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## ABSTRACT

Given that Palestinians are suffering from the COVID-19 pandemic not only to a greater extent than Israelis, but explicitly because of discriminatory systems put into place by Israel before the pandemic began, it is clear that Israel is responsible for taking action to ameliorate the crisis. This includes providing vaccinations, as it is required to do as an occupying power under international law; however vaccines are not even the bare minimum. Because its system of apartheid has severely impacted Palestine's ability to build and run an effective healthcare system, Israel's already heinous treatment of Palestinians has become an issue of global public health during this pandemic. Therefore, it is obligated to put a full stop to its discrimination and violence against Palestinians including ending the blockade on Gaza, stopping home demolitions, desegregating roads in West Bank, and ending its brutal attacks on the Palestinian population.

While I give an overview with specific examples in this project, it is impossible to encapsulate the Palestinian struggle in a single poster; please note that the lists of discriminatory practices, attacks from the past two weeks, and recommendations I provide are incomplete due to the limited scope of this project, and trust that I will build on these ideas when I expand my work.



## INTRODUCTION AND PURPOSE

As is evident from headlines over the last year, Palestinians are faring much worse under the COVID-19 pandemic than Israelis. Many news sources focus mainly on the present, discussing vaccine apartheid and the current conditions of West Bank, Gaza, and Palestinian communities inside Israel. However, few mainstream news sources have examined how these conditions arose in the first place. My project shows how the COVID-19 crisis in Palestine was exacerbated by existing structures of discrimination and resource deprivation already put into place by Israel before the beginning of the pandemic.

Because of its role in sabotaging Palestinian healthcare and its general position of being an occupying power, Israel has an obligation to care for the health of Palestinians during this global crisis-- though Palestinians have been resilient throughout the pandemic, their need for healthcare and basic human rights should not be overlooked.

When I first began this project in early 2021, Palestinians had almost no access to COVID-19 vaccines whatsoever. Thankfully, Palestine has gotten limited access to the vaccine through the WHO COVAX program, foreign donations, and Israel providing limited doses to West Bank Palestinians who work in Israel; however, it is not nearly enough to vaccinate the entire population. But while access to the vaccine has improved slightly over the last couple of months, the practice of medical apartheid is still heavily in place. There are roughly 5.2 million Palestinians living in the West Bank and Gaza, and of those only 5.32% have received at least one dose of the vaccine (Our World in Data, 15 May 2021). Israel refuses to provide sufficient vaccines to Palestine, and has even discussed throwing out unused doses of the AstraZeneca vaccine rather than give them to the Palestinians (Berman, 2021). The recent acts of violence from the occupation forces and Israeli settlers in Sheikh Jarrah, Lydd, Haifa, Gaza, and other towns and cities throughout Palestine have even further exacerbated the existing crisis.

## RECOMMENDATIONS

Israel's typical excuse for not providing medical care to Palestinians is that the Oslo Accords placed responsibility for medical care on the Palestinian Authority. It claims that because Oslo established self rule for Palestinians in the West Bank and Gaza, the Palestinian Authority bears full responsibility for the health of its population. Israel, however, is in "constant violation" of the Oslo Accords because of its settlements in the West Bank, so it appears that Israel only invokes this treaty when it can be used to its own advantage. Oslo essentially did nothing besides take power away from the Palestinians, as is evident by the fact that Israel still controls the majority of infrastructure in Palestine, continues to build settlements in occupied territory, and does not allow for Palestinians to build anything close to a functioning state (Roy, 2006). In addition, the Geneva Convention, which states that occupying powers must provide healthcare for the population whose land they occupy, overrides the Oslo Accords. According to the Convention, the occupying power must do everything in its power to provide for public health in occupied territories, which Israel not only ignores, but actively sabotages.

Several conclusions arise from the intersection of the existing apartheid system, the pandemic, and international law; namely, that Israel's gross mistreatment of Palestinians can no longer be ignored by the general public. Over the last year, we have seen much more popular support for Palestine than ever before. So first and foremost, the global public must continue to put pressure on Israel to begin treating Palestinians as human beings, and must put pressure on their own governments to create consequences in the event that Israel refuses. For its part, Israel must end its system of apartheid, including (but certainly not limited to) actions such as desegregating transit routes, dismantling checkpoints, ending the blockade on Gaza, and giving up its strict control of resources such as water and electricity. Additionally, as required by the Geneva Convention, Israel must provide Palestinians access to COVID vaccines; as a country that boasts of its effective vaccine program and low COVID rates, it clearly has the proper infrastructure in place to do so-- something that it has consistently barred Palestinians from creating.

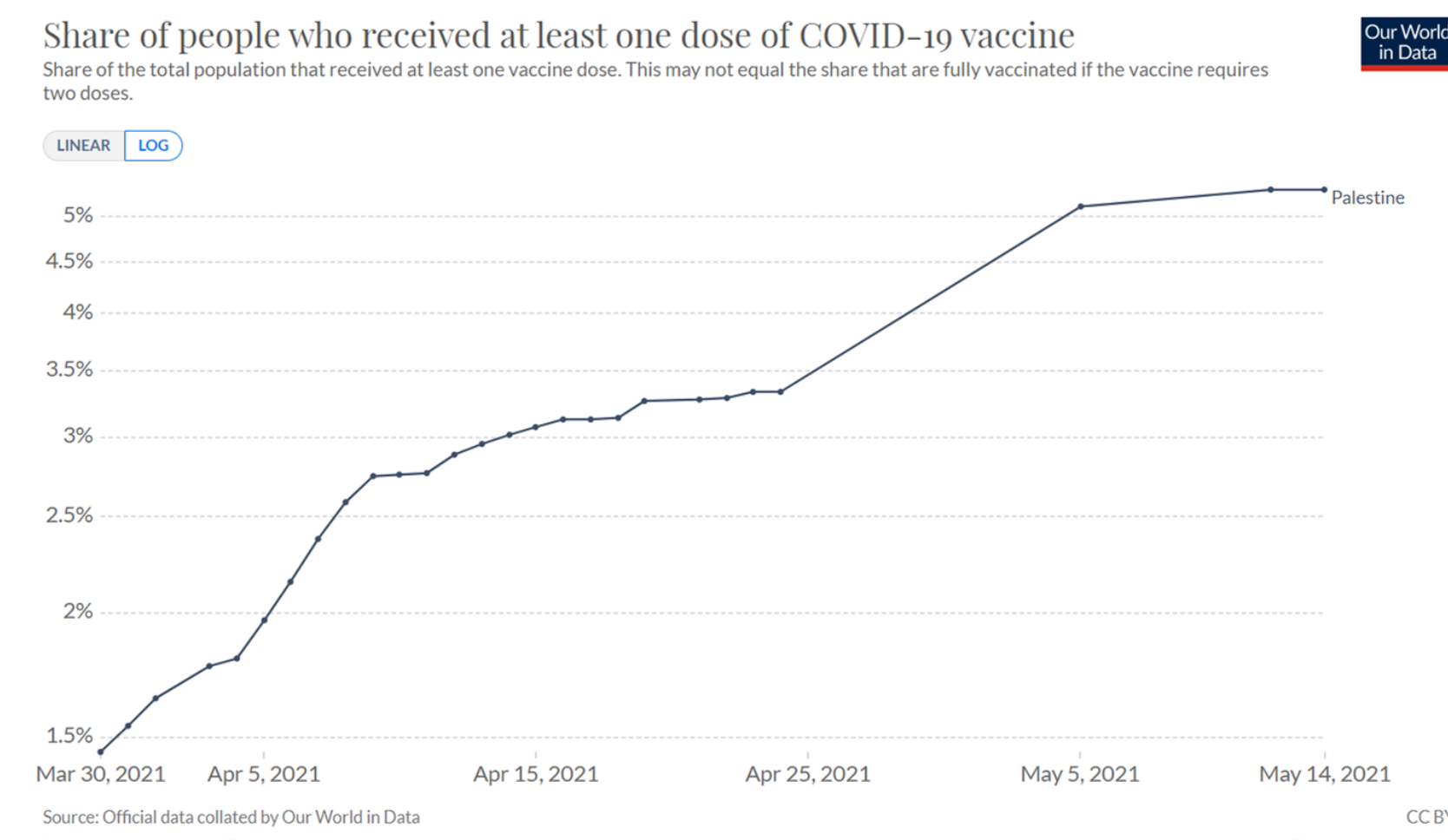
## A SYSTEM OF DISCRIMINATION

While many see the founding of Israel in 1948 as the beginning of discrimination against Palestinians, it actually extends back to early Zionist colonization in the 1920s. Today, discrimination against Palestinians continues at varying levels throughout West Bank, Gaza, and Israel itself. Here I will provide some examples:

**Pre-1948** When the infrastructure of what would eventually become Israel was first built, it was intentionally constructed to the disadvantage of Palestinians. One of the clearest examples of this was the electricity system established by Pinhas Rutenberg in Jaffa. While Zionist settlements had a system of public electricity, Palestinians had to buy into it individually, and sell parts of their own land to the electric company in exchange for service (Shamir, 2013). This meant that Palestinians had unequal access to electricity from the beginning, but the practice of Zionist resource control continues to the present day.

**Gaza** The situation is by far the most dire in Gaza, where Palestinians have spent nearly fifteen years living in an enclosed, 150sqmi space dubbed "the world's largest open-air prison." Gazans face rolling blackouts of up to 20 hours per day because Israel controls their electricity and will not allow sufficient fuel into their main power plant. In addition, Israel controls everything coming in and out of Gaza, including food and medical supplies. Israel frequently bombs Gaza's infrastructure, most recently in this month's series of unrelenting attacks on residential buildings, and makes it near-impossible to rebuild due to a lack of supplies being allowed in.

**West Bank** In West Bank, the roads are segregated; several major roadways can only be used by Israeli settlers, and roads for Palestinians are littered with checkpoints at which Palestinians are often harassed, brutalized, and even killed. In order to claim lands for more settlements, Israel frequently orders the demolition of Palestinian homes, creating legal loopholes in order to justify this practice. Additionally, settler violence often goes unchecked, meaning that Palestinians are under constant threat of attack, especially in recent weeks.



## COVID-19 IMPACT

COVID-19 has amplified all of the existing issues of apartheid, which had put Palestinians in a place of being less able to fight a pandemic (or any major, global crisis) effectively.

**Gaza** Because of the electricity crisis and daily power outages in Gaza, medical equipment, including respirators, cannot run effectively throughout the day, and the constant disruptions in power cause the machines to wear out much faster than they would in an area with secure access to electricity. Gaza's healthcare system is small, largely due to Israeli restrictions on imports including necessary medical products, and cannot handle a health crisis. Recently, Gaza has faced a brutal second wave; the new COVID variant, B.1.1.7, has caused cases in Gaza to rise "from less than a thousand reported cases per week to more than a thousand reported each day" (Doctors without Borders, 3 May 2021). The typical strategy of staying home and social distancing to avoid COVID-19 because of how overcrowded major cities in the Gaza Strip are, and this problem has only increased as more and more civilians have lost their homes in Israel's brutal and unrelenting airstrikes throughout the region.

**West Bank** While the situation is less severe in West Bank, it is still deeply concerning. West Bank experienced a spike in cases last month, with a daily average of over 2,000 new cases; the number in recent weeks has dropped to an average of 500, but the population is still under-vaccinated, meaning that the possibility for another wave of infections remains high. Israel maintains control of major roadways in the occupied West Bank, and has been known to delay emergency vehicles from arriving at their destinations, meaning that West Bank Palestinians cannot get efficient access to healthcare unless they are fortunate enough to live near a hospital. This practice has been especially evident in the recent wave of attacks on Palestinians by Israeli settlers and police, during which several videos of Israeli police denying medics access to treat victims have surfaced. Additionally, home expulsions in villages such as Sheikh Jarrah have put Palestinians in a place of housing precarity, which as stated above, is a major concern for COVID safety measures.

## CONCLUSIONS

It is clear that Israel's treatment of Palestinians has been inhumane throughout the pandemic, and that it has both a legal and moral responsibility to, at the very least provide medical care to the Palestinians. However, when we take into account the history of Palestine and the occupation, we can see that providing healthcare is not enough. Vaccinating Palestinians, as Israel is obligated to do under the Geneva Convention, may help to quell the current crisis brought on by COVID-19, but it will not solve the larger, systemic issue of apartheid which will continue to put Palestinians at a disadvantage both in everyday life and in the event of another global health crisis. Therefore, Israel must end its system of apartheid and discrimination against Palestinians, and if it refuses, the international community must pressure it to do so through political and/or economic measures.

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