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23 II. Submitted on behalf of the following co-sponsoring sections (see APPENDIX A)

24 International Health Section (prime)

25 Medical Care

26 Occupational Safety and Health

27 Peace Caucus

28

29 With the support of these APHA leaders

30 Linda Rae Murray, past president, APHA

Compiled by the Faculty Action Network

C7 – APHA Calls for Improved Health in Palestinian Occupied Territory

- 1 Carmen Nevarez, past president, APHA
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5 III. Author disclosure statements

6 (see appendix B)

7 IV: Collaborating Units

8 No external organizations participated in the preparation of this resolution.

9 V. Title

10 **APHA Calls for Improved Health in Palestinian Occupied Territory**

11 VI. Abstract

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

1 VII. Relationship to existing APHA policy

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

8

9 20094 Ensuring the Achievement of the Millennium Development Goals: Strengthening
10 US Efforts to Reduce Global Poverty and Promote Public Health Alliance
11 International

12 20095 The Role of Public Health Practitioners, Academics and Advocates in Relation to
13 Armed Conflict and War

14 200718 Opposition to US Attack on Iran

15 200617 Opposition to the Continuation of the War in Iraq

16 2002-11 Opposing war in Central Asia and the Persian Gulf

17 200030 Preventing Genocide

18 9923 Opposing war in the Middle East

19 8724 Opposition to Contra Aid In Nicaragua

20 8531 The Health Effects of Militarism

21 8420 The New Threat to Nicaragua and World Peace

22 8306 The Health Effects of United States Intervention in Nicaragua

23 8319 US Military Health Care Workers in El Salvador 7913 World Peace and the
24 Military Budget

25 7412 Chemical and biological Methods of Warfare

26 7319 Lives and Safety of Public Health Colleagues in Chile

27 VIII. Rationale for consideration:

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

1 IX. Problem Statement

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

8

9 The American Public Health Association and the World Federation of Public Health
10 Associations have also articulated the important role of public health professionals in
11 preventing armed conflict (APHA 2009, WFPHA May 2011).

12

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

19

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

24

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

27 **Demographic and Health Conditions**

28 The estimated number of Palestinians living in the occupied Palestinian Territory is 4.4
29 million, of whom around 2.7 million reside in the West Bank, 1.7 million in Gaza Strip
30 and a quarter of a million in East Jerusalem. Almost half of these are considered refugees.

31 Another 1.4 million Palestinians are estimated to live in Israel. Palestinians and Israeli

1 Jews are estimated to have roughly equal populations within historical (British Mandate)
2 Palestine.^{14, 17-21}
3
4 The Palestinian territory is highly geographically fragmented, with Israeli settlements and
5 Israeli-only roads (protected by the Israeli military) interrupting the continuity of
6 territory. A separation wall has been built by Israel, along the West Bank, estimated to be
7 about 440 miles long when it is complete, 80% of which exists beyond the internationally
8 recognized armistice line (the “Green Line”) within West Bank territory.²²Gaza is a
9 narrow coastal strip 25 miles long and 3.5 to 7.5 miles wide.²³The CIA Factbook reports
10 about the Gaza strip: “High population density and Israeli security controls placed on the
11 Gaza Strip since the end of the second intifada have degraded economic conditions in this
12 territory. Israeli-imposed border closures...have resulted in high unemployment, elevated
13 poverty rates, and the near collapse of the private sector that had relied on export
14 markets. The population is reliant on large-scale humanitarian assistance, led by UN
15 agencies.”²⁴UNDP reports the mean years of schooling for adults is eight years, and the
16 per capita income is below \$3,000 per year.²⁵Life expectancy is about 73.6 years for
17 females and 70.8 for males.²⁶Gaza’s population is projected to grow to an estimated 2.1
18 million over the next eight years. The fundamental infrastructure in electricity, water and
19 sanitation, municipal and social services, “is struggling to keep pace with the needs of the
20 growing population,” according to a 2012 UN report.²³
21
22 A 2009 *Lancet* report indicates destruction and the Israeli refusal to allow entry of
23 sufficient materials for building and repair have severely restricted fuel supplies and
24 access to water and sanitation²⁰ (although there has been recent encouraging news that
25 perhaps these restrictions are lifting²⁷). The Israeli separation wall and the checkpoints
26 prevent access to work, family, sites of worship, and health-care facilities. Poverty rates
27 are high, and almost half of Palestinians are dependent on food aid. Social cohesion,
28 which has kept Palestinian society intact, including the health-care system, is now
29 strained.²⁰Since 2000, life for Palestinians has become much harder, more dangerous and
30 less secure.²⁸Events since the *Lancet* report have only made matters worse, including

1 Israel’s “Operation Cast Lead” invasion of Gaza in 2008/09, and the November 2012
2 bombardments.^{29, 30}

3 **Maternal and Child Health**

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

9

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

15

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

21

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

29

30 Protection of children in high-conflict settings is difficult. A resource kit to support child
31 protection was developed by an inter-agency Child Protection Working Group (which

1 includes UNICEF and Save the Children, among many organizations). The group
2 attempted to employ its resource kit to document the effects on children of Israel's
3 Operation Cast Lead invasion of Gaza in early 2009. The child protection team reported
4 430 child deaths, separated children, increased vulnerability of children living in shelters
5 and temporary homes, increased disabilities among injured children, and negative effects
6 on child psychosocial and mental health.³⁵

7
8 A study of families in a Palestinian refugee camp in the West Bank conducted in
9 December 2008 indicated more than three in four parents interviewed thought of their
10 children as not in good health.³⁶ Birth defects in Gaza are reported at a prevalence of 14
11 per 1,000, with associations to parental exposure to weapons-associated
12 contaminants.³⁷ Negative effects of conflict on children's mental health has been well
13 documented.^{31, 36, 38, 39} A report on children's responses to wartime trauma in 2007 (before
14 the 2008 invasion) found 65% of mothers in Gaza reported severely impaired
15 psychosocial and emotional functioning in their children, with exposure to violent war-
16 related traumatic events found to be a significant contributor.⁴⁰ Palestinian students
17 reported the lowest life-satisfaction scores compared with 35 other countries.²⁸

18 **Mental Health**

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

1 individuals affecting their lives.³⁸ Adolescents in Gaza, as well, were found to be
2 psychologically distressed as a result of the war.⁴⁵

3 **Health System**

4 The health system in Palestinian territory has been described in the *Lancet* as
5 “fragmented and incoherent;”⁴⁶ this is perhaps a result of assorted funding and
6 administrative arrangements.⁴⁷ As a result, health care becomes increasingly overloaded
7 and difficult to access. Despite the problems with the health system, researchers note
8 there would likely be adequate health care coverage for the population if freedom of
9 movement were a reality.⁴⁸

10

11 The UN Office for the Coordination of Humanitarian Affairs called for an end to the
12 Gaza blockade and barrier Wall in a 2011 report, because of their effects on the health
13 and health systems in Palestinian territory. The report said, “As most services and
14 livelihoods are located on the ‘Palestinian’ side of the Barrier, residents have to pass
15 through Barrier checkpoints to reach hospitals and health centres, schools and
16 workplaces. The impact on the residents’ access to health is a particular source of
17 concern...Free movement and access, as well as the ability to plan and develop
18 communities, are vital to sustain livelihoods, reduce dependence on humanitarian
19 assistance, and enable economic recovery.”⁴⁹

20

21 Most damaged health facilities were repaired after the invasion of Gaza in late 2008/early
22 2009 (Operation Cast Lead), including 33 out of 40 primary health care centers. Ten out
23 of 12 hospitals were repaired by early 2012, along with 78% of water and sanitation
24 facilities.⁵⁰ However, the bombardments in November of 2012 that targeted hospitals are
25 likely to have undermined that progress. The World Health Organization reported that at
26 least 10 health facilities were physically damaged, including one hospital and 6
27 ambulances that were severely damaged due to direct hits from the Israeli
28 military.⁵¹ Furthermore, hospital services in the Gaza strip were severely crippled during
29 the 2012 conflict. This was due to overwhelming demand for services from Palestinian
30 civilians in Gaza and an associated shortage of supplies-which is an ongoing problem in
31 Gaza.^{52, 53}

1

2 Almost half (42.5%) of essential drugs were at zero stock level in May of 2012 and 65%
3 of medical disposables were at zero stock in October 2012. These shortages were
4 exacerbated by the hostilities, which generated overwhelming demand for services (1,399
5 residents of Gaza were injured, according to the Ministry of Health). While waiting for
6 emergency donations, Gaza' Ministry of Health reported zero stock levels of 59% of
7 disposables and 40% of essential drugs.^{51, 53}

8

9 War-related trauma exposure to health personnel is another stressor on the health system.
10 One study in Gaza examined the effects on hospital physicians and nurses of the invasion
11 of Gaza in 2009. Compared to unexposed hospital personnel, exposed hospital personnel
12 had a significantly higher level of post-traumatic symptoms during the Gaza War and 6
13 months later. War-related stress was associated with post-traumatic symptoms among
14 hospital personnel even 6 months after exposure.⁵⁴

15

16 A recent study of Palestinian patients from the West Bank and Gaza strip demonstrated
17 that the requirement of obtaining permits to cross borders for health care access
18 substantially affects health care access for Palestinians, causing delays in treatment; at
19 least 6 Palestinian patients in Gaza died while waiting for permits.⁵⁵ Another study looked
20 at effects on ambulance drivers responsible for transporting patients across Israeli
21 checkpoints. While attempting to deliver care, providers encountered disruptions,
22 harassment and violence. These interferences with health personnel interrupted care and
23 contributed to job stress.⁵⁶

24 **Poverty and Unemployment**

25 The relationship between employment and health is well documented.⁵⁷⁻⁵⁹ The specific
26 benefits of employment to health have been identified as imposition of a time structure
27 associated with regular activity, increase in the scope and variety of social experience,
28 participation in a collective purpose; status and identity for the individual, and, of course,
29 as a source of money to support the costs of daily life.^{60, 61} These are all factors that could
30 be associated with motivating an interest in building peace with one's neighbors, as well.

31

1 A 2012 report by the WHO Secretariat confirms unemployment rates in Palestine are
2 among the highest in the world,²⁶ and the UNDP reports the occupied Palestinian territory
3 ranks 114 out of 187 countries in the Human Development Index of 2011.²⁵ According to
4 a 2010 UNDP report, after the 2007 Israeli ban on the export of all goods from the Gaza
5 Strip and the importation of anything not approved by Israel, most of the manufacturing
6 industry closed, leading to a surge in unemployment which currently stands at
7 40%.⁶² Widespread child labor, including selling goods along the street, was found to be
8 associated with mental health problems.⁶³ Another UN report indicated that in 2011,
9 within the West Bank, “10,000 Palestinian-owned trees, primarily olive trees, were
10 damaged or destroyed by Israeli settlers, significantly undermining the livelihoods of
11 hundreds of families.”⁶⁴ The 2012 UN report on Gaza states that since the area has been
12 essentially isolated since 2005, its economy is fundamentally unviable under present
13 circumstances. “Gaza is currently kept alive through external funding and the illegal
14 tunnel economy,” the report states. “The people of Gaza remain worse off than they were
15 in the 1990s. ... Unemployment is high and affects women and youth in particular.”²³ The
16 World Bank issued a report in 2007 indicating Palestinian economic growth cannot be
17 achieved without dismantling Israeli restrictions on the movement of people and goods.⁶⁵

18 **Humiliation**

19 Humiliation is a central component of war, conflict, and torture.^{1, 66-69} Abuse, deliberate
20 deprivation and withholding of the elements of basic human need are tightly bound with
21 humiliation. Scholars note humiliation in conflict settings surpasses the individual level;
22 in one study Palestinians described humiliation as a cultural experience related to a
23 massive, collective “loss of dignity, honour, and justice.”⁷⁰ Unfairness is associated with
24 poor health outcomes, both mental and physical.⁷¹ The loss of dignity and the humiliation
25 associated with the Israeli occupation of Palestinian territory have negatively affected the
26 health and the quality of life of Palestinian adolescents and adults.^{66, 72}

27

28 At the heart of the crisis caused by the occupation of Palestine is the degradation not only
29 of the living conditions of the population, due to the erosion of livelihoods and the
30 gradual decline in the state of infrastructure and the quality of vital services, but also
31 threats to the dignity and agency of a population that constantly struggles to control

1 simple aspects of daily life.⁴⁹ Palestinians are humiliated at checkpoints, in prisons, and
2 during home invasions^{20, 73} Humiliation affects not only the direct target, but the
3 secondary victims: for children, their mental health is undermined by witnessing the
4 shaming and control of their parents at the hands of soldiers.^{73, 74}

5 **Conditions in which people live**

6 Medical access is severely limited due to the occupation. According to a 2011 UN report,
7 nearly 20% of patients living in Gaza missed appointments due to denied or delayed
8 travel permits; medical training is also compromised: medical staff representing an
9 “insignificant fraction of the actual needs” were allowed out of Gaza for
10 training.⁴⁹ According to a February 2012 Human Rights Watch report, “it is almost
11 impossible for [the thousands of] ‘non-registered’ Palestinians in Gaza to enter Israel for
12 medical treatments that are unavailable in Gaza’s lower-quality hospitals.”⁷⁵

13
14 Palestinians are also victims of increasing violence by settlers. A November 2011 UN
15 Report documented, “the number of settler attacks resulting in Palestinian casualties and
16 property damage has increased by 32% in 2011 compared to 2010, and by over 144%
17 compared to 2009.” Perpetrators enjoy nearly complete impunity, with “over 90% of
18 monitored complaints regarding settler violence filed by Palestinians with the Israeli
19 police in recent years ... closed without indictment.”⁶⁴ Human Rights Watch also found
20 that the year “2011 has seen by far the most settler violence since at least
21 2005.”⁷⁶ Displacement is a growing problem in Palestine. In 2011, more than 1,000
22 Palestinians (half children) had their homes demolished by Israeli forces, and an
23 additional 4,200 experienced threats to their livelihoods due to demolitions of
24 structures.⁷⁷

25
26 In Palestine, more than 15% of the total population, and 40% of men, have been detained
27 by Israeli forces. Since 2000, more than 8,000 Palestinian children have been detained.⁷⁸

28
29 According to Israeli Military Order 1651, West Bank detainees may be held without
30 formal charges being filed for terms of up to 6 months; these terms are infinitely
31 renewable. Under a similar law in Gaza, the Unlawful Combatant Law, Palestinians are

1 also held for undetermined amounts of time. Detainees can be held incommunicado for
2 up to three months. There are no special provisions under the military court system for
3 the interrogation of children. Interrogation of Palestinian people can last for 180 days, 90
4 of which can be without access to a lawyer.⁷⁸

5

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

11

12 Food security is a serious problem for more than 60% of the population in the Gaza Strip.
13 Almost a million people, suffer[ed] from a lack of food security, defined by the United
14 Nations World Food Program as “the absence of access to sufficient, safe and nutritious
15 food to meet their dietary needs and food preferences for an active and healthy life.”

16 Among this population, 94% of the households report[ed] a decline in the quality of food
17 purchased over the past year, while 59% report[ed] a decline in the amount of food
18 consumed. Dependence on humanitarian aid from the international organizations [was]
19 also constantly on the rise.” By the beginning of 2011, “71 percent of Gaza households
20 rel[ied] in some capacity on international humanitarian aid.” Physicians for Human
21 Rights “attributes high rates of food insecurity to an increase in unemployment and
22 poverty rates, which have gone up by more than 40% in the past three years [leading up
23 to January 2011], as a result of the precarious situation facing Gaza's economy.”⁸⁰

24

25 More than 90% of the aquifers in the Gaza Strip are not safe for drinking, in part because
26 of the severe restrictions imposed on the entry of spare parts to repair the water and
27 sewage infrastructures. Operation Cast Lead destroyed 11 water springs, 20 kilometers of
28 water pipes, 7.5 kilometers of sewage pipes and 5,700 mobile water tanks. In the latest
29 report available from 2010, water is available only two or three days a week in 39% of
30 the households in the Gaza Strip. Further, one in five households reported at least one
31 child under the age of five currently suffers from illnesses caused by the poor water

1 quality and the poor condition of the sewage infrastructures.⁸⁰ In the West Bank, water
2 springs owned by Palestinians for drinking water or to farm and care for livestock are
3 increasingly threatened by settlers; 30 have been completely taken over and another 26
4 are regularly “patrolled” by settlers.⁸¹

5 X. Proposed recommendations

6 The recommendations APHA is advancing are consistent with the findings and
7 recommendations of a wide array of mainstream public, private and government
8 organizations, most prominently United Nations agencies. The *Lancet* has recommended
9 that to advance Palestinian health we need “uninterrupted access to ... (health) services by
10 removal of checkpoints and barriers to access,” along with specific health system
11 improvements.³¹ The United States government’s Institute of Peace notes there is a history
12 of Palestinian and Israeli health professionals working together on cross-border disease
13 surveillance, training and advocacy for health, which can create the foundation for “peace
14 through health.”⁸² Former U.S. President Jimmy Carter, who has invested considerable
15 efforts in Middle East peace, wrote for the *Lancet*, “People everywhere share the dream
16 of a caring global community that prevents unnecessary suffering from disease, war and
17 oppression... The international community (needs) urgency to resolve this enduring
18 conflict and bring both Palestinians and Israelis the peace, health and hope they
19 deserve.”⁸³

20 XI. Opposing Arguments and Evidence

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

22
23 Some might argue that Palestinians brought their situation on themselves by supporting
24 ruling parties that favor violence and engage in corruption. For example, Hamas is a
25 militant Palestinian party that has ruled the Gaza Strip since it won a majority of seats in
26 parliamentary elections in 2006, defeating Fatah candidates who were widely seen as
27 corrupt. It could be argued that Palestinian rocket attacks on Israel (and, dating to some
28 years ago now, suicide attacks) provoked a response that was justified. The focus of this
29 resolution, however, is on the health effects of the military occupation, and that

1 occupation has been in effect since 1967, preceding the existence of Hamas and the
2 Palestinian Authority.

3
4 The health status of the Palestinian people is better than might be expected, given the
5 living conditions, and is better than that of some other populations in that region of the
6 world.²⁸ On the other hand, Palestinian health status is worse than for the citizens of
7 Israel, whose government is occupying Palestinian territory.

8
9 While there is deep dispute over the sources of conflict in the Middle East, and
10 particularly concerning the relationship of Israel with its neighbors, there are no
11 significant challenges to the findings of the UN, Human Rights Watch or Physicians for
12 Human Rights, or to the findings of the cited investigative teams which have studied
13 environmental and public health challenges for residents of the West Bank, East
14 Jerusalem, and Gaza.

15
16 We recognize Israel has legitimate concerns about its own security, but we argue this
17 powerful state can take actions to protect itself that do not impose such harms on
18 Palestinian health.

19 XII. Alternate Strategies

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

22 **Solidarity with the Palestinian people from leaders in health**

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

1 many decades.” Concluding the commentary, Horton noted that health could be the
2 catalyst to promote peace and justice in the region, and particularly for and with
3 Palestinian people.⁴⁶The *Lancet* is not the only public health organization whose recent
4 focus is the wellbeing of Palestinian people in the face of Israeli actions; the World
5 Health Organization (WHO) also regularly provides reports on and social justice
6 advocacy related to health in the occupied Palestinian territory.⁸⁴

7 **Boycott, Divestment and Sanctions**

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

17
18 Aspects of this call have been endorsed by many U.S. and international organizations,
19 including Jewish Voice for Peace, the Episcopal Bishop's Committee for Israel/Palestine,
20 the Presbyterian and Methodist churches, and the American Friends Service
21 Committee.⁸⁶The military occupation is funded partly through U.S. military assistance to
22 the state of Israel, and it creates profits to a wide range of international
23 corporations.⁸⁷Some of these corporations are represented in the investment and pension
24 funds of U.S. hospitals, universities, and other non-profit organizations.⁸⁷At the 2012
25 APHA meeting in San Francisco, 295 APHA members signed a letter to TIAA-CREF (a
26 prominent holder of pension funds) asking the organization to divest from companies that
27 profit from the occupation. (see WeDivest.org)

28 **Palestinian non-violence**

29 The 2012 hunger strikes of almost 1,600 Palestinian prisoners are a new addition to
30 existing Palestinian non-violent resistance to the occupation. Palestinians have long

1 utilized methods of nonviolence—dating back to the British civil administration of
2 “Mandatory Palestine” of the (1920 to 1948) and epitomized by the First Intifada of
3 the 1980s. In the midst of the Arab uprisings, the international attention on the region
4 provides a moment of focus for civil resistance, and the nascent coalition of actors
5 utilizing these methods is growing. Palestinian NGOs are united in support of strategic
6 nonviolence.^{87, 88}

7 **United Nations approach**

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

11
12 The United Nations Human Rights Council publishes regular reports on the status of the
13 conflict in Palestine, and emphasized in its 2012 report, “a just, lasting and
14 comprehensive settlement of the question of Palestine, the core of the Arab-Israeli
15 conflict, is imperative for the attainment of comprehensive, just and lasting peace and
16 stability in the Middle East.” To this end, the Council urged Israel to reverse its
17 settlement policy in the occupied territory, including East Jerusalem and the Syrian
18 Golan, to stop building the Wall, and to stop restricting the movement of Palestinians
19 through their own lands. These actions, the body said, “undermine the peace process,
20 constitute a threat to the two-State solution and the creation of a contiguous, sovereign
21 and independent Palestinian State, and are in violation of international law.”⁸⁹

22
23 The United Nations Office for the Coordination of Humanitarian Affairs has also
24 published its investigations of the situation in Palestine, finding restrictions impede the
25 movement of health personnel, health equipment and supplies (including drugs), and that
26 one in five patients is refused permission to travel for specialty care.⁹⁰

27 **APHA recommends that:**

- 28 1. The United States and the international community take proactive steps to bring a
29 just and peaceful end to the Israeli/Palestinian conflict wherein the individual and
30 collective rights and self-determination of both Israelis and Palestinians are

- 1 respected and there is both accountability to and respect for international law in
2 the region. This would include an end to building the separation wall, an end to
3 the siege of Gaza, an end to the expansion of the occupation through illegal settler
4 activity, an end to the restriction of movement of Palestinian people across their
5 lands, and an assurance that Israelis can live in security;
6
- 7 2. The U.S. join with health and human rights groups to condemn acts of war and
8 aggression in the region, including the bombing of cities and critical
9 infrastructure; the use of targeted assassinations, administrative detentions; the
10 control of civilian populations by soldiers; rocket fire from both the Israeli
11 military and Palestinian factional groups into civilian areas; and military and
12 police incursions into homes of civilians.
13
- 14 3. U.S. public health agencies work together with Palestinian health professionals
15 to increase research, investments, and interventions that build new knowledge and
16 contribute to self-governance in a way that can meaningfully address the human
17 health problems associated with living in conditions of war and deprivation (for
18 example, by continuing the USAID Palestinian Health Sector Reform and
19 Development Project⁹¹);
20
- 21 4. Financial organizations that hold retirement and investment accounts of public
22 health workers (such as TIAA-CREF) offer an occupation-free account option for
23 members who seek to avoid investing their assets in companies that threaten
24 health by providing and managing the infrastructure of occupation; and
25
- 26 5. Palestinians advance health and human rights by utilizing non-violent responses
27 to the conflict and the occupation.
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Citations

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4
5
6 **APPENDIX A.**

7
8 February 13, 2013

9 To APHA Staff:

10 This letter serves as confirmation that proposed policy statement “APHA Calls for
11 Improved Health in Palestinian Occupied Territories” was submitted by Amy Hagopian
12 on behalf of the International Health Section.

13
14 Signed,

15 Paul Freeman

16 Chair, International Health Section

17 =====

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

19

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

24 Arlene Ash Chair, Medical Care section

25

26 =====

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

28

29 To APHA Staff,

30

31 This email serves as confirmation that proposed policy statement “APHA Calls for

C7 – APHA Calls for Improved Health in Palestinian Occupied Territory

1 Improved Health in Palestinian Occupied Territory” was submitted by Amy Hagopian
2 with the support of the OHS Section.”

3

4 Signed,

5 Mary E. Miller

6 Chair, OHS Policy Committee

7 marymill@uw.edu

8 206.679.5846

9

10 "The arc of the moral universe is long, but it bends toward justice." ~

11 Martin Luther King, Jr

12

13 =====

14 On Feb 18, 2013, at 3:47 PM, Robert Gould wrote:

15 To APHA Staff: This letter serves as confirmation that proposed policy
16 statement “APHA Calls for Improved Health in Palestinian Occupied Territory” was
17 submitted with the support of the Peace Caucus.

18 Signed,

19 Bob Gould, Chair

20 Peace Caucus

21 <rmgould1@yahoo.com>

22 =====

23 On Feb 11, 2013, at 10:50 AM, Carol Allen wrote:

24

25 Hi Amy,

26 I will be happy to support the resolution. Keep me updated on progress.

27 Best wishes.

28 Carol Allen

29 callen1946@gmail.com

30 =====

31 On Feb 15, 2013, at 11:58 AM, Joseph Telfair wrote:

C7 – APHA Calls for Improved Health in Palestinian Occupied Territory

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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>

C7 – APHA Calls for Improved Health in Palestinian Occupied Territory

1 Nancy, you have my endorsement you may add my name. I have a good friend who has
2 spent many years working in makeshift hospitals (tents) in the occupied territory and I
3 cannot agree with you more.

4 For the purposes of APHA policy process, (since I do not follow it closely) I would hope
5 that this statement makes a unique contribution to the policy body.

6

7 Thank you for doing this, Carmen

8 From: Walter Tsou <walter.tsou@verizon.net>

9 Date: February 20, 2013 9:59:26 AM PST

10 To: Nancy Stoller <nancys@ucsc.edu>

11

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

15 Signed,

16 Walter Tsou

17 =====

APPENDIX B.

Name:	Amy Hagopian
Organization:	University of Washington, Seattle
Title:	Assistant Professor
APHA Section	International Health
Email:	hagopian@uw.edu
Phone:	206-616-4989

Name:	Nancy Stoller
Organization:	University of California, Santa Cruz
Title:	Professor Emerita
APHA Section	Medical Care, International Health
Email:	nancys@ucsc.edu
Phone:	415-595-0151

Name:	Cindy Sousa
Organization:	Bryn Mawr College
Title:	Alexandra Grange Hawkins Lectureship in Social Work, Graduate School of Social Work and Social Research
APHA Section:	Social Work
Email:	csousa@brynmawr.edu
Phone:	610-520-2623

Conflicts of interest (competing interests) include facts known to a participant in the policy statement development process that if revealed later, would make a reasonable reader feel misled or deceived (or an author or reviewer feel defensive). Conflicts of interest may influence the judgment of authors and reviewers; these conflicts often are not immediately apparent to others or to the reviewer. They may be personal, commercial, political, academic, or financial.

Financial interests may include employment, research funding (received or pending), stock or share ownership, patents, payment for lectures or travel, consultancies, nonfinancial support, or any fiduciary interest in the company. The perception or appearance of a conflict of interest, without regard to substance, alone creates conflict, because trust is eroded among all participants.

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 No