

## **Report on a visit to Gaza**

**Arriving Sunday 2<sup>nd</sup> August 2009 and leaving on Thursday 6<sup>th</sup> August 2009**

**By Sir Terence English KBE PPRCS and John Beavis FRCS**

This report is based on notes made by Sir Terence English and supplemented by John Beavis during the visit. The final report was prepared by John Beavis

### **Day 1**

We entered Gaza via Erez Crossing accompanied by Andrea Becker and Libby Powell from Medical Aid for Palestine (MAP) on the morning of Sunday 2<sup>nd</sup> August 2009. After the 1km walk across the unoccupied border area we were picked up by a MAP car and taken to their office in Gaza City where we met Fikr Shalkoot and Naema with whom we discussed Primary Trauma Care and its methods of application in any country. It was explained that we needed to recruit one or two senior individuals from the Gaza medical profession to help us to select participants for the first PTC courses and who would also advise us on who to meet while we were here. From our discussions it was obvious that Fikr and Naema were already well advanced in these matters.

After lunch Fikr and Naema took us on a drive to orientate ourselves and to see the affects of the war on parts of Gaza City. Apart from the obvious destruction of buildings we saw that the area of the old Israeli settlement had been rendered incapable of growing citrus trees over a very wide area of because housing debris had been buried deep underground. It was veryobvious that a war of considerable intensity had occurred with numerous civilian casualties being inevitable.

In the late evening we were able to view fishing vessels going out to their three mile limit and further out the Israeli warships watching and limiting their activities.

## Day 2

On Monday 3<sup>rd</sup> August 2009 we were taken to Shifa Hospital where we had a meeting with

1. Dr Nasser Abu Shaban, General Director of HRD and a General Surgeon
2. Dr Nabil Al Barakoni, Director of Training and Education
3. Dr Moawia Abu Hasaneen, Director of Emergency and Ambulance Department
4. Dr Methkal Hasona, Director of Hospital Administration. He spent the rest of the day with us and gave us a lot of statistics.as we travelled round.
5. Mr Mohammed Nafel Director Training for Nurses Physiotherapists and Paramedics. We felt he would be essential in promulgating PTC and emergency training in Gaza)

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At this meeting we explained the nature of Primary Trauma Care and everybody expressed a lot of interest. We were informed that the big issues for emergency work in Gaza are:

- a. Producing a Contingency Plan for another major emergency.
- b. The Structure and staffing of emergency services. They asked our advice about the latter. Said we would discuss once we have seen how things were currently being run. Later in the day we both agreed that what was needed was something along the British lines i.e.
  - Emergency department headed by a specialist A&E Director (or two)
  - All surgical trainees rotate through the Emergency Department for periods of 2 – 3 months at a time.
  - Director to co-ordinate activities of doctors, nurses and medical students in emergency department.
- c. Another big issue that came up was desire of the Nurses to be involved in PTC courses but there is obviously a problem of combining nursing training with senior doctor training and this needed to be addressed.

**Our final answer to this problem, on return to England, was to devise a series of courses with the first one made up of senior doctors only and the second one to immediately follow on made up of nurses and middle grade doctors. Suitable candidates from both courses would be invited to become trainers and attend a third course to qualify. This course would again be immediately after the first two courses.**

- d. It also became apparent that on the initial series of courses (from now on referred to as The First Course those attending should have a good understanding of English. This was not so necessary for later courses when teaching can be in both English and Arabic when local PCT trainers were available.

We also stressed the importance of obtaining the right composition of candidates for The First Course, ie right grade of doctors with the right influence in their own hospitals. We were also advised of the need for the right spread of candidates from Gaza City, the north, the middle and the south of the strip.

We then went with Dr Methkal Hasona to visit an NGO Community Hospital in North Gaza this unit consisted of 79 beds serving 330,000 population. There was a good helpful Director who is a neurosurgeon. We visited a newly established radiology department and met the director and saw a room designated for CT scanner but not yet available.

The major problem for treating advanced orthopaedic trauma was they had shortage of equipment of screws and plates for orthopaedic procedures – this is the most common complaint for orthopaedic surgeons outside the well endowed Western hospitals.

Day 3

The following morning we were taken to the Central Emergency and Ambulance Department to meet Dr Moawia. We were impressed with the new ambulances and were informed that 15 had intensive care unit facilities. At this meeting we also met Mohammed El-Attkar, Deputy Director of Emergency Services in the Civil Defence Department. Dr El-Attkar was very enthusiastic about the PTC course.

Our next call was to the Palestinian Red Crescent Society where we met Dr Bashir who showed us horrifying images of the first few days of the war. Dr Bashir had a good command of English which he demonstrated by describing his memories of the war and in particular the bomb attack on the hospital. We were of the opinion that Dr Bashir would be a very good candidate for the first course.

In the afternoon we visited Elwasa Hospital. This is directed by Dr Khamif Elessi MD MSc. This is the only rehabilitation centre in Gaza. It is close to the Israeli border and is clearly marked as a hospital in Arabic and English. Much damage had occurred during the recent war and in particular the new rehabilitation unit, in which they were due to move in February 2009, had been completely destroyed.

Dr Khamis Elessi was obviously very anxious to make contact with colleagues outside of Gaza and clearly had developed a unit with high standards and an academic approach to Rehabilitation and Medicine.

We were delighted to learn that Dr Elessi had arranged for us to have lunch with the Dean of the Medical School and the President of the Islamic University on the following day.

That evening we were entertained for dinner by Mahmoud Edda-ma and his family. Mahmoud was about to retire from the Ministry of Health where he had given good service as a Health Economist. It is worth noting that on leaving we encountered a wedding celebration in the street and were drawn in to the dancing and music with friendly and good natured people. We agreed that this was typical of the welcome we had received throughout Gaza.

#### Day 4

On Wednesday 5<sup>th</sup> August we had another busy day. This began with a meeting at the United Nations Offices where we met Mr Nasser who had been a nurse at Mayday Hospital, Croydon and thus demonstrating connections within the medical profession because he knew people with whom John Beavis was acquainted. We were urged to consider taking nurses on the first course as important people to encourage PTC throughout Gaza.

Our next stop was at the Al Ahli Hospital. This had been an old Christian hospital founded in 1882 and was working under the auspices of the Anglican Church in Jerusalem. After a long and helpful conversation with Samira Fargh, Deputy Director, we met the nurse in charge of the emergency department a Mr Said Franji.

Mr Franji had had training in emergency care and discussing demonstrated he was a most impressive professional individual who should be included in the first course.

We then went to Al Awda Hospital in the north of the Gaza strip and met the Director, Dr Marwan Abu Seida (Surgeon) and Dr Marwan Al Asalya, third year Surgery Resident. Both were British trained, obviously trying to maintain high standards and engaged in upper gastrointestinal endoscopic work. WE found them very impressive.

Our next stop was at the Civil Defence Department where we again met Dr Mohammed Al Attar, Deputy Director and his team who were both nurses and doctors. We gave a presentation on PTC and then met Yousof Zahar, Director General Civil Defence. They emphasised that they would like to provide people for our courses.. (Unfortunately Dr Al Attar might be seconded to Indonesia as he is awaiting a visa to leave Gaza for a training programme in Accident and Emergency specialisation)

Finally and a little late we went to the Islamic University where we met The President, Dr Kamalain Sha'ath in his office. Dr Kamalain had studied in America and United Kingdom and was originally a Civil Engineer He told us that an independent Spanish study of Middle Eastern Universities had placed the Islamic University of Gaza first among Palestinian universities and 14<sup>th</sup> among all Arabic Universities.

We also met the Dean of Medicine, Dr Mofeed M Makhallalati a Surgeon who made us very welcome and offered us much help. The Dean had studied for 6 years in Dublin. Has 60 students per year and the Medical School has been in existence for 3 years. The students will be doing their clinical years at Shifa Hospital We were told the women were much better than the men and unfortunately on graduation they tended to give up medicine and the Dean was very keen to try and persuade them to remain and train in the speciality of Obstetrics and Gynaecology.

We were told they were having a cardiovascular conference in early October and Sir Terence agreed to try and get colleagues from Papworth to participate in this via a videoconference. (This has been achieved)

We also witnessed rehearsals for a graduation ceremony and JPB talked to two of the graduates who were studying civil engineering – they seemed like young people excited about their futures anywhere else in the world.

Dr Mofeed agreed that he and Dr Nasser from Shifa would/might be able to take over responsibility for PTC in Gaza. Perhaps this could be via a sub-committee of the newly formed National Committee for Health Education of which both were members. We believe this would be the best way to set up a PTC committee/faculty in Gaza.

That evening we had dinner with various people who had met and who had expressed a wish to be involved in the PTC activities. We were left with the impression that PTC would be welcomed in Gaza and had much to offer the local medical and nursing professionals and above all the Citizens.

### **SUMMARY AND CONCLUSION**

The image presented to the outside world of Gaza is one of desolation and continuous aggression. We found friendliness and hospitality wherever we went. In addition we were impressed by the way in which so many of our medical colleagues are striving to maintain and improve standards of care for their patients in severely adverse circumstances of.

We came to the conclusion that the application of Primary Trauma Care in Gaza would be highly beneficial. It is obvious that a broad range of individuals will have to be involved in this work and we believe that they would have to take responsibility for its application throughout the Gaza strip. This would have to be effected in such a way that different parts of Gaza could function independently in the event of another invasion.

We would like to record our gratitude to MAP for facilitating this visit and their international and local staff who accompanied us at all times. We look forward to working with them again.

A handwritten signature in black ink that reads "Dr. P. Beavis". The signature is written in a cursive, flowing style.