C7 – APHA Calls for Improved Health in Palestinian Occupied Territory

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II. Submitted on behalf of the following co-sponsoring sections (see APPENDIX A)
International Health Section (prime)
Medical Care
Occupational Safety and Health
Peace Caucus

With the support of these APHA leaders
Linda Rae Murray, past president, APHA
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III. Author disclosure statements
(see appendix B)

IV. Collaborating Units
No external organizations participated in the preparation of this resolution.

V. Title
APHA Calls for Improved Health in Palestinian Occupied Territory

VI. Abstract
The American Public Health Association finds the health of people living in the Palestinian occupied territory is compromised by the political, social and geographic conditions under which they live, and recommends the United States cooperate with UN agencies to bring a just and peaceful end to the Israeli/Palestinian conflict, including their calls for an end to building the separation wall, an end to the expansion of the occupation through illegal settler activity, and an end to the restriction of movement of Palestinian people across their lands. Additionally, the APHA supports the lifting of the international siege on the Gaza strip, a policy that subjects Palestinians in Gaza to extreme deprivation. Further, the APHA calls on U.S. public health agencies to support research efforts in Palestine to better document the human health problems associated with living in conditions of war and deprivation. APHA recommends financial organizations that hold retirement and investment accounts of public health workers (such as TIAA-CREF) offer an occupation-free account option. Finally, APHA also urges civil society organizations to focus their attention on the problems in the Israel/Palestine area, and help build the capacity of Palestinians to mount a non-violent response. This is a social justice policy statement based on significant health research evidence.
VII. Relationship to existing APHA policy

The APHA has a long record of advocating for unimpeded access of people everywhere to conditions that support public health and to medical care (1) even in situations of political conflict and war. The 2009 resolution on the role of public health workers in regard to war and conflict (Policy Statement #20095) provides the strongest foundation for taking a public health stand regarding the conditions of military occupation following armed conflict. Others include:

20094 Ensuring the Achievement of the Millennium Development Goals: Strengthening US Efforts to Reduce Global Poverty and Promote Public Health Alliance

20095 The Role of Public Health Practitioners, Academics and Advocates in Relation to Armed Conflict and War

200718 Opposition to US Attack on Iran

200617 Opposition to the Continuation of the War in Iraq

2002-11 Opposing war in Central Asia and the Persian Gulf

200030 Preventing Genocide

9923 Opposing war in the Middle East

8724 Opposition to Contra Aid In Nicaragua

8531 The Health Effects of Militarism

8420 The New Threat to Nicaragua and World Peace

8306 The Health Effects of United States Intervention in Nicaragua

8319 US Military Health Care Workers in El Salvador 7913 World Peace and the Military Budget

7412 Chemical and biological Methods of Warfare

7319 Lives and Safety of Public Health Colleagues in Chile

VIII. Rationale for consideration:

This policy applies APHA’s values and principles to improve the conditions that create health in the occupied Palestinian territory (Gaza, the West Bank, and East Jerusalem).
IX. Problem Statement

Leading public health institutions are increasingly recognizing that violence, including collective violence as seen in wars and armed conflicts, is an urgent public health issue. In its 2002 report on violence, the World Health Organization (WHO) emphasized that war and conflict undermine the health of individuals and societies, not only because of direct physical and psychological harm, but also secondary to deprivation, or the intentional denial of basic needs.¹

The American Public Health Association and the World Federation of Public Health Associations have also articulated the important role of public health professionals in preventing armed conflict (APHA 20095, WFPHA May 2011).

A growing body of international research finds both Palestinian and Israeli populations have suffered health effects from the ongoing conflict in the region.²⁻¹⁵ Israelis suffer directly as a result of rocket attacks fired by groups in Palestine towards Israeli citizens, as well as from living in an atmosphere of fear. Palestinian health is undermined as a result of direct violence, and also as a result of conditions resulting from the Israeli military occupation of the West Bank, Gaza and East Jerusalem.

This resolution does not focus on the broader regional conflict and its political antecedents, but attends specifically to the health of Palestinians living under military occupation. We identify opportunities to enhance the health of Palestinians by improving social, political, and material conditions in the Occupied Palestinian Territory (oPt).

Accordingly, APHA identifies several areas of concern and recommends actions to create better health in Palestine.¹⁶

Demographic and Health Conditions

The estimated number of Palestinians living in the occupied Palestinian Territory is 4.4 million, of whom around 2.7 million reside in the West Bank, 1.7 million in Gaza Strip and a quarter of a million in East Jerusalem. Almost half of these are considered refugees. Another 1.4 million Palestinians are estimated to live in Israel. Palestinians and Israeli
Jews are estimated to have roughly equal populations within historical (British Mandate) Palestine.\textsuperscript{14, 17-21}

The Palestinian territory is highly geographically fragmented, with Israeli settlements and Israeli-only roads (protected by the Israeli military) interrupting the continuity of territory. A separation wall has been built by Israel, along the West Bank, estimated to be about 440 miles long when it is complete, 80\% of which exists beyond the internationally recognized armistice line (the “Green Line”) within West Bank territory.\textsuperscript{22} Gaza is a narrow coastal strip 25 miles long and 3.5 to 7.5 miles wide.\textsuperscript{23} The CIA Factbook reports about the Gaza strip: “High population density and Israeli security controls placed on the Gaza Strip since the end of the second intifada have degraded economic conditions in this territory. Israeli-imposed border closures…have resulted in high unemployment, elevated poverty rates, and the near collapse of the private sector that had relied on export markets. The population is reliant on large-scale humanitarian assistance, led by UN agencies.”\textsuperscript{24} UNDP reports the mean years of schooling for adults is eight years, and the per capita income is below $3,000 per year.\textsuperscript{25} Life expectancy is about 73.6 years for females and 70.8 for males.\textsuperscript{26} Gaza’s population is projected to grow to an estimated 2.1 million over the next eight years. The fundamental infrastructure in electricity, water and sanitation, municipal and social services, “is struggling to keep pace with the needs of the growing population,” according to a 2012 UN report.\textsuperscript{23}

A 2009 \textit{Lancet} report indicates destruction and the Israeli refusal to allow entry of sufficient materials for building and repair have severely restricted fuel supplies and access to water and sanitation\textsuperscript{20} (although there has been recent encouraging news that perhaps these restrictions are lifting\textsuperscript{27}). The Israeli separation wall and the checkpoints prevent access to work, family, sites of worship, and health-care facilities. Poverty rates are high, and almost half of Palestinians are dependent on food aid. Social cohesion, which has kept Palestinian society intact, including the health-care system, is now strained.\textsuperscript{20} Since 2000, life for Palestinians has become much harder, more dangerous and less secure.\textsuperscript{28} Events since the \textit{Lancet} report have only made matters worse, including
Israel’s “Operation Cast Lead” invasion of Gaza in 2008/09, and the November 2012 bombardments.\textsuperscript{29,30}

\section*{Maternal and Child Health}

The \textit{Lancet} reported in 2009 that emergency obstetric care and high-quality birth attendance depends on a strengthened health system. The \textit{Lancet} noted, “basic rights of women and children to health cannot be secured through the health sector alone. A public health approach is needed that acknowledges the broad determinants of women’s health, such as security, poverty alleviation, and freedom of movement.”\textsuperscript{31}

Freedom of movement is a major impediment to the provision of obstetric care. In February 2008, the Annual Report of the United Nations High Commissioner for Human Rights reported that 69 women had given birth at Israeli checkpoints.\textsuperscript{32} Beyond this, the agency noted 13.7\% of women who were interviewed reported access to their preferred childbirth location was impeded by mobility restrictions.

A study of midwives during the invasion of Gaza in 2009 reported on the terror of attempting to deliver a pregnant woman during the shelling: “When they called me…I left my house…and found the woman in labour 8 cm dilated…I assisted her to deliver normally, on the floor, by candlelight, in a full house where there were more than 40 people! Everything around us was shaking from the heavy shelling.”\textsuperscript{33}

Malnutrition is a serious public health problem, especially for children and women in Gaza. Poor maternal mental health, low birth weight, and residential instability have been associated with nutritional vulnerability among kindergarten-aged children.\textsuperscript{34} Anemia and micronutrient deficiencies affect half of infants and young children in the West Bank and Gaza, and stunting resulting from chronic malnutrition may actually be getting worse. About 39\% of pregnant women in Gaza are reported to have anemia, along with 15\% in the West Bank.\textsuperscript{26}

Protection of children in high-conflict settings is difficult. A resource kit to support child protection was developed by an inter-agency Child Protection Working Group (which
includes UNICEF and Save the Children, among many organizations). The group attempted to employ its resource kit to document the effects on children of Israel’s Operation Cast Lead invasion of Gaza in early 2009. The child protection team reported 430 child deaths, separated children, increased vulnerability of children living in shelters and temporary homes, increased disabilities among injured children, and negative effects on child psychosocial and mental health.35

A study of families in a Palestinian refugee camp in the West Bank conducted in December 2008 indicated more than three in four parents interviewed thought of their children as not in good health.36 Birth defects in Gaza are reported at a prevalence of 14 per 1,000, with associations to parental exposure to weapons-associated contaminants.37 Negative effects of conflict on children’s mental health has been well documented.31, 36, 38, 39 A report on children’s responses to wartime trauma in 2007 (before the 2008 invasion) found 65% of mothers in Gaza reported severely impaired psychosocial and emotional functioning in their children, with exposure to violent war-related traumatic events found to be a significant contributor.40 Palestinian students reported the lowest life-satisfaction scores compared with 35 other countries.28

Mental Health

It is well documented that mental health is compromised by living in settings of political conflict and war. Studies specific to Palestinians come to similar conclusions. According to the International Medical Corps, the continuous conflict, the blockade and lack of security in Gaza have “negatively impacted mental health and the opportunity for treatment.”41 A cross-sectional study of 286 Palestinian children aged 9-18 years of age and their mothers in the Gaza Strip found the average child experienced four traumatic events and one-third reported significant post-traumatic stress reactions.42 A study by the Medecins Sans Frontieres mental health program in the Gaza Strip between 2007-2011 found the case load of mental health patients doubled during the 2008/09 invasion of Gaza.43 One of the factors linking trauma exposure to psychological distress among Palestinians is loss of material and psychosocial resources.44 War is especially stressful for children, who have very little control over their surroundings or the decisions of the
individuals affecting their lives. Adolescents in Gaza, as well, were found to be psychologically distressed as a result of the war.

**Health System**

The health system in Palestinian territory has been described in the *Lancet* as “fragmented and incoherent;” this is perhaps a result of assorted funding and administrative arrangements. As a result, health care becomes increasingly overloaded and difficult to access. Despite the problems with the health system, researchers note there would likely be adequate health care coverage for the population if freedom of movement were a reality.

The UN Office for the Coordination of Humanitarian Affairs called for an end to the Gaza blockade and barrier Wall in a 2011 report, because of their effects on the health and health systems in Palestinian territory. The report said, “As most services and livelihoods are located on the ‘Palestinian’ side of the Barrier, residents have to pass through Barrier checkpoints to reach hospitals and health centres, schools and workplaces. The impact on the residents’ access to health is a particular source of concern…Free movement and access, as well as the ability to plan and develop communities, are vital to sustain livelihoods, reduce dependence on humanitarian assistance, and enable economic recovery.”

Most damaged health facilities were repaired after the invasion of Gaza in late 2008/early 2009 (Operation Cast Lead), including 33 out of 40 primary health care centers. Ten out of 12 hospitals were repaired by early 2012, along with 78% of water and sanitation facilities. However, the bombardments in November of 2012 that targeted hospitals are likely to have undermined that progress. The World Health Organization reported that at least 10 health facilities were physically damaged, including one hospital and 6 ambulances that were severely damaged due to direct hits from the Israeli military. Furthermore, hospital services in the Gaza strip were severely crippled during the 2012 conflict. This was due to overwhelming demand for services from Palestinian civilians in Gaza and an associated shortage of supplies-which is an ongoing problem in Gaza.
Almost half (42.5%) of essential drugs were at zero stock level in May of 2012 and 65% of medical disposables were at zero stock in October 2012. These shortages were exacerbated by the hostilities, which generated overwhelming demand for services (1,399 residents of Gaza were injured, according to the Ministry of Health). While waiting for emergency donations, Gaza’ Ministry of Health reported zero stock levels of 59% of disposables and 40% of essential drugs.¹¹, ¹³

War-related trauma exposure to health personnel is another stressor on the health system. One study in Gaza examined the effects on hospital physicians and nurses of the invasion of Gaza in 2009. Compared to unexposed hospital personnel, exposed hospital personnel had a significantly higher level of post-traumatic symptoms during the Gaza War and 6 months later. War-related stress was associated with post-traumatic symptoms among hospital personnel even 6 months after exposure.¹⁴

A recent study of Palestinian patients from the West Bank and Gaza strip demonstrated that the requirement of obtaining permits to cross borders for health care access substantially affects health care access for Palestinians, causing delays in treatment; at least 6 Palestinian patients in Gaza died while waiting for permits.¹⁵ Another study looked at effects on ambulance drivers responsible for transporting patients across Israeli checkpoints. While attempting to deliver care, providers encountered disruptions, harassment and violence. These interferences with health personnel interrupted care and contributed to job stress.¹⁶

**Poverty and Unemployment**

The relationship between employment and health is well documented.¹⁷-¹⁹ The specific benefits of employment to health have been identified as imposition of a time structure associated with regular activity, increase in the scope and variety of social experience, participation in a collective purpose; status and identity for the individual, and, of course, as a source of money to support the costs of daily life.²⁰, ²¹ These are all factors that could be associated with motivating an interest in building peace with one’s neighbors, as well.
A 2012 report by the WHO Secretariat confirms unemployment rates in Palestine are among the highest in the world, and the UNDP reports the occupied Palestinian territory ranks 114 out of 187 countries in the Human Development Index of 2011. According to a 2010 UNDP report, after the 2007 Israeli ban on the export of all goods from the Gaza Strip and the importation of anything not approved by Israel, most of the manufacturing industry closed, leading to a surge in unemployment which currently stands at 40%. Widespread child labor, including selling goods along the street, was found to be associated with mental health problems. Another UN report indicated that in 2011, within the West Bank, “10,000 Palestinian-owned trees, primarily olive trees, were damaged or destroyed by Israeli settlers, significantly undermining the livelihoods of hundreds of families.” The 2012 UN report on Gaza states that since the area has been essentially isolated since 2005, its economy is fundamentally unviable under present circumstances. “Gaza is currently kept alive through external funding and the illegal tunnel economy,” the report states. “The people of Gaza remain worse off than they were in the 1990s. …Unemployment is high and affects women and youth in particular.” The World Bank issued a report in 2007 indicating Palestinian economic growth cannot be achieved without dismantling Israeli restrictions on the movement of people and goods.

Humiliation

Humiliation is a central component of war, conflict, and torture. Abuse, deliberate deprivation and withholding of the elements of basic human need are tightly bound with humiliation. Scholars note humiliation in conflict settings surpasses the individual level; in one study Palestinians described humiliation as a cultural experience related to a massive, collective “loss of dignity, honour, and justice.” Unfairness is associated with poor health outcomes, both mental and physical. The loss of dignity and the humiliation associated with the Israeli occupation of Palestinian territory have negatively affected the health and the quality of life of Palestinian adolescents and adults.

At the heart of the crisis caused by the occupation of Palestine is the degradation not only of the living conditions of the population, due to the erosion of livelihoods and the gradual decline in the state of infrastructure and the quality of vital services, but also threats to the dignity and agency of a population that constantly struggles to control
simple aspects of daily life. Palestinians are humiliated at checkpoints, in prisons, and during home invasions. Humiliation affects not only the direct target, but the secondary victims: for children, their mental health is undermined by witnessing the shaming and control of their parents at the hands of soldiers.

**Conditions in which people live**

Medical access is severely limited due to the occupation. According to a 2011 UN report, nearly 20% of patients living in Gaza missed appointments due to denied or delayed travel permits; medical training is also compromised: medical staff representing an “insignificant fraction of the actual needs” were allowed out of Gaza for training. According to a February 2012 Human Rights Watch report, “it is almost impossible for [the thousands of] ‘non-registered’ Palestinians in Gaza to enter Israel for medical treatments that are unavailable in Gaza’s lower-quality hospitals.”

Palestinians are also victims of increasing violence by settlers. A November 2011 UN Report documented, “the number of settler attacks resulting in Palestinian casualties and property damage has increased by 32% in 2011 compared to 2010, and by over 144% compared to 2009.” Perpetrators enjoy nearly complete impunity, with “over 90% of monitored complaints regarding settler violence filed by Palestinians with the Israeli police in recent years … closed without indictment.” Human Rights Watch also found that the year “2011 has seen by far the most settler violence since at least 2005.” Displacement is a growing problem in Palestine. In 2011, more than 1,000 Palestinians (half children) had their homes demolished by Israeli forces, and an additional 4,200 experienced threats to their livelihoods due to demolitions of structures.

In Palestine, more than 15% of the total population, and 40% of men, have been detained by Israeli forces. Since 2000, more than 8,000 Palestinian children have been detained.

According to Israeli Military Order 1651, West Bank detainees may be held without formal charges being filed for terms of up to 6 months; these terms are infinitely renewable. Under a similar law in Gaza, the Unlawful Combatant Law, Palestinians are...
also held for undetermined amounts of time. Detainees can be held incommunicado for up to three months. There are no special provisions under the military court system for the interrogation of children. Interrogation of Palestinian people can last for 180 days, 90 of which can be without access to a lawyer.78

The conditions in prisons and their effects on health commanded the attention of the World Health Organization, whose Right to Health Advocacy Project addressed a conference in 2012, affirming the right to health and dignity, including the rights for prisoners to have contact with families; to practice their religions; and to receive health services and be dealt with as patients, not prisoners, when health needs arise.79

Food security is a serious problem for more than 60% of the population in the Gaza Strip. Almost a million people, suffer[ed] from a lack of food security, defined by the United Nations World Food Program as “the absence of access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.” Among this population, 94% of the households report[ed] a decline in the quality of food purchased over the past year, while 59% report[ed] a decline in the amount of food consumed. Dependence on humanitarian aid from the international organizations [was] also constantly on the rise.” By the beginning of 2011, “71 percent of Gaza households rel[ied] in some capacity on international humanitarian aid.” Physicians for Human Rights “attributes high rates of food insecurity to an increase in unemployment and poverty rates, which have gone up by more than 40% in the past three years [leading up to January 2011], as a result of the precarious situation facing Gaza's economy.”80

More than 90% of the aquifers in the Gaza Strip are not safe for drinking, in part because of the severe restrictions imposed on the entry of spare parts to repair the water and sewage infrastructures. Operation Cast Lead destroyed 11 water springs, 20 kilometers of water pipes, 7.5 kilometers of sewage pipes and 5,700 mobile water tanks. In the latest report available from 2010, water is available only two or three days a week in 39% of the households in the Gaza Strip. Further, one in five households reported at least one child under the age of five currently suffers from illnesses caused by the poor water
quality and the poor condition of the sewage infrastructures. In the West Bank, water springs owned by Palestinians for drinking water or to farm and care for livestock are increasingly threatened by settlers; 30 have been completely taken over and another 26 are regularly “patrolled” by settlers.

X. Proposed recommendations

The recommendations APHA is advancing are consistent with the findings and recommendations of a wide array of mainstream public, private and government organizations, most prominently United Nations agencies. The Lancet has recommended that to advance Palestinian health we need “uninterrupted access to ...(health) services by removal of checkpoints and barriers to access,” along with specific health system improvements. The United States government’s Institute of Peace notes there is a history of Palestinian and Israeli health professionals working together on cross-border disease surveillance, training and advocacy for health, which can create the foundation for “peace through health.” Former U.S. President Jimmy Carter, who has invested considerable efforts in Middle East peace, wrote for the Lancet, “People everywhere share the dream of a caring global community that prevents unnecessary suffering from disease, war and oppression...The international community (needs) urgency to resolve this enduring conflict and bring both Palestinians and Israelis the peace, health and hope they deserve.”

XI. Opposing Arguments and Evidence

In this section we briefly discuss arguments that might be levied against this resolution.

Some might argue that Palestinians brought their situation on themselves by supporting ruling parties that favor violence and engage in corruption. For example, Hamas is a militant Palestinian party that has ruled the Gaza Strip since it won a majority of seats in parliamentary elections in 2006, defeating Fatah candidates who were widely seen as corrupt. It could be argued that Palestinian rocket attacks on Israel (and, dating to some years ago now, suicide attacks) provoked a response that was justified. The focus of this resolution, however, is on the health effects of the military occupation, and that
occupation has been in effect since 1967, preceding the existence of Hamas and the Palestinian Authority.

The health status of the Palestinian people is better than might be expected, given the living conditions, and is better than that of some other populations in that region of the world. On the other hand, Palestinian health status is worse than for the citizens of Israel, whose government is occupying Palestinian territory.

While there is deep dispute over the sources of conflict in the Middle East, and particularly concerning the relationship of Israel with its neighbors, there are no significant challenges to the findings of the UN, Human Rights Watch or Physicians for Human Rights, or to the findings of the cited investigative teams which have studied environmental and public health challenges for residents of the West Bank, East Jerusalem, and Gaza.

We recognize Israel has legitimate concerns about its own security, but we argue this powerful state can take actions to protect itself that do not impose such harms on Palestinian health.

XII. Alternate Strategies

In this section we discuss strategies employed by other organizations on this issue, without recommending that we adopt these strategies for APHA.

Solidarity with the Palestinian people from leaders in health

In 2009, the Lancet launched a Palestinian Health Alliance, alongside the Institute of Community and Public Health based in Birzeit University, Palestine, to support research on health conditions by Palestinian public health scientists and leaders. The purpose of this initiative was to support networks between scientists in Palestine and scientists around the world. In the first report in the series, published in 2009, Richard Horton, Chief Editor of the Lancet stated: “The people of the Palestinian territory matter, most importantly, because their lives and communities are continuing to experience an occupation that has produced chronic de-development for nearly 4 million people over
many decades.” Concluding the commentary, Horton noted that health could be the

catalyst to promote peace and justice in the region, and particularly for and with
Palestinian people.46 The Lancet is not the only public health organization whose recent
focus is the wellbeing of Palestinian people in the face of Israeli actions; the World
Health Organization (WHO) also regularly provides reports on and social justice
advocacy related to health in the occupied Palestinian territory.84

Boycott, Divestment and Sanctions

In 2005, Palestinian civil society issued a call for a campaign of boycotts, divestment and
sanctions (BDS) against Israel until it complies with international law and Palestinian
rights. The BDS campaign is a non-violent, social justice strategy that highlights the
concerns of refugees, those under military occupation in the West Bank and Gaza Strip,
and Palestinians in Israel. The call urges various forms of boycott against Israel until it
ends its occupation and colonization of Arab lands occupied since June 1967, until the
Wall is dismantled, until Israel recognizes rights of Arab-Palestinian citizens of Israel,
and until it respects Palestinian refugee rights to return to their homes as stipulated in UN
Resolution 194.85

Aspects of this call have been endorsed by many U.S. and international organizations,
including Jewish Voice for Peace, the Episcopal Bishop's Committee for Israel/Palestine,
the Presbyterian and Methodist churches, and the American Friends Service
Committee.86 The military occupation is funded partly through U.S. military assistance to
the state of Israel, and it creates profits to a wide range of international
corporations.87 Some of these corporations are represented in the investment and pension
funds of U.S. hospitals, universities, and other non-profit organizations.87 At the 2012
APHA meeting in San Francisco, 295 APHA members signed a letter to TIAA-CREF (a
prominent holder of pension funds) asking the organization to divest from companies that
profit from the occupation. (see WeDivest.org)

Palestinian non-violence

The 2012 hunger strikes of almost 1,600 Palestinian prisoners are a new addition to
existing Palestinian non-violent resistance to the occupation. Palestinians have long
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utilized methods of nonviolence—dating back to the British civil administration of “Mandatory Palestine” of the (1920 to 1948) and epitomized by the First Intifada of the 1980s. In the midst of the Arab uprisings, the international attention on the region provides a moment of focus for civil resistance, and the nascent coalition of actors utilizing these methods is growing. Palestinian NGOs are united in support of strategic nonviolence.87, 88

United Nations approach

In 2012, the United Nations voted to upgrade the Palestinian Authority's status to that of nonvoting observer state, a de facto recognition of a sovereign Palestinian state. The resolution passed the General Assembly 138-9, on November 29, 2012.

The United Nations Human Rights Council publishes regular reports on the status of the conflict in Palestine, and emphasized in its 2012 report, “a just, lasting and comprehensive settlement of the question of Palestine, the core of the Arab-Israeli conflict, is imperative for the attainment of comprehensive, just and lasting peace and stability in the Middle East.” To this end, the Council urged Israel to reverse its settlement policy in the occupied territory, including East Jerusalem and the Syrian Golan, to stop building the Wall, and to stop restricting the movement of Palestinians through their own lands. These actions, the body said, “undermine the peace process, constitute a threat to the two-State solution and the creation of a contiguous, sovereign and independent Palestinian State, and are in violation of international law.”89

The United Nations Office for the Coordination of Humanitarian Affairs has also published its investigations of the situation in Palestine, finding restrictions impede the movement of health personnel, health equipment and supplies (including drugs), and that one in five patients is refused permission to travel for specialty care.90

APHA recommends that:

1. The United States and the international community take proactive steps to bring a just and peaceful end to the Israeli/Palestinian conflict wherein the individual and collective rights and self-determination of both Israelis and Palestinians are
respected and there is both accountability to and respect for international law in
the region. This would include an end to building the separation wall, an end to
the siege of Gaza, an end to the expansion of the occupation through illegal settler
activity, an end to the restriction of movement of Palestinian people across their
lands, and an assurance that Israelis can live in security;

2. The U.S. join with health and human rights groups to condemn acts of war and
aggression in the region, including the bombing of cities and critical
infrastructure; the use of targeted assassinations, administrative detentions; the
control of civilian populations by soldiers; rocket fire from both the Israeli
military and Palestinian factional groups into civilian areas; and military and
police incursions into homes of civilians.

3. U.S. public health agencies work together with Palestinian health professionals
to increase research, investments, and interventions that build new knowledge and
contribute to self-governance in a way that can meaningfully address the human
health problems associated with living in conditions of war and deprivation (for
example, by continuing the USAID Palestinian Health Sector Reform and
Development Project91);

4. Financial organizations that hold retirement and investment accounts of public
health workers (such as TIAA-CREF) offer an occupation-free account option for
members who seek to avoid investing their assets in companies that threaten
health by providing and managing the infrastructure of occupation; and

5. Palestinians advance health and human rights by utilizing non-violent responses
to the conflict and the occupation.

Citations


29. Gulland A. More than 1000 were injured in latest violence in Gaza. BMJ. 2012; 345: e7989.


64. UN Office for the Coordination of Humanitarian Affairs occupied Palestinian territory. Israeli Settler Violence in the West Bank; November, 2011.


75. Human Rights Watch. “Forget About Him, He’s Not Here”–Israel’s Control of Palestinian Residency in the West Bank and Gaza; 2012.

76. Human Rights Watch. Record Number of Palestinians Displaced by Demolitions as Quartet Continues to Talk; 13 December 2011.


84. World Health Organization. Access to health services for Palestinian people: Case studies of five patients in critical conditions who died while waiting to exit the Gaza Strip; 2008.


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APPENDIX A.

February 13, 2013
To APHA Staff:
This letter serves as confirmation that proposed policy statement “APHA Calls for Improved Health in Palestinian Occupied Territories” was submitted by Amy Hagopian on behalf of the International Health Section.

Signed,
Paul Freeman
Chair, International Health Section

On Feb 18, 2013, at 12:00, "Ash, Arlene" <Arlene.Ash@umassmed.edu> wrote:

To APHA Staff: This (E-MAIL) letter serves as confirmation that proposed policy statement “APHA Calls for Improved Health in the Occupied Palestinian Territory” was submitted by Amy Hagopian, Nancy Stoller and Cindy Sousa with the support of the Medical Care Section.

Arlene Ash Chair, Medical Care section

On Feb 16, 2013, at 2:40 PM, Mary E Miller wrote:

To APHA Staff,

This email serves as confirmation that proposed policy statement “APHA Calls for
Improved Health in Palestinian Occupied Territory” was submitted by Amy Hagopian with the support of the OHS Section."

Signed,

Mary E. Miller
Chair, OHS Policy Committee
marymill@uw.edu
206.679.5846

"The arc of the moral universe is long, but it bends toward justice." ~ Martin Luther King, Jr

On Feb 18, 2013, at 3:47 PM, Robert Gould wrote:
To APHA Staff: This letter serves as confirmation that proposed policy statement “APHA Calls for Improved Health in Palestinian Occupied Territory” was submitted with the support of the Peace Caucus.

Signed,
Bob Gould, Chair
Peace Caucus
<rmgould1@yahoo.com>

On Feb 11, 2013, at 10:50 AM, Carol Allen wrote:
Hi Amy,
I will be happy to support the resolution. Keep me updated on progress.
Best wishes.
Carol Allen
callen1946@gmail.com

On Feb 15, 2013, at 11:58 AM, Joseph Telfair wrote:
To APHA Staff: This letter serves as confirmation that proposed policy statement “APHA Calls for Improved Health in Palestinian Occupied Territory” was submitted by Amy Hagopian with my support.

Signed,

Joseph Telfair, DrPH, MSW, MPH
Professor, Public Health Research and Practice
Director, UNCG Center for Social, Community & Health Research & Evaluation
University of North Carolina at Greensboro

From: Linda Rae Murray <lindarae.murray@gmail.com>
Subject: APHA RESOLUTION
Date: February 15, 2013 8:23:58 AM PST
To: Amy Hagopian <hagopian.amy@gmail.com>

To APHA Staff:
This (E-MAIL) letter serves as confirmation that proposed policy statement “APHA Calls for Improved Health in Palestinian Occupied Territory” was submitted by Amy Hagopian with my support.

Linda Rae Murray M.D. MPH
Past-President
Member OHS section
Cell: 773-628-4911

From: Carmen Rita Nevarez <crnevarez@mac.com>
Subject: Re: Support for APHA 2013 Resolution: APHA Calls for Improved Health in Palestinian Occupied Territories
Date: January 19, 2013 4:15:30 PM GMT+01:00
To: Nancy Stoller <nancys@ucsc.edu>
Nancy, you have my endorsement you may add my name. I have a good friend who has spent many years working in makeshift hospitals (tents) in the occupied territory and I cannot agree with you more. For the purposes of APHA policy process, (since I do not follow it closely) I would hope that this statement makes a unique contribution to the policy body.

Thank you for doing this, Carmen

From: Walter Tsou <walter.tsou@verizon.net>
Date: February 20, 2013 9:59:26 AM PST
To: Nancy Stoller <nancys@ucsc.edu>

To APHA Staff: This letter serves as confirmation that the proposed policy statement “APHA Calls for Improved Health in Palestinian Occupied Territory” was submitted by Amy Hagopian with my support.

Signed,
Walter Tsou
C7 – APHA Calls for Improved Health in Palestinian Occupied Territory

APPENDIX B.

<table>
<thead>
<tr>
<th>Name</th>
<th>Amy Hagopian</th>
</tr>
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<tbody>
<tr>
<td>Organization</td>
<td>University of Washington, Seattle</td>
</tr>
<tr>
<td>Title</td>
<td>Assistant Professor</td>
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<tr>
<td>APHA Section</td>
<td>International Health</td>
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<tr>
<td>Email</td>
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</tr>
<tr>
<td>Phone</td>
<td>206-616-4989</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Nancy Stoller</th>
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<tr>
<td>Organization</td>
<td>University of California, Santa Cruz</td>
</tr>
<tr>
<td>Title</td>
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<tr>
<td>APHA Section</td>
<td>Medical Care, International Health</td>
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<tr>
<td>Email</td>
<td><a href="mailto:nancys@ucsc.edu">nancys@ucsc.edu</a></td>
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<tr>
<td>Phone</td>
<td>415-595-0151</td>
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<table>
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<tr>
<th>Name</th>
<th>Cindy Sousa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Bryn Mawr College</td>
</tr>
<tr>
<td>Title</td>
<td>Alexandra Grange Hawkins Lectureship in Social Work, Graduate School of Social Work and Social Research</td>
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<tr>
<td>APHA Section</td>
<td>Social Work</td>
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<td>Phone</td>
<td>610-520-2623</td>
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</tbody>
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All such interests (or their absence) must be declared in writing by authors upon submission of the proposed policy statement. If any are declared, they will be included with the policy statement proposal during the review process. If there is doubt about whether a circumstance represents a conflict, it should be disclosed.

**Required Disclosure:** During the past 12 months have you, or your spouse or partner had a personal, commercial, political, academic, or financial interest or relationship that might potentially bias and/or impact content of the proposed policy statement:

- [ ] Yes
- [x] No