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HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

PHYSICAL AND MENTAL HEALTH OF THE POPULATION OF THE OCCUPIED TERRITORIES AND OF POPULATIONS SERVED BY UNRWA IN THE MIDDLE EAST

CONTENTS

I. BACKGROUND

1. As early as November 1948, the Executive Board of the World Health Organization approved at its second session[1] the action of the Director-General in sending, as requested by the United Nations, an expert to review the health situation among refugees in the Near East.[1] During the ensuing period of almost a quarter of a century, the governing bodies of WHO have repeatedly given expression to their concern at the humanitarian aspects, in terms of physical and mental health, of the refugee problem.

2. Since 1967 the problem has taken on new dimensions. It is estimated that there are now about one and a half million refugees, in addition to a vast number of displaced persons, and also inhabitants who, while retaining their normal domicile, are in the occupied territories. WHO is pledged by its Constitution to be concerned about the physical and mental health of all peoples, and it was in this spirit that the Twenty-fifth World Health Assembly expressed in 1972 grave concern as to the health of refugees, displaced persons, and inhabitants of the areas in the Middle East that were under military occupation, and called upon the Director-General to "prepare a comprehensive report on the conditions of physical and mental health of the population of the occupied territories to be submitted to the Twenty-sixth World Health Assembly".[2] It is in response to this request that the present report is submitted.

3. With a view to making his report as complete and reliable as possible, the Director-General arranged for a senior member of the Headquarters staff to visit the affected area for two weeks as his Personal Representative. The Director-General's Representative was received by the Director-General of Health and the Chief of Foreign Relations of the occupying Power. He was accorded by the authorities all facilities to visit the three main occupied zones: the west zone of Jordan, the Gaza strip, and the Sinai desert. His report, together with information provided by the Director of Health of UNRWA, are the main elements used in the preparation of the present document.

While the mandate of the Director-General's Representative was to report on health conditions generally in the occupied areas, that of the Director of Health of UNRWA is specifically concerned with the health of refugees, displaced refugees, and displaced persons. The Annex contains the letter addressed by the WHO Regional Director for the Eastern Mediterranean to governments sheltering refugees and displaced persons and the replies received.

II. HEALTH CONDITIONS IN THE OCCUPIED TERRITORIES AS OBSERVED BY THE PERSONAL REPRESENTATIVE OF THE DIRECTOR-GENERAL

4. The information here presented was gathered by the Personal Representative of the Director-General in the course of his visit. It was clearly not feasible, in the course of a relatively brief visit, to make an estimate in quantitative terms of the health of the population of the relevant areas, but it was possible to form impressions of the extent of the provisions made for health protection and medical care in terms of the available health personnel and physical facilities.

5. The administrative arrangements for west Jordan on the one hand, and Gaza and Sinai on the other, are different. In west Jordan a medical officer seconded from the health service of the occupying Power directs all health activities within the framework of a budget approved by the military governor. He is, moreover, responsible for all decisions relating to medical licensure in the area. In the Gaza strip and Sinai, on the other hand, the co-ordinator of health services is a non-medical former military officer who is aided by two physicians, one of whom takes responsibility for Gaza and the other for Sinai.

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[1] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, p. 531, resolution EB2.R57.

[2] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, pp. 535-536, resolution WHA25.54.

6. Another major difference between the zones is that a recent law requiring payment for medical services has so far been applied in west Jordan but not in Gaza or Sinai. This law lays down that a medical consultation shall cost one Israeli pound, a prescription for not more than two items half this sum, an accouchement 20 Israeli pounds, and a day of hospitalization seven. A dental treatment costs two-and-a-half Israeli pounds. (US$ 1 equal to 4.20 Israeli pound)

7. In the occupied territories there is an acute shortage of fully-qualified nurses, and it is recognized by all concerned that an increase in their number would contribute greatly to the physical and mental welfare of the populations of the occupied territories. However, it must be recognized that, for historical reasons, a major effort would be required on a massive scale to bring about a significant increase in the nursing force in the near future.

8. Another general problem is that of the young Palestinian physicians who have completed their basic training in Cairo but have to return to occupied territories to do their internships and subsequent resident hospital appointments. After completion of such appointments, some of the young doctors feel strongly the need for further opportunities to perfect their professional training, often with a view to developing special skills in a particular branch of medicine, and look hopefully to WHO to provide them with fellowships for study abroad.

(i) West Jordan

9. According to information gathered by the Director-General's Personal Representative, who visited all the districts with the exception of Jenin, this zone has a total population of about 630 000 inhabitants. The annual health budget as from April 1973 amounts to 15 800 000 Israeli pounds ($ 3 761 900 at the current rate of exchange) for continuing needs, and 4 700 000 Israeli pounds ($ 1 120 000) for repairs and improvements to health centres and hospitals. The personnel of the medical service number 976, as against 709 in 1967. These include doctors, pharmacists, nurses, midwives, sanitary inspectors, radiographers, laboratory technicians, and typists and other supporting staff. While the great majority of Palestinian and Jordanian physicians left the occupied zones during and immediately after the events of 1967, they are progressively returning. There is neither a radiologist nor a pathologist in the medical services of the zone. Films and specimens are sent to Israeli specialists for diagnosis, and these specialists also make visits to hospitals in the zone. Hospitals visited were of very uneven standard. One was excellent - another in a very run-down condition.

10. It is to be noted that the health service of the zone is entirely manned by Arab doctors, nurses, and other health professionals.

In regard to strictly medical matters, co-operation between Arab and Israeli doctors appears to be adequate. Moreover, Arab patients requiring special attention are admitted to Israeli hospitals, and Arab doctors are accepted for higher medical education in Israeli centres.

11. A matter that has created some concern is the new law requiring payment for medical services, to which reference has already been made. Opinions were divided among Arab health personnel, particularly doctors, both in regard to the practical effects of this law and to questions of principle involved. On the latter point, some felt that the payment of fees implied recognition of the jurisdiction of the occupying Power. As to the practical effects, one view was that inability to pay prevented patients from seeking medical attention. Among the physicians interviewed one stated that he had sometimes paid patients' fees from his own pocket because, in his professional judgement, they were in need of medical care but unable to pay for it. A contrary view was that the law served a useful purpose in discouraging those who sought hospitalization for trivial ailments, especially as the new economic conditions made it possible for most patients to pay. A view somewhere between these two extremes was that once the population had become accustomed to the new system, the really ill would find the means to pay for medical services. Reference is made above to the new economic

conditions, and in this connexion it should be noted that several thousands of the population leave the zone each morning to work in neighbouring Israeli towns, returning to their families in the evening.

12. There appeared to be no conspicuous shortage of essential drugs, although there had been some delays in the receipt of supplies. However, this situation appears to be improving. The state of medical equipment was very variable.

13. As for mental health, there is a psychiatric hospital of 370 beds that serves both west Jordan and the Gaza strip. Bed-occupancy is at a level of 90%. This hospital, under the direction of an Arab psychiatrist, offers its patients a standard of care that is remarkably high from all points of view.

(ii) Gaza Strip

14. As has already been mentioned, the medical officer in charge of health services for the Gaza strip is responsible to a non-medical Israeli administrator, who in turn refers to a military governor. The chief medical officer of Gaza supervises health arrangements for an estimated 350 000 inhabitants, including refugees. He has at his disposal 108 physicians, 9 dentists, 18 fully-qualified nurses, 115 male practical nurses, 7 pharmacists, 27 assistant pharmacists, 15 radiographers, 19 laboratory technicians, and 8 auxiliary anaesthetists. One dentist has been trained in anaesthesiology and, counting supporting personnel, the total staff of the health service of this zone amounts to 954. Here, as in west Jordan, there is a critical shortage of fully-qualified nurses.

15. Although the inhabitants, including refugees, of the Gaza strip have the possibility of earning money in various Israeli industries, medical care is, as before the new law, provided free of charge. The population appears, on the whole, to enjoy a reasonable minimum of health services. Provision is made for more complicated cases to be referred to Israeli centres such as those of Ashkelon and Tel Hashomer. There also appeared to be an adequate supply of necessary pharmaceutical products, although there were indications that the quality of some medical equipment was wanting.

16. The chief medical officer of the zone cited as evidence of a gradual improvement since 1967: the establishment of six MCH centres and of 10 additional health educator posts; the introduction of BCG vaccination for all children; facilities in Israel for advanced practical training of Arab health personnel in the Ashkelon, Tel Hashomer and Hadassah centres; and the referral in 1972 of 1700 patients to Israeli hospitals, whereas the number previously sent annually to hospitals in Cairo did not exceed 700. In reply to a question, he stated that as far as strictly medical matters were concerned relations with the Israeli authorities were satisfactory. He felt that the budget of which he disposed was not fully correlated with existing needs.

17. There is in this zone a very small number of physicians in private practice, one of whom was interviewed by the Director-General's Representative. He did not disguise his view that the medical services available to the population fell below desirable standards, although he conceded that they had not been much higher before the occupation. Nevertheless, he felt that differences in the standards of medical care, especially in regard to hospitals, respectively in Israel and Gaza were such as to invite invidious comparisons. In his opinion, the occupying Power had a moral responsibility to ensure equality of medical care facilities for inhabitants of all the territories over which it had de facto control.

18. As a result of personal visits to hospitals and health centres in the Gaza strip, the Director-General's Representative formed the impression that in matters directly affecting the medical welfare of the population there was, on the whole, good co-operation between Arab and Israeli health professionals. The supply of essential drugs appeared to be adequate. As to premises and installations, there were good points and bad.

19. During a visit to the busiest commercial street in the zone the impression was gained that the inhabitants were going about their usual daily occupations as they had always done, and no overt manifestations of stress were observed.

(iii) Sinai Desert

20. North. The contrast with the other zones is striking. Miles and miles of tarred road are flanked by seemingly endless stretches of fine, yellowish, sand. The total indigenous population of the area, including the nomadic bedouin, probably does not exceed 8500 inhabitants. An effort is being made to encourage the bedouin to establish themselves permanently at points where it would be possible to provide them with medical and other social services. There is at El Arish, near to the Headquarters of the Armed Forces controlling the zone, a general hospital of 50 beds, directed by an Arab physician. As elsewhere in the zone, the hospital personnel are partly Arab and partly Israeli. There are also an MCH centre, which operates a mobile clinic and, in the heart of the desert, the Masar Clinic, which is served by both civilian and military health personnel who visit the clinic regularly. During the visit of the Representative of the Director-General, about 30 bedouin chieftains were assembled around the clinic to render him traditional honours.

21. South. In this area the indigenous population covered by the medical service amounts to about 10 500 inhabitants and, in general, members of the service are Israelis. There are two full-time Israeli physicians, a part-time physician and a part-time dentist, and five full-time qualified nurses. In addition, a paediatrician and a gynaecologist make monthly, and an oculist quarterly, visits.

22. A distinctive feature of this area is that there are entirely new Israeli settlements, one of which has sprung up as a consequence of successful drillings for oil. This settlement has four medical centres: one for the bedouin, one for the Israeli civil population, one for the Army, and a fourth for employees of the oil company. It is clear that the occupying Power is exerting special efforts to provide the scanty population of this region, both Arab and Israeli, with a comprehensive medical service.

23. The Representative of the Director-General also visited the Hadassah Hospital in Jerusalem, not only because it is the major medical centre for this catchment area but also because reference was so often made to the training facilities available there for Arab physicians. It is a university hospital of 700 beds, with a total staff of 2000 persons, of whom 300 are physicians. It provides the highest standards of medical care, and receives Arab patients for advanced treatment for minimal fees. During his visit, the Representative of the Director-General was able to observe that Arab patients, both children and adults, appeared to be fully at ease and satisfied with the treatment that they were receiving.

(iv) Conclusions

24. To advance conclusions formed as the result of a short visit on the conditions of life of the population of an area that is a focal point for acute political tensions is obviously a difficult, delicate and, indeed, well-nigh impossible, task, and this report is therefore confined exclusively to the field of competence of the World Health Organization. Such conclusions as follow have been formulated in this sense, and they are based mainly on the direct observations of the Personal Representative of the Director-General.

25. In considering these conclusions, the question that should be posed is: What have been the effects, positive or negative on the physical and mental health of the populations of the occupied territories as compared with their health status before 1967, with due regard to the progressive and world-wide tendency for standards of health protection and medical care to rise?

26. Training of personnel. In west Jordan, opportunities for postgraduate medical training are extremely limited, and are confined to residences in hospitals of the zone having no university affiliations. It is the chief medical officer of the zone who certifies medical specialists as such on the recommendation of the directors of individual hospitals. The Ibn Sina school of nursing at Ramallah plays an important, but numerically inadequate, part in meeting the immense need for fully-qualified nurses. Tuition for practical nurses is given also at Tulkarm, and for midwives at Nablus.

In Gaza, there is also a school for practical nurses. In the South Sinai desert, the problem of training hardly arises, as the medical services are manned almost entirely by Israelis. There is also a training course for Arab nurses at Ashkelon in Israel.

27. Medical care: The Representative of the Director-General saw nothing that would suggest that standards of medical care had declined since pre-occupation times. In some areas, there were manifest improvements. Whether standards have kept pace with the tendency elsewhere for improvements in the delivery of medical care is a much more complex question, to which an answer could be expected only from a much more protracted study. Certainly, the hygienic conditions of some hospitals left much to be desired, as did the situation of their medical equipment and supplies. Such conditions were, however, not unknown before 1967. In the Sinai desert a special situation exists, as the medical services are if anything disproportionately developed in relation to felt or manifest needs.

28. Mental health: The concept of mental health is linked with the different norms of varied cultural patterns. Any attempt to appraise the state of mental health of a population as a whole is therefore fraught with the utmost difficulty. While the Representative of the Director-General encountered no evidence of an increased incidence of overt neuroses or psychoses in the population of occupied territories at the time of his visit, it is at least questionable whether those who are obliged to live in the occupied territories enjoy mental health in the wider - if rather ill-defined - sense of term.

29. According to an authoritative Arab source in the area, the crisis of 1967 resulted in an enhanced incidence of mental disturbances. However, he believed that the situation has now reverted to its previous level, and that the majority of the affected populations have adjusted to the present conditions in the hope that the future will bring a solution to their problems. In the absence of firm definitions or criteria, it is not possible to form a judgement as to the extent to which such an attitude is indicative of a state of mental health. It is, however, hardly to be gainsaid that there are probably many of the inhabitants of occupied territories who feel that their present status is one that they neither expected nor desired.

III. ANALYSIS OF INFORMATION PROVIDED BY UNRWA ON THE HEALTH SITUATION OF REFUGEES AND DISPLACED PERSONS

30. The following definitions are used in this section of the report:

Displaced persons: Those who have been displaced from their usual place of residence as a consequence of the events of 1967 and/or related subsequent events.

Refugee: Those declared as such by virtue of their registration as eligible for UNRWA assistance.

Displaced refugee: Those registered refugees before June 1967, but who have since been displaced.

Inhabitants of occupied territories: Those who have retained their normal place of residence but are in the occupied territories.

PRESENT EXTENT OF WHO ASSISTANCE

31. During 1972 WHO continued to provide the services of a senior WHO staff member as Director of Health of UNRWA, as well as four other WHO staff members for key positions in the UNRWA Department of Health. Further assistance included visits by WHO Headquarters staff in an advisory capacity, a visit by a short-term consultant to study the mental health of children, and the provision of vaccines and WHO technical documents and publications. WHO also transmitted to UNRWA contributions received in response to the Director-General's appeal in implementation of resolution WHA24.32 of 1971. By the end of March 1973 these included $ 9898 in cash, and medical supplies evaluated at $ 28 782. In addition, a sum of $ 1400 has been pledged but not yet received.

(i) Countries bordering upon the occupied territories

(a) East Jordan

32. At the end of 1972 there were 557 971 Palestine refugees registered with UNRWA in east Jordan, of whom 177 300 were living in camps. Last December UNRWA issued on behalf of the Government of Jordan 207 882 rations to 44 296 unregistered displaced and other persons living in camps in east Jordan.

33. Shelter and environmental sanitation: All displaced families are now accommodated in adequately-built shelters, which numbered 18 175 at the end of 1972, and some of them have built additional rooms for themselves. Generally speaking, sanitation services operated smoothly, and the newer emergency camps have now acquired the same basic facilities as were available in the old.

34. Nutrition: In addition to the basic rations issued by the Government of Jordan and by UNRWA, which are much the same, UNRWA provided daily hot meals and milk to displaced refugees as well as, on behalf of Jordan, to displaced persons, and also continued to distribute to displaced refugees and displaced pregnant and nursing women and tuberculous out-patients a monthly protein supplement consisting of a 12-ounce can of meat and 500 g of CSM - a mixture of cornflour, soya, and skim milk. In general, it would appear that the nutritional state of those for whom UNRWA is caring was maintained at an adequate level in 1972.

35. Communicable diseases: Preventive and control measures were substantially the same for the emergency camps as for the refugee population in general, and were taken in close coordination with the national health authorities. Diarrhoeal diseases were the most important cause of morbidity, especially among infants, but only one case of typhoid was registered. Conjunctivitis and measles ranked next in importance, but for both these ailments the incidence was substantially less in the emergency camps than among the rest of the refugee population, in contrast to the situation in 1971. The UNRWA immunization programme included 90 451 primary vaccinations and re-vaccinations against smallpox, this disease having made its appearance in a district of Syria.

36. Maternal and child health: Among 4325 deliveries no maternal deaths were reported, and only 6 per cent. of the mothers required hospitalization. The rest were attended in their homes by supervised dayahs. There were 12 stillbirths. UNRWA maintained its normal MCH services in five of the six emergency camps, and nutritional support was available for all mothers and children, including routine iron prophylaxis and therapy for expectant mothers. Rehydration/nutrition centres were established for cases of diarrhoeal disease and malnutrition not severe enough to require hospitalization.

37. From the emergency camps, 116 deaths of children of 0-6 years were reported and from the rest of the refugee population 188, these figures representing respectively mortality rates of 10.3 and 8.0 per 10 000. At least 80% of these deaths were of infants in the first year of life, the main causes being diarrhoeal diseases, nutritional deficiences, respiratory infections, and measles. Of all infants brought to health clinics in east Jordan in 1972,

about 14.5% of 0-1 and 17% of 1-2 years were found to have some degree of underweight. Voluntary agencies supplementing UNRWA's efforts included the Norwegian Refugee Council, the Commonwealth Save the Children Fund, and the Lutheran World Federation.

38. Medical care: UNRWA continued to provide medical care to refugees and to displaced persons living in refugee camps in 13 health centres and 6 special clinics, and other governmental and voluntary clinics provided similar services. There were 331 hospital beds available for refugees, the majority of them in governmental hospitals but 63 in private hospitals subsidized by UNRWA. Other governmental medical and dental services were also available without charge to indigent patients, including displaced persons. These include facilities for the treatment of the mentally disturbed, and also out-patient and in-patient care for the tuberculous. The Government also makes available facilities for the rehabilitation of physically handicapped children.

(b) Syrian Arab Republic

39. An estimated 16 165 displaced Palestine refugees, including 1439 who although not registered as such are receiving UNRWA services, are living in emergency camps in Syria. The total population of the emergency camps is 28 965 as compared with 103 367 of the rest of the refugee population.

40. Shelter and environmental sanitation: Only slightly more than one-sixth of the population of the emergency camps are now living under tents. Basic sanitation facilities are provided to all camps, and UNRWA is aiming to increase the number of individual family latrines. In two camps a shortage of water is a problem, and this is receiving the attention of both the Syrian Government and UNRWA. Funds have been allocated for augmenting the water supply in the current year.

41. Nutrition: UNRWA continued to provide the monthly basic rations, daily hot meals and milk, and a monthly protein supplement of 12 ounces of canned meat and 500 g of CSM (a mixture of cornflour, soya, and skim milk) to all displaced refugees in Syria. On the whole, it can be said that their nutritional state has been satisfactorily maintained.

42. Communicable diseases: Special measures were taken to counteract the threat of cholera and smallpox, about 56 000 doses of cholera vaccine being administered in the emergency camps and 24 043 vaccinations and re-vaccinations against smallpox being performed. The scale of immunization against measles increased. The major causes of morbidity were the same as those indicated for east Jordan, but there was an epidemic of influenza with an incidence of 136 per 10 000 in the emergency camps as opposed to 625.5 for the rest of the refugee population.

43. Maternal and child health: Among 696 deliveries in the emergency camps, no maternal deaths were reported, and only 3.6 per cent. of the mothers required hospitalization. There were 12 stillbirths out of a total of 4272 births reported for the rest of the refugee population. Health protection for children of up to 3 years included regular assessment of growth and development, medical treatment when indicated, education of mothers in child care, and immunizations. High-protein, high-calorie diets were provided in feeding centres for mild diarrhoeal diseases and malnutrition, the facilities of rehydration/nutrition centres for more severe cases, while the most severe were hospitalized.

44. For the whole refugee population in Syria, 135 deaths of children aged 0-6 years were reported, 37 of them occurring in the emergency camps, of which over 80 per cent. were of infants in their first year of life. Diarrhoeal diseases - often associated with malnutrition - respiratory infections, and measles were the major causes of death. In the emergency camps 11.4 per cent. of infants of 0-1 year and 14.5 per cent. of those from 1-2 years had some degree of underweight, the corresponding figures for the rest of the refugee population being respectively 7.8 and 10.6.

45. Medical care: UNRWA continued to maintain 11 health centres and three mobile teams serving at eight points, similar medical care services being offered at clinics operated by the Government and by voluntary bodies. For in-patient medical care, 111 beds were reserved in governmental, private, and voluntary-agency hospitals. In addition, indigent refugees are admitted to most governmental hospitals in case of need, including the mentally disturbed. Rehabilitation services are provided by the Government for physically handicapped children.

(ii) Occupied Territories

(a) West Jordan

46. Of a total of 281 058 refugees registered with UNRWA only 73 074 were living in camps at the end of 1972, the remainder living in urban centres or in the country and sharing with the indigenous population whatever sanitary facilities are available.

47. Shelter and environmental sanitation: By the end of 1972 there were 68 491 UNRWA shelters and also 3816 unofficial residences in the camps. UNRWA ensured adequate sanitation services for the camps, made progress in improving the water supply, and developed a programme for the construction of family latrines. However, it is becoming increasingly difficult to recruit sanitation labourers because of an increasing demand for manual workers.

48. Nutrition: The nutritional status of the refugees has, on the whole, been maintained at a satisfactory level and in addition to the distribution of monthly basic rations a regular supplementary feeding programme was maintained.

49. Communicable diseases: As in other fields, special measures were taken against cholera and smallpox. Twenty cases of the former disease in the Jerusalem area were reported towards the end of 1972, with one death. In the camps and UNRWA schools 66 854 primary vaccinations and re-vaccinations against cholera were carried out and, in the camps, 55 560 against smallpox.

50. Maternal and child health: Of a total of 4692 deliveries about 42 per cent. took place in hospital. This high rate does not reflect a high incidence of complications, but results from a tendency of women to take advantage of the benefits that they receive when delivered in hospital. There were two maternal deaths and 81 stillbirths. As in other fields, special nutritional support and facilities for rehydration were provided for infants suffering from diarrhoeal diseases or malnourished. Infant mortality per 1000 live births fell from 74.0 and 60.3 in 1970 and 1971 to 58.4 in 1972. Varying degrees of underweight were found in 11.1 per cent. of infants of 0-1 years and in 10.6 per cent. of those from 1 to 2. School health services were provided for 31 617 children aged 6-16 attending UNRWA/UNESCO schools. Of 4096 school entrants examined during the scholastic year 1971-1972, the physical health of 74.2 per cent. was assessed as good, that of 25.1 per cent. fair, and that of 0.7 per cent. poor.

51. Medical care: UNRWA continued to provide out-patient medical care for refugees from 31 health centres and points, and three special clinics. For in-patient care, 382 hospital beds were available, the majority of them in private hospitals subsidized by UNRWA. Some refugees requiring special care were treated at the Hadassah Hospital, Jerusalem. UNRWA subsidized the treatment of 146 physically handicapped children in a rehabilitation centre in Jerusalem.

(b) Gaza Strip

52. Shelter and environmental sanitation: Of a total of 270 196 refugees in this zone, 200 785 were at the end of 1972 accommodated in camps, which enjoyed the usual UNRWA services. In some camps the occupying Power demolished a number of shelters, public latrines, and refuse platforms without prior warning to UNRWA. The result of these changes was that in one case

arrangements for refuse-disposal left much to be desired, and UNRWA was obliged to protest to the authorities. This protest was followed by a modification of the arrangements and technical discussions on the improvement of refuse collection in the camp concerned. Nevertheless, sanitation services were maintained at a reasonable standard, improvements were made in water supplies, and the number of individual family latrines was increased.

53. Nutrition: UNRWA continued its food assistance to the refugees on the lines indicated elsewhere in this report, and their nutritional status continued to be adequate.

54. Communicable diseases: Special measures were taken against the threat of smallpox and cholera, 84 669 primary vaccinations and revaccinations being carried out against the former and 159 368 against the latter. As in other fields, the diarrhoeal diseases were the leading cause of morbidity and, in infants and young children, of mortality. The incidence of both acute conjunctivitis and trachoma dropped by about half, but measles - with 737 cases - more than doubled by comparison with 1971. Influenza was epidemic in the last quarter of 1972 and the beginning of 1973, but did not cause an appreciable rise in general mortality. There were 32 Salmonella infections and 13 cases of poliomyelitis. Routine immunization of children from infancy to the school years was carried out against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, typhoid-paratyphoid, measles, smallpox, and cholera.

55. Maternal and child health: There were 10 417 deliveries in 1972, of which 50.1 per cent. in the home, 32.4 per cent. in six maternity clinics attached to UNRWA health centres, and 17.5 per cent. in hospitals. Two maternal deaths were reported, and there were 168 stillbirths. Routine maternal and child health services were provided to pregnant and nursing women and their children through the MCH clinics attached to each health centre. Nutritional support was also provided. Children requiring special nutritional support because of diarrhoeal disease or undernutrition were, according to severity, referred to feeding centres for a high-protein, high-calorie diet, to one of UNRWA's six rehydration/nutrition centres, or to a 15-bed paediatric ward at the UNRWA/Swedish Health Centre. Of almost 12 000 infants in the first two years of life attending infant health clinics, 11.2 per cent. of those from 0 to 1 and 21.8 per cent. of those from 1 to 2 years showed some degree of underweight. Infant mortality amounted to 68.7 per thousand live births. School health service was made available to 65 595 children aged 6-16 years attending the 117 UNRWA/UNESCO schools. Of more than 7000 school entrants medically examined, 17 per cent. were classed as being only fairly or poorly nourished.

56. Medical care: UNRWA continued to maintain in Gaza nine health centres and a diabetes clinic, a central laboratory, three clinical laboratories, and two dental clinics. In addition, similar facilities were available in government clinics and outpatient departments of government hospitals. For in-patient care, 622 beds were available, of which 343 in governmental hospitals and the rest in private hospitals subsidized by UNRWA or in the Tuberculosis Hospital jointly administered by the Government and UNRWA. Bed occupancy was 61 per cent. Thirty-eight physically handicapped children in need of rehabilitation received in-patient or out-patient care at a voluntary institution in Jerusalem, prostheses being provided for those who required them.

(iii) Financial situation of UNRWA

57. With all the additional assistance received, UNRWA's budgetary deficit, which stood at $ 4515 million at the beginning of 1972, was reduced to $ 0.4 million at the end of the year. However, the financial prospect for 1973, with an estimated deficit of approximately $ 4.5 million, largely owing to world currency fluctuations and increases in commodity costs, does not leave much room for optimism once again.

(iv) Conclusions

58. From all available information it can only be concluded that the work of UNRWA has been indispensable, and represents a great international humanitarian effort. Unfortunately the financial situation of this great undertaking remains precarious.

ANNEX 1

LETTER FROM THE DIRECTOR-GENERAL, WHO,
TO THE GOVERNMENT OF ISRAEL

DG N77/372/2

Geneva, 1 November 1972

Sir,

I have the honour to refer to resolution WHA25.54 on the subject of health assistance to refugees and displaced persons in the Middle East and, in particular, to paragraph 4 (b) of this resolution whereby the Twenty-fifth World Health Assembly requests the Director-General to "prepare a comprehensive report on the conditions of physical and mental health of the population of the occupied territories to be submitted to the Twenty-sixth World Health Assembly".

In order to be able to prepare the report requested by the Assembly - a report for which I should have all available information not later than February/March 1973 - I would be most grateful if you would provide me with any relevant information you may wish to let me have.

In the course of his recent visit Dr Taba, the Regional Director for the Eastern Mediterranean, mentioned to your health authorities the possibility of a WHO staff member or consultant visiting Israel and the occupied areas for the purpose of an on-the-spot observation and study of the situation. I would appreciate your reaction to this suggestion which, if you are agreeable, I would be prepared to implement as soon as possible.

I have the honour to be,

Sir,

Your obedient Servant,

Sgd. M. G. Candau

M. G. Candau, M.D.
Director-General

The Minister of Health
Government of Israel
20, King David Street
Jerusalem

cc: The Minister for Foreign Affairs, Division of International Organizations, Government of Israel, Jerusalem

The Permanent Representative of Israel to the United Nations Office and the International Organizations at Geneva

ANNEX 2

LETTER FROM GOVERNMENT OF ISRAEL TO THE DIRECTOR-GENERAL, WHO

STATE OF ISRAEL

The Ministry of Health

Jerusalem, December 22, 1972

Ref. 279/MB

M. G. Candau, M.D.
Director-General
World Health Organization
Geneva
Switzerland

Dear Dr Candau,

I have been directed by the Minister of Health to acknowledge with thanks receipt of your letter of November 1st, 1972 (Ref. DG N77 372/2) regarding Resolution WHA25.54 on the subject of Health Assistance to Refugees and Displaced Persons in the Middle East.

We are well aware of Para. 4(b) of that Resolution requesting the Director-General to submit another report on the health conditions among the population in the Israel administered territories.

To this effect we shall submit to you, as in previous years, the requested information - the consolidated report of the Chief Health Officers in the administered territories will hopefully this time be ready by the end of January, 1973.

As to the suggestion that a WHO staff member visit Israel and the Israel-administered territories "for the purpose of an on-the-spot observation and study of the situation", a point raised by Dr A. H. Taba, Regional Director, EMRO, during his short visit to this country early in October, we are agreeable to the suggestion. While the visit would not take place at the formal and express invitation of the Government of Israel, I wish to assure you that we shall be pleased to welcome the consultant assigned by you and he will be offered all the facilities and opportunities required for the discharge of his assignment.

With best wishes for a Merry Christmas and a Happy New Year,

Yours sincerely,

(signed)
Dr S. Ginton
Chief, External Relations

SG/ts

ANNEX 3

WORLD HEALTH ORGANIZATION Office of the Regional Director

Regional Office for the
Eastern Mediterranean

P.O.B. 1517 Alexandria

LETTER FROM DR A. H. TABA, REGIONAL DIRECTOR, EMRO TO THE MINISTERS OF HEALTH, SYRIAN ARAB REPUBLIC, LEBANON, ARAB REPUBLIC OF EGYPT, AND JORDAN

RD. 2/44
H5/27/2

22 February 1973

Sir,

I have the honour to call your attention to Resolution WHA25.54 adopted on 25 May 1972 by the World Health Assembly on the subject of "Health Assistance to Refugees and Displaced Persons in the Middle East". In this connection I also wish to refer to previous resolutions adopted by the World Health Assembly since 1968 on the same subject (Resolutions WHA21.38, WHA22.43, WHA23.52 and WHA24.33 respectively).

The above Resolution requested the Director-General of the World Health Organization to:

(a) intensify and expand to the largest extent possible the Organization's programme of health assistance to the refugees and displaced persons in the Middle East;

(b) prepare a comprehensive report on the conditions of physical and mental health of the population of the occupied territories to be submitted to the Twenty-sixth World Health Assembly;

(c) take all measures in his power to safeguard health conditions of the populations of the occupied territories, and to report to the Twenty-sixth World Health Assembly on the steps taken in this regard;

(d) bring this resolution to the attention of all governmental and non-governmental organizations concerned including international medical organizations.

H.E. The Minister of Health
Ministry of Health
Damascus
Syrian Arab Republic

cc: H.E. The Minister of State for
Planning Affairs, Damascus
Director of International Health Affairs,
Damascus

Dr M. Sharif, UNRWA, Beirut
Resident Representative, UNDP, Damascus Dr A. Bellerive, Dir, CO/HQ

H.E. The Minister of Health, Damascus

22 February 1973

RD. 2/44
H5/27/2

The World Health Organization, in collaboration with all Governments concerned, has continued to take positive steps to ensure the safeguarding and protection of physical and mental health in the area through the activities of its Regional Office for the Eastern Mediterranean as well as the Health Department of the United Nations Relief and Works Agency (UNRWA).

In accordance with paragraph (b) of Resolution WHA25.54, the Director-General is expected to submit a report to the Twenty-sixth World Health Assembly on this subject. Dr M. Sharif, Director of Health and WHO Representative to UNRWA, will be compiling material for this report in accordance with information and data available to him on the health status of persons under the above categories being attended to by UNRWA.

During the last four years, we were grateful to receive from the countries concerned with this question, some statements on the health conditions of refugees and displaced persons in the Region which provided useful material for compiling the Director-General's report to the Assembly. It would therefore be appreciated if your Health Administration would provide any supplementary or up-to-date information that they may wish to provide on the health status of refugees and displaced persons in the Region. Such material should kindly be sent to us at your earliest convenience in order to assist the Director-General in preparing his report for the forthcoming World Health Assembly, due to commence in Geneva on Monday, 7 May 1973. It would therefore be appreciated if your reply could reach this office no later than the last week of March 1973.

I have the honour to be,

Sir,

Your obedient Servant,

A. H. Taba, M.D.
Regional Director

ANNEX 4

REPLY FROM THE MINISTRY OF HEALTH OF THE SYRIAN ARAB REPUBLIC

Syrian Arab Republic
Ministry of Health
International Relations Office

Damascus 2 April 1973

Dear Dr Taba,

I have the honour to refer to your letter RD.2/44, H5/27/2 of 22 February 1973, and enclose herewith a report prepared by the health director of Qoneitia Governerate in respect of health conditions of displaced persons.

With best regards.

Sincerely Yours.

Madani El-Khiyami, M.D.
Minister of Health

Regional Director, WHO (EMRO),
Alexandria, A.R.E.

cc: Ministry of Planning, Damascus,
RR UNDP, Damascus

TRANSLATION

Original: Arabic

Ref. No. 173/1/11/12
Date: 22 March 1973

Syrian Arab Republic
Ministry of Health
Quneitra Directorate of Health

To: The Ministry of Health

The health services provided by Quneitra Directorate of Health to displaced persons in their places of concentration in Damascus and its vicinity, in Dera' Governorate or in villages at the front line are divided into:

a) Preventive health services
b) Curative health services

Dispensaries providing curative health services are distributed amongst places of concentration of displaced persons in Damascus, in villages at the front line and in Dera' Governorate. These health units, which are nine in number, provide the necessary drugs to patients in accordance with existing possibilities.

Preventive health activities are carried out by the sanitary control services which provide displaced persons' areas and citizens of front line villages with various vaccine coverage and with health awareness and guidance.

A total of 93078 displaced patients attended our dispensaries during 1972. This number is equal to about 67% of the original population of Quneitra Governorate (about 138 000 inhabitants). This seems to constitute a large number of attendance if compared with the total number of displaced persons and of citizens of villages at the front line. However, it does not give us a correct and true picture of the health conditions of displaced persons in view of the fact that a large number thereof live in various quarters of the city of Damascus as well as in certain areas lacking displaced persons' dispensaries and call at the dispensaries of the Directorates of Health in Damascus and other Governorates.

The diseases prevalent amongst displaced persons are many and varied. They are of a communicable, non-communicable and seasonal nature, and may be classified under the following groups:

I. Diseases Resulting from Lack of Sanitation in Places of Concentration of Displaced Persons

Type of Disease	Damascus	Doma	Barza	El Tal	Khan Arnaba	Yarmouk	Dera'a
Dysentery	56	250	13	2	2	10	-
Typhoid	16	-	-	-	-	-	-
Enteritis	120	1 100	321	78	172	482	12

These statistics should not be considered as final since many displaced persons are treated by private physicians in private clinics.

II. Seasonal Diseases

These include coughing, trachitis, summer diarrhoeas, enteritis...

III. Malnutrition Diseases

Many displaced persons suffer from general weakness, anaemia and severe marasmus as a result of malnutrition. Rickets amongst children and tuberculosis amongst adults have also been observed. These cases were reported in previous letters in which assistance in the form of essential foods for children were requested, particularly that such assistance were suspended since 1968. Three cases of tuberculosis occurred in Dera'a. The number of malnutrition cases amongst displaced persons was as follows:

Statistical Table Showing Malnutrition Cases in 1972

Age Group	Damascus	Barsa	El Tal	Doma	Dera'a	Khan Arnaba	Yarmouk	Mobile Care	Total
Below 7 years	263	530	119	716	72	309	752	-	2761
Above 7 years	874	762	144	1155	43	368	795	-	4141

IV. Communicable Diseases and Places wherein they Appeared

We append hereunder a statistical table showing the various communicable diseases which occurred in 1972:

Area	Tuberculosis	Scabies	Whooping Cough	Mumps	Chickenpox	Measles	Smallpox	Scarlet Fever
Damascus	-	19	34	93	42	18	2	-
Barza	1	2	14	78	30	23	-	1
El Tal	3	3	11	30	15	5	1	-
Dera'a	-	-	-	-	-	-	-	-
Doma	-	-	-	6	-	4	-	-
Khan Arnaba	-	-	-	6	1	15	-	-
Yarmouk	1	13	37	83	11	11	-	-
Mobile Care	-	-	-	17	-	13	-	-

Mortality and Childbirth

There were 643 death cases and 2958 newborns amongst displaced persons.

It was only natural that the burden shouldered by Quneitra Directorate of Health should increase as a result of the June 1967 crisis, which resulted from the Zionist aggression, and of the dispersion of displaced persons in camps and houses afforded to them by the State. Other displaced persons sought residence in the various quarters of Damascus and in other Governorates. Efforts were therefore exerted by Quneitra Directorate of Health to study the health conditions of displaced persons so as to provide them with

health services through the dispensaries which were established by the Ministry since the start of their displacement. These dispensaries are: The Central Dispensary - Barza Dispensary - El Tal Dispensary - El Yarmouk Dispensary - Khan Arnaba Dispensary - Doma Dispensary - El Shuaba El Saniya Dispensary - Dera'a Dispensary - El Yadouda Dispensary. Additionally, mobile units cover front line villages and other places of displaced persons concentrations.

The Quneitra Directorate of Health also avails itself of every opportunity to increase its supply of specific drugs in order to cope with the prescriptions received from specialized physicians.

Out of conviction of the great benefits to be derived from preventive health services, a Preventive Services Department was established and its functions include sanitary control activities. It is operated by six sanitarians and one sanitary supervisor who are entrusted with sanitation activities, including sanitary control, health education and immunization of displaced persons with the vaccines available at the Ministry. Additionally, the daily and monthly reports submitted by sanitarians are studied by the sanitary control services, and problems, if any, are referred to the authorities concerned for solution. A Malaria Eradication Centre was also established and is manned by two health officers, four temporary workers and nine seasonal surveillance agents.

The above is a summary of the services provided by Quneitra Directorate of Health to displaced persons and citizens of front line villages. These services are by no means sufficient to ensure protection of displaced persons against diseases and to create health awareness amongst them due to the following:

1. Suspension of assistance in the form of food supplies since 1968 despite the spread of malnutrition diseases amongst displaced persons.

2. Lack of housing sanitary conditions amongst displaced persons.

3. Lack of means of transport for the sanitary services which by the nature of their work should be considered as mobile services. The more visits are made to places of concentration, the more benefits are to be derived from these services, particularly that the above places are scattered and by no means confined to one area.

4. Low number of physicians employed and their instability in the service, the fact that prompts us to assign one physician to several dispensaries in accordance with a weekly programme. Thus, a large number of patients remains without medical treatment throughout the week.

5. Specific drugs in good quantity, if made available for Quneitra Directorate of Health, will provide basic solutions for the "incurable" diseases amongst displaced persons. These drugs include:

   a. Drugs for treatment of general weakness and anaemia resulting from under-nourishment and malnutrition;

   b. Drugs in sufficient quantities to ensure treatment of the diseases which prompt displaced persons to call at our dispensaries.

This report depicts the health services which are provided by Quneitra Directorate of Health to displaced persons. It reflects the overall health condition of displaced persons.

(signed)

(Stamp affixed)

Dr Ahmed Aziz
Director of Health
Quneitra Directorate of Health

Copy sent to: Quneitra Governorate
Department of Preventive Services

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A26/21 Add.1
11 May 1973

TWENTY-SIXTH WORLD HEALTH ASSEMBLY

INDEXED

Agenda item 3.13

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

PHYSICAL AND MENTAL HEALTH OF THE POPULATION OF THE OCCUPIED TERRITORIES AND OF POPULATIONS SERVED BY UNRWA IN THE MIDDLE EAST

Attached is the reply from the Government of the Arab Republic of Egypt to the letter of 22 February 1973 from the Regional Director of the WHO Regional Office for the Eastern Mediterranean.

ANNEX

Mission Permanente de la République Arabe
d'Egypte
72, rue de Lausanne
1202 Genève

Geneva, 10 May 1973

Sir,

With reference to the letter of the Regional Director for the Eastern Mediterranean Region No. 2/44, dated 22 of February 1973, I have the honour to enclose herewith a memorandum on the conditions of physical and mental health of the population of the occupied territories of Gaza and Sinai.

I would appreciate it if you kindly see to it that the attached memorandum be officially circulated together with your report on the subject.

Please accept, Sir, the assurance of my highest consideration.

(signed)

Dr M. M. Mahfouz
Minister of Public Health
of the Arab Republic of Egypt

Dr Marcolino G. CANDAU
Director-General
World Health Organization
Avenue Appia
1211 Geneva 27

Annex

MEMORANDUM

Health conditions of the population in the occupied territories (Gaza and Sinai).

Preliminary remark

It is useful to make a distinction between the health situation of the refugees and displaced person who come under the jurisdiction of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) on the one hand and the population of the occupied territories on the other.

UNRWA has been taking care of the refugees and displaced persons for a number of years. Its department of health is responsible for health conditions and medical services. The work carried out by UNRWA is commendable. Yet, the fact remains that UNRWA's activities are usually disrupted by the Israel's constant attacks against the refugee camps and the massive demolition of their shelters. The Assembly would be able to judge the situation of the refugees through the consideration of the annual report submitted by UNRWA director of health.

The health problems of the population of the occupied territories is however of a different nature. For here, there is no international agency that is responsible for their wellbeing.

The humanitarian efforts of the International Committee of the Red Cross is gravely limited by Israel's refusal to acknowledge its obligations under the Fourth Geneva Convention.

The Israeli authorities often resort to acts of mass transfer of population and destruction of their houses and villages. These acts do not only result in mental suffering for the population. They also create serious physical health problems. The following example is a case in point:

In the course of the Twenty-fifth World Health Assembly I communicated to you in a letter dated 17th May 1972 (A25/58) information on the massive transfer of ten thousand Egyptian citizens forcibly carried out by the Israeli authorities in the occupied Egyptian territory of Sinai in January 1972. Notwithstanding the fact the representative of Israel attempted to cast doubt on this figure, a competent medical mission visiting the area on 3 September 1972, where the transferred population has been concentrated, stated the following:

"Le déplacement des tribus bédouines et leur concentration dans la région de Masoura et d'Abu-Tawila, effectués au début de 1972, ont créé une situation nouvelle très difficile au point de vue médical dans cette région.

En fait, on se trouve confronté avec tous les problèmes résultant de l'afflux d'une population d'environ 10.000 Bédouins (6.000 à Masoura, 4.000 à Abu-Tawila), concentrés sans que l'infrastructure médicale nécessaire ait été apportée."

This example clearly illustrates the inter-relationship between acts of violence such as massive transfer of population and health problems not only from a mental health aspect but also from its physical health aspect.

In the following pages I would provide information on health conditions in the occupied territories of Gaza and Sinai. I would not refer to the situation with regard to the refugees, since this question is covered by the UNRWA Commissioner General Report submitted to the last General Assembly of the United Nations (G.A.O.R. 27th session, supplement no. 13, A/8713). Also the report submitted annually to WHA by UNRWA's director of health gives relevant information.

Annex

I would therefore confine myself to health conditions of the population of the occupied territories of Gaza and Sinai (other than the refugees). I would first provide information based on competent international and national sources on the medical and health conditions in the occupied territories of Gaza and Sinai.

This would be followed by the relevant extracts from the last public report of the International Committee of the Red Cross covering its activities on 1971.

Leaving aside the situation of the refugees who continue to receive UNRWA's help after Geneva 1967, the medical services in the occupied territories suffered considerable diminuation compared to the situation before Israel's aggression of 1967. The deterioration of medical services available to the population in the occupied territories is in quality as well as in quantity. The following information reflects the actual situation of the health conditions in Gaza and Sinai.

HOSPITALS

The number of hospitals has seriously decreased in occupied Gaza and Sinai. Whereas there were five hospitals in Sinai, there are only two of them left. As an example of how hospitals disappear in the occupied territories, the Red Crescent hospital in El Arish has been turned into a police station. Other hospitals in the West Bank and Gollan Heights have faced the same destiny. (See International Review of the Red Cross, September 1970, pages 492-493)

Those hospitals which are still functioning, suffer from negligence and inadequate care.

Comparison of Health Services in Sinai Before and After 1967

BEFORE 1967 (June)

1. There were 13 health points in small villages of Sinai, each of these points was staffed by one or more paramedical personnel trained for first aid.

2. In larger villages there were 6 rural health units each staffed by a resident physician heading a team of 4 nursing and paramedical staff and 4 auxiliaries. These units provided integrated health services to these villages and received referred cases from health points. There were two more units under construction when the 1967 aggression took place.

3. In a larger village (Nekhel) there was a rural health centre staffed by a bigger health team headed by a resident physician. This centre included an operating room and 20 beds.

4. In towns of Sinai, 5 hospitals existed in Arish, Kautara, Sadar, Abo Rodeis and El Tor. In the last town there also existed the famous El Tor quarantine which had saved the world of many epidemics. All these hospitals were staffed by an adequate number of specialists and nurses.

5. For smaller settlements of nomad population, a mobile health convoy used to go around according to a timetable notified to local communities. This convoy included a clinimobile, a mobile dental clinic and a mobile mass radiography unit. It was staffed by 5 doctors, a dentist, a dental technician, 6 nurses and 6 auxiliaries.

Annex

THE PRESENT SITUATION

The Health Services

The situation now is very different and exposes the negligence which led to a marked deterioration of health in this area.

1. There are now only 6 health points each staffed by a local first aid man.

2. There are no health units now existent, and no resident doctors in the villages.

3. The health centre of Nekhel works no more and there is not even a health point.

4. Only two hospitals, out of five, are still functioning in Sinai, in El Arish and in Abu Rodeis. In El Arish hospital, surgical activities declined to a standard in which the hospital can no longer be considered as one in which major surgical operations can be performed. This hospital was a general hospital staffed by nine specialists before June 1967.

5. The health convoy exists no more. In place of this fully equipped mobile service and also in place of the health units with resident physicians, the occupying power has three mobile units which visit villages at intervals varying from one week to one month. Each mobile unit is staffed only by a military nurse, a guard and a driver.

(The above comparison is self-evident, from a glance on the attached map).

Health Personnel

The number of medical and paramedical staff has gravely decreased. The following table for Sinai illustrates this point.

Medical Personnel	Before June 1967	1972
Doctors	39	5
Dentists	4	1
Nurses	38	36
Auxiliaries	187	24

Tuberculosis

The tuberculosis situation in Sinai is very serious and alarming. High incidence of T.B., especially among children is evident. Yet in Burejj chest hospital in Gaza Strip, which is the only chest hospital for Gaza and Sinai, the beds have been reduced. The hospital has only one junior physician. There is no bronchoscope or surgical treatment for T.B. cases in that hospital. Reliable reports stated that T.B. patients in Burejj hospital were underfed.

It was observed also that many T.B. cases in Burejj hospital came from Sinai and the only measure that was taken was to arrange a bi-monthly visit from the Burejj chest hospital doctor to El Arishe. This of course, cannot be compared to the situation before the Israeli occupation where there was a permanent chest specialist in El Arishe and there were two doctors accompanying the mass radiography mobile unit as members of the medical staff of the health convoy.

Annex

In 1971 the only doctor in Burejj hospital was expected to be absent for three months for training.

Nutrition

The state of nutrition of the inhabitants of occupied Sinai is not satisfactory. It has been further aggravated by the fact that the occupying authorities have deprived the population from bird hunting and fishing in Lake Bardawil, thus depriving the population of a principal source of protein. Recent competent international reports affirmed the deteriorating situation of nutrition, particularly in the central part of Sinai.

Lack of Medical Services for the Transferred Population

As indicated earlier, the ten thousand inhabitants who have been forcibly transferred from their homes into other regions of Sinai (WHA document A25/58) suffer from a lack of medical services. According to competent international reports, these inhabitants concentrated in one area for many months, suffer from the absence of any medical infrastructure.

* * * * * * * * * * * * * * *

In my letter addressed to you, of 17 May, I referred to the practice of the destruction of houses. I provided a list of the names of the persons whose houses were destroyed at that time (A25/58). This practice has continued together with other acts which gravely impede the physical and mental health of the population of the occupied territories. It suffices here to quote from the last annual report published by the International Committee of the Red Cross, where the following is stated, and I quote:

"DESTRUCTION OF HOUSES

> In view of the continued destruction of houses in the occupied territories, the President of the ICRC made a renewed appeal to the Israeli Prime Minister at the end of April that her Government should abandon a method to counter subversive activities which the ICRC regarded as being contrary to the provisions of Articles 33 and 53 of the Fourth Geneva Convention. In her reply in August, the Prime Minister stated that the Government of Israel could not renounce measures which it deemed essential for the maintenance of security in the occupied territories.
>
> ICRC delegates in the field therefore concentrated on rendering material aid to those whose homes had been destroyed. They provided the Israeli Ministry of Social Welfare with 199 tents and 1,675 blankets for the homeless."
>
> -- International Committee of the Red Cross, Annual Report 1971, pages 50-51.

"DISTURBANCES AND POPULATION TRANSFERS IN THE GAZA STRIP

> On 21 July, the ICRC delegation in Gaza was informed by refugees that the Israeli army the day before had started to transfer refugee families to El Arish or to unoccupied camps on the West bank of the Jordan. At the same time, in the Jabalia, Shatti and Rafah camps, work had started on the destruction of some of the shelters and on the laying of new avenues in order to reduce the camp population and facilitate supervision.
>
> The occupation authorities, whom the ICRC delegates immediately contacted, ascribed the measures adopted to overriding security needs. They explained, however, that arrangements had been made to rehouse and compensate the persons displaced.

Annex

By the end of August, more than 14,700 persons had been affected by those measures. Most refugees were dissatisfied with their new housing and before long returned to Gaza. Relatives or friends provided shelter, usually in the camps. By the end of the year, some 200 families were staying on at El Arish and around fifty on the West Bank.

The ICRC made various approaches of a general nature to the Israeli authorities. It expressed concern about the forced transfers and urged that rehousing and compensation should be accelerated and intensified."

-- Page 51 of the same report of the ICRC.

"UPROOTING OF PEOPLE

In December, the ICRC delegation intervened on behalf of a Bedouin tribe of about 260 persons whom the Israeli authorities had compelled to leave their lands near the Dead Sea and to settle in the Bethlehem district. As a result of the transfer, those people were deprived of their lands and their livelihood. The place where they found themselves did not belong to them, and their flocks could not graze there.

The ICRC delegates approached the Israeli authorities with a view to the Bedouins' return to their former site. They supplied the Ministry of Social Welfare with 20 tents, 100 blankets, 200 kg of sugar, 200 kg of rice and 50 kg of wheat, for the displaced Bedouins."

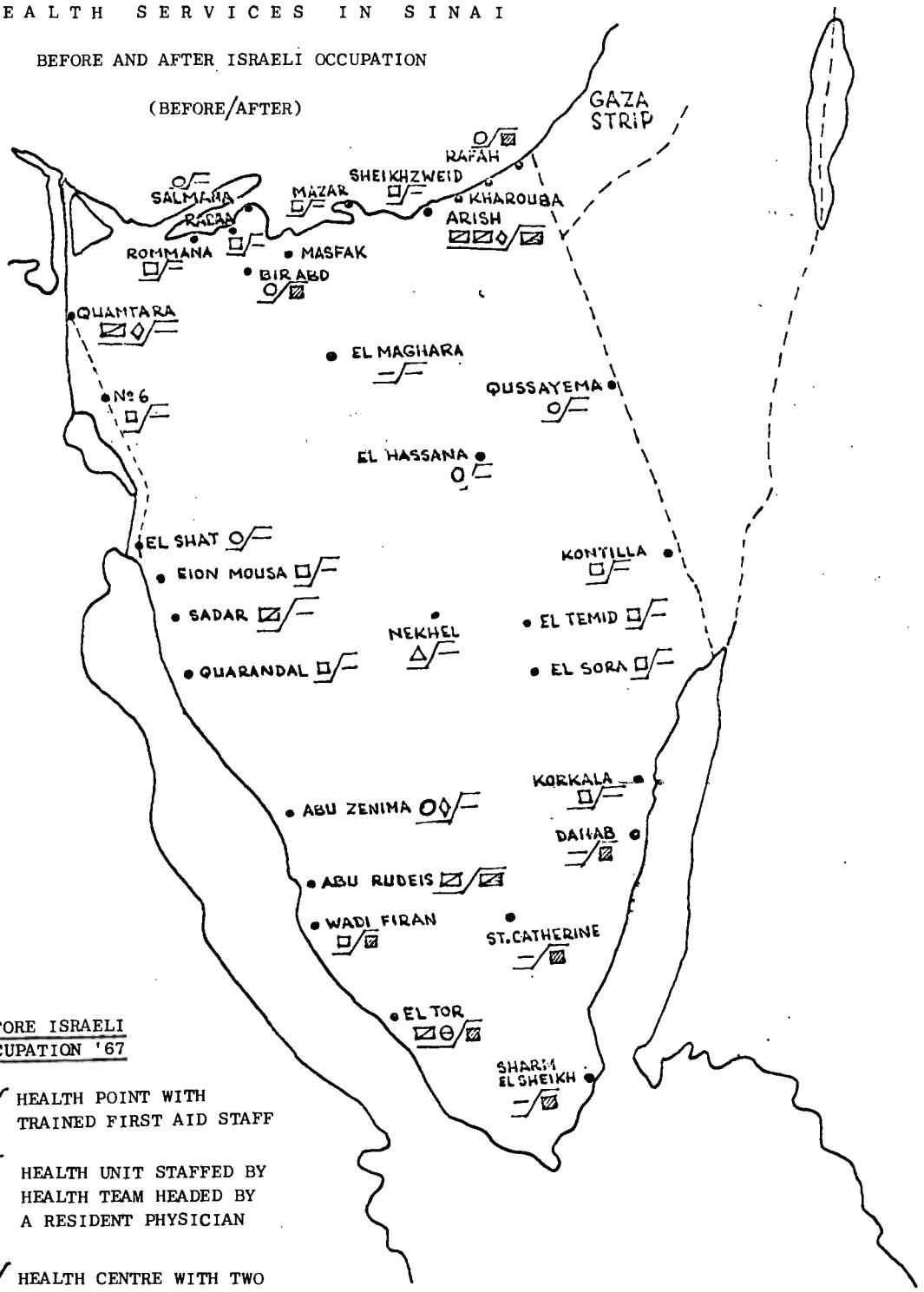
-- Page 51 of the same ICRC report.

Annex

HEALTH SERVICES IN SINAI

BEFORE AND AFTER ISRAELI OCCUPATION

(BEFORE/AFTER)



BEFORE ISRAELI OCCUPATION '67

- HEALTH POINT WITH TRAINED FIRST AID STAFF
- HEALTH UNIT STAFFED BY HEALTH TEAM HEADED BY A RESIDENT PHYSICIAN
- HEALTH CENTRE WITH TWO PHYSICIANS & 20 BEDS
- HEALTH BUREAU
- HOSPITAL
- EL TOR QUARANTINE
- NO PERMANENT SERVICE

PRESENT SITUATION '72

- HEALTH POINTS STAFFED BY BEDOUIN FIRST AID MAN
- HOSPITALS STILL FUNCTIONING
- NO PERMANENT SERVICES LEFT

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A26/21 Add.2
16 May 1973

TWENTY-SIXTH WORLD HEALTH ASSEMBLY

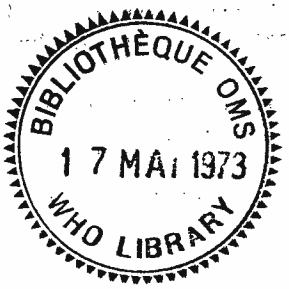
Agenda item 3.13

INDEXED

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

PHYSICAL AND MENTAL HEALTH OF THE POPULATION OF THE OCCUPIED TERRITORIES AND OF POPULATIONS SERVED BY UNRWA IN THE MIDDLE EAST

Letter of 15 May 1973 from the Government of the Arab Republic of Egypt together with its enclosure



ORIGINAL ENGLISH

Mission Permanente de la République Arabe

d'Egypte

72, rue de Lausanne

1202 Genève

Geneva, 15 May 1973

Sir,

I have the honour to refer to agenda item 3.13. The subject of the demolition of the refugee shelters, subsequently increasing these people's suffering, as well as aggravating the financial problem of the United Nations Relief and Works Agency for Palestine Refugees in the Middle East, is relevant to the discussion of the question of assistance to refugees and displaced persons in the Middle East.

Following are extracts from the report of the Commissioner General of UNRWA, dated June 1972, concerning the demolition of refugee shelters in Gaza Strip, (UNA/8713).

I would like to request that the enclosed paper be circulated as an official document under item 3.13.

Please accept, Sir, the assurances of my highest consideration.

M. M. Mahfouz
Minister of Health
Arab Republic of Egypt

Director-General
World Health Organization
Avenue Appia
1211 Geneva 27

Original English attached
to letter of 15 May 1973
from the Delegation of Egypt

Demolition of refugee shelters
in the occupied territory of Gaza strip

Report of the Commissioner General of the United Nations Relief and Works Agency for Palestine Refugees in the Near East, (U.N. Document number A/8713).

Paragraph 14.

"In Gaza, the year under report opened with what were described as major security operations by the Israeli Army, including the destruction at short notice of 7,729 rooms, 8/4,471 of them Agency built, in Beach, Jabalia and Rafah camps and the displacement of 15,855 persons. These operations, as they affected the refugees, were the subject of a special report by the Commissioner-General transmitted by the Secretary-General to the members of the General Assembly on 17 September 1971 (A/8383). A supplement to this report (A/8383/Add.1) was transmitted to the members of the General Assembly on 23 November 1971. When notifying the Commissioner-General of their intention to demolish shelters at short notice before new shelters could be built (contrary to the practice that had been followed, after Agency representations, in the construction of security roads in 1969 and 1970 in other camps), the Israeli military authorities explained that they could not allow the current violence to continue, that over 80 persons, almost all Arabs, had been killed in a period of five months and that congestion and inadequate roads in the camps hampered the security forces in their task. They also said that alternative accommodation would be provided, some of it at El Arish in Sinai. As the scale and manner of the operations became clear, the Commissioner-General felt bound to protest and ask that they should be halted, not only because of the extent of the hardship and distress suffered by the refugees, but because destruction of shelters was much in excess of the alternative housing available. As regards housing at El Arish, most refugees did not wish to leave the Gaza Strip, fearing they might not be allowed to return and, even if all the housing at El Arish had been taken up, many hundreds of families would still have been homeless. In resolution 2792 C (XXVI) of 6 December 1971, the General Assembly called upon Israel to desist from further destruction of refugee shelters and from further removal of refugees from their present places of residence and to take immediate and effective steps for the return of the refugees concerned to the camps from which they were removed and to provide adequate shelters for their accommodation. The Secretary-General was asked to report, after consulting with the Commissioner-General, on Israel's compliance with these provisions of the resolution. The position on 30 June 1972 was that no further demolitions had taken place in the course of security operations, the only demolitions being those referred to in paragraphs 173 and 174 below, but that no housing had been constructed to replace the demolished shelters. A detailed survey by the Agency, begun in February and completed in May, found over 900 families still living in unsatisfactory conditions."

Paragraph 173.

"A special report was made to the General Assembly by the Commisioner-General on the large-scale demolition of shelters carried out by the Israeli authorities in Gaza in July and August 1971 20/. In the note verbale dated 8 August 1971, the Agency protested at the action

taken by the Israeli authorities, which appeared to be contrary to General Assembly resolution 2675 (XXV) and to the provisions of articles 49 and 53 of the Geneva Convention of 12 August 1949 relating to the Protection of Civilian Persons in Time of War 21/. Shelters occupied by 2,554 families, amounting to some 15,855 persons, were demolished. The Agency has claimed compensation for the demolitions from the Government of Israel (see paragraph 187 below). A further report to the General Assembly on this matter was made by the Secretary-General on 15 September 1972 under resolution 2792 C (XXVI) of 6 December 1971 (A/8814).

Paragraph 174.

"The demolition of shelters by way of deterrent or punitive action, referred to in paragraph 171 of last year's report, continued to take place in Gaza, in the first half of the period under report. By a note verbale of 6 August 1971, the Agency again requested the Israeli authorities to desist from such demolitions, and also asked them to pay compensation in respect of all the Agency's outstanding claims in this regard. It was pointed out that the Agency's position was based not on any provision of the local law, but on international law 22/. The Israeli authorities replied on 8 September 1971 to the effect that it was for them to determine what actions were warranted by security requirements and military operations. The Agency does not accept this unqualified view and, in a note verbale of 17 September 1971, fully reserved its position and rights in the matter. No such demolitions took place between 11 January and 30 June 1972."

Paragraph 177.

"The Israeli Army conducted military exercises twice in Nuweimeh camp (at present empty) and once in Ein Sultan camp (largely empty) in the West Bank. Although no damage was caused to Agency property on these occasions, the matter was taken up with the Military Governor, who was asked to ensure that the Israeli military authorities refrain from conducting military exercises in the camps 23/."

Paragraph 187.

"The sum of $ 417,881 has been claimed from the Government of Israel in respect of demolition of shelters in Gaza in July and August 1971 (see paragraph 173 above). Payment of this sum has been refused on the ground that the demolitions were necessitated by reasons of security. A further $ 36,500 has also been claimed by the Agency in respect of damage cost to public latrines and other sanitation facilities in the course of the same operations. The Agency is following up both these claims. The Agency further claims compensation of about $ 34,500 in respect of shelters destroyed by way of deterrent or punitive measures (see paragraph 174 above)."

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A26/21 Add.3
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INDEX

TWENTY-SIXTH WORLD HEALTH ASSEMBLY

Agenda item 3.13

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

PHYSICAL AND MENTAL HEALTH OF THE POPULATION OF THE OCCUPIED TERRITORIES AND OF POPULATIONS SERVED BY UNRWA IN THE MIDDLE EAST

Communications received by the Director-General of the World Health Organization on 17 May 1973 from the delegations of Algeria, Bahrain, Democratic Yemen, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Republic, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen, and circulated at their request.

ANNEX

Sir,

We have the honour to submit the following letter requesting its circulation as an Official document of the 26th W.H.O. together with document A26/21 prior to the discussion on agenda item 3.13.

Please accept, Sir, the assurances of our highest consideration.

The Delegate of:

The Hashemite Kingdom of Jordan
United Arab Emirates
The State of Bahrain
The Tunisian Republic
The Popular Democratic Algerian Republic
The Kingdom of Saudi Arabia
The Democratic Republic of Sudan
The Libyan Arab Republic
The Iraqi Republic
The Sultanate of Oman
The State of Qatar
The State of Kuwait
The Libanese Republic
The Syrian Arab Republic
The Arab Republic of Egypt
The Kingdom of Morocco
The Yemen Arab Republic
The people's Democratic Republic of Yemen

Dr M. G. CANDAU
Director General
World Health Organization
Avenue Appia
1211 GENEVA 27

On the 10th of May 1973, Document A26/21 on "Health Assistance to Refugees and Displaced Persons in the Middle East; Physical and Mental Health of the Population of the occupied territories and of populations served by UNRWA in the Middle East" was circulated as an official document of the Twenty-sixth World Health Assembly under "Provisional agenda item 3.13". Part II of this document consisted of statements made by a personal representative of the Director-General who visited the occupied Arab territories in the Middle East.

A mere glance on Section II of document A26/21 is sufficient to show its superficial approach. While it is based on fragmentary data and one-sided sources, it contains unfounded conclusions, irrelevant comparisons, and misses the essential points often brought up in the World Health Assembly debates on the health conditions of the populations of the occupied territories.

In this letter, we wish to make some basic observations on the Personal Representative's mission and particularly on the methods followed by him in fulfilling this mission.

The Twenty-fifth World Health Assembly adopted resolution 25.54 in which it requested the Director-General, as it has requested him in the past Assembly, to "prepare a comprehensive report on the conditions of physical and mental health of the population of the occupied territories".

It was up to the Director-General to seek any method at his disposal to make his report as complete and reliable as possible. However, for a fact-finding mission to be effective, adequate contacts with the parties most directly concerned should be made. The Personal Representative should seek all information available, particularly information from both sides. The visit should be arranged so as to cover all the occupied territories and particularly the areas where allegations had been made concerning inadequate health conditions.

It is unfortunate that these and other conditions essential to the success of a fact-finding mission were not observed. In particular, we would wish to stress the following:

1. It is clear from Annex 2 of document A26/21 that consultations and contacts were made with Israel as early as October 1972 regarding the visit of the Personal Representative. Similar contacts were not made with the countries whose populations were under occupation (Syria, Jordan and Egypt).

2. Also, Israel was requested to provide information on the health conditions of the population of the occupied territories. This took place in a letter dated 1 November 1972 (Annex of document A26/21, page 11). The countries whose population are under occupation were requested to provide information several months later. This was done in a letter dated 22 February 1973 and even in this letter they were not informed of the idea of sending a personal representative to the occupied territories.

3. It is customary for such fact-finding missions to include in their visits, the countries most directly concerned. The personal representative visited Israel, while he failed to visit the states whose population are under occupation. These states could have discussed with him their grievances about health conditions in the occupied territories and put at his disposal all relevant information.

4. The Personal Representative omitted several occupied territories from his tour:

(a) The occupied Syrian Territories,
(b) The area of Jenin in the occupied West Bank of Jordan,
(c) In the occupied Egyptian territory of Sinaï, the Personal Representative describes the medical facilities for a total Egyptian population of 19 550 and settlements built by the Israeli occupiers, no mention was made of the available health facilities for most of the population who live in the interior of Sinaï.

(d) In occupied Jerusalem, he only visited an Israeli hospital and did not indicate whether he visited any Arab hospital.

5. It is obvious that any fact-finding mission should have its mandate clearly defined, and well borne in mind. The Personal Representative has defined his mandate several times in his four-page statement, each definition conflicting with the other. At one point, he stated that "the question that should be posed is: what have been the effects, positive or negative on the physical and mental health of the population of the occupied territories as compared with their health status before 1967 . . .?" One fails to see the basis upon which the Personal Representative could engage in such an undertaking. It is clear that the only basis for his mission was the request addressed to the Director-General to prepare a comprehensive report "on the conditions of physical and mental health of the population of the occupied territories". Such comparisons are all the more surprising in the light of the fact that he never sought information on the condition of health before Israel's occupation.

6. The Personal Representative admitted at the outset of his statement that "it is clearly not feasible, in the course of a relatively brief visit, to make an estimate in quantitative terms of the health of the population of the relevant areas, but it was possible to form impressions of the extent of the provisions made for health protection and medical care in terms of available health personnel and physical facilities". Yet the Personal Representative made an evaluation of the physical and mental health of the population in Gaza out of a visit to a commercial center.

Consequently, a mission that was meant to clarify the situation with regard to the health conditions of the populations of the occupied territories, has only resulted in a statement of personal impressions gathered from a visit to preselected locations in some of the occupied territories, and essentially based on one-sided and unscientific information. It is hard to see how such a statement could help the Director-General in fulfilling his mandate under WHA resolution 25.54, namely to "prepare a comprehensive report on the conditions of physical and mental health of the population of the occupied territories".

It is not only because of their concern for the population of the occupied territories, but also for their concern for the World Health Organization to which they are deeply committed, that the delegations of the Arab States feel bound not to accept the statement of the Personal Representative in Section II of A26/21 as a fulfilment of the mandate under WHA resolution 25.54.