

Health in the Occupied Palestinian Territory 4



Health as human security in the occupied Palestinian territory

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We describe the threats to survival, development, and wellbeing in the occupied Palestinian territory using human security as a framework. Palestinian security has deteriorated rapidly since 2000. More than 6000 Palestinians have been killed by the Israeli military, with more than 1300 killed in the Gaza Strip during 22 days of aerial and ground attacks ending in January, 2009. Israeli destruction and control of infrastructure has severely restricted fuel supplies and access to water and sanitation. Palestinians are tortured in prisons and humiliated at Israeli checkpoints. The separation wall and the checkpoints prevent access to work, family, sites of worship, and health-care facilities. Poverty rates have risen sharply, 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. More than US\$9 billion in international aid have not promoted development because Palestinians do not have basic security. International efforts focused on prevention of modifiable causes of insecurity, reinvigoration of international norms, support of Palestinian social resilience and institutions that protect them from threats, and a political solution are needed to improve human security in the occupied Palestinian territory.

Introduction

Although many determinants affect health in the occupied Palestinian territory, only a few have been discussed in the preceding reports in this Series.¹⁻³ In this report, we describe health in the occupied Palestinian territory (figure 1) using WHO's broad definition of "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".⁵ We use a human-security approach to describe the threats to survival, development, and wellbeing in the context of protracted conflict and occupation in the Palestinian territory.⁶ "The objective of human security is to safeguard the vital core of human lives from critical pervasive threats while promoting long-term human flourishing", according to the Commission on Human Security.⁶ Protection from critical (severe) and pervasive (widespread) threats is emphasised in this definition, as is the idea that what is vital varies between different populations. Thus, this definition is dynamic and should be adapted to the context in which it is used. Two key aspects for the analysis of Palestinian security are the distinction

between direct and indirect threats to survival⁶ and the psychosocial domains of security (panel 1).⁷

Measurement of threats to human security

A landmark report about human security emphasised the "need to focus on a core of insecurities within each specific context."⁸ Threats to the security of Palestinians might be direct, such as gunfire or home demolition, or indirect, such as economic restrictions leading to widespread poverty;⁶ classification is based on the main threats identified from the data sources. However, the two types of threats might overlap in some instances.

We quantified the burden of threats to human security in terms of deaths, injuries, homes destroyed, and economic deterioration. Information was gathered from reports by international institutions, Israeli and Palestinian non-governmental organisations, Palestinian Authority records, statistical offices, and the media. The sources are mostly non-peer-reviewed reports. Most of the statistical data were reported by B'Tselem, an Israeli human-rights organisation with a strong reputation for accuracy, the UN, and the World Bank (table 1). Data for the burdens of threat were corroborated with Israeli, Palestinian, and international sources. Data for deaths and injuries from the Israeli military attack on the Gaza Strip from December, 2008, to January, 2009, could not be corroborated at the time of publication partly because access of international organisations and journalists had been blocked. These data are presented by the UN Office for the Coordination of Humanitarian Affairs as reported by the Palestinian Ministry of Health.^{9,10} No adjustments have been made to the data. Data linking human-security threats to health conditions and outcomes, although few and sometimes inconsistent, are reported only after corroboration with other studies done in the occupied Palestinian territory. The reported rates of post-traumatic

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Panel 1: Definitions of psychosocial domains of human security

Home

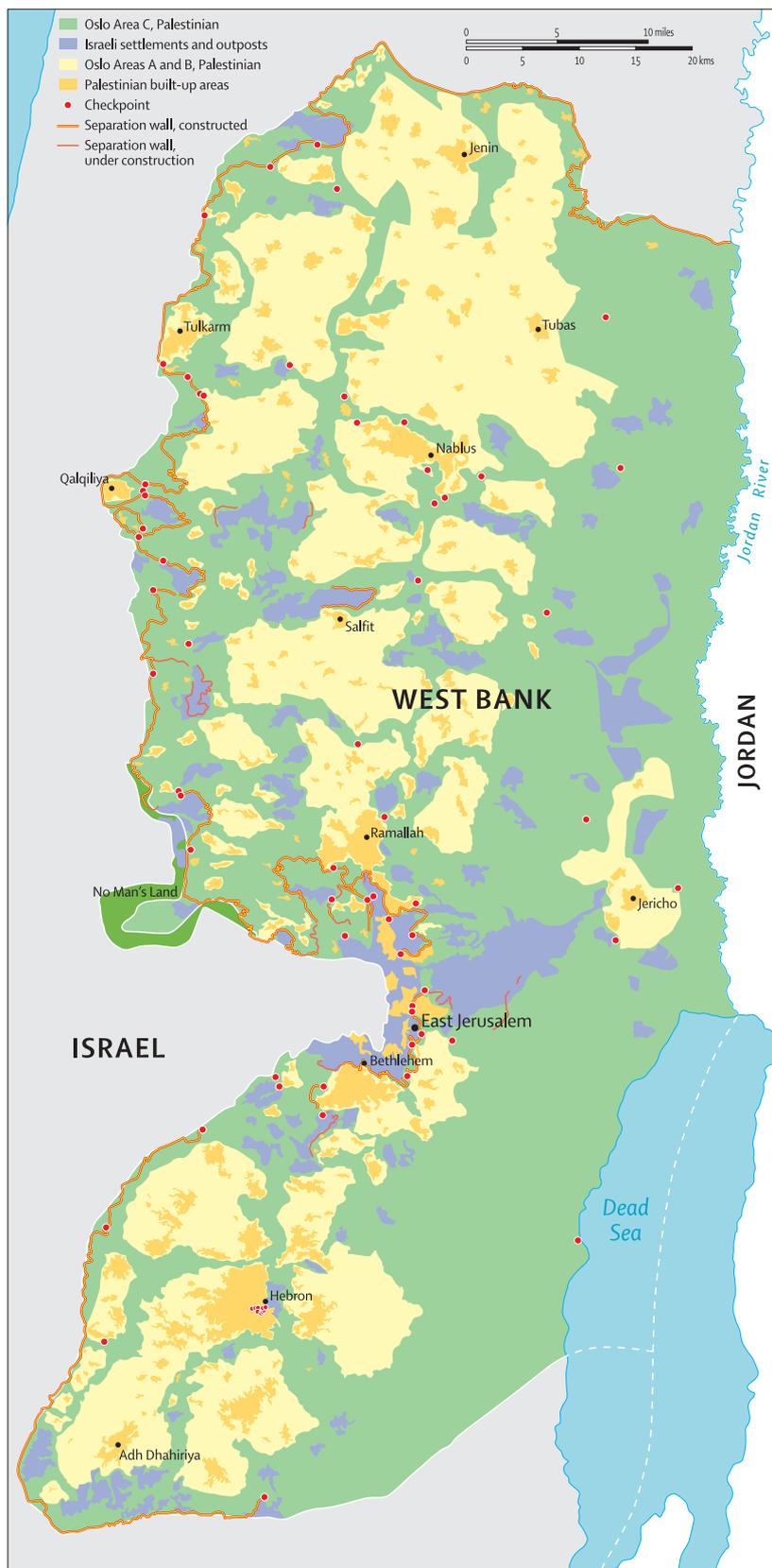
Sustainable sense of home and safety, providing identity, recognition, and freedom from fear

Community

Network of constructive social or family support, providing identity, recognition, participation, and autonomy

Time/sense of future

Acceptance of past and positive grasp of future, providing identity, recognition, participation, and autonomy



stress disorder, for example, are highly variable and therefore have not been included in this report.

A weakness of the human-security approach is the absence of quantitative measures of insecurity to guide priority setting within a population or to compare populations. King and Murray¹¹ define a quantitative measure as the number of years of future life spent outside a state of generalised poverty. However, quantitative comparisons are impossible because of the absence of yearly, disaggregated data from the occupied Palestinian territory and of comparative analyses from other countries. For example, although we report data for rates of poverty, we do not know whether the people who were poor were the same as those who were unable to access health-care facilities because of movement restrictions, or who were being tortured in prisons in that year. Thus, any model based on these categories is likely to be unreliable. Reliable quantitative measures would require complete and regular surveillance that is usually not available in a crisis.

Statistical data can sometimes be used to distinguish the causes of insecurity—eg, deaths due to weapons can be caused by Israeli military activity or fighting between Palestinian factions. However, some causes of insecurity cannot be clearly identified—eg, poverty and hunger in the occupied Palestinian territory could be caused by several factors, as in neighbouring countries. The time sequence of economic restrictions followed by rises in poverty suggests that these Israeli-imposed restrictions are an important explanatory factor, though their effect cannot be isolated.

Direct threats to human security

Aerial bombings of civilian areas and use of gunfire by Israeli military, in addition to fighting between Palestinian factions, constitute severe and pervasive threats to life (figure 2). The increase in numbers of people killed since the beginning of the second Palestinian uprising in 2000 is unprecedented (figure 3; table 2). More than 4700 Palestinians—mostly civilians, including more than 900 children—were killed by Israeli military action between September, 2000, and November, 2008,¹² compared with about 1500 in the first uprising between 1987 and 1993 (table 2). From Dec 27, 2008, to Jan 17, 2009, 1366 Palestinians were killed by Israeli attacks on the Gaza Strip (table 2).¹⁰ In addition to deaths due to Israeli–Palestinian conflict, inter-Palestinian fighting, beginning in 2006, resulted in 600 deaths by the end of 2008 (10% of total deaths since 2000).¹² In 2007, the number of deaths resulting from inter-Palestinian fighting was similar to that caused by Israeli military action (figure 3).

Figure 1: Map of the West Bank

Modified from the UN Office for the Coordination of Humanitarian Affairs⁴ occupied Palestinian territory with permission. Only some of the more than 600 Israeli-controlled checkpoints and road barriers are shown. Oslo Area C is under Israeli control. The Gaza Strip is not shown here.

Since 2000, more than 35 000 Palestinians have been injured in Israeli–Palestinian conflict.^{9,10,12,14} Notably, in the first uprising and post-Oslo Accord period, 52.5 Palestinians were injured for each Palestinian killed, whereas this ratio decreased to 6.6 in the second uprising, and to 3.6 for the recent attacks on the Gaza Strip. Although no conclusive evidence explaining these trends exists, possible explanations include reduced Palestinian participation in the uprisings (fewer protests since 2000), under-reporting of injuries during major attacks when hospitals are overloaded, or use of increasingly lethal tactics by the Israeli military—as evident from the high ratio of head and upper-body bullet injuries in the second uprising.^{18,19} In the first few months of the second uprising in 2000, 42% of injuries in the Gaza Strip and 14% of those in the West Bank were due to live ammunition.¹⁸ Most bullets were aimed at the upper half of the body, with 18–26% of cases having a head or neck injury.^{18,19} 65% of injuries in the West Bank were caused by firearms and explosives, 19% by beating and blunt force, and 6% by noxious gases, according to emergency-department medical records.¹⁹ These studies^{19,20} do not distinguish casualties related to Israeli military violence from other causes. In January, 2009, Israel allegedly used white phosphorus during military attacks on the Gaza Strip, leading to burn injuries.²¹

Palestinians experienced mass displacement from their homes and land during the wars in 1948 and 1967, and intervening years.¹ This history of being repeatedly uprooted creates feelings of insecurity and instability, which are reinforced by the continuing occupation. Displacement and destruction, resulting from the protracted conflict, disrupt connections to homes and communities and diminish hope for the future—the key psychosocial domains of human security.^{1,22}

Today, threats to homes and properties come from aerial bombing and shelling, direct demolition, occupation, and regulations that do not permit building on most of the land in the occupied Palestinian territory. Introduced by the British during the mandate rule in the 1930s to quell indigenous uprisings, house demolition is still a form of collective punishment. Nearly 60% of demolitions from 2000–04 were due to Israel's clearing operations to gain open space to meet military needs, with another quarter of homes destroyed because they were built without permits according to the Israelis.²³ The remaining 15% were demolished to punish the families and neighbours of people who were suspected of attacking Israelis.²³ Between September, 2000, and September, 2004, Israel destroyed 2370 housing units in the Gaza Strip, leaving about 22 800 people homeless according to the UN Relief and Works Agency.²³ The Palestinian Central Bureau of Statistics estimated that 7633 homes in the West Bank and Gaza Strip were completely destroyed between September, 2000, to April, 2005, with more than 65 000 houses partly damaged (panel 2).²⁵ At the time of publication, the number of homes destroyed in December,

	Sources of data	Number of sources
B'Tselem (Israeli human-rights organisation)	Raw statistics (from website); published reports	15
UN (OCHA, UNDP, UNCTAD, general assembly reports, reports from Secretary General)	Published statements, Published reports	12
Academic research (published)	Journal articles, books	10
News/journalism	News articles from international sources	6
World Bank	Published reports	4
Human Rights Watch	Published report	2
Palestine Centre for Human Rights	Published report, statistics	2
WHO	Published report	2
Care International and USAID (joint study)	Published report	1
Defence for Children International (Palestine section)	Published report	1
Friends of the Earth Middle East	Published report	1
Gaza Community Mental Health Programme	Public statement	1
International Court of Justice	Official ruling	1
International Monetary Fund	Published report	1
Palestine Central Bureau of Statistics	Online statistics	1
Palestine Medical Relief Society	Report (online only)	1
Palestine Monitor	Report (online only)	1
Palestinian Red Crescent Society	Online statistics	1
Physicians for Human Rights–Israel	Published report	1

OCHA=Office for the Coordination of Humanitarian Affairs. UNCTAD=UN Conference on Trade and Development. UNDP=UN Development Programme. USAID=US Agency for International Development.

Table 1: Organisations and sources of data for human-security threats in occupied Palestinian territory

2008, and January, 2009, in the Israeli attacks on the Gaza Strip was unknown, as well as the total number of people displaced by the attacks. Preliminary results from a survey done by international and local non-governmental organisations operating in Gaza—based on 48 of 61 localities—found that 22.6% of housing units (about 21 000 homes) were destroyed or damaged, with 3.2% reporting severe damage and 2.6% reporting destruction.⁹ The UN reports a peak of 51 000 people staying in UN Relief and Works Agency's shelters on Jan 18, 2009.¹⁰

The reconstruction of destroyed homes creates emotional stress and economic hardship. In most areas of



Figure 2: Palestinian health worker surveys damage to mobile clinic destroyed after air strike in the Gaza Strip
Reproduced with permission from Reuters/Mohammed Salem.

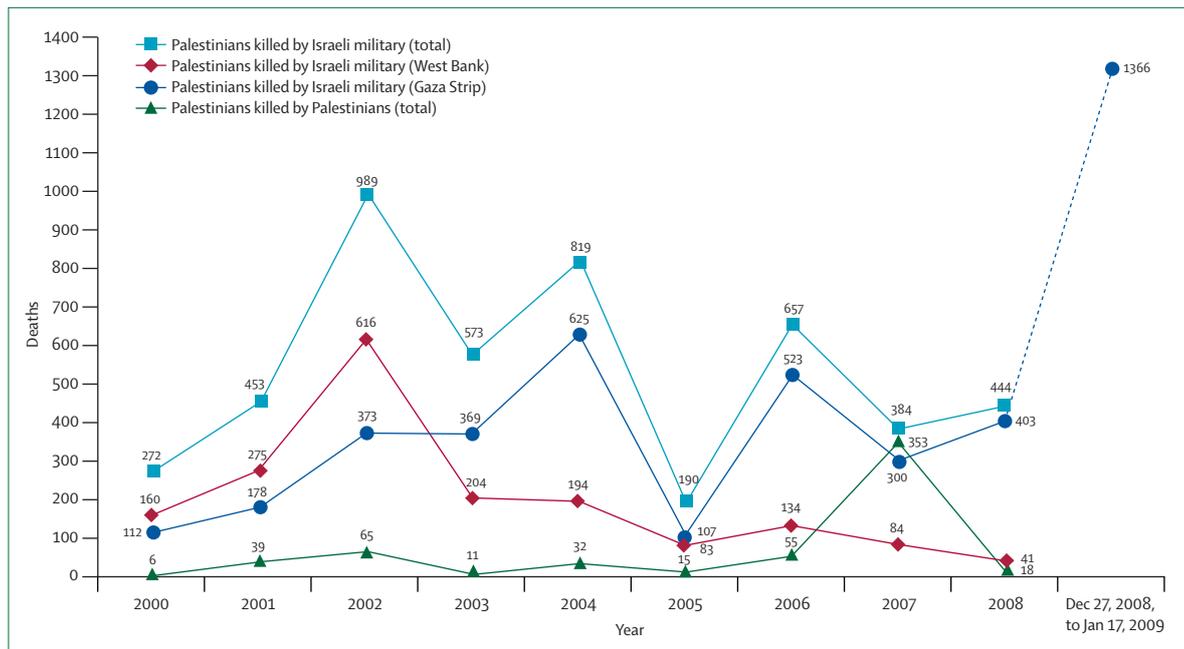


Figure 3: Palestinian deaths resulting from Israeli-Palestinian and inter-Palestinian conflicts

Data from B'Tselem for 2000–08,¹² and Office for the Coordination of Humanitarian Affairs¹⁰ and WHO¹³ for Dec 27, 2008, to Jan 17, 2009.

the West Bank, building permits from the Israeli authorities are needed because Israel continues to control 71% of West Bank land.²⁶ Consequently building permits for these areas need to be approved by the Israeli authorities.^{1,27} Israel has stopped the process of land registration for more than 30 years, thereby allowing the authorities to deny Palestinian applicants building permits on the basis that they are not able to prove ownership.²⁸

A further source of physical and psychological insecurity for Palestinians is the threat of demolition to their homes that are built on unregistered land. Notably, even registered land is not secure—32% of that used to build Israeli settlements on is privately owned and registered Palestinian land.²⁹ The destruction and, perhaps more importantly, the threat to Palestinian homes and land happens alongside the continued expansion of Israeli settlements. In 2008, 460 000 Israeli settlers were living in 149 settlements in the West Bank (figure 1).³⁰ Although Israel removed 8500 settlers from 21 settlements it had erected in the Gaza Strip, new construction continues in 88 settlements in the West Bank. The average yearly population growth rate in the settlements is 4·5% compared with 1·5% in Israel.^{30,31}

Land confiscation and destruction of crops, such as the uprooting of olive groves and fruit orchards, heighten insecurities.³² Attacks on Palestinians during the olive harvest by Israeli settlers and destruction of olive trees are traumatic for Palestinians, especially the elderly, because of the importance of these trees to their existence, livelihood, and cultural identity.

Access to fuel, electricity, water, and sanitation in the occupied Palestinian territory is disrupted by Israeli restrictions and military incursions. Severe restrictions and destructions, particularly in the Gaza Strip, threaten basic survival because medical, sanitation, and sewage facilities cannot function. The Israeli decision to cut off fuel and electricity supplies to the Gaza Strip towards the end of 2007, and at various times in 2008, has created hardship for the population. A lack of electricity and running water further compounded the insecurity created

	Israeli source (B'Tselem)	Palestinian source (PCBS, PRCS, OCHA)
First uprising and post-Oslo Accords (1987–2000)		
Deaths, Israeli	422 ¹⁴	..
Deaths, Palestinian	1541 ¹⁴	1381 ¹⁵ –1734 ¹⁶
Injuries, Palestinian	..	80 891 ¹⁵
Second uprising (data for 2000, to November, 2008)		
Deaths, Israeli	1062 ¹²	..
Deaths, Palestinian	4781 ¹²	4502 ¹⁷
Injuries, Palestinian	..	31 531 ¹⁷
Inter-Palestinian conflict (data for 2000–08)		
Deaths	594 ¹²	..
Injuries
Israeli military attacks on Gaza Strip (Dec 27, 2008, to Jan 17, 2009)		
Deaths, Palestinian	..	1366 ¹⁰
Injuries, Palestinian	..	5380 ¹⁰
OCHA=Office for the Coordination of Humanitarian Affairs. PCBS=Palestinian Central Bureau of Statistics. PRBS=Palestine Red Crescent Society.		
Table 2: Casualty indicators		

by the bombings and ground invasion during the Israeli military attacks on the Gaza Strip in December, 2008, to January, 2009.¹⁰ 63% of Gaza's power supply is provided directly by Israel and paid for by deductions from the Palestinian tax revenues that Israel withholds.³³ The rest of the electricity is produced in the Gaza Strip with fuel that is subsidised by the European Commission and supplied through Israel (panel 3).³³

The sewage treatment plants have often been forced to close down because they have no electricity. Pollution of beaches with sewage has created a potential public-health hazard. The UN office for the Coordination of Humanitarian Affairs has reported that since 2007, 50–60 million L of untreated and partly treated sewage have been disposed of every day into the Mediterranean sea surrounding the Gaza Strip.³³ In January, 2008, Gaza's main sewage treatment plant was hit by bombing, creating a leak in a 300 000 m³ fetid lake that put Gazans at risk for a sewage flood.³⁵ Despite better access to electricity than in the Gaza Strip, sewage treatment in the West Bank has been hampered by the lack of building permits for facilities. Because Israel controls much of the West Bank, a planned sewage purification system for Ramallah, for example, has not yet been approved.³⁶

Israeli policies prohibiting Palestinians from digging new or deep water wells have jeopardised Palestinian agricultural development. At the same time, Israel benefits from restricting water use by the Palestinians because 30% of its water originates in aquifers in the West Bank,³⁷ leaving Palestinians with some of the world's most acute water shortages at 320 m³ per person per year (threshold for shortage is 1700 m³ and absolute minimum is 500 m³).³⁸ Israeli settlers in the West Bank use nine times more water per person than do Palestinians.³⁸ The UN's 2006 human development report³⁸ draws attention to the permissive regulations that are applied to Israeli settlers, thereby institutionalising unequal access to shared water resources. This inequality is further entrenched because "Israeli representatives on the Joint Water Committee stringently regulate the quantity and depth of wells operated by Palestinians".³⁸

Since the occupation in 1967, imprisonment of Palestinians has posed a threat to human security in the occupied Palestinian territory. Although we were unable to corroborate data for Palestinians imprisoned by Israel, more than half a million people were imprisoned for at least 1 week from 1967 to 1994 according to Palestinian sources.³⁹ Numbers of Palestinians held in Israeli prisons and detention facilities have steadily increased from 737 in 2001 to over 8000 by the end of 2008.⁴⁰ Between Feb 27, 2002, and May 20, 2002, more than 8500 Palestinians were arrested during Israeli incursions into their cities and villages, according to a report by the UN Secretary General.⁴¹ Adults and children can be detained and held for indefinite periods, sometimes without the resources to challenge the military authority or even to communicate with the outside world.^{40,42,43}

Panel 2: Home demolition testimony

What happens after a home is demolished and what does it mean for the people?
Tamer Taleb Ahmad a-Natah, a 23-year-old farmer living in Khirbet Qassa in Hebron District gave his testimony to Musa Abu Hashhash in Idhna on Nov 4, 2007:

"I walked with my brothers and the flock until we got to a house at the edge of Idhna. The house belongs to the Tamizi family. We rented a shelter from them for our flock and a house under construction for us to live in temporarily, until we could find a permanent place to live. All the families found temporary housing. The Waridat family returned to a-Dhahiriyah. My family doesn't have any land or houses outside the village, so we are suffering greatly.

I think our losses amount to tens of thousands of shekels, but the emotional pain and the feeling of instability cannot be measured. We don't know what the future will bring."

Reproduced with permission from B'Tselem.²⁴

Torture of Palestinians in Israeli prisons has been widely reported.⁴⁴ Since 2000, more than 500 complaints of torture have been registered, although none has been investigated by the Israeli State Attorney.⁴⁵ The Palestinian Centre for Human Rights has also expressed concern about internal Palestinian torture and maltreatment since the outbreak of conflict between the Palestinian National Authority and Hamas, noting that many of the torture methods are similar to those used in Israeli prisons.⁴⁶

The Israeli General Security Service, which makes the final decisions about exit permits, is committing medical extortion according to Physicians for Human Rights-Israel.⁴⁷ It has been exposed for targeting sick patients as potential collaborators, making them inform and cooperate as a precondition for leaving the Gaza Strip for medical treatment. This practice could weaken community cohesion, which is essential for human security as suspicion about collaborators grows among Palestinians.

Panel 3: UN Relief and Works Agency's Commissioner General on the blockade of Gaza in 2007–08

Before the Israeli military attacks on the Gaza Strip in December, 2008, to January, 2009, blockade of the borders and vulnerability of essential supply routes created what the Commissioner General of the UN Relief and Works Agency called a humanitarian catastrophe:

"Palestinians are effectively incarcerated. The overwhelming majority cannot leave or enter Gaza. Without fuel and spare parts, public health conditions are declining steeply as water and sanitation services struggle to function. The electricity supply is sporadic and has been reduced further along with fuel supply in these past days. UNICEF reports that the partial functioning of Gaza City's main pumping station is affecting the supply of safe water to some 600 000 Palestinians. Medication is in short supply, and hospitals are paralysed by power failures and the shortage of fuel for generators. Hospital infrastructure and essential pieces of equipment are breaking down at an alarming rate, with limited possibility of repair or maintenance as spare parts are not available".³⁴

Reproduced with permission from *The Guardian*.³⁴

Panel 4: Israeli military attacks on Gaza Strip: a human experience

The following excerpts from Najwa's letters from Gaza (Sheikh Ahmed N, UN Relief and Works Agency, personal communication), allow us to gain a view of her perspective on the basic domains of human security: home, community, and a sense of time or future. Najwa Sheikh Ahmed is a Palestinian refugee, who lives in Nuseirat camp with her husband and three children.

December, 2008

"...the camp where I have been raised is just a temporary residence, a place that I and my family before me were forced to live in after they lost their homeland, the camp was never to be my home."

New Year's eve, 2008

"My children and I were very frightened by the sound of the airplanes and the bombings, so we decided to stay a few nights with my husband's family. We took the children and some blankets and joined the family. The funny thing is that as we were leaving our building, we saw another family heading towards the building, with their pale faces and scared lost looks. They were holding their blankets, seeking a residence with relatives there..."

January, 2009

"The children started to go to bed very early to avoid hearing the sounds of F-16s dropping bombs. You cannot imagine how scary it is to hear the whistling of the missiles before they hit. With every hit you feel that this time you are that target and you count the seconds before they hit. All what we can do is to thank Allah when we all wake up safe the next morning. We will live another day!"

"I stopped hoping for an end. My children have stopped feeling after seeing the photos broadcasted on the news. ...Life became meaningless not only for us but also for our children."

Besides systematic and public humiliation, Palestinians face degrading treatment at more than 600 Israeli-controlled checkpoints and road barriers in the West Bank (figure 1), and through the activities of Israeli settlers in the West Bank and Israeli military throughout the occupied Palestinian territory.^{1,48} The Israeli military has begun using a substance called skunk, which leaves a foul odour for days,⁴⁹ in addition to tear gas and rubber-coated metal bullets, on crowds. Some Israeli settlers routinely harass, threaten, and humiliate Palestinians, particularly in areas around settlements, such as Hebron. B'Tselem has reported instances in which settlers attack shepherds, humiliate ordinary citizens by stripping them naked, verbally abuse Palestinians on their doorstep, and attack and stone neighbours.⁵⁰ This harassment often happens under the protection of the Israeli military.⁵⁰ The Israeli army has on several occasions used Palestinian civilians as human shields—notably during the 2002 siege of Jenin refugee camp.⁵¹ Palestinian children were used as shields in an Israeli invasion of Nablus in March, 2007.^{52,53} Hamas allegedly used Palestinian civilians as human shields in Gaza, but these claims have not been substantiated.⁵⁴ Even before the Israeli military attacks on the Gaza Strip in December, 2008, to January, 2009, Israeli air force jets

frequently made low-altitude flights over the Gaza Strip, setting off powerful sonic booms.⁵⁵ The Gaza Community Mental Health Programme has noted that protracted exposure to these booms produces symptoms of fear in children, with long-term health implications such as headaches, stomach aches, shortness of breath, loss of concentration, loss of appetite, bedwetting, and other emotional disorders.⁵⁶ The Israeli military attacks on the Gaza Strip in December, 2008, and January, 2009, exposed the entire population to bombardment from land, sea, and air, with yet unknown mental-health effects (panel 4).

Indirect threats to human security

Indirect threats have their origins in an interlocking web of checkpoints, barriers, border closures, curfews, and the permit system imposed by Israel. These restrictions affect every aspect of Palestinian life, such as the ability to travel, work, marry, study, worship, and be with family. Indirect threats compromise the social determinants of health⁵⁷ by increasing social exclusion, unemployment, and creating barriers to food, social support, and transport.

Restriction on the movement of people is one of the indirect threats to human security in the occupied Palestinian territory. Territorial continuity between the West Bank and Gaza Strip was lost in 1948 when these areas were separated by the creation of Israel. After the 1967 occupation, Palestinians from the West Bank and the Gaza Strip were able to cross through Israel for visits, study, or work. However, movement between the two regions is now virtually impossible. Today, the Palestinian population is segregated, with the Israeli military controlling the movement of people, commercial goods, food, and medical supplies in and out of the Gaza Strip and West Bank. Since the middle of 2007, movement in and out of the Gaza Strip has been effectively prohibited; only restricted numbers of religious pilgrims and medical referrals have been allowed to leave the Gaza Strip.³³ A few hundred foreign passport holders were allowed to leave the Gaza Strip before the heaviest invasion by the Israeli military in January, 2009. Although the border with Egypt was closed off, 266 patients, most with injuries from conflict, were transferred to Egypt between Dec 27, 2008, and Jan 14, 2009.¹³ Many more people with serious injuries were denied passage.¹³

Construction of the separation wall, beginning in 2002, has severely restricted movement in the West Bank. A similar barrier has closed off the Gaza Strip from the outside world. Because 87% of the West Bank wall's route is inside the territory of the West Bank, communities have become cut off from one another, their land, and the services they need.²⁹ The separation wall—consisting of concrete slabs up to 8 m in height, electric fences, ditches, and militarised roads—creates a feeling of permanent distress and loss of hope for the future for Palestinians (figure 4).⁵⁸ Israeli checkpoints within the West Bank

create difficulties for Palestinians leaving or moving between contiguous towns and regions. Arab East Jerusalem is now virtually out of reach for most of the Palestinians in the West Bank and Gaza Strip (figure 1). The creation of barriers to movement affects all three psychosocial domains of human security by disrupting a sense of home and safety, family relationships and community cohesion, and preventing a positive outlook for the future (panel 1). Israeli control of movement and travel has severe repercussions on access to and quality of health care for Palestinians.¹ In 2005, 18% of those seeking treatment at emergency departments in the West Bank were delayed by checkpoints or occupation-related detours.⁵⁹ In 2007, 36% of health-care facilities reported that many of their patients were no longer able to access services, with more than half reporting delays in service delivery by mobile teams and difficulty accessing medicines for chronic disease.⁶⁰

Al-Aqsa mosque—the third most important Muslim site after Mecca and Medina—has been inaccessible to most Palestinians (only a few are able to obtain permits) from the West Bank and Gaza Strip.⁶¹ Similarly, although the Church of the Holy Sepulchre in Jerusalem is visited by Christian pilgrims from all over the world, it remains inaccessible to Palestinian Christians from Bethlehem and Ramallah living only 10 km away. Freedom of worship and practice of religious rituals have been noted as essential components of coping with psychological distress.⁶² Religion and faith bring meaning, context, and purpose to psychological healing, as noted in studies from Kosovo and Somalia and recommended in guidelines for humanitarian response.^{62–64} In a region filled with religious symbolism and tradition, renowned for its holy sites, inaccessibility to sites of worship is a source of profound distress for the Palestinians.

Restrictions on the Palestinian economy and movement of goods is another indirect threat. Since 2000, the economy has declined rapidly with rising unemployment, increased dependence on aid, and heightened poverty rates, largely as a result of restrictions imposed by Israel on the Palestinian economy.¹ Poverty rates in 2007 were 51·8% in Gaza and 19·1% in West Bank, and are likely to increase with the 2009 attacks.²⁹

When food aid and remittances were excluded, the rates rose to 79·4% in Gaza and 45·7% in West Bank.²⁹ Unemployment in the occupied Palestinian territory in early 2008 was 35·5% in the Gaza Strip and 25·7% in the West Bank.²⁹ Many of those who are employed work in the insecure, internationally financed public sector or in unpaid family labour and seasonal agriculture.⁶⁵ Palestinians from the West Bank and Gaza Strip had been a source of cheap labour for Israel since the beginning of the occupation in 1967. However, this employment and provision of some economic gains for the Palestinians began to change during the first uprising (1987–92). From the early 1990s, checkpoints in and out of Israel became more difficult to cross and workers had to apply for special



Figure 4: Separation wall in Abu Dis
Courtesy of Aaron Padwee.

permits to gain access and to work in Israel. Even those with permits were denied access to their place of work during periods of complete closure. In 2000, more than 80% of Palestinians working in Israel lost their jobs within weeks of the start of the uprising, representing a loss of more than 100 000 jobs.⁶⁶

Restrictions on the movement of goods increase the cost of trade between sections of the West Bank and Gaza Strip, and with the outside world. Even before the election of Hamas in 2006, companies in the West Bank took an average of 10 days to clear customs for exports and those in Gaza took 30 days. Imports took even longer; goods destined for the West Bank took an average of 30 days to clear and those for Gaza took 60 days.²⁹ By contrast, goods imported by Israel cleared within 1–2 days.²⁹ In addition to being slow, the quantity of imports and exports has been severely restricted by the Israeli military; no exports have left the Gaza Strip since June, 2007. This blockade has contributed to the erosion of the industrial sector in that area, where 98% of industrial operations were inactive in 2008, even before the Israeli military attacks at the end of that year.²⁹

The World Bank emphasises two additional restrictions that impede Palestinian economic development.²⁹ Palestinians do not have access to resources such as

	Description	Existing efforts	Strengthened efforts
Risk assessment	Surveillance, communication of risks	Israeli and Palestinian human-rights organisations, international NGOs, Palestinian government agencies survey and communicate risks*	Surveillance data regularly synthesised and corroborated; human security risks clearly communicated in any negotiations alongside national security risks
Prevention	Identification of modifiable causes, interventions targeted to risks	With exception of advocacy, few interventions target modifiable causes; instead interventions provide little relief for their effects	Further assessment to precisely identify modifiable causes of insecurity; interventions to target causes—rather than effects—of insecurity
Protection	Reinvigoration of international norms and efforts	International support for social initiatives, though funding has been irregular; active efforts to link international norms and conventions to occupied territory in UN agencies and international courts, though lacking enforcement mechanisms	International support to promote social resilience and community cohesion, particularly by strengthening Palestinian institutions; international norms and conventions shape principles, structure of agreements, and peace process
Compensation	Humanitarian assistance	US\$9.4 billion in development assistance since 1994 did not meet goals ²⁵	Efforts to enhance human security accompany or precede development inputs; robust compensation and services to deal with longlasting effects of insecurity (eg, disability, economic deterioration)

NGOs=non-governmental organisations. *Surveillance information from these agencies is the main source for measurement of insecurity in this report.

Table 3: Efforts to enhance human security for Palestinians in occupied Palestinian territory²¹

land, water, cultural sites, and telecommunications frequencies in the occupied territory. Investors face great uncertainty (beginning with a system of indefinite permits) that reduces their economic security and the overall sense of security for the Palestinian population. As the private sector collapses, municipalities are unable to gather fees and import supplies and spare parts for water and sanitation facilities.²⁹ With the absence of currency and industrial inputs due to the closure, the black market has been thriving and perhaps further compromising stability and security. The Gaza Strip, according to the World Bank, is “starkly transforming from a potential trade route to a walled hub of humanitarian donations”.²⁹

Malnutrition and food insecurity are perhaps the most pronounced health outcomes of economic insecurity. In 2003, 46.8% of Palestinian households (71.8% in the Gaza Strip and 32.2% in the West Bank) received food assistance from the Palestinian Authority, non-governmental organisations, or UN agencies.⁶⁷ Although no survey on food aid as robust as the 2003 study has been done in recent years, the deterioration of conditions, especially in the Gaza Strip, suggests that dependence on food aid is unlikely to have decreased.²⁹ The need for food aid is caused most often by the financial poverty, rather than scarcity of food products or an inability to access markets.⁶⁷

Economic deterioration and increasing poverty have made Palestinians dependent on aid. External aid accounts for 32% of the gross national income.²⁹ For comparison, aid in the most aid-dependent African countries was 27.1% of the gross national income for Rwanda and 20.7% for Mozambique in 2005.⁶⁸ Notably, little help has reached the Gaza Strip because of the closure and international boycott of Hamas.²⁹ Like oil revenues, aid revenues reduce scrutiny of public expenditures and favour patronage politics.⁶⁹ Furthermore, dependence on aid impedes planning because of the unpredictability of funds for recurrent budget items and delays in translation of pledges into disbursements. Like

economic restrictions, aid dependence and unpredictability could have a psychosocial effect by compromising both autonomy and a positive sense of the future.⁷

Social resilience and insecurity

The long-term exposure of Palestinians to security threats has led to a state of long-term insecurity and demoralisation.¹ Social resilience, seen as a positive adaptation amid adversity,⁷⁰ is holding together Palestinian society and its economy, including the health system. For many Palestinians, the struggle for a normal life and justice is rooted in *sumud*—the determination to persist through steadfastness and a sense of connection with the land. For Palestinian teenagers, the capacity to establish routine and normality within their daily lives creates a sense of stability.⁷¹ For these young people, social capital, in the form of a tight network of family support, peers, friends, caring adults, clubs, and schools, helps to mitigate obstacles while sustaining a sense of hope for the future.⁷² Social solidarity and resilience have nurtured the Palestinian health response to occupation, from prehospital care to rehabilitation. When ambulances are unable to reach their targets, the injured and the ill are transported by neighbours, friends, and families. In the absence of a comprehensive health-safety network, families and the extended social network bear the brunt of medical payment. Palestinian women inevitably assume the responsibility of primary carer within the family. In addition to these informal groups, a range of non-governmental organisations, locally and internationally, complement government efforts in the health-care system.¹

However, as conditions deteriorate, the social fabric of Palestinian society is eroding. Since 2007, community ties have been weakened by clashes between Fatah and Hamas forces, tearing families apart. The Israeli policy of exerting physical and mental pressure on Palestinian prisoners and those who need medical permits to become collaborators has strained Palestinian social

cohesion.^{47,73} Connections to the community are further compromised because thousands of Palestinians born and living abroad, or even living within the occupied Palestinian territory, are denied their civil rights, including reunification with their families. These Palestinians have difficulty obtaining Israeli-approved identity cards or maintaining residency in the territory because of Israel's policies.⁷⁴ Protection afforded by social cohesion against some security threats is being tested and compromised further.

Enhancing human security: the way forward

Palestinians do not have an autonomous state to safeguard them from "critical pervasive threats while promoting long-term human flourishing".¹ A political solution is needed to prevent many of the identified threats to Palestinian security. The recent Israeli military attacks on the Gaza Strip with the massive damage to lives and property draw attention to the urgency of this issue. In the absence of a political solution, social resilience has provided some of the protection usually offered by a state. However, resilience and social cohesion are strained and being eroded. The way forward for improvement of physical, mental, and social wellbeing is to strengthen the efforts that promote and support social resilience and community cohesion, and ensure that the political process is informed by the security needs of Palestinians.

The international community's efforts to prevent human-security threats have not succeeded in the removal of those threats posed by the protracted Israeli occupation, military attacks, or inter-Palestinian conflict (table 3). Although the internationally supported peace process during the early 1990s led to a surge in hope, the political and economic situation has deteriorated rather than improved for Palestinians, particularly those living in the Gaza Strip. Interventions to prevent and reduce insecurity have not kept pace with a rising burden of threats in the occupied Palestinian territory, especially since 2000.

Strengthened sustainable services for physical, mental, and social health, and support of social resilience, may protect Palestinians from insecurity. The Commission on Human Security concludes that international agencies should enhance the capacity of communities²⁹ to address threats rather than merely replacing the capacity with international efforts.⁷⁶ The essential role of international institutions does not marginalise Palestinian institutions. In fact, international efforts can strengthen the capacity of Palestinian institutions to provide protection. The World Bank insists that "for the PA [Palestinian Authority] to play an effective political role, it must preside over a period in which the Palestinian population experiences positive change in their daily lives—in their ability to move freely, to trade, to find work, to earn a living for their families".⁷⁷ These positive changes need

to include the Gaza Strip, or community cohesion will likely be further disrupted, thus compromising human security.

International norms and law, if enforced, could protect Palestinians from insecurity. The UN's special rapporteur on the occupied Palestinian territory has stated, regarding the attacks on the Gaza Strip during December, 2008, to January, 2009, that, "there is a well-grounded view that both the initial attacks on Gaza and the tactics being used by Israel are serious violations of the UN charter, the Geneva conventions, international law and international humanitarian law".⁷⁸

Torture of Palestinians held in Israeli prisons violates article 2 of the Convention against Torture.³ Imprisonment of children violates the UN Convention on the Rights of the Child.⁷⁸ The International Court of Justice has ruled that the separation wall is illegal.⁵⁸ Many aspects of occupation violate the Geneva Conventions;⁷⁹ in article 49 of the Fourth Geneva Convention "the Occupying Power shall not deport or transfer parts of its own civilian population into the territory it occupies".⁷⁹ The transfer of Israeli citizens into Palestinian territory has been used by Israel to justify or demand movement restrictions in the West Bank, and restrictions on access to water and on the Palestinian economy. The international community can play a part in reinvigorating international norms and legal rulings.

Financial assistance, a form of compensation for poverty, has provided little evidence of success in the occupied Palestinian territory. Despite the disbursement of more than US\$9 billion intended for Palestinian development and capacity building since 1994, not much development has happened (table 3).⁷⁵ In fact, evidence suggests de-development in recent years.⁸⁰ Leaning and Arie⁷ point out that in the absence of human security, development efforts will not succeed because they must be built on a platform of human-survival requirements and basic psychological needs. The Palestinian experience seems to be a case in point. Some Palestinian initiatives that provide protection from threats and meet long-term needs, like Community Based Rehabilitation and the Gaza Community Mental Health Programme, have been compromised by their dependence on short-term funding cycles of donors. Although financial assistance has been a preferred strategy of the international community, this form of aid has not been accompanied by adequate prevention and protection from threats.

Political solutions that improve Palestinian security will simultaneously reduce threats to physical, mental, and social health. A few human-security threats can be mitigated by technical health-sector solutions described in this Series.^{2,3,81} Yet, most threats require social and political solutions that are beyond the capacity of the health sector (table 3). Social solutions should aim at strengthening social networks (sources of resilience) and the capacity of the health sector to provide support. Political solutions should address and reduce the threats posed by weapons,

destruction of homes, torture, humiliation, and restrictions on movement and on the economy to a minimum. By identifying and communicating the link between human-security threats and health conditions, Palestinian health can become an integral part of the political solution to this conflict.

Contributors

RB, YR, VNG, and RG conceptualised, researched, and drafted this report. ES, RLP, HS, and WB commented and edited a draft of this report. RLP provided data sources for mental health. HS drafted the paragraph about the use of low-altitude flights. All authors have approved the final version of the report to be published.

Conflict of interest statement

We declare that we have no conflict of interest.

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