

Peace and health in the occupied Palestinian territory



32 years ago, one of my highest priorities as President of the USA was to bring peace to the Middle East. For 13 days, I led intense negotiations between Israel and Egypt, resulting in the Camp David Accords in 1978.¹ There were two agreements, ratified by an overwhelming vote of the Israeli Knesset. One was a peace treaty that was signed 6 months later between Egypt and Israel, and which has been meticulously honoured by both sides. The other was a commitment by Israel to withdraw its political and military forces from Palestinian territory and grant the Palestinians full autonomy over their own affairs. This part has been consistently violated. There has been no withdrawal from the West Bank and the Palestinians here and in the Gaza Strip have been increasingly strangled. Therefore the conflict within the occupied Palestinian territory has not abated and, by any objective measure, has worsened since I left office.

The 18-month blockade and recent Israeli bombardment and invasion of Gaza, one of the most densely populated areas on earth, have compounded the impoverishment and suffering there, and recently caused the deaths of more than 1300 Palestinians,² many women and children, helpless in the face of overwhelming firepower. During my visits to the region, I have seen how basic survival is gravely hindered by limited supplies of food, fuel, electricity, and potable water. It is devastatingly apparent how decades of military occupation, unemployment, poverty, imprisonment, and fighting have left the Palestinian people vulnerable to ideological extremism and without hope for a more peaceful future.

The Gazan health-care system is severely damaged, overstretched, demoralised, and short on essential supplies. Skilled health personnel are scarce, and those that are available often are encumbered by inefficiencies and danger from military attack. 1500 000 people are imprisoned in Gaza, with no access to the air or sea and extremely limited—mostly non-existent—opportunities to enter or leave through land portals. Many needless deaths have occurred as a result of Israel's denial of permits to those seeking tertiary care. Even in the West Bank, despite heroic efforts by Palestinian doctors, the tightening occupation results in severe restrictions on movement that cost lives and feed deep resentments.

The health situation in the occupied Palestinian territory shows the urgency of finding a political solution, as restraints and insecurities will continue to undermine the creation of a health infrastructure able to address the dire public-health needs of Palestinians. And as long as significant segments of Palestinians are hungry, sick, and without hope of alleviating their plight, a meaningful peace cannot be achieved.

This *Lancet* Series on health in the occupied Palestinian territory³⁻⁷ highlights the important relation between human security and sustainable peace in the Holy Land. By shedding more light on the public-health challenges at hand, be they maternal and child health, trauma, or the transition from infectious to non-communicable diseases, the Series provides a basis for understanding the greater picture of need in Palestine. The Series also includes solutions to improving the Palestinian health-care system, with an emphasis on primary care.

Under the new Obama Administration in the USA, there is hope that the USA and other members of the Quartet (European Union, Russia, and the UN)⁸ might

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Anwar Sadat and Menachem Begin at signing of peace agreement with US President Carter, 1978

achieve a sustainable peace settlement. Already, President Obama has taken steps for this effort to begin in earnest by appointing a proven peacemaker and skilled negotiator, Senator George Mitchell, as his envoy to the area.⁹

After service in the White House, I have devoted my efforts to advancing peace and health worldwide through the Carter Center.¹⁰ Recognising the impact that peace and health have on each other, the Center works to address the root causes of violence and to protect basic human rights, including health. We have concentrated our attention on neglected tropical diseases, mostly in Africa.

People everywhere share the dream of a caring global community that prevents unnecessary suffering from disease, war, and oppression. This Series should give the international community added urgency to resolve this enduring conflict and bring both Palestinians and Israelis the peace, health, and hope they deserve.

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I declare that I have no conflict of interest.

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The occupied Palestinian territory: peace, justice, and health

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The distances seem short. From Jerusalem to Ramallah is only a few kilometres; from Gaza City in the north of the Gaza Strip to Rafah in the south, 30 km; from Ramallah to Gaza, 70 km. One can drive the length of the West Bank in just a few hours. Yet for those living outside the occupied Palestinian territory, the distances—to peace and justice—seem impossibly vast. The impression conveyed through western media is of a land in perpetual war, a people drenched in hatred, aggression, and violence. Visiting the territory reveals a very different reality.¹ This week, *The Lancet* publishes the results of a 2-year collaboration between Palestinian public-health scientists, WHO and associated UN agencies, and a broad group of international scientists from the USA, UK, Norway, and France.²⁻⁶ The goal of this Series on Palestinian health is to change the way health professionals, politicians, policy makers, media, and the public view, think about, and discuss the predicament facing this region of the Middle East.

The pursuit of health as a political objective and the creation of a strong health system for Palestinians could be one fruitful diplomatic path to reconciliation, peace,

and justice. 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. But the future of Palestinians also matters because of the continued conflict with Israel, the failure of the peace process to make any substantial progress, and the internally catastrophic and violent divisions within Palestinian politics. These characteristics are, in the words of one respected commentator, “the oldest and most powerful driver of discontent, disequilibrium, and radicalism in our region”.⁷ If a way could be found to strengthen Palestinian political institutions and find common ground for negotiations with Israel and western governments, great regional and even international benefits could follow.

Another reason why the facts of Palestinian health under occupation matter is that, as *The Lancet* has learned from its previous country series,^{8,9} national experiences may yield valuable global lessons. The knowledge gained from the occupied Palestinian territory may be important for others enduring similar