David Worth: Coronavirus in Palestine

Introduction

Among features shared with other poor countries are chronic problems of social and physical infrastructure: personal vulnerability, housing, education, basic hygiene, water, sanitation, poverty and food shortages. Despite having a highly educated workforce the digital infrastructure remains fragile and is at the mercy of the Israeli occupiers and settlers. A quarter of Palestine's 1.43 million children have no internet connection and therefore have no opportunity for sound home-based education. The West Bank's newly established quarantine centres are crucial in preventing transmission of the virus, but are seriously under-resourced.

Manduca et al. (2020) spelled out the situation in Gaza, where "healthcare services are chronically stretched and on the brink of collapse". This has arisen from the Israeli blockade and from "repeated health emergencies arising from assaults on the whole population by the Israeli military, including the mass maiming of unarmed civilians since 2018 protesting about the siege. Electricity provision is insecure, affecting health and sanitation services,

there are chronic shortages of medical equipment and medicines, and patients and medical personnel cannot move freely. Gazans have had reason to remember what the then Interior Minister of Israel, Eli Yishai said in 2012: "we will bring Gaza back to the Middle Ages"'.

Now with COVID-19, Gaza is in a very bad place, despite attempts by the Hamas regime to establish protection. But this has been continually frustrated by the Israelis.

In the West Bank the situation is little better: "thousands of Palestinian laborers in Israel were repatriated to the West Bank without sufficient notice and without testing, and many of them COVID-1919 positive among them; a few sick Palestinians were even dumped on the road; the military, unprotected, escalated incursions into Palestinian homes and increased detentions (more than 100 only in March); settlers, in quarantine for COVID-1919 themselves, increased the attacks on the Palestinians, with the declared aim to infect by spitting on them and were not contained by Israeli police". Even within Palestinian areas annexed by Israel, "no instructions for prevention were disseminated in Arabic, clinics dedicated to isolate and treat infected people supported by the Palestinian Authority were closed and testing prohibited; UNWRA delivery of protective kits was obstructed"..

Prisoners, even unconvicted prisoners in administrative detention, were treated particularly badly: "Five thousand Palestinian prisoners, 194 children, were denied sufficient quantity of water and sanitary items and family and lawyers visits denied. On health security ground, Israeli released a good number of Jewish prisoners, but is refusing to do so even for the children, the sick, the ones without charge, if they are Palestinians. ... These facts suggest that Israel has so far taken a political line not to assist Palestinian efforts to buttress themselves against the COVID-19 threat, yet their control over every aspect of Palestinian life continues as before."

A unique data problem facing Palestine stems from Israel's 75-year-old 'calculated ambiguity' regarding its boundaries. As a resulting, data regarding Palestine is continua compromised. American pressure aggravates the situation. The world map and dashboard published by Johns Hopkins University is the 'go-to' international resource for tracking the

COVID-19pandemic. But data for Palestine is continually being compromised and confused. Palestinian COVID-19 data was initially recorded under 'Palestine'. However, this was then changed to "Occupied Palestinian Territories" (oPt), and finally it was merged with data for Israel, making it impossible to follow the pandemic's progress in Palestine. 'All the more concerning is the dashboard's use of US State Department country designations, which have legitimised the acquisition of territory by force and undermined Palestinian identity and rights in Jerusalem.' https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30693-0/fulltext

Some Palestinian features do not change:
- Israeli threats of annexation are now very real
- Gaza remains permanently 'quarantined': the 12 year blockade continues
- Israeli forces still kill Palestinians and demolish Palestinian houses https://www.btselem.org/press_releases/20200322_corona_in_gaza
- The PA (Palestinian authority) has very little control over monetary and fiscal measures. "These are in the hands of Israel" (*Times of Israel* 12/4/2020).
- Over 100,000 Palestinians still work daily in Israel, and many have to wait for long hours in cramped conditions awaiting security checks at the border.

However, other things do change:
- the tourist industry has collapsed
- a strict clampdown has been implemented by the Palestinian Authority (PA) and by Israel
- 53,000 families have fallen into poverty within a few weeks. https://www.ochaopt.org/content/COVID-19-19-emergency-situation-report-5 (accessed 25th April 2020)
- Palestinian GDP is predicted to fall by 14% in0 by comparison with 2019, assuming the pandemic lasts 3 months. Gross capital formation is expected to drop by 43% (http://www.pcbs.gov.ps/default.aspx)
- There has also been a painful rise in domestic violence – along with encouraging public demonstrations in support of women's rights – and there remain ongoing mental health issues resulting from traumatisation over generations.

And other features of the occupation have been accentuated by the pandemic:
- Restriction of movement is a longstanding fact of life for Palestinians, and may have-helped control the spread of this virus, especially in Gaza. There are also reports of municipalities organising their own local check-points - an ironic twist of security measures imposed on them for over 50 years by the Israeli occupation https://www.wlrn.org/post/palestinians-west-bank-improvise-checkpoints-help-fight-coronavirus
- Human rights in Palestine have also suffered under COVID-19. The UN Special Rapporteur on Human Rights has expressed concern about discrimination against COVID-19-vulnerable Palestinian prisoners in Israeli jails. Some of them are Israeli citizens, including many who are un-convicted and are held in administrative or pre-

trial detention. They have not been released in the same way that Israeli Jews have been. https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25822&LangID=E (accessed 27th April 2020)

- The UN has reported a 78% increase in attacks by Israeli settlers on Palestinians, https://www.jpost.com/Arab-Israeli-Conflict/UN-Settler-violence-against-Palestinians-has-increased-during-COVID-19-19-623500 (accessed 27th April 2020) and there are reports of the regular incursions by Israeli forces into Palestinian cities being undertaken without coronavirus protective equipment and even of spitting by Israeli soldiers at Palestinians. https://euromedmonitor.org/en/article/3459/Israeli-forces--incursions-and-soldiers--behavior-jeopardize-measures-to-prevent-outbreak-of-COVID-1919 (accessed April 27th 2020)

Facilities and interactions with Israel

- Resources for treating patients with COVID-19-19, particularly those with respiratory failure, are extremely limited in Palestine – Save the Children reported that there are just 62 ventilators in Gaza for 2m people, https://opt.savethechildren.net/news/more-15-million-children-and-their-families-yemen-syria-and-gaza-set-face-COVID-19-19-fewer-1700 and B'Tselem, the Israeli human rights organisation, fear a 'massive disaster' there due to Israeli action and inaction during 12 years of Gaza blockade. https://www.btselem.org/press_releases/20200322_corona_in_gaza

- The crossings into Gaza from Egypt and Israel at Rafah and Eretz were closed from early March to all but emergencies and those returning to Gaza. Patients with urgent cancer needs opted not to travel, for fear of being stranded away from home or quarantined for 3 weeks on their return. https://ecancer.org/en/journal/editorial/100-additional-challenges-faced-by-cancer-patients-in-gaza-due-to-COVID-19-19

- As of 20th April, two designated hospitals in East Jerusalem, Al-Makassed and St Joseph, and some Israeli hospitals were caring for COVID-19positive patients. OCHA reported that WHO was coordinating with the E.Jerusalem hospital network, and the EU had provided 9.5 million euros to help address urgent funding requirements. https://www.ochaopt.org/content/COVID-19-19-emergency-situation-report-5

- (accessed 25th April 2020). Quarantine of those entering the oPT has particular importance where so many cross the border for work in Israel. 51 quarantine centres have been set up, including 21 in Gaza. These hold a total of17,000 people for as long as 21 days and coronavirus testing occurs on days 4 and 20 of quarantine.

- Understanding the progress of the disease through testing facilities has been compromised by the effects of occupation. A Palestinian testing facility in East (occupied) Jerusalem was closed by Israel on the grounds that the kits were provided by the Palestinian Authority (PA). Eventually, testing was provided by Israel at six sites in E.Jerusalem after pressure from parties representing Israeli citizens of Palestinian origin. https://www.dailysabah.com/world/mid-east/israeli-police-close-palestinian-COVID-19-19-testing-clinic-in-east-jerusalem (accessed 26th April 2020).

A timeline

On 27th April, MAP (Medical Aid for Palestinians) reported 342 current cases of COVID-19in the occupied Palestinian territory (oPt), with four deaths. These include 139 cases and two deaths in East Jerusalem, which is under Israeli control. This contrasts with 15,398 confirmed cases and 199 deaths in Israel.

As elsewhere, the majority of cases (64%) are male, although the age distribution is skewed towards the young (47%<30 yrs). This is consistent with the young age of the population (median age 21) which may contribute to the low case fatality rate. https://app.powerbi.com/view?r=eyJrIjoiN2ExNWI3ZGQtZDk3My00YzE2LWFjYmQtNGM wZjk0OWQ1MjFhIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5 MCIsImMiOjh9 (accessed 25th April 2020)

As elsewhere, Palestinian COVID-19 data is clouded by uncertainty due to the lack of testing. But having said that, the number of cases and the number of deaths in Palestine are surprisingly low. This may reflect the swift, strong action taken by the PA as soon as the first cases were identified. Israel by contrast continued to allow a lot of international traffic, and also had difficulties in implementing shutdown particularly in orthodox communities.

The first two cases of coronavirus in Palestine were Greek tourists who had entered from Israel (Bethlehem, March 5th). The PA (Palestinian Authority) immediately announced a ban on foreign tourists and a state of emergency was declared. However, 100,000 Palestinians travel each day to work in Israel, so this source of infections was still open. Schools and businesses were closed throughout the West Bank except for businesses with less than 3 workers. Palestinians were confined to home, physical distancing was imposed, and quarantine for 21 days was introduced for everyone entering the country. By 7th March there were 24 cases.

On 22nd March, movement between the different towns in Palestine was banned.

On 25th March, two Palestinian prisoners who had contracted the virus from an Israeli prison officer were released by Israel and delivered to the Palestinian authorities.

On 27th March, 225 Palestinians returned from working in Israeli settlements. Several of these tested positive.

On 30th March, Gaza had 10 cases and because of the lack of testing capacity the quarantine period for those entering from Egypt was increased from 14 to 21 days. 1760 people were in one of 25 designated quarantine facilities.

On 30th March, Gaza had 10 cases and because of the lack of testing capacity the quarantine period for those entering from Egypt was increased from 14 to 21 days. 1760 people were in one of 25 designated quarantine facilities.

On 1st April an Israeli poultry factory closed down and the workers were sent home. Several of these had the virus. Israel linked their offer to support work in Gaza with recovering the remains of two soldiers killed in Gaza in the 2014 war.

On 7th April the Al Quds University announced that they had devised a new form of computerised ventilator. Only 250 ventilators were available throughout Palestine, and two-thirds of these were in use.

On April 9th, of the 263 cases to date, 89 were workers from Israel, 29 were travellers, and 40 were contacts from the original tourists in Bethlehem.

On 12th April "a Palestinian worker showing coronavirus symptoms was left by Israeli settlers outside Burkan".

On 15th April, a testing clinic in Silwan (Jerusalem) was closed down by the Israelis because the kits were supplied by the Palestinian Authority and Israel prohibits PA activity in Jerusalem. The Israeli Health Ministry has a testing clinic in Silwan but it is only accessible to members of the (Israeli) Clalit health maintenance organization.

On 16th April the USA ended a two-year freeze on aid for Palestine, and released $5 million. On 22nd April the Palestinian spokesman announced that most of the $5 million American aid announced on the 16th would go only to NGOs in Palestine friendly to Washington.

On 26th April according to a WHO summary, there were a total of 342 cases in West Bank, 153 in East Jerusalem, and 17 in Gaza. The only two deaths had both been in Jerusalem. However, among the Palestinian diaspora there were 500 cases and 23 deaths including 349 cases and 15 deaths in the USA. The ministry noted that around 1000 Palestinian doctors were working in Europe along with hundreds more in the USA and elsewhere. Four Palestinian doctors had died overseas. *(the following site is in Arabic)*
https://corona.ps/http://www.emro.who.int/pse/palestine-news/landing-page-for-COVID-1919.html

Manduca, Paula (2020) "COVID-19in Palestine under Israeli Occupation." BMJ , 28 April.
"Between the rock of the occupation, and the hammer of coronavirus":

https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsocialistproject.ca%2F2020%2F04%2Fbetween-rock-of-occupation-and-hammer-of-coronavirus%2F&data=02%7C01%7C%7C6ed56a03f9244dfa109108d7e81a9040%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637233073090949971&sdata=I9QfCrr5K5DDQMSAg%2F77u11MrHu6onJZrF7VrZNnL3k%3D&reserved=0

"This past month Israeli soldiers dumped a Palestinian worker at a checkpoint on the border of the West Bank, shivering from fever and barely able to breathe. According to Middle East Eye, he "had been showing signs of the coronavirus over the past four days, and was recently tested for the virus. But before the man, allegedly a resident of Nablus, could receive his test results, his Israeli employer reportedly called the authorities, who picked him up and dropped him on the other side of the Beit Sira checkpoint, which connects central Israel and the occupied West Bank." "It's like we are slaves to them," says a local Palestinian, "They use us when they need us, and when they are finished, they throw us away like trash." Since the crisis began Israeli soldiers have actively obstructed the emergency response for Palestinians by shutting down multiple clinics and continuing their practice of arbitrary house demolitions."