

Radcliffe Workshop
Past, Present, and Future of Palestinian Health

The following is a statement put forth by the 2022 Radcliffe Workshop on the Past, Present, and Future of Palestinian Health.

In 2021, international human rights groups began to rhetorically recognize what Palestinians on the ground had been reporting for years; that they were living under a system of segregation, discrimination, and violence that constitutes the crime of apartheid. These systems manifest across all aspects of Palestinian life, including movement, education, economics, and health. However, these sectors are too often treated as humanitarian issues to be managed, rather than as the rights denied by settler colonial practices. Instead, humanitarianism in Palestine, in its formation and consolidation, has helped place the responsibility to the health of Palestinians on the fleeting good intentions of the donor community, leaving significant gaps in care while moving away from genuine justice and liberation.

We offer a statement highlighting the key points that should be considered in the practice, scholarship, and advocacy of Palestinian physical and mental health.

1. Health is political; this is true across all contexts but should be a guiding principle of any scholarship or interventions regarding Palestinian health. Poor health outcomes for Palestinians should not be discussed only in terms of economic or biomedical inputs and outcomes, but with recognition of the social and political forces that control their lives.
2. Settler colonialism must be identified as a fundamental determinant of health for Palestinians, influencing all aspects of not just the health system, but other social determinants of health including access to food, water, and housing. Thus, Palestine does not just need to strengthen its health system; it requires an anti-colonial approach to dismantle the systems that discriminate against and harm Palestinians, and rebuild systems centered around equity and justice.
3. Palestinians are not a monolithic group. Their diversity must be appreciated as significant determinants of their health status and the forms of health care they can access. Class, geography, citizenship, gender, and other intersecting characteristics and sub-identities should be acknowledged in health-related scholarship and interventions.
4. Humanitarian actors have a special responsibility to situate their work in the socio-political context of the populations they have a mandate to serve. The discourse around Palestine as a 'humanitarian situation' has been employed in an effort to stifle the political aspirations of Palestinians and as a tool to alleviate Israel from its responsibilities as an Occupying Power. Simply providing relief and response to crises is insufficient, and in fact may continue to enable and entrench the oppressive systems in place.
5. Health has historically been a significant piece of Palestinian transnational struggle for liberation and a mobilizing force, and should be recognized as such. De-politicizing health has resulted in health being entirely disconnected from the

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broader Palestinian project, and this has closed multiple avenues of coalition-building, localization, and restoring and reassembling a fragmented society.

6. Palestinian successes in health, against all odds, must be recognized, amplified, and supported. While measuring deficits and reporting human rights violations are necessary practices, too often they obscure the hard work being done on the ground. Assessing what is working provides evidence for future approaches to build upon, in Palestine and for other contexts experiencing colonial violence and oppression.

7. Stakeholders interested in Palestinian health should be focused on building solidarity networks to protect against silencing, censorship, and other efforts that restrict meaningful scholarship and practice in health. Each generation should work towards expanding what is possible for the future.

8. Palestine can and should be a model for a health care system genuinely focused on around community- and patient-centered health. From reform in medical education, to greater emphasis on prevention efforts, to localization efforts that empower Palestinians across geographies to access the care they need, a panoply of efforts is required, many of which are possible under current conditions and should be prioritized.

9. While unique in many ways, it is vital to de-exceptionalize Palestinian health challenges and situate them more broadly within other systems of domination and oppression, across history and geography. This is vital both for modern advocacy efforts, but also to instill in future generations of Palestinians the idea that they are a significant part of a long-term global struggle.

10. Practitioners, scholars, and advocates involved with Palestinian health efforts must encourage interdisciplinary and social medicine-based engagement—merging the social sciences with medicine and public health to recognize the multifaceted connections between Palestinian life, health, and death. Social medicine should be widely emphasized across health communities working in Palestine, and relevant evidence should be shared and acted upon within the Palestinian context.