



VIEW FROM THE FIELD

First Aid in Conflict: A view from the occupied Palestinian Territories

Ibrahim Gholeh

Introduction from the Editor:

The horrific and devastating conflict in many parts of the world poses significant challenges to first aid, humanitarian, and medical responders as they struggle to provide care with limited resources and often while under attack. The IJFAE seeks a systematic understanding of the gaps, and how emerging norms are developed in these conflicts in order to reduce suffering and promote healing at all levels. Our View from the Field articles offer individual perspectives; we also seek other perspectives that describe the situation and first aid elements that align with the Chain of Survival Behaviors.

Keywords: Conflict; EMS; first responder

CONTEXT

The occupied Palestinian Territory, encompassing the West Bank and Gaza Strip, faces significant humanitarian challenges due to its complex geopolitical situation. With a population of approximately 5.5 million as of mid-2024, the region experiences frequent tensions and

severely restricted access to essential services, impacting healthcare delivery and the provision of first aid.

In this context, the Palestine Red Crescent Society (PRCS) plays a crucial role in addressing humanitarian, social and health needs. As a recognized member of the International Red Cross and Red Crescent Movement,

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the PRCS operates under the Geneva Conventions and the Movement's **Fundamental Principles**.

PEACE-TIME ACTIVITY

The PRCS's Emergency Medical Service (EMS), established in 1996, is a cornerstone of its operations. The organization manages a network of emergency centers across the territory, as well as in Lebanon, Syria, Iraq and Egypt. It is equipped with modern ambulances and staffed by highly trained medics. Its 24/7 emergency services, accessible via a dedicated hotline, are vital in a region where access to healthcare is often compromised. The PRCS has developed a thorough and extensive volunteer recruitment and training process which operates in peace-time. This consists of a 160-hour first responder training course of which half the time is spent in class learning theory and the other half is practical. The practical part consists of 10 ambulance shifts during which the volunteers join the ambulance team in real calls working as team assistants.

CONFLICT ESCALATION ACTIVITY

Under continued Israeli occupation, EMS providers face significant risks. Between 2000 and 2022, 22 PRCS medics and volunteers lost their lives while on duty in the Palestinian Territories. The current war on Gaza (since 7th October 2023) has significantly intensified tensions, complexity and danger in what was already a protracted crisis situation with a further 21 PRCS medics losing their lives. Tens of thousands of civilians have been killed and wounded, and thousands more have been trapped under rubble. Hospitals and other medical facilities have been targeted and destroyed.

In response, the PRCS declared a maximum state-of-emergency at all its facilities and operational capacities were increased by mobilizing additional volunteers from amongst those previously trained as first responders. Special procedures were then put in place to prepare those volunteers and to make them ready to serve at medical posts. Volunteers must attend an intensive two day refresher training focusing on personal safety and trauma management including: airway management, oxygenation and ventilation, CPR, and bleeding control including tourniquet application. In particular, focused

training on how to manage bullet injuries and the how to assess for inlet and outlet damage to the injured body is included. Volunteers are retrained on how best to assist qualified medical personnel to deliver fluid resuscitation, bone injury management and splinting; and are updated on basic communication, documentation processes, and fundamentals of emergency teamwork and chain of command.

EXAMPLES OF ACTIVITY AT MEDICAL POSTS

The PRCS worked to set up a triage center at the Episcopal Al-Ahli Arab Hospital as it was the only functioning hospital in the Gaza Strip at the end of 2023. Since then, damage by an air strike and subsequent shelling has forced the hospital to close. Despite this, the PRCS uses this medical point to continue to help patients with light to medium wounds providing a minimum level of care to those in need.

An Advanced Medical Post was established at the Jabalia EMS Center to provide medical services to local populations after all hospitals in the northern Gaza Strip had ceased to function. The post continues to offer basic medical services despite aggressive behavior, raids and bombardments from the Israeli military.

Five Emergency Medical Posts in the West Bank are fixed points equipped with first aid tools and other resources that can be used in the field during emergencies. They are managed by community-led committees of volunteers who collaborate to support the EMS. The PRCS has additionally provided medically trained volunteers including first aid providers, first responders, nurses and doctors to provide immediate emergency care as needed to the thousands of refugees forced to live in camps. As of August 2024, 104 staff have cared for 3950 casualties at these five posts.

WHAT NEXT?

This *View from the Field* highlights the extreme challenges of providing first aid and emergency medical services in conflict-affected areas, offering important lessons for first aid educators and practitioners worldwide. These experiences highlight the critical need for specialized first aid training and protocols tailored to extreme conflict

situations (working under fire, working under threat, low or no medical resources, non-existent chain of care etc), presenting important areas for further research and development in the field of first aid education.

RESEARCH QUESTIONS FOR FIRST AID EDUCATION

1. How can the sustainability and efficiency of emergency medical posts be improved in conflict zones by first aiders?
2. What training makes sense during a conflict? What specific training, equipment, logistics, and standard operating procedures are needed for first aiders in these high-risk environments? What alternatives are there if these don't exist?

3. How can first aid education be adapted to prepare responders for the unique challenges of providing care under siege conditions (e.g., know what and where casualty collection points exist)?
4. What strategies, policies, or enforcement of law can be developed to protect first aiders and facilities in conflict areas while maintaining operational capacity?

COMPETING INTERESTS

The author has no competing interests to declare.

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