September 4, 2013

To the Members of the APHA Governing Council and Executive Board:

As members of the American Public Health Association (APHA), we are deeply committed to the health and well-being of Palestinians and Israelis. We believe that a peaceful resolution of the conflict is urgently necessary and will greatly improve the lives of all concerned. Given these priorities, we find deeply troubling the proposed policy statement, dated July 17th 2014 [*sic*], submitted under Section C, 'Improving Health in Palestinian Occupied Territories.' Unquestionably, the conflict has adversely affected the health of the Palestinian population, yet despite multiple revisions, the policy statement continues to contain significant factual inaccuracies. Most importantly, it **addresses a complicated situation in a simplistic, one-sided and unhelpful manner**.

In particular, the proposed policy statement selectively uses sources, ignores context and focuses on one aspect of a broader problem affecting Palestinians and Israelis. In this regard, we wish to raise the following significant omissions:

- **Public Health Collaboration in the West Bank –** Israeli and Palestinian public health professionals and their respective governments collaborate significantly in supporting the medical and health needs of the Palestinian population. At the same time, the proposed statement downplays the real security threats that Israelis face and the context for many of the security measures that have been instituted.
- **The Healthcare Situation in the Gaza Strip –** Distinct from the West Bank, Gaza is not under Israeli control and is governed by Hamas, which our government recognizes as a Foreign Terrorist Organization. In this regard, the statement minimizes Hamas' long-standing aggressive actions against Israeli civilians, including indiscriminately firing thousands of rockets at Israeli population centers.
- **Hamas' Responsibility for Worsening Public Health Outcomes –** Hamas puts Gazan Palestinians at risk with its well documented exploitation of medical facilities and vehicles for military use, in addition to firing rockets from civilian positions. Such actions, along with the Palestinian Authority's accusations of Hamas Health Ministry mismanagement, emphasize that this is a much more complicated issue than what was portrayed.
- **Gaza's Access to Healthcare –** The proposed statement also neglects to mention Israel's consistent efforts to support the public health of the Palestinian population in Gaza. For example, last year, Israel approved 94% of all Gazan requests to enter Israel to receive medical care, and in a typical week, transfers approximately 15,000 tons of supplies, including food, clothing and medical material.
- **Negative and Unhelpful Recommendations –** Rather than encourage constructive engagement between Israelis and Palestinians this statement supports a call to divest from Israel. Such a policy has been widely rejected as divisive and unjust by a variety of NGOs, faith-based groups and academic bodies. Furthermore, the statement includes several misrepresentations and inaccuracies about divestment that raises our concerns about being an evidence-based document.

We are committed to, and proud of, the APHA's non-politicized involvement in advancing social justice and public health for peoples around the world. Yet it is also for this reason that we are similarly concerned. This resolution describes itself as a social justice policy statement (pp.3; l.1) but only focuses on one aspect of a broader problem, ignoring a wide range of causal factors behind existing health disparities. At the same time, we find it difficult to understand how the authors can ignore the other profound humanitarian concerns currently taking place throughout the entire Middle East.

In "setting aside the historical and political complexities" of the conflict, the resolution declares that it "attends specifically to the health of Palestinians" (pp.4; l.19). In attending to the health needs of only one party in a protracted conflict between two parties, each with legitimate aspirations and concerns, this resolution explicitly adopts a clear political agenda. If the APHA chooses to take a policy stance on the Palestinian-Israeli conflict, it should instead do so in a manner that recognizes the narratives of both peoples. Israelis and Palestinians know enough conflict. We need not act out the conflict for them in the APHA, but rather our efforts can be better spent modeling reconciliation, which is the best prescription for both peoples and a region yearning for peace.

Public Health Collaboration in the West Bank

The just announced resumption of peace talks between Israel and the Palestinian Authority is a promising development which should be widely supported. We hope that this process will create two independent states, Israeli and Palestinian, which can live side-by-side at peace with each other through mutually agreeable changes to Israel's presence in the West Bank. With that said, Israel works with the Palestinian Ministry of Health to support the medical needs of the Palestinian population in the West Bank. The Israeli Health Department of the Civil Administration (HDCA) coordinates healthcare with the Palestinians.[1] Among its responsibilities are enabling professional medical training for Palestinians, maintaining contact with the Palestinian Ministry of Health, and providing financial assistance to Palestinian patients. This collaboration, and the HDCA's work in the Palestinian West Bank communities since 1967, has contributed to an improvement in infant mortality rates and the nutritional problems which plagued the West Bank during the 1960s.[2]

The primary responsibility of the HDCA is the transfer of Palestinian patients to Israeli hospitals. **In 2012, over 200,000 (219,469) Palestinian patients (and companions) received healthcare in Israel.** [3] The number of Palestinian patients has grown steadily over the years. In 2011, the number was 197,713, an 11% increase in one year. This demonstrated a large change since 2008, when 144,838 patients and companions came to Israel. [4]

The Palestinian Ministry of Health and the HDCA coordinate their collaboration in order to maximize security for both populations in a volatile area. In the section entitled 'Proposed Recommendations' (pp.14; l.24) the proposed APHA policy statement cites a recommendation to remove security barriers and checkpoints in the West Bank, suggesting this will improve the Palestinian health system (pp.14; l.28-30). Questions concerning the efficacy of the security barrier in reducing violence and the impact of this security measure on the health and well-being of both populations are complicated and must be viewed together. The resolution conflates access to health care with security measures imposed to protect civilians from legitimate security threats. The need to protect Israelis from violence is not taken into consideration here. Since September 2000, 1,234 Israelis have been killed by terror attacks and 8,342 were injured[5]. Any nation would take this death toll seriously and would implement workable solutions to protect its citizens.

The approach set forth in the resolution is neither an equitable nor adequate solution for improving health in the region. A better balance is required to ensure security for Israelis, while working to provide increased access to healthcare for Palestinians. There is already a conscious effort to provide routine access, but it should be noted that there are documented incidents of Palestinian medical missions being used to attempt terror attacks.[6] While this is not the norm, it does demonstrate the need to take a comprehensive view of the situation to benefit the broad health considerations of all concerned.

Healthcare in the Gaza Strip

The proposed policy statement justly calls for improving the public health of Palestinians in the Gaza Strip. However, the context in the Gaza Strip is distinct from that in the West Bank, a situation the proposed policy statement obfuscates and mischaracterizes. The statement refers to Gaza as occupied territory (pp.4; l.4), although then mentions on the succeeding page (pp.5; l.26-27) that after the Israeli withdrawal in 2005 it is the "first territory completely in Palestinian hands." The statement mentions Hamas's victory in the 2006 Palestinian parliamentary elections, but omits their forcible takeover in 2007 that placed the entire area under their control. Indeed, in addition to the Israeli government and many other organizations, Mahmoud al-Zahar, co-founder of Hamas, stated to the *Ma'an* Palestinian news agency last September that, "Gaza is free of occupation."[7]

Claims have been made that since Israel controls the airspace and imposed a naval blockade near the Gaza Strip, it therefore controls Gaza. However, efforts to regulate sea and airspace are frequent consequences of armed conflict. When the U.S. and its allies imposed similar controls over the former Yugoslav Republic in 1999, these powers were not considered occupiers. The existing maritime blockade and filtering of materials helps prevent Hamas and other local groups from rearming. **The UN's Palmer Report declared the blockade permissible under international law**, indicating, "Israel faces a real threat to its security from militant groups in Gaza."[8]

Similarly, the statement calls for the "lifting of the international siege on the Gaza strip," (pp.2; l.21), but then claims Israel controls "all border crossings" and assigns them sole blame for the difficulties faced by Gazans. It fails to mention that the southern border of Gaza is shared with Egypt, which enforces its own independent control over land crossings that contributes to the overall situation.

Further, as noted below, medical supplies are not subject to the blockade and such nuance is not addressed by the policy statement. **In a typical week, Israel transfers approximately 15,000 tons of supplies to Gaza including food, clothes and medical supplies**.[9] In late 2012, 16 truckloads of medical supplies, including medicine and anesthetics were held up as nearby Hamas rocket fire from Gaza forced the closure of a border crossing.[10]

At the same time, the statement, does not take into account Hamas' long-standing aggressive actions against Israeli civilians, which caused the U.S. State Department to designate Hamas a Foreign Terrorist Organization since 1997.[11] Hamas' role in the conflict continues; the organization fired over 13,000 rockets and mortars into Israeli towns and cities since 2000, which killed dozens of civilians and traumatized many children and adults.[12] For Palestinian health needs to be effectively addressed, the entire scope of the Israeli-Palestinian conflict must be acknowledged. Otherwise, rather than taking a balanced stand for public health, this policy statement will simply be promoting a politically charged and empirically unsound statement.

Gaza's Access to Healthcare

Given Israel's disengagement from Gaza, and Hamas' continued refusal to reject violence,[13] Israel holds almost no influence over health care in the Gaza Strip. Still, Israelis are committed to meeting the medical needs of Gazans. Israel allows ill and injured Gazans to cross into Israel for treatment. Last year, Israel approved **94% of all Gazan requests** to enter Israel to receive medical care, either in Israel, the West Bank, or a third country, totally **17,569 medical permits** to patients and their companions. In a measure to reduce bureaucracy, the time validities of permits were extended, leading to an increase in the

number of crossings (but a decrease in the number of permits necessary).[14]

The Erez Crossing in particular is designed for the movement of people between Israel and Gaza. It is open during all hours for patients seeking emergency treatment. Israel goes to great lengths to ensure that the Erez Crossing remains open, despite a long history of violent attacks on the crossings. In spite of the threat posed to the lives of the crossing operators, this was most recently exhibited when patients from Gaza crossed to receive treatment during Operation Pillar of Defense,[15] a targeted Israeli campaign to end incessant rocket attacks on Israeli civilians in November 2012. During this conflict, Hamas employed Iranian rockets, placing over 3.5 million Israelis (up from one million) within rocket range.[16]

Hamas Threats to Health in Gaza

Beyond harming Israeli men, women and children, Hamas also puts Gazan Palestinians at risk. The organization has a lengthy history of systematically exploiting medical facilities, vehicles and uniforms for armed activities, in clear violation of international law. As a result of such exploitation, some Gazan health facilities were indeed damaged by Israel's defense against rocket launching sites in recent years. As a sovereign nation intent on preserving all innocent life, Israel responded to these attacks on its citizens while taking care to minimize civilian casualties in Gaza.

During Operation Cast Lead in late 2008, Hamas relocated its southern command center to Shifa Hospital, a potential violation of international humanitarian law, where an entire wing was commandeered for Hamas' soleuse.[17] As documented by *Newsweek*, Palestinian factions used hospital grounds and surrounding areas as launching pads for rockets attacks on Israeli civilians, knowing that Israel would make every effort to avoid responding in such locations.[18] Hamas and other groups also made frequent use of ambulances for their own purposes, including the transportation of armed fighters for escape.[19] These threats to Palestinian (and Israeli) public health caused by Hamas and other designated terror organizations are continually overlooked in the policy proposal.

The proposed APHA policy statement also blames Israel for medical supply shortages in Gaza. (pp.10; l.26) While some 'dual-use' material is blocked because it is often diverted to develop weapons, such as water pipes (filled with shrapnel) used to arm crude rockets fired at Israeli civilians, medical supplies are not part of the blockade.[20] Further, shortages of medication are also caused instead by conflicts between Palestinian factions within the West Bank and Gaza. As noted by the *Ma'an* Palestinian news agency, "The Hamas-run health ministry is frequently at odds with its counterpart in the Fatah-dominated Palestinian Authority, which pays for the import of medications into Gaza. The ministry has accused the PA in the past of deliberately delaying shipments." [21] Hamas' Minister of Health, has said that the severe shortage of basic medicine in Gaza was caused, "because of a political decision by the government in Ramallah not to send it," and that the shortage was the result of "mismanagement" by the Hamas health ministry which **fired some 1,600 ministry of health employees** and replaced them with (Hamas affiliated) people, "with no experience in dealing with or storing medicine."[22] Although not required, Israel delivered regular truckloads of food and medical supplies to Gaza, even as rockets continued to fire from the area.[23]

Problematic Alternative Strategies and Recommendations

The resolution presents a misleading depiction of the so-called campaign for Boycott, Divestment and Sanctions (BDS) of Israel. The BDS movement is neither the sole, nor the consensus approach of Palestinian civil society. Further, while the BDS movement claims to be interested in an equitable and

peaceful solution to the conflict, the approach of BDS activists, much like the resolution text, not only impedes a just outcome, but offers a distorted, one-sided picture of a complex situation. The BDS movement works unambiguously to undermine the "two states for two peoples" solution to the Palestinian-Israeli conflict, which is the goal of Israel, the Palestinian Authority and the international community. For example, many supporters and founders of the BDS movement, such as Omar Barghouti, signed a "One State Declaration" that explicitly opposes the creation of two independent states.[24] Thus, support for this campaign and its punitive approach runs counter to the significant new efforts by the parties working with U.S. Secretary of State John Kerry to engage in peace negotiations and reach a two-state solution.

In addition, the resolution falsely characterizes examples of organizations seemingly endorsing BDS or that have taken more complex stances on these issues. For example, the resolution fails to acknowledge that the Episcopal Bishop's Committee cited (pp.21; l.9) is actually a small local organization that does not speak for the Episcopal Church, or its Presiding Bishop. The Episcopal Church has repeatedly and clearly rejected divestment and boycotts of Israel. Presiding Bishop Katharine Jefferts Schori urged Episcopalians to "invest in legitimate development in Palestine's West Bank and in Gaza," rather than focus on divestment or boycotts of Israel during a March 25, 2012 Middle East Peacemakers luncheon in Los Angeles. She stated, "The Episcopal Church does not endorse divestment or boycott." "It's not going to be helpful to endorse divestment or boycotts of Israel. It will only end in punishing Palestinians economically." This position has been consistent since the Episcopal Church first took a stance in 2005, when the church's Social Responsibility in Investments Committee issued a report rejecting divestment, a move that was approved by the denomination's Executive Council. The Presbyterian Church (USA) also repeatedly rejected divesting from companies that sell to Israel in 2006, 2008, 2010, and most recently, favored a positive investment stance, rejecting a divestment resolution at its General Assembly in 2012. Similarly, the United Methodist Church overwhelmingly rejected divestment at its General Conference in 2012.

Similarly, the proposed statement cites the MSCI rating agency's decision to remove Caterpillar from some of their indices as driven by how its products are used in Israel (pp. 20; 1.29-31). However, MSCI's own document on the matter states it was due to "the management of its Employees & Supply Chain challenges."[25] The statement also alleges that TIAA-CREF sold its holdings in SodaStream for similar reasons, although the latest fillings with the S.E.C. show that this claim is false, as the pension giant still retains a stake in the company.[26] We believe this series of inaccuracies should raise concerns not only about the reliability of the statement, but also about its attempt to advance an extreme political agenda.

Moreover, one of the proposed policy statement's recommendations is for divestment and "occupation-free" investment of retirement and investment accounts at institutions such as TIAA-CREF (pp.2; l.26). However, at the TIAA-CREF shareholder meeting in July, 2013, CEO Roger Ferguson responded to BDS allegations by reiterating **that TIAA-CREF has never made any decisions to divest from a company based on the Israeli-Palestinian conflict, nor will it in the future.** Ferguson also made clear that rather than supporting BDS the situation requires a political solution. It is also important to note that TIAA-CREF previously received an advisory opinion from the U.S. Securities and Exchange Commission (SEC) allowing them not to consider the divestment proposal at the shareholders' meeting. The decision was made on the basis of agreement that TIAA-CREF had already met "essential objectives" of the proposal by divesting from other companies that do indeed violate human rights, a camp in which Israel clearly does not reside. This is a powerful precedent that APHA should consider when seeking a more balanced approach to addressing public health in the region.

Instead of the divisive approach of divestment there are many instances of constructive engagement, both at the governmental level and with NGOs that should be encouraged. For example Hadassah helps

facilitate the treatment of hundreds of Palestinian children from the West Bank and Gaza in Israel, among many other major humanitarian efforts.[27] When Palestinian Health Minister Hani Abedeen visited Palestinian patients at Jerusalem's Hadassah hospital in 2013, Hospital Director Dr. Yuval Weiss was clear, "Medicine is a bridge to peace. There are no borders when it comes to treating patients."[28]

Finally, American foreign and military aid is provided to address broader concerns of security and peacemaking, and not addressed to these purposes. While we understand the deep concern for the lives of the Palestinians and for peace, we believe that the APHA traditions of equity and moral focus should lead it to constructive, rather than punitive engagement on the issue.

On the issues of non-violence and the U.N., we feel that these issues can be best addressed through support for the peace process currently underway, which is endorsed by the Quartet comprised of the U.N., United States, the European Union and Russia.

Recommendations: The Way Forward

Instead of the using the divisive tool of divestment, we believe there are better ways to "take proactive steps to bring a just and peaceful end to the Israeli-Palestinian conflict." This should include the following:

- Supporting peace negotiations between the parties to achieve a two state solution that allows both sides to exercise their rights for national self-determination.
- Engaging the public health officials and organizations who are already active in bringing the parties together and serving the health needs of both peoples.

If the APHA seeks to explore how it can best be helpful in finding constructive means for improving the health and well-being for people in the region, we would be pleased to participate in any such process. As members of APHA, we understand the proposed policy statement is in process and may be altered further. We feel that any step taken must both accurately contextualize the Israel-Palestinian conflict, and also concern itself with the public health considerations of all involved parties. **Public health in the region cannot be improved if concern is only shown for one side. We feel that given these considerations, it would be premature for APHA to adopt a policy statement at this time.**

It is therefore our sincere hope that these concerns will be taken into account, resulting in meaningful public health improvements for both Palestinians and Israelis alike.

Thank you for your consideration,

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