



UNRWA

Case Study

Reports on the West Bank Barrier
February 2004

Between a Rock and a Hard Place: Access to Healthcare in the Barta'a Enclave



In 1948, the town of Barta'a was separated into Palestinian Barta'a Sharqiya in the east and Arab-Israeli Barta'a Gharbiya in the west. Since the barrier was built in the Jenin Governorate, this once thriving West Bank town has been separated from Jenin on which it relies for trade and commerce, and as a cultural, financial, educational and

health centre. The 5,000 residents on the West Bank side of the town, including 1,000 refugees, can walk directly, although illegally into Israel, but cannot reach their secondary schools, health clinics, banks, or jobs in Jenin or elsewhere in the West Bank without passing through one of the two gates that provide access to this enclave. According to local people, the barrier has had a devastating effect on every aspect of their lives. The following information gathered between October 2003 and January 2004, documents the initial impact of the barrier on the access to health-care for the refugees and non-refugees.

Whether crossing Shaked or Barta'a Gate, the procedure is the same, one requires a permit and considerable patience. Inhabitants of the enclave are now designated 'long-term residents' and everyone over the age of 12 is required to obtain a permit to reside in, and travel outside, the enclave. Residents resisted accepting the permits for 25 days, until closures forced them to accept the new system. For the 24 UNRWA refugee families who initially did not receive permits to live in their own homes, work in their own businesses and travel to and from their town and villages through the gates, the first seven weeks of restrictions were especially difficult.



Now that they have received their permits, they wait in line with other residents for between two to and 10 hours to enter and leave the enclave. At both gates they must pass through a metal detector. If that is faulty, the women residents say they must wait for up to six hours for the female IDF soldiers to be called to conduct a security check. The alternative suggestion from the male IDF soldiers was for them to do a body search; this was rejected by the women. This left them with a simple choice: wait or stay at

home: Many choose the latter, giving up specialized and emergency health care, employment, education, cultural and family visits. One family received permits for only one month; their permits have expired. Some family members now walk for two hours across the hills to Barta'a gate to collect new permits only to be told by the soldiers that they know nothing about the issue of permits. The family is not able to leave the enclave to take the matter up with the Civil Administration.

The IDF state that the gate is open between 0600 hours and 2200 hours daily and open 24 hours a day in the event of an emergency. However, people who live in the enclave tell a different story.

Healthcare in Barta'a

In Barta'a, for those who can afford the NIS 50 consultation fee, there is a private doctor, whose house and adjacent clinic narrowly escaped demolition by the Israeli authorities for lack of permission to build. The doctor was only given a permit to live and work in Barta'a after seven weeks of delay, during which time he was not allowed to collect medicines. The pharmacist, whose house and pharmacy is also slated for demolition for the same reason, is struggling to practice.

The Palestinian Authority (PA) Ministry of Health runs a basic primary health-care clinic which is staffed by one staff nurse/midwife. Visiting consultants in obstetrics, paediatrics and internal medicine attend three times a week if they are allowed to pass through the gate. Several babies have missed their vaccinations because the PA doctor was unable to reach them. The mobile



clinics and the PA clinic are unable to provide more than the most basic of clinical examinations and treat patients without the benefit of laboratory facilities. The staff nurse collects the medicines herself and says that she is routinely delayed for many hours and harassed at the gate where her medicines are often thrown on the ground and sometimes spoiled by IDF soldiers.

UNRWA's health team uses garages as clinics.

UNRWA provides a weekly mobile clinic with an experienced team, including a family doctor and a female nurse/midwife. This clinic is conducted at the Barta'a YMCA without running water or examination facilities. However, it is well attended and valued by the community as a source not only of medical care but also of understanding. The mobile team visits all the villages in the enclave, often setting up in garages and houses.

A health-care provider usually seen only in developing countries is a Traditional Birth Attendant (TBA). This is generally an older woman without formal qualifications. The TBA or *Dayeh* has been overlooked by recent Palestinian generations who favour hospital deliveries. However, so extreme

is the situation since the beginning of the *intifada* that a *Dayeh* now operates without a license in Barta'a. Despite her lack of formal qualifications, she states that she has no choice but to help women in labour.

Healthcare Outside Barta'a

The main referral centre and hospital of choice is Jenin governmental hospital. Since the beginning of the *intifada* attendance has decreased. Jenin used to be the preferred place of delivery for women of Barta'a, but now Tulkarm, although further away, is the easier option due to closure around Jenin and has therefore absorbed these cases.

Tulkarm has four main hospitals. The governmental hospital has expanded over the last two years and now has an average of 200 deliveries per month, an increase of 100 per cent. Two ambulances cover the district and are also available to Barta'a, but have not been allowed into the area since the wall's construction. Patients are now transfer patients from vehicle to ambulance across the gate, regardless of their condition.

For refugees, the closest centre for vaccination and family medicine is UNRWA's clinic in Yabbad. However, despite its close proximity, the residents of Barta'a and surrounding villages are unable to access it easily because of the barrier. This clinic is open three days a week and is popular due to the quality of care the local people say they receive there. A new private clinic is due to open within in January 2004 and will offer an obstetric service. But with a barrier separating it from the refugees and others, the emergence of this and other private clinics can do little to improve the access to the type of care that the population expects.

The village of Tura, also on the West Bank side of Barta'a, has a small Ministry of Health Primary Health Care Clinic offering a limited service, but with vaccination facilities. It too is open three days a week and was also popular due to its close proximity to some villages in the eastern hills of the enclave, who can see the streets of Tura. However, villagers face a long journey to Tura because of the barrier.

While it may be difficult for patients to access health care in some parts of the West Bank, it is easier to reach health-care in Israel. However, it can be prohibitively expensive and illegal. Only Israeli ID holders are entitled to purchase Israeli health insurance and for West Bankers if caught in Israel illegally, large fines and imprisonment are likely. For some women willing to risk going to the Anglican Hospital in Nazareth, they face difficulty finding a driver willing to take them and to pretend, in the event of being stopped by the police, that the women in labour (and who will have been forced to leave their West Bank Identity card at home), is in fact his wife. The Anglican Hospital does waive the fee in the case of special hardship where the community in Barta'a cannot cover the NIS 2,000 cost. When this is compared to the NIS 30 per month required for Palestinian Authority insurance which some 85 per cent of West Bankers subscribe to, it is not surprising that this option is the

last resort. The outlay of this large amount of money is seldom possible for a family in Barta'a, where unemployment is estimated at 80 per cent.

'Aisha's' Story



Afraid to allow her real name to be made public, UNRWA refugee 'Aisha' holds her baby, Muad, while he sleeps

The 25 year old mother explains that her first baby was born in Jenin and that is where all her ante-natal care was done for this pregnancy. She had every intention of delivering there again. However, one night, shortly after her labour began, she went with her husband and mother-in-law to Barta'a gate, which was locked. The family shouted to the IDF soldiers to let them pass, telling them that she was in labour. Despite making a great deal of noise, there was no response. They waited from 0430 hours until 0630 hours

when, feeling her labour was too advanced, she decided to return home and call the midwife. She explained, 'I got so tired at the gate. I preferred to die in my house rather than at the gate. It was because of this that we returned home...I feel that there is no more hope.' Once in Barta'a, they called the midwife, who delivered the baby 20 minutes later. Speaking some weeks after the baby's birth, Aisha's father-in-law states, 'The birth and the death, it's in God's hands, not the soldiers. But they [the IDF] are controlling the suffering, more or less.' When asked if she would like more children, Aisha says that under the current situation, with all its danger, she would not have another child, even though she wants one.

The midwife is a veteran of difficult deliveries, having once delivered a baby in a car with the barrel of an IDF tank just metres away. However, despite her extensive training and experience, she no longer wants to deliver babies in Barta'a. Before the *intifada*, an ambulance and medical support was just minutes away. Now, working without oxygen, nitrous oxide, suction, pain killers or forceps, she is alone except for her UNICEF emergency delivery kit with gloves, gauze and sterile instruments.



Midwife and mother discuss their difficulties.

Aisha was able to have a normal delivery. However, of the four Barta'a women to give birth since the gate was put in place, all except one was delayed before being let through or giving up and delivering at home. One

UNRWA refugee could not find a taxi driver willing to take her to the gate because they all feared the IDF would not allow them to pass the gate. The woman delivered at home with the traditional birth attendant.

Place of delivery	Before Intifada	During Intifada, before wall	After the wall
Date	1 Nov 1997 - 6 Dec 1997	1-31 October 2003	1 Nov 2003- 6 Dec 2003
Hospital	8	6	1
Home	–	1	3
Israel	–	1	–

Number and locations of deliveries of babies whose mothers were in Barta'a at the time of onset of labour.

Emergency and Chronic Care

For emergency care, the situation in the event of a heart attack or a stroke is very serious. The fact that ambulances are not permitted by the IDF to enter the enclave puts the onus onto local drivers. This is not only detrimental to the survival of the patient, but adds to discomfort at a critical and frightening time. Should a person in a critical condition manage to get to the gate, they may be delayed or not allowed through by the IDF soldiers. If they decide to go to Israel illegally they risk fines and imprisonment and they must also cover the high cost that uninsured hospitalization brings.

One UNRWA refugee family of 20 living in the hills of Khirbet Munthar in the east of the enclave have difficulty in getting to Barta'a at all. A new settler road transects their confiscated property. They are trapped between the barrier on one side and the settler road on the other. They say that the IDF has threatened to kill them if they go near the road. A tunnel is being built for them to access the gate and Barta'a itself.

For the head of the family, the twice-weekly trip to Jenin can only be undertaken if one of his sons finds some work to earn the NIS 50-100 needed to cover the cost of the journey. If the soldiers let him out of the gate the journey can take several hours and leaves the grandfather exhausted for days.

The same family takes care of their elderly relatives at home. 'What choice do we have but to take care of my mother-in-law here? How would we get her to the hospital?'

Barta'a residents complain that seeking treatment for even simple accidents is an ordeal. Ten-year-old Sumaya reported that in November she fell and hurt her back. She went to the gate and was told by the soldiers to 'go home'. She said that an IDF soldier then grabbed her by the shirt and pushed her around.

Many of the children report the same treatment. Sumaya was allowed to seek medical treatment but was delayed and frightened by the incident.

Conclusion

The Israeli government has said that the barrier will not have any impact on the lives of those living in what it calls, 'the seam zone,' the land between the wall and the 'Green Line'. However, in just two months, a pattern is emerging of a crisis in which where by refugees and non-refugees alike are not able to reach their usual clinics or hospitals. Despite attempts to maintain even *intifada* status quo, as the emergence of the traditional birth attendant shows, conditions more akin to those in developing countries have been forced on the population whose standard of health care is regressing.

The access to medical care for civilians of all ages in the Barta'a enclave has been severely disrupted by the barrier and by the attitude of the IDF soldiers who man the gate. So far, none of the obstetric or emergency cases have had a fatal outcome due to delay. But the suffering perhaps can only be understood by women who have been in labour, and have been denied access through the gate by indifferent or hostile soldiers. The effect on the health of the residents who avoid attempting to reach medical help or are delayed in seeking it, is more difficult to assess, however, it is clear that the health impact is far reaching and affects each and every person in the enclave.