Health and human rights

The following report by Rita Giacaman and Samia Halileh was spontaneously submitted to The Lancet. *We invited two commentaries in reponse, from Ayelet Shauer and Hadas Ziv, and from Alex Leventhal, Lilach Melville, and Elliot Berry.*

Maintaining public health education in the West Bank

The Institute of Community and Public Health, Birzeit University, West Bank, offers postgraduate public health training to Palestinian physicians, nurses, and other health professionals. We describe the substantial efforts undertaken to maintain public health education in times of conflict and severe deprivation, and highlight various strategies, including use of computer techniques.

Birzeit University is 10 km from the city of Ramallah, and faculty staff and students come from districts throughout the West Bank. In September, 2000, clashes erupted between the Israeli army and Palestinians living in the Occupied Territories. Checkpoints were erected, cutting off villages from cities and cities from one other. Frequent obstructions of the road linking Ramallah to Birzeit followed. Initially, soldiers would allow travel by car after verifying identity cards and searching cars. Later, only vehicles with special permits (eg, ambulances) were allowed through. Staff and students had to walk 1–2 km to cross the checkpoint and then continue by taxi (figure).

Students crossing checkpoint to reach Birzeit University, 2002

In 2001, permanent checkpoints, barriers, and frequent destruction of roads made vehicular travel impossible and pedestrian crossing more difficult. Roads were sometimes opened and suddenly blocked again, leaving people stranded on both sides of the checkpoint. When open, a checkpoint would often delay what was once a 15-min journey by 2–3 h. Students missed classes and were sometimes beaten, arrested, or had tear gas or stun grenades thrown at them. Strife has continued into 2003.

Academic reforms were necessary to operate teaching programmes under such conditions, as follows.

- *Holding intensive teaching weeks to make up lost contact time.* Students missed much class time during the first semester of 2001–02, and cancellation of the semester was considered. Instead, several intensive weeks of teaching were held to compensate for lost time, although these classes were cancelled or interrupted on several occasions because of road closures.
- *Allowing withdrawal without failure of students from the programme.* Students spent hours travelling to the university on small paths, makeshift passages, and dirt tracks only to be denied entry at checkpoints and have to turn back. Several students came face-to-face with armed settlers and soldiers and were held at gunpoint. In winter, students arrived wet and muddy. Sometimes class stopped to applaud the arrival of exhausted students. Some students nonetheless missed essential class time, and were assisted to withdraw from the programme without failure.
- *Adjusting student-teacher contact time and helping students find safe lodging.* Sometimes, while in class, acts such as invasions of Ramallah, bomb explosions, or assassinations occurred. Everyone knew that severe road closures, siege, or curfew might follow. At first, we immediately sent students home. With time, a sense of resistance and familiarity with the abnormal developed, and we chose to continue classes. We shortened contact time, holidays, and breaks between classes and housed students temporarily in hotels, hostels, and homes.
- *Allowing for multiple make-up examination administration.* Almost all examinations had to be administered at least twice, since invariably some students would not arrive on the assigned date because of road conditions.
- *Recognising that our students were traumatised and helping them cope through emotional support.* Several of our students provided emergency care during curfews and sieges, placing them at especially high risk of injury and trauma. Some health personnel were specific targets of attacks, and were even used as human shields. They picked up charred and unrecognisable body parts and observed the death of colleagues. One doctor, after witnessing the death of a colleague during a severe shelling episode, came to class to cry rather than study. One of our students was shot in the abdomen while travelling to his village. Other students had their homes blown up, their families arrested, or sought refuge elsewhere in their or in other towns. Sometimes these experiences overwhelmed the group. On occasion, we had to postpone classes and discuss events first, gradually working towards getting back to the teaching mode. Combining counselling and teaching roles was sometimes difficult, but we managed to find a balance maintaining the integrity of our didactic role while offering needed support to students.
- *Decentralising teaching outside campus.* In summer 2002, with very variable access to campus in Birzeit, a small office was established in a garage and teaching moved to rented halls in Ramallah. This move resulted in a loss of access to the institute's resource centre and computer laboratory, and raised the cost of teaching.
- *Using distance-learning techniques to complete the semester.* Upgrading our computer and network infrastructure gained new urgency in conflict. In 2000, we launched selected distance-learning lectures as part of coursework in collaboration with universities abroad. A few months later we decided to include all coursework. We asked all students to obtain access to the internet, either at home or at work. Students worked on group projects using e-mail, internet, telephone, and facsimile when they were unable to meet with other students or with faculty staff. Every student was part of

a project, yet also prepared an individual final essay. A fixed date was assigned for the presentation of projects by e-mail or facsimile. This approach worked reasonably well, especially in terms of solidarity created among students by pursuing group learning, although frequent telephone and electricity cuts were hindrances.

Despite trying times, in this 2-year period, 49 students were admitted to our programme, and 33 had graduated with a Master in Public Health degree by June, 2002.

During crises, the capacity to maintain education to address the public's health is lost when it is most needed. In this respect, adopting a decentralised teaching strategy and internet-based distance-learning techniques was of great help to us. From the faculty's perspective, this approach presented heavy burdens, especially for internet-based distance learning. For distance learning to succeed, technical support is needed, including continually operating telephone and electrical lines and quick, cheap, and easy-to-access internet services. Substantial administrative support and telephone contact with students are essential. In the future, we hope that using internet chat rooms to link students with the faculty will ease communication.

Despite difficulties, our experience has been manageable and rewarding. As an applied field, public health education lends itself to internet-based learning if occasional face-to-face contact can be assured. From the students' perspective, despite great difficulties, continued public health training during conflict proved a lifeline—a form of non-violent resistance and a stance against passive victimhood. Distance learning, student support, and flexible educational management have been valuable in addressing educational interruptions in Palestine, and might well be applicable in other conflict-ridden settings.

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Conflict and public health: report from Physicians for Human Rights-Israel

Public health infrastructures in the Occupied Territories have changed in many ways since the beginning of the Palestinian uprising (intifada) in September, 2000, and to a greater extent since the Israeli army regained control over the Palestinian population in April, 2002, after operation *Defensive Shield*. One area most affected is emergency medicine, including transport to hospitals.

Since September, 2000, 2122 Palestinians have been killed and 21 959 injured as a result of the confrontation.[1] These casualties have substantially increased the number of calls on ambulances, mainly of the Palestine Red Crescent Society (PRCS). Moreover, since Palestinian private and public transport is largely prohibited,[2] patients who would otherwise use their own cars to get to hospital call PRCS ambulances.

The golden hour rule—immediate medical care on the spot (airway, breathing, and haemodynamic stabilisation) and quickest transport to the nearest hospital—has become impossible to implement because of checkpoints and physical obstacles on most routes. Even if Israel were to comply with the demands of the International Committee of the Red Cross to limit the delay at each checkpoint to 15 min at most, critical care patients are at risk of losing their lives. According to PRCS reports, ambulances reach the homes of only about 30% of callers. The remaining 70% have to reach a checkpoint to meet the ambulance.

In January and February, 2003, alone, the non-governmental organisation (NGO) Physicians for Human Rights-Israel (PHR-Israel) has handled 350 Palestinian patients' complaints and more than 60 complaints involving Palestinian medical workers delayed at checkpoints or denied access to their place of work. Ten complaints involved ambulances on duty.

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The effects of restrictions on access to medical care include increased rates of home deliveries and stillbirths in rural areas.[3] Moreover, current policies in the Occupied Territories have resulted in general deterioration in standards of living, shown by increased figures for malnutrition in the Gaza Strip and the West Bank.[4]

Some Palestinian patients make their way to Israeli hospitals. An Israeli physician who receives a Palestinian patient in the ward faces a moral dilemma since the patient will often not have means to pay for treatment. Some physicians make an effort to convince the hospital financial administration system to treat such patients. Others take an even more active stand and go to the homes of those who need their care.

About 400 physicians and 50 nurses volunteer for PHR-Israel. Since September, 2000, the NGO has increased the number of its mobile clinic visits in villages of the West Bank (figure). Israeli physicians, Jews and Arabs of various specialties, and medical Palestinian NGOs treat the chronic and acutely ill from villages and surrounding areas. In the past 2·5 years, the clinic has referred 743 patients to Israeli specialists and served 23 255 patients, many of whom would otherwise receive no treatment or follow-up—partly because drug distribution is delayed, and getting to referral centres presents many difficulties.

Although able only to assist individuals, PHR-Israel conducts public campaigns to emphasise that the checkpoints and permits system limit Palestinian movement within the Occupied Territories and cause grave and unacceptable harm to the Palestinian health system. Medical care is a basic human right that should not be limited by any conflict.

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1 Palestine Red Crescent Society. Table of figures. http://www.palestinercs.org/crisistables/table_of_figures.htm (accessed March, 2003).
2 Hass A. Now there are roads for Jews and closed roads for Arabs. *Haaretz*, Oct 19, 2000.
3 O'Brien L, Pickup F. Oxfam briefing paper: forgotten villages: struggling to survive under closure in the West Bank. Washington: Oxfam International, 2002.
4 Greenough G, Abdeen Z, Shahin M, Tayback M. Nutritional assessment of the West Bank and Gaza Strip. USAID, Johns Hopkins University, Al-Quds University, Care International, 2002.