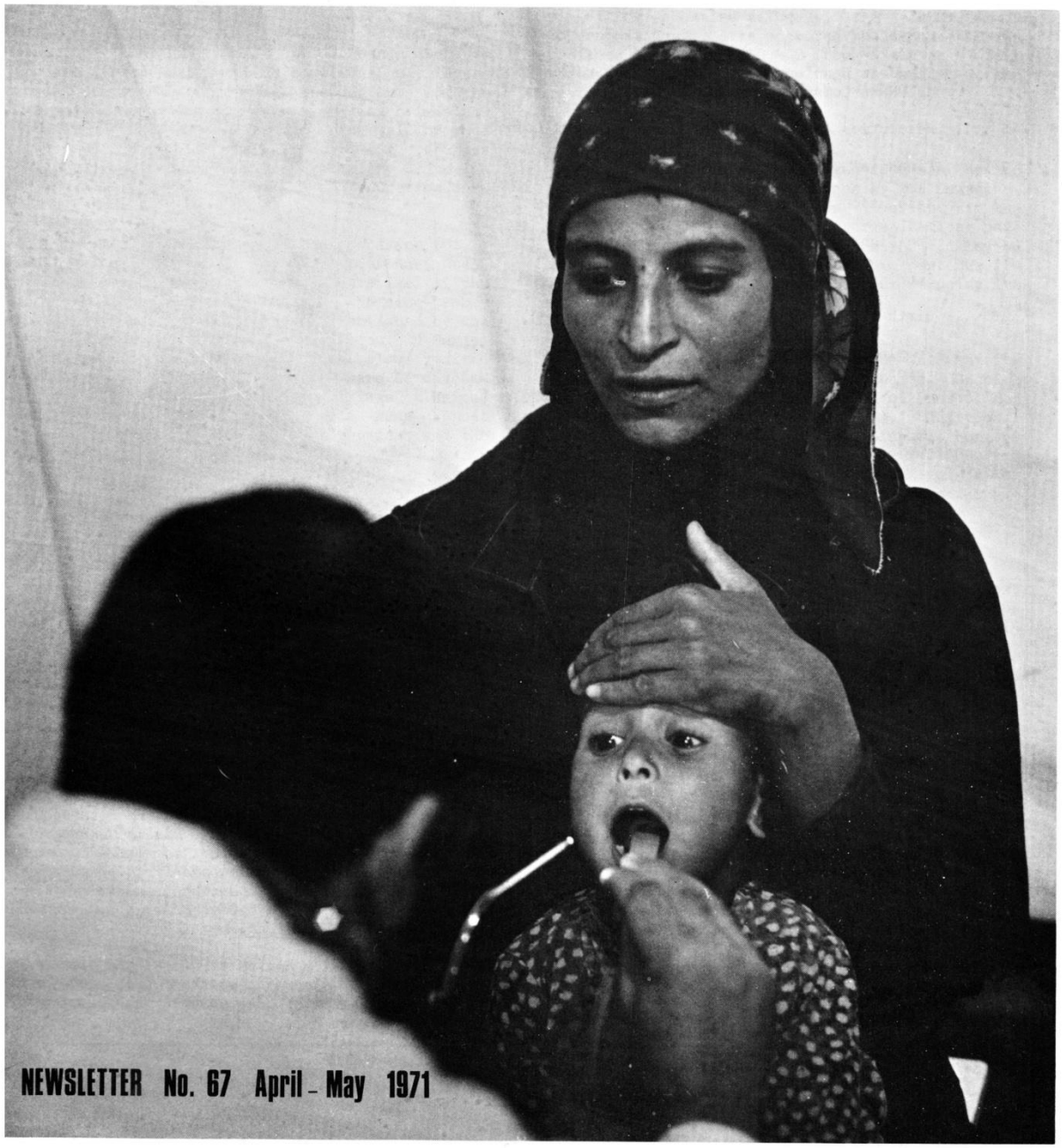
PALESTINE REFUGEES TODAY



NEWSLETTER No. 67 April - May 1971

Mr. Laurence Michelmore

Sir John Rennie

Sir John Rennie Succeeds Mr. Laurence Michelmore as UNRWA Commissioner-General

LAURENCE V. MICHELMORE RESIGNS FROM UNRWA POST

The Secretary-General announces that he has accepted the resignation of Mr. Laurence Michelmore, the Commissioner-General of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), effective 15 May 1971. Mr. Michelmore, who has served in this post since 1 January 1964 and whose present appointment runs until 31 March 1972, has emphasized that his insistence on leaving his post at this time is for personal reasons.

The Secretary-General takes this opportunity to express his deep appreciation for the outstanding service which Mr. Michelmore has rendered to the United Nations. Mr. Michelmore has been with the United Nations since 1946. Prior to his appointment as Commissioner-General of UNRWA, he was a member of the Secretariat at United Nations Headquarters, where he served successively as Deputy Controller, Senior Director of the Technical Assistance Board and Deputy Director of Personnel. During this period, he undertook several important special assignments and, in particular, was the Secretary-General's Representative on Malaysia in August/September 1963. His position as Commissioner-General of UNRWA is a difficult one and there have been many problems to overcome, especially since the June 1967 hostilities. He has fulfilled his important responsibilities with skill and devotion and in spite of the severe emotion, tension and controversy characterizing the situation in the Middle East he has been able to maintain excellent relations with all the governments concerned. The United Nations is greatly indebted to him.

Mr. Michelmore will be succeeded as Commissioner-General of UNRWA by Sir John Shaw Rennie, who has been serving as his deputy since October 1968.

Before leaving the Middle East, Mr. Michelmore will pay courtesy calls on all the governments in the area and visit UNRWA's fields of operations.

SIR JOHN SHAW RENNIE TO HEAD UNRWA

The Secretary-General announces the appointment of Sir John Shaw Rennie, G.C.M.G., O.B.E., as Commissioner-General of the United Nations Relief and Works Agency for Palestine Refugees in the Near East.

In accordance with General Assembly resolution 302 (IV) of 8 December 1949, Sir John's appointment has been made by the Secretary-General in consultation with the Governments represented on the UNRWA Advisory Commission, namely Belgium, France, Jordan, Lebanon, the Syrian Arab Republic, Turkey, the United Arab Republic, the United Kingdom and the United States.

Prior to his appointment as Deputy Commissioner-General of UNRWA in October 1968, Sir John had a distinguished career in the British overseas civil service. He served in East Africa from 1940; as the Deputy Colonial Secretary, Mauritius, from 1951; as British Resident Commissioner, New Hebrides, from 1955; as Governor and Commander-in-Chief of Mauritius from 1962; and as the Governor-General of Mauritius from April to October 1968. He was educated at Glasgow and Oxford Universities.

Sir John, who has now served as the Deputy Commissioner-General of UNRWA in the Near East for almost two and a half years, has travelled widely in the area and elsewhere in the course of his United Nations duties, and has acted for the Commissioner-General of UNRWA for periods of several months in 1969 and 1970 during the latter's attendance at the sessions of the General Assembly in New York.

RESOLUTION ADOPTED BY ECONOMIC AND SOCIAL COUNCIL

Emergency Assistance To Palestine Refugees

The Economic and Social Council,

Recognizing the acute financial situation of the United Nations Relief and Works Agency for Palestine Refugees in the Near East which endangers the minimum services provided to Palestine refugees,

Recalling General Assembly resolutions 2656 (XXV) of 7 December 1970 and 2672 B (XXV) of 8 December 1970,

Recalling further General Assembly resolution 2728 (XXV) of 15 December 1970 by which the Assembly approved the report 1/ of the Working Group on the Financing of the United Nations Relief and Works Agency for Palestine Refugees in the Near East and endorsed the Working Group's recommendations, thereby, inter alia. urging all organizations of the United Nations system to study ways by which they might assist the Agency or undertake activities helpful to the refugees which would lessen the financial burden of the Agency, to the maximum extent possible,

Noting with appreciation the efforts made so far by the Working Group with regard to the organizations of the United Nations system in soliciting increased assistance to the Palestine refugees,

Noting also with appreciation the assistance already offered by some organizations within the United Nations system in response to those efforts, in recognizing that, especially in cases of emergency, concern for human welfare requires an extra interagency solidarity,

Being convinced, however, that further contributions and assistance for the benefit of the Palestine refugees are urgently needed,

1. Welcomes in particular the decisions already taken under the World Food Programme to provide emergency food aid up to $2 million;

2. Welcomes also the contacts initiated with the International Labour Organization and the World Health Organization with a view to obtaining services to the maximum extent possible;

3. Welcomes further the positive steps taken by the Director-General of the United Nations Educational, Scientific and Cultural Organization in launching an appeal for funds to maintain the educational services for Palestine refugees and the encouraging results obtained so far;

4. Expresses the hope for an early implementation of the above-mentioned decisions, particularly of paragraph 3 of General Assembly resolution 2672 B (XXV), as well as manifestations of concrete results of the above-mentioned contacts and steps in accordance with constitutional procedures;

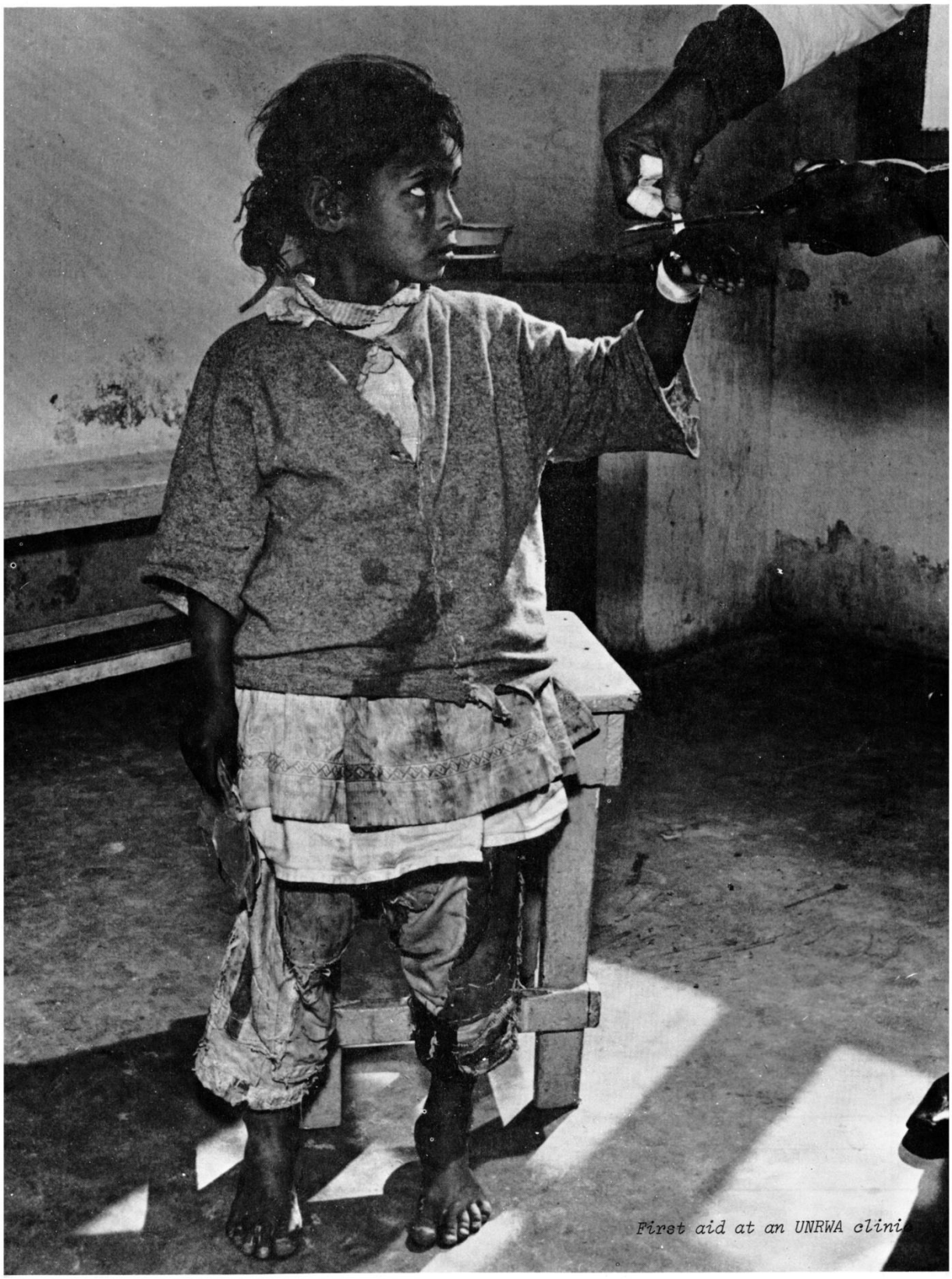
5. Requests the Secretary-General of the United Nations, the executive heads of specialized agencies, the Executive Director of the United Nations Children's Fund and the Administrator of the United Nations Development Programme as well as the non-governmental organizations concerned to continue to consider appropriate ways and means of rendering all possible assistance to the Palestine refugees;

6. Requests further all organizations of the United Nations system to include in their annual reports information on their possible present and future assistance to the United Nations Relief and Works Agency for Palestine Refugees in the Near East and on their activities that benefit the Palestine refugees, and thus lessen the financial burden of the Agency.

Resolution E/RES/1565 (L)

1747th plenary meeting,
3 May 1971.

1/ *Official Records of the General Assembly, Twenty-fifth Session, Annexes, agenda item 35, document A/8264.*



First aid at an UNRWA clini

Financial Crisis a Threat to Health

In the Beirut Office of Dr. Mohammed Sharif, UNRWA's Director of Health, hangs a large graph charting the course of several diseases prevalent among children. Refugees under the age of 20 constitute over 50 percent of the one and a half million Palestine refugees and provide a constant reminder of the annual 2.9 percent increase in the refugee population. Forty percent of the refugees live in crowded communities or "camps" and depend upon the United Nations in varying degrees for health care, food, education and shelter. It is mainly because of these children that Dr. Sharif sees his job as a constant challenge. Despite insufficient resources for health work, Dr. Sharif's chart shows a gratifying downward trend.

A former Director-General of Pakistan's Ministry of Health and a Fellow of Britain's Royal College of Surgeons, Dr. Sharif joined the World Health Organization in 1962. In 1964 he came to Beirut under the agreement by which WHO lends to UNRWA the services of five senior medical staff officers. As Unesco assists UNRWA in the area of education, so WHO provides technical health guidance.

The immediate administrative responsibility for care of the health of the Palestine refugees rests with Dr. Sharif. Although there are approximately 1150 professional and semi-professional health workers and 2150 labourers on the health staff, the cost of UNRWA health services per refugee is only one cent a day. Yet unless additional funds become available, it seems UNRWA may come to the time when "from him that has not, even that which he has shall be taken away".

"The Palestine refugee population depends on the United Nations for a comprehensive health service. I see my work with UNRWA as an opportunity to contribute to such a programme and demonstrate a successful health project to the area", Dr. Sharif says. He looks at his wall chart. "But lack of assured funds is my greatest frustration."

Through the years there have been several UNRWA "breakthroughs" in health care programmes. The maternal/child health approach was one. Another was the establishment of 18 rehydration/nutrition centres - an innovation in the Middle East - which treat about 2,300 children a year. But Dr. Sharif speaks soberly of the continually-increasing needs of the refugees and the serious financial problems which have arisen for UNRWA since 1963.

WHO, Dr. Sharif's employer, is as concerned as UNRWA. UNRWA has been associated with the World Health Organization since 1950 when the Agency was established. Each year the World Health Assembly discusses the question of continued assistance to the Palestine refugees. Regularly each year, the Director-General of WHO has been requested "to take all effective measures in his power to safeguard health conditions amongst refugees, (and, since 1967) displaced persons and the inhabitants of the occupied territories in the Middle East".

The 24th World Health Assembly, which met in Geneva in May, unanimously requested the WHO Director-General "to intensify and expand its programme of health assistance to the refugees and displaced persons in the Middle East to the amount of at least one million dollars." (see resolution, page 11)

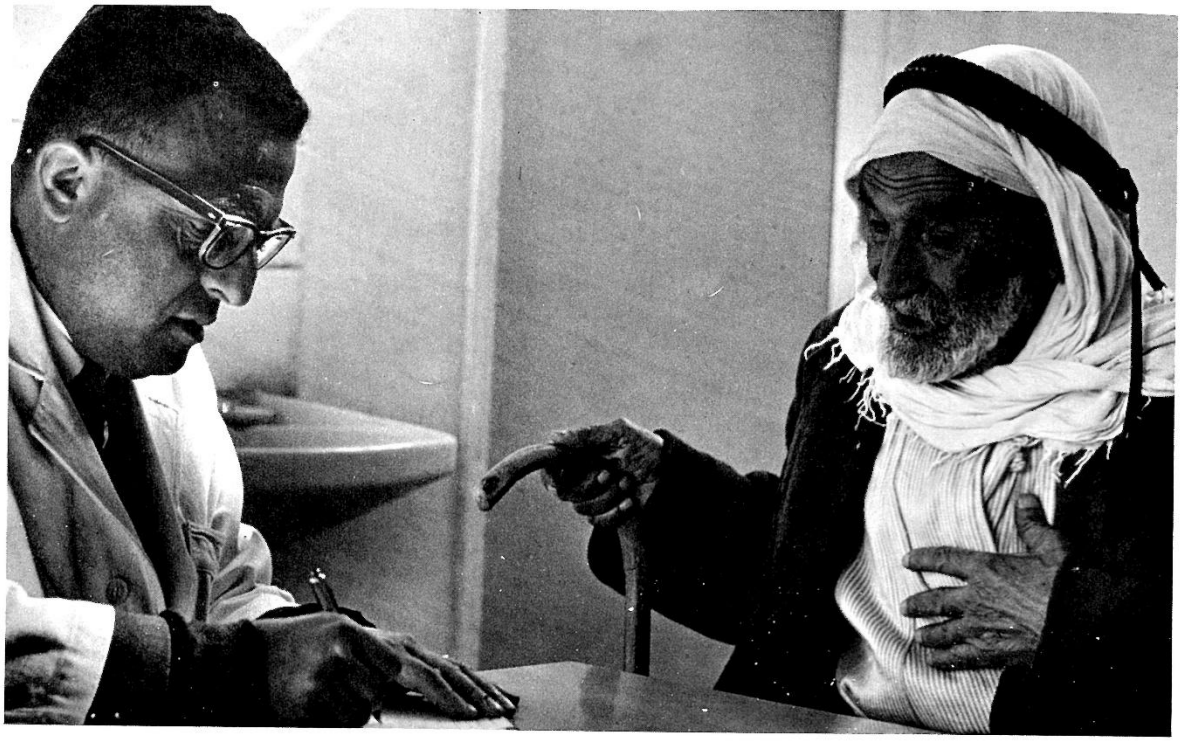
Since 1950 UNRWA's health service has

grown into a complex operation with six inter-related programmes (curative, preventive, nursing, environmental sanitation, nutrition and supplementary feeding and education and training) in five fields of operation (east Jordan, the West Bank, Syria, Gaza and Lebanon). It is a communal or public service which UNRWA is providing for a refugee population. It will still be required - and presumably will be provided by governmental authorities - when the refugee problem has been solved. But a difficult question has arisen. UNRWA budget reductions could cause health services to drop severely. If that happens, can WHO continue to take responsibility for them?

"Where do you cut first?" Dr. Sharif asks. "All areas are related. Disease rates go up with cuts anywhere". Even water is an expensive item. "If you cut water supplies, there is insufficient water for bathing, and lice, scabies, boils and other skin ailments appear. Then comes gastro-enteritis if food is not washed. If there isn't enough water to keep dust down, we have eye diseases." If there are no proper latrines, flies multiply rapidly; if no garbage disposal, problems of other types increase, including rodent populations.

Dr. Sharif explains that it would be no less embarrassing to WHO than to UNRWA if as a result of a lowering of the level of health services below an acceptable minimum there were a definite increase in risk to the health of the refugee population; nor would disease be confined to refugee centres. The Director-General of WHO has stated that any further lowering of the already austere provision of health services for the refugees would jeopardize the health both of the refugees and of the general public with whom they live. Thus, non-refugees also depend on UNRWA to safeguard their health. The level of services presently maintained generally approximates

An old man explains his symptoms to the doctor. The 1971 Health Services budget of $6,329,000 means an average of only one cent a day may be spent on each refugee to maintain or restore health.



that of the health services provided in host countries at no cost to the indigent citizens.

With an annual budget of a little over $6 million (13 percent of the total UNRWA budget), UNRWA health programmes are necessarily minimal, with an emphasis on preventive medicine. Thanks to immunization and constant vigilance, there has never been a serious epidemic of a major contagious disease among the refugees.

Nutritional Benefit

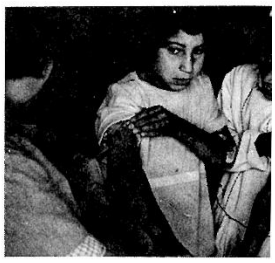
Already in 1970 it was necessary to restrict access to the regular programme of supplementary feeding so that the number of recipients fell from 55,000 to 50,000 but so far it has been possible to spare the emergency camps.

Supplementary feeding consists of milk, hot meals, vitamin preparations or extra dry rations according to need for the most vulnerable groups of the population - infants, pre-school and school children, pregnant women and nursing mothers and tuberculous outpatients. Since regular UNRWA rations provide only a part of a healthy person's food needs, assistance to these particularly susceptible persons is a fundamental precaution. A reduction in supplementary feeding would inevitably increase the risk of malnutrition and dehydration in summer and could lead to a higher infant mortality rate and make contagious disease more frequent as susceptibility increases and resistance drops. Even the lack of soap - dropped from the ration in 1970 (except in the emergency camps) - immediately affects the incidence of skin disease. Any lowering in standards of nutrition or personal hygiene is bound to have cumulative repercussions.

Needed: Awareness And Concern

What are some of the threats to health which arise from living in a refugee "camp" in the Middle East?

Dr. Sharif cites exposure and primitive sanitation as the two most serious hazards. Middle East winters are raw and wet,often making the camps squalid shacktowns of mud and misery. Conjunctivitis, trachoma, dysenteries, infectious hepatitis and tuberculosis are among diseases easily passed on in crowded, insanitary or high-dust conditions. Crowded conditions in all camps mean easy contagion of disease.



Two big killers of infants in developing countries are gastro-intestinal diseases in summer and respiratory diseases in winter. Anyone who has seen the distended abdomen and shrunken face of a dehydrated baby has some idea of the brutality of gastro-enteritis. Diarrhea and vomiting lead quickly to dehydration and malnutrition and, unless checked, death.

And measles, a "childhood" disease, is a threat in the camps. Children who contract measles may die of secondary respiratory complications such as pneumonia - again made more lethal by conditions of exposure. In order to check a possible epidemic of any disease, it is necessary that at least 40 percent of the population - i.e. 80 percent of the children under 15 - be vaccinated. Yet costs of medicines on the world market have gone up, and donations of medical supplies to UNRWA have dropped off.

Improved Services and "If" Areas

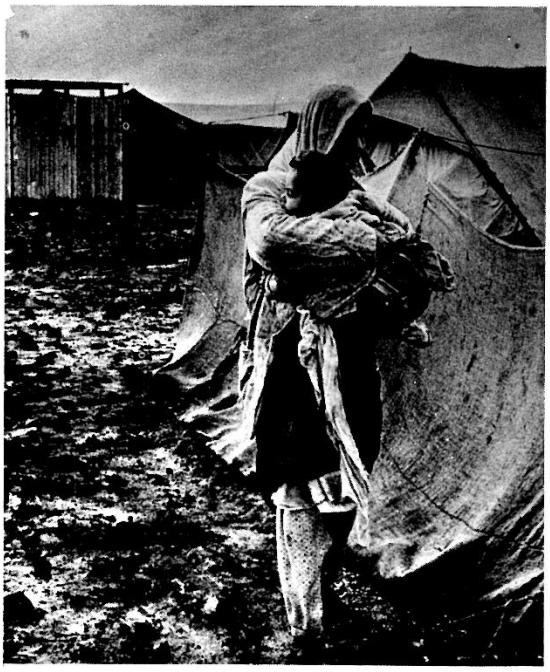
Although greatly concerned about the future and admitting to frustration over insufficient funds, Dr. Sharif, and his staff, continue to think in terms of improving services to the refugees. During 1970 several new services or improvements of existing services were made possible by earmarked contributions to UNRWA or to the voluntary agencies which cooperate with UNRWA in the camps. Although these agencies shoulder their own costs, their activities are coordinated by the UNRWA Field Health officers.

One area in which UNRWA increased its health services during 1970 was in assistance to pre-school children. "Between 60 and 85 percent of infants (0-2) years old are regularly brought in for checkups," Dr. Sharif says, "but we need the staff and facilities to persuade mothers of children age 2 to 6 to bring them to the

clinics for vaccinations and other basic care." During 1970 regular health supervisory service was extended to children aged 2-3 in all health centres in Syria, the West Bank and east Jordan and from two to four centres in Lebanon. Staff shortages prevented extension of the service in Gaza. The financial shortage has prevented extension of the services to children aged 3-6.

Other areas of improvement in 1970 were reinforcement of the basic immunization programme, extension of vaccination against measles, establishment of diabetic clinics in all fields, establishment of two clinical laboratories in east Jordan, strengthening of dental services and improvements in facilities for supplementary feeding dining halls. A few new health centres and supplementary feeding centres are under construction to replace old and unsatisfactory premises and improvements were made in services at the Bureij Tuberculosis Hospital in Gaza.

But there are some areas of health care which have hardly been touched. Dr. Sharif speaks of these problems with an "if" - another reference to UNRWA's financial position. Asked what sections of the UNRWA health programme he would like to see expand should funds become available, Dr. Sharif answers: "the pre-school child regular health supervisory services, laboratories, more midwives, more rehydration centres and measles vaccine".



A mental health programme is another "if" area. "There are general signs of mental stress in the camps", Dr. Sharif states, "although there does not seem to be an increase in the number of persons referred to hospital with mental disease". The disturbed conditions in parts of the area, both inside and outside the occupied territories, the impact of security measures, economic troubles and the general uncertainty have led to many vague complaints of dyspepsia and sleeplessness and a rise in consumption of mental drugs such as tranquilizers.

But little can be done at this point to assist those with acute mental disease or symptoms of distress. This again would be a fringe benefit. Mentally-retarded children and emotionally disturbed children occur in refugee families - as they do in families all over the world - but little can be done to help them.

With the primary responsibility for a large refugee population, living in such dissimilar environments as towns and camps, Gaza and the hills outside Amman, UNRWA's health department has to concentrate on the general measures which will protect the level of health of the whole community.

As Dr. Sharif observes, the ecology of a refugee community is delicately balanced. It is a minor miracle that starvation, epidemics or high infant mortality rates have been avoided. But that little miracle needs the continued material support of the world community.

Exposure and primitive sanitation facilities are the two most serious health hazards of living in a refugee camp.

RESOLUTION ADOPTED BY WORLD HEALTH ASSEMBLY

Health Assistance To Refugees And Displaced Persons In The Middle East

The Twenty-fourth World Health Assembly,

Recalling its resolution WHA23.52 on health assistance to refugees and displaced persons, operative paragraph 5(b) of which requested its Director-General to take all effective measures to safeguard health conditions amongst refugees and the displaced persons in the Middle East;

Noting the United Nations General Assembly resolution 2656 (XXV) of 7 December 1970, which inter alia established a Working Group on the Financing of the United Nations Relief and Works Agency for Palestine Refugees in the Near East;

Noting further the United Nations General Assembly resolution 2728(XXV) of 15 December 1970 by which the Assembly approved the first report of the Working Group and endorsed the Working Group's recommendations, thereby, inter alia, urging all organizations of the United Nations system to study ways by which they might assist or undertake activities helpful to the refugees;

Considering the Economic and Social Council resolution 1565 (L) of 6 May 1971, welcoming, inter alia, the contacts initiated with the World Health Organization with a view to obtaining services to the maximum extent possible, and requesting the executive heads of specialized agencies to continue to consider appropriate ways and means of rendering all possible assistance to the Palestine refugees;

Noting with appreciation the report of the Director-General contained in document A24/B/19 and the comments he has supplied on the means of financing outside the regular budget which might be used;

Recognizing the acute financial situation of the United Nations Relief and Works Agency for Palestine Refugees in the Near East which endangers the minimum services provided to the Palestine refugees;

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security; and

Realizing that more material and human aid is urgently needed to alleviate the sufferings of the refugees in the Middle East, in particular in the field of health,

1. REQUESTS the Director-General of the World Health Organization to intensify and expand its programme of health assistance to the refugees and displaced persons in the Middle East to the amount of at least one million dollars; and

2. DECIDES that meanwhile emergency assistance to the maximum extent possible be given to the refugees and the displaced persons in the Middle East.

May 1971

The Fight Against Trachoma

The eye is amazingly resilient, yet its resistance is not proof against prolonged exposure to acute conditions of poor sanitation, heat, dust and poverty - breeding grounds for trachoma. Untreated, this viral disease, which can lead to blindness, becomes epidemic. Increased efforts by the UNRWA Health Department to safeguard the eyesight of the Palestine refugees have produced a dramatic drop in the trachoma rate: from nearly 16,000 reported cases in 1962 to 4,171 in 1965 to 1,195 in 1970.

Trachoma - which comes from the Greek word for "rough" - causes hard granules to form on the underside of the eyelids. Less than 30 years ago, this highly contagious eye disease was rampant in the Middle East and North Africa, as it had been since the Middle Ages. Virtually everyone in these arid zones - with their long, hot dry season during which dust is a constant irritant and flies proliferate - could be said to have contracted trachoma just after birth and to have suffered from it more or less all their lives, many eventually becoming blind. In the Eastern Mediterranean region - according to a recent WHO report - trachoma is still

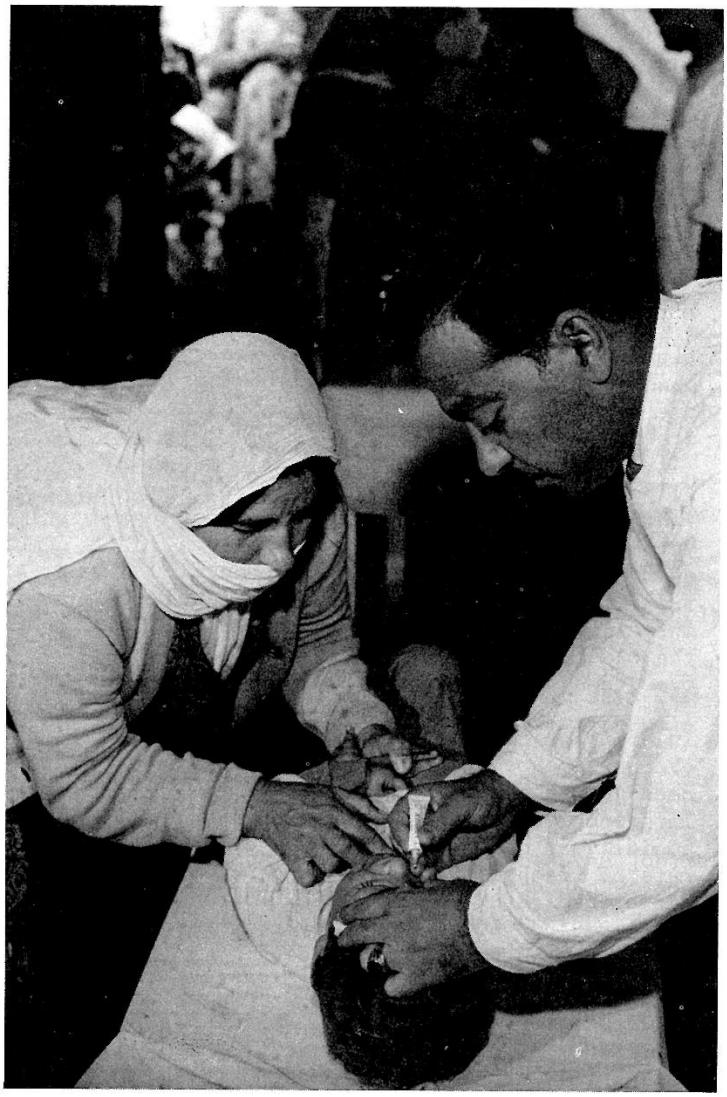
"Seasonal conjunctivitis, caused by wind and dust which irritate the eyes, often triggers the onset of trachoma."

the greatest cause of progressive sight loss, outrunning smallpox, onchocerciasis, glaucoma and cataract. At present 30 million victims are suffering from trachoma, including two million who are blind as a direct or indirect result of it. Although trachoma virus was isolated and cultivated in the late fifties, continuing research has still not produced a vaccine.

Yet gratifying drops in the incidence of trachoma occur when even minimal preventive care is taken, just as reduced rates of blindness follow proper treatment, as shown by recent campaigns sponsored by the World Health Organization in several areas in the Middle East. On a smaller scale, among the refugees the efforts of UNRWA's Health Department have contributed to overcoming this endemic disease.

Seasonal conjunctivitis, caused by wind and dust which irritate the eyes, often triggers the onset of trachoma. Trachoma virus may be transmitted from eye to eye by hand or even by contaminated objects as sometimes happens in families with only one towel. Some recent reports even suggest the possibility that children can be infected at birth from trachoma virus in the genital tract.

Within a day or two after infection, the eye becomes inflamed and pus may form. Treatment involves administration of chlortetracycline ointment, sometimes two or three times a day, at home, by schoolteachers or at the clinic. If the disease is untreated, and the body's resistance does not overcome it, there is granular thickening of the eyelid tissues and, on occasion, formation of eye ulcers. Blindness is caused by scarring of the cornea.



The risk of blindness can be eliminated by chlortetracycline. Trachoma among the Palestine refugees has dropped from nearly 16,000 cases in 1962 to 1,195 in 1970.

EDUCATION AND COOPERATION AGAINST TRACHOMA

In large measure the recession of the disease among the refugees has been brought about by the provision of essential camp sanitation services and

facilities, including water supplies, waste disposal, bathhouses and insect control. In 1970 UNRWA spent $1,455,833 on environmental sanitation in the camps. (To this figure must also be added certain common cost charges).

The usual vector for transmission of the disease is the common fly, which transmits the trachoma virus in its secretions. This insect becomes particularly obnoxious when unsanitary environments, over-crowding and hot weather intensify its breeding cycle.

Flies cluster around the eyes of children (who tend to play in groups and do not yet have the automatic response of brushing flies away), getting sustenance from dirty eyes and noses and constantly infecting or reinfecting the children and the older sisters and mothers who watch over them.

In spite of limited financial resources, over its years of operation UNRWA has been able substantially to reduce the incidence of trachoma among refugees, especially in camps. In 1970 the average rate of trachoma was 94 cases per 100,000 registered refugees. The 1962 average was 1,378 per 100,000. However, trachoma rates tend to fluxuate widely: in Gaza from 318 cases in 1968 to 98 in 1970, in Lebanon from 96 cases to 7 cases. Case finding activities and facilities in each area are directly related to the number of cases reported - which partially explains the higher reported incidence in Syria (where most cases are detected by school health services) than in the east Jordan emergency camps.

The Agency's health-education programme - with its emphasis on personal hygiene, clean environments and control of infectious diseases - has been a key factor in lowering the level of trachoma. Cooperation is the key. Health education workers have come to realize that much of the success of any health-education programme depends upon mothers - who must be convinced of the usefulness of treatment and willing to cooperate in environmental sanitation and regular treatment.

Schoolteachers, too, play a major role in trachoma control. Many schools have regular treatment periods during which teachers assist a school-nurse in recording children's weight and growth-rates, detecting disease, giving immunizations, treating skin disorders - or putting ointment in the eyes of children with trachoma. Although trachoma is a difficult disease to diagnose, teachers have learned to recognize the symptoms and can refer suspected cases to the UNRWA doctor, who sends his nurse to the home to help the family.

According to Dr. J. Reinhards, a WHO consultant, "genuine success in a trachoma campaign can be obtained only if the population as a whole undergoes treatment at the same time", - and, he adds, this presents difficulties. 1/

Most UNRWA health clinics have ophthalmic rooms where a doctor examines eyes, prescribes treatment and turns over the follow-up to a practical nurse. Each case is recorded on a special card for control purposes. Nurses run a follow-up programme aimed at completing treatment and preventing the spread of the disease by contact.

Acute cases of eye disease are treated by UNRWA ear, eye, nose and throat specialists in Lebanon and Gaza or government doctors in Syria and Jordan. In the West Bank, patients are sent to St. John's Ophthalmic Hospital in Jerusalem, where an average of 26 beds is made available for UNRWA patients.

Although millions in the Middle East are now in danger of losing their sight from the ravages of trachoma, prevention and cure have come a long way in the last few years. For only 30 cents - the cost of a tube of chlortetracycline - the risk of blindness can be eliminated.

1/ "Flies, Sand and Trachoma", WORLD HEALTH Magazine, June 1970.

Sunrise at Baqa'a

Just before sunrise on a chilly April morning 25 kilometres northwest of Amman, Jordan, a Palestine refugee kneels in prayer on the floor of his pre-fabricated shelter. Other men passing down the silent path between rows of metal huts scarcely notice him through the half-opened door. They are on their way to the small crossroads near the camp entrance where buses and shuttle taxis transport men daily to their jobs in Amman and Suweileh.

Baqa'a is an emergency camp born of the 1967 Middle East crisis. Today more than 43,000 persons live there, many of them 1948 refugees who lived until 1967 in camps on the West Bank of the Jordan.

Day comes suddenly in east Jordan. One moment it is still dark and a man leading a calf to a butcher's shop stumbles in the half light. And then it is another day, the sun has come up, and women muffled in heavy, ragged coats and with graceful white sha'als on their heads, are lighting fires in the small yards. Breakfast will be bread and tea with perhaps a few olives. Daylight reveals each family coming awake on its 100-square meters of living area, usually separated from other families by a makeshift wall of stone, earth or even tent canvas.

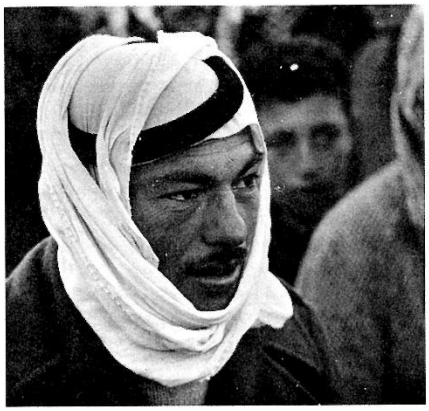
Some families still have tents pitched beside their huts, reminders that these refugees lived in tents during their first winter on the cold, sodden slopes of east Jordan.

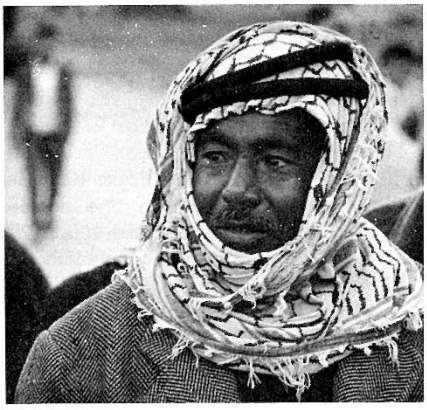
This morning it is not raining, and by 6:30 despite a cold wind crowds have begun to gather at the crossroad leading from the camp to the main highway: men leaving for Amman, boys and girls on their way to government secondary schools, women waiting for the 7:30 opening of the office of the UNRWA Services Officer so they can explain some personal predicament, request additional assistance or replace damaged ration or accommodation cards. Other people come simply to wait out the hours because there is nothing else to do.

Ibrahim Salim gets to the crossroad early. He has been riding the bus to Suweileh for ten days now, looking for work, ever since he lost his seasonal job as a temporary farm labourer. However, rebuilding following the late 1970 fighting between Government troops and Palestinian guerillas has increased demand for labourers and Salim is hopeful his efforts will be successful. He would prefer a job in a cement block factory, although he admits he would take "anything" as he has four children.

Nearby stands Mahmud Ahmad Najan. He is older than most men looking for work this morning, but has eight children still at home. Najan is a carpenter from Karameh, the 1948 refugee community in the east Jordan Valley, which had become a small town by early 1968 when a succession of military incidents along the Jordan River cease-fire line caused evacuation of the area. At Baqa'a, Najan opened a small carpenter's shop but income has been insufficient and a week ago he began the daily bus ride to Amman and Suweileh.

Ghalib Mahmoud Salim, also from Karameh, is on his way to work this morning, but stops to greet his friends and show the green government ticket which is proof of his wage of 68 piastres ($1.90) a day as a road construction worker. He is fortunate to have a job, but remembers





6:30 a.m. in Baqa'a emergency camp: "We would work if we could and we do when we can." From the top: Hussain Ali Abu Mater, Ibrahim Salim, Mahmoud Muhammad Abu Sayyed, Ghalib Mahmoud Salim and Mahmoud Ahmad Najan.

that in Karameh he was able to earn two dinars ($5.60) a day as a taxi driver. Now his family has grown to four children and in east Jordan the cost of food in piastres per kilogram (2.2 pounds) is approximately; bread, 5; tomatoes, 9; oranges, 10; mutton, 70; beef, 80; potatoes, 9; cauliflower, 8; and eggs, 2 piastres each.

Hussein Ali Abu Mater, who also has four children, joins the others in front of a still unopened teashop at the crossroad. He has not worked for a month, but has

begun seeking employment as a construction labourer in Amman. Formerly he worked on the Al Ghor irrigation canal project in north Jordan, which was another victim of the continuing Middle East conflict. Originally from Tulkarem in Palestine, Abu Mater is a 1948 refugee who lived at Far'a Camp, West Bank, until 1967.

Mustapha Ahmad is little more than a schoolboy. He also comes to the crossroad this morning, but not for a ride to work. A deep groove in the side of his face and an empty eye socket explain why he is going to Amman to inquire about obtaining a Jordanian passport in order to travel to Egypt for plastic surgery.

Mahmoud Muhammad Abu Sayyed quit his job yesterday and seems to have come this morning to defend his behaviour to his friends. He has five children and until yesterday he worked for 60 piastres ($1.68) a day as a construction labourer in Amman. He wounded his arm slightly yesterday whilst on the job and keeps showing it to those who will stop and hear his story.

By 7 o'clock the more than 80 sanitation labourers attached to the camp have gathered in the yard of the UNRWA office - separated by a wire fence from the crossroad - to pick up their cleaning equipment. Among them is Abdul Majid Hassin Enhodali who has held this UNRWA job for two years at a daily salary of 65 piastres ($1.82). He, too, is a 1948 refugee and lived for several years in the Jericho area, where he worked on a nearby farm. Today he supports his father and mother as well as his wife and their family of five children. Working eight hours a day, he makes his rounds several times cleaning a quota of the 406 public latrines UNRWA has constructed in Baqa'a camp. Other sanitation workers collect and burn refuse and perform a multitude of camp chores.

Yousef Mustapha, age 18, lives near the crossroad. He is another one of the more fortunate because he has a job, although it is still a training position. Sponsored by friends, he is being trained at the Luzmilla Hospital in Amman to be a practical nurse. Yousef finished his third preparatory year in an UNRWA/Unesco school at Baqa'a and now has about two more months in which to complete his training course. Then, he says, he will be able to contribute to the support of his father, mother and four brothers and sisters.

At the circle the buses come and go, crammed with humanity. The nearby souk is already bustling with early morning shoppers. Across from the UNRWA office, a large heap of used shoes has been spread on the ground for sale. Some refugees with a little capital have been able to open small butcher shops, barber shops or green-grocers' stalls. But the souk is full of men trying to sell a few overripe tomatoes, eight or ten cans of corned beef or several heads of lettuce grown in a small home garden. For others, after 22 years and two major flights in which they have lost everything, life has become too difficult. These people can no longer cope and a protective shield of apathy keeps out the rigours and challenges of daily life.

During its three years of existence, Baqa'a has changed from a fluid, tented camp to a more settled, congested area where prefabricated and concrete block structures have been built to house clinics, supplementary feeding centres, schools and other UNRWA installations. The visitor even sees dogs and cats at Baqa'a, noticeably absent until recently. There are small trees planted in the wretched yard space surrounding the huts. The camp is settling down.

But the people of Baqa'a know they are refugees and long for a settlement of their difficulties. They dread lest Baqa'a last for 20 years as camps in Amman have lasted, and their children grow up as refugees and deprived of the dignity of regular work. An old woman, who probably is not really very old, remarks while carrying a can of water on her head along one of the rutted muddy paths between the shelters, "Instead of taking pictures, why don't you find a way for us to go home?"

Birth of a Refugee

The miracle of birth is a very common miracle in the overcrowded Gaza Strip. Last year 9,300 babies were born to registered Palestine refugees living there. Yet to the family-centred refugee community, children are wealth, the birth of a son a special occasion for joy, a demonstration that the Palestinians still survive.

But the moment of birth, the painful hours of labour, are a very special women's world, a world over which the traditional Arab midwife, the dayah, has ruled for centuries. Today there are 54 dayahs paid on a contractual basis by UNRWA in the Gaza Strip to take care of home delivery services. In addition, there are 27 UNRWA midwives, many trained at the UNRWA/Swedish Health Centre, near Beach camp in Gaza. The Centre was constructed in 1965 by funds from Sweden. Most of the current operating expenses are met by Rädda Barnen, the Swedish Save The Children Federation.

It is past ten p.m. at the Health Centre. Upstairs in the small pediatric ward, two practical nurses assist the mothers who are feeding their sick children before finally putting them to bed for the night. Several of the children are wasted skeletons, victims of gastro-enteritis and malnutrition. Down in the maternity ward six women nurse their new babies or sleep in exhaustion. And in the labour room down the dark corridor Yousra, age 28, awaits the arrival of her third child.

At home in the nearby refugee community Yousra would have been delivered by a dayah alone. Many of her friends and relatives choose this. But Yousra has come to the maternity ward where she will be assisted by both a dayah and a trained midwife. She has been in labour since four in the afternoon and silently submits to the instruction that she walk up and down the corridor to hasten the birth. "Imshe! Imshe!" they tell her and obediently she walks, stopping to lean against the wall, moaning softly when the pain comes upon her. She does not cry out. She will be given no anesthesia. Birth is normal.

Suraya Awad has been a dayah for seven years but, unlike most traditional midwives, her mother was not a dayah before her. She is a large-boned, tall woman, has easily borne eight children and is expecting the ninth in four months. Like many women in the Strip she dresses in a long flowing black robe with a white sha'al on her head. At 11 o'clock she helps Yousra into the delivery room and sits cross legged beside her on a stool which is as high as the low bed.

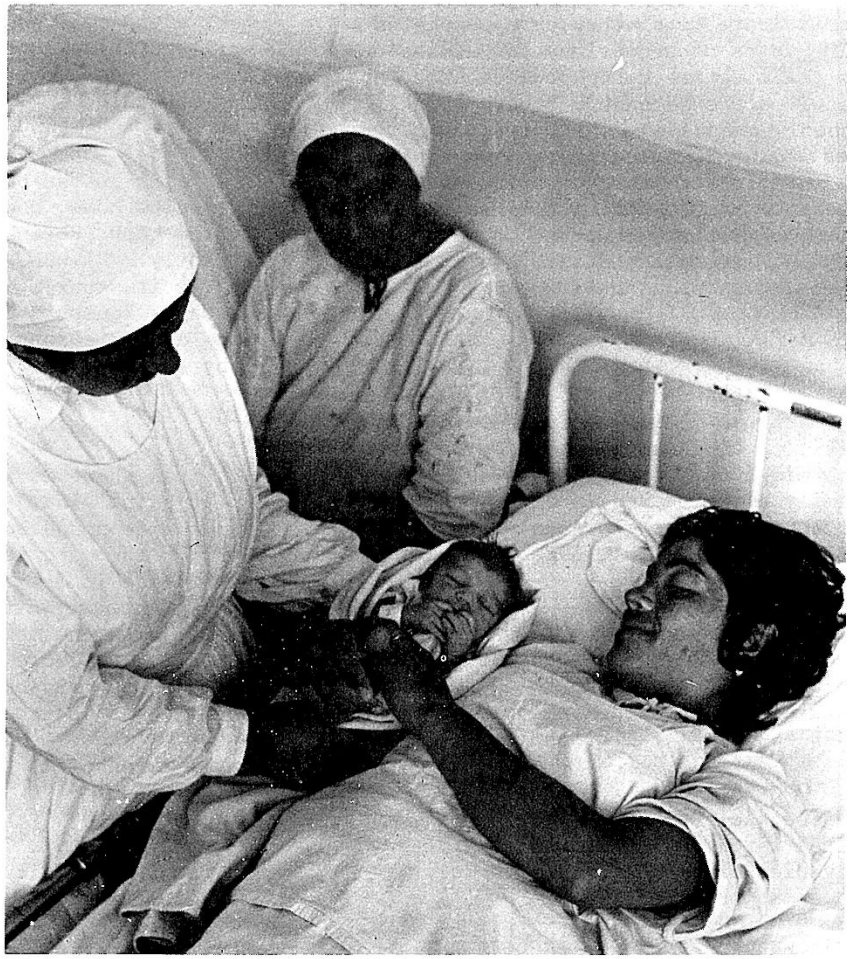
Fatimah Haniyah, the midwife, is also in her late thirties. She has been a midwife for 17 years and agrees with Suraya that her choice of a profession was in order "to help the mothers". A midwife's salary begins around $57 per month. Senior midwives receive $76 monthly. Dayahs are paid 70 cents per birth attended.

At the UNRWA/Swedish Health Centre, two one-year courses in basic midwifery have been conducted - with financial assistance for the first from the Swedish Red Cross and Unitarian Service Committee of

Canada and for the second from USC alone. In April the third course at the UNRWA/ Swedish Health Centre began under the instruction of a Swedish doctor and nurse assisted by an Egyptian nurse-midwife and other UNRWA and Gaza public health department personnel. UNRWA, which trains midwives when suitable government facilities are not available, has held four other one-year courses in the Gaza Strip as well as one in Syria, two in Lebanon and one at the Augusta Victoria Hospital in Jerusalem. Six of the nine UNRWA health centres in the Gaza Strip have maternity sections where normal deliveries are carried out by midwives. UNRWA hopes eventually to replace all dayahs by midwives.

Nonetheless, dayahs still hold a major position among the refugee women and, to ensure their maximum efficiency, UNRWA provides regular lectures for its dayahs, inspects and replenishes their midwifery bags and gives them yearly physical examinations.

Carrying lamps on their heads and holding white flags, the dayahs in the Israeli-occupied Gaza are allowed to move during the 10 p.m. - 4 a.m. curfew hours. Over 5,000 refugee babies were delivered at home by Gaza Strip dayahs in 1970. The dayah's work also involves home visits for at least seven days after each delivery and for some days before. Even if



An old dayah, a young midwife and a new mother admire the baby at the UNRWA/Swedish Health Centre, Gaza.

they will be delivered at home, virtually all refugee women have registered at one of the health centres by 4 or 5 months of pregnancy. From the fifth month of pregnancy women receive extra rations. After registration there are monthly checks and pre-natal home visits by a senior staff nurse or the midwife if required. Token layettes are provided for all babies and full layettes for hardship cases (see page 21), including multiple births and premature babies.

Many of the dayahs are illiterate, but they have been instructed in basic emergency procedures and know when it is necessary to call a doctor. Yet while some women prefer the usually older dayahs to the young midwives, the midwives, who must hold at least the preparatory school certificate (i.e. they have completed nine years of education) for admission to training are more knowledgeable. Most midwives are secondary school (high school) graduates. Their training includes lectures in anatomy and physiology, bacteriology, general nursing, some aspects of public health and health education, childbirth, history of midwifery, ethics, maternal and child care, satistics and records, etc.

In addition to their theoretical training, the students receive practical experience at maternal health centres and in home visiting and health education of mothers. The midwives are trained to encourage family planning and in Gaza more than 1,100 women have shown interest in a family planning clinic begun in 1965.

Practical training in general nursing is received during time spent at the Baptist Hospital (Southern Baptist Convention) in Gaza and in the pediatric ward of the UNRWA/Swedish Health Centre.

Before she graduates, each midwife must first watch and later assist with 40 deliveries and then perform 20 deliveries under supervision.

"You have chosen a profession where you will be received with thankfulness", Miss Gunborg Petersson, the Swedish instructor at the Health Centre, told the 10 girls who graduated in December 1970 from the sixth midwifery course conducted by UNRWA in Gaza. Miss Petersson, who taught midwifery at a school of nursing in Sweden before coming to Gaza, emphasizes that "the expectant mother is not a sick patient unless something goes wrong". Fatimah knows this and she checks Yousra carefully to ensure that all is proceeding normally.

Cheerfully the midwife and dayah pass the time discussing birth customs, some good, some bad. The Bedouin fry eggs in olive oil for the new mother and most people serve a chicken for the mother's first meal after delivery. But a few others still put black kohol or other traditional substances on the cord and risk infecting the child.

Yousra is in the birth position. When the pains come, one quickly following another now, Fatimah and Suraya speak urgently. "I-wah, I-wah, Yah-la, Yah-la, That's it, that's it. Come! Come!" Suraya massages Yousra's abdomen, softly chanting a little song which is both a lullaby and a prayer.

And then there is water and then another great pain. "That's it!", Fatimah shouts and a nine pound boy emerges into the world. The cord is cut. Suraya clucks her tongue in delight and begins to wash the infant but neither midwife nor dayah tell Yousra the sex of the child until after the placenta is delivered. "If the child is a girl some women will become discouraged and stop trying." Fatimah inspects the placenta and membranes carefully to ensure that nothing is left in the uterus.

It is midnight. Yousra and Yousef, 1948 refugees from near Askelon, Israel, just north of the Gaza Strip, have another son. Another refugee.

People from Many Countries Provide Layettes for Palestinian Babies

An average of 56,000 infants are born each year to registered Palestine refugees. Some of them have not even that necessity in a new baby's life - a warm blanket. Supplying layette items to refugee mothers is a long-standing UNRWA programme, which has evolved into a co-operative effort of people all over the world - from school children in Canada who donated baby clothes to one Swedish lady of 87 who collected 758 diapers.

In charge of the layette programme is Miss Gerda Karnstrom, UNRWA's Chief Nurse, who from her office in Beirut supervises the activities of UNRWA's nursing services in the five fields of the Agency's operations. Miss Karnstrom came to the Middle East from Sweden in 1950 as a Red Cross nurse, thinking the need for her services would be only "a matter of months". When UNRWA took over operations from the Red Cross in May 1950, Miss Karnstrom stayed on, becoming Chief Nurse in 1964.

It is largely in response to her efforts that the layette programme has expanded to its present size. Whether speaking to a representative of a church agency at a meeting in Beirut, carrying on massive correspondence with some other voluntary agencies, or delivering a lecture abroad, Miss Karnstrom's efforts have paid off.

Each refugee infant who is registered at an UNRWA infant health centre, receives at least a "token layette" consisting of a baby blanket and a piece of soap. Previously UNRWA issued to every registered newborn infant a layette composed of various garments, diapers, a baby blanket and soap. Due to the Agency's financial situation, the layette programme has had to be curtailed to a token layette for most refugees. In 1970, 24,207 token layette were distributed in all five fields of UNRWA operations.

This is both a humanitarian service and a practical way of encouraging pregnant women to attend the ante-natal clinics. UNRWA has been able to continue with the programme despite its overall financial problem because half the cost is covered by donations in cash and kind. The 1971 budget for token layettes is $21.758; they cost UNRWA only 87 cents a piece.

All mothers living in emergency camps are also provided with "hardship layettes" which normally include 4-6 diapers, one towel, two or three shirts or vests, a dress and sometimes extra items such as jerseys, socks and bonnets. Woollen blankets are included in the layettes of babies born between October and the end of April. In the emergency camps of east Jordan and Syria, 4,575 hardship layettes were distributed in 1970 through the UNRWA maternal and child health centres.

In other areas, UNRWA's Welfare staff issue similar layettes to identified hardship cases living both in and outside refugee communities. In 1970, 7,272 such hardship layettes were issued to refugees and displaced persons living outside camps.

The Swedish Save the Children Federation (Rädda Barnen), the Unitarian Service Committee of Canada, the Canadian Red Cross, the Women's Royal Voluntary Service in Britain and the Friends of Jerusalem in Beirut have been the most consistent benefactors of the layette programme, although other organizations have also made significant contributions. A

Ladies in Sweden (top) and in Beirut (above) pack layettes for babies such as this one born in an emergency camp in east Jordan (right).

total of 12 groups or organizations in Canada, the United Kingdom, Sweden, Lebanon, the United States and the Netherlands contributed layettes in 1970.

Typical of these contributing groups are the school children of Hedemora, Sweden, who co-operated with Rädda Barnen in collecting layettes garments during 1969. Many of these children enclosed in the layettes pictures which they had painted and hoped Palestinian mothers would enjoy. In 1970 Rädda Barnen also provided $8,000 for the purchase of baby blankets for token layettes.

Beside ready-packed layettes, a considerable number of infant garments arrive in the Middle East and are packed into layettes with the help of the UNRWA Welfare staff and the volunteer ladies of the Women's Auxiliary of UNRWA, an organization largely composed of wives of UNRWA personnel. Some layette materials are also collected or purchased locally. The Friends of Jerusalem sewed over 700 layettes for UNRWA during 1970.

In Norrkoping, Sweden, a ladies circle known simply as "the sewing group", sews and sends layettes to UNRWA at least once a year. This group, which originated in Stockholm and has been helping the layette programme for many years, also sends children's clothing.

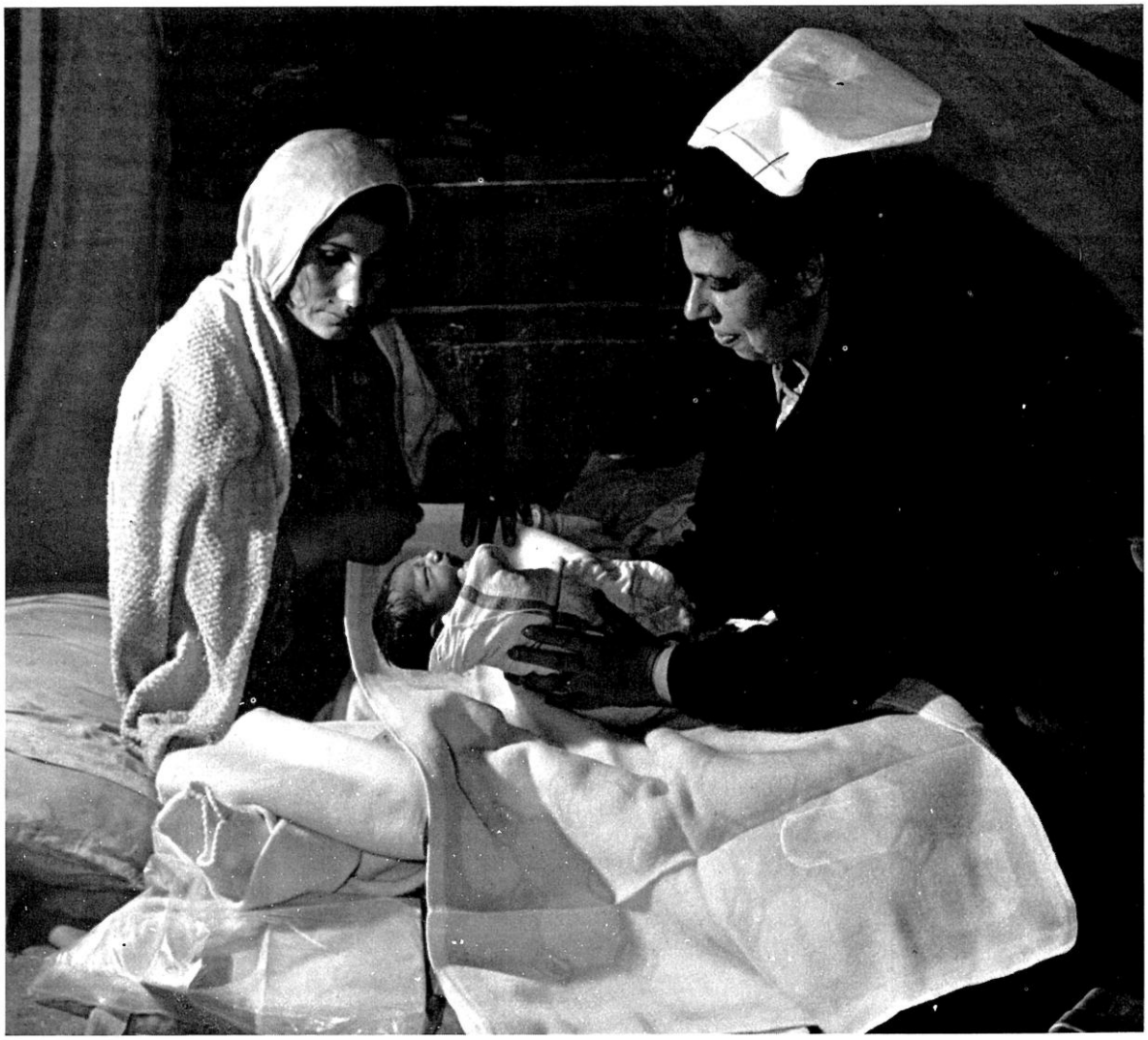
A special "layette drive" in the town of Varberg, Sweden, came as a result of a visit there by Miss Karnstrom. A lecture followed by a newspaper appeal alerted the townspeople to the need for layettes. Among others, the shoemaker's wife solicited materials door-to-door and the local sauna bathhouse owner provided Turkish towels which could be cut into smaller towels. As a result 400 kilograms of blankets and baby clothing were sent to UNRWA for use in Jordan. A local trucking company provided free delivery of

the materials to Stockholm prior to shipping.

Other layettes are distributed by voluntary organizations working with UNRWA. The Mennonites have sewing centres in Marka emergency camp and Madaba town, east Jordan, and contribute material to expectant mothers who then sew their own layettes. During 1970, 816 such layettes were sewn.

In Baqa'a emergency camp, east Jordan, the Norwegian and British Save the Children teams from time to time receive and distribute layette garments and blankets. The Lutheran World Federation also distribute layettes at their Infant Health Centre in Amman and in some of the camps. These distributions are coordinated with UNRWA to avoid duplication.

Thus many organizations and people contribute to the success of UNRWA's layette programme. Dedication such as that of an 80-year-old professor's wife in Stockholm who for several years has knitted scores of pairs of pants for refugee babies makes this aspect of UNRWA's work a particularly personalized operation.



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