

The Value of Family Medicine and Female Leadership During the Gaza War

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From my tent in the refugee camp in central Gaza, I watched the other families living nearby. As a family physician and mother, I saw how hard the women worked to secure food. The United Nations distributed oil, rice, and flour, but milk, chicken, and eggs were impossible to find. Everything was seven times the regular cost. Women cried in grief and exhaustion: so many relatives dead or missing, not enough food and water, and no safe place for the children to play.

Weeks earlier, after October 7, 2023, bombs exploded day and night, forcing my family to leave our home in Gaza City. Two weeks later, an air strike demolished it, destroying all our memories. I later learned my family medicine clinic was also rubble. It was the worst horror movie imaginable.

In a tent nearby, Fatima worried about her sick 6-month-old baby. She walked 30 minutes to a government clinic only to be told he needed to go to Al-Aqsa Hospital. She wept, wondering how to get there amid the bombings and attacks near the hospital.

I coordinated with a friend working in a nongovernmental organization (NGO) to transport them by ambulance. Fatima's baby was as skinny as a 2-month-old; I doubted the hospital had the supplies to help him, but she was desperate. As a family doctor, I could have helped if I had my clinic.

At the hospital, patients crowded the waiting area and hallways. The exhausted physicians gave Fatima's son a saline nebulization to ease his distress. There was no phone access to coordinate care or secure supplies from other facilities.

I continued to watch and reflected on why the clinics were so inconvenient and offered so little. None took a family medicine approach. Instead, they focused only on the immediate complaint. No one considered how the mother's health and worries impacted her children, how her husband's anguish affected her, how no school and no place to play affected the entire family.

I resolved to start my own family medicine tent. First, I needed to write a proposal to secure funding and resources. I'd never written a proposal; my husband donated his laptop with its dead battery. We learned that semi-reliable Internet was 30 minutes away and hooked the laptop to the car battery so I could download examples of good proposals. Over the next 4 weeks, I developed a proposal and shared it with the NGOs working in the camp.

They complimented me. "Come and work for us. We need doctors."

But each had their own agenda. If I saw patients, I wanted to address the entire family's needs. I wanted to do prenatal care and address the new mother's depression. I could not ignore their other children's problems: the failure to thrive and anemia.

Encouraged by the Ministry of Health (MoH), I sent my proposal to friends outside Gaza. I raised money to support the first family medicine tent in the Al-Bassa area, Deir Al-Balah, targeting 5,000 displaced Gazans. We opened the first clinic on January 23, 2024, with a family physician, general practitioner (a medical school graduate who completed 1 year of a hospital-based internship), nurse, and logistician.

One of our first patients was Aisha, who worried about her 2-month-old's diarrhea. Because of my family medicine training, I asked many questions and inquired about her

breast milk. “I’m worried the bombing affects my milk,” Aisha said. “I’m not making enough.”

I checked her breasts; she had enough milk. I learned she was supplementing with milk powder. “At 2 months, you’re making everything he needs.” I explained that the camp’s dirty water mixed with the powder was causing the problem. I described how breastfeeding is demand and supply.

Two weeks later, her son had gained weight, and her milk production improved. Other physicians might have misdiagnosed the problem as gastroenteritis.

After 7 weeks, we opened a third tent. We averaged 300 patients a day with acute illnesses and chronic diseases. A local person served as our community liaison, and we reported daily to the MoH.

However, my husband and I faced tough decisions. Our baby Ceila was 4 months old, and we worried about her future. Starvation might threaten her; so in March, we began the process to leave Gaza. I trained my sister to supervise the clinics. Leaving for Egypt was a journey of asking for help, sending money, and waiting. Suddenly, one night in April at 11:30 pm, we were told to go. I left my mother, father, and siblings. It was one of the most difficult decisions I have ever made. But how could I allow my own child to starve?

For 45 days, we had a visa to stay with the friend of a friend in Egypt. From there, I continued to manage the family medicine tents. I hired another family physician and added a breastfeeding center. With the expanding malnutrition, it was an important step and the first breastfeeding initiative.

Now in Oman, we can live until the war ends. The Family Doctor initiative has expanded to five tents, including a mental health tent and play activities for children. As the only family medicine services in the camps, MoH sees us as the foundation for rebuilding primary care in Gaza. We are expanding and hiring additional Gazan professionals.

The NGOs said that what I wanted to do was impossible, but the initiative is growing and laying the groundwork for the future. MoH shares our data with the World Health Organization.

In the patriarchal Arab world, as a young woman, only 2 years postresidency and a mother with an infant, some doubted me. However, the patients we care for will tell you how well we listen, seek to understand, and care for each family member. We appreciate how the environment impacts their physical, mental, and spiritual health because we live and work alongside them.

Family medicine began in Gaza 15 years ago. The specialty addresses the needs of all family members. We see our patients again and again. We build relationships, and we listen to our community.

The next phase will require more listening. With the community, family physicians will help Gazans rebuild and heal after the war.

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