An Entangled Pathology
An Examination of the Relationship Between Hamas and Healthcare in the Gaza Strip
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Introduction

The link between Hamas and healthcare has been the subject of much controversy. Many argue that Hamas' involvement within the social sector of Gaza stems directly from a propaganda and recruitment strategy. The humanitarian aspects of their involvement are reduced to mere byproducts of a network designed to gain followers and garner support for their particular ideology. This viewpoint ignores the roots of Hamas' role in healthcare that developed not from political inclinations but religious and charitable ones. Overall, the healthcare system in Gaza has changed dramatically from the period of the British mandate up until the present day and has played a vital role in the development of many social and political institutions.

For this paper, I explore four main questions concerning healthcare and Hamas in the Gaza Strip:

1. What is the history of healthcare in the Gaza Strip from 1940 - 2008?
2. What role did healthcare play in the development of Hamas?
3. What is the current state of health systems in the Gaza Strip?
4. How does Hamas' present day relationship with the citizens of Gaza, Israel and other countries and organization have an effect on healthcare in Gaza?

The first part of my paper describes the health system at the end of the British mandate system, its evolution under Israeli guidance, the subsequent Israeli disengagement from the health sector and the overall degradation of health services up to and throughout the 2nd Intifada. This background information provides the
historical context and explains how and why Islamic health services became so successful.

The next section focuses on the origin of Hamas and the role social services played in it. Although the social sector as a whole played an important role in Hamas' development I will focus mostly on health institutions and their specific contribution. This section also examines the relationships Hamas began to develop with other actors on the world stage, particularly Israel, the United States and the United Nations.

To gauge the current state of healthcare in Gaza, I begin in 2008 and focus on the lead up to, and the ongoing effects of, Operation Cast Lead which has been the single most influencing force affecting healthcare in the Gaza Strip in the past decade. In this context, I will also look at the foreign policies aimed at dealing with Hamas and critique their approaches and effects.

Overall, I hope to give a historical narrative that portrays the complex relationship between health services and Hamas. The black and white picture often portrayed of the group ignores many of the positive results it has accomplished for Palestinians. I am not writing this paper to delve into the ethics of political violence nor am I making an argument for or against any political organization. But there is a very real humanitarian crisis occurring in the Gaza Strip and that it is being exacerbated by policies designed weaken groups like Hamas with little care about their effects of the rest of the populations.
The History of Health Care in Gaza

Prior to the mandate period, Ottoman controlled Palestine had very little in the way of health resources. Infectious diseases such as tuberculosis, malaria, trachoma, cholera and typhus were rampant, the life expectancy was low and infant mortality was high.¹ The infrastructure of Palestine itself was ill equipped to deal with these problems: there was no systematic waste drainage or health codes, health institutions were few and far in between and there was no standardization of medical practice. Most practitioners relied on traditional healing methods that had been used for centuries past.

As the British began to control the region, their first priority was to control and ultimately decrease infectious disease spread by modifying the sewage infrastructure, educating the population about general hygiene, and passing food and medicine reforms.² As the number of infectious disease incidences decreased, the strategy changed to the development of systematic healthcare and a number of health institutions were built including hospitals, clinics (both general and specialty), mental institutes and medical laboratories.³ These British institutions were supplemented by both Christian missionary health services and Zionist hospitals – both of these groups collaborated heavily with the British. However, it should be noted that the British built health system was just that – British. It was not set up to be an autonomous Arab system, due both the lack of Arab health personnel and funds and the generally sense that Britain did not want the Arab to develop their own independent infrastructure.⁴ And yet the British did allow the Zionists to develop their own health system, along with the rest of their infrastructure and
heavily subsidized them during the process. This obvious favoritism added to the growing resentment between Palestinians and the Zionists.

But despite the political and social tensions brewing, medical problems took priority for most people, both doctors and patients, and cooperation between Arab and Jewish doctors very much existed, usually through personal initiative. Arab doctors treated Jewish patients and vice versa, hospitals regularly treated both and Arab doctors often referred patients to Jewish specialists even when boycotts and protests were in effect. Eventually though, the political turmoil took its toll and cooperation between the two groups began to fluctuate in response to the growing tension. Ethnic separation in hospitals became more and more prevalent, and the call for Jewish medical staff to be removed became louder. The Palestinian Arab Medical Association (PAMA) called for a boycott of all Jewish health services an act which further eroded many of the professional relations established prior. Consults and referrals steadily declined and even patient care was at risk as some hospitals refused to treat patients based on their ethnicity. The ensuing Nakba was a catastrophe for the Palestinian people and the health situation as a whole. The 1948 war destroyed any remnants of a Palestinian healthcare system and medical services were only available through relief organizations. This void, created by the British through their refusal to instill any autonomy or authority in the realm of health care, was filled by various NGO organizations, many of which faced their own problems with distributing health care to Palestinians. Most were ill-equipped to deal with massive amount of refugees and those that could were restricted to basic care. There was some development during this period; with the help of Egyptian
physicians Gaza began to develop and use an Egyptian-based model of healthcare and the system was overseen by a director-general with the help of two senior physicians, each with their own specific field (one for primary care and public health and the other for hospital maintenance). But for most of the refugee population occupying the Gaza Strip, their access to healthcare remained severely limited and there was little to no structured service. Overall, the general health of the refugee population in Gaza steadily declined from an already precarious position.

Things did not radically change until the aftermath of the Six Day War in June of 1967 when Israel began to directly oversee the healthcare system in both the West Bank and Gaza. Between 1967-1994, the Israeli Ministry of Heath (IMOH) acted as overseer in the healthcare sector of Gaza. Their main goal was to provide reasonable and comprehensive medical care to the Palestinians, either through local service organizations and/or use of Israeli facilities. The idea was that adequate healthcare would keep the populations content and under control. However, the IMOH only acted as a supervisory board for the territories – the on-the-ground planning was done mainly by chief medical officers (CMOs). Much like the present, the main limiting factor for healthcare services in Gaza was funding. For the first 3 years of administration, the Israeli government paid for 100% of the health costs in the occupied territories. After that, they began to implement a tax-based funding system, slowly easing the burden of cost onto the Palestinians. By 1987, Gaza citizens provided 85% of the funding.

Prior to Israeli development, Gaza had little in the way of widespread public health management and the conditions on the ground resembled those at the
beginning of the mandate period. Infectious disease management was almost nonexistent, a high birth rate was coupled with a high infant mortality rate, clean water was a scarcity and overall health education and resources were poor. Thus, the first main period of Israeli reform (defined as between 1967-1986 by Dr. Sever and Dr. Peterburg) focused almost entirely on stabilizing health in the Gaza Strip and setting groundwork from which to build upon. Immunization programs, decreasing infant mortality rates, increasing educational programs and restructuring hospital services were the main goals at this time.

1987 brought the beginning of the Intifada, which vastly changed healthcare in the Gaza Strip. Health facilities became embroiled in the political nature of the uprising meaning that “the traditional separation of health from politics had been violated”. The biggest challenge healthcare workers faced were the new restrictions on travel (both on people and goods) – medical professionals were no longer free to move from facility to facility, medical equipment and medicines had a harder and harder time getting in to the areas that needed them and communication between various medical institutes began to breakdown. It should be noted however, that at this time the Israeli Civil Administration (which was divorced from Israeli military operations) continued to try and improve health facilities and care and clashed many times with Israeli security personnel in trying to achieve these goals.

This saga of healthcare development in Gaza appears to be the British mandate system part II and in many ways it was. Both began with foreign countries trying to control infectious disease, then moving onto systemic development and finally
coming to a halt due to a deteriorating political situation. However there are some very important differences concerning the Israeli development in the health sector the most important of which is that, from the start, Israel had intended for Palestinian’s to eventually take over the health sector and manage it themselves. In fact, healthcare was the “first sector proposed for autonomy” during the 1992 peace talks in Washington D.C.\textsuperscript{12} For the next two years, healthcare was one of the few issues that saw positive development in terms of negotiations with the Israelis. For the West Bank, the results of these negotiations were tangible and the entire health system of the West Bank was formally given to the Palestinian National Authority in May of 1994.\textsuperscript{13} But for Gaza, the results were less clear.
The Development of Hamas

The history of Hamas' influence on the social sector of Palestine began with the Muslim Brotherhood (MB). While there is no doubt that the Muslim Brotherhood, in both Egypt and Palestine, used social institutions as a method of proselytizing they did focus on health and education – sections of society often ignored by other groups in the area. These Brotherhood organizations were less interested in fighting a *ji-had* against Israel and more interested in establishing an Islamic society by engaging the disenfranchised social sector of Gaza. During this period of time, the MB had a somewhat surprisingly positive relationship with Israel who supported the building of the *al-Mujamma* al Islamic (Islamic Center) as a cultural and welfare center in Gaza. At this time, Israel was looking for ways to weaken the PLO, and thus supported the MB (and later Hamas) to undermine the PLO's influence. The creation of the *Mujamma* marked the first major transition of social organizations from religious institutions to centers of social services aimed at restoring and reforming the social sector. Organized around a mosque, the Mujamma contained health clinics, training facilities for men and women, sports clubs, nurseries, drug rehabilitation programs and “other social centers and religious activities.” The leadership of this center consisted of five community leaders who all shared similar traits: they were highly educated (many in the US or Europe), considered moral authorities in the community and were perceived to have a fair sense of justice. These men initially were not religious, but became so throughout their work. With all of these factors, it becomes easy to see why social institutions such as the *Mujamma* gained massive amounts of respect and
recognition and continued to exist throughout the later political and social turmoil. It was seen as a grassroots movement, even though it did not begin as one and it continued to build through personal interactions, compassion, a willingness to do what was by helping those who needed it.\textsuperscript{18} The Mujamma and its subsidiaries also acted as mediator in an area that was absent any formal state laws. It arbitrated tribe disputes, protected the poor and disenfranchised, acted as a moral authority and generally preserved Islamic culture and law.\textsuperscript{19} The most influential leader of this movement was Sheikh Yasin, one of the five elders who ran the Mujamma and the only one with strong ties to the Muslim Brotherhood. He promoted \textit{da'wa} (preaching) and \textit{tarbiya} (teaching) and over time developed many local social centers across Gaza which were brought together as one of the first large scale social institutions in Gaza.\textsuperscript{20} A very rigid, centralized authority controlled this network. Overall, Islam had begun to chip away at the secular, nationalistic Palestinian identity that had been predominant in Gaza since 1948. Showing that an Islamic society could indeed be built was not entirely effective to win over large parts of Gaza citizens – but ending the Israeli occupation could. And this thought of venturing into the political and military resistance led to the creation of the \textit{Harakat al-Muqawama al-Islamiyya} (the Islamic Resistance Movement) or Hamas in January of 1988.\textsuperscript{21} The creation of Hamas went hand in hand with the beginnings of the Intifada and the Mujamma’s subsequent hesitancy to outright declare a \textit{ji-had} against Israel.\textsuperscript{22}

Hamas’ view and role in the social sector of Gaza was fundamentally different from that of the Mujamma and other MB institutions. As Sarah Roy explains:
During the first Intifada, the activities of the Islamic social sector (identified largely with the *Mujamma*) were meant to complement, strengthen, localize, and institutionalize Hamas as a political actor and solidify its position within the Palestinian society as the natural heir of the more traditional *Ikhwan.*

And as she later explains:

The goal was not so much to change the nature of social activity but rather to maintain and strengthen it, in order to address new economic exigencies created by the Intifada and respond to the population's immediate needs.

Hamas fused its political ideology with social community activism, the later which served as a mechanism to reinforce the former. It also bridged the gap between traditional Palestinian nationalism and Islam. This unique approach towards the issue was what allowed it to gain a foothold in Gaza and allowed it to "compete with other political actors."

Hamas touches upon it's role, albeit very broadly, directly in Article 21 of it's charter:

Part of social welfare is providing aid to everyone who is in need of it, be it material, or spiritual, or collective cooperation to complete some works. And upon the members of Islamic Resistance Movement falls to the responsibility of looking after the needs of the population as they would for their personal needs. And (an obligation) upon them is that they should not spare any effort in realizing it, protecting it and them, and they should avoid, without foul play what might adversely affect
future generations. Because that masses are from them, and to them it
power is their power, it's future is their future. A duty upon all members
of the Islamic Resistance Movement is to take part in people's happiness
and grief and there they should take as their duty the people's demands
and what realized the people's benefit and theirs. When this spirit (of
cooperation)overwhelms, love will deepen and cooperation and mercy
will (exist), and ranks will be strengthened in confrontation with the
enemies.\textsuperscript{26}

The Oslo period marked a radical shift in the relationship between Hamas and
social services. As a child born out of the Intifada, Hamas' focus had always been on
the ideology and action of the \textit{ji-had} against Israel, with all its other aspects used to
bolster that. Yet as the Intifada raged on, and the death toll and destruction kept
rising, many Palestinians moved away from supporting extremist violence in any
form. This popular base of support was critical to Hamas and they felt pressured to
end such acts of violence. That is not to say that Hamas ended its military endeavors
forever, but there was a dramatic decrease during the Oslo period. Overall, the
movement shifted from being primarily one of politico-military action to socio-
economic reform.\textsuperscript{27} The Oslo period brought a new environment to Gaza, one in
which Hamas in its current form was ill equipped to survive in. Hamas' ideology was
shaped by the Intifada into the armed resistance against Israel – and this resistance
was interrelated its political and social policies. Sara Roy writes that as the
popularity of armed resistance began to wane, many leaders of the movement began
trying to figure out how to keep the movement alive.\textsuperscript{28} Thus, like any organism that
means to survive, it had to evolve. Having to deal will the PA and the Israelis, the
movement into the social sector carved out a niche for Hamas that allowed them to
provide both relief in neglected sectors (e.g. healthcare and education) and
reconcile their nationalistic and Islamic beliefs in a different light. Roy reports that
during her interviews with Hamas officials, some decried the use of violence as a
resistance strategy and wholly advocated for the development of the private
sector.29 Even on the eve of the second Intifada and up to Hamas’ entrance in the
municipal elections, development of the social sector more and more became the
primary focus. The precedent of the Islamic social sector, as established by the
Mujamma, also began to change as integration between Islamic and non-Islamic
institutions increased and marked benefit resulted.

Overall, the social sector had a huge impact on the development of Hamas –
first acting as a method of gaining base support and then becoming one of the
driving forces of its ideology. The development of the social sector of Gaza, long
neglected by other political groups and parties, brought real, tangible relief to its
population. Obviously, many who benefited from the relief often supported these
institutions and their political actions. And while this development on Hamas’ part
help serve their overall objectives and bolster support among the locals, these
institutions were rarely under the direct control of Hamas and their goals were
never ones of recruitment and indoctrination. So exactly how much influence and
impact does Hamas have on the health sector of the Gaza Strip? The answer to this
question differs depending on a multitude of variables: the type of healthcare
institution, its location and patient population, its staff, administration and
specialization plus a number of other factors. Because there is little to no centralization or even communication between facilities, each facility manages its day-to-day operations completely autonomously. To say that Hamas controls every aspect of healthcare in the same manner for the purpose of supporting its political and military endeavors is both a gross simplification and completely inaccurate.
Oslo and The World Beyond

The decade following the Intifada brought about some radical shifts, both in Hamas’ ideology and with the political situation as a whole. This section will focus mostly on Hamas’ emergence as a major political player in the international arena and how Palestinians, Israel and the international community respond to it.

Prior to this period, Hamas had refused to participate in most peace delegations between the PLO and Israel (among other groups) on the grounds that A) doing so would legitimize Israel as a state and B) these talks did not represent Palestine as a whole and was too limited in it’s scope. The 1993 Oslo accords were what ultimately changed Hamas’ role. For the international community Oslo was hailed as a massive step forward in the Israeli-Palestine peace process. But for Hamas (and many Palestinians) Oslo was “simply one more phase in the occupation” and those who supported it, namely the Arafat and the newly established Palestinian Authority (PA), were doing so to appease Israel and the United States.

The creation of the PA and the enactment of Oslo went hand in hand with ‘fighting terrorism’ – a term that in practice meant going after Islamic groups and institutions. The PA worked closely with Israeli military forces to take out Islamic militant groups with Hamas’ militant wing, Izz ad-Din al-Qassam, being the main target. In 1996, multiple suicide bombings were enacted by the Izz ad-Din al-Qassam brigades and resulted in a “witch-hunt of Hamas members by both the Israelis and the Palestinians”. This drive against Hamas’ militant wing was rather successful and forced its leadership to redefine its strategy for dealing with Israel.
During this time period, the PA targeted the Islamic social sector as well. In 1997 it closed down sixteen of the largest Islamic NGO's in the Gaza Strip (half of which were health institutions) under the pretext of destroying terrorist infrastructure. Although the official government health system of Gaza was transferred to the PA in 1994, they comparably had little influence in the sector.\textsuperscript{33} The PA's movement into Gaza's civil sector was concerned with gaining power and influence in the social sector, something that they needed to legitimize them as the absolute power in Palestine. It simultaneously tried to build an alternate NGO system – one which was run by members of Fatah – and destabilize or downplay Islamic NGOs. It is ironic that the Authority, in trying to win the hearts and minds of the Palestinian people, removed many intuitions that supplied these people with relief. For Hamas, these actions confirmed their belief that Arafat was more concerned with looking good on the political stage than truly wanting to help the Palestinian people. As Hamas member Abu Shanab states, the attacks on the social sector "isn't the infrastructure of Hamas, but the infrastructure of the Palestinian people."\textsuperscript{34} And this statement has resonance, as it was ultimately Palestinians who felt the brunt of these policies.

Despite the blatant attacks on Hamas by the Authority, Hamas outright refused to strike back. Israel was still the enemy and the last thing Hamas wanted was a civil war to break out. But the strain of constant arrests and attack, coupled with dwindling funds took its toll on Hamas and in 1996 a major split occurred within the group. The majority of Hamas activists who occupied the Gaza Strip decided to focus on developing the social sector and to engage (somewhat) in political matters. The
other group, largely consisting of those in exile, still held to a more violent ideology and refused to even acknowledge the peace process.\textsuperscript{35} This split acted as a catalyst for the Gaza based Hamas group to begin calling for a solution proposed in in the early 90's: the \textit{hudna}. In essence, the \textit{hudna} was a proposal for a two-state solution using the 1967 borders. Its goal was to unite Gaza and the West Bank under a proposed 10 year cease-fire with Israel with further political negotiations to take place afterwards. The \textit{hudna} marks an important change in Hamas – a movement away from the strict non-bending ideology of its charter to “pragmatic, realpolitik approach.”\textsuperscript{36} Ideas like the \textit{hudna} fly in the face of critics who say that Hamas is an unbending and uncompromising organization that will accept nothing short of Israel’s complete destruction. Overall, Hamas described themselves as the “positive opposition” to the PA, concerned with finding not just political solutions, but solutions that provided betterment to the Palestinian people as a whole.\textsuperscript{37} Of course, “what in the West had been seen as a ‘peace process’”, remarked Graham Usher in his analysis of Oslo, “was for Palestinians Israel’s latest mode of colonial dispossession” and the ensuing failure of Oslo and the outbreak of the 2\textsuperscript{nd} Intifada in 2000 confirmed as much.\textsuperscript{38} The intifada brought a resurgence of violence, both Islamic and secular, as well as a major shift in support away from Fatah, which would have some major ramifications in the coming years. The attacks on September 11\textsuperscript{th}, 2001 brought another change to the politics of Palestine. The focus on Islamic groups grew exponentially and the ‘war on terror’ began to associate any Islamic movement with that of \textit{al-Qa’ida}, meaning that almost every Islamic based organization in Gaza were legitimate targets of the United States.
One final effect of the 2nd Intifada was the beginning of border restrictions on the strip in 2001. Although Israel had always instilled some sort formal restrictions on the movement of Palestinians, the creation of a buffered zone around Gaza with specific points on entry was new. As we will see, this will evolve and have a major effect upon Gaza in the coming years.

The failure of Oslo and its aftermath brought with it a sense of uncertainty of where to go next. In 2003 multiple talks between Israel, the US and Egypt were held concerning the potential fall of the PA and plans for Israeli disengagement from the West Bank and Gaza – the main objective of which was to remove and compensate all settlers in Gaza and 4 settlements in the West Bank.39 As the disengagement plan moved forward, Israeli forces closed all Gazan borders except Rafah, enacted Operation Rainbow (bulldozers widened the area between Israeli settlements and the Gaza borders). Assassinations of top Hamas officials including Shaykh Ahmad Yasin in March, Abd al’Aziz Rantisi in April escalated as did the “tit-for-tat” attacks between Israel and various Gaza militant groups (including Hamas).40 Israel launched multiple operations in 2004-2005, all with the intent to destabilize the “terrorist infrastructure” but in reality they resulted in the death of hundreds of Palestinian civilians and further degradation of civil infrastructure. In 2005, Israel did withdraw from the strip; a move that superficially seems like a step forward in the peace process but in fact was part of a larger strategy of Israel to downplay (and eventually eliminate) the agenda of creating a Palestinian state.41 The sinister inclinations of the Israeli plans, and Fatah’s apparent willingness to go along with it played a big role in their loss in the upcoming elections.
The unexpected victory of Hamas in the 2006 legislative elections marked another massive change in Israeli-Palestine relations. Previously, Hamas had had limited success in the political realm. It must be noted that due to the lack of a national government and recordkeeping concerning elections, measuring the true extent of Hamas' popularity is difficult, if not impossible. Their somewhat flaky stance on electoral participation can be traced to their fear that by participating in the Palestinian Legislative Council, they would be legitimizing the Oslo Accords. But their decision to run in 2006 proved successful as they gained 72 out of 132 seats. Their victory took many by surprise and resulted in drastic foreign policy changes concerning Gaza. The European Union and the US threatened to suspend all aid. Israel, the US, and the Abbas led PA met to discuss ways in which to weaken Hamas' power. This ultimately led to a withholding of Israeli transfer of value-added tax revenues, larger restrictions on border crossing (with supposed exceptions for humanitarian aid but as discussed later this was not the case), and increasing restrictions on Palestinian work and construction permits. The US became increasingly adamant that other nations and organizations suspend aid. All of these measures indicated that the strategy to combat Hamas lay in destabilizing Gaza to make it more difficult for Hamas to prove it was capable of leading.

Of course these strategies were not necessarily new. During the 90's, the PA repeatedly blocked funds to Hamas in an effort to force them out of the social arena. Later in 1997, the "Conference of the Peacemakers" ended with the following statement:
We decided: ...to prevent terrorist organizations from engaging in recruitment, supplying arms, or fundraising...To exert maximum efforts to identity and determine the sources of financing for these groups and to co-operate in cutting them off, and by provide training equipment and other forms of support to those taking steps against groups using violence and terror to undermine peace, security or stability. 45

With the support of 31 heads of state, this conference marked the beginning of a crackdown on any organization that gave money or support to Islamic NGOs, particularly those in the Gaza Strip. Institutions in Israel, Europe and the United States have been investigated, had their funds seized and in some case been legally prosecuted. Of course, all to often, organizations are attacked without the proper evidence. For example, the Al-jam‘iya al-Islamiyya al-Ightaha al-Insaniyya institute base in Kfar Qasim, Israel was accused to being a major contributor to Hamas. But an investigation by the British Charity Commission in 1996 found no donations to Hamas.46 These economic actions against Hamas culminated in the 2006-2007 economic sanctions against the Palestinian Authority in response to Hamas being elected into power. While the sanctions only lasted a year, they were immediately followed up with a total blockade of the Gaza Strip by Israel and Egypt.

For the patients and practitioners of the Gaza Strip, the events of 1990 - 2007 affected healthcare in two main ways. First, Gaza became increasingly reliant on humanitarian aid as its dwindling resources were not able to sustain adequate
health services. Second, this aid had an increasingly hard time reaching Gaza due to the ever-increasing restrictions on border crossings. These stressors also contributed to the breakdown of internal management of health care providers in Gaza. But outside forces were not the only thing that affected healthcare in the post-election. Public unions of doctors, nurses and other medical staff who were not affiliated with Hamas went on strike from August to December of 2008. During this period, many of the vacant positions left by the strikers were filled via appointments from Hamas. This change of staff would have a very profound effect later on after the Gaza War.
The Gaza War and its Aftermath

The final section of this paper focuses on the current state of healthcare in Gaza in the aftermath of Operation Cast, also known as the Gaza War. I focus on this event as it has had the single biggest effect on health care in the Gaza Strip in the last fifteen years and is responsible for the present day conditions.

Operation Cast Lead was an Israeli military operation designed to deal a crippling blow to Hamas that began on the eve of December 27\textsuperscript{th} 2008 and lasted more than 20 days. Prior to this operation, both Hamas and Israel were technically supposed to be under an Egyptian brokered ceasefire that began June 19\textsuperscript{th} 2008.\textsuperscript{47} The main deals brokered in this ceasefire were a suspension of Hamas rocket attacks into Israel in exchange for a loosening of the border restrictions (both land and sea) into the Gaza Strip. Between June 19\textsuperscript{th} and December 19\textsuperscript{th} (when the ceasefire ended) Hamas reported 185 Israeli violations of the ceasefire while the Intelligence Terrorism Information Center reported more than 350 Hamas violations.\textsuperscript{48} It should be noted that between June 18\textsuperscript{th}-November 14\textsuperscript{th} the number of rockets fired into Israeli territory decreased by 98% compared to the same period of time before the ceasefire.\textsuperscript{49} However, while the Israelis let a gradual increase of 20% of goods move into Gaza, as the ceasefire went on and tensions rose again that number dropped back down again and on December 20\textsuperscript{th}, one day after the ceasefire technically ended, Hamas refused to extend it citing the lack of progress on opening the border crossings as the main reason. Ironically, the main reason Israel did not open the borders more was to prevent Hamas from smuggling in weapons.
On December 27th, Operation Cast Lead officially began and more than 50 ‘Hamas infrastructure’ targets were shelled by over 100 bombs. This continued until January 3rd, 2009 when ground forces began to move into the Gaza Strip. Violence broke out between Hamas and the IDF and thousands of people fled their homes. Both sides made heavy use of artillery strikes, most of which damaged or destroyed civilian structures. The operation continued until January 17th when Israel declared a unilateral ceasefire – the next day Hamas agreed to a one week cessation of rockets strikes in order to allow IDF troops to leave. While the Israeli’s meant to deal a great blow to Hamas, the real victims of Operation Cast Lead were the citizens of Gaza and it’s infrastructure. The total number of is thought to be between 1100-1400 Palestinians and 13 Israelis. The table below provides further breakdown of casualties from multiple sources.

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<tr>
<th></th>
<th>B’Tselem</th>
<th>Palestinian Centre for Human Rights</th>
<th>Israeli Defense Forces</th>
<th>Palestinian Ministry of Health, Gaza</th>
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<tr>
<td>Palestinian TOTAL</td>
<td>13</td>
<td>85</td>
<td>1417</td>
<td>1166</td>
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<tr>
<td>Palestinian combatants</td>
<td>33</td>
<td>0/375</td>
<td>236</td>
<td>709</td>
</tr>
<tr>
<td>Palestinian non-combatants</td>
<td>76</td>
<td>2</td>
<td>926</td>
<td>295</td>
</tr>
<tr>
<td>Women</td>
<td>10</td>
<td>7</td>
<td>116</td>
<td>49</td>
</tr>
<tr>
<td>Minors/Children</td>
<td>31</td>
<td>8</td>
<td>313</td>
<td>89</td>
</tr>
<tr>
<td>Police officers</td>
<td>24</td>
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<td>255</td>
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<td>Israeli TOTAL</td>
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<tr>
<td>Israeli non-combatants</td>
<td>3</td>
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In order to target Hamas, Israel aimed to target “it’s resistance or military wing and it’s dawa, or social wing.” Keep in mind that labeling something a ‘Hamas institution’ is rather ambiguous; in reality the Israeli strategy meant attacks on the entire civilian society in Gaza – regardless of any actual affiliation. That Hamas is not simply a militant political machine but “part of a social movement with a large popular base that is deeply entrenched in society” is a fact that “Israeli officials and their American allies do not appreciate.” This stratagem resulted in not only attacking military and administrative structures but also their entirety of Gaza’s civil society.
Assessment of Healthcare Before and After Cast Lead

In the lead up to the war, the overall healthcare situation in Gaza could be described as stable but fragile. While there were signs of improvement and development, they were almost entirely dependent upon regular substantial monetary support and would have come to a complete halt, and probably degrade, in its absence. Even with monetary aid, the restrictions on movement of goods and people in the Gaza Strip prevented any real development from taking place. In these conditions, Palestinians had no chance to significantly contribute in the development of their infrastructure.

Prior to the beginning of the operation, Gaza had a total of 133 hospital beds per 100,000 peoples (so for the entirety of Gaza's 1.7 million population it has approximately 2,261 total beds) – this number would decrease during and after Cast Lead due to the destruction of some health buildings. On December 28th, the day after the campaign was officially declared and after the first series of attacks by the Israeli army, hospitals were suddenly flooded with those wounded in the attack. Unable to cope with the sheer volume of patients, many hospitals were forced to create makeshift intensive care units, emergency rooms and surgical rooms. Shifa hospital turned its orthopedic ward into an emergency ICU and opened four additional operating rooms in a maternity ward to supplement their other six. Al-Quds Hospital, which was the 2nd largest hospital in Gaza, was shelled heavily during the operation – it's pharmacy, administrative complex and emergency department were completely destroyed. Al-Wafa's geriatric center was shelled and damaged on January 15th but they continued to provide health services during the entire operation. Shifa hospital
continued to run at full capacity but their inability to move patients out as fast as they were coming in meant that they were unable to provide the required care. Every hospital in Gaza City ran on fuel generators during the entirety of the operation. Overall, 15 hospitals were damaged through the operation as well as 41 primary healthcare clinics, 28 Ministry of Health clinics 7 UNRWA facilities and 8 NGO clinics. The entirety of UNRWA’s Gaza City warehouse, which housed medications, medical ambulance services supplies and other humanitarian goods, was destroyed. It is estimated that 16 medical personnel were killed and 22 others were injured while on duty. Even were at risk as the Red Cross stated that they would stop accompanying ambulances during runs.

Another major issue for hospital services concerned their medical equipment. Specialized medical equipment is essential to providing adequate healthcare yet Gaza lacks both the equipment it needs and people to maintain it. Much of the medical equipment in hospitals was old, broken, improperly used or any combination of the three. A WHO report on the issue after Cast Lead shows that the situation got much worse. In the aftermath, there were many donations of medical equipment. But these donations, much like other donations of health aid, were not very specific to Gaza’s needs. Approximately 500 tons of donated equipment presently sits in storage facilities, unused, due to either it’s availability in surplus or incompatible with the Gazan system. And it wasn’t just the equipment itself that was the problem. Many of the jobs that were filled by Hamas during the workers strike were maintenance and technician position and these new recruits rarely, if ever, had any formal training. Overall, the WHO report summed up the
problems as thus: a lack of equipment inventory, obsolete and no centralized processes, lack of organization in terms of tasks and a general lack of "tools, workshop space and safety test instruments".\textsuperscript{66}

The crumbling infrastructure also presents major problems for health services in Gaza. Electricity is often the biggest concern, as hospitals need continual power to keep essential life sustaining equipment on. The power grid in Gaza is anything but reliable with daily blackouts lasting from eight to twelve hours.\textsuperscript{67} Much of the electricity Gaza gets from Israel is used strictly for life support systems, although this power only lasts for portions of the day. The rest of the time hospitals run on generators, but fuel and battery sources are becoming increasingly scarce. Once both sources of power are unavailable, equipment such as ventilators cease functioning and nurses much resort to pumping air by hand.\textsuperscript{68}

The current blockade of Gaza and severe restrictions of moving goods and people in and out of Gaza is one of the main contributors to the decline of healthcare services in the Gaza Strip. There are 6 land border crossings: Erez, Karni, Nahal Oz, Sufa, Kerem Shalom, and Rafah. The Nahal Oz is mainly a fuel pipeline and Rafah is on the border of Egypt and Gaza. Prior to the attack on December 27\textsuperscript{th}, 2008, Israel (and Egypt) already heavily limited the amount of fuel, food, medicine and people crossing the borders. Under these conditions, Palestinians were unable to sustain any sort of viable infrastructure, let alone cope with the huge impacts of the armed struggle around them. In addition to stifling economic and social development, Human Rights Watch describes the blockade as "a form of collective punishment by Israel against the civilian population in violation of international humanitarian law"
a claim “implicitly acknowledged” by Israeli officials. The Israeli policies relating to control of the border are directly impacted by the activity of Hamas’ military wing and to a lesser extent other militant groups in Gaza. Israel justifies its border restrictions on the basis of security concerns – mainly preventing Hamas from smuggling in weapons. However, the Israeli restrictions go much farther than banning goods that could be used as weapons (pipes and fertilizer mainly) and actively restrict food, fuel, electricity, medical personnel, medical supplies and other aid. Between May 2007 and October 2008, the daily truckloads of aid dropped from 475 to 123. By November of 2008 (one month before Cast Lead began) that number had fallen to only 6.

As described earlier, the Palestinian hospital system, already overwhelmed prior to the operation, severely lacked the capacity to deal with those wounded during the operation. Although many patients had treatable problems, the lack of room, staff and supplies made it extremely difficult to treat them and thus many preventable complications occurred raising the death toll even higher. On numerous occasions both Egypt and Israel restricted medical personnel from entering Gaza. Thus, many patients needed to be transferred outside of Gaza to other facilities for specialty care. Only two crossings allowed for the movement of patients out of Gaza – Rafah and Erez – and both of these showed extreme reluctance to let anyone in or out. At Erez, Israeli compliance hinges on financial obligations – Israel wants the PA to finance the medical costs of transferred patients while the PA asserts the Israel, as the occupying power, must foot the bill. Throughout the entire operation, only 4 patients were transferred to Israeli
facilities, and the only reason these 4 got through was due to UNRWA's intervention and financial guarantee.\textsuperscript{74} Israel claims that in 2009 10,522 patients and their companions were allowed to leave Gaza for medical treatment – but the WHO reports that more than 21% of those who applied for transfers were denied and that 27 people died while waiting on approval for transfers.\textsuperscript{75} Egypt showed similar reluctance to allow patients move through the Rafah border, despite numerous pledges from other surrounding countries to accept patients. Egypt’s position stated that it would not “normalize the Rafah border crossing” until the P.A. is in control of the surrounding area again and EU monitors were reinstalled.\textsuperscript{76} However, a HRW interview with Egyptian Ministry of Health representative Tarek al Mahallawy showed that the reason so few people were being transferred across the border was due to the difficulty with communicating and coordinating with Gazan hospitals – probably due to the fact that the telephone and radio systems had also been completely decimated by Israeli attacks.\textsuperscript{77}

As far as equipment and supplies go, their allowance into Gaza changes from day to day. It is extremely difficult for hospitals to get X-ray machines, CT scanners, MRI machines and other radiological equipment which is absolutely necessary to practice emergent medicine, especially with the amount of violent and traumatic injuries that occur. As an example, to get a fluoroscope (a machine that allows physicians to seen an internal view, usually x-ray, in real time) Shifa Hospital had to wait more that six months for it to be approved to cross the border. The reason these types of equipment are regulated is due to their classification as “dual-use” which implies that they could potentially be used to make weapons by militants. It
should be noted that the term dual use is defined rather ambiguously and bans many essential items needed in Gaza. Batteries of every kind, piping, concrete mix, mechanical spare parts, wheelchairs, and all sorts of construction materials are but a few of the items not allowed in.\textsuperscript{78}

There is a severe shortage of proper medications in Gaza. While Gaza receives millions of medications every year, 70\% of it is ended up in Gaza's landfill.\textsuperscript{79} Much like with medical equipment, donors send lots of drugs that they don't need or send drugs that cannot be used at all. For example, one year after the H1N1 epidemic had past, Gaza received 2 million dollars worth of the Tamiflu that ended up being thrown away. Another problem is that more than 20\% of the medicine is either expired or about to expire.\textsuperscript{80} The drugs end up being dumped into landfills as Gaza lacks the facilities to properly dispose of them. This raises further health concerns about contamination of water aquifers. Many times the aid contains too much medical equipment, such as bandages and syringes, and too little needed medicine.\textsuperscript{81} But the blame does not lie solely with aid donors or Israel – the WHO claims that the supply network for medications is not reliable and cites the rift between Fatah and Hamas as a probable cause.\textsuperscript{82}

\textbf{A Note On Reliability and Certainty}

Restrictions on traveling to Gaza, conflicting reports on the state of Gaza and the general ambiguities that exist in war-torn areas, makes it difficult to gain a clear picture of healthcare. The ever changing physical landscape of Gaza means that structures and services may rise and fall before outside observers even know they existed at all. Claims
by various states and organizations are difficult to validate, therefore making it harder to form viable solutions to the severe problems in the health area. Thus we should keep in mind that until a more stable and open environment is created, it will be impossible to determine the true status in healthcare in the Gaza Strip.
Conclusion

Ultimately, the relationship between Hamas and the health system of Gaza is rather dual natured. On the one hand, their development and improvement of health services filled the gaps left by other NGO institutions and brought relief in many ways to Palestinians. Their motivation for doing so does not stem from a desire to radicalize and recruit people to their cause (as is so often argued) but instead stems from beliefs that they have a duty to help those that they can. Other the other hand, the fact remains that part of the Hamas organization engages in political violence with Israel and these actions have played a big role in the development of not just Israeli policy, but other countries as well. The legitimacy of this violence, although having a profound effect upon the health system, is a topic for further discussion. But I will say that the threat of terrorism is the biggest factor influencing not only Israel’s policies towards Gaza. The blockade of Gaza, limitations on travel and lack of movement of goods into Gaza are usually justified through claims of preventing terrorism. Does the state of healthcare have an effect on terrorism as a whole? Again, this is a question that deserves further discussion.

I hope that this paper has explained the complicated and entangled relationship Hamas has with healthcare. Many of the policies that aim to weaken or delegitimize Hamas ultimately worsen the situation for Palestinian civilians and do nothing to improve either the political crisis or the humanitarian crisis. The use of blockades as a collective punishment, refusal to allow medications and medical personnel into Gaza, limiting patient transfers and indiscriminately destroying networks of funding are neither effective nor are they ethical. The current
restrictions and strategies aimed at the Gaza Strip seem to be politically motivated; not only violating the apolitical status healthcare has always assumed but also humanitarian and human rights laws. These types of strategies have proven to be ineffective in both decreasing Hamas' political standing and increasing the quality of life for Palestinians.

Unfortunately, I do not have the answers to solving the health crisis in Gaza. But what I can offer are two main suggestions I believe, through my research, would at least help make progress in the area.

The first would be to change how we perceive groups like Hamas. Perceiving Hamas as one big, bad evil entity and basing policies on such a notion is not an effective tactic to solve the problems of the Gaza Strip. Former head of Mossad Ephraim Halevy comments on how the ideological wishes of Hamas militants is different their views in the real political arena saying that "like much of the Israeli right-wing...they have recognized this ideological goal is not attainable and will not be in the for foreseeable future."\textsuperscript{83} Israel and the international community have been trying to destroy Hamas in every way possible for the past twenty years and have failed to do so. I think Chomsky put it best:

Hamas is regularly described as "Iranian-backed Hamas, which is dedicated to the destruction of Israel." One will be hard put to find something like "democratically elected Hamas, which has long been calling for a two-state settlement in accord with the international consensus" -- blocked for over 30 years by the US and Israel.\textsuperscript{84}
For all the rhetoric western countries make about bringing democracy to the Middle East, it seems more than a little hypocritical that they refuse to acknowledge the legitimacy of a group freely elected by it's people. The international community cannot continue to ignore Hamas, hoping they will go away - their presence has been solidified in Gaza over the last sixty years. Instead, they must acknowledge the realities of the situation and hold both Hamas and Israel accountable for their actions.

My second suggestion would be to use healthcare as an arena for promoting coexistence. Since healthcare has become politicized in this conflict then it can be used a positive tool. “Cooperative projects in the health field are perceived worldwide as bridges for peace” and Gaza is no exception. In fact, for most of the duration of the Israeli-Palestine conflict healthcare has consistently been a point of cooperation between Israelis and Palestinians. Health provides a great area of cooperation for three main reasons: local conditions that require interdependency on one another, international conditions that promote peace building and cooperative projects and the universal humanitarian aspect that health carries. If Palestinians and Israeli’s worked together in the health sector, not only would it relieve the suffering of a large population but it would also help change their perceptions of one another.

“If relations are built on mutual respect and equality, a great deal would be accomplished. Despite the prevailing difficulties, the idea of peace must prevail. Sensitivities will then disappear and true cooperation will take place in areas such as preventions, public health, medicines and
vaccination. In fact, the fields of cooperation in health are almost unlimited."\textsuperscript{87}
Endnotes

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16 Roy, 1753.
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19 Roy, 1809.
20 Knudsen 1377, Roy, 1787
21 Roy, 1874.
22 Knudsen 1377
23 Roy, 1887.
24 Roy, 1888.
25 Roy, 1888.
27 Roy, 2038. Again, that is not to say that political violence ended, as there is plenty of evidence that it did not. But its use as a tool of resistance definitely lost a lot of support.
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Guide: Gaza under Blockade

10 – After Hamas gained control of Gaza, the Fatah border officials were replaced with Hamas officials and the EU monitors that had been there left.

WAR ON GAZA


Expired Medicine donation

Guide: Gaza under Blockade

Jahann Hari, The true story behind this war is not the one Israel is telling

Chomsky, exterminate the brutes

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