

# COVID-19 in Palestine: A Pandemic in the Face of “Settler Colonial Erasure”

by Yara Hawari

As of early September 2020 more than 27 million cases of COVID-19 have been recorded worldwide, along with approximately 890,000 deaths. After many months of lockdown, countries are having to re-open despite growing infection rates and fears of a second wave while people adapt to a “new normal” which includes restrictions, social distancing and limited travel.

At the start of the lockdowns, many Palestinians commented that the world now finally understood what life was like for them. Particularly in the West Bank and Gaza, the curfews, the closure of public spaces, the inability or difficulty to travel, lingering anxiety and perpetual uncertainty are features common to Palestinian life. However, this new global reality reflects only a fraction of the Palestinian experience of suffering from nearly a century of

ongoing settler colonialism.

Australian scholar, Patrick Wolfe, described settler colonialism as “a structure not an event”<sup>1</sup> and its driving logic as the elimination of the indigenous people. This ongoing settler colonial process is often referred to by Palestinians as *al-nakba al-mustamirra* (the ongoing catastrophe), and further manifests itself through expulsions, confiscation of land, incarceration, military bombardments and ghettoization processes across historical Palestine.

Part of this system of control has been to divide Palestinians into specific social and political categories based

<sup>1</sup> Patrick Wolfe, “Settler Colonialism and the Elimination of the Native”, in *Journal of Genocide Research*, Vol. 8, No. 4 (2006), p. 388, <https://doi.org/10.1080/14623520601056240>.

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on their geographic location and primarily enforced through identity cards: Palestinian citizens of Israel, Palestinians in East Jerusalem, Palestinians in the West Bank, in the Gaza Strip and the Palestinian refugees in the diaspora. This is an important context to keep in mind when assessing the COVID-19 pandemic and Palestinian capabilities to confront it.

## *The pandemic*

The first measures taken against COVID-19 in the West Bank occurred in early March 2020 after the discovery of seven cases in Bethlehem linked to a tourist group from Greece. The Palestinian Authority (PA) declared a state of emergency, imposed a lockdown on the city and enforced a curfew on residents.<sup>2</sup> Such measures were gradually extended in the following months, as infection rates increased.<sup>3</sup>

Yet, between March and June, the West Bank and Gaza as well as the communities of Palestinians in Jerusalem and Israel went through a relatively mild wave of COVID-19. By mid-June, there were only 665 registered cases of COVID-19 in the West Bank and Gaza<sup>4</sup> (population 5

million) – of which 180 cases among Palestinians in Jerusalem (population 800,000) – and limited cases among Palestinians in Israel (population 2 million).

This drastically changed in July with the onset of a second wave. The reasons are yet to be thoroughly researched, however it is likely that the relaxing of the lockdown as well as the disregard for restrictions on gatherings such as weddings played a major role. By the end of the month, cases shot up into the thousands. By early September the total number of active cases in the West Bank and Gaza stood at over 11,000.<sup>5</sup>

While there are parallels between the situation in Palestine and that in other countries, the context of a harsh settler colonial regime represents an especially formidable challenge.<sup>6</sup> This has had a direct and detrimental effect not only on Palestinian access to healthcare, but also on the quality of the care itself.

Under international law, as the recognised occupying power, Israel is responsible for making sure that Palestinians have the fullest extent of medical care. Not only does it fail to do so, it also actively makes it difficult for Palestinians to achieve this on

<sup>2</sup> Yara Hawari, “In Palestine, COVID-19 Meets the Israeli Occupation”, in *Al-Shabaka Policy Memos*, 14 April 2020, <https://al-shabaka.org/memos/in-palestine-covid-19-meets-the-occupation>.

<sup>3</sup> Alaa Tartir and Yara Hawari, “Palestine and COVID-19: Global Standards, Local Constraints”, in *Mideast Policy Briefs*, No. 7 (2020), <https://www.prio.org/Publications/Publication/?x=12390>.

<sup>4</sup> World Health Organization, *Coronavirus Disease 2019 (COVID-19): Situation Report 32. Occupied Palestinian Territory*, 11 June 2020, <https://reliefweb.int/node/3643460>.

<sup>5</sup> UN Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory (OCHA oPt), *COVID-19 Emergency Situation Report 17 (29 August–8 September 2020)*, <https://www.ochaopt.org/node/10838>; Coronavirus (COVID-19) in Palestine (website in Arabic), <https://corona.ps>.

<sup>6</sup> Yara Hawari, “COVID-19 in the West Bank and Gaza: A Second Wave Under Military Occupation and Siege”, in *MEI Publications*, 29 July 2020, <https://www.mei.edu/publications/covid-19-west-bank-and-gaza-second-wave-under-military-occupation-and-siege>.

their own. The following will be an overview of the challenges faced by Palestinians in their various geographic components within historic Palestine when it comes to tackling COVID-19.

## *The West Bank and Gaza*

The West Bank and Gaza Strip are confronting COVID-19 from a reality of Israeli military occupation, which weakens the ability of Palestinian authorities and the Palestinian people to respond effectively to the deadly virus. Indeed, the 53-year occupation has seriously depleted medical capabilities in the West Bank and Gaza. The donor-dependent system has shortages in equipment, medication and staff due to such issues as military raids and restrictions on imports.

The denial and restriction of medical supplies and equipment includes treatment like chemotherapy and radiotherapy, making it impossible to treat cancer patients in Gaza, while severely limiting capacity in the West Bank. Here, Palestinians are at the mercy of Israeli authorities, who will determine if they can get a permit for the treatment they need.

These practices also include attacks on medical facilities, staff and patients; for example, between 2008 and 2014, successive Israeli bombardments of Gaza saw 147 hospitals and primary health clinics and 80 ambulances damaged or destroyed, and 145 medical workers injured or killed.<sup>7</sup> Palestinian

<sup>7</sup> Medical Aid for Palestinians (MAP), “Health under Occupation”, in *MAP Briefing Series*, September 2017, p. 13, <https://www.map.org.uk/campaigns/health-under-occupation-briefing->

patients have also been abducted from their hospital beds by the Israeli army.<sup>8</sup>

As it stands, there are only 255 intensive care beds in the West Bank for a population of 3 million and only 120 in Gaza for a population of 2 million.<sup>9</sup> In total there are 6,440 hospital beds between the two territories.<sup>10</sup>

These challenges have been further exacerbated by a systematic de-development of the Palestinian healthcare sector, rendering it almost totally reliant on the donor community and Israel for supplies and equipment.

Such trends were aptly demonstrated early on in the outbreak, when Israel was applauded for “allowing” a minimum of internationally donated medical supplies to reach the West Bank. One example, was a shipment of 3,000 tests and 50,000 masks from the World Health Organization to the PA in

papers. See also Al Mezan Center for Human Rights (Al Mezan), Lawyers for Palestinian Human Rights (LPHR) and MAP, *Chronic Impunity: Gaza’s Health Sector Under Repeated Attack*, March 2020, <https://www.map.org.uk/news/archive/post/1103>.

<sup>8</sup> Al-Haq, *Undercover Israeli Military Forces Raid Hospital in Hebron, Kill One Palestinian and Arrest Another*, 18 November 2015, <http://www.alhaq.org/advocacy/6466.html>.

<sup>9</sup> State of Palestine, *State of Emergency: Palestine’s COVID-19 Response Plan*, 26 March 2020, p. 3, <http://www.palgov.ps/en/article/210/Palestine-s-COVID-19-Response-Plan>; Alaa Tartir and Yara Hawari, “Palestine and COVID-19...”, cit.

<sup>10</sup> Palestinian Central Bureau of Statistics (PCBS) website: *Number of Hospitals, Hospital’s Beds and Beds Per 1000 Inhabitant in Palestine by Region, 2018*, [http://www.pcbs.gov.ps/Portals/\\_Rainbow/Documents/health-2018-02E.html](http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/health-2018-02E.html).

March,<sup>11</sup> quantities that were far below actual needs.

In addition to this slow but steady violence against the healthcare system in the West Bank and Gaza, the Israeli regime has also engaged in more insidious attacks against Palestinian attempts to confront the virus. Clinics have been totally destroyed, such as one in the Jordan Valley in late March and, in late July, another in Hebron<sup>12</sup> – the hardest-hit West Bank governorate.

Today, the Palestinian authorities in the West Bank and Gaza seem to have a limited strategy for dealing with the virus, consisting mainly of imposing varying degrees of lockdown in the areas under their control. Their lack of sovereignty and ability to control movement because of the Israeli military occupation only exacerbates this limitation.

## East Jerusalem

East Jerusalem and its Palestinian residents have been subjected to systematic neglect since being occupied (1967) and illegally annexed (1980) by Israel, rendering them ill-equipped to deal with COVID-19. The

Palestinian Health Ministry is not permitted access to East Jerusalem and thus Palestinians have to rely on Israeli authorities to provide services and funds. This it does inadequately, with Israel diverting most of its resources to Jewish Israeli citizens in the city.

Such practices have led to chronic underfunding, resulting in acute shortages in beds, equipment and staff. Between the three main hospitals, Al-Makassed, Augusta Victoria and Saint Joseph, there are only 22 ventilators and 62 beds for COVID-19 patients.<sup>13</sup> This situation has been exacerbated by the Trump administration's decision to cut 25 million US dollars in funding to East Jerusalem hospitals in 2018. As it stands, these hospitals are 75 million US dollars in debt with medical suppliers,<sup>14</sup> leaving them teetering on the edge of collapse.

It is also reported that there were long delays in opening test centres and quarantine facilities at the onset of the pandemic.<sup>15</sup> Indeed it was not until April that authorities set up a testing facility in East Jerusalem whereas the main quarantine facility was set up by Palestinians themselves and continues to be run by volunteers.

<sup>11</sup> "COGAT Delivers 3,000 Coronavirus Test Kits, 50,000 Masks to PA", in *The Jerusalem Post*, 25 March 2020, <https://www.jpost.com/middle-east/cogat-delivers-3000-coronavirus-test-kits-50000-masks-to-pa-622371>.

<sup>12</sup> B'Tselem, *During the Coronavirus Crisis, Israel Confiscates Tents Designated for Clinic in the Northern West Bank*, 26 March 2020, <http://www.btselem.org/node/212841>; Yumna Patel, "Landowner Says Israeli Authorities Demolished COVID-19 Testing Site on Donated Plot", in *Mondoweiss*, 23 July 2020, <https://mondoweiss.net/2020/07/israel-destroys-covid-19-testing-clinic-in-hebron-as-cases-soar>.

<sup>13</sup> Judith Sudilovsky, "East Jerusalem Scrambles to Prevent COVID-19 Outbreak before Ramadan", in *+972 Magazine*, 22 April 2020, <https://www.972mag.com/east-jerusalem-coronavirus-ramadan>.

<sup>14</sup> Ibid.

<sup>15</sup> Al-Haq, Jerusalem Legal Aid and Human Rights Center (JLAC) and MAP, *COVID-19 and the Systematic Neglect of Palestinians in East Jerusalem*, July 2020, p. 7, <https://www.map.org.uk/campaigns/-3>.

Such efforts by Palestinians were repeatedly disrupted by Israel. In mid-April, for example, the Israeli police raided and shut down a volunteer-run clinic in the East Jerusalem neighbourhood of Silwan and arrested clinic workers because they were conducting COVID-19 tests that had been donated by the PA.<sup>16</sup>

Earlier in the year, Israeli authorities also arrested Palestinian volunteers attempting to distribute supplies to impoverished communities in East Jerusalem.<sup>17</sup> These attacks and the aforementioned collapse of health services, mean that Palestinians in East Jerusalem are unable to confront the pandemic in an effective manner.

### *Palestinian citizens of Israel*

Palestinian citizens of Israel are similarly neglected and marginalised. They mostly live in crowded localities and enclaves segregated from the Jewish Israeli population, allowing Israel to deprive the Palestinian population of adequate services, including health services.

With a population of 2 million (20 per cent of the population of Israel), 47 per cent of the Palestinian community live

under the poverty threshold and thus face even more precarity and insecurity. This positioning within Israeli society is a result of deliberate political policies of exclusion.

This was made even more apparent through the Israeli regime’s COVID-19 policies. At the start of the pandemic, the Israeli Health Ministry failed to publish virus guidelines in Arabic.<sup>18</sup> Only after outrage from Palestinian civil society and human rights groups did the ministry begin to publish limited documentation in that language.

There has also been limited testing and tracing in Palestinian localities, meaning that true infection rates are not known. Meanwhile, these localities are struggling to keep the health service afloat, so much so that Palestinian local councils went on strike in May, in protest against Israel’s failure to forward emergency stipends promised in order to deal with the virus.<sup>19</sup>

### *Conclusion*

The pandemic is clearly not serving as a great equaliser around the world; rather, it is shining a spotlight on structures of power and oppression that privilege the health of some over others. This

<sup>16</sup> Nir Hasson, “Israel Shuts Palestinian Coronavirus Testing Clinic in East Jerusalem”, in *Haaretz*, 15 April 2020, <https://www.haaretz.com/israel-news/premium-israeli-police-raid-palestinian-coronavirus-testing-clinic-in-east-jerusalem-1.8767788>.

<sup>17</sup> Yumna Patel, “After Weeks of Ignoring Its Palestinian Citizens, Israel to Step Up Testing in Arab Towns”, in *Mondoweiss*, 3 April 2020, <https://mondoweiss.net/2020/04/after-weeks-of-ignoring-its-palestinian-citizens-israel-to-step-up-testing-in-arab-towns>.

<sup>18</sup> Suha Arraf, “Israel Didn’t Publish Coronavirus Guidance in Arabic – So Palestinians Stepped In”, in *+972 Magazine*, 17 March 2020, <https://www.972mag.com/coronavirus-guidance-arabic-israel>.

<sup>19</sup> Jack Khoury and Noa Shpigel, “Israeli Arab Councils Strike in Protest of Inadequate Coronavirus Aid Package”, in *Haaretz*, 5 May 2020, <https://www.haaretz.com/israel-news/premium-israeli-arab-councils-strike-in-protest-of-inadequate-coronavirus-aid-package-1.8821694>.

is certainly the case for Palestinians, whereby Israel’s settler colonial regime has directly impacted their health and access to healthcare.

This treatment of Palestinians exemplifies the relationship between the settler and the indigenous population, whereby the former’s life is prioritised over the latter. The systemisation of this prioritisation over many decades has rendered Palestinians vulnerable and more susceptible to the virus.

Indeed, the pandemic adds yet another layer of precarity to their already insecure lives as a result of the continuous violence by the Israeli regime. It can therefore be concluded that Israel is not only exacerbating the conditions that make Palestinians more susceptible to infection but is also directly responsible for them, rendering the Israeli regime one of comorbidity.<sup>20</sup>

It is therefore disingenuous to argue that now is the time for cooperation and dialogue between Israel and the Palestinian authorities to confront the pandemic. Rather now is the time, as ever, to decisively call for an end to this system of erasure of the Palestinian people.

*15 September 2020*

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<sup>20</sup> Yara Hawari, “In Palestine, COVID-19 Meets the Israeli Occupation”, cit.

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