



and provides the user with a macro view of the country highlighting the least serviced areas. As the user zooms into a selected area of interest, increasing layers of data become available, from health districts to subdistricts, going right down to road and river information at the micro level. Health facilities and schools can be displayed on the map, at the required level of detail and information obtained on each data-point, for example name. Population data can also be added at an enumerator area level, allowing the user to determine the number of people living in the area of interest. Straight line distances between features can be calculated as can user-defined catchment areas around facilities. A further useful function is the search option, which allows users to search for health facilities, schools and places by name and locate these on the map. Maps can be printed at any level of detail with a user-defined title.

Additional 2001 population data useful to health researchers will be made available at the sub-place level and also by means of a series of pre-defined catchment areas around health facilities, indicating the number of people living within set distances.

This application will be developed in an ongoing manner to meet end user requirements and any comments and feedback on data and functionality are therefore welcome.

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The medical situation in Palestine

To the Editor: It is clear from a previous letter to the editor entitled 'Israel, Iraq, Zimbabwe — should we care?' by Waner *et al.*¹ that certain medical professionals have compromised their medical ethics and humanitarianism as they allow their political views to cloud their judgement concerning the medical conditions in occupied Palestine.

It is appalling that these people fail to mention the blatant disregard that the Israeli Defence Force (IDF) displays for medical ethics and neutrality, considering that there have been over 231 reports to date of Palestinian ambulances being fired on and their personnel being killed as a result.

International aid organisations, the International Committee of the Red Cross (ICRC) as well as Médecins Sans Frontières (MSF) have come out in strong condemnation of the IDF for its denial of the international human right to free access to patients, as personnel are constantly harassed and detained by the military at checkpoints for no apparent reason. The ICRC has even had to limit its activities in the West Bank area as a result of threats to staff and attacks on vehicles and officers.

MSF has in addition introduced medico-psychological services for Palestinian families and reports on the shocking psychological condition and feeling of hopelessness experienced by Palestinians exposed to violence and brutality from the IDF.

It is also of particular concern that IDF soldiers at checkpoints refuse to allow critically injured, terminally ill and even pregnant women passage to hospital. This has resulted in countless deaths which could have been prevented had the IDF followed international protocol and of course common sense. Head of the Palestinian Medical Relief Services, Dr Mustapha Barghouti, has highlighted the plight of medical personnel in their inability to bring medicines into besieged areas, as well as a shortage of many important medicines.

The medical situation in occupied Palestine can only be described as critical and on the brink of an impending health crisis. Brutality on the part of the IDF, the closure of Palestinian territories and attacks on medical personnel and ambulances have paralysed the Palestinian health care services and can only be described as cruel and barbaric. A far cry from the euphoric and false view posed by some of our misinformed colleagues.

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1. Waner S, Miller J, Cohen MD, Pollon J. Israel, Iraq, Zimbabwe — should we care? (Briewe). *S Afr Med J* 2003; **93**: 634 - 636.