

A Quest for Justice

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Where It All Began

Since everything begins with place, this is where I start. If a man's character is his fate, then who I am, the choices I have made, the risks I have taken, the values I have defended: all can be traced back to my childhood experiences growing up in Gaza surrounded by a gentle and generous father, an adoring mother and five adoring sisters. Their love gave me a deep and abiding sense of worthiness and belonging.

Over the course of my life, it is this sense of emotional and psychological security that has made it possible for me to speak up and speak back when others tell me to keep silent, to challenge conventional thinking and propose new solutions when the majority view dismisses my views as utopian, to demand justice for the outcast when the world says the time for moral reckoning has long since passed.

Courage; stubbornness; moral vanity: call it what you want, but I have it in abundance, thanks to the unconditional caring I received within the family circle. These qualities I have drawn upon in situations of crisis, whether being imprisoned and beaten by Arafat's security forces, expelled from work or barred from travel by Israelis authorities, or facing my own personal struggles with illness and mortality.

The physical setting of Gaza also exerted a profound influence on my temperament and sensibility. Even now, Gaza remains for me an enchanted place, no matter the still unrepaired damage inflicted by Cast Lead, (the euphemistic code name for the 2008 Israeli massacre), and the poverty and despair of an ongoing siege that has pushed one and half million people to the brink of survival.

Gazing out at the Mediterranean, I recall my childhood, when I looked across the water and thought about people and cultures on far shores, and how much there was to discover and share. I believe that Gaza's historical identity, despite being under threat from within and without, is still one of openness to the world, of exchange, of interdependence. I absorbed this generosity of spirit, this delight in all types of reciprocal relationships. And throughout my career, with this spirit as my guide, I have tried to act bridge and interpreter, whether between the mentally ill and the community at large, between Gaza and the outside world, or between Gazans themselves, now split apart by factional disputes.

The Beauty of the Complex

I reject the concept of purity, be it ideological or religious. It strikes me as toxic, as the precursor to murderous fantasies, whether of Nazism, right wing Zionism, and Islamic fundamentalism. I prefer what is hybrid and commingled. And so in the faces of Gazans, I find the beautiful imprint of all the many groups that have come this way: blue green eyes of the Afghan, red hair of the crusaders, the Egyptian skin and high cheek bones of the Omani. This physical mixture symbolizes the strength of Gaza and the promise of its future.

I think it was my attraction to diversity and complexity that led me to become a psychiatrist. While the path was full of twists and turns, it seems in retrospect that the work I wound up doing was the work that best fit my wish to know many things, to embrace multiplicity, and to move back and forth across borders of both geography and professional discipline.

Coming of age in Gaza, I swam, played, and read books. I had vague day dreams about becoming an artist and or being a farmer surrounded by greenery. But this was all musing rather than focused ambition. I certainly do not recall any unusual degree of altruistic concern about the welfare of others. I drifted into medicine to please my mother. At the University of Alexandria, less of my time was spent studying in the library than in walking along the undulating Corniche from Fort Qaitbey to Montazah, or sitting in crowded cafes with my friends, a multi-national mix of Palestinians, Egyptians, Syrians, and others.

Here, we spoke about politics: the shining example of Nasser and the rise of the pan-Arabic movement; the nature of socialism and whether and how its principles might be applied the region; and always of course, the struggle to liberate my homeland from Zionism, and how this struggle could most effectively be waged.

I am not now, and was not then, a hard-core, disciplined revolutionary willing to sacrifice myself, and others, at the altar of some abstract, other worldly cause. I am too much of a rationalist, and too much of a pacifist. I love life, and my ideology, to the extent I have one, is to create the conditions where people everywhere have access to the bounty that should belong to all. I will fight against injustice to make this happen, but my goal is improve the here and now rather than to prepare for the hereafter.

But though far from a zealous militant, I was extremely effective as an organizer and recruiter, and it was this role that I played as president of the Palestinian student union in Alexandria. I love people and I am lucky to have always been rewarded with their love. Charisma; charm; magnetism: whatever you call it, I have the capacity to attract and persuade others. I traveled to Yugoslavia. Iraq, Lebanon, Turkey, all of Egypt, and Jerusalem, spreading the word and honing my skills of a communicator.

But real life can be cruel. My roommate, a brilliant, physically awkward, and deeply eccentric medical student who studied by flashlight under his bed, fell into depression. Tormented by loneliness and his unfulfilled desire for a woman's love, he took a knife and stabbed himself in the heart. His death shocked me. I was brought face to face with the delicate and mysterious workings of human feeling and behavior. And I was spurred on to delve deeper.

Medicine as Art

So it was that I took my leave from medicine as bio-mechanics. I was bored by rote learning. I didn't believe that memorizing Latin names would make me a competent and creative healer. I was interested in people, in all of their complexity, and in all of their frailty. I wanted to learn medicine as an art form, as a therapy that might in the future help me make life more bearable for my patients so that others might be spared the choice made by my friend.

Restless, I asked my faculty advisor for advice. He suggested I study psychiatry and arranged an internship placement at a mental hospital in Alexandria. The experience was a turning point in my own development. For the first time, I was exposed to a regime of institutionalized inequality in which one group (doctors and nurses) treated those under their supposed care with a brutal indifference. Patients crying out for sympathy and attention were kept in crowded rooms with bunk beds and bad food thrown at them like dogs. Staff acted like robots. It was clear they felt their jobs lacked status and that they took no pride in their work, which they regarded as simply custodial. And it shocked me how easily basic human rights could be denied within this structure of therapeutic domination. It was a cry for justice.

In 1971, I completed my university education and returned to Gaza as a doctor. I asked to work in psychiatry but there was no such facility. I joined al Shifa hospital and worked for some time in internal medicine before moving to the pediatric department, where I spent a year, and where I discovered a gift for treating children and earning their trust. I have always felt an instinctive sympathy for children because they are often ignored and silenced, simply because of their age. I admire their life force, their humor, and their playfulness. They are natural rebels and bon-vivants.

Beginning my Specialty

In 1972, I transferred to Bethlehem and began my training as a psychiatrist under the supervision of the hospital director, Dr. Mohammad Sayeed Kamal. Most of the people suffered from major mental illness. Generally, they received decent treatment. There was a big garden available for them. Overall, I was pleased with the experience there because I learned many clinical skills. But the setting was still an asylum; patients still remained segregated and isolated from the outside community; the care they received still represented a form of despotism, no matter how humane.

A year later, I left Bethlehem for London's Maudsley hospital to take up psychiatry on a WHO scholarship, which was organized for me by Dr. Kamal. It was a new world, not only because everyone spoke English but because the method of instruction, and the expectations of students, were so different. I failed utterly when I decided to take the science examination as the first part of the diploma. My answers, the teacher told me, were not so much technically wrong as and devoid of personal insight and conviction. I had relied too much on regurgitating the textbook and not enough on my own experiences and ideas. This was a powerful lesson, one which I took to heart during the rest of training.

I stayed for three years before moving on to Barnet Hospital in north London where I worked for a further two years. Here, there were efforts underway to pioneer a new experimental model of psychiatric treatment organized around principles of the therapeutic community. We reached out to families and explained to them the vital role they played as part of an overall system of support. We gave patients opportunities to help design their program of care, to participate in decisions that affected their lives, to regain a sense of social competence and self-worth. My time at Barnet helped crystallize what became for me a central and abiding truth, one that would form the philosophic bedrock of my practice in Gaza: the restoration of dignity and respect remains the most powerful active element in helping human beings to function fully.

Back to Gaza

I returned back home to Gaza in 1978, with an English wife, and with my head full of new concepts and experiences that I wanted to apply and adapt. Dr. Abu Ramadan, the Director of Health and an old family friend, gave me permission to start a small unit within Shifa hospital where I could begin to test out some of the family-oriented, community-based approaches I had in mind.

I was breaking ground, and it was tough going. In all of Gaza, with a population then of more than a million people, no one was responsible for mental health, and not a single trained psychiatrist specialist was practicing.

I soon discovered that trying to bring about change always threatens vested interests. I was young, brash and educated abroad; I challenged the status quo; and I made enemies, some of them powerful enough to prevent my efforts to set up a mental health clinic as part of the regular hospital.

But efforts by authority to deter or intimidate have always had the opposite effect. I dig in and fight back. And so in this instance, I refused to take no for an answer. I complained directly to the World Health Organization that my efforts to bring reform were being thwarted. And I appealed to Dr. Lasch, the chief Israeli medical officer.

In life and in history, shades of grey are closer to the truth than black and white. Now, as I look back, few today could understand how I, a Palestinian nationalist, could seek recourse from an official of an occupation regime I so passionately opposed. But thirty years ago, there were many more humane and civilized Israelis in positions of power than is the case today, when extreme militarism and chauvinism have become the norm. I still believe that some vestige of decency exists within Israeli society which can be nurtured and brought back to life; (I will refer to this issue later in my story). And I still believe that in many cases, our own worst enemies are fellow Palestinians consumed with small-mindedness, jealousy and greed.

The Israeli chief of staff was enthusiastic about my ideas and agreed to intervene. Subsequently, the Gaza administration gave me space in the eye hospital. I started with sixteen beds, ample ground, and a handful of staff that I set about training. Though there was little material and financial support, we compensated with an abundance of energy and commitment, and succeeded in creating a functioning unit with a high rate of discharge back to the community.

We also made a concerted effort to involve families as an integral part of the treatment plan. Because of a shortage of nurses, we invited mothers, brothers and sisters to stay at the hospital and help look after their relatives. In Gaza, as in the Arab world as a whole, families represent a support system with deep cultural roots and religious roots. Professional service delivery must seek to honor and strengthen this informal system, not replace it or compete with it.

Culture and Stigma

For the next seven years, I oversaw the consolidation and refinement of this innovative unit. And of equal importance, I took the lead to raise community consciousness about the nature of psychological problems. As usual, I was operating on multiple fronts. While building from the ground up, and developing a system of care that did not exist in even rudimentary form, I also had to work to overcome a huge amount of cultural ignorance that stood in the way of people accessing treatment, even if it were available.

Many Gazans believed that supernatural possession by Satan or by jinn caused someone to become 'majnoon', a blanket concept of insanity that included different types of mental illness, whether hysteria, depression, or psychosis. This explanation contributed to enormous resistance to seeking treatment. To do so labeled a person defective, with grave risks of ostracism and of injury to family and clan honor and reputation. The stigma of mental health services also threatened to damage marital prospects, increase the likelihood of separation or divorce, or provide leverage to a husband or his family seeking to obtain a second wife.

We continued to move forward and make progress. The services we provided grew in quality and quantity; more people came for help; and the stigma we sought to remove, while still there, became for many clients a less powerful deterrent.

To England, then back home again

Then in 1985, I went home and discovered that my wife was suffering from depression. I kept very busy and she was on her own, with few amenities, dealing with two small children. So I decided, for her sake and our two children, to depart Gaza. I left the unit and my private practice in the hands of my staff and returned to England. We moved to a beautiful spot in Cornwall, ideal for a family. I looked for a job as a doctor and found one in a child and family center.

In 1988, the Intifada started in Gaza. I struggled with guilt; I remained in a bucolic sanctuary in England while so many of my people were suffering.

One day, I was going to the hospital in my car and listened to a tape my brother had sent. It was songs about homesickness. I decided I must return.

Within a month of my arrival, Israeli medical colleagues visited me. They wanted to learn what life was like under the Intifada. I took them on a tour of hospitals where they saw patients, many of them young boys, whose bones had been broken by IDF soldiers as part of a policy of collective punishment.

My doctor friends were profoundly shocked. Gathered in my garden, we decided to act together to pool forces and make a difference. And so came to be Palestinian-Israeli Physicians for Human Rights. Such a collaborative alliance represented a dangerous threat to Israeli medical authorities, who more and more took to defending repression instead of upholding their Hippocratic Oath. One of the medical officials telephoned an Israeli doctor who had joined our effort and warned her that I was a PLO agent and a sexual predator. The truth is I was in opposition to the PLO as I am today. The Israeli military decided to terminate my contract.

In one form or another, a campaign of vilification and obstruction has been ongoing in response to my work with Jewish doctors and peace activists. For me, it shows how subversive the Zionist state and its security apparatus regard such partnerships.

The Gaza Community Mental Health Programme is born

In May 1998, Swedish friends invited me to go to Stockholm in conjunction with the 40th birthday of Israel. Though the event marked an anniversary that I could hardly be expected to celebrate, I went nonetheless. At one meeting, I was introduced to Dr David Henley, an American psychiatrist who had moved to Sweden years before in protest against the US war in Indo-China. Sitting in the kitchen of his house in Uppsala, we sketched plans for what would become the Gaza Community Mental Health Program. GCMHP was established in 1990 and would grow to become the single most important creative endeavor in my professional life and one of its kind in all the occupied Palestinian territories.

I was lucky to be joined with talent and enthusiasm. We began with a vision: the delivery of integrated, comprehensive, high quality professional services provided to the neediest sectors of society, and delivered through treatment techniques that were culturally appropriate and sensitive.

Our approach was to recruit and train doctors, nurses, social workers and psychologists to appreciate the etiology of the problem or illness from the perspective of the clients, their families, and the community itself. As indigenous care providers, our staff had to be intimately familiar with the local explanatory paradigm that people derived from cultural and religious traditions, and with the idioms of distress that clients used to

describe their symptoms in mostly somatic forms. Our staff had to combine this vernacular, informal knowledge with formal, evidence-based diagnostic and treatment skills. I wanted to nurture a cadre of hybrid practitioners who kept one foot in the community and one foot in the world of professional expertise.

I also wanted to GCMHP to view its mission through a wide-angle lens that focused not just on individuals and families. I believed that we should aspire to build the coping skills of the overall community, helping it develop mechanisms of resilience in the face of an oppressive Israeli occupation.

Such an ambitious and expansive agenda was at first met with incredulity and consternation. What business had a psychiatrist like me taking on issues that appeared so remote from field of my professional training? What did democracy and human rights have to do with mental health? Wasn't I spreading myself too thin? Didn't I recognize the risks of entering onto the treacherous terrain of politics? I was happy to receive the support of important intellectuals and civic leaders like Faisal Hussaini and Dr. Haidar Abdel Shafi.

I was able to attract a consortia of funders, most of them European, who understood and endorsed my conceptual framework, one that deviated from the strict medical model, one that integrated treatment, advocacy and public education, and one that gave pride of place to justice and dignity as cornerstones of mental health.

Treating ex-prisoners: breaking the cycle of violence

A program component that came to define CMHP's approach and to win for us popular recognition and trust was our therapeutic intervention targeted to ex-detainees. Israeli prisons operate as factories designed to break minds and bodies, to recruit collaborators, and to demoralize and intimidate the society as a whole. Before we began, tens of thousands of Palestinians who had suffered torture at the hands of their captors were returning home with grievous psychological wounds that family members were wholly unprepared and unequipped to heal. I believed it was imperative to organize a system to rehabilitate this population both because their trauma was so deep, and because if ignored, this trauma could exert a toxic effect on the community as a whole.

In the years ahead, we would also work closely with victims of torture inflicted by Palestinian interrogators. In jails run by the PA, and eventually by Hamas, many were subjected to gruesome cruelty, often at the hands of men who had themselves experienced similar mistreatment at the hands of the Israelis. A form of what in psychiatry is known as "repetition compulsion," this dynamic suggested to me how deeply destructive the impact of torture tends to be. Victims who are humiliated, degraded, and emasculated seek to redeem their power through identifying with the aggressor and visiting on others the same de-humanizing abuse they have endured.

(On this point: during my incarceration in 1996 for speaking out against the anti-democratic practices of Arafat and his gang, I overheard a torture session taking place in an adjacent cell. The Palestinian interrogator, apparently frustrated with the intransigence of the prisoner, began to scream commands. All the once, the words shifted from Arabic to Hebrew. It was as if a switch had been turned. The interrogator was re-living his own trauma but with identities reversed this time, he was the one to play the role of omnipotent, God-like tormenter.)

At GCMHP, we began to develop a knowledge base on best practices, consulting with centers around the world that specialized in help for torture victims, sending our staff to international conferences and training institutes, and listening to and learning from men and women in Gaza who had spent years locked up and who now tried to reintegrate back to a society that often did not want to hear their disturbingly painful stories.

Over time, GCMHP established a flagship service for ex-detainees and their families that now has become a global model. The elements we combined weave together peer-to-peer mutual support where ex-prisoners help each other; job training; skilled professional counseling at the level of the individual and the family; and rigorous research that tracks and evaluates treatment impacts and outcomes.

GCMHP established three community centers and three women affair centers throughout the Gaza strip and works closely with partners in Gaza, the West bank and Israel. We started with a handful of workers. Today, as we approach our 20th anniversary (we opened our doors on April 3, 1990), GCMHP comprises 150 staff delivering a broad spectrum services. During the last decade, GCMHP has awarded 187 diplomas to staff who have completed a two year, in-house, post-graduate degree program in community mental health.

Since the GCMHP first began, I have made it a priority to forge cross-border linkages with professionals from abroad. It has been, and continues to be, absolutely essential to bring the world to Gaza, and Gaza to the world. Towards this end, I convened a series of international conferences which attracted participants from around the globe. Titles include Peace and Mental Health, (1993); Mental Health and Human rights, (1996); Mental Health and Women, (1999); and The Siege and Mental Health, (November, 2008.).

Transitions

I left GCMHP as executive director in 2006 and transitioned to become president of the board. The Programme continues in safe hands and good health. It has established itself as the most important and influential civil society organization in Gaza. It operates through a network of offices spread across the Strip. It trains public school teachers and social workers. Since its inception, has provided clinical services to more than 12,000 patients. It carries out a range of advocacy and lobbying campaigns on human rights, (including the rights of children), gender equality, non-violence, and freedom of association for civil society organizations. It attracts a steady stream of international visitors and trainers, no matter the immense obstacles that the Israelis have put up to prevent outsiders from entering into Gaza. It engages in research and publishes its findings. It serves as an R and D lab for local social ventures, and spins them off as independent NGOs.

I am busier than ever. Beyond my continuing responsibilities with GCMHP, I write articles that appear in magazines and newspapers around the world. I give interviews to journalists. I testified before the Goldstone Commission and meet on a regular basis with representative from foreign governments and UN agencies. I give time to the reconciliation efforts as the head of the Wifaq, a credible group of intellectuals and community leaders that seeks to find common ground and promote political tolerance between the rival camps of Hamas and Fatah.

And I have started a new centre called Tida, after the medieval name for the port of Gaza. One of our aims is to recruit and nurture a new generation of articulate and democratically minded young people to represent the face of Gaza to the outside world and to speak with a voice of hope. We need a replenished and reinvigorated movement to contest the sense of fatalism that now gains ground in Gaza and the region, paralyzing the capacity for creative problem-solving, and threatening to trap us all in a vicious and endless cycle of violence. .

In 1977, Moyshe Dayan said 'the question shouldn't be what a political solution is but how we live without one. This sense of enduring, inevitable conflict is fundamental to national security discourse in Israel. In 2006, chief of staff Dan Halutz expressed the same world view: "The Intifada is part of an irresolvable and permanent conflict between Jews and Palestinians that began in 1929," he said. The task ahead was to keep the conflict "on a flame low enough for Israeli society to live and prosper within it." Today's hard right Israeli political leadership offers essentially the same counsel.

I reject such thinking as utterly misconceived and irresponsible. The current situation will allow no one, in the long run, "to live and prosper." If not extinguished, the "flame" will ignite a larger conflagration. But it can, I believe, be put out.

I have a young son, Ali, by a new wife. I am concerned about the future he will inherit, so I have a personal stake in working hard to build a decent world. It is work that keeps me focused and makes my life feel important. I am battling a serious illness, and a career in mental health has taught me helping others, struggling for peace, is the best medicine.

Let me conclude my essay with a few closing observations

The power of fear and how it can be disarmed

Fear is a drug that dulls our moral imagination and leads us into the arms of malign and destructive father figures who turn out to be clowns and thugs. This is true for us, the Palestinians, and for them, Israelis. We have both been deceived and manipulated. But the onus rests more with them than us. They made us refugees; they continue to take our land; they kill us in Gaza, the West Bank, and even in neutral places like Dubai; they have the military might and the political support of the United States and Europe.

Israel today is a warfare state that wants to fuel fanaticism and promote the primitive and destructive concept of a clash of civilizations. This is part of an effort to avoid a moral and political reckoning that will lead to a fair division of land and resources and the creation of a viable Palestinian state.

As a psychiatrist trained to deal with peoples' fears, I recognize the deep perversity of Israeli thinking and behavior. The contempt, the wish to humiliate; the depraved indifference to human life: all this strikes me as symptomatic.

Israel's fear is stimulated by right-wing demagogic politicians. But its roots are deep and extend back to the trauma of the holocaust. These fears need to be seriously and carefully addressed. They cannot be disparaged or dismissed.

Let me tell a story from my own practice. One day I was going to my clinic in downtown Gaza. There was a big crowd in the middle of the street. I could not keep driving so I parked my car and I walked the rest of the way. But I was so curious, there were so many people blocking the street, shouting and screaming. I moved through the people. It turned out they were circling around one man who had a sword and was waving it about in huge sweeping circles. Everybody was frightened, but the man was the most frightened of all.

He was defiant but deeply frightened. And he was one of my patients. I recognized him. And I sensed that they were going to kill him. Suddenly, if he lost control, they were going to jump on him and he would be beaten to death. So I worked my way through the crowd until I came face to face with him. I called him by his first name and I said, `Ahmed! ` And he said, `Dr. Eyad! ` He came and jumped on me and threw down the sword. And then I walked out with him. I risked something. But he would not have talked to just anybody. I called him by his name and then I opened my arms. He still had the sword. He could have killed me.

What does this story teach? First, that we have to be willing to take risks if we want to disarm fear. Second, that our approach must be gentle but deliberate. And third, we have to understand that panic is painful, and that if given a chance, most people, even those suffering from a mental disorder, will choose to surrender their fear.

When dealing with Israelis, Palestinians have too often acted in ways that re-arm rather than disarm fear, have too often used rhetoric which is crude and tendentious, which vilifies or threatens a whole people. This is ugly; it is also politically stupid.

I have worked with Jews in Israel, in the US, the UK, and in every European country; they have been crucial allies; and their participation in the struggle for justice remains vital to the prospects for a decent future. We must find common ground with them, and from this place of unity, extend our message of co-existence based on mutual recognition of each other's rights.

We need the Israelis; and despite the current collapse of the peace camp, I continue to have faith that a country so rich in human resources will eventually produce a new generation with the vision and values of the Jewish colleagues with whom I have joined on some many campaigns.

I remember being on a speaking tour in Canada with Ruchama Marton, an Israeli doctor. Our subject was human rights. A right wing zealot jumped up in the middle of our talk and demanded to know how she could be standing side by side with a Palestinian terrorist. A remarkable woman and steadfast friend, she proceeded to give him a history lesson.

She recalled her experience as a young IDF conscript serving in the Negev during the 1967 war. A group of thirty or so exhausted, dehydrated Egyptian soldiers approached the Israel position, their hands raised in surrender. To her horror, the commanding officer gave orders to the machine gunner to open fire. All were massacred. "That's why I am here tonight with Eyad," she said. "I witnessed a crime, and I am determined to do everything I can to make sure that crime is not repeated."

We must embrace and honor people like this and find a way to build a solidarity movement in which all everyone concerned with justice can participate. Look at the most important figures engaged in the international campaign to end the siege on Gaza: journalist Naomi Klein, linguist Noam Chomsky, the son of a rabbi, Norman Finkelstein, the son of holocaust survivors; Judge Richard Goldstone, denounced as a self hating Jew for his work on the UN commission.

As a Palestinian, I have been resolute in efforts to maintain linkages with Israeli human rights groups. And looking even more broadly, I seek to mobilize a global movement that bridges the gap between the west and

the Islamic world. The current tension is neither ordained nor immutable. The eminent religious scholar Karen Armstrong reminds us of the famous remark of Muhammad Abduh, Grand Mufti of Egypt (1849-1905), who said, provocatively, after a trip to Paris: "In France I saw Islam but no Muslims; in Cairo I see Muslims but no Islam." His point was that the modern European economy had created conditions of fairness and equity that came closer to the Qur'anic ideal than was possible in the pre-modern economies of the Muslim world.

Mental Health and the Rule of Law

Without the rule of law, there is the law of the jungle. When might makes right, when force decides every argument, then normal, healthy moral and social development becomes impossible. As mental health practitioners, we must work to decontaminate the toxic environment and at the same time treat those who have been exposed.

This has been my credo. And following it, I have struggled to contain the poisonous effects of unaccountable power exercised both by the Israeli occupation, by the PA, and by Hamas. We need not recite the full litany of destruction that follows as a consequence of Israeli power. Its comprehensive effect is captured in well-known terms like "sociocide" and "politicide." But the impunity and brutality of Palestinians in their relations with one another is a different matter that bears a more careful look. . We do not feel betrayed by violence inflicted on us by those we recognize as our adversary. When abuse is inflicted by our brothers, then the toll taken; goes deeper. Family relations are disrupted; we lose faith in the possibility of a collective future and a sovereign state; our capacity to mobilize a united front, a strong and coherent national movement, is undermined.

PA institutions lacked the principle of accountability and punishment; instead perpetrators of crimes were rewarded. Nepotism and corruption became endemic. The social fabric unraveled. Rival security agencies acted as competing mafia groups and recruited and armed large clans to serve as henchmen. This set the stage for the carnage of June 2007 when clashes broke out between Fateh and Hamas. The bloody spectacle left most citizens appalled. "We have become cannibals...we don't deserve a state," a taxi driver told me.

The Hamas government has restored order, but at the point of a gun and with serious and ongoing threats against civil society groups. My own role as head of the Independent Commission for Human Rights has brought into frequent contact with Hamas officials; many regard freedom of speech and freedom of association as luxuries rather than necessities. Once again, we see Palestinian political groupings mimic the anti-democratic behavior of the Israeli occupiers.

The long term sequelae are ominous. The gun has become the symbol of manhood. In the conditions of chronic poverty that drive Gaza closer to the brink, fathers have lost their respect as breadwinners. And sons in search of role models gravitate towards militant factions which represent the power and prowess fathers no longer are able to embody.

Religion and conflict

I believe that religion has been abused by both the Zionist movement and by the Islamist movement. We need to neutralize God. Religion is very important and can be a powerful source for good but becomes a dangerous weapon in the hands of zealots and opportunists. If you believe in God as a Jew, and I believe in God as a Muslim, you have to believe that God has created all humanity. I am as chosen as any Jew. But what has happened is that Jews have created their own God, and Muslims have now created their own God, and Christians have their own God. And all these Gods are fighting. God is on my side, not on yours. That is very potent. If God cannot be defeated, then I cannot be defeated. It is the last resort.

Let me tell you a story. It was 1983 when political Islamists made their first public appearance on the streets of the Gaza Strip. On my way to work, I came across hundreds of men rallying to protest the Soviet invasion of Afghanistan. They were shouting, 'Liberate Kabul!' I stopped and asked one of them, 'What happened to 'Free Jerusalem'? 'The Russian communists are kafir (infidels),' he told me. 'The Jews are people of the book.'"

A car was following slowly behind the line of marchers, as if to escort it. I peered through the window and saw a familiar face: Abu Sabri, the Israeli satrap of Gaza who as civilian governor exercised meticulous control over every aspect of local life. Yemeni-born, with the bearing and the carefully groomed goatee of an

Arab sheik, he prided himself on a subtle grasp of tensions within Palestinian society and how they could be most effectively exploited.

I saw him later at a restaurant. I warned him he was playing with fire. He was unconcerned and utterly self-confident, talking openly about plans to nurture a conservative, religiously-based opposition to the PLO and its leftist politics. 'Don't worry,' he assured me ' We know what we're doing. Everything's in hand.'"

Religion is dynamite. And people who play with it will blow themselves up and take many others with them.