



Palestine and Israel: impact of 73 years of colonialism, apartheid and genocide

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ABSTRACT

OBJECTIVE

Occupation of Palestine was structured through a colonialist and orientalist discourse. Since 1948, Israeli policies have generated a wide range of abuses against Palestinians. This work aimed to analyze the impacts on the health and quality of life of Palestinians resulting from the Israeli occupation.

METHODS

Narrative Review of literature about impacts caused by the Israel occupation on Palestinians' health and quality of life.

RESULTS

Palestine has 2.45 million people that requires some form of humanitarian assistance. The current situation is due to constant invasion of Palestinian territories by Jewish settlements and the rigid control of conquered territories, which prevents the population from accessing basic rights such as health and food.

CONCLUSION

International humanitarian aid will not be enough to minimize the inequality experienced in the region, which is caused by the political context of coloniality and apartheid in the region.

DESCRIPTORS

Palestine, Health Impacts, Coloniality, Apartheid, Genocide, Humanitarian Assistance.

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INTRODUCTION

Self-determination of people is defined as the ability of people to govern themselves, decide their policies and agendas (political, economic, and cultural), and strengthen the unity of the population. Such decisions must be based on democratic and equalitarian grounds, without the influence of third parties¹. This basic right was taken from the Palestinians, as well as the right to land, come and go, to access quality healthcare, and so many others.

Occupation of Palestine was structured through a colonialist and orientalist perspective. Edward Said, in his work, emphasizes that the vision of Palestine was structured as an unoccupied land, the Palestinians as a barbaric population, and the East was once again inferior to the West. Resistance movements were labeled as terrorists². The counter-hegemonic vision is highly silenced, while there is a devaluation of the culture and history of these people. An apartheid regime is also installed, where Palestinian citizens are deprived of their land with their population surrounded and controlled in all aspects of daily life³.

Since 1948, Israeli policies have generated a wide range of abuses against Palestinians, which has been assumed as a form of genocide by various human rights authorities. Examples are the repeated military assaults on Gaza, the extensive movement restrictions through the closure of Gaza and the permit regime and the confiscation of more than one-third of the land in the West Bank⁴.

In May/2021, Israeli attacks on Palestine began once again, killing more than 250 people and leaving almost 2,000 injured in the coastal enclave of the Gaza Strip. In only 11 days, many Gazans lost their homes and livelihoods, suffering both physical and psychological injuries. Gaza's vital infrastructure, including water and sanitation networks, health, and educational facilities, were also damaged. Half of the electricity lines in Gaza didn't work and more than a dozen medical facilities, including the central COVID-19 testing lab, were damaged. Today, the situation remains, and Palestinian rights continue to be under attack⁵.

The article aims to discuss the real impacts of the creation of the State of Israel on the life of Palestinians, as well as the entire process of resistance to a colonizing occupation and an apartheid regime.

METHODS

Narrative Review of literature that clarifies impacts caused by the Israel occupation on Palestinians' health and quality of life. Data were taken from the Humanitarian Needs Overview (2020 and 2021), documents written by the United Nations Office for Coordination of Humanitarian Affairs (OCHA), as well as reports from Médecins Sans Frontières organization (MSF). Theoretical foundation was carried out through a search on Google Academic, Pubmed and Scielo platforms, using the words "Palestine", "Coloniality", "Apartheid", "Health Impacts", "Covid19", "Great March of Return", and articles published between 2010 and 2021, in English and Portuguese, were selected.

RESULTS AND DISCUSSION

According to 2021 OCHA data, Palestine has a total population of 5.2 million people, of which, 2.45 million require some form of humanitarian assistance. Among these people, 60% have severe needs, while in 2020, there were 40%. Approximately 77% of the people with severe needs are in Gaza⁶.

A recurrent problem is the expansion of Israeli settlements

and the annexation of land to Israeli territories, which is against international law. The most recent famous episode was the occupation of the Shaik Jerrah neighborhood. Majority of the people in need are related to protection and forced displacement consequences (2.1M). It is important to note that Israel controls the entry and exit of people and goods throughout the occupied Palestinian territory, which creates a shortage of supply and explain the 1.5M people who have needs related to access to essential services. Besides these, 2M people have needs related to resilience and recovery and 1.5M related to access to essential services. Currently there are 1,5M of people living under the poverty line, 1.3M of refugees and 928k people affected by conflict and related violence⁶.

Resistance against Israeli domination exists and was the reason for the creation of the Great March of Return (GMR). The protests, mostly peaceful, were fought with great military armament by the Israeli army. The Humanitarian Needs Overview of 2020 pointed out that between 2018 and 2019, during the GMR, it was estimated that approximately 36,143 people were injured during the weapons demonstration. The majority by tear gas inhalation (41%), but at least 22% were injured by live ammunition. 214 Palestinians were killed, of these 46 were children. More than 1,200 require long-term rehabilitation^{7,8}. The MSF, from 30 March 2018 until 30 November 2019, had 4,830 patients admitted to trauma clinics, 3,966 surgeries performed and 143,912 physiotherapy sessions given⁹. The great difference in armament between the two sides indicates that the situation is not a simple conflict, but an attempt to genocide a people. In addition to all the physical consequences, it is important to point out the psychological and social impact of these injuries on Palestinians' lives. In 2020, it was estimated that 10,400 people suffer from severe mental health problems and 42,000 from moderate problems⁷.

Israel also makes it difficult for the Palestinian population to access fundamental rights. About 3000 farmers who own or work on land located 1000 meters from the Israeli perimeter are discouraged from carrying out family farming due to the insecurity of the place. Likewise, 4000 fishing livelihoods families are prevented from exercising their activities due to the maritime blockade. The lack of electricity (in 2019 it was provided 12 hours a day) makes it impossible to deliver essential services, including healthcare⁶.

Apartheid between Israel and Palestine became most apparent during the COVID-19 pandemic. A February 2021 article of MSF reported that by that time, Israel had vaccinated nearly 50% of its population with the first dose and 30% with the second dose. Meanwhile, Palestine had vaccinated only 0.8% of its population. As the occupying power, Israel should have the responsibility to provide medical supplies and the application of measures to combat the spread of contagious diseases and epidemics, as enshrined in the Fourth Geneva Convention, which is clearly not happening¹⁰.

CONCLUSION

The Palestinians, since the occupation of their territory, has lived in an apartheid regime by a colonizing power that subjugates its inhabitants and exposes them to constant violence and loss of fundamental rights. International humanitarian aid for the 2.45 million people living in vulnerable situations will not be enough to end the inequality experienced in the region. All this is caused by the region's political context, which is increasingly dominant and segregated^{1,3}.

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