

Blog post 3/26/15

## Sunshine, sand, and Post-Assault Dysphoria?

by Dr. Alice Rothchild

In another universe, driving along the coast of the Mediterranean would be one of those vacation dreams filled with fresh fish and relaxing moments baking in the sun, but we are driving to Khan Yunis, a city in the south of Gaza, and in particular to the eastern villages of Serij and Abueteama which bear the unique tragedy of leaning up against the Israeli border. Nahed, a high energy well-spoken administrator from Palestinian Medical Relief Society, the largest medical NGO in Palestine, is taking us on a tour of their facilities and the realities in the post war south.

First we pass the “harbor” where rows of colorful boats are docked, victims of the crippling siege and the shrinking safety zone for fisherman. The Sea Road takes us from the middle area to the south, past the glorious blue water beckoning deceptively to our right. The Mediterranean is at once a liberating vision of life beyond Gaza, of potential escape and freedom, and at the same time, an impenetrable wall of the prison.

The road is intermittently paved and dirt, we see the now familiar houses turned to rubble, massive bomb craters, the empty aspirational “4 Seasons Resort.” A river of raw sewerage drains into the sea just adjacent to a solitary swimmer. The smell is sickening. We speed past empty farmland, a colorful resort designed for the staff of The Open University where classes are offered online for Gazans that want a degree but must continue to work. Young boys are running around in the front of the UNRWA Al Balah Elementary School, we pass shacks of corrugated metal, plastic, hanging rugs, ?favelas anyone. Boat skeletons, wandering sheep, scattered silent “resorts,” post assault dysphoria Nahed is narrating and answering our questions and I ask her something I have asked over and over again here. I cannot find anyone who admits

to supporting Hamas, in fact most Gazans I talk to are disgusted with Fatah as well as Hamas (not to mention Netanyahu, Obama, the list is long). I rarely see green flags or the occasional political poster. What is going on? Her response is brilliant in its simplicity and honesty. Many Gazans, particularly post the 2014 assault, do not support Hamas leadership and are deeply unhappy with the current disastrous state of affairs in terms of the basic functioning of society. But if someone were a Hamas supporter, they would not tell me for the following obvious reasons. I am already aware that the Gaza strip is crawling with collaborators, vulnerable young men recruited during stints in Israeli jails or in exchange for permits for medical care in Israel. But more importantly, if someone's opinion or photo inadvertently ended up on facebook or a blog post or some mainstream or social media, they would be vulnerable to a targeted assassination by Israeli forces, so this silence is a matter of survival. (Big ah ha moment).

The driver turns away from the sea into the Israeli Beach Camp, site of a former Jewish settlement evacuated with an implosion of national handwringing by the Israelis in 2005. A cluster of modern apartment buildings comes into view, a gift from the Arab Emirates to Palestinians from border areas who lost their homes in 2008. They moved in last year, that would be six years of homelessness. The ride is becoming more of a jolting chiropractic experience, past rows of plastic greenhouses, olive groves. It is starting to get really Mediterranean hot as we arrive at the PMRS mobile clinic, a small three room wooden house adjacent to a similar structure for social support sessions. Funded by Oxfam and Belgium, one general practitioner, two nurses, one lab tech, and a social worker come twice a month, seeing a collection of patients, doing very basic primary care (like there is no exam room), acute mostly non-serious illnesses, (lots of skin disease and scabies, hypertension), education (evacuation in case of attack, basic first aid). The services are all free, mostly women with resigned looks on their faces wait with their children. We can see the no go "buffer zone" and nearby Israeli border. A spy balloon hangs over us and in the moon scape of houses toppled over, shattered into massive fragments, the detritus of life's minutia emerges from the rubble: pink snow suit, comb,

electrical socket. The birds are singing their little hearts out and thistle and a cheerful yellow flower spread over the landscape, the life force in action.

The rutted roads take us to Alzana, the sight of even more destruction, which at this point is a really challenging concept. There are families living in tents, people who were once farmers and fisherman and businessman. A sea of white hijabs emerges as high school girls in dark blue uniforms and backpacks walk home, faces smiling, laughing, just kids doing their thing. PMRS has a much more comprehensive clinic here and provides the only health care for the area. I have seen these clean, competent clinics before, staffed with dedicated doctors, nurses, and health workers, making a lot out of much-less-than-adequate. The most striking observation for me is the wall in the hallway and the exam room riddled with bullet holes. Israeli soldiers shot through the front door and through a window, it seems they were trying to take out a dangerous otoscope and the nearby scale. Attacking a medical facility generally falls under the category of war crime.

We talk with a warm ob-gyn, she is seeing more anemia, malnutrition, miscarriages and premature labor. There is a problem with early marriage of the 15 year old variety and not much contracepting. Women prefer birth control pills, but that does require a functioning pharmacy supply system and the ability to get to said functioning pharmacy. The clinic offers rehabilitation and has seen a marked increase in cases since the war, compounded by the consequences of the siege such as late care and lack of follow up due to financial and physical barriers. PMRS is taking care of 250 patients in the eastern village of Khan Yunis. Most of the victims are women and children and most of the disabilities are amputations of arms or legs due to war trauma. In past years, Palestinian society looked upon disabled people as shameful and hid them from sight, but PMRS has done a powerful campaign to integrate people with disabilities into normal society and to provide physical therapy and occupational therapy. Little cups of bitter Arabic coffee appear. The challenges are immense: electricity is erratic and only available for a few hours per day. What happens to people who depend on electrical

beds, electric wheelchairs, elevators, medications that require refrigeration? Some folks are so poor they cannot afford transportation to the clinic, or so uneducated and overstretched by large families that PMRS makes many home visits, bringing the care to them. PMRS is committed to honoring the rights of all people to health care access. This program started in 1994 with Medicin San Frontier and focuses on direct care as well as advocacy for disability rights. The other compounding issue is that in the past, international donors were much more interested in funding war injuries than congenital disability; care and attitudes followed the financing.

Speaking of international donors, we are back wandering in the rubble and ruins of this neighborhood and Nahed takes us to a community of donated caravans from Australia. There are rows of numbered trailers, a la Katrina, and we are invited to tour the “homes.” Each trailer seems to have three “rooms” and a bathroom, we see piles of mattress, tiny neat kitchens, and evidence that families are crowded together in small spaces. One frustrated man gestures to his “house.” As we enter, the stench of sewerage is overpowering. The toilet has overflowed, and a thin layer of dirty water coats the bathroom and has spread into the kitchen. (Did I mention that people eat and sleep on the floor?) It seems that when the caravans were built there was no real sewer system put in place, and whatever hole in the ground the sewerage drains into is now full and backing up into the home. This seems like some kind of monumental error of judgement. Suddenly a man, perhaps in his 30s, starts yelling at us; he is angry that another group of (white) international humanitarian types is touring this encampment and we have not brought any solutions, money, plans to fix the disaster. Nahed apologizes to us as we rapidly retreat, but it is clear to me that he should be angry, that I am from the country that funded and supported this catastrophe, that perhaps I should be ashamed that I come and stare and take photographs, and I can offer him nothing but my voice which is far from useful when your kitchen smells like a cesspool.

We head off to the PMRS clinic in Jabalia Camp, much better equipped, multiple programs and specialties, where we interview a dedicated

physician, trained in Russia and Belgium and committed to providing care to a desperately poor population battered by Israeli assaults, poverty, chronic disease and the internal dysfunctions of Palestinian (non)governance. The health care (non)system is a disconnected patchwork of institutions and providers from the Ministry of Health, NGOs, UNRWA, and private clinics. They do not communicate with each other and patients often bounce between systems. He notes that the situation “is not too bad. If there were no external players we would be okay.” He also adds that under the current “situation” he cannot ask his patients to stop smoking, “It is better to smoke than to hit your child.”