

CORNERSTONE

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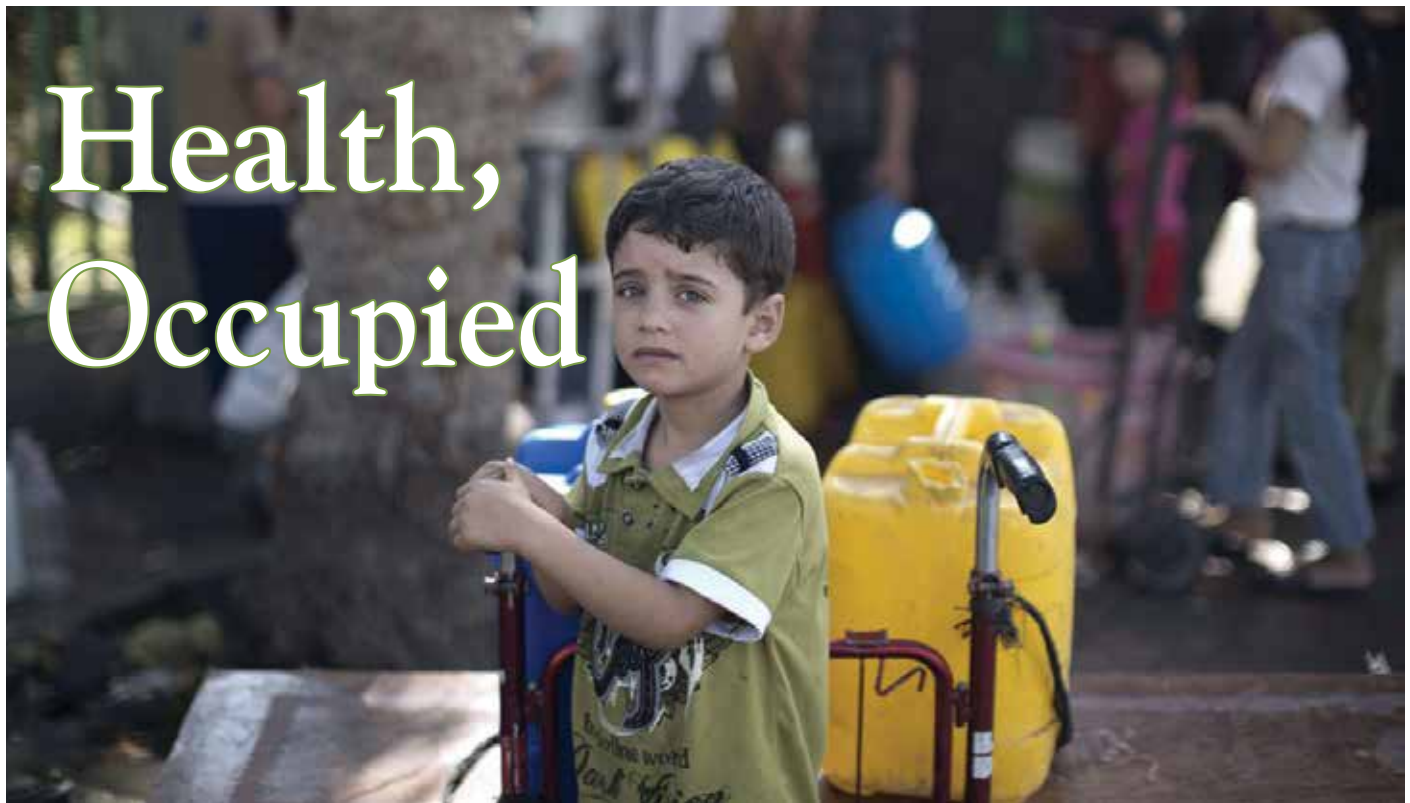


Photo by Mahmud Hams/AFP/Getty Images

Health, Occupied

A child waits to fill plastic water containers with drinking water from a public tap in Jabalia in northern Gaza in July 2014.

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Faith and Health

by Naim Ateek

We know from the Gospels that Jesus was concerned about people's health. "Jesus went throughout Galilee teaching in their synagogues and proclaiming the good news of the kingdom and curing every disease and every sickness among the people" (Matthew 4:23). This emphasis on teaching and healing is clear in the Gospels. Healing the sick was also a sign of the coming messianic age.

Jesus exercised healing through various ways. At times he pronounced the word and healing resulted whether in the presence of the sick person or in his/her absence (Matthew 12:9-14; Luke 7:1-10). At other times Jesus laid his hand and touched the person (Matthew 8:14-15). Healing was also achieved when the sick person touched Jesus (Mark 5:25-29). More than once Jesus attributed healing to the faith of the person by saying, "Go, your



Photo by Tamar Flitshman / MACHSOM WATCH

An infant is transferred into an ambulance at the Qalandia checkpoint between Ramallah and East Jerusalem. Palestinian ambulances are prevented from freedom of travel.

faith has made you well" (Mark 10:46-52), the inference being that there is a relationship between people's faith and their physical and psychological health.

I believe there is an important theological implication in Jesus' ministry of healing. God wills that human beings should enjoy health of body, mind, and spirit. However, due to the state of our human nature (biblically "the Fall") our bodies are subject to weakness, disease, suffering, and eventually death. In other words, God's will for us is health, wholeness, and life, but our human condition reflects our frailty and mortality.

When Jesus was restoring health to the sick and infirm, he was, in effect, fulfilling God's will for humans. The same can be said when Jesus calmed the stormy sea. He was restoring to nature its idyllic state that does not threaten or endanger humans but rather allows serenity and harmony between humans and the natural order. Similarly, by curing disease and restoring health, Jesus was reinstating harmony within

the same human body that was cured from illness. To be healthy in body, mind, and spirit reflects, in essence, God's will for all people. Hence, God was active in Jesus Christ in restoring comprehensive health to all those who came to him. Jesus said, "*I came that they may have life, and have it abundantly*" (John 10:10). To live an abundant life is to live life to its fullest. This holistic understanding brings together the three components that comprise the life of a healthy person, namely, physical, psychological, and spiritual health.

There are two important things to remember:

Firstly: From the position of faith, all healing comes from God. It is God who is the great healer, but God's healing power is being communicated through physicians and all kinds of health professionals and trained specialists.

Secondly: Many times we suffer from health problems that are treatable; however, there are other ailments and physical weaknesses that stay with us

for the rest of our lives. This is all due to our human nature. Obviously, we are thankful to God for ongoing medical research, new surgical techniques, new medications and new cures that are available these days. At the same time, there are at times unexplained issues about health that we still cannot fully understand.

Unfortunately, in the history of the church there were times when Christians and church leaders had a narrow understanding of health. In their emphasis on the spiritual, they undermined the physical. They considered sickness and disease as consequences of sin and the human body as an enemy of the spirit. Hopefully we are beyond that kind of a narrow and antiquated theology.

What then are some of the theological underpinnings regarding our own health and the health of others?

1. We believe that life in all its fullness is a gift from God and we should receive it with thankfulness to God and with responsibility.
2. Our understanding of health must be holistic and comprehensive. It must include the physical, mental, and spiritual. Sadly, we seldom achieve such a state of health but it is an ideal that we must always aspire to achieve for ourselves and others.
3. The coming of Jesus Christ has sanctified the human body in which the incarnation has taken place. Theologically speaking, the Spirit of God indwells in us and our body is the temple of the Holy Spirit (1 Cor. 6:19). It is important, therefore, to care for the body that God has given us.
4. Nations have a moral and spiritual responsibility to provide the best health care that is possible for all people and create healthy environments in order to prevent and treat diseases. We are our brothers' and sisters' keepers and we

must love others and care for others as we love and care for our own.

5. It is reprehensible to even imagine the billions of dollars that are spent every year by the different countries of the world to purchase and manufacture armaments that only kill and destroy instead of using those funds for medical research, the eradication of poverty, hunger, and preventable diseases, and for providing health care for the millions of people around the world. In light of the huge expenditures on arms and the neglect of people's health care, it is a crime against humanity. It is within human capacity today to provide greater and better health care and create and maintain healthy environments to all people who are deprived of them or cannot have access to them.

Health under Occupation and Siege in Palestine

In the case of the Palestinian people, it is the prolongation of the illegal occupation of Israel over Palestine, including the siege on Gaza, and the restrictions it imposes on the Palestinians that constitute the formidable obstacles in meeting the need for health care for the Palestinians. For Palestinians, accessing medical treatment is challenged by obstacles such as checkpoints, the separation wall, and permit denials by Israeli authorities. In Gaza, the crippling siege and massive military bombardments have choked and damaged public health infrastructures of water, sanitation, and electricity. The Gazan peoples' access to food is also restricted through Israel's cruel practice of calculating the

minimum number of calories needed to survive, and only allowing this amount into Gaza. Poverty exacerbated by the occupation in the West Bank, Gaza, and East Jerusalem often leads to a poor quality of life, which negatively affects the physical and mental health of this population.

It is outrageous that in Palestine, as well as in many parts of the world, many health problems are preventable, such as stunting and malnutrition in children, anemia in pregnant women, and wounds, disabilities and mental trauma that come from living in war conditions.

A healthy population is created when the people have access to clean water, proper sanitation, safe environments, nutritious foods, and medical care, among others.

It is only the cry of millions around the world that might force the world leaders to change their priorities and place the issue of health care and the prevention and treatment of diseases on top of their agendas. It must begin, however, with a vision of compassion for the world. The word "compassion" means to "suffer with." It is an active word that demands involvement and action.

Jesus said, *"I came that they may have life, and have it abundantly."* Life in abundance and fullness includes good health care for all people so that people can live their lives to their fullest possibilities and potentials.

The Rev. Naim Ateek is President of the Sabeel Board.



Gaza preschoolers sip their fortified milk while their mothers learn some tips on nutrition as part of the American Near East Refugee Aid (ANERA) Milk for Preschoolers Program.



Photo by Alaa Ghosheh/ UNRWA

A young girl waits for her turn at a mobile clinic in the West Bank.

Health under Occupation: The West Bank

by Marina Tucktuck

The *right to health* is a recognized human right by many international organizations worldwide. It is stated by the 1946 Constitution of the World Health Organization (WHO) as, *the right to the enjoyment of the highest attainable standard of physical and mental health.* ⁽¹⁾ Health, in this regard, encompasses the WHO definition of health as, *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”* ⁽¹⁾ In the Palestinian context, however, health is complicated by a mix of interrelated political, economic and social influences that create disparities, which in turn hinders one’s ability for the complete attainment of *health*.

Israeli colonization of Occupied Palestine: an unnatural, geographic division

The 1994 Oslo Accords stipulated that the West Bank would be divided into three administrative categories: Areas A, B, and C. Area A is under the full control of the

Palestinian Authority (PA), whereas Israel and the PA have shared responsibility of Area B, and Area C is under the full control of Israel and constitutes 60% of the West Bank. ⁽²⁾ East Jerusalem is another divided area of Occupied Palestine, where West-Bank ID holders have restricted access unless a permit is granted by Israel. ⁽³⁾

The Israeli fragmentation of the West Bank land is not a natural geographical division; rather, it reflects the architecture of colonization that is imposed on the residents of Occupied Palestine. This division and the continued *colonization* of Palestinian lands by the occupying Israeli forces, the policies of tight siege, closures and periodic interruptions in daily life contribute to ***negative, serious ramifications on the health status of Palestinians.***

The effects of the Israeli occupation are cumulative and have been associated with long-term consequences on the health of the Palestinian population, with clinical and research-based evidence. These effects go beyond the physical damage to infrastructure, death, injury and disability, and are associated with low self-rated health and sub-quality of life, serious human insecurity, distress and increased vulnerability to illness, all of which are health indicators known to predict increased morbidity and mortality. ^(4, 5)

The Palestinian context and its effects on health

Displacement

West Bank residents of Area C are continually denied building permits and any opportunity to invest in their land. Peace Now, a prominent Israeli organization, reports that between the years 2000-2007, 94% of building license applications were declined for Palestinians; meanwhile, the Israeli Civil Administration granted permits to build 18,472 housing units in Israeli settlements. The situation is worsened by Israel's unannounced house demolitions and the forced evictions in Area C. Consequently, Palestinians living in Area C are left with no permanent residence or an opportunity to establish a stable home. ⁽⁶⁾

East Jerusalem residents are yet another vulnerable group of Israel's discriminatory behavior against Palestinians. East Jerusalemites constitute the category of most risk of denial or revocation of residency status. ^(3, 7) It becomes clear that Palestinians are constantly defining, breaking and re-defining their residency status, hence being overwhelmed with a constant displacement.

The burden of displacement places a huge toll on the health of civilians that goes beyond the physical damage. The loss of a stable home or a permanent residence and the constant fear of losing one's home deprive Palestinians of physical and economic security. Consequently, the disruption of livelihood, the low standard of living, and the subsequent sub-quality of life predispose Palestinians to serious vulnerability to illness and morbidities. Children are especially at risk of developing anxiety, depression and post-traumatic health conditions. ⁽⁸⁾

Violence

Violence, whether direct or indirect, is part of the everyday experiences of Palestinians. It is a daily occurrence for many Palestinians to be presented with

Israeli settler and army violence in the form of verbal and/or physical assaults, strip searches, attacks on livestock and agricultural land, raids, racism and discrimination, acts of intimidation and harassment, among others. ⁽⁸⁾ Crossing the Israeli checkpoints, whether to reach private properties or access health services, presents a great challenge to many Palestinians. As of 2014, there are an estimated 516 checkpoints and roadblocks, 60 of which are permanent checkpoints. ⁽⁶⁾

Similarly, Palestinians are often challenged by Israeli settler violence. The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reports that in 2013, the number of settler violence incidents in the West Bank increased from 368 in 2012 to 399 incidents, and violent attacks by Israeli settlers and army using tear gas and rubber-coated metal bullets raised the total Palestinian fatalities from 8 in 2012 to 27 at the end of 2013. ⁽⁸⁾

Area C Palestinian residents are especially prone to settler attacks since 32,000 Israeli settlers live in 160 communities throughout the area. ⁽⁶⁾ Many Palestinians also face settler and army violence during peaceful Palestinian demonstrations, with Palestinians resisting these actions, often leading to their detainment, injury and possible death. ⁽⁸⁾ When combined with other challenges, the constant threat and action of violence towards Palestinians leave them with an immense feeling of human insecurity, uncertainty and distress, all of which reflect negatively on their health. ⁽⁸⁾

Restricted access to healthcare facilities

The health status of Palestinians is further exacerbated by the limited and restricted access to healthcare facilities that Palestinians have to surmount, whether physical barriers (e.g. checkpoints) or bureaucratic constraints (e.g. permits and 'closed areas'). ⁽⁸⁾

Palestinian residents of Area C are particularly affected by the limited access to health facilities, due to the Israeli government not allowing the PA to build clinics in Area C. Consequently, Area C lacks primary healthcare, permanent and specialized clinics and an overall healthcare system. The only way Area C residents receive healthcare services is through mobile clinics provided by civil society organizations, with the medical teams often subjected to Israeli military and army violence. ⁽⁶⁾ Palestinians in Area C are thus left with few opportunities to promote a healthy living.

Demonstrations against the separation wall, olive tree destruction and home demolitions, to name a few, often lead to clashes between Palestinians and the occupying forces. Israel prohibits and sometimes hinders the ability of health and medical personnel to access the injured, which often results in death and further co-morbidities of Palestinians. ⁽⁹⁾

Palestinian ambulance health personnel also report challenges with transporting Palestinians to East Jerusalem hospitals, especially the unease of having to shuttle patients on stretchers between ambulances when presented with permit issues and 'security reasons' for entry denials. In 2012, only 116 out of 1,292 ambulances were allowed to pass the main checkpoints to East Jerusalem. The transfer of Palestinian patients to different ambulances often results in delayed treatment and thus a lengthier recovery. ⁽¹⁰⁾

Delaying permits to hospitals in East Jerusalem is another example of restrictions on access to healthcare. Since East Jerusalem has most of the specialized healthcare centers in the West Bank, acquiring permits becomes an issue, especially for cancer and dialysis patients. Palestinians often struggle with access to permits and have the additional stress of applying and the anticipation of waiting, all of which increase safety risks and pose health

issues for those who are denied permits. ⁽⁸⁾ In a 2011 cohort study on access to health services in Occupied Palestine, 19% of the 175,228 patients and their accompanying family members who applied for permits had their requests denied or delayed, with ‘security’ reasons as the most frequent reason. ⁽¹¹⁾

The rise of non-communicable diseases

The combination of chronic exposure to violence, the Israeli occupation, the rapid urbanization, globalization, poverty and unemployment and lifestyle changes have been associated with an epidemiological transition characterized by the rise in the incidence of non-communicable (chronic) diseases in Occupied Palestine. Many Palestinians attest to the negative health impact of chronic exposure to political violence and Israeli military occupation, which is thought to contribute to the chronic disease ‘epidemic.’ According to the 2006 Palestinian Family Health Survey,

1 in 10 people in Occupied Palestine and 2/3 of those older than 60 years have at least one chronic disease, and the 2013 Palestinian Ministry of Health (MOH) Annual Report cited cardiovascular diseases, cerebrovascular diseases and cancer as the leading causes of death among the population. ^(12, 13)

Constraints on the Palestinian healthcare system

To fully understand health in the Palestinian context, it is imperative to recognize that the Palestinian healthcare system is shaped and constrained by many factors. First, the key determinant of health is the continued illegal Israeli occupation and the consequent restrictions on the movement of people and goods and the dependency on Israel for economic development. For instance, the Israeli MOH only allows the import of medical drugs to the West Bank and Gaza that are registered in Israel and excludes the

neighboring Arab market. Moreover, Israel bans Palestinian pharmaceuticals from sending drugs to East Jerusalem medical institutions under the guise of ‘security reasons.’ The resulting *de facto* captive market, with binding economic regulations and dependency on Israel, leaves no room for developing the Palestinian healthcare system to the fullest. ^(12, 14, 15)

In addition, the PA lacks sovereignty over borders, land and water resources, as well as the social determinants of health, mainly equity in the distribution of health facilities and services. ^(12, 16, 17) The inequitable access to health services primarily affects Palestinian residents of Area C and the Jordan Valley. ⁽¹²⁾ Palestinians with a non-Jerusalem ID, who constitute the majority of Palestinians, also lack an equitable access to the specialized hospitals of East Jerusalem. ⁽¹⁶⁾



Photo by K. Brown

A Palestinian child receives treatment for cancer at the Specialized Center for Child Care at Augusta Victoria Hospital in East Jerusalem, the only Palestinian hospital that offers specialized cancer treatment.

Lastly, the Palestinian MOH depends on donor agencies' financial assistance. However, the multiplicity of donor agencies and their different agendas are often restrictive and in some cases, blind to the immediate health needs of the Palestinians. ⁽¹⁷⁾ All these interacting factors contribute to the challenges of building and developing a sustainable Palestinian healthcare system that meets the needs of its people.

The way forward

Given the political reality of the Israeli military occupation, coupled with the still undefined border of Israel, changes towards a sustainable and equitable healthcare system will depend on future political developments. ^(14, 16) Thus,

what Palestinians aspire to reach is a *just* way of life, with sovereignty, self-determination, control over resources, ⁽¹⁷⁾ and an *end* to the Israeli military occupation of Palestinian land. Only then can we start adequately addressing the right to health and healthcare system development so that Palestinians can lead self-sustaining lives.

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Photo by Jihad Saffawil Institute for Middle East Understanding

Children wade through sewage submerging the streets of a central Gaza neighborhood a day after one of the largest waste water treatment plants stopped for lack of fuel.

An Excerpt from Perspectives from Gaza

from Sabeel's newly published book, *The Bible and the Palestine Israel Conflict*

by Mads Gilbert

...So whenever I come back from Gaza, and when I am there, my main question is: what can we learn from them, the Palestinians? They can manage, they're good. They're doctors and high-level nurses, and paramedics; they don't need my medical skills. They need my solidarity and they need my voice. Actually, this lecture should have, of course, been given by a Palestinian and not by me, because it's their narrative. But they need our voices; they are voiceless and the occupation forces them to be voiceless.

So I relearn, every time, about Palestinian resistance and dignity. The moral imperative is on the Palestinians' side, and that gives them dignity. We have been discussing the

Nakba, 1948, the tents. But it's reoccurring. It's coming back and coming back. When I went back to Gaza half a year after "Operation Cast Lead," I went to Zeitoun [a poor neighborhood outside Gaza City] where I met the Samouni children. They were back in the tents because their whole habitat, the family's houses, had been completely destroyed by the Israeli massacre in the Samouni family village in Zeitoun in January 2009. Back in the tents, like in '48.

There is an endless, ongoing *Nakba* in Gaza: "Operation Summer Rain" in the summer of 2006, "Cast Lead" (2008-9), then "Pillar of Defense" last November (2012), just to mention a few recent attacks. And on top of this, there is the merciless siege and the economic sanctions from 2006 followed by the blockade of Gaza from 2007, with malnutrition as a direct consequence.

Israeli impunity

In my opinion, one of the most important and challenging moral, political, and medical issues of today is Israeli impunity. That the global community actually accepts these ongoing, systematic, preplanned, exactly executed attacks on the Palestinian civilian population in Gaza and the West Bank, and also the plights of those in the Diaspora in Syria, in Lebanon, and in Jordan.

The issue of legal responsibility for the Israeli killing fields in Gaza received a small notice in *The Guardian* in August 2013; a very small notice indeed. The article states that *one* Israeli soldier had been convicted of a crime committed during “Operation Cast Lead.” He is the sole person convicted. Fourteen hundred and fifty Palestinians were killed, 5,300 wounded, the majority civilians. This one Israeli soldier was convicted because he shot two Palestinian women, Majda Abu Hajaj, and her mother Raya. The women came out of a house that was being bombarded by the Israeli forces, and they were waving a white flag. The soldier shot them at point-blank range, and he was sentenced to 45 days in prison. *That means 22.5 days per Palestinian life.* It’s less than you get for drunk driving in Norway. And I think these numbers—one convicted and 22.5 days for a Palestinian life—tell you everything about the Israeli apartheid system.

Israeli weapons

What are the weapons the Israelis are using against Gaza? Well, first of all, the siege. No escape, no safe place, no warning systems, no bomb shelters, nothing like that. Then the blockade: the blockade of food, of water, of anything you need for daily life. Utensils for the kitchen, cooking gas, and building materials (window panes, tiles); all you need to rebuild after the bombing. The bombing is done with Israeli F-16s, Apache helicopters, and drones. Then the ground invasion, the huge Merkava tanks and their deadly artillery will come and the soldiers go in with their sophisticated hand-held weapons—very deadly.

And do not forget the Israeli propaganda machine: flyers being dropped from airplanes, phone calls all the time—“Get out, we’re going to bomb your house”—and “knocks on roofs” when the drones are hitting the roofs of apartment buildings with small rockets, indicating that this house will be heavily

bombed within four minutes. And then in terms of the families, the children, and the elders who are in this situation due to the blackout: they face the cold, the hunger, the insecurity, the fear, the uncertainty about what is going to happen next, and the repetitious Israeli collective punishment of the civilian population, which is highly illegal according to international law.

The sanctions and siege started in 2006-07 and are ongoing. As you know, Gaza is a very, very small piece of land, only a marathon long—45 kilometers from the border with Egypt up to the border with Israel, and 5-12 km wide. There are only two entrances, either through Israel at Erez or through Egypt at Rafah. The whole Strip is completely fenced in on all sides: on the ground, in the air, and on the sea. Gaza City is in the north with 660,000 inhabitants. A beautiful place and one of the oldest cities in the world. Al-Shifa Hospital, where I worked, could have been a university hospital: six operating rooms, all specialties, 500 doctors capable of performing excellent, modern medicine, also open heart surgery. But the hospital is under so much strain from the siege, lack of spare parts and materials.

“One and a half million Palestinians are imprisoned in Gaza,” said John Ging, the brave UNRWA Head of Mission, in January 2009. Today, 1.8 million Palestinians are still imprisoned in Gaza. Don’t forget that this is a child population; the average age in Gaza is 17.6 years old. Sixty percent are 18 or below, so more than one million children and young people are imprisoned in Gaza.

Medical effects

As a consequence of a lack of sufficient and varied food, there is endemic nutritional anemia, protein malnutrition, stunting (the children are more than two standard deviations shorter than they should have been at

that age), and hypothermia due to lack of heating. All are *man-made* medical consequences, leading to ill being for the people.

The Israeli, and now also the Egyptian, siege causes lack of all daily needs: food, water, power and energy, waste disposal at the municipality level, and lack of the materials you need to rebuild your habitat following the bombing. Seventy-four percent of the bombed buildings have not been repaired due to lack of material. The Israelis bombed 28 schools and none of them have been fully restored.

And there is, of course, no human security and no export, so the economy is totally wrecked. Gaza is a civilian society that has been systematically forced on its knees by the Israeli siege and blockade. Then, on top of that comes the bombing; the occupier attacks and starts bombing, again and again.

No doubt there is a humanitarian crisis in Gaza. It’s manmade, one hundred percent. Only 10 percent of the water is drinkable. Seventy-five to eighty percent of the families are food insecure, meaning they don’t know in the morning what to eat for breakfast or lunch or dinner. Three out of four families are totally aid-dependent because of the breakdown of the local economy. That’s the situation.

And as we are speaking, having our coffee and tea, and enjoying our flush toilets, most of the people of Gaza have none of this. The weekly reports from the UN24 are very accurate; for example, they stated in their report the third week of November that the Gaza power plant shut down, and Israel imposed a total ban on transfer of construction materials, which continued for a period of several weeks. The reason for the Gaza power plant shutdown was that the Egyptians closed all the tunnels, which, following the Israeli siege beginning in 2007, had

become the lifeline, the umbilicus of Palestinian civilian life. Now, this has also been completely shut off. Influx of building material was stopped from October 13, 2013, so that even UN rebuilding projects are fully stopped.

Gaza is being choked as we speak.

This is just a brief sum-up from the same report, pointing to the fact that all aspects of civilian life, including schooling, primary healthcare, and all provisions that you need for daily life in a community, are being stopped, obstructed, or destroyed by the siege; and the hospitals are facing even more hardship through the lack of spare parts and spare materials.

The day before I left for Jerusalem and this conference, I got a letter from the mayor of Gaza with an urgent appeal; in this letter he urged the mayor of my home city (we are a twin city with Gaza) to come to Gaza's aid because the people were drowning in sewage. Added to this letter was a panel of pictures showing how the sewage was flooding the streets of Gaza. Why? Because they cannot get hold of the 4,000 liters of diesel they

need per day to operate the sewage pumping system. So not only are they bombed and starved and denied free access to the world, they are being drowned in their own sewage. And again, this is a one hundred percent *man-made* disaster, made by the State of Israel, supported by the government of the United States.

The Israeli occupation is the key determinant

This is the reality as we are speaking, my friends. There is no human security for the Palestinians. Professor Rita Giacaman, the brilliant Palestinian researcher at Birzeit University, says, "Palestinians are people who were never safe, even before the 1967 Israeli occupation." I totally subscribe to that. In a paper in *The Lancet*, Rita states that "all qualitative measures of health, suffering, fear, humiliation and exposure to violence are increasing." That is a strong statement, but it is documented with extensive scientific evidence. And if you want to know about the relation between the Israeli occupation and health, you should get the issue of *The Lancet* which came out

in March 2009, called "Health in the Occupied Palestinian Territory." It's a collection of scientific articles with high standards from a number of scientists. Summed up, their conclusion is that "hope for improving the health and quality of life of Palestinians will exist only once people recognize that the structural and political conditions that they endured in the occupied State of Palestine are the key determinants of population health."

It is the occupation that is the core problem; so don't send more bandages, don't send doctors, don't send field hospitals. Lift the siege and stop the bombing, and people will be fine.

To read more of this article, contact our office for a copy of the book.

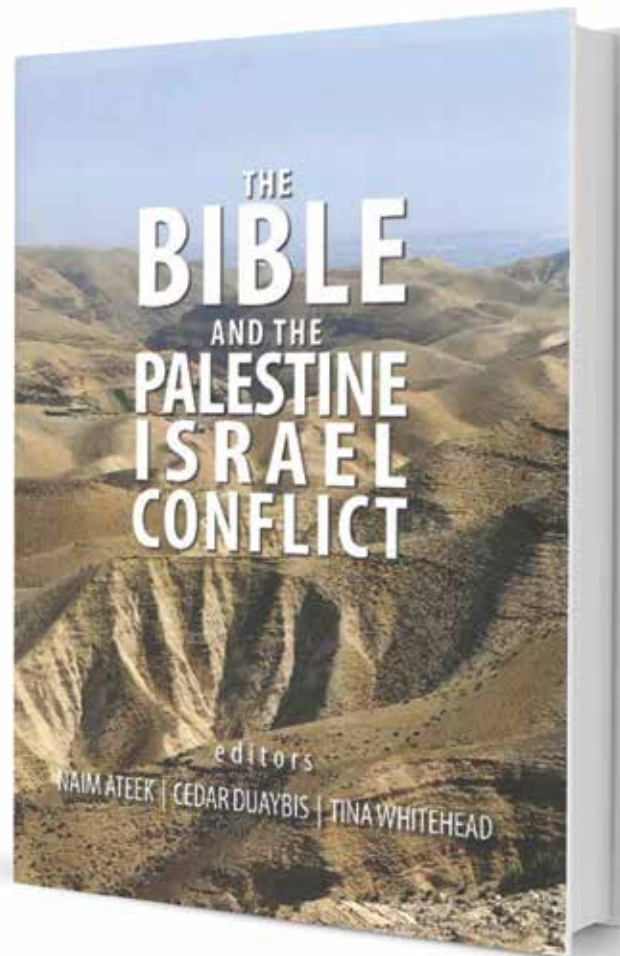
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Families in Gaza at a UN shelter

Photo by Shareef Sarhan/UNRWA

**We are pleased to announce that Sabeel's 9th International Conference book is completed and published!
Around 30 authors from the conference held in November 2013 contributed to the 315-page book.**



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This book is a compilation of presentations and papers from the Sabeel 9th International Conference, held from November 19 to 25, 2013, in Jerusalem. From sermons and Bible studies to presentations by international law experts, this conference addressed the many ways in which the Bible is used and abused in the Holy Land and in the context of the occupation of Palestine. The texts included in this book examine the authority of scripture, the future of the Bible, and ways the Bible has been used in connection with the occupation of Palestine. While Sabeel believes that the solution to the conflict must be based on international law, the papers included in this volume reveal how the biblical concepts of justice and peace can be drawn upon for the achievement of a just and durable resolution.

Throughout the book, Sabeel's unique theological perspective enables the reader to contextualize and consider each topic in relation to the struggle of the Palestinian people and the development of Palestinian liberation theology. Naim Ateek, Sabeel's Director and the founder of the Palestinian liberation theology movement, contributes several important biblical and political commentaries. Other major contributors include: *Mustafa Barghouti, Yohanna Katanacho, Hala Khoury-Bisharat, Jonathan Kuttab, Gary Burge, David Mark Neuhaus, Diana Buttu, Nancy Cardoso Pereira, Peter Du Brul, John B. Quigley, Mads Fredrik Gilbert, Deborah Weissman, Gerard Horton, Joakim Wohlfeil, Gregory Jenks, Jean Zaru and Pietro Kaswalder.*

The works included in this book are essential for understanding the role of empire in biblical interpretation, particularly in the context of the Israeli occupation of Palestine, and the importance of achieving a just, political solution based on international law.

Glimpses of Our Activities



Clergy and their spouses spiritual retreat
“Proclaiming the Gospel in a Wounded World” in
Bethlehem



Sabeel’s ecumenical prayer service in Jerusalem
for the people of Gaza and the Christians in
Iraq



Muslim and Christian clerics and community
leaders gather for Iftar (breaking of the fast) during
Ramadan as part of Sabeel’s interfaith ministry



Participants of the women’s program get a tour of the old
city of Akko.

Glimpses of Our Activities

5 “Virgins” Challenge 5000 Christian Zionist Marchers in Jerusalem

In this year’s Jerusalem March, Sabeel mobilized local and international activists to hand out “gifts” to the Christian Zionists marching through West Jerusalem. Dressed as brides, five “virgins” distributed thousands of flyers that challenged the marchers’ exclusive theology. This creative activism was inspired by the Gospel reading of Mathew 25:1-13, which the International Christian Embassy Jerusalem (ICEJ) executive director reflected on during this year’s theme of the Feast of the Tabernacles. The ICEJ is the organizer of the yearly Jerusalem March.

The “virgins” also carried oil lamps and handed out to the marchers 531 small bottles of olive oil from Bethlehem olive trees cut off from the town by Israel’s illegal separation barrier. The 531 oil bottles symbolized the number of Palestinian villages depopulated in the 1948 Nakba when the State of Israel was created. The flyers included the following statement translated in over 25 languages: **“The lamp shines brighter if the oil is clean; cleanse the faith with inclusiveness and justice for both peoples of this land.”**



New Interim Executive Director for Sabeel, Jerusalem

On behalf of the Board of the Sabeel Ecumenical Liberation Theology Center in Jerusalem I am pleased to announce that the **Reverend William Roberts**, from British Columbia, Canada, took on the roles and responsibilities of Interim Executive Director on November 3, 2014. Among many responsibilities, William is working towards closer partnerships between Sabeel Jerusalem and the International Friends of Sabeel to strengthen the support of Sabeel’s programs and priorities with friends from around the world.

William Roberts comes to this leadership role with Sabeel with his 35 years as an Anglican priest working ecumenically and with interfaith groups. His 1978 Master of Divinity thesis at Union Seminary in New York was on ‘Liberation Theology and the Palestinians.’ He has also earned an Executive MBA from the University of Colorado, Denver. For seven years he was an elected legislator in Canada; this was followed by seven years working with non-profit Boards on strategic planning and fund-raising. For the past 12 years as President of the Whistler Forum in British Columbia, he convened summits, forums, leadership seminars and public dialogues on a range of public policy issues.

William has previously been to the region several times, including once to Gaza, as a member of the Board of the Canadian Friends of Sabeel.

Rev. Naim Ateek

President of the Board of Sabeel



Gazan children play at a summer camp in Khan Younis in June 2014 before Israel's latest military offensive.

© CFTA

Healing Gaza's Traumatized Children

by *Walid Al Nabahin*

The "Gaza in 2020" report issued by United Nations in 2012 described how bad the situation in Gaza was and how much worse it would get in the soon unlivable Gaza by the year 2020. Anyone who read this report may be pessimistic about the future of Gaza, especially under Israel's continuous siege imposed since 2007. However, after Israel's last aggression in the summer of 2014 one will definitely be concerned about Gaza and its children. During the aggression, the United

Nations estimated that around 373,000 children in Gaza were in need of direct and specialized psycho-social support.

After Israel's first aggression in 2008-2009, many studies were conducted addressing the effects of aggression on children, which proved that more than 75% of the children of Gaza have post-traumatic stress disorder (PTSD) symptoms. This number was astonishing, but the last aggression was more aggressive than the first, which is clear by simple comparison in the numbers of deaths and injuries as well as the amount of destruction that affected the whole Gaza Strip. Even though there are no studies or reports that describe the effects of this recent aggression on children, it is obvious that it is much worse.

Exposure to 3 brutal aggressions within less than 6 years has changed people's lives – especially the lives of the children. Their lives are filled

with wariness and troubled with the constant feeling of insecurity. In terms of psychology, characteristics of PTSD do not fully describe life in Gaza. This is because PTSD describes one traumatic experience that impacts the person's normal life, but living in Gaza means many consecutive traumas, which is best described as "chronic trauma." This is way more difficult to deal with. So, you can imagine how an 8 year old child living in Gaza would be affected after all this!

One of the biggest problems the children in Gaza suffered was the feeling of insecurity, which was obvious during the aggression, as they rushed to hide, or hug their parents whenever they heard the F-16s striking or the sounds of shelling. This feeling was accompanied by their parents' feelings of helplessness and inability to protect their children.

In these conditions, the Culture and

Free Thought Association (CFTA) works to alleviate the aggression effects on children and promote their resiliency and coping mechanisms.

CFTA was established in 1990 and has 5 different centers; 3 of them are targeting children in Khan Younis and the southern area of the Gaza Strip, which is considered a marginalized area. CFTA targets children ages 6 to 16 years old. CFTA aims at building the capacities and skills of the children as well as improving their psychological well-being. After the first aggression in 2008, CFTA increased its psychosocial support activities to support the children and improve their well-being, but the last aggression has ruined everything. It didn't only undo all the previous efforts, but also worsened children's situations and resulted in a constant feeling of insecurity. Many children became

distracted, nervous, and withdrawn.

After this war, CFTA focused its efforts on helping children release their stresses through expressive art activities such as free drawing, theatre, photography, and drama. In addition, psychologists in each of the CFTA centers followed up with the children and provided them support. The most challenging part was working with those who suffered loss of their houses and/or their relatives. These children needed special care to reintegrate them in the community. For these, CFTA used drama sessions as well as individual and group counseling.

As an example of psychosocial support activities, free drawing is used to help children express their feelings and release their stress. CFTA has increased free drawing sessions where children draw - either individually or in groups

- what they have on their minds and then they discuss their drawings and their meanings. Apparently, the last aggression was the dominant theme that occupied their minds and was present in almost every drawing. This was obvious in the drawings gallery, which presented the children's drawings during the ceasefire and after the war. Aggression scenes could be seen through the tanks, planes, shelling, destroyed houses and martyrs that filled the drawings.

As part of its intervention and to guarantee the best results, CFTA included parents in its activities, through awareness meetings that discussed aggression effects on children and changes in their behaviors and how to deal with them. In addition, CFTA implemented activities that involved both children and their mothers, which helped the latter to better understand their children's needs. For example, "bird nests" is an activity where children discuss their problems and express their needs through a series of sessions; at the end of each session each child writes down his/her feelings on a piece of paper and puts it inside a nest. At the end of each month, mothers with their children open the nests and discuss what was written. This activity proved to be very effective in helping mothers understand and even realize new characteristics of their children.

Based on our experience, overcoming the effects of the aggressions require many years of work with children and such a burden requires joint efforts from all the governmental as well as the non-governmental organizations.

Never mind how hard life in Gaza is - the children are still shining with smiles and hope for a better future, which they deserve.

Walid Al Nabahin is Monitoring and Evaluation Officer for the Culture and Free Thought Association (CFTA) in Gaza.



© REUTERS / Mohammed Salem

Palestinian children at a UN-run school sheltering Palestinians displaced from the Israeli offensive in Gaza City in August 2014



© Reuters

A wounded Palestinian child from Gaza

Witnessing the Wounds

by Dina Nasser

Mrs. Dina Nasser went to Gaza during the shelling shortly before the cease-fire in August 2014 as part of a volunteer health team from Augusta Victoria Hospital in Jerusalem. As a nurse, she cared for patients in Gaza and followed up with them in several hospitals in Jerusalem where they were sent for more specialized care.

I came down the stairs of the hospital in Jerusalem after having said goodbye to 13-year-old Omar. I thought of his cries, his pain, his miserable face as he said goodbye, and his unchanged demeanor from day one. I wondered: Have we done enough? Did we really heal Omar or did we just try to heal his physical injuries? After two months in Jerusalem, with several packs of clothing and presents and a tired relative who had accompanied him, it was finally time for him to go

home to Gaza. Luckily, Omar had a home and a family waiting to see him.

I talked to his mom after he arrived home safely. He was better; however, every now and then he would scream and start crying. I found out that at the time of his injury, Omar had been sleeping in an area outside his home along with his uncle's family when the house next to them got shelled. All the rubble and debris fell on them. Everyone ran away while Omar lay still on the ground bleeding. He was the only one injured and felt abandoned. It made sense to me now the way he shouts for his uncle and turns his head as if he is going to faint. Omar has been reliving this moment ever since he was injured.

Amal, my friend's 4-year-old niece was in the pediatric ward in Jerusalem suffering from burns to her injured leg. Her mother was on another floor recovering from major surgery that saved her life; both were oblivious to the each other's injuries and presence at the hospital. Amal's brother was injured and stayed in Gaza and Amal's newborn baby brother was killed in the attack on their home. Once reunited, her mom kept a smile on her face as she sat with Amal, trying to overcome her own pain while Amal was very moody and in

pain. It was Amal's mom who needed to heal, not just physically, but mentally after the loss of her newborn. She had no time to mourn him. I wondered how she would feel when she returned to Gaza with one child gone and to a home with three injured people, including her. Who will take care of them?

Amal was reunited with her mom unlike little Haneen, the 8-year-old girl whom I met in Gaza. She came to the operating room with a hanging limb, which doctors were able to save. But Haneen was not complaining of pain or worrying about her surgery. She wanted to know what happened to her sisters. She was with them when the shelling hit their home. I later found out that the sister brought in with her was dead, and the other brought in later that day was found dead under the rubble. The third sister was hospitalized in another

ward. When I visited her following her surgery, Haneen asked about her mother. She was killed as well, but I did not know it at the time. I always wondered if Haneen had witnessed her mother's death as she never asked about her mother immediately. Haneen's father had to break the news to her. His family was diminished by half, and he was devastated.

Finally, I thought of a boy named Aziz who was only seven years old and was brought out of Gaza for hospital care in Jerusalem. He had major abdominal surgery. He was miserable, cried a lot and moaned with pain. He could not be consoled and would not eat. "My little finger has been shelled," he kept saying, but in fact there were no injuries to his little finger. His friend had died in front of him when they got shelled and that caused him great pain and suffering. The nurses thought he was

becoming addicted to the pain killers.

What did I think? I did not think. Having been in Gaza I knew that these children have seen what none of us had seen or had experienced: first hand death, destruction, fear, abandonment and loss. How would we have coped?

What quality of life will we be able to offer all these wounded and disabled children of Gaza? What about a life free from pain and haunting memories? Each and every one had a story. Dealing with not only the physical wounds but the psychological ones is a burden not only the children have to bear. We as medical professionals have a duty to address their fears.

Dina Nasser is an operating room nurse and infection prevention specialist at Augusta Victoria Hospital in Jerusalem and a health advisor at Juzoor for Health and Social Development.

The Sabeel Board, staff and volunteers wish you a blessed Christmas on the Nativity Trail!



The Rev'd William Roberts, Sabeel Jerusalem 2014:

Before I left Canada to come and support the team here at Sabeel Jerusalem and up in Nazareth of Galilee, a Vancouver Friend of Sabeel, Dr. John, told me how transformed he was by doing the Nativity Trail. It follows the 160 km, 11-day trek that Mary and Joseph took from Nazareth to Bethlehem. Check it out at www.toursinenglish.com.

I haven't done it myself yet, but will as a way to ground myself in this place with the people of Palestine. Last Saturday I joined a group of Sabeel young adults on a 4-hour hike through the Judean desert to the ancient monastery of Mar Saba.

While hiking I wondered, when does a walk become a march? When does an ancient path become a contemporary journey? I'd like to walk imagining Nelson Mandela's Long March to Freedom, or Gandhi's Salt March, or Martin Luther King Jr.'s March on Washington. Could the Nativity Trail be Mary's March with the Magnificat? *He has cast down the mighty from their thrones, and has lifted up the lowly. He has filled the hungry with good things, and the rich he has sent away empty.*

Pregnant with possibilities, giving birth to life and hope in the midst of Roman occupation and Herodian fears, Mary sang her song of freedom, her theology of liberation. Let's sing it with her more loudly and proudly this Christmas, and let's walk, march and keep the magnificent movement moving.

Also this Christmas, remember the three wise men - and join with Sabeel friends around the world bringing gifts and sending financial support to keep our lamps burning for the path, the Sabeel, the Nativity Trail ahead.



Christmas & Healthy Children

by Rafiq Khoury

The story of Jesus' birth in the Gospels is rich with meanings, even anthropological ones. One verse draws our attention: *And she gave birth to her first-born son and wrapped him in swaddling cloths, and laid him in a manger, because there was no place for them in the inn* (Luke 2:7). We can imagine an oriental mother caring for her newborn child: wrapping, swaddling and putting him in a safe place.

It is remarkable, in the Gospel of Matthew, this insistence on the child: *Take the child...* (2:13,20), *He took the child...* (2:14,21). The child Jesus was surrounded by care, attention and love in difficult circumstances. The consequence of this: *And Jesus increased in wisdom* (spirit), *and in stature* (body), *and in favor with God and man* (soul) (Luke 2:52). But, at the same time, we see Herod's war against children (Matthew 2:16-18).

This war against the children is still ongoing by the new Herods of our times. Almost 500 children were killed in Gaza without mercy. Children are massacred in schools in Syria by terrorist groups. How many children were born at the Israeli check-points because their mothers were prevented from reaching the hospitals? Can we forget that thousands of children die *today* from starvation every minute in some parts of our world?

Pope Francis, during his pilgrimage to the Holy Land, dedicated his homily in Manger Square in Bethlehem to the child. He said: *"The Child Jesus,...., is the sign given by God.... Today too, children are a sign. They are a sign of hope, a sign of life, but also a 'diagnostic' sign, a marker indicating the health of families, society and the entire world. Wherever children are accepted, loved, cared for and protected, the family is healthy, society is more healthy and the world is more human.... To us, the men and women of the twenty-first century, God today also says: '... look to the child....'"*

After describing the shameful situation of many children in the world, he adds: *"... Today too, children are crying, they are crying a lot, and their crying challenges us. In a world which daily discards tons of food and medicine, there are children, hungry and suffering from easily curable diseases, who cry out in vain."*

Children cannot be forgotten. Healthy children mean a healthy society and a healthy world. Merry Christmas!

Father Rafiq Khoury works at the Department of Religious Studies at Bethlehem University and has published academic articles concerning the current situation and history of Jerusalem as well as Christian-Muslim relations and dialogue in Palestine. He is a board member of the Al-Liqa' Center and former Secretary of the Synod of the Catholic Churches in the Holy Land.

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PURPOSE STATEMENT *f* SABELL

Sabeel is an ecumenical grassroots liberation theology movement among Palestinian Christians. Inspired by the life and teaching of Jesus Christ, this liberation theology seeks to deepen the faith of Palestinian Christians, promote unity among them, and lead them to act for justice and love. Sabeel strives to develop a spirituality based on justice, peace, nonviolence, liberation and reconciliation for the different national and faith communities. The word “Sabeel” is Arabic for ‘the way’ and also a ‘channel’ or ‘spring’ of life-giving water.

Sabeel also works to promote a more accurate international awareness regarding the identity, presence and witness of Palestinian Christians as well as their contemporary concerns. It encourages individuals and groups from around the world to work for a just, comprehensive, and enduring peace informed by truth and empowered by prayer and action.

For more information on Friends of Sabeel groups in your area, please contact our international representatives or the Sabeel Center in Jerusalem.