wounds, from tear gas, or from rubber bullets. Since our survey was predominantly hospital-based, our sample is biased towards

those with more severe injuries. Those with simpler injuries remained in their camps or villages or had been discharged from emergency rooms after first-aid treatment. Among the patients we examined in the camps, 80 percent of the injuries due to beatings were confined to the arms and hands. In the hospitals, beating injuries included the lower extremities and other sites as well.

As a result of beatings, patients incurred either fractures of limbs, soft tissue contusions—deep bruises, lacerations and scrapes, often with bleeding into the muscles—or both. The contusions occurred on the limbs, the upper back and posterior shoulders. In Gaza, each individual patient had been beaten more extensively and a number of patients had also been beaten on the head. Among the 62 patients who were beaten there were 67 serious beating injuries. Of the 67, 40 were in the upper extremities, 18 in the lower extremities, and 9 in other sites on the body.

From gunshot wounds, patients sustained either open comminuted fractures of one or more major bones of the leg, in which the bone is splintered or crushed, with an external wound through which bone may protrude, or complex internal injuries from bullets entering the abdomen or lower back. Of the 26 gunshot wounds we saw, 2 were in the upper extremities, 12 in the lower extremities, 8 in the abdomen, flank or pelvis, and 4 in the head, neck or chest. Eight of the gunshot wounds

had resulted in serious neurological deficits.

Those hit with rubber bullets rather than live ammunition displayed lacerations, abrasions and contusions of the face, upper body, arms and legs, and some had serious eye injuries.

Tear gas injuries we witnessed 24 hours or more after the time of exposure were limited to those caused by shrapnel from tear gas grenades: lacerations, contusions, or fractures of facial bones or, in one case, a direct blow to the face at short range from a tear gas cannister fired from a rifle.

The Systematic Patterns of Injury. Early on, we began to realize that we were seeing a strikingly uniform pattern of injuries, an impression that was later confirmed by a review of all 100 uprising-related cases. One pattern prevailed in the West Bank, another even more severe one in Gaza. Three cases from the West Bank will illustrate this pattern: (1) In the emergency room of Ramallah Hospital, we saw three of four members of one extended family who said they had been attacked in their home at noon,



Judy Janda/Impact Visuals

Dr. Rustom Nammari, Director of Al Mokassed Hospital in East Jerusalem, shows X-rays illustrating damage done to bones by different types of ammunition used by the Israeli Army.



Palestinian demonstration tear gassed. Balata refugee camp, West Bank.

when 12 soldiers broke into their third-floor apartment overlooking the scene of stone-throwing and accused them of throwing stones from their balcony. The family head, a 32-year-old shopkeeper, told us he had been sitting in his pajamas eating soup when the soldiers broke in and "began to beat up the whole family." He sustained two mid-shaft fractures of the bones in the back of his right hand between knuckles and wrist (the metacarpal bones). One younger relative, about 20 years old, sustained a mid-shaft fracture of his right radius, the larger of the two bones in the lower arm, located on the thumb side of the arm. Another relative, about 15 years old, incurred deep bruises of his upper shoulders, both upper arms, and both forearms. The fourth relative had left the emergency room without being registered. (2) At the UNRWA refugee camp at Kalandia, we examined a 50-year old man with deep bruises on his back and shoulders and a mid-shaft fracture of his right radius. (3) At Mokassed Hospital in Jerusalem, we saw an 18-year-old youth from the West Bank who had multiple mid-shaft fractures of the metacarpal bones in his left hand and a mid-shaft fracture of the left radius. He was left-handed.

It is important to understand, in non-medical terms, the significance of this pattern. None of these fractures, in a pattern that we saw over and over again, are of the kind that usually occur when swinging a fist, warding off a blow with upraised arm, or otherwise resisting arrest. They are precisely consistent with widespread press accounts and photographs, television images and eyewitness reports of deliberate assaults by soldiers and police, including assaults on people who are not involved in demonstrations and who have neither

provoked nor are resisting arrest.

A highly effective way to break the metacarpal bones is to force a victim to place his palm against a wall or table and then to hit the back of the hand with club or rifle butt. A highly effective way to break the radius in midshaft is to forcibly extend the subject's arm, outstretched with thumb side up, and then strike the forearm from above, hitting downward with considerable force perpendicular to the long axis of the bone. We noted also that almost all of these hand and arm fractures occurred on the dominant side—on the right in right-handers, on the left in left-handers.

We also noted the significant absence of certain kinds of injuries. We saw no fractures of the collarbones or at the MCP joints (the knuckles), and only one fracture of the ulna (the other bone of the forearm). Almost all of the soft-tissue injuries, the deep bruises with rupture of small blood vessels and swelling, were on the upper back and shoulders and the backs of the arms and legs; we saw no soft-tissue injuries to the chest, the abdomen or the lower back, sites where damage to internal organs can be lethal. In the West Bank, we saw relatively few people who had been hit on the head. Such injuries, in a much more random pattern, would have been expected in free-swinging melees, in people resisting arrest or actively attacking others.

What does all of this suggest, and why is it important? It suggests a deliberate policy of systematic beating designed to disable and not to kill, to inflict maximum damage while reducing the risk of death. It might be easy to regard this as a welcome manifestation of restraint; to us, looking at the flow of patients with similar wounds, it seemed more a planned and purposeful form of brutal-

ization, indiscriminate in choice of victim but precise in choice of injury, adhered to quite consistently at least during the time of our visit to the West Bank.

In Gaza, both the extent and the severity of the beatings seemed worse. Indeed, the word "beating" does not properly convey the literal pounding and mauling with clubs and other weapons required to produce the injuries we saw. In Shifa Hospital, we saw a 40-year-old man, admitted 24 hours earlier, who had been beaten by soldiers and brought to the emergency room semi-conscious, without an appreciable blood pressure. He had fractures in all four limbs: mid-shaft fractures of both bones in his left forearm and one bone in his right forearm, fractures of multiple metacarpal bones in both hands, and fractures of both bones in his right lower leg and both bones in his left lower leg. He also had received 12 scalp lacerations, each 3 to 5 centimeters in length. An examination of his back revealed a continuous area of swollen, bruised and blood-infiltrated tissue extending from the bottom of his shoulder blades to the hips, and from right side to left. We found clinical evidence of right rib fractures and we suspected a punctured lung; air had leaked into the soft tissues and under his skin from an area around his right collarbone, extending up into his neck and lower face. There was a 10-centimeter long vertical bruise on his breastbone. Both legs also had deep puncture wounds. We were shown a broken club, found with his body, around which coils of quarter-inch copper wire had been wrapped, and periodically snipped off to leave sharp protruding points.

Several of the most seriously injured patients we saw had been brought to hospitals from army detention centers, where their injuries had reportedly occurred. On two occasions, young Palestinian men described to us their experiences in such detention centers. They reported prolonged sleep deprivation; being forced to stand outside in the rain for 72 hours; being denied access to bathrooms except for one 10-second period, timed by guards, every 24 hours; beatings; hooding and blindfolding; and denial of access to medical care.

The Numbers: Estimates and Extrapolations. During our three days of observation on the West Bank, we examined 53 cases of newly injured people who were hospitalized or being treated in clinics, for an average of 18 per day. In addition, during our visits to clinics in the refugee camps, we saw approximately 2 cases a day in the West Bank of people who had been moderately injured (contusions, one foot fracture) who had not made contact with the formal medical system. For Gaza, the comparable figures we observed were 15 cases who had sought treatment and/or been admitted, and 2 cases who remained in the camps without formal medical attention.

If we were to assume that these same injury rates had occurred at these same sites on each of the 60 days of the uprising, then—at these sites alone—there would have been 1,200 newly injured cases in the West Bank and 1,020 such cases in Gaza since the start of the uprising, for a total of 2,220 cases of significant injury in the two areas.

That assumption is unlikely, for the intensity of violence and confrontations surely waxed and waned during that time. There were quiet periods and flare-ups, and while shootings were less restrained in December, widespread beatings did not begin until January. On the other hand, our observations constituted only a fraction of the sites



Neal Cassidy/Impact Visuals

Removing section of intestine of Palestinian man shot by plastic bullet. Al-Ittihad Hospital, Nablus, West Bank, November 1988.

that contributed to the overall incidence of injury each day throughout the Occupied Territories. There are approximately 20 hospitals in the West Bank and Gaza Strip, and 28 refugee camps, each with a clinic—a total of nearly 50 sites where people might be brought for treatment of injuries. Our team's observations, on each of our four days in the field, covered only 4 percent of that total. If we make the conservative assumption that we were seeing not 4 percent but 15 percent of the total injury cases (because our visits included large hospitals that were referral sites from other areas), we can arrive at a total injury figure for the two-month uprising well in excess of 10,000 cases.

These figures, we must emphasize, are crude guesses, made simply to establish a range. The basic point is that in just four days we ourselves examined and interviewed 100 cases of uprising-related injury, 72 of them new. Such a volume casts doubt on the comprehensiveness of the 60-day total of 250 injured as reported by the Israeli civil administration. Such a volume also makes credible an estimate of overall incidence that finds casualties numbered in thousands, rather than hundreds. The precise numbers of people who have been and are continuing to be injured may never be known, given the multiple sites of violence and the difficulties always inherent in tracking chaotic conflicts. But in our view, even the lowest numbers—far higher, we believe, than most people have recognized as the consequence of army and police actions—justify the term we have used to describe what has been taking place in the Occupied Territories since December: an epidemic of violence.

Violations of Medical Human Rights

Denial, Delay and Disruption of Medical Care. *At every hospital, clinic, physician's office and UNRWA facility our team visited, we were told with special urgency of repeated instances in which Israeli soldiers and police had refused entry to ambulances, physicians and other health workers trying to reach the victims of beatings and shootings.* These reports were precise and specific. They named camps, clinics, sites, dates and hours, and they were made to us by senior physicians and UN administrators.

The consequence—which we witnessed directly—was that seriously injured people had to be brought to medical care, often with delays of up to 4 hours, in private cars, in the backs of panel trucks, sometimes simply carried in the arms of family or companions. Two instances were cited in which patients had bled to death; we found them believable. We saw patients brought by car to Mokassed Hospital in Jerusalem and Hebron Hospital with serious vascular injuries and chest wounds. Some of these injured might have survived had there been access to a modern, multi-center trauma care system served by an emergency ambulance and transportation network. Instead, there occurred marked delays in bringing people to sites of care, in part because almost all patients were brought by private cars or vans, and in part because improvised, circuitous routes were used in order to avoid army road-blocks, checkpoints and other potential dangers of arrest.

In the midst of a very busy morning at the Mokassed Hospital emergency room, with more than 20 wounded patients arriving in the space of a few hours, the emergency room choked with victims and medical personnel and all five operating rooms in use for patients with gunshot wounds and head injuries, we were told that the hospital's one ambulance had been hijacked by police as it tried to reach the scene of a violent confrontation in East Jerusalem. The ambulance driver later reported to us in detail: police had approached the ambulance with guns drawn, ordered two physicians, an aide and the driver out, and held them at gunpoint. Six policemen entered the ambulance and drove it into the Arab neighborhood, behind the lines of the demonstration. Two members of our team drove directly to the offices of the International Committee of the Red Cross to file a complaint. The message was relayed from the Red Cross to a military liaison officer. After 45 minutes, the ambulance was returned to its team and the crew was ordered to go back to the hospital, still without picking up any wounded.

Other Palestinian witnesses told us that Israeli soldiers repeatedly barred ambulances, doctors and health teams from their work in refugee camps and villages when there were no demonstrations, particularly in communities that had been placed under curfew. At Jala-zone camp near Ramallah on February 5, our team, accompanied by three Palestinian physicians, sought entry. We were stopped at gunpoint at a checkpoint at the camp gate, on a hilltop overlooking the community. Below us, we could see the community and the UNRWA health clinic; it was absolutely quiet. We

waited alongside the highway for the UNRWA medical van to arrive, joined their team of nurse-midwives and nurses, and again approached the gate. The soldiers refused entry. The UNRWA team protested that this was the sixth day in a row in which medical access had been denied. Pressed for a reason, a soldier said, "if the clinic is opened, there will be excitement, people will mill around, there will be trouble." Uncomfortably, he added: "Of course, if anyone is sick, we'll let them out." The UNRWA team pointed out that such patients had no transportation to doctor or hospital, and no money to pay for care. While we talked, a woman labored up the hill from the camp carrying an obviously ill and feverish five- or six-year-old child whose foot was wrapped in a dirty bandage; as she pleaded with a soldier, the child was visibly cold and shivering. We abandoned the attempt to enter, picked up



Rick Reinhard/Guardian

U.S.-supplied tear gas canisters and grenades collected in Shatti refugee camp, Gaza.

child and mother, and drove them to Ramallah Hospital. As we left, one of the soldiers—to whom some of us had identified ourselves as Americans, physicians and Jews—complained about what he called distorted television coverage of the Army's behavior and said, "Look, I don't like being here either."

Violations of Medical Sanctuary: Assaults on Hospitals, Clinics and Physicians. The Chief of Staff and four other senior physicians at Mokassed Hospital told us that on December 26 soldiers fired teargas cannisters into the hospital's front courtyard. The cannisters landed and exploded near the air conditioning intake units. *Teargas was sucked into the neonatal intensive care unit, the delivery rooms and the maternity ward, and hospital staff had to race to turn off the air conditioning, open windows and check the infants for respiratory difficulty.* On January 16, at 7 p.m., they said, four male nurses on their way to work were stopped at the main hospital gate—where patrols of soldiers and police are frequently stationed—and beaten. On January 28, four Israeli soldiers carrying clubs and rifles dashed into the hospital's main lobby, reportedly in pursuit of two boys who had been throwing stones, and—carrying their weapons—entered the maternity area and the neonatal unit, which are located on the first floor. Entry to the neonatal unit routinely requires the wearing of sterile gowns and masks. The soldiers were stopped from going further only after a physician barred their way.

UNRWA field directors and Palestinian physicians on different occasions in Gaza City described an incident in which a Palestinian physician had opened his residence door at night—a violation of curfew orders—to admit a woman with a sick child. Soldiers subsequently dragged the doctor from his home, beat him with clubs, propped him on the hood of an army jeep and drove down the street until he fell off. A subsequent protest strike by Shifa Hospital staff resulted in an apology from the area military commander, but no identification or punishment of the soldiers and officer involved.

The Psychological Impact of Violence

Effects on the Hearts and Minds of Palestinians and Israelis. We believe that the prolonged violence in the Occupied Territories will have serious consequences for both Israelis and Palestinians. We observed young men and boys actually throwing stones, and we talked to many who had been beaten. The beatings were clearly not

limited to the stone throwers. The effect of the beatings seemed to us to be the very opposite of what the Israeli authorities, according to their own public statements, intended. Young men have been made more angry and defiant and unified around their sense of outrage. We witnessed such a unification at a blood bank where dozens of young men were scrambling for a place in line to donate blood. Over 100 units were donated in a few hours, in a community that traditionally has been most reluctant to donate blood.

Many elements in the community see these men as "heroes." But the violence derails their lives and the normal timetable of adolescent development, already distorted by profound feelings of futurelessness, by the



Les Stone/Impact Visuals

Mother and son in hospital in Nablus, West Bank, caring for second son. Both brothers were wounded by rubber bullets in clashes with Israeli soldiers.

prospect of menial employment or unemployment, even for the highly educated, and by a sense of loss of national identity. In the uprisings, adolescents are becoming leaders in action before they acquire adult wisdom and judgement. The prolonged violence and closing of schools massively interferes with necessary education and job training. These young men are not being prepared for life as functioning adults: the schooling they are getting is for a life of violence. In addition, we know that violence and the sense of a heroic battle can produce a kind of "high" for teenagers. It will be difficult for many of them to come down from the high and settle into the prolonged and



Jim Hollander/Reuters

Palestinian youths amidst burning tires hurl stones at Israeli soldiers in the Aroub refugee camp.

undramatic day-to-day work of schooling or apprenticeship, especially since they feel that in their protests they are now doing their community's most crucial work and carrying out its most central purpose.

The Palestinian adults we saw who have been beaten, including many older men and some women, seemed initially stunned, helpless, depressed, and bewildered, especially in instances where soldiers have broken into their homes in nighttime raids, smashed furniture and terrorized their children. The other adults around them were outraged that their kin or neighbors have been beaten and their homes invaded. They believe that the soldiers are carrying out the intention of the government. And the evident failure of the Israeli government to punish the perpetrators of the beatings, the repeated denials that uncontrolled violence is occurring or the assertion that it represents only a few "aberrations," strengthen this conviction.

The question of effects of the uprisings and violence on the Israeli public is much more difficult to determine. Given the brief span of our visit and despite our attempt to talk to people in government, in the Defense Ministry and across the full spectrum of political opinion, there is little about which we feel competent to conclude. The political situation within Israel seems, indeed, so complex as to defy generalization

in any case. *The uprisings are causing fear among Israelis, threatening a comfortable sense of domination of Palestinians that has been the bulwark of many Israelis, awakening echoes of terrorist assaults in others, and increasing the ambivalence about the future of the West Bank and Gaza in many.* We noticed a tendency for all discussions to shift immediately to the difficulties or impossibility of a long-range and permanent political solution. This shift struck us as a way of not dealing with the problem of the violence that is occurring now. The army's response to the uprisings is producing reactions in the Israeli public that range from moral anguish—the Zionist mother of three children who said, on learning that soldiers had buried four young Palestinians alive with a bulldozer, "How can I go on living here? What do I have in common with the people who did that?"—to what struck us as moral blindness: an Israeli settler who earnestly explained to us, with absolute conviction, that the beatings and fractures were not the work of the army but were inflicted by sadistic PLO agents in the camps each day just before television cameras arrived.

The Effects on Small Children. When parents are unable to protect their small children, and children are repeatedly exposed to scenes of beatings and bloodshed, the consequences may be profound and long-term. On one level, children try to adapt: in the villages, we saw five-year-



Jim Hollander/Reuters

Palestinian boy throws stone at Israeli soldiers during a women's demonstration in Ramallah, West Bank.

olds playing with their collections of rubber bullets and shell casings, and older children, their hands protected with pieces of paper, gleefully carrying expended tear-gas cannisters. In a refugee camp, we noticed a two-year-old carefully clutching an onion wherever she went. Asked why, her mother explained: "It's for protection when she goes outside, she thinks it helps when there's tear gas." Thousands of small children are at risk of chronic anxiety and irritability, childhood depression, sleeplessness and nightmares, and disturbances of maturation.

We heard reliable reports (and the press and television screens have repeatedly carried the images) of 8, 9 and 10-year-old children being clubbed, shot with rubber bullets and teargassed. For each such case, hundreds of others must have been terrorized. In a very real sense, for these children, today's blood and tears are the least of the consequences. When children perceive that their parents are powerless against violence and that they themselves are therefore vulnerable, fundamental attitudes toward the

world are shaped, defining it as a very dangerous place—and one that is divided, furthermore, into good ("my tribe") and evil ("the others"). These can be lifelong effects, distorting the perceptions of a whole generation, with consequences not only for their lives but for the political future and the lives of a next generation as well. ■

An Arab child watches as an Israeli soldier patrols the Old City of Jerusalem.



Jim Hollander/Reuters

...And the Violence Continues

H. Jack Geiger

Eighteen months have passed since the first Physicians for Human Rights mission to the West Bank and Gaza Strip documented what we called "an epidemic of violence." When that mission's findings were made public, they made front-page headlines around the world.

I have before me now a half-dozen clippings from the *New York Times*, the total of its West Bank and Gaza coverage for the past week. Three of them describe the fatal shooting or wounding of a total of seven Palestinians in intifada-related incidents. Two mention the killing of Palestinians as suspected collaborators by other Palestinians. One reports a court-ordered suspended sentence for an Israeli settler who shot to death a schoolgirl in the Gaza Strip after his car was stoned. The last described pardons granted after six months to three soldiers convicted of beating to death a Palestinian in custody for trying to prevent the arrest of his 15-year-old son.

None of the clippings is more than three inches long. All of them were tucked away on inside pages. After almost two years, such violence is no longer news, and human rights are not even mentioned. The total of Palestinian deaths is now near 600; the wounded are counted in the tens of thousands. Familiarity breeds indifference; evil is merely banal; there are other, better stories to make headlines. What has been lost is crucial: the sense of outrage at the abuse of human life.

H. Jack Geiger is a professor of community medicine at the City University of New York Medical School and national vice-president of Physicians for Human Rights.



Jim Hollander/Reuters

Israeli soldier takes aim as women throw rocks during a demonstration in Burin, West Bank.

It would be easy to conclude that our effort, and subsequent human rights missions and reports by PHR and other groups, had failed. But that would be profoundly wrong, for the continuing violations are only part of the story of the past year. On the other side of the ledger, and potentially much more important in the long run, are these developments:

- A group of Israeli physicians conducted their own investigation, confirmed our findings, and published their results.

- A second, larger group has joined with Palestinian physicians—an action without precedent—to form a permanent, active medical human rights organization continuously monitoring the West Bank and Gaza Strip, documenting and protesting violations and publishing their findings.
- Physicians in Egypt and other Middle Eastern nations have asked for help in forming their own medical human rights groups to document and oppose violations in their own countries. Even where oppression is believed to be most fierce and open investigation is impossible, as in Syria, reports to Amnesty International, the Human Rights Watch Committees, PHR and other groups continue to be smuggled out.

It is the process, not today's headline, that counts in the long run. The first lesson of our initial mission and the events, good and bad, that followed is that the defense of human rights is a long—probably ceaseless—task. The second lesson is that violations of human rights occur in every society, not just the Middle East. The third is that every society produces protesters and defenders of basic rights and that, increasingly, health workers are among them. We have only to look at our own history—the civil rights movement in the United States—for examples of all three. Or at South Africa. Or China. There is in this a curious and important parallel to the more conventional jobs of health workers. The task is never done, but doing it can be a life's work. ■



Palestinian woman mourning the destruction of her home in Bani Suheila, Gaza Strip, by the Israel Defense Force as an act of collective punishment for her family.

Tordani/Guardian

The Israeli Government Responds

The Israeli government issued an 11-page response to the Physicians for Human Rights' report, "Casualties of Conflict," in May 1988 with a detailed and sometimes point-by-point refutation written by Dr. Yoram Lass, Director General of the Israeli Ministry of Health. Excerpts from that response are presented here.

I. General

The Physicians for Human Rights (PHR) group undertook a self-imposed task of assessing in eight days the many complexities of our area....It is clear that they ignored information provided to them, and avoided seeking meetings with government health personnel, both Israeli and Arab alike.

...They have not explained how the agenda of their visit was determined. Who decided what to see, when to see, whom to see? Did the agenda, and its control, influence the conclusions?...For instance, the term "injuries related to the uprisings," used in various forms as a base for statistics, is never defined.

The report does not systematically distinguish what has been seen from what has been told, by the patients for example. While in regular medical practice history taken from the patient is a routine part of the medical evaluation, what was evaluated here is often the non-medical

PHR undertook a self-imposed task of assessing in eight days the many complexities of our area.

circumstances. One should remember that the population of informants has been involved in a systematic campaign of violent disturbances aimed in a very real sense at the Western media. The possible bias introduced into the reports should be noted and explicitly analyzed....

The report is especially strong when it describes the systematic nature of the injuries observed. The report is

much less convincing when it seems to derive, with very little analysis, the cause, plan and purpose of the observed effects. Direct medical observations are mixed in the same breath with second hand media reports, and

Medical observations are mixed with second hand media reports and with answers to questions that can not be decided by a medical opinion.

with answers to questions that can not, in principle be decided by a medical opinion. (For example, what are the possible systematic differences between the conditions in which the authors have accumulated their expertise in emergency medicine, and mass riots? Mass violent disturbances are not necessarily free-swinging melees.)

II. Tenor of the PHR Report

The report is biased and devoid of professional objectivity and perspective. It accepts unconfirmed, hearsay observations described in sensational fashion. It largely relies on anecdotal reports, without significant professional or medical judgment as to veracity, credibility or special pleading.

The report dismisses information provided by the Chief Medical Officer in Judaea and Samaria and makes no reference to other Israeli or Arab senior staff of the government health services. Moreover, the authors made no effort to meet with anyone in the Ministry of Health. As a result, the authors have emerged from their brief visit with an incomplete and unprofessional view of the health services situation to make severe criticisms based on this misinformation.

The report denigrates and politicizes the serious effort of the Israeli authorities and local health personnel to advance health in the areas. This is an irresponsible act, which only serves to hinder the continuing efforts to improve health services.

III. Violent Civil Unrest and its Results

The PHR group refers to an "epidemic of violence," but fails to acknowledge the fact that it is the violent rioting taking place which has created the situation in which deaths and injuries are occurring. Over the past four months there has been a situation of civil unrest in the territories, with rioting on a large scale. Rioters throwing bricks, stones and other dangerous objects, including Molotov cocktails, place the security personnel in serious danger, and disrupted normal life by violence and threats against the local population. The PHR group concedes that the government authority is obliged to maintain law and order. However, by its biased and inflammatory report, the PHR inadvertently may encourage this violent civil unrest. The Israel Defense Force is not organized, equipped and trained for crowd control, since its major purpose is different. But the scale of the riots made the use of the military necessary.

The authors choose to trivialize "recent characterization of the uprisings by high Israeli officials...as 'a war.'" The authors may ponder this further, especially if they are interested in communicating with Israelis and not just in criticizing them. Israelis view their state's existence as one continuous struggle, in which Arabs have, at various times, used different combinations of tools—full scale wars, terrorist campaigns, economic boycott, propaganda campaigns. Presenting the security concerns of both sides in symmetric language can be highly misleading....

The recent disturbances can be viewed and are, indeed, perceived by many Israelis as just another expression of Arab total unacceptance of the existence of Israel....

PHR fails to acknowledge that it is the violent rioting which has created the situation in which deaths and injuries are occurring.

The mass riots in the occupied territories were designed to overwhelm any sort of police response, and to make response by the army necessary....

It is true that on occasion the military authorities have resorted to measures that have caused difficulties within certain communities. These measures are not undertaken lightly, since it is obvious they are often self defeating in

the long run, even if effective in the short run. But sometimes actions like curfew are necessary in order to restore order. The public peace is fragile, and can take only so much disruption. People who disrupt the public peace widely and systematically should not be surprised if they can not enjoy its benefit. When their doctors can not get through road blocks erected by their children, to whom should they complain?

When their doctors can not get through road blocks erected by their children, to whom should they complain?

IV. Medical Care of the Injured

The report lacks understanding of the process of building up of health services in previously underdeveloped areas. It fails to acknowledge the continued functioning of health services during the period of unrest, both in treatment of injured persons and in carrying on with the regular activities of health care such as immunization, prenatal care, and elective surgery.

The government and non-government hospitals have continued to function throughout this period, providing dedicated services, without shortages of supplies, equipment, drugs or manpower. Injured persons are treated in these hospitals, or are referred to Israeli hospitals on the basis of medical needs. Professional standards of service have improved greatly as a result of the establishment of new specialty departments, and the training programs which have been carried out in recent years. The staff of the local hospitals are Arab physicians, nurses and other health personnel. They have carried out their duties in an exemplary fashion, under considerable strain. For this they deserve the thanks and respect of the local people, the government and anyone truly interested in health and medical care.

The PHR authors report on cases in a misleading and unprofessional manner. They include cases...which might possibly be due to other events, such as domestic or political squabbles, vehicle and work accidents, or criminal acts, such as occur in a population of over 1.3 million persons.... The authors' extrapolation of the numbers of injured leads them to exaggerations....

How many patients would be expected to occupy hospital beds in a population of 1.5 million? Do these patients represent an inordinately large fraction of this group? How do the figures reported in this report reflect the ambient level of violence in this population?

In addition, the "multiple occasion" assumption generates a major error in the total number of casualties.... On the basis of a presumed observation of 4 percent of

injuries, they assumed that this may have been as much as 15 percent of the trauma cases, and this, however, leaves 85 percent of their reported figures as an extrapolation. They arrived at a total trauma figure in excess of 10,000. This means that 8,500 are a result of inaccurate extrapolative measures....

V. Mental Health and Long Term Trauma

The report comments on mental distress caused by the recent events in an entirely speculative fashion. In fact, there has been no increase in mental hospital admissions. According to the chief psychiatrist of Judeaea/Samaria,

There is no evidence of increased mental distress or symptomatology in the local population.

there is no evidence of increased mental distress or symptomatology in the local population....There is also no medical basis for the sweeping statement about long term damage and rehabilitation. The authors should also consider that there are long term stresses on the Israeli population from the repeated wars, conflict and acts of terrorism.

VI. Violent Incidents in Hospitals

Reference is made to violent incidents occurring on hospital premises. However, these references make no account of the fact that these incidents have been initiated when youths who engaged in violence, throwing stones, Molotov cocktails or other missiles at soldiers have taken refuge in hospitals. This has included threatening of hospital staff, throwing stones, Molotov cocktails or other missiles at soldiers from the roofs of hospitals and turning the hospitals into riot zones. Their behavior endangers and disturbs the hospital and its functioning. Regrettably on these occasions, force has had to be used to remove rioters from hospital premises. However, it is more appropriate to place the responsibility for these events on the rioters than on security personnel who are trying to assure the hospitals' continued functioning. It should also be pointed out that the large numbers of relatives and friends who converge all at once on a hospital for lengthy visits, entering even the surgery room during an operation, cause tremendous difficulties for the hospital. By suddenly overcrowding the hospital wards and interfering with efforts to maintain sanitary conditions in the

surgical areas, these large groups of people hamper the medical staff from carrying out its duties, and, as a result, security personnel may be called in by the staff to remove the multitude of visitors....

We agree with the report that "the occupying authority has a responsibility for the provision of a medical care infrastructure,..." but are hard pressed to understand the basis for the authors' demand that this should be "...at a level comparable to that enjoyed in Israel proper." Why not compare the level of health care they enjoy now to that which they had before 1967? The poor health conditions which Israel found in the territories in 1967 required extensive efforts and resources to bring the medical services to proper levels. With all its goodwill and commitment to help, Israel's capabilities have not been unlimited.

VII. Background Events

The PHR report pays lip service to the larger context of the Arab Israel conflict and the historical background of these events....In short, the report understates the sources and extent of the violence, while exaggerating the extent of injuries resulting from riot control measures....The report should state and its readers should query—what is the motivation and where is the objectivity of the PHR authors?

VIII. The Basic Health Situation

This section of the Israeli response presents the improvements in health care that have taken place in Gaza and the West Bank since the Israeli occupation in 1967. These include decline in infant mortality, improvement in immunization coverage, development of primary health care centers, improvement of sanitation, increase in number of practitioners and hospital facilities, and close cooperation between the health systems of Israel and the occupied territories.

IX. Prevention of Civil Violence

In many parts of the world there are wars, unresolved regional conflicts, and civil unrest which cause great suffering and casualties. These are certainly areas that can use preventive medicine. However, it would be more constructive for physicians to promote peaceful resolution of international conflicts, rather than encourage civilian uprisings and violent civil unrest as means of political action.

The organization of Physicians for Human Rights might play a role in supporting health services in Judeaea, Samaria and Gaza. For example, the organization may wish to contribute toward building one of the many health projects which have been planned for the area and which await funding....The Physicians for Human Rights organization might also have some other health service projects which it would like to propose in order to improve health in the territories. ■

Despite Our Differences

Israeli and Palestinian Physicians Organize

RUHAMA MARTON

Since the beginning of the intifada in December 1987, the Israeli authorities in charge of the occupied Palestinian areas of the West Bank and the Gaza Strip have used interference with medical services as a tool of political pressure and as a means of punishing Palestinians, individually and collectively, for the rebellion.

The Association of Israeli and Palestinian Physicians for Human Rights was formed in March 1988 to monitor,

The Israeli authorities have used interference with medical services as a tool of political pressure and a means of punishment.

report, and protest such practices as interfering with Palestinian physicians, systematically delaying medical treatment for prisoners, allowing the armed forces into hospitals, and removing the injured from medical facilities for interrogation. We believe that the right to receive appropriate medical treatment is a basic human right and, in accordance with the Geneva Conventions, should transcend political and national considerations.

The organization routinely receives dozens of personal appeals from families of prisoners, doctors, lawyers, and human rights organizations around the world to intervene in individual cases. For example, we were contacted by the family of Jamal Sha'at, who was detained in November 1988 for interrogation at the "Ansar II" prison in the Gaza Strip only four days before he was scheduled to undergo kidney surgery. Four months later, a military

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judge ordered the prison to schedule the operation, but the authorities brought Jamal to the hospital in the afternoon of the appointed date, and he was turned away. Another date was set for late March, at which point the family asked our association to intervene. We immediately sent a telegram to the prison commander, stating that if the detainee was not brought to the hospital on time for surgery, we would embark on a public campaign. This time, Jamal was brought to the hospital on time, underwent surgery, and received the medical care he needed.

Jamal's case is by no means unique. Such stories were one of the reasons we began to organize nearly two years ago.

Origins of the Association

In January 1988, when the word *intifada* was just beginning to be heard, a group of Israeli physicians decided to respond to the state of health care in the occupied territories as health professionals—not just by demonstrating and signing petitions, but by doing fieldwork and meeting with Palestinian colleagues to seek cooperation. We organized two delegations of doctors, one to the Shifa hospital in Gaza and one to Al Muqassad hospital in East Jerusalem.

As an Israeli physician, this was a unique experience for me. At the beginning of the occupation, I made a vow never to go to the occupied territories, never to shop in the markets, never to take walks in occupied areas. The few times I ventured into the territories were for demonstrations against the occupation. I was certainly never inside a Palestinian hospital.

For all the members of our group, this was a new and shocking experience. During our visits, we saw children whose hands were broken as they were trying to protect

A volunteer European physician and Palestinian nurse examine a patient in the West Bank as part of a Popular Health Committee mobile medical unit.



Judy Janita/Impact Visuals

their heads from soldiers' clubs. We saw young men with multiple fractures in their arms from having been held by two soldiers and beaten by a third. We saw the effects of the plastic and rubber bullets fired by the soldiers, and we examined the effects of their massive use of tear gas. We photographed the wounded, recorded their testimony, spoke with the doctors, and went home to publicize our findings.

In March 1988, we held our first joint meeting of Israeli and Palestinian physicians in Tel Aviv. An unprecedented 100 physicians signed up as members of the new organization. For many, this was their first political activity. The participants formulated a set of principles of action (see sidebar) as the basis for our activity. These principles, while identifying specific targets for investigation and action, emphasized the development of trust and cooperation between Israeli and Palestinian physicians working together. The meeting concluded with a resolution in support of the two-state solution—establishing a Palestinian state alongside of Israel.

Investigating Interference

Since its founding, the Association of Israeli and Palestinian Physicians has had a number of successes in improving the situation of health care workers and the health conditions in the occupied territories.

A common form of interfering with health care in the

occupied territories is preventing Palestinian physicians from performing their medical duties, either through administrative detention or through harassment such as denying them driving permits. Under Israeli policy, individuals can be detained for up to six months without

*The Palestinian physicians
who meet with us are in
constant danger of arrest,
interrogation, and
detention.*

trial or charge, an order that may be renewed indefinitely. One of our first actions, therefore, was a demonstration in front of the Ministry of Defense in Tel Aviv in May 1988, protesting the administrative detention of Dr. Zacharia Ibrahim Al-Airah, chairman of the medical association in Gaza. In June, five doctors and nurses traveling in a van were arrested in the West Bank. After our

ASSOCIATION OF ISRAELI AND PALESTINIAN PHYSICIANS PRINCIPLES OF ACTION

Preface

We, Israeli and Palestinian physicians, view our professional role as being within the framework and the guidelines of universally defined ethical principles. Physicians endeavor to practice with the purpose of maintaining and improving human life and health.

Working for life and health in its broadest sense includes making every possible effort to support human rights. This striving must not be limited by national, ethnic or racial boundaries.

Being a physician and practicing medicine in an area of conflict such as Israel and the occupied territories presents one with the challenge of applying these moral principles without restraint and in the face of significant external pressures.

The Association of Israeli and Palestinian Physicians attempts to establish contact and cooperation between Israeli and Palestinian physicians. This endeavor has as its premise the recognition of both the individual and national identities of each member, in all its aspects.

The conflict between our two people evokes powerful emotions and, in relating to each other, often raises questions which are difficult to approach and which may have to remain unresolved. We endeavor to continue building trust and cooperation while taking into consideration the difference between us.

Specific Objectives

1. To hold meetings in an ongoing fashion between Israeli physicians and Palestinian physicians of the occupied territories, as medical delegations to hospitals and clinics, and as personal encounters between physicians.

2. To study the current problems of the structure and function of the health care system in the occupied territories such as: budgets, personnel, the state of hospital care, the quantity and quality of medications, and medical supplies; to raise awareness and help improve the current health care system by disseminating information, holding press conferences, and facilitating the aid of volunteers and representatives of health organizations from abroad.
3. To monitor, report, and protest unethical practices, including: delays in providing medical treatment to the injured, intrusion of armed forces into hospitals, and removing the injured from medical facilities for interrogation.
4. To investigate complaints about avoidable deaths and bodily injuries in the occupied territories, and to seek to prevent such occurrences.
5. To ensure the protection of Palestinian physicians from arbitrary arrest, administrative detention, dismissal, harassment, and physical harm.
6. To organize, according to need and feasibility, medical volunteer work in clinics and hospitals in the occupied territories.
7. To hold scientific-medical meetings in cooperation with physicians in the occupied territories dealing with subjects of relevance to both sides.
8. To create and maintain contacts with human rights groups with similar goals throughout the world.

intervention, all were released the same night. Through our activity on this issue, the policy of detaining medical staff was actually halted for a period of seven months—up until May 1989. As of this writing, four physicians are under administrative detention.

In June 1988, we went to the Gaza Strip to investigate the state of medical care there, in particular, the effects of tear gas used in confined areas. Our report, released to the press and to Amnesty International, appears to have had an effect. The use of tear gas has dropped drastically, and the reports of miscarriages, infant mortality, and deaths of elderly people as a result of tear gas inhalation have nearly ceased. Another widely publicized report resulted from our trip to the Al-Ittihad hospital in Nablus to investigate the army's use of plastic bullets.

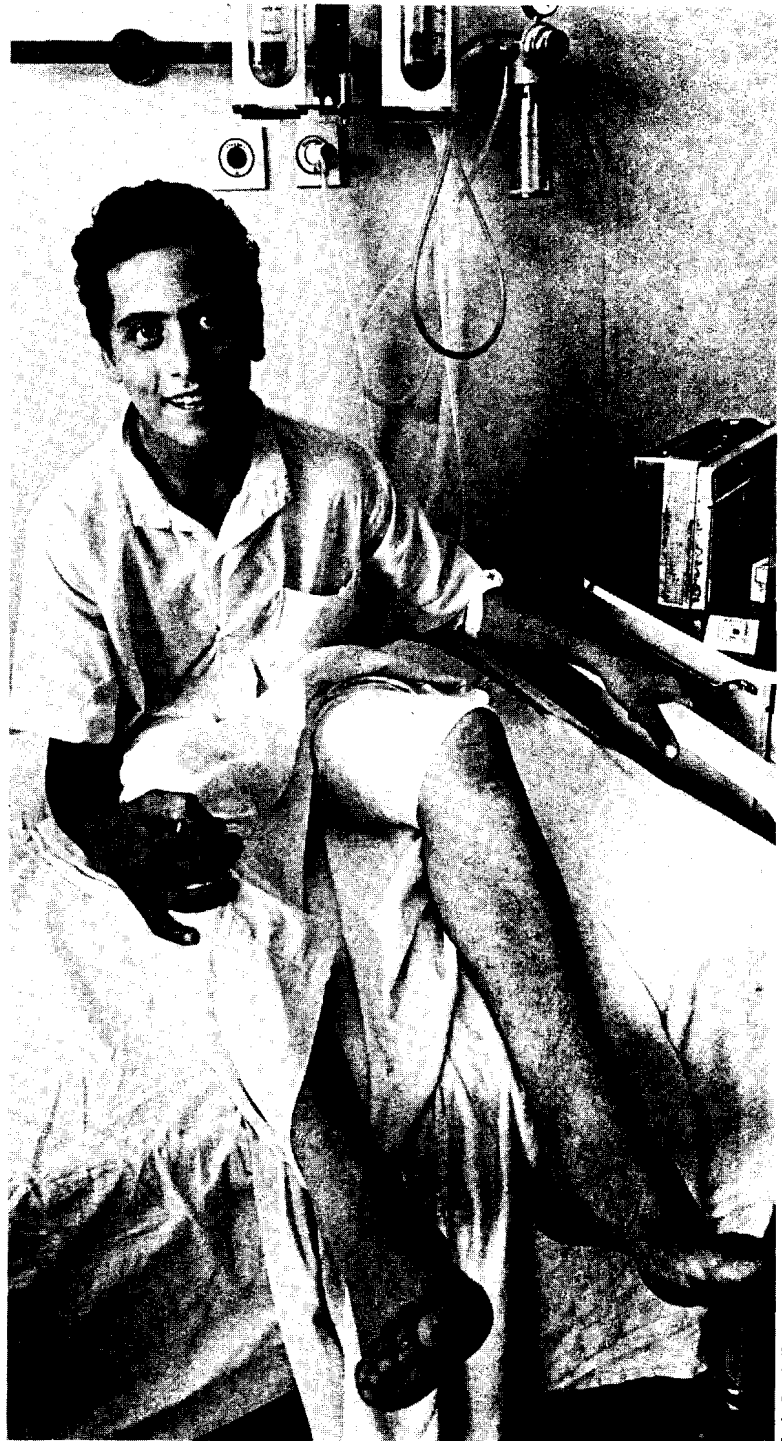
We have currently completed a comprehensive report on the state of health services in the Gaza Strip and plan a similar study on the West Bank. We travel to all the hospitals in the area and examine the hospitalization conditions, medical equipment, amount and quality of medications, budgets, number of medical staff, and physicians' complaints about disturbance of their work by the army or Civil Administration.

Compiling such reports is not a simple matter. The frequent imposition of curfews on the occupied territories and designating them as "closed military areas" prevent us from visiting hospitals and meeting with our Palestinian colleagues there. New army regulations allow even a low-ranking officer to close off an area. Thus, we may arrive at a checkpoint after hours of travel, only to find that we are forbidden to continue. The Palestinian physicians who meet with us are in constant danger of arrest, interrogation, and detention. Victims of army brutality may refuse to be named or photographed for fear of being arrested from their hospital beds.

We have documented other incidents of bodily injury, including cases of women beaten in the Gaza Strip and of people injured in tear gas attacks. We concentrated special efforts on publicizing the case of children in the Nablus area who were severely burned by certain unidentified objects. Faced with an outpouring of public concern, officials initially denied responsibility and the army refused to investigate. However, the media recently announced that four of these children will be compensated for their injuries. The objects that caused the burns apparently turned out to be missile decoys used by the air force.

A Just Peace

Obviously, as long as the occupation and violent repression continue, striving for a better health system, more humane treatment of prisoners, and respect for human rights are only one aspect of the struggle for a just peace for both the Palestinian and Israeli peoples. We believe that although many of our ultimate goals cannot



Judy Janda/Impact Visuals

**Palestinian youth injured during the intifada.
Al Mokassed Hospital, East Jerusalem.**

be achieved as long as this situation prevails, we are making our contribution as physicians and as human beings to peace and the preservation of life. We are especially proud to have succeeded in creating both professional and personal relationships of cooperation and understanding between Israeli and Palestinian physicians. We hope to continue our efforts, adhering to the ethical principles of our profession, unlimited by national, ethnic, or racial boundaries. □



Dr. Moustafa Barghouthi of the Union of Palestinian Medical Relief Committees examines a stroke patient in a Jordan Valley village on a mobile clinic visit.

Health Care Under Occupation

MOUSTAFA BARGHOUTHY

The Union of Palestinian Medical Relief Committees (UPMRC) is a movement of health professionals in the Israeli-occupied West Bank and Gaza Strip. These Palestinian health workers are striving both to provide health services to the population and to create independent Palestinian health institutions. UPMRC views this effort as an integral part of the Palestinian struggle for national liberation. Begun in 1979, by 1988 the organization numbered among its members approximately 350 physicians—one-third of the physicians in the entire country—as well as nurses, village health workers, technicians, and pharmacists working to create an alternative model for health development in occupied Palestine.

Organizing under Occupation

At the time UPMRC was founded, Palestinians were suffering the effects of two shattering experiences. The first was the creation of the state of Israel in 1948, which

Moustafa Barghouthi is a Palestinian physician and member of the Union of Palestinian Medical Relief Committees, P.O. Box 51028, East Jerusalem, Via Israel.

dismembered Palestinian society and dispersed hundreds of thousands of refugees all over the world. The second was the occupation of the West Bank and Gaza Strip in 1967.

Israeli military rule has been aimed at possessing the land without its people, by destroying the infrastructure necessary for rebuilding Palestinian society in the future and reducing Palestinians to dependence on Israel for all services—including health care. The survival of the Palestinian community under occupation has become

Health care delivery quickly became an important arena for political struggle.

linked to the people's ability to organize at the community level and to meet their own basic needs, despite the harsh Israeli policies. In this context, health care delivery quickly became an important arena for political struggle.

UPMRC was founded primarily by young, progressive, urban-based professionals as part of a new health movement that emerged in the 1970's. These activists had links to the increasingly active organizations, such as women's committees and trade unions, emerging in the towns, villages, and refugee camps of the West Bank and Gaza Strip. Although the Palestinian medical establishment shares our perception that the development of

health care services in the occupied territories is a vital part of the struggle against Israeli rule, UPMRC differs from the health establishment both in its strong community orientation and its new social consciousness.

In contrast to purely curative, urban-based medicine focusing on mechanical solutions to health problems, UPMRC is a health—and not just medical—movement. The organization advocates reaching people in remote rural areas and refugee camps and poor urban communities with basic curative services, without artificially separating those services from preventive activities. It emphasizes health education and the participation of individuals in solving their own health problems. Moreover, its membership reflects the interests of the most oppressed and exploited groups in the society. Most of those volunteering their services as health professionals come from poor peasant or refugee backgrounds. Although they were catapulted to middle-class and professional status through educational opportunity, they have remained at the bottom of the medical establishment's ladder, retaining a community-based consciousness that the medical establishment has not been able to coopt.

A Question of Balance

Palestinians in the West Bank and Gaza face unique health care conditions because our country is in a transitional state. We suffer from the diseases both of underdevelopment and of industrialized nations. As the Medical Relief Committees evolved, the organizers needed to provide the proper balance of activities in its work, while

Palestinian physician teaches first aid class to girls in El Khadr, West Bank.

remaining sufficiently flexible to adapt to the rapid and unexpected changes of the political and social situation. For example, at the beginning, our primary focus was providing curative medical services through mobile clinics. Only later did we introduce preventive services, gradually and without interrupting the services already offered. Even so, we sometimes moved faster in imple-

UPMRC is a health—and not just medical—movement.

menting preventive health activities than the level of dialogue and trust we had established with the population would allow. Through these experiments and failures, we began to learn the right balance among the different strands of providing medical care.

Responding to the Emergency

When the uprising began on December 9, 1987, we were not prepared for the health and medical needs it brought with it. The number of casualties was simply overwhelming. We estimate that 40,000 were injured in a period of one year. Tens of villages and refugee camps were raided and placed under a state of siege and extended curfew, leaving them cut off from medical and other care for extended periods. Consequently, we often had to respond to calls for emergency mobile clinic care in all sorts of locations all at the same time.

In 1988, we labored through 700 mobile clinic visits, in contrast to 350 in 1987. We attended to the medical needs of 80,500 people, compared to 47,000 in 1987. In the first year of the uprising alone, we gave emergency medical care to approximately 2,600 injured people who needed to be hospitalized but could not be for fear of arrest. And what's more, we had to face these monumental emergency needs with the voluntary labor of our health professionals, working after hours and on their days off.

Even with the new volunteers who joined our ranks during this time, we were still unable to respond adequately to calls for medical assistance. To be able to concentrate our energy on the emergency situation without losing the ongoing health development activities we had already built, we needed to develop new programs to meet the newly emerging needs.

Neal Cassidy/Impact Visuals





Judy Janda/Impact Visuals

Popular Committee Mobile Medical Unit dentist treats woman in the West Bank.

Among the emergency programs we created, three stand out. The first was an outgrowth of our realization, even at the onset of the uprising, that it was impossible for us to send physicians and nurses to every village and locale in the country that needed emergency medical assistance. As an alternative measure, we had to train

We decided to turn the population into a roving blood bank.

people in the community in basic first aid. Since launching our first aid training program in December 1988, we have held 1,000 training sessions for about 22,000 people and have distributed 19,000 first aid kits. Through this program we have saved the lives of many wounded individuals who would have died as a result of uncontrolled bleeding or complications following an injury.

The second program was introduced as a result of the absence of a national blood bank system. With local private blood banks failing to provide the supply of blood that was desperately needed, we decided to turn the population into a roving blood bank pool. We began a

campaign to type the blood of the population of the West Bank. Those tested were given cards denoting the results, and we collected the names and addresses of potential blood donors who could be contacted whenever needed. So far, 24,000 people have been registered, with the information easily accessible on personal computer to any hospital that needs them. This project has saved many lives, both those who have been injured by army violence and those with ordinary medical problems.

Normalizing the Emergency

By spring of 1988 it was becoming clear that the uprising was destined to continue for some time to come, and we needed to locate a new equilibrium between emergency and developmental work. It was especially important to rechannel some of our energy back to medical and health development because of a 50 percent reduction taken in the budget for health services, coming on top of the medical and health care complications created by the repeated states of siege and extended curfews afflicting some communities.

With our third special project, the roaming primary care, physiotherapy, and rehabilitation program, initiated in January 1989, we began to expand emergency medical care to include other basic health care needs. Physiotherapy and rehabilitation were the first services to be introduced because of the needs of those injured in the uprising. However, the health needs of the population are more numerous and varied than they were before the uprising, for a number of reasons:

1. A rise in the birth rate and the reduction of maternal and child health services as a result of the cut in the Israeli military health services budget.
2. The absence of a health apparatus capable of disease surveillance and control and eradication of infectious diseases such as Maltese fever, typhoid, and hepatitis.
3. The rise in psychological and physical problems related to severe stress.
4. The deteriorating health conditions in prisons that have affected the more than 40,000 Palestinians who have been through Israeli prisons since the beginning of the uprising.
5. The deteriorating financial conditions of the population and its impact on health, particularly in terms of malnutrition and anemia.

As this list shows, we must continue to carry out our emergency projects while also maintaining ordinary primary health care services.

Faith in the Future

Our task is massive and difficult, yet our confidence in the future provides us with energy and hope. Indeed, our faith in the future has grown stronger with the astonishing manifestation of self-reliance, dedication, and creativity that all Palestinian health institutions have achieved so far. Our tragic history and our trying present have helped to reinforce our belief that true and comprehensive development of health care for our people is linked not only to our efforts and activities but also to the attainment of the Palestinian people's natural right to self-determination and equal development with all other nations in the world. □

The Israeli-Palestinian Conflict

GAIL PRESSBERG

How easy it would be if the parameters of the Israeli-Palestinian conflict could be neatly divided between absolute right and absolute wrong. In reality, however, there is more than one view of the truth, more than one interpretation of history, and two peoples in conflict and in pain.

The Israeli-Palestinian conflict is a contest between two competing national movements, each having long and legitimate claims to the same land in pre-1948 Palestine—the land surrounded by Lebanon, Syria, Jordan, and Egypt, which now comprises Israel, the West Bank, and Gaza Strip. Palestinian-Israeli relations have worsened through a history that includes five wars and a vicious cycle of violence, terrorism, and repression, as the Israelis and Palestinians struggle over issues of land, security, the right of national identity, governance and sovereignty, and economic resources.

There is more than one view of the truth, more than one interpretation of history, and two peoples in conflict and pain.

Roots in Palestine

Jewish nationalism developed as Zionism in the early nineteenth century. For Zionists, the project to create a Jewish state in historic Palestine was a response to persecution and segregation from *whatever* larger community Jews lived within. As long ago as their exile in Babylon in Biblical times, Jews sang the psalm, "If I forget thee, O Jerusalem, let my right hand forget her cunning. If I do not remember thee let my tongue cleave to the roof of my

Gail Pressberg is the Executive Director of the Foundation for Middle East Peace, located in Washington, D.C.

mouth; if I prefer not Jerusalem among my chief joy." Each year at the traditional Passover meal, the seder, Jews commemorate the ancient Israelites' exodus from Egypt when they say, "Next year in Jerusalem."

Modern Zionism, founded in the 19th century, became a popular movement in the Jewish community and began to gain international legitimacy after the murder of six million Jews during the Holocaust. The Jewish community supported the need for a state of Israel in which Jews could determine their own affairs. Today, the overwhelming majority of Jews see Zionism as an "affirmative action" program for the Jewish people and identify with and support the state of Israel.

Palestinians also trace their roots in historic Palestine back more than two thousand years. For more than 1,300 years, Palestine was inhabited by Palestinian Arabs who formed a cohesive group in their own homeland. Modern Palestinian nationalism developed in reaction to Jewish settlement in Palestine since the end of the nineteenth century. The Palestinian community resisted the presence of an organized Jewish community and the subsequent emergence of the state of Israel in 1948. As a result of the 1948 war between Israel and the neighboring Arab states, 750,000 Palestinian Arabs were made homeless.

Today, the Palestinian people number 3.8 million, with 1.8 million living under Israeli occupation in the West

Palestinian women under curfew in Shatti refugee camp, Gaza, trying to get past soldiers with their supplies.



Bank and Gaza Strip, a half million in Israel, and the remaining 1.5 million Palestinians scattered throughout the Arab world, North and South America, and Europe. Since the Palestinians were dispersed, however, Palestine has continued to exist in the collective consciousness of its people. Edward Said, an eminent scholar at Columbia University and a member of the Palestine National Council (the legislative arm of the Palestinian Liberation Organization), describes this collective consciousness and the impetus for Palestinian nationalism:

A child born since 1948 . . . asserts the original connection to lost Palestine as a bit of symbolic evidence that the Palestinians have gone on regardless: He or she would have been born there but for 1948. The dispersion of Palestinians, the refugee camps, keep alive an image of the world of the old Palestine.¹

This collective consciousness is immediately obvious to anyone who encounters the Palestinian community. In the refugee camps people live on the streets named after the village from which they fled. In the United States, Palestinians belong to the Ramallah Club, el Bireh Society, or Bethlehem Society, organizations named after their home cities. In this way they keep alive the memory of their homeland.

Israeli "women in black" in West Jerusalem protesting their government's policies in the West Bank and Gaza. Signs in Hebrew and Arabic read "End the Occupation."

Roots of the Intifada

In the 1967 war in which Israel defeated surrounding Arab countries, Israel wrested control of the West Bank (until then under the control of Jordan) and Gaza Strip

Palestinian-Israeli relations have worsened through a history that includes five wars and a vicious cycle of violence, terrorism, and repression.

(until then under Egypt's control), and imposed military law in these territories. Abba Eban, the former Foreign Minister of Israel, has described the situation of Palestinians living under occupation this way:

It is extraordinary to find so many diaspora Jews indifferent to whether or not Israel is to be a land of double jurisdictions, or whether there is a Jewish equality. The Palestinians in the West Bank and Gaza cannot vote or be elected to anything, have no juridical control over the government that rules their lives, have no appeal



against the judgments of military courts, are not free to leave their land with assurance of the right to return, are not immune, as are their Jewish neighbors, from such penalties as expulsion or the blowing up of homes or administrative detention, have no flag to revere, and do not possess the same economic and social conditions as their immediate Jewish neighbors.²

The deep and pervasive repression against Palestinians by the Israeli military is one of the most significant fac-

draw all segments of Palestinian society into either participating in or supporting the uprising.

The Israeli military has sought to quell the intifada by intimidating Palestinians through harsh repression. This strategy has backfired and has only fueled young Palestinians' rage, making them more determined to continue the intifada.

Palestinians since the mid-1970's have undeniably sanctioned the Palestine Liberation Organization as their sole, legitimate representative. The PLO serves as an

umbrella political organization uniting all the significant Palestinian groups. Attempts by Israel and the United States to bypass the PLO in negotiations simply haven't worked because to Palestinians the organization represents the symbol and the embodiment of self-determination—whose reality would entail a state of their own, a flag, a passport and the preservation of Palestinian identity. Any attempt to bypass the PLO is perceived to be an effort to undermine Palestinian self-determination.

While examining the plight of the Palestinians living under occupation, it is important to note that Palestinians have faced extreme difficulties living in other parts of the Middle East. They are a minority

subgroup within most Arab countries and therefore are feared. Living conditions, and indeed survival itself, are extremely precarious for Palestinians in Lebanon, where



Rick Reinhard/Guardian

Young Palestinian women attend school in Jabalya refugee camp, Gaza.

tors leading to the Palestinian uprising (intifada) in December 1987. In addition, Palestinians in the West Bank and Gaza concluded that the United States and Israel were hostile to the notion of an international peace conference to resolve the conflict—an idea supported by most Western countries—and that Arab countries were obsessed with their own problems, particularly the Iran-Iraq war.

For many Palestinians the Arab summit held in Amman in November 1987 was but another indication that Arab governments placed insufficient emphasis on resolving the Palestine question. As one Palestinian activist in the West Bank told me in December 1987, "It's hard enough for Arab governments to develop a strategy to deal with their own top priorities. When we saw that our situation was moved to a low priority, it was the signal that we'd better rely on ourselves."

As a result of these long-term and more recent frustrations, demonstrations finally erupted in the West Bank and Gaza in December 1987. It soon became apparent that the anger over the occupation was deep enough to

It is the harsh conditions under which they live in both Israel and Arab countries that drive Palestinians to demand a state of their own.

they have been massacred, made homeless, and live under constant threat. Palestinians face surveillance and human rights abuses in Syria, Jordan, and other Arab countries as well. Yet it is the harsh conditions under which they live in both Israel and Arab countries that drive them to demand a state of their own.

Israel's Insecurity

Israelis live in a constant state of insecurity. Every bomb that is thrown, every bus overturned on a mountainside, and every civilian stabbed is a reminder to the average Israeli that Palestinians are their enemy; and that

Israelis live in a constant state of insecurity.

enemies are to be both feared and challenged because, in fact, they can do—and have done—harm. While the Israeli government has misused their distrust to justify wrongful government actions, the fear that Israelis have of Palestinians and Arabs is real, based upon experience, and cannot be underestimated.

Israeli perceptions of Palestinians cloud their ability to hear peace proposals when the PLO makes them. For example, Israeli public opinion polls have consistently shown that a majority of Israelis believe their government should talk to the PLO if the organization recognizes Israel's right to exist, renounces terrorism, and agrees to live at peace with Israel. The PLO's chairman, Yasser Arafat, did just that in a press conference on behalf of the PLO in Geneva in January 1989; yet Israeli public opinion polls taken in mid-1989 indicate that only 16 percent of the Israeli public believed him. Clearly, the PLO faces a formidable challenge in overcoming fear and suspicion and building Israeli support for its peaceful goals. Israelis need more than reassurance; they need to know in a way that transcends mere words, that Arafat and the PLO truly mean a lasting, comprehensive peace in which the conflict is finally put to an end.

While the security issues are real and urgent for the Israeli public and the government, ideological issues and political divisions within Israel are also factors in the Israeli government's refusal to negotiate with the PLO. The politics of Israel today reflect a dramatic division within the country over whether Israel should exist as "Greater Israel" (i.e., Israel before the 1967 war plus the occupied territories of the West Bank, Gaza Strip, and Golan Heights) or whether Israel should negotiate a territorial compromise with the Palestinians and Arab governments in order to secure its borders and future. It must be understood that the debate is not between right-wing loyalists and a fringe minority; it is taking place within the establishment of Israeli society and is a major factor in the composition of the current coalition government consisting of the deeply divided Labor and Likud parties.

The Israeli-Palestinian conflict is a contest between two competing national movements, each having long and legitimate claims to the same land.

Israel is facing other problems as well that probably cannot be resolved until the conflict with the Palestinians is ended. The most serious is its economic state. Israel's economy is in shambles, in part because of its large defense budget and the need to increase the number of troops in the West Bank and Gaza since the intifada. An indicator of Israel's economic woes is the increase in the rate of unemployment since the intifada (now at 10 percent) with an even higher rate (20 percent) in "development" towns—towns that are traditionally working class.

The Ways to Peace

The proposal for a two-state solution has gained wide international support because it represents the best possible solution to the conflict. In order for there to be peace, the government of Israel and the Palestine Liberation Organization (the only credible representative for Palestinians) must negotiate a comprehensive peace agreement based on terms that are mutually acceptable. Specific issues on which there will have to be a treaty include security, an end to the occupation, trade, movement of goods and people, water, and a transition period that builds confidence between the parties.

The Palestinian National Council adopted the two-state solution as the basis of its declaration of independence in 1988, and Arafat underscored PLO support for this approach at a 1989 speech at the UN General

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**We March Again in Jerusalem
You Cannot Stand Aside and Do Nothing.
YOU TOO ARE PEACE NOW!**



Emil Grunzweig and comrades in Peace Now march: the Fifth Anniversary.

1. Peace Now calls for immediate elections for municipalities and local councils on the West Bank and Gaza.
2. The precondition for elections the cessation of violence on the West Bank and in Gaza, and of terror from outside Israel.
3. The elections should take place within two months. Until that time, Israel should cease expulsions, release those incarcerated during the uprising, and permit the reunification of Palestinian families.
4. Elections should take place under supervision, in order to guarantee full freedom to choose and be chosen.
5. A delegation should be selected from among the chosen candidates. With other representatives from the territories, those chosen should join the Palestinian-Jordanian delegation to negotiate a peace agreement with Israel, which should determine the future of the territories, on the basis of mutual recognition.

MARCH WITH US!

Date: Saturday night, February 13, 1988. Time: 7:00 p.m.
Place: Wingate Circle (Salame Circle), Jabotinsky Street

שְׁלוֹם עַכְשָׁיו

Courtesy of Peace Now

Assembly earlier this year. Within Israel, the peace movement has adopted the two-state solution as the basic demand in its peace program.

In Israel, roughly 50 percent of the public voted for political parties that favor some compromise with the Palestinians. Approximately one-quarter of the Knesset as well as a significant number of former Israeli military generals support a two-state solution. The Jaffee Center for Strategic Studies in Tel Aviv, an organization headed by a retired Israeli general, has just written a report called *Options for Israel*, which says that a two-state solution, while not a remedy to the Israeli/Palestinian problem, is nonetheless the most practical approach. The cautious and renowned defense analyst for *Ha'aretz* (Israel's "New York Times") has concluded the same. In addition, the largest mass peace organization in Israel, Peace Now, has adopted the two-state solution as the basic demand in its peace program.

Health care advocates who want to see an end to the killing and suffering in Israel and the occupied territories must support the rights of both the Israeli and Palestinian people to live securely within mutually recognized boundaries. To support one side of this conflict against the other only perpetuates the cycle of violence that plagues both peoples. □

1. Edward Said, *Question of Palestine*, New York: New York Times Book Co., 1979.
2. Abba Eban, "Opportunity Squandered," *Jewish Frontiers* (November-December 1987).

Peace Now ad published in the December 2, 1988 *Jerusalem Post*, setting forth its proposals for settling the conflict.

A Magazine for Health Rights

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In this Vital Signs column, Dan North, a veteran labor journalist at Local 1199, and Dave Newman, a shop steward and rank-and-file leader in CWA Local 1101, report on two important labor struggles in which health care issues are central.

Hospital Workers Win

In the jubilation that followed the October contract victory in which Local 1199, Drug, Hospital and Health Care Employees Union won major wage increases from New York City's League of Voluntary Hospitals, Mount Sinai Hospital housekeeper José Gomez summarized the five-month-long negotiations this way: "If we'd gone out on strike July 1 [when the previous contract expired] it would have been bad. But we got together and built the pressure and, little by little, drops of water split the rock."

Gomez's drops of water might have seemed like a downpour at times, with tens of thousands of hospital workers marching through the city during the summer; support from John Cardinal O'Connor, Jesse Jackson, David Dinkins, and the majority of New York City's delegations to Congress and the state legislature—all amplified through extensive media coverage.

But Local 1199 won because it stubbornly maintained an innovative three-pronged strategy that eroded and finally broke apart a collective hospital management that initially seemed rock solid.

First, rather than immediately seeking a traditional all-out strike, 1199 conducted two one-day strikes in July and a three-day strike in August. This was crucial, because the extent of members' militancy was an unknown quantity when the contract expired. Union members were wary after their disastrous 47-day walkout in 1984 under different leadership. But the tremendous turnout on July 11 for the first one-day strike, rally, and march to the headquarters of the League of Voluntary Hospitals exposed a huge reservoir of members' anger waiting for expression.

Second, newspaper ads publicized support by hundreds of political leaders for 1199's position that a fair

contract for the union would alleviate understaffing and ease the city's hospital crisis. Politicians certainly took note when 1199 suspended contract activities in early September and devoted an all-out effort to David Dinkins' victorious campaign in the mayoral primary, putting more than 2,000 volunteers into the streets.

Third, the union exploited management's disunity, steadily undermining the hard-line position of hospital management hawks. The first crack appeared with 1199's settlement with the Catholic hospitals on July 7. It reached its most dramatic point in the pre-dawn hours of October 4, as hospitals, under a strike deadline, bolted from the League to line up behind a separate peace forged by Presbyterian and Beth Israel Hospitals.

Each of these strategies played its part. And, as members' consciousness of their own power was enhanced by each previous successful action, the union's leadership was able to advance bolder strategies. The big story of 1199's contract victory was the slow, steady transformation of an initially wary membership into an active and unified force.

—Dan North

NYNEX Puts Health Benefits on Hold

As the price of medical insurance rises by an estimated 20 percent each year, corporations are increasingly seeking to control costs by shifting the burden of health care coverage to their workers. Sixty thousand telephone workers, members of the Communications Workers of America (CWA) and the International Brotherhood of Electrical Workers, went on strike against NYNEX in early August. Medical insurance is the major issue of the dispute.

NYNEX demanded that workers pay an increasing portion of medical insurance premiums each year, up to \$35 a week. When this cost-shifting is factored into the proposed miniscule wage increase, many workers would actually suffer a wage cut. The company rejected

CWA's current proposals to contain medical costs without forcing workers to pay more. NYNEX management doesn't really care about holding down rising medical costs—it simply wants workers to pay more of the bill.

A key CWA cost-containment proposal calls for establishing a preferred provider organization (PPO), which would offer increased coverage with no added cost or out-of-pocket expense. In return, workers would be required to use only selected doctors and hospitals.

Clearly, the PPO approach is not a panacea. Workers are concerned that health care providers with whom they have built good relationships over many years may not be part of the new network. We resent the idea of paying additional hundreds of thousands of dollars to continue seeing doctors we know and trust—if we can afford their services at all.

Yet, no matter how good our current medical coverage is, many members, especially single parents, cannot afford to pay doctors up front and wait to be reimbursed by the insurance company. Many workers also lack regular health care providers. By eliminating out-of-pocket expense, a PPO could make it easier for many telephone workers to get medical treatment.

Regardless of its effects on different groups of workers, the PPO proposal does not address the fundamental causes of the health care crisis; nor does it offer any solutions. In fact, it may herald a further class division of the health care system, with PPO's and other managed care systems supplying inferior treatment for working-class and poor people, and elite, expensive, "unregulated" doctors providing first-rate medical service to those who can afford to pay for it. □

—Dave Newman



Miller Photography

Some of the 35,000 members of Local 1199 who marched in July in a one-day strike action, led by Reverend Jesse Jackson (holding flag) and 1199 President Dennis Rivera (to right of Jackson).

LOOKING FOR A FEW GOOD ISSUES?

The Hospital Crisis:

New York City's hospital system is experiencing a crisis of unprecedented proportions. Policy analysts examine what's unique about the situation there compared to other cities across the country. Are there viable, equitable solutions at hand? The authors—drawn from labor, the municipal hospital system, and the consumer movement—explore these issues and the reciprocal relationship between hospital ills and the social ills of the city, the state, and the country. Illustrated by Timothy McCarthy.



HEALTH/PAC BULLETIN **DARING TO CARE** *The struggle for health in South Africa*



Health Rights in South Africa:

In "Daring to Care," Health/PAC reports on health care workers aiding the victims of the Pretoria regime's brutality. South African health professionals relate their organizational struggles to care in a country where the very act of seeking medical assistance can place one's life in jeopardy. Includes government-banned photographs.

Minorities and AIDS:

This special issue reports on grassroots minority organizations in major U.S. cities engaged in the fight against AIDS. Articles include an interview with a young Puerto Rican man with ARC, an account of a social worker's efforts to provide care in a hospital AIDS unit, and a review of Randy Shilts's *And the Band Played On*. Illustrated by Frances Jetter.



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