SAHLGRENSKA ACADEMY

Israeli volunteer nurses and doctors.

Nurses and doctors at the Mobile Clinic run by Physicians for Human Rights Israel. Motivations and reflections, a qualitative interview study.

Degree Project in Medicine

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Abstract

Non-governmental organizations (NGOs) play a big role in serving people in areas suffering from poverty and distress. NGOs also play a big part in advocating for human rights such as the right to health. This paper explores and analyzes motives and reflections about voluntary work in Israel/Palestine. The data was collected by interviewing volunteers at the mobile clinic run by Physicians for Human Rights Israel (PHRI), an organization working with medical assistance in various ways. PHRI has a distinct purpose to work for the rights of Palestinians by arranging for Israeli nurses and doctors to participate in mobile clinics on the West Bank. We found that volunteers in this organization have different motives to engage in voluntary work in the West Bank. The motives were divided in to six categories; to facilitate encounters between Israelis and Palestinians, humanitarian reasons, human rights and political reasons, duty, knowledge and career, feelings of guilt. There were various views on the value of the work, that it has a low value, a high value, or that it is valuable in other ways than medical outcome. To create a meeting between Israelis and Palestinians was a goal itself for the volunteers and a way to work for peace. The work was seen by the volunteers as automatically political due to the political context and as a mix between political and humanitarian work. Still the volunteers had different views on their own contribution; purely humanitarian, political or a mix between the two. Various opinions were expressed regarding the political orientation of the organization. One view was that it is a good and effective way of working to combine humanitarian and political work, but that the political orientation makes the organization less popular among the general population in Israel.

Introduction

History and general data

The area Israel/Palestine was part of the Ottoman Empire, which fell after World War I. In 1920 Great Britain obtained a mandate from the League of Nations to rule the area. In 1947, the United Nations took the decision to divide the area of the mandate into two states: a Jewish and an Arab one. Jerusalem was to be internationally administered. The Israeli state was declared in 1948; following armed conflict with surrounding Arab countries a ceasefire was reached in 1949 establishing what are essentially the current borders between Israel and Palestine. Sweden was one of the 33 countries that voted in favor of the 1947 United Nations Partition Plan for the region which led to the formation of the state of Israel. In 2014 Sweden recognized the state of Palestine, including the West Bank, East Jerusalem and Gaza, which is what this paper refers to as Palestine (1-4).

The West Bank is formally administered by the Palestinian Authority. The population of Palestine is 4.98 million, with 2.99 million in the West Bank and 1.99 million in the Gaza Strip (5). The life expectancy is lower in Palestine compared to Israel and Sweden (6-8).

	Palestine		*Israel*		*Sweden*	
	1990	2017	1990	2017	1990	2017
Females	72.7	78.0	78.9	84.6	80.5	84.2
Males	68.6	75.6	75.8	81.3	75.0	80.8

Figure 1: Life expectancy at birth (6-8)

As Palestinians inherent their refugee status there are now more refugees than those around 7500,000 who fled during the war 1948 (9). More than 2.2 million refugees reside in Palestine, 1.4 million in Gaza and approximately 250,000 in the West Bank (5). Furthermore around 760,000 Israeli settlers live inside the West Bank (2). According to the United Nations, these settlements violate international law (10). In November 2019, however, the US declared that the settlements should no longer be considered illegal (11).

Health in the West Bank

Current conditions affecting health: About 1.9 million Palestinians depend on humanitarian aid for clean water and sanitation. In 2018 some 36,000 cases of bloody diarrhea could be attributed to unsafe drinking water. In some West Bank communities, the prevalence of stunted growth is 16% and among children under 5 years there were 10,000 cases of rickets in 2018. A survey study showed that 29.2% of residents in Palestine live in poverty, including 16.8% in deep poverty. Moderate to severe food insecurity affects 12% of West Bank households and 35% of children in Palestine under age 5 are at risk of impaired development. Poor nutrition, lack of access to basic services, violence and family/environmental stress are believed to be the cause for the health issues (5).

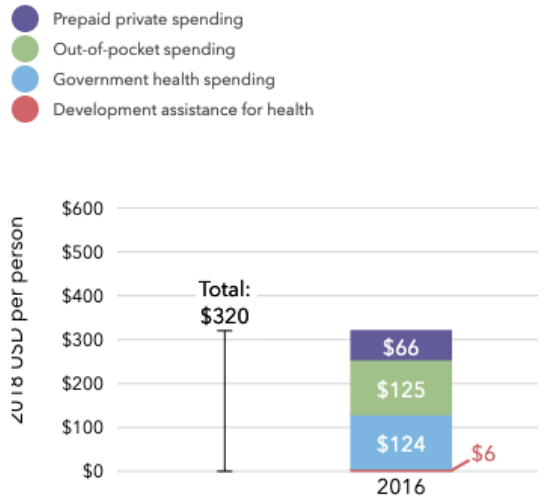
	Palestine		*Israel*		*Sweden*	
	1990	2017	1990	2017	1990	2017
Under-5	39.8	13.6	11.8	3.6	6.9	2.7
Under-1	29.9	11.3	9.8	2.9	5.8	2.3

Figure 2: Child mortality rates (6-8)

Health access: According to the WHO, access to primary health care in the West Bank is limited for 162,663 people (5). Mobile clinics provide primary health care to 138,000 people, a tenuous situation since sustainability is uncertain due to unpredictable funding (12). The Palestinian health system has long relied on hospitals in East Jerusalem and Israel for access to specialist care. Patients can be referred to facilities in East Jerusalem or Israel, although many require permits for access. Referrals to non-Ministry of Health facilities are necessary because of the constant shortage of medicine, supplies and equipment; for example, neither radiotherapy nor nuclear medicine are available in Palestine except in East Jerusalem. In many cases, the reasons for denial of permits are vague; for example, in 2018, 64 female cancer patients were denied permits based on having relatives who were illegally residing in the West Bank. Opportunities for higher/continuing education among healthcare workers are limited due to difficulties leaving Palestine imposed by the Israeli permit system. This restricts professional development among healthcare workers (5).

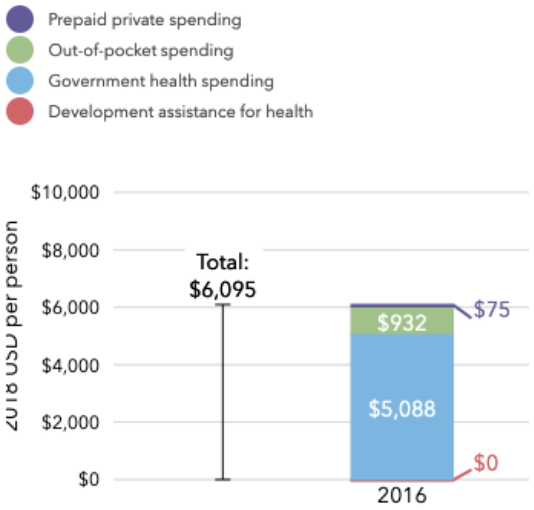
Economic effect on health: Because of the poor economic conditions in Palestine, the public health sector is highly dependent on donations. One reason cited for this economic situation is lack of territorial control. Import restrictions force the Ministry of Health in Palestine to overpay for many medications in an international comparison (5). The Palestinian government spends less money at health compared to Sweden and Israel. The Palestinian residents pay a bigger part out-of-pocket (6, 8).

Palestine



Source: Financing Global Health Database 2018

Sweden.



Source: Financing Global Health Database 2018

Figures 3 and 4: Spending on health. Note the different values on the Y-axis (6, 8).

Inequalities within the region: Health inequality occurs within the region; Palestinians in East Jerusalem, for example, have access to Israeli insurance and health services, which Palestinians at the West Bank and Gaza do not. Inequality also exists between the Palestinian population and the 611,000 Israeli settlers in the West Bank, who have the same rights as other Israeli citizens (5).

Attacks on healthcare services: In 2018, the surveillance system recorded 60 attacks on healthcare services in the West Bank. Most of these attacks were to prevent ambulances and healthcare staff from reaching patients, and included injuring staff and attacking vehicles. Several of these attacks were carried out by Israeli settlers (5).

Health service providers in the West Bank

The Palestinian Authority:

The Palestinian Authority is responsible for public health in the West Bank (5), including 583 healthcare centers and 51 hospitals (13). The Palestinian Ministry of Health is the main provider of primary health care and is responsible for over 71% of clinics and 43% of bed capacity in the West Bank. About 78% of Palestinians in the West Bank and Gaza are covered by some type of healthcare prepayment system, 90% of which is furnished through Government Health Insurance and the United Nations Relief and Works Agency (UNRWA), which overlap. Government Health Insurance covers prescription medications, maternal and child health services, secondary care and specialized care. Many types of specialized care are not available in Palestine, but must be purchased outside the Palestinian Territories. Moreover, Palestinians are not covered by Israeli health insurance, nor do they have access to Israeli health services, with the exception of those living in East Jerusalem (5).

UNRWA: In 1949 the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established to provide direct relief and works programs for Palestinian refugees (14). It has provided health care for over 60 years. The UNRWA runs 42 healthcare facilities in the West Bank. Every month, their six mobile teams serve approximately 13,000 patients in more than 150 locations. An estimated 53% of the West Bank Palestinian refugee population accesses these services (15).

In 2018 the UNRWA faced a financial crisis when the US slashed much of its funding. However, due to increased support from the international community and other donors the UNRWA managed to continue providing services in 2018 and 2019 (5, 15).

Non-governmental organizations: Non-state actors run the majority of the 15 mobile clinics that operate in the West Bank and also provide 46% of bed capacity. Several national and international organizations are involved in providing medical aid and fostering human rights within Palestine (5, 15-17). According to the NGO Directory of Palestine, 52 Arab-based civil society organizations are involved in health services in Palestine. 15 of these work exclusively within the medical health sector (17).

Additional Support, WHO: In 1994 the WHO established an office in Palestine, which is now in Palestine (18) for the purpose of working broadly to improve health, including support to the Ministry of Health (MoH) for strengthening patient safety and quality of care, implementing the International Health Regulations in Palestine and within the MoH, as well as formulating guidelines for disease management and medical supply logistics (5).

Physicians for Human Rights Israel

PHRI

Physicians for Human Rights-Israel (PHRI) is a Tel-Aviv based organization that was founded in 1988 to promote the right to health at the time of the first major Palestinian uprising on the West Bank. The organization later evolved to also include safeguarding the health of underprivileged groups within Israel's borders and to simultaneously cooperate on some fronts with Israeli authorities in the field of public health (19).

In 1989 a Mobile Clinic service was launched consisting of voluntary medical and healthcare teams who, along with Palestinian colleagues, established temporary Saturday clinics in schools or other facilities on the West Bank. At the Mobile Clinic Palestinians and other patients may seek care for their illnesses and receive advice concerning prenatal and pediatric care. In certain cases, these mobile clinics have also offered advanced medical care in Gaza (20). More than 200 patients can be examined and treated at the Mobile Clinic in a single day, including a large number of children (21).

Since 1999, PHRI has operated a stationary clinic in Tel Aviv to provide medical services to undocumented workers, mainly people from northeastern Africa. The clinic is open 5 days a week and is staffed by both employees and volunteers (22).

PHRI is a political advocacy group working to promote policy changes in Israel. PHRI advocates the right to health for all residents of Israel/Palestine and tries to bring about changes of abusive and discriminatory policies against Palestinians. PHRI is a proponent for the human rights of refugees and undocumented migrants as well as for prisoners and detainees in Israel. Their methods of action include collection of data, casework, legal action, local and international advocacy, educational activities and mobilization of the medical

community. PHRI views the political situation of Palestine as a main cause of the human rights violations. They have support from over 3500 members and volunteers.

PHRI actively supports a political solution for the West Bank and Gaza.

The organization also provides expertise to the Israeli government and in some regards relieves the government of certain responsibilities of providing health and medical care to the many undocumented workers living in Israel (23). PHRI shares many similarities with the Rosengrenska Foundation in Gothenburg (24), but is considerably larger with extensive services and a vast amount of experience from which to draw. In many regions of Europe, volunteer organizations have assumed duties that were previously publicly managed and financed. By taking on some of the financial responsibility for social and medical services, volunteer organizations have had greater leeway to determine the objectives and structure of their development aid. The lack of opportunity for self-reflection among volunteers has contributed to some confusion concerning services, occasional uncertainty regarding political issues and, for a few volunteers, a perception of personal failure (19, 25, 26).

For example, at one of the medical clinics for undocumented individuals in Berlin, MediBüro, there were contradictory perceptions concerning cooperation with refugee organizations and government authorities (25).

Research is underway on how doctors and nurses in Sweden who regularly donate their time to work as medical volunteers perceive their contribution in terms of benefit for others, personal satisfaction and growth of understanding, an opportunity to share experiences with colleagues in a cohesive team and as an expression of a political position or philosophical commitment (27).

Volunteer work

The word “volunteer” originates from the Latin *voluntaries* (28), which according to the encyclopedia refers to a person who works for educational or non-profit purposes and receives little or no pay (29). Research shows that efforts of volunteers are motivated to be meaningful and can help enhance self-esteem and personal identity. A Swedish study shows that volunteers do not expect to be paid (though other studies have shown that volunteer work may be monetarily compensated, such as reimbursement of expenses), but to work for the benefit of others, which seems distinguishing volunteer work from hobbies. Most people volunteer of their own accord, but a few considered it to be their moral imperative or duty, an expression of personal commitment often achieved within the auspices of an organization (26).

MFS and ICRC

One example of an organization that carries out medical volunteer work is Doctors Without Borders/Médecins Sans Frontières (MFS). MFS was established in 197. It provides quick delivery of emergency medical aid to populations in distress, victims of armed conflicts and war, and of natural or manmade disasters all over the world. MFS primarily focuses on medical aid, but also assists with water, sanitation, food, shelter and other services. The organization is neutral and impartial, but its mission includes bearing witness and speaking out about challenges and abuses (30), for which they have been criticized as failing to be

impartial (31). Another organization that provides volunteer work is the International Committee of the Red Cross (ICRC), which was established in 1863 through the Geneva Convention. This neutral and impartial organization is charged with ensuring humanitarian protection and providing assistance to victims in violent situations such as armed conflicts. Its services includes health care work (32).

Criticism to volunteer work, postcolonial aspects.

There has been criticism towards medical assistance. There is research suggesting that medical volunteerism may do more harm than good and that there are controversial ethical questions to medical volunteerism. Reports of doctors suddenly turning up, wanting to do good ignoring local language and culture, assuming western medicine is superior, lack of follow up leaving the local doctors to deal with medical consequences and even cases of malpractice on local residents. This type of self-serving paternalistic, neo-colonial aid can have many negative impacts such as creating dependency on foreign help, taking local jobs and being a burden to the community. Today, there is a big commercialized and competitive international volunteer market of profit organizations. To maximize profit there must be a need for outside help. This means that in terms of profit, there is not in the organizations interest to improve local health. Cases of harmful treatments and acceptance of lower ethical standards have been reported (33).

Motivations to engage in voluntary work

Prior studies have shown that specific motives for volunteering vary broadly, from Christian faith (34), a general desire to help others, and an obligation stemming from one's own

national history (35) to external pressure or urging to increase the chances of getting a job (36).

American volunteers: One study from the US concerning unspecified volunteer work shows that common motives include humanitarian values, acquiring new skills, personal development and an opportunity to learn about the world. Less common, but often pertaining to younger volunteers, are career-related motives; other less common motives include socially strengthening and mitigation of negative feelings and personal problems. The majority of volunteers are motivated by more than one factor (37).

Our Lady of Guadalupe Free Clinic: In one Christian free clinic for migrants in the US, humanitarian and religious motives are common, as are service to others and giving back to the community. One volunteer cited friendship with patients as a motive, while another one mentioned the opportunity to work holistically and encounter rare medical conditions (34).

MediBüro and PHRI: MediBüro is a non-governmental organization in Berlin that provides medical services to refugees and migrants, and also engages politically in the debate about the right to health (38). Research shows that personal motives include Christian faith, a general desire to help others, an opportunity to meet people from other cultures and a sense of obligation, in response to the Holocaust legacy, to protect politically persecuted people. However, the largest portion of physicians who volunteer in this organization commonly cite

political commitment, as well as disappointment in the state for its failure to commit to human rights (35). Research from the Israeli organization PHRI suggests that healthcare volunteers who work in a free mobile clinic in the West Bank are motivated by a commitment to the Jewish collective memory and opposition to the state (22); data also suggest that saving lives could motivate work in the open clinic more than political work (19).

Experiences and concerns regarding voluntary work

Understanding between groups: Volunteers from Israel and volunteers mentioned in the free clinic in USA note that they gained a deeper understanding for the groups with which they worked (19, 34). Volunteers at the PHRI mobile clinic noted that they lost their fear of the Palestinians, whom the media portray as terrorists, and thereby gained a deeper understanding of how politics and the occupation have impacted health in the Palestinian population. Some argued that treating patients at the open clinic did not necessarily lead to greater understanding for the political situation of the migrants, or why the clinic is needed at all. Moreover, the meaning of solidarity is lost when patients do not understand that PHRI is engaged on behalf of their struggle (19). Volunteers at Our Lady of Guadalupe Free Clinic gained a deeper understanding of the group with which they worked and recognized that they did not feel safe, which prompted the volunteers to address the importance of creating a safe spaces for migrants and asylum seekers (34).

Reactions from the public: Both of these organizations encountered strong opposition; the majority of Israelis oppose the political work of the PHRI (19), and Our Lady Guadalupe Free Clinic faced strong opposition from the local community, including personal insults rooted in racism within the community, thereby spurring volunteers to focus on political advocacy, realizing that the humanitarian and spiritual connection was not enough. Although it was difficult to involve local clinics in migrant healthcare delivery, the volunteers themselves questioned the limitations of the work they were able to carry out since they could not provide the more advanced care that was needed; consequently, volunteers experienced contradictions concerning their personal motivation and interpretation of the mission of the clinic, which ultimately led the staff to embrace the additional task of political advocacy (34). Within PHRI, there is consensus that political action makes PHRI less popular among the general public, while their humanitarian work is praised (19).

Goals and mandate of an organization: Both in Berlin at MediBüro and in Israel at PHRI, volunteers working with unauthorized migrants experienced a sense of great frustration when they failed to achieve their goal of making the authorities take responsibility for migrant health care. This raised concerns that they were doing the job of the state (22, 25). In Germany, authorities argued that volunteers were already providing aid, for which reason the state did not need to intervene on behalf of migrant health care (22). The physicians felt exploited and demanded compensation for their work after noting that the authorities referred people to NGO clinics rather than addressing the problem (35).

Experiences from PHRI

Studies on PHRI have been conducted among workers who provide medical aid and political advocacy, based on interviews with key informants, staff and board members, as well as content analysis of minutes from board meetings. Studies were conducted addressing the goals and mandate of the clinics, which revealed a difference in views concerning these parameters for the organization and the different clinics (19, 22).

Open clinic – goal and mandate: Interviews concerning reflections on the open clinic treating migrants and asylum seekers reveal that many view the institution primarily as a humanitarian health care provider, with the main role of treating patients, for which reason they suggest that the focus should be on quality of care rather than on advocating for legislative change, since the latter is too formidable an issue for PHRI to tackle. In contrast, others suggest that even more central than the role of providing medical care is gathering information in the field to identify trends and problems within the migrant population in Israel, thereby using medical assistance as a bellwether to foster the role of the clinics in their advocacy mandate to influence Israeli legislation. The information obtained through patient encounters provides a foundation for political work regarding what societal structures impair access to health care, a process that further enables PHRI to confront the MoH to address political problems. The opinion was further expressed that the legitimacy of PHRI is proven through its commitment to medical work; not only their words, but their actions serve to recruit volunteers, raise awareness, broaden support and create a meeting place between Israelis and migrants. Some argued that by providing the health care that is supposed to be provided by the government, PHRI is at cross-purposes; eagerness to provide the medical care that the government should provide may obstruct a political solution and the ultimate closure

of the clinic associated with the state assuming its responsibility would actually reflect achievement of its purpose. Discussions revealed the difficulties the open clinic has in maintaining a balance between political and humanitarian activities, with deep involvement in individual aid cited as an example. While these two principles – the advocacy goal to close the clinic, and the humanitarian goal of treating patients – may seem contradictory, some viewed this combination as complementary and consistent with the overarching goals of the clinic (19, 22).

Mobile clinic – goal and mandate: There were also differences of opinion concerning the goals and mandate of the mobile clinic.

Some view the primary role as rendering humanitarian medical assistance within the West Bank, but others argue that humanitarian assistance can be problematic when viewed against the uncertain division of responsibilities between Israeli and Palestinian authorities, since it is unclear whether these services help or compete with the Palestinian Authority. Others cited the roles of bearing witness, expressing solidarity, documenting violations of health rights and publicizing them through the media.

Some even argued that entering the West Bank is a political act, which inherently means that the role of the mobile clinic is broader than simply rendering humanitarian assistance. Solidarity with vulnerable communities and an expression of resistance against the Israeli government seem to be key roles, intended more as acts of protest than to provide health care. Also mentioned were the role of the mobile clinic as an eyeopener for Israeli volunteers to understand the link between health and the political situation in the West Bank, to overcome

deep-rooted prejudice against the Palestinian population and to foster a vision of peaceful coexistence among both Israelis and Palestinians (19).

PHRI's general mandate: One study addressed the general mandate of PHRI. Some held that medical assistance is the main role of the organization. The strength of the organization lies in its humanitarian work and a desire to adhere to the general Israeli consensus. All members who emphasized the primary role of medical humanitarianism were physicians, possibly due to the ethical commitment of this profession.

Human rights rarely receive mention in the discussion concerning mandate and goals, or are mentioned only as a tool or incorporated into political demands. Over the years the organization has supported a clear political approach which subordinates other activities to those of the political struggle – use of humanitarian language is not possible; the role of the organization is to uncover the underlying causes of the desperate health situation and take action to remedy them (19).

Combination of advocacy and humanitarian assistance in PHRI: The opinion vented at several meetings and general assemblies, that it is impossible to combine political advocacy with medical humanitarianism, has been raised since the inception of PHRI, including the question of whether PHRI is a political or humanitarian organization. From the political perspective, the humanitarian approach was contrary to the political cause and was considered to be an impediment to change. Some argued that the open clinic should never have been opened in the first place and only advocacy work should be undertaken, while others held that

PHRI should focus exclusively on humanitarian work. Still others argued that humanitarian action and political advocacy are synergistic; political advocacy alone ignores the human contact in the field while humanitarian action alone does not lead to political change. Others cited how the humanitarian work lends legitimacy to political advocacy, which again raises the issue of “action, not just talk” in the discussion of the mandate. In addition, many noted that the association between thought and action reveals the link between health and the political situation, claiming that the combination of medical assistance with the struggle against the violation of human rights makes the organization unique. The study argues that in the synergy between medical humanitarianism, human rights advocacy and political activism, each of which lends strength to the organization, there is a hierarchy with the main focus on political activism (19).

Research question

Specific research questions: What motives were cited by volunteers for participating in the mobile clinic? What were the reflections and potential misgivings of participating volunteers related to medical assistance implemented by an organization with a political orientation?

Materials and Methods

Interviews were conducted and analyzed using qualitative content analysis methodology (39) as described by Graneheim and Lundman. The aim of the study, which is to understand how volunteers became involved in the mobile clinic and how they experienced their work, was

presented to the informants. The question “Why did you choose to become involved with the open clinic and how have you experienced the work?” was used to initiate discussion. Based on participant response to the first question, more penetrating questions were posed. The interviews were transcribed and coded in everyday language, using NVivo 12 software, to process the content resulting from the research question. Codes were combined to create categories with similar content. In the final analysis the two main categories “Motives” and “Reflections” were formulated using the subcategories described below. For the purposes of this analysis, I as researcher discussed the formulation of categories with two physicians who had prior experience of qualitative research and volunteer work.

The interviewed volunteers were recruited during visits to the open clinic and through emails distributed by the director of the mobile clinic. The interviews were held at a location chosen by the volunteers and by Skype. Duration of interviews ranged from 20 minutes to 90 minutes. Sample selection comprised 8 individual interviews with nurses and doctors, men and women. Represented specialties included gynecology, pediatrics, general practice/family doctor and physicians in training. The ages of volunteers ranged from under 30 to over 60 years and duration of involvement at the mobile clinic ranged from less than a year to more than 10 years.

Professor Nadav Davidovitch, Ben-Gurion University of the Negev, who is a volunteer doctor at PHRI and researcher on the humanitarian and political aspects of medical aid, provided advice and collaboration for the project. Chief administrator Salah Hay Yahya welcomed our participation in the work of the mobile clinic and in conducting interviews with volunteers.

Ethics:

The research project has an approval from the governmental Ethical Review Authority in Sweden, registration number 2019-04211 as well as from the Research Ethical Committee of PHRI.

Benefit vs Risks.

The participating volunteers may have benefitted from the opportunity to reflect on their motives, opinions and experiences participating in medical assistance with a political cause. The study is expected to be of benefit to volunteers, currently active and future ones, within medical aid similar to the type of the studied activity. The group besides from volunteers that could have been affected by the research project are patients the participants treat. There was small risk regarding the participants health safety and personal integrity.

Caution taken:

No questions of private nature were asked. The participants were never asked to declare standpoints beyond working for PHRI, such as political and religious affiliation.

In the presentation of the study, personal information that could be linked to a certain individual was removed. The participants were given the opportunity to withdraw their participation from the study at any given moment without stating any reason.

Information about the study was presented orally and in writing to PHRI volunteers about the study, its purpose, how it would be conducted, information regarding interview duration and

place, contact information to interviewers and the responsible researcher. Information was given about how the data would be stored.

Informed consent was documented through signatures on a special form. No economic or other compensation was offered or given. All personal information was handled in accordance with the European data protection regulation (GDPR).

Data Collection/variable analyses

Data were collected in both Israel and the West Bank between November 4 and December 2, 2019. Researchers from Sweden observed the work of the mobile clinic in Balata Refugee Camp in East Nablus and in a small village between Central Jordan Valley and Aqraba. The interviewed volunteers were recruited during visits to the open clinic and via email sent by the director of the mobile clinic. Duration of interviews ranged from 20 minutes to 90 minutes. The inclusion criteria were to be a nurse or a doctor and a present or previous volunteer at the mobile clinic. The interviews were audio recorded. During the interviews notes were written down to facilitate follow up questions. The interviews were initiated by asking a broad question about experience and motive to engage in the mobile clinic. Based on the response, further questions were posed with focus on motives to participate in the mobile clinic and reflections regarding the political aspect of the mobile clinic and PHRI, for example if one agrees with the political aspect of the organization, reactions from the family and friends and how it feels like to work at the mobile clinic.

The eight transcribed interviews were coded based on the responses of the volunteers and the categories were established in an inductive way to describe the motives and reflections of the volunteers.

A response consisted of various length of lines, between one to ten lines of text in everyday language. The first coding into meaning units remained close to the original text. Examples of such initial meaning units were "*Yes the humanitarian reason is very important for me"*. This was coded as “humanitarian” *"for me it was very important, to meet Palestinians"* was coded as “meeting Palestinians. *"I’m identifying with the political reasons, but my objectives are still the same humanitarian"* was coded as “political and humanitarian”. *"I don't think I help them very much"* was coded as little value. *"they do not rely on their doctor and this is the base I think of this PHR mobile clinic"* was coded as “Palestinians have little trust in their own doctors. The meaning units with the same code were then rewritten as condensed meaning units. The purpose of the meaning units was to shorten the meanings, still preserving the content. The condensed meaning units were divided into codes, which in the final analysis were the same as subcategories. Similar codes together created a category.

These categories were found to be as follows: motives, with subcategories/codes: to facilitate encounters between Israelis and Palestinians, humanitarian reasons, human rights and political reasons, duty, knowledge and career and feelings of guilt. Reflections, with subcategories/codes: Meeting between Israelis and Palestinians, The value of medical assistance, and Advocacy work within PHRI. In the analysis two researchers collaborated to create the final categories (39).

Results

The quotes on the text have been simplified or/and assembled with preservation of the message, to improve understanding and interpretation. One person could have contributed to many quotes in one category and be quoted in all different categories.

Motives

1. Facilitate encounters between Israelis and Palestinians:

Volunteers expressed how they felt that it is important for Israelis and Palestinians to meet and interact. The meeting is a "*way to work for peace*" and create a vision of "*coexistence*".

2. Humanitarian reasons:

Humanitarian values can serve as a motive to work at the mobile clinic. The participants expressed a wish to help others in need and "*contribute*" with one's "*knowledge as a doctor*" or nurse. Volunteers could express that their main motive to participate in the mobile clinic was for humanitarian reasons, while still agreeing with PHRI's political goals.

3. Human rights and political reasons:

Interviewees expressed the support of human rights and/or a method of applying pressure on the Israeli government as a motive for working at the mobile clinic. They declared a motive to participate in the work "*to ensure the right to health for everyone*" and were of the opinion

that everybody has a right to health and healthcare. Volunteers could also participate due to the “continued occupation” and an unacceptable political situation.

4. Duty:

A sense of moral obligation was one motive for working at the mobile clinic. One of them were expressed as the feeling of needing to pay one´s “*dues to the community*” or fulfill a “*duty*”, because of what happened to their family during the Holocaust.

Volunteers also felt that participation in the mobile clinic makes them get even more involved in the work and the situations of the patients, giving a stronger feeling of duty and responsibility.

5. Knowledge and career:

The motives for volunteering at the mobile clinic had a wide range in this subcategory and were:

-to gain knowledge and experience

- develop professionally

- add references for future career advancement

- medical and psychological development

- learning about other cultures

- improvement of spoken English or “an opportunity to understand the Palestinian narrative”.

6. Feelings:

The emotional motives for volunteering at the mobile clinic were portrayed as positive enhancement and/or reduction of negative ones. These positive feelings were described as enjoyment to be able to help others, and to feel wanted and desired. Other feelings, such as “*guilt of having a good life*”, feeling responsible for human suffering, “*anger over what is not being done*” and wanting to do something to be able to sleep at night were examples of feelings that drove the interviewees’ motivation.

Reflections

1. Meeting between Israelis and Palestinians

Working with medical aid at the mobile clinic is one way to facilitate encounters between Israelis and Palestinians, a chance to meet each other and speak as a method to work toward peace. It is expressed that for Israelis there are not many opportunities to meet Palestinians from the West Bank. To meet in a medical context is “*effective because of the close personal contact”*, to try to understand and to listen to each other. The Israeli interviewees express it as an opportunity to show that not all Israelis are “bad” or “carry weapons”.

There are different opinions as to what patients want from the mobile clinic; to get help with medical issues or “*get medicine, free of charge”* and different ways how they feel towards the Israeli volunteers. One guess is that the Palestinian patients expect the Israeli doctors to be

superior to the local ones and that Israelis might have different and better "*miraculous medicines*" and treatments.

Other concerns are about one´s safety while working at the mobile clinic; expressed feelings of never being afraid, to sense the protection of the group and knowing the Palestinians appreciate their work. However, other reactions were a fear to be "*in serious danger"* if one by mistake would be left alone in the West Bank while the rest of the group left. There are ideas about the work being dangerous because of the Palestinians "*hate*" towards Israelis.

Thoughts were expressed regarding how Palestinian patients care for their health. One can understand, through this meeting, that they are "*medically different*" from Israeli patients and have a different attitude towards medicine and "*different needs"*. One opinion suggests that the Palestinian patients do not care for their health and have low compliance regarding medication. In addition, informants suggested that other colleagues might not participate at the mobile clinic for sincere reasons, that some want to be" *known as philanthropists"*.

2. The value of medical assistance.

Comments on the value of the mobile clinic suggest a variety of divergent opinions. Some conclusions the volunteers had suggests that medical aid does not provide great value, they are not doing anything that local doctors could not do. It was remarked that many of the local doctors studied at universities in "*European countries such as Russia and England*", or simply that the disease the patient seeks care for is more common in the West Bank and the local doctors know better how to treat it.

It is described that the scope of medical intervention is too limited, that there is a lack of continuity and that volunteers have insufficient information about the local health care system or the area they visit. One example given was lack of knowledge on where to refer people for further treatment or investigation. This also affects the perception of how volunteers value their work. One idea is that other ways of working might be more effective, such as methods like "*education and lectures*" to prevent common smoke related diseases.

Other comments were that the work at the mobile clinic is in opposition of the goals of PHRI: that they are doing the job the Israeli government should have responsibility for. To oppose and put pressure on the state and "*demonstrate for the right to health"* as *"the solution has to be political"*. That the medical assistance they are doing will never be enough, that it is like cleaning the stairs, starting from below.

There are opinions that the medical aid can be of great value as there is limited access to medical centers on the West Bank and the mobile clinic has the possibility of providing access to free medicines. There is also a possibility of helping patients reach Israeli hospitals to get care for serious conditions which maybe would not be treated if it were not for the volunteers at the mobile clinic: "*certain medicines, treatments and medical equipment are unavailable in the West Bank*". There are considerations regarding the Palestinians and their healthcare system: "*they don't have healthcare, ambulances, nurses, or doctors that have time for them, neither good food nor medicine, they don't have anything*". Some comments suggest that from the patient's behavior it is possible to detect some symptoms of poverty and signs of living in hard conditions ; "*they want everything they can put their hands on"* and when something is given for free "*there is a chance that might never present itself again*", "*they are always searching for ways to survive, with no possibilities to enjoy life"*.

Regardless if the medical work is of value or not, it is suggested that it can have a different purpose, as "*a chance to meet and talk"* and for Israeli doctors to have the opportunity to comment how good the local doctors are "*for reassurance",* and the importance of showing that Israeli healthcare workers are not better than the Palestinian ones.

3. Advocacy work within PHRI.

There are several opinions among the volunteers concerning the political advocacy work of PHRI. There were opinions among the interviewees claiming that the medical aid PHRI provides in the West Bank is political; it cannot be exclusively humanitarian due to the political context, to "*enter the West Bank is a political statement*", and to participate in the mobile clinic one "*needs to have a certain political opinion*". The political advocacy work within PHRI was one view presented. It was suggested that the political situation is too complicated for a small organization to deal with, that "*politics ruins everything*". A wish not to be part of anything political is one among existing opinion. Other ideas about the volunteers' own position regarding PHRI´s political orientation was that one can have humanitarian reasons to participate, not wanting to be involved in the political advocacy work, but still agree and identify with PHRI´s political orientation. Remarks were made of the connection between the political situation between Israel and Palestine and its effect on the health of the Palestinians in the West Bank. Further views concerning the mix of humanitarian assistance and political work were those that claimed it to be a "*good, effective combination*", highlighting the strength to use different methods to confront a problem, this as

well as thoughts about the importance of being aware of the political situation as a volunteer at the mobile clinic even if it is possible to participate for mainly humanitarian reasons.

That the political work within PHRI makes the organization less popular among Israelis was a view among the volunteers; "*people do not believe in the political perspectives of PHRI*" and the vast majority of Israelis don't identify with the organization´s ideas. "*This can make it hard to recruit volunteers*". In line with this, there were statements about not wanting to tell people about one´s participation in the mobile clinic: that only the closest family and friends know, never mentioning it at work or in public due to fear of being confronted with hard critique and to create a bad atmosphere at one´s job. It is also suggested that within the volunteer group it is not common to talk about politics, that people have "*different reasons to be at the mobile clinic. Some might be much more extreme than others*". If there are discussions about politics, they are superficial. It was mentioned that there are no right-wing people participating in the mobile clinic, and that the participants have different "politically middle" and left-wing ideologies. But it was mentioned that there have been discussions about politics where people have become very angry when some have "*expressed certain opinions*".

Discussion

I will discuss the results of the study by comparing to previous studies of PHRI and other similar organizations, in light of Levinas' theory of how ethics and feelings of obligation arise, how the informants' reflections can be seen as their concerns similar to those Frantz Fanon described in his works on colonial medicine, how the communication between

volunteers and patients can be understood from the concepts transference and countertransference, how the categories developed in my analysis corresponds to those used in a previously published questionnaire on volunteers' thought and, lastly, I will suggest how further interviews with volunteers at the PHRI mobile clinic can deepen the understanding of volunteer participation.

In summary, our analysis shows there is a pervading importance for volunteers participating in the mobile clinic is to create a meeting between Israelis and Palestinians, their motives are humanitarian, to contribute with one's medical skills, a moral obligation to help others in need and further participate in PHRI´s goals to work for the right to health. There are also motives regarding one's career and enhancement of positive and reduction of negative feelings. The volunteers can doubt the medical value and the effect of their services, share PHRI advocacy cause about the right to health despite one's own reluctance to take part in political discussions.

Previous studies of PHRI and similar organizations

Earlier studies about volunteer work in political organizations show there are motives similar to our findings, humanitarian as a desire to help others, learning about other cultures, the legacy of the Holocaust and political commitment (35). One motive in or study that was not mentioned in the article about MediBüro was the reduction of negative feelings. The earlier studies from PHRI have shown Jewish collective memory, opposing the state (22), and the desire to save lives as motives to volunteer at the open clinic (19), these match our findings, as we have also found new ones. The studies from MediBüro and PHRI have shown some

similar reflections compared to our findings about the work in terms of the value, for example concerns that the mobile clinic may work against the purpose, of PHRI, doing the job the state should do (22, 25). There is congruence between PHRIs goals and cause compared to the volunteer's motive and reflections in term of the right to health and policy change. But there are also incongruent opinions about political advocacy work as it is argued that this type of work is too big for a small organization. Among the volunteers there is doubt about the value of the medical work: in contrast one motive to participate is humanitarian reasons, while another one is that the meeting between Israelis and Palestinians is the main purpose of the mobile clinic. Earlier studies within PHRI have shown there are similar findings among their staff and board-members regarding the mandate of the mobile clinic, the division of opinions where some see it as humanitarian assistance and others as a political statement. Earlier studies have suggested the mobile clinic as an eyeopener for the volunteers to realize the connection between the political situation and health and to overcome prejudices about the Palestinians. Our findings suggest there are views regarding health and its connection to the political situation among the volunteers. But the volunteers we interviewed did not mention overcoming prejudice against the Palestinians. Rather, the mobile clinics were seen as an opportunity for Palestinians to overcome prejudice against Israelis. Earlier studies have addressed bearing witness, expressing solidarity, documenting health rights violations and speaking out in media as goals of PHRI (19), this was not mentioned as a motive or other reflection in our findings.

Contradictions:

The volunteers sometimes express themselves in terms that may appear contradictory. One person may cite the importance of the humanitarian aspect and refer to this part as “listening to them [the Palestinians] and establishing contact.” That same person may express a dislike for participating in something political, believing that politics ruins everything, and subsequently expresses agreement with PHRI´s politics and methods. One the same person can doubt the value of the medical work the mobile clinic is doing and state his or her main motive to participate as humanitarian and a desire to help others. Perhaps we researchers and the volunteers have different definitions of humanitarian work, political work and human rights? This question should be further elucidated.

Emmanuel Levinas` theory

That volunteer doctors and nurses want to volunteer at the mobile clinic could be explained by Levina´s theory referred to in Jos V.M Welie´s article that only by meeting another human a moral obligation can be created. The moral obligation origins from a situation, not a rule, meaning it is when I see the face of a suffering human, I will be aware that I ought to assist this person. In contrast to this, as health care today can be organized, a contract between two strangers living in different moral worlds with obligations to each other is valid only when a contract is signed (40). *“Once you get really involved in this kind of work, it is really hard not to get involved in such actions.”* This quote from a volunteer expresses this theory.

Frantz Fanons` theory about colonial medicine.

The perception among volunteers that Palestinians in the West Bank are coming to the mobile clinic and expect the foreign doctors to be superior, as volunteers themselves can have the

opinion that local doctors are equal or could even treat the patient better, can be seen as an example of how in an occupied population ideas thrive about the colonizer´s superiority. Frantz Fanon, a French-Algerian psychiatrist described this phenomenon in his work (41) (42).

All kinds of assistance operations induce inequalities regarding living conditions and rights. For PHRI, as for other non-governmental organizations, there is another important inequality. As Israeli volunteers may travel freely to the West Bank and the rest of the world, most Palestinians who reside in the West Bank do not have the opportunity to visit Israel to explore and make their own opinion about the value of Israeli culture. This applies also to Palestinian health care professionals.

Fanon`s statements can be characterized as expressions of intersubjective models of interaction. The same holds for the following model, proposed by psychoanalytical theorists.

Transference and countertransference

A meeting in a situation defined by social inequalities and where critical questions regarding life is to be determined, the interaction between a patient and a caregiver, for example a doctor, can be understood using the classical psychoanalytic model about transference and countertransference. According to the model, a distorted interaction can arise when the patient projects his/her vulnerability at the caregiver, as vulnerable people unconsciously can burden others with their emotions. This can evoke feelings and reactions in the caregiver according to the patient's expectations. Some volunteers feel that the Palestinian healthcare system is inadequate with poor access to doctors and a shortage of medications. Some consider the

Palestinian doctors to be well trained and see no reason for patients to come to the mobile clinic for second opinions; others seem to feel that patients come to the mobile clinic to get free medications. When patients treat doctors as though the doctors are superior and some kind of saviors (transference), the action may represent a way for patients to communicate their needs. This potentially creates a response by the doctor in accordance with patient expectations (countertransference) and may awaken ego-dystonic feelings and thoughts in the doctor. Reacting with unfamiliar feelings can make the medical work difficult. Such a process can more readily be identified when patient expectations are incongruous with the personality and role expectations of the doctor. Perhaps some doctors assume the role of savior, viewing Palestinians as poor and helpless. Through lack of continuity, a solution is hampered by this distorted interaction. At best it can help doctors to recognize the potential of their local colleagues to deal with patients and when doctors identify their feelings as transference from the patient. By recognizing transference, we gain a deeper understanding of what patients want and expect. This may be helpful for clinical management. Understanding the concept of countertransference and reflection between colleagues can foster selfreflection and a thoughtful response, rather than emotional reactions (43, 44).

Motives and Volunteer functions Inventory

We suggest that it is possible to divide the motives we found according to the Volunteer functions Inventory (VFI). VFI has become the standard instrument to explore volunteer motivations. It is widely used, and it applies to various settings. The VFI is designed as a 30 item-questionnaire divided into six scales. The questions are arranged to be scored from 1 to

seven, from totally agreeing to totally disagreeing. As it is possible to score one's motivations it can be discovered which type of motive is the most accurate for one person. As we have not asked our participants with this inventory in mind, we cannot say which motive would score highest. This is further to be investigated. Earlier research shows that the values factor gets the highest score in many studies (45). The Volunteer Functions Inventory includes the following measures: *values, understanding, social, career, protective and enhancement*. *Values* refer to the expression of values related to altruistic and humanitarian concerns such as helping those less fortunate. *Understanding* means motivations oriented to acquiring and/or improving knowledge, skills, experiences. *Social* motivations are related to what are called social adjustment and adaptation functions. One example: volunteering allows the person to strengthen his or her social relationships. *Career* motivation refers to enhancing knowledge in a specific area related to professional and academic development. *Protective* motivations are oriented to protecting the *ego* or escaping from problems. For example, reducing negative feelings such as guilt. *Enhancement* motivations are centered on self-knowledge, self-development and, in general, feeling better about oneself (37, 45).

Further questions

Several aspects of the issue in this project remain unanswered or insufficiently analyzed. Through further interviews we hope to better understand how PHRI´s political orientation is interpreted and applied by volunteers at the mobile clinic, how volunteers perceive their contribution as citizens of Israel and how they experience their own participation in terms of professional and personal identity, and how this participation can affect the relation to relatives and colleagues.

Strengths and limitations of the method used and how the method has been applied

The possibility to compile motives and reflections about medical aid of this type cannot be collected in other ways than through individual interviews, focus group interviews or chat forums on internet. The risk for personal violation is believed to be least in personal interviews compared with other forms of collecting data.

The interviewers own pre-understanding of how volunteers think and feel can have limited the possibility to discover new aspects of the research question. But, at the same time, this pre-understanding has made it easier to ask relevant deepening questions.

One factor that increases the reliability of the study is that two researchers read the interviews and together discussed the coding and categories.

The participating volunteers have chosen the place for the interview, contributing to their feeling of comfort and security. Despite the limited number of participants, we have interviewed volunteers, women and men, with different ages and specialties with various lengths of service at the PHRI mobile clinic. Since neither the interviewer nor the informants have English as their mother tongue, some nuances in the interviews might have been overlooked.

PHRI`s activities are unique regarding the fact that volunteers travel from a country where the government in some ways looks the country receiving assistance as an enemy. The organization which the volunteers work for argues that the need of medical assistance originates from a political situation the assisting country is highly involved in. This can be

regarded as unique for medical aid. An argument for transferability is that the study explores reflections and opinions from doctors and nurses who contribute with their medical knowledge to help people that do not get their need of health care fulfilled. This is like medical humanitarianism in general.

Conclusion:

A political organization working with medical assistance can host volunteers with a broad spectrum of motives to participate. In our analysis, six different categories of motives were created. These are:

- to facilitate encounters between Israelis and Palestinians

- humanitarian reasons

- human rights and political reasons

-duty

- knowledge and career

- feelings of guilt.

There were different views regarding the value of the medical assistance; both low value and high value and valuable in other ways than the medical outcome. There were also different views on how the participants perceive their own contribution; purely humanitarian, political or a mix between the two. Various opinions were expressed regarding the political orientation of the organization. One view was that it is a good and effective way of working to combine

humanitarian and political work, but that the political orientation makes the organization less popular among the general population in Israel.

It is expected that this study can be of value to PHRI volunteers as well as to physicians and nurses in similar European organizations with a political agenda providing medical assistance to underserved groups of people. Hopefully, the study can lead to an increased self-understanding among PHRI and other volunteers.

Populärvetenskaplig sammanfattning

Läkare och sjuksköterskor på den mobila kliniken som drivs av organisationen Physicians for Human Rights Israel, en intervjustudie.

Icke-statligt styrda organisationer (NGO:s) står för en stor del av det medicinska hjälparbetet runt om i världen i länder vars folk plågas av fattigdom, naturkatastrofer, krig eller väpnade konflikter. Konflikten Israel/Palestina har fortgått allt sedan FN beslutade att en judisk stat skulle upprättas i det muslimska brittiska mandatet Palestina. Israel utropades 1948, sedan 1967 har den Palestinska Västbanken ockuperats av israel. Västbanken är ett mycket fattigare område än Israel. Befolkningen där har sämre hälsa, lägre livslängd samt sämre tillgång till sjukvård och mediciner jämfört med sina grannar israelerna. Medicinskt hjälparbete står för en stor del av sjukvården på Västbanken.

Physicians for Human Right Israel (PHRI) är en organisation som jobbar med medicinskt hjälparbete på Västbanken, i Gaza och i Israel. Organisationen, till skillnad från många andra NGO:s, bedriver också politiskt påtryckningsarbete för att få israeliska staten och samhället att reagera på det humanitära läget i området, och för att få ockupationen att upphöra. Vi har

intervjuat läkare och sjuksköterskor som deltar i PHRI:s hjälparbete om deras motiv och reflektioner angående sitt engagemang. Vi har kommit fram till att man kan ha många olika anledningar till att delta, till exempel att vilja hjälpa andra, motsätta sig israeliska statens politik, skapa ett möte mellan israeler och palestinier och minska sin egen känsla av skuld. Det finns åsikter inom gruppen om skapandet av mötet israeler och palestinier emellan är viktigt, ibland viktigare än själva hjälparbetet. Dock kan israelisk sjukvårdspersonal uppleva att patienterna på Västbanken förväntar sig att de ska vara mycket duktigare än de lokala läkarna och sjuksköterskorna. Det finns tankar om att värdet på hjälparbetet inte är så högt då det inte finns möjlighet till uppföljning och det finns för lite kunskaper om den lokala sjukvården. Andra funderingar handlar om att för att få till en riktig lösning så krävs det politiska åtgärder och att det kanske borde ligga mer fokus på påtryckningsarbete. Andra åsikter är att det är ett ”politiskt ställningstagande” att delta i hjälparbetet på Västbanken, även om man är där av humanitära skäl. Det finns tankar om att blanda medicinskt hjälparbete och politiskt påtryckningsarbete är en bra strategi för att nå ett mål, även fast PHRI:s politiska orientering gör organisationen mindre populär bland den generella befolkningen i Israel.

Det finns en motsättning inom gruppen där det hävdas att man deltar för att hjälpa andra, samtidigt som man inte nödvändigtvis ser ett så stort värde i det medicinska arbete man utför. Upplevelser av att patienter förväntar sig underverk av volontärerna kan vara svåra att hantera och man kan lätt ta på sig roller och reagera på sätt som är främmande för en själv. Dessa nya upplevelser i samband med en ojämlik relation mellan patient och läkare kan försvåra ens arbete, dock kan reflektion hjälpa en känna igen dessa situationer och ge en möjlighet att reagera och interagera med patienten på ett genomtänkt sätt. Vi hoppas att vår studie kan ge djupare insikt om volontärers motiv och reflektioner om att jobba i en humanitär-politisk

hjälporganisation samt inspirera vårdpersonal som jobbar med medicinskt hjälparbete att reflektera över mötet med sina patienter.

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Conflict of interest

The researchers have no economic nor any other affiliation to Physicians for Human Rights Israel, the Palestinian Authority or to the government of Israel. The naming of geographical areas as well as political and governmental institutions adheres to the terminology used by the Swedish government.

Glossary

Definitions: humanitarian assistance, human rights, advocacy and activism

Humanitarian assistance: The purpose of humanitarian assistance is to save lives, alleviate suffering and maintain human dignity in crisis-affected populations. Humanitarian assistance must be provided in accordance with the basic humanitarian principles of humanity, impartiality and neutrality (46, 47).

Humanity: “Human suffering must be addressed wherever it is found, with particular attention to the most vulnerable in the population, such as children, women and the elderly. The dignity and rights of all victims must be respected and protected”.

Neutrality: “Humanitarian assistance must be provided without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature”.

Impartiality: “Humanitarian assistance must be provided without discriminating as to ethnic origin, gender, nationality, political opinions, race or religion. Relief of the suffering must be guided solely by needs and priority must be given to the most urgent cases of distress”. Quotes are taken from Glossary of humanitarian terms written by World Health Organization from 2008 (47).

Human rights: All human rights derive from the fundamental dignity and worth of the human person. According to the concept of human rights every human being is entitled to enjoy his or her human rights without discrimination as to gender, sexual orientation, political

or other opinion, nationality, ethnicity, language, religion, or any other status. These rights are grouped according to civil, social, economic, cultural and political rights. (47, 48)

Advocacy: Advocacy refers to public support for an idea, plan or way of doing something (49). It can be described as a systematic attempt to affect legislation by influencing the views of policy-makers at the local or state level (50). In the domain of humanitarian aid, it refers to a broad range of efforts to promote respect for humanitarian principles and law with the goal of influencing political authorities such as governments, non-state actors or insurgent groups (47).

Activism:

According to the Cambridge dictionary, activism is "the use of direct and noticeable action to achieve a result, usually a political or social one" (51).

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