

SHORT REPORT

GAZA: SIX DAYS IN THE WORLD'S LARGEST PRISON

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Abstract

This is a personal experience with MERCY Malaysia's Team 7 during its six-day sojourn in Gaza immediately after the 22-day war. It was a mission cut short. We were asked to evacuate as Israel intensified its shelling. This paper is divided into two main parts: First, my observations as a psychiatrist and humanitarian volunteer; and second, a plan for a psychosocial programme in Gaza.

Introduction

This personal account is a significant departure from the standard approach of a scientific journal. Perhaps the only justification for its existence in a scientific journal is the paucity of information recorded by the very few non-Palestinian psychiatrists who entered Gaza immediately after Israel's 22-day (27 December 2008 – 17 January 2009) Operation Cast Lead [1] against Hamas [2] and the Gazans. This planned assault against the "inmates" of the largest open-air prison in the world [3] was deemed as being executed without clear objectives [4]. It came on top of 19 months of blockade, rendering many people unemployed, and leaving tens of thousands of people homeless.

Zionist Israel rationalised the war-cum-carnage as a compulsory strategy to destroy

Hamas' military arsenal and ability to assemble home-made Qassam rockets. After the Gaza Massacre, Hamas' military prowess maybe somewhat reduced and its defence shield dented, but Qassam rockets still landed on Israel's southern fields and houses, while hostilities between the two enemies continued unabated, albeit with lesser ferocity. Hamas and the Gazans not only remained defiant, they claimed victory over the aggressor. During the Gaza Massacre, about 1,300 Palestinians died, mostly civilians including women and children [5], while more than 5450 were wounded [6].

Gaza is arguably the most densely populated territory on earth where 1.5 million defenceless Palestinians live in an area of about 360 square km while their every move is constantly monitored by Israel through its state-of-the-art military surveillance. They

are still not allowed to leave or enter their blockaded land and sea by Tel Aviv.

Method

This paper is divided into two main parts: My observations as a psychiatrist and humanitarian volunteer; and a plan for a psychosocial programme in Gaza.

1. My Observations

1.1 Arrival

We had to sign two statements of release from responsibility and liability –first, at the Kuala Lumpur International Airport (addressed to MERCY Malaysia); second, at the Egyptian Immigrations (on our exit form) at the Rafah Crossing. Our six-member (five are veteran volunteers and four are doctors and specialists) Team 7 of MERCY Malaysia [7] arrived in Gaza as twilight set in at the Egypt-Gaza Rafah crossing, accompanied by the muezzin's call for the maghrib prayer. It was Wednesday 28 January 2009, 11 days after the ceasefire was declared. Our plan was an eight- to nine-day mission in Gaza. We had no problem communicating with our hosts for many spoke workable to excellent English. Our translators were extremely helpful when my own poor Arabic failed. We were also aided by an England-trained Gaza University linguistic professor and Khan Yunis Municipality representative. This excellent guide and interpreter proved yet again that Palestinians are a resourceful group of people.

1.2 Hospitality

Everywhere we went, Gazans charmed us with their unfailing hospitality, despite their heart-wrenching plight. Regardless of the war and hardship, Gaza remained fertile. A bountiful harvest was visible when we were there. Everywhere, farmers were reaping their harvest oblivious of the occasional menacing Israeli F-16 which was trying to assert weighty authority in the blue Mediterranean sky.

1.3 Volunteers

We had the chance to discuss with other Malaysian volunteers who arrived many days earlier and were about to leave Gaza. We were also in contact with European and Arab medical specialists (of various faiths) and NGOs like Forward Thinking and its co-founder and director, Oliver Mc Ternan, whose team is promoting conflict resolution and interfaith dialogue. Between the second (29 January) and fifth day (1 February), we were busy meeting policymakers (including the team led by the mayor of Khan Yunis who enquired whether we could help his governorate of 350,000 people buy a bulldozer to clear the rubble!) and important doctors (including the Dean and members of the Faculty of Medicine, Islamic University of Gaza, and the Nasser Hospital's medical director and his team).

1.4 Missiles

It was also here, about 11:00 hrs, 29 January, when, as we ended our first meeting with the Nasser hospital medical director, we heard a loud explosion in the

hospital compound. A few Hamas guards with AK-47s at the ready rushed towards its entrance. It was actually a drone-launched missile that hit the road surface (about 50 metres from where we were sitting) severely injuring two riders on a motorcycle opposite the hospital's entrance and 16 passers-by including 13 schoolchildren (who were returning from or going to school). On the third day (31 January), after the congregational dawn (fajr) prayer, as I was hanging my washed pair of pants at the third floor balcony of our Rafah lodging-cum-HQ (which we shared with the landlord's family and other international guests), I heard a very loud explosion that shook the four-storey building. I saw white smoke about 1.5 km away, at the site where an F-16 missile landed on a Rafah trench. On the fifth night, from about 22:58 hrs, six F-16 missiles landed not far from our HQ, in fairly regular intervals lasting for 40 minutes. By then, through short text messages, we received separate instructions from the Malaysian Embassy in Cairo, and also the MERCY Malaysia base camp in Cairo, to evacuate the next day. Thus, this was a mission cut short. We couldn't fulfil our promises to have more meaningful meetings and visits planned for the next two days. I regretted for not being able to visit more psychiatrists and psychiatric centres; by then I only had a phone conversation with a senior psychiatrist and discussed briefly in person with Gaza's sole forensic psychiatrist who said with a smile, "Everybody here needs psychotherapy, including the psychiatrists". The other professional colleague whom I met was a young British Muslim psychiatrist. We had the chance to exchange

information for only less than a minute since we were scurrying off to separate meetings. With heavy hearts, we left Gaza, knowing full well that this was a mission, almost unaccomplished. The borders were still closed as this article was published in early May 2009.

2. Psychosocial Programme

2.1 Intention

Based on my previous experiences during relief missions in Iraq (1991), Kosovo (1999), Afghanistan (2001), Iran (2004), Indonesia (2005-2006), and Malaysia (2004-2005), I mentally prepared a comprehensive psychosocial programme. This time, my intention was to understand the situation in Gaza, and to find out whether I would be able to help treat patients there and plan a psychosocial programme supported by MERCY Malaysia.

2.2 Crisis

The incessant series of human crises in Palestine are unlike any other in the world. Studies done on Palestinians suffering from occupation and the unending violence range from psycho-physical traumas experienced by adult victims of tortures to traumatised children showing unbelievable energy and flexibility that science cannot explain. Findings by research groups like the Gaza Community Mental Health Programme (GCMHP) [8] are in themselves portrayals of the strivings of the human spirit. In all of the studies that the GCMHP conducted, it was found that Palestinian parents, their

inner conflicts notwithstanding, have not stopped trying to give love and affection (core emotions in Palestinian parents) and provide security for their children. The GCMHP research refuted the claim that Palestinian parents pushed their children to war [9]. It was also observed that trauma patients at the GCMHP demonstrated a peculiar syndrome characterised by prominent delusions, thought intrusions and/or obsessional thinking that they knew was abnormal; thus prompting Van Eenwyk, El Massry and Abu Tawahena to suggest a new diagnostic category named "Adaptation Disorder" or "The Gaza Syndrome" [10].

2.3 Programme

The following plan is partly based on my discussions with a psychologist-lecturer of Iemar Society [11] during a whole day field visit in the devastated environs of Khan Yunis and the Gaza- Israeli occupied border hamlet of Khiza'ah, and the unpublished Iemar proposal paper (consisting of English and Arabic parts) which was e-mailed to me about a fortnight after we left Gaza.

The objectives of the programme focused on the rehabilitation of the victims of war and violence are to

- i. relieve their pain and suffering;
- ii. provide them with the needed psychological support;
- iii. provide them with social skills training;
- iv. strengthen their resilience in facing future challenges;

- v. provide psychosocial aid to their families;
- vi. provide special aid to the affected children; and
- vii. provide research facilities.

To realise these objectives, the following steps are to be taken:

- i. The formation of a working team comprising manager, administration staff, psychiatrists, psychologists, social workers, spiritual instructors (sheikhs);
- ii. The establishment of a centre capable of providing a comprehensive service to the victims and their families;
- iii. The establishment of communication with the outside world and the reopening of the borders to ensure the swift flow of humanitarian aid.

The estimated budget for the establishment of this project ranges from US\$100,000 to US\$120,000 per year. The whole project should be reviewed by the 11th month of its operation.

Conclusions

My conclusions can be summarised as follows:

1. Psychosocial programmes (which are not new to Palestine) need the direct aid of the world community and its international humanitarian agencies;
2. A comprehensive survey must be done on the need for additional psychiatrists, psychologists and psychiatric drugs;

3. The closed borders of Gaza made it impossible for swift humanitarian aid to enter the blockaded strip of land; Apart from making sure that their own projects get off the ground, volunteers could help other needy agencies (personal communication: Malaysians were approached by our team members to sponsor a new bulldozer for the Khan Yunis governorate).

Acknowledgements

I would like to thank MERCY Malaysia for sponsoring my journey to Gaza in January-February 2009. Thanks are also due to many Gazans of various ages and their international guests, my fellow team members, my own family and CUCMS colleagues and students, who have made my journey a unique and memorable one. It reminds all of us that with adversity comes opportunity. My highest praise is to the Almighty Allah.

References

1. After a Hanukkah poem by Israeli poet Hayyim Nahman Bialik (1873-1934).
2. Hamas (which means in Arabic: spirit to struggle) is the transliteration of the Arabic acronym for Harakat al-Muqawwamah al-Islamiyyah (Islamic Resistance Movement) formed by the extremely popular Muslim Brotherhood in Gaza, Palestine during the first intifada (uprising) of 1987.
3. Being a forensic psychiatrist, I am

familiar with a few prisons in Kuala Lumpur and Malaysia's Selangor state (where I work) and the Victoria state of Australia (where I trained). Gaza has many characteristics of a huge open-air prison; foremost among them is the lost of freedom for its inhabitants.

4. American University international relations Professor Robert Pastor, senior adviser to the Carter Center, noted that Hamas was willing to extend the ceasefire if Israel's siege of Gaza was lifted. To him it remained unclear why Israel chose to launch war rather than extend the ceasefire. After the war, Hamas appeared stronger. This 23 January 2009 report is available from: <http://www.middle-east-online.com/english/?id=29950>.

5. This Palestinian Center for Human Rights report quoted by Ben Hubbard and published by the Associated Press on 30 January 2009 is available from: <http://gazabodycount.com/>.

6. This 18 January 2009 Palestinian Ministry of Health report is available from: <http://english.wafa.ps/?action=detail&id=12541>.

7. The Malaysian Medical Relief Society (MERCY Malaysia) was founded in 1999, when its first team led by its founding President, Dr Jamilah Mahmood, headed for Kosovo (during the aftermath of Serbian ethnic-cleansing atrocities) in June 1999. I joined the second team of the Kosovo mission two months later.

8. The main office of this NGO is in the vicinity of Gaza City opposite the Gaza municipality beach on the approximately 40-km Mediterranean shoreline. Emerging in 1990 to respond to escalating mental health needs from the stress of occupation and violence, GCMHP provides essential mental health services to Gaza's traumatised population.

9. Samir Qouta. Father let us hide. This brief article is available from: http://www.gcmhp.net/File_files/Fatherletus.html. Among the many published studies on war, violence and their traumas on Palestinians is "The Impact Of Conflict On Children: The Palestinian Experience", a research by Dr Samir Qouta, Head of Research Department of GCMHP, and Dr J

Odeh, the Director of Palestinian Happy Child Centre, in Jerusalem. This study was published in The Journal of Ambulatory Care Management 2004.

10. Samir Qouta, Eyad El Sarraj. Trauma and PTSD. In Ahmed Okasha, Mario Maj (eds). Images in psychiatry: An Arab perspective. Cairo: Scientific Book House & World Psychiatric Association 2001; pp 131-141.

11. According to the unpublished 2009 proposal paper, Lemar Society has experiences in the socio-physical and psychospiritual rehabilitation of Gazans who were victims of many Israeli attacks. It has coordinated these rehabilitation efforts with local and international societies and institutions.

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