

transport services strengthened and additional funds for hospitalization provided. Physiotherapy clinics were opened to help the wounded regain the use of their limbs. UNRWA has also provided local hospitals with specialized medical equipment to treat severe fractures and eye injuries.

Perhaps the most significant response has been the formation of a new organization called The Association of Israeli and Palestinian Physicians (AIPP). The association was formed in March 1988 «in response to deteriorating medical conditions and violations of human rights in the West Bank and Gaza Strip,» according to an official statement released by the group. The association's founding conference was attended by over 100 Israeli and dozens of Palestinian physicians. The AIPP focuses on assisting Palestinian medical personnel who have been subject to harassment, administrative detention and expulsion, fighting cut-backs in medical care to the occupied territories, collecting funds for medical care and medication and monitoring and documenting medical care and rights violations in Israel and the occupied territories. The group's advocacy work is based on the fact that the occupation authorities have been impeding medical care as a tool of political pressure, and as a means of individual and collective punishment. The political stand of the AIPP supports a two-state solution. Such efforts, if developed in the correct political direction, can have a positive impact beyond health care in the occupied territories.

Despite these efforts, the Israeli authorities have done what they can to keep international organizations from addressing the health needs of the occupied population. This is part of their wider policy of isolating the territories from world view to have a free hand, and keeping the population dependent on the occupation infrastructure. Thus, for example, funding to medical organizations is restricted to «approved» sources, training courses by international medical experts have been forbidden, medical professionals have been prohibited from attending international conferences and, perhaps most significantly, the authorities have yet to allow a World Health Organization (WHO) delegation into the occupied territories to investigate health conditions. In addition, the US, encouraged by Israel, has blocked the State of Palestine from being admitted to the WHO.

### **The Palestinian response**

The right to health care and who controls it has always been part of the Palestinian struggle. For a displaced refugee population or a community for whom every aspect of life is controlled by a military occupier, health care takes on a significance far beyond maintaining physical well-being: it becomes an arena for mobilization to achieve radical social and political change. In recognition of this fact, progressive forces in the occupied territories began forming medical committees in the 1980s to serve Palestinian communities. These committees have concentrated their efforts in villages and refugee camps in order to serve the poorer sector of the occupied territories. The grass-roots nature of this movement and the popular response to it certainly influenced the way the population was mobilized during the intifada. In turn, the mass-based character of the uprising has served as an impetus for further development of these popular health care committees as they strive to respond to the great medical needs of the population, as well as create and strengthen independent Palestinian structures in the field of health care.

The work of the two main committees operating in the territories - the Union of Palestinian Medical Relief Com-

mittees and the Popular Committees for Health Services - was originally concentrated in preventive, curative and health education programs. First operating from mobile clinics, the committees later began establishing permanent clinics in addition. Notably, women have had leading roles in these committees, both as medical professionals volunteering their skills, and as part of the grass-roots women's committees who help organize the health education programs and mobile clinics.

Since the outbreak of the intifada, the committees have revised their work to deal with the emergency and trauma care demands of the Palestinian population, while continuing to build an autonomous health care structure. For example, after witnessing hundreds of people flock to hospitals to donate blood on days when there were heavy gunshot injuries, the committees organized blood typing and screening projects to facilitate long-term blood donation. As well, first aid instructions in dealing with fractures, the effects of tear gas and controlling bleeding have been added to the health education syllabus.

Predictably, the occupation authorities have continuously attempted to thwart the committees' work, especially during the intifada. Although the committees are legally established organizations, the authorities' stance towards them does not reflect this. Medical professionals working with these committees have been put in administrative detention, had travel restrictions imposed on them and had their private clinics closed down with a warning to cease all voluntary work. Clearly, these attacks are part of the authorities' attempts to crush the intifada and force dependency on the occupation, thereby controlling the population. They are well aware that the committees are an important part of the Palestinians taking control of their own lives and building the infrastructure of their state.

### **Eyewitness to popular health care**

At the beginning of the intifada, I had the opportunity to observe one of the mobile clinics of the Popular Committees for Health Services in the West Bank. A several-days-long curfew on Jalazon refugee camp near Ramallah had just been lifted, and the five-person medical team would be providing the first health care services in the camp for days. As we approached the camp in the late February afternoon, everyone in the car tensed as we spotted an army roadblock near the surrounding Jewish settlement. If they searched the car and found the «contraband» we were carrying - the trunk-load of medical supplies - how would they react? Luckily, after a cursory identity card check, the soldier waved us through. As the car winded through the narrow streets of the camp, more and more people appeared in doorways and on the street, obviously curious as to who the carload of strangers were. As we got out of the car and began unloading the supplies, someone announced over the loudspeaker of the camp's mosque that the medical committee had arrived, and anyone wishing medical attention should go to a certain house.

We were led into a small camp dwelling and served sweet warm tea by a woman with an equally warm smile. Soon the small children of the household began peeping around corners, checking out the unexpected guests and giggling when we caught their eye. The doctor heading the medical team disappeared with a young man, and upon his return we were taken to another house whose two main rooms had been emptied, except for a few tables and chairs and a bed. The entry room would be the «reception area» and the adjoining one would serve as the examination and