



“We Do What We Can” The Palestinian Experience

Cover report by Mike Taigman
& Jeff Forster

When a copy of EMS Magazine’s June 2002 issue featuring our article on Israeli EMS landed on the desk of Palestine Red Crescent Society (PRCS) President Younis Al-Khatib, he was stunned by its cover photo. “The Israelis accuse us all the time of carrying weapons in our ambulances. Yet, here was a photograph of one of their paramedics with a weapon in his ambulance. I thought, no one knows our side of the story.” Younis wrote to EMS Magazine editor Nancy Perry, inviting her to tell the story of Palestinian EMS. This May, we visited with EMS personnel in the West Bank—Ramallah, Palestine, East Jerusalem and refugee camps—to learn about their EMS experiences.

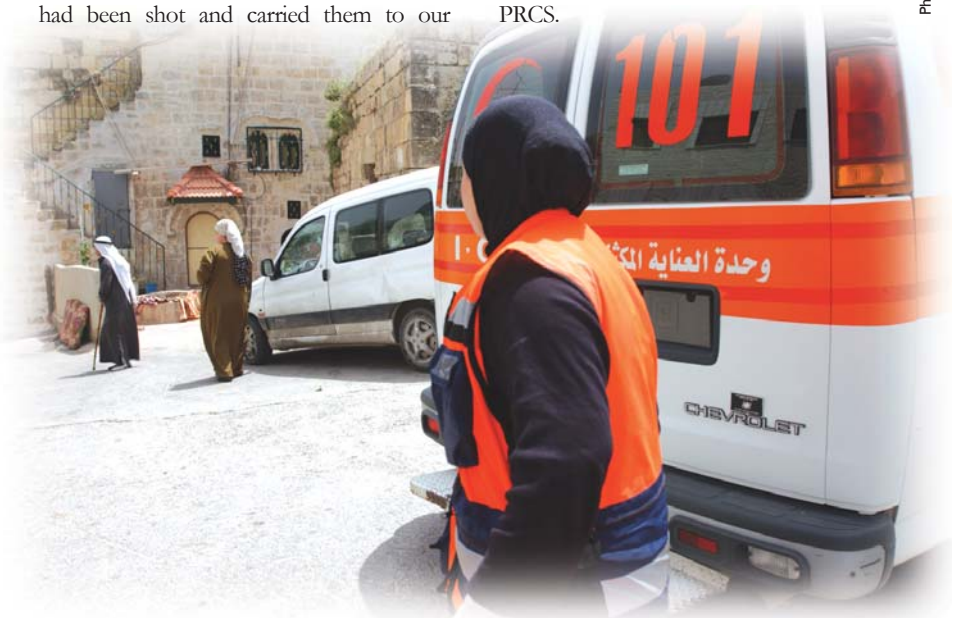
As Arabic words crackled out of the hand-held radio, I asked Luay, director of the PRCS ambulance station in Ramallah, what they said. “Nine Israeli tanks and two dozen jeeps just rolled into Ramallah,” he replied. Less than 90 seconds after the radio notification, we were en route to a double shooting, passing ambulances on the way that had been crushed by Israel Defense Forces (IDF) tanks. Luay and his partner Fida responded to the call by driving down side

streets and back alleys to avoid the IDF tanks and jeeps.

As we pulled closer to the scene, everyone on the street seemed to be directing us while scanning for tanks and soldiers. Rounding the last corner, we noticed a group of young Palestinian men waving us toward a house behind them while anxiously looking the other way down the road. We were ushered into a living room, where friends of the victims scooped up the two young men who had been shot and carried them to our

ambulance. We were on the scene less than 60 seconds before heading to Ramallah General Hospital. The neighbors appeared to have organized an exit route skirting the streets that were full of tanks and jeeps at the time, and the ambulance was guided safely out of the neighborhood. Driving toward the hospital, Luay had to change the route three times to avoid the IDF. As we learned over the next couple of weeks, this is simply a routine call with routine precautions for the PRCS.

Photos by Jeff Forster



After a series of under-the-radar EMS calls, our connections managed to get us into the heart of Ramallah, a Palestinian city near Jerusalem, where we connected with Fida, a wonderful EMT-Intermediate. Her training level is the same as an American EMT-Intermediate. She was a young woman with an easy smile, a traditional Muslim scarf, or hadj, on her head and sparkly designs on her fingernails. Her English was better than most, and she carried an electronic device in her pocket that translated Arabic into English and vice versa to fill in the gaps. Her EMT driver, Muhammad, spoke no English, yet he communicated remarkably well with gestures and kind facial expressions. Their ambulance was a type II van stocked with most of the basic equipment that you'd find on an American ambulance.

The Palestinian national emergency number is 101. The calls that come through this system enter into a dispatch center at PRCS headquarters, and crews are notified or dispatched via radios.

Our first call was for a female in her early 20s, who had been complaining of nausea and vomiting for several days. While Fida assessed the patient, Muhammad talked to her family. Fida determined that the patient's primary problem was dehydration and began to prepare for IV fluids to be administered. Several young men, also in their early 20s, appeared with folding chairs for us to sit on while Fida cared for the patient. Fida gracefully slid a catheter into a small vein as one of the men offered us a tray filled with glasses of cold grape juice, one for each of the EMS crew and for other family members in the living room. I don't know about you, but Jeff and I together have run over 40,000 9-1-1 calls, and no one has ever brought us chairs to sit on or cold drinks on a hot day. We were to discover that this is typical Palestinian hospitality.

PRCS Operations

The largest provider of EMS in Palestinian areas is the Palestine Red Crescent Society. As a member of the International Red Cross, the PRCS provides a wide variety of humanitarian aid to both Palestinian areas and the refugee camps where Palestinians have been displaced from Lebanon, Syria, Jordan and Iran. Services include hospitals, child abuse treatment, mental health services, schools for the deaf and rehabilitation for the physically disabled. Another humanitarian organization—the Palestinian Medical Relief Committee—also provides some EMS/ambulance services, along with training





Israel's army, the Israel Defense Forces, protects each settlement. The roads connecting them are patrolled by the IDF.

Checkpoints

There are IDF checkpoints at every border crossing between Israel and the Palestinian areas. The purpose of the checkpoints is to ensure that terrorists, bombs and weapons do not enter Israel. These checkpoints have successfully stopped hundreds of bombers and snipers from coming into Israel. There are also dozens of IDF checkpoints within Palestinian areas, many of which are designed to protect settlements and the roads to and from the settlements. At the checkpoints, IDF soldiers check documents and search all vehicles and people crossing the borders. The soldiers then determine whether or not a person or vehicle can pass through the checkpoint.

Ambulances are thoroughly checked and receive no special treatment. Included in the EMT curricula in Ramallah is a section on how to deal successfully with soldiers at checkpoints.

The consequences of these checkpoint delays are sometimes devastating. Luay recalls one event when he was transporting a 64-year-old man having a "bad myocardial infarction." While stopped in line at the checkpoint, the patient's condition began to deteriorate. Luay's partner began pleading

thousands of women to provide primary healthcare in neighborhoods and villages. This program is similar to the Community Health Aid program in Alaska. Since movement is greatly restricted in Palestinian areas, a system was needed that would provide primary healthcare to people who couldn't get to clinics or hospitals in the larger cities. The Civil Defense Agency provides firefighting services and some EMS ambulance service. There are a few ambulances based at hospitals and clinics as well.

Ambulances are donated from around the world. Norway appears to have adopted the PRCS as a main recipient of its humanitarian efforts and donates ambulances and all kinds of equipment. We met several Norwegian nurses who were spending their vacations working with the PRCS. Some ambulances are also donated from America. The American Red Cross had sent three just six months before our arrival.

We interviewed the PRCS director in Ramallah, across the street from the main hospital. Luay Radad is gentle, soft-spoken, and has the kind of rugged good looks that you'd expect to see on a TV soap opera. He's an administrator and is also an EMT-Intermediate field provider. We sat on concrete blocks from a broken-down building in an abandoned lot and interviewed him on video. The folks who work on the PRCS ambulances are no different from people in any EMS organization anywhere in the world. They are a mix of paid and volunteer professionals who are friendly, self-assured, hilarious and love to tell stories. They are curious, open and interested in learning new things. Much like the American military medics who are revered for their willingness

to risk their own lives to care for fellow soldiers on battlefields of Korea, Vietnam, Afghanistan and Iraq, the PRCS folks are admired by and give hope to the Palestinians in a situation that often feels hopeless. Their ambulances are riddled with bullet holes demonstrating the treacherous working conditions. One ambulance that was towed in on our first day in Ramallah had the barrel of an IDF tank run through its windshield. The only ambulances without bullet holes are brand new waiting to be put into service.

Providing EMS Under Occupation

In order to appreciate the challenges faced by the PRCS, it's important to understand the basic dynamics of occupation.

Settlements

Palestinian areas are divided into two geographic sections: Gaza Strip and the West Bank. Throughout these two areas are hundreds of Israeli settlements, dotted like freckles across the map. These settlements are Israeli villages within Palestinian areas.



with the soldiers to let them move to the front of the line because their patient's condition was critical and could be fatal. He was waved back into his ambulance with M-16s pointed at his head. Moments later, the patient went into cardiac arrest. Luay and his partner worked the entire arrest, following ACLS protocols while waiting in line at the checkpoint, to no avail. After they waited another hour, with the body in the back, they were finally allowed to pass. According to the PRCS, in the last 34 months, 19 babies had been born in PRCS ambulances at checkpoints. Forty-nine patients have died while the ambulances they were in waited at a checkpoint for clearance to pass through.

Curfews

We met with Dr. Wael Qadn, MD, medical director of the PRCS, in his office. During our visit, he received a call on his cell phone saying that the IDF had just announced a curfew in Tulkarum. When I asked him what that meant, he said, "No one is allowed out of their homes. All the ambulances are shut down." I asked him what would happen if they get a call. He said, "Sometimes the crew knows ways to sneak around the soldiers so that they can care for their patients. Sometimes not." Fida recalled a curfew from last year. "I had to get to work on the ambulance. My home is about 1.5 kilometers from the headquarters. I had to sneak through alleys. Three times the soldiers saw me and shot at me."

Attacks on Medical Personnel

Just down the street from the fire station in Bethlehem were bits and pieces of the police station that had been destroyed by a missile launched from an F-16 two years ago. Across the street from the fire station was an ambulance that was crushed by an Israeli tank, as well as the burned-out shell of a Palestinian police truck that was hit with a rocket from an Apache helicopter. Chief Abraham Mumodacsh, a silver-haired father of eight children, gave us a tour of his station. We observed bullet holes in the cab of their main fire engine. Their ambulance was covered in bullet holes on every side. As Jeff photographed the holes in the ambulance, three firefighters gathered to watch what he was doing. None of them spoke English, but one figured out that Jeff was photographing the bullet holes. He then peeled off his shirt, displaying bullet wounds to his left shoulder. Through various interpretations of the language, we learned that his partner was killed in their ambulance on the same day that he was shot a few months ago as they were responding to an emergency call. I inquired who shot them and why, and Chief Mumodacsh's response was, "The soldiers shot them. We don't know why; they never explain."

In the last 36 months, 29 Palestinian EMS employees have been killed. One incident involved Dr. Khalil Suliman, MD, director of the PRCS group in Jenin, who had served his community for years. He taught the EMT and EMT-Intermediate classes. Last year, during one of the clashes in the Jenin refugee camp, he and a colleague received a call for several wounded in the middle of the camp. Per normal protocol during a military operation, the PRCS contacted the International Red Cross, who contacted the IDF for permission to enter the area and transport the injured. Dr. Suliman was given a "green light" to respond on the call. As they headed down the narrow street in their ambulance, they were hit with a launched grenade. The explosion ruptured the oxygen cylinder, and Dr. Suliman burned to death on the spot. His three colleagues survived, though one of them remains in the burn unit 14 months after the attack.

The office of Mustafa Barghouthi, MD, MSc, president of the Union of Palestinian Medical Relief Committees, is located on the top floor of a building in downtown Ramallah. The circular staircase going



up to his office is covered with photographs from an IDF raid on the building. The pictures show Hebrew graffiti spray-painted on the walls, broken office furniture, and a computer broken open with human excrement inside. As we sipped mint tea in his office, Dr. Barghouthi told us about their program for training women to provide primary healthcare. "There's so much violence and movement is so limited that we can't rely on getting people to the hospital for treatment," he said. "We have to do what we can to care for people, given our circumstances."

The Palestinian Approach to Dealing With MCIs

Last year, in our article on EMS in Israel, we talked about the Israelis' ability to rapidly move patients to trauma centers after an attack. The Palestinians don't always have that option. Since the vast majority of their MCIs involve Israeli military incursions, the area around the situation is covered with checkpoints. More often than not there is a curfew in place. Consequently, the PRCS frequently sets up one of its many mobile field hospitals. Generators, stretchers and medical gear are packed into the back of ambulances scattered throughout their service area. According to Luay, "We have to have them throughout the country, because when clashes happen, the checkpoints close and we can't get them in." When an incident happens, a tent with stretchers inside is set up as a mobile hospital in a safe area close to the scene. The folks from PRCS function as incident

commanders, using whatever resources and personnel are available in that area to help care for patients until they can be moved to a regular hospital.

Working with the Israelis

When I asked Luay about working with the Israelis, he said, "There are so many settlements. Every day we have road traffic accidents that involve settlers. So we are all the time working together with MDA (Israel's EMS service). Many times we transport people to hospitals inside Israel. Just recently, while returning from Jericho after passing through a nasty checkpoint, we had a road traffic accident with two injured Israeli soldiers. We stabilized, immobilized and treated until MDA arrived. We helped them load the soldiers into their ambulances to be taken to a hospital in Jerusalem."

Terrorists in Ambulances?

The first female Palestinian suicide bomber was reportedly a paramedic who worked for the PRCS. "Yes," said Younis, "it's true. She was a volunteer who worked out of this station sometimes. I did not know her personally. We are a largely volunteer organization and anyone can join. The PRCS was not involved in any way with her wrong actions. You don't tear down an entire organization because of the wrong actions of one person. Bombing attacks, they are awful."

We also asked about the belt bomb that was found in an ambulance. "They did find an explosive belt in an ambulance," he said. "It was a few days after a week where five people were killed in their ambulances. The Israelis were under a lot of pressure from the international community." He said the ambulance had been waved through three checkpoints without being stopped or searched before finally being stopped at a flag checkpoint. The IDF called the media

to film the incident, and only the driver was arrested—not the physician or the patient's family. "It could have been the doctor or the family who had brought the bomb. Why did they just let them go without even interrogating them and only arrest the driver?" The driver was sentenced to four years in prison. "With an organization of over 4,000 people, it's possible for someone to use an ambulance for prohibited things," said Younis. "We are a humanitarian organization and would never support the use of our ambulances for transporting of weapons or wanted people."

Closing Thoughts

In our EMT classes, we teach people to wait until the scene is safe before going in. The men and women of the PRCS don't have that option. They have a remarkable ability to provide good care to people under the most dire circumstances. ■

Articles and experiences like these don't occur without the assistance of lots of people. Nancy Pery and the folks at *EMS Magazine* assisted us with documentation that allowed us to enter and exit many situations. Ann Forster provided support and assistance with editing. Numerous people took risks and put themselves out to help us spend time in a place where few Westerners travel. To share their names would place their safety at risk—they know who they are, and we owe them deep gratitude.

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