

EDITORIAL

## **Coping with Conflict**

*There is war all around this world—Ireland, Sudan, Iraq, Afganistan, the Middle East, Chechnia, to name but a few. The common denominator is human suffering, coping, and death. Some time ago I asked one of our finest reviewers, Rita Giacaman, in spite of living under extreme conditions, to tell us something about life in conflict. Here is her account, written before Chairman Arafat's death.<sup>1</sup>*

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Describing life in conflict and warlike conditions is difficult to put in words let alone in a few sentences. Since the re-invasion of the West Bank and Gaza Strip in September of 2000, Palestinian lives, including ours, have been suddenly transformed into attempts to brave up to the severe intensification of conflict, and to develop multiple strategies to survive trying times. Four years later today, conflict is ongoing. And yet, our team at the Institute of Community and Public Health at Birzeit University is still operational, has normalized the abnormal, and at the same time, has not lost agency or the resolve to go on living and working for the common good and the health of the public.

Since September of 2000, life has deteriorated sharply for Palestinians. The strangulation of economic, scientific, educational, social and cultural life, are only some of the characteristics of daily living.

And yet, unlike the usual portrayal of Palestinians in the Western media as either terrorists or victims, the bulk of the population continues to survive these times of crises with amazing resourcefulness and resiliency: people walk across checkpoints at the risk of being shot, tear gassed and beaten or detained, in order to reach work, school, university and home. Life temporarily comes to a halt during periodic re-invasions, bombing and shelling, but gets back to normal with the speed of light: schools re-adjust schedules to accommodate curfews, bombings and shelling; shopkeepers re-open shops as soon as mini-incursions end; and with spiraling poverty and rampant unemployment hitting the country in unprecedented proportions, communal support is at its peak.

As Palestinians belonging to an academic institution that has made its primary task public health education, we have had to face daunting responsibilities during these times of extreme crisis, especially responsibilities

towards the living (and every person counts, regardless of race, religion, sex, nationality or ethnicity): survival of our family members; the protection of our children; the support that we needed to provide to the community as a matter of necessity; maintaining the viability of our team at the Institute and the viability of scientific and academic work at our University; supporting our students, and maintaining public health education in conflict when it is needed most but when it is least possible, to name only a few.

When I think of the past four years, I remember how I used to take my child and nephew (both then 11 years old) to school driving on makeshift tracks and paths when the road up there in our neighborhood was blocked with shooting, tear gas, and burning tires in the midst of curfew conditions. I remember that, with both lying low in the back seat of the car with their schoolbags on their heads for protection against stray bullets, I tried to help them cope by playing word games; and when we got to school or home, we would clap in victory, as victory, no matter how small, is important for survival. And I remember those jet-bombers attacking our neighborhood at around 2 a.m. when we were asleep one night, and the utter desperation of my husband and myself for not having been able to protect our child from unbelievable fear, as she went into the shaking mode for a few but very long minutes.

And I also remember our team at the Institute, unable to get to work, confined to homes mostly and sinking into the abyss of despair. That was the warning sign that pushed us to re-activate our public health research projects from our homes. We took on the task of documenting the humanitarian damage of war while we lingered under curfew, or when access to the University was blocked. In retrospect, these emergency reports served to assist us in directing policies towards the needs of people in emergency, and not only on what usually happens, which is a focus on counting dead bodies and injuries.

And there were of course our students, some of whom were severely affected by events. Some had to travel 4–6 hours on dirt paths created instantly by communities when a road was blocked, braving all sorts of dangers, just to arrive in class and say: I am here! Other students used donkeys as a mode of transport across hills and valleys to reach us and study. In fact, one of our students reported the erection of a special parking zone for donkeys in one of the village schools: donkeys had become a main mode of transport between villages as asphalt roads were blocked by tanks and earth mounds and students had to use dirt paths to reach their schools. Yet others came for human support purposes. One student, a medical doctor from the north of the West Bank, appeared one day and told me: I did not come here to study. I came to cry and tell you my story. He was in an ambulance trying to reach the injured and heard shots. He then felt a splash of liquid hitting the left side of his head. He touched it and looked, it was blood. He turned around and found his colleague shot

<sup>1</sup>With co-author S. Halileh, Rita Giacaman has also written an article: “Maintaining public health education in the West Bank” that was published in *The Lancet*, Vol. 361 (9364) 5 April 2003.

dead. All he could do was repeat the story and cry until exhaustion and then went home.

How did we cope? First, by regrouping the team and pushing to get to work in homes, in a garage, at the University whenever possible, despite the situation. This proved to be an extremely important element in the formula of survival, as agency provided for hope. Second, the level of communal and social support expressed by everyone towards everyone in times of crisis is of the essence, and we did not feel isolated. More, even trauma is relative, as with relative deprivation: when those living in Ramallah witness what is happening in Gaza today, they tend to believe that they are all fine, as the real misery is elsewhere. Third, perhaps the fact that our *métier* is public health education is of importance, as it carries with it the duty of maintaining such education especially in times of conflict, when it is needed most. Fourth, Palestinian survival abilities and resiliency have been learned over a period of almost 100 years of trauma and conflict, not only recently, and have been handed down from generation to generation. Finally, and above all, perhaps the foundation of our coping strategies and resiliency rests on the belief that human life, including ours, is of value and that ultimately, our vested interest in life is people.

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