



## Offline: The health of Palestinians is a global responsibility



Abid Karim/Getty Images

WHO recently published a report on the health challenges facing people living in the occupied Palestinian territory (oPt). The study, *Right to Health 2017*, notes that the Gaza Strip has been under land, sea, and air blockade for over a decade. Its health system has experienced development and suffers from shortages of essential medicines and supplies. WHO describes how patients in Gaza have faced increased restrictions on accessing care outside the Strip. In 2017, only 54% of applications from 12 153 patients were approved in time for those patients to be able to attend their hospital appointments. This approval rate was the lowest since 2012. Patients living in the West Bank who sought access to services in East Jerusalem or Israel had an 88% approval rate (for 39 834 patients). The most common reason for referral was the treatment and investigation of cancer. For patients living in the West Bank, access to services depends on location. If a patient lives in Area C—that part of the West Bank (61%) directly administered by Israel under the Oslo II Accord—planning restrictions block the construction of health facilities. Some 300 000 Palestinians live in Area C. WHO defines a “health attack” as “any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access, and delivery of curative and/or preventive health services”. WHO documented 111 health attacks against Palestinian health services in 2017, affecting 133 patients, 43 health workers, 75 ambulances, and 18 health facilities. WHO’s report concludes by emphasising the shared responsibilities for the health of Palestinian people—responsibilities that rest with Israel, the Palestinian Authority, and the international community. Gerald Rockenschaub, Head of WHO’s Country Office for the oPt, noted that this latest study “is an opportunity for us to come together, to reflect on these challenges, and to consider strategic actions to bring about meaningful improvements for the health of Palestinians”.



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At present, there is no neutral space for health professionals in the oPt, Israel, and the international community to act on WHO’s invitation. I sent WHO’s report to colleagues in Israel for their response. They prepared a reply that deserves serious consideration. They

share WHO’s “desire for Palestinians to enjoy the very highest quality health care possible”. But the security, political, and economic barriers to progress are severe. They wished WHO had more openly recognised these barriers in its report. They also wished that WHO had sought input from the Government of Israel. They drew attention to the likely contribution of political divisions among Palestinians to adverse health in the West Bank and Gaza. They were especially sensitive to the fact that “ Hamas has publicly sworn to the destruction of the State of Israel”. This hostility limits possibilities for improved collaboration between Palestinians and Israelis to advance Palestinian health. They expressed a strong desire to do more to assist in improving “the health and wellbeing of our Palestinian neighbours”. But political impediments are considerable. For example, they agreed that permits should be approved as fast as possible. But with past examples of explosives hidden in ambulances, “who can fairly blame Israeli authorities for exercising caution”, they wrote. Many Israeli medical professionals want to cooperate with their Palestinian colleagues. They wished the WHO report had called for greater collaboration between Palestinian and Israeli health workers in order to use “health as a bridge to peace”.

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The health predicament for Palestinians is inexcusable. *The Lancet* has a long-standing commitment to the health of the Palestinian people. Next year, we hold our tenth annual meeting of *The Lancet* Palestinian Health Alliance. We are also committed to working with Israeli colleagues to advance the health of Israeli citizens (eg, our Health in Israel Series, published in 2017). These two initiatives currently run parallel to one another. Is it naive to hope that one day these two streams of work might connect? The health professionals and researchers I know in the oPt and Israel are inspiring individuals who have devoted their lives and careers to protecting and strengthening the health of their communities. They want peace. They want justice. It is time to consider how we work more closely together in the common cause of healthy lives for all.

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## The health of Palestinians

I commend Richard Horton (Nov 2, p 1612)<sup>1</sup> for discussing Israeli military occupation of Palestinian land, including the siege of the Gaza Strip, and the effects this occupation has on health and access to health care. It also includes WHO data<sup>2</sup> on attacks by Israel on Palestinian health services, affecting patients, health workers, ambulances, and health facilities. Horton also includes his Israeli colleagues' response to WHO's report.<sup>2</sup>

Horton's Israeli colleagues responded in a tone that blames the victim. They emphasise their "desire for Palestinians to enjoy the very highest quality health care possible", call for "improved collaboration between Palestinians and Israelis to advance Palestinian health", and express a strong wish to improve the health and wellbeing of their Palestinian neighbours. Yet they hide behind the so-called security, political, and economic barriers to progress, which they described as severe, without explaining their origins.

These arguments will most likely fall on deaf ears, but, yet again, the main issue these colleagues need to acknowledge is the cause of death, injury, disability, ill health, and suffering largely befalling Palestinians, and some Israelis, although far from equally. The fact remains that Israel is militarily occupying Palestinian land and that this is precisely the root cause of ill health in the region.

Palestinians and Israelis are often described as equal when they are not. Israel is a military occupier of Palestinian land and is known for its many human rights violations and abuses and for actions deemed illegal by all the relevant UN conventions. This includes illegally confiscating and building Israeli colonies on Palestinian land occupied in 1967 and controlling water and other resources, which threatens Palestinian homes and communities and is gradually pushing Palestinians out of territories

acknowledged by the UN as what should be part of a Palestinian state. This is land grab. Israel is also known for its huge economic, political, and military power and superiority used to will Palestinians into subjugation instead of brokering a solution to the chronic Palestine-Israeli conflict. By contrast, Palestinians militarily occupied by Israel are enduring chronic exposure to Israeli violence (including threats to their survival) and are rightfully resisting oppression and injustice. The Palestinians are a captive population, and a people in danger.

My colleagues at Birzeit University and I have tried dialogue and collaboration, but it just does not work for structural reasons. I have tried dialogue with Israelis for at least a decade during in the 1980s and early 1990s, going from one home to another, one university to another, one public hall to another, speaking publicly with colleagues from Birzeit University, both to and with Israelis, explaining and thinking that with dialogue and collaboration, we would be able to change the mind of Israelis and help them understand that Israeli military occupation is bad for the health of both Palestinians and Israelis.

But a decade passed and nothing changed. I have reached the conclusion that as long as Israelis are benefiting from occupation, economically and otherwise, the chances are that they will continue to hide behind security situations and their intentions to improve the health and wellbeing of Palestinians, stopping short of calling for the end to occupation and for justice for Palestinians.

Some Palestinians work closely with a very small minority of Israelis who are on the side of justice. This brings me to clarify that the discourse on the Palestine-Israeli issue is problematic because sides are usually taken as either Israeli or Palestinian. In fact, sides are about being on the side of justice or not. Indeed, a minority of Israelis are on the side of justice for Palestinians, and we cooperate with such groups,

including Physicians for Human Rights Israel and other groups and individuals who work and call for an end to Israeli military occupation of Palestinian land, and are close friends at that. Some Israelis (and some Palestinians) are not on the side of justice, and we do not want any collaboration with these people. It would be like placing a plaster on an infected wound, covering up an ugly reality.

Horton's colleagues need to recognise that Palestinians do not need Israel's help to improve health, yet this seems to be their way of absolving themselves of the responsibility of standing up for truth and justice. The logic is incomprehensible: the Israeli army destroys the health system in the occupied Palestinian territory, and it bombs, shells, and shoots Palestinian civilians. Yet instead of calling for the end of onslaughts on civilians and the end of Israeli occupation and colonisation of Palestinian land, Israeli medical professionals call for collaboration to advance Palestinian health. Not only does this not make sense at all—it is insulting.

Palestinians do not want Israeli charity. What Palestinians want is freedom to reconstruct and develop our own society. Palestinians also want and deserve justice and freedom. Only then can peace be achieved.

I declare no competing interests.

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- 1 Horton R. Offline: the health of Palestinians is a global responsibility. *The Lancet* 2018; **392**: 1612.
- 2 WHO Regional Office for the Eastern Mediterranean. Right to Health: crossing barriers to access health in the occupied Palestinian territory 2017. Cairo: World Health Organization, 2018.



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