

## Canada must help the wounded children of Gaza

Matthew B. Stanbrook MD PhD

The world has stood transfixed by this summer's military conflict in Gaza, which is perhaps unsurprising, given the unique historical geopolitical importance of the Israeli–Palestinian conflict and the large diaspora communities with direct ties to either side. With a (hopefully) long-term ceasefire now in place, many people are concerned about the war's aftermath, in which population health consequences loom large. Canada's health care community has a unique opportunity to be of great help in this regard, and in keeping with our professional and humanitarian values, we must act on it. Unfortunately, government red tape stands in the way.

The health needs of children in the region are an urgent and compelling place to start. A recent estimate<sup>1</sup> documents 2131 Palestinians killed during the 50-day conflict, 501 of whom were children. An estimated 3374 injured children, of whom about 1000 will have a permanent disability, are among the 11 100 wounded Palestinians. Tragedy is not exclusive to one side of this conflict, nor is it a numbers game. Dozens of Israelis, 6 of them children, were injured by rockets or shrapnel, and 71 were killed, including 1 child.<sup>1</sup> The psychological impacts of war are widespread on both sides. But the consequences of tragedy and the response needed to address it depend very much on numbers. Had the Israeli casualties been large enough to overwhelm their health care system's capacity and had Israel called for international aid, surely Canada would have been among the first to respond, and rightly so.

Physicians from Canada and elsewhere have already visited Gaza, offering their expertise and support, and reporting on the injured. They have seen a high incidence of blunt and penetrating trauma, burns and damage to sight and hearing.<sup>2–5</sup> When such injuries occur in Canada from causes such as motor vehicle collisions, children are quickly transferred to high-level trauma centres, assessed by multiple surgical subspecialists, and may undergo several complex surgeries lasting many hours. This was difficult or impossible in Gaza, where already limited medical resources were rapidly overwhelmed by war casualties. Some children had limbs amputated by blast injuries; others needed amputations in hospital to save their lives.<sup>2–5</sup> Not only are these children unable to care for themselves, many have become orphans or have parents facing similar injuries and disabilities.

These children need prostheses and rehabilitation. Some will require orthopedic, vascular, neurologic or plastic surgery to have any hope of recovery. It is unlikely that they will receive the care they need in Gaza, where such specialized resources were in short supply even before the conflict began. Some children have been able to access care in hospi-

tals in the West Bank or Israel, but only a fraction of those who need it.<sup>6,7</sup>

Canadians have lent broad support to an initiative led by Palestinian physician and University of Toronto professor Dr. Izzeldin Abuelaish. He has petitioned, with the endorsement of more than 42 000 Canadians,<sup>8</sup> to bring 100 children from Gaza to Canada for treatment, with services to be donated by hospitals and health professionals and travel and accommodation to be covered by community fundraising. His plan already has the support of five pediatric hospitals, the Registered Nurses Association of Ontario and the Ontario government.

The only remaining obstacles are the visas the children and their caregivers require to enter Canada. Despite endorsement from many parliamentarians, including the leaders of both main opposition parties, the federal government has not granted these visas, suggesting that travel is too medically risky. However, these children are not critically ill or using mechanical ventilators; they are in stable condition and certified fit to travel by their doctors.

Public health measures and outreach to provide support in Gaza are important, and the needs of injured women and men should not be ignored either. Other conflicts have produced casualties with compelling health needs that cannot be met in their home countries, some in far greater numbers than in Gaza. Canada should do more to help them, too. But the fact that we are not able to help everyone right now is not a reason to withhold help altogether. Perhaps the example of Dr. Abuelaish will inspire other champions to lead similar initiatives for those injured in wars elsewhere.

While Canada hesitates, Germany, Austria and Turkey have already taken in dozens of Palestinian children for care.<sup>7,9</sup> All it would take for Canada to join them is a swift decision from Prime Minister Stephen Harper, who coincidentally has been nominated for this year's Nobel Peace Prize. We hope that he will respond by showing the world the humanitarian values that are Canada's tradition and endorse the initiative of his fellow nominee, Dr. Abuelaish. We encourage physicians across Canada to help by calling on the Harper government<sup>10</sup> to let us bring the children of Gaza to Canada for the care they need.

See references, [www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.141164/-DC1](http://www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.141164/-DC1)

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**Affiliation:** Matthew Stanbrook is Deputy Editor, *CMAJ*

**Correspondence to:** *CMAJ* editor, [pubs@cmaj.ca](mailto:pubs@cmaj.ca)

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