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Who can advance Israeli-Palestinian peace? Contributing actors to the peace process

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'Peace through Health' in the Israeli-Palestinian conflict: Ground for dialogue or guise for continued occupation?

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"*Politics is nothing but medicine at a larger scale*".
Dr. Rudolf Virchow, physician and father of social medicine (1821-1902)[1]

Abstract

"Peace through Health" is a theoretical and applied approach that sees humanitarian health initiatives as a primary basis for dialogue and cooperation between adversaries. This approach posits that health initiatives can spawn increased discourse and dialogue between parties to a conflict, build trust and promote cooperation on various issues, eventually facilitating the transition from conflict to peace. Based on interviews with representatives of an Israeli human rights organization that provides health services in the Occupied Territories, this article examines the implementation of the "peace through health" approach in the Israeli-Palestinian conflict. Under the Oslo Accords, Israel handed responsibility for the health of the Palestinian population to the Palestinian Authority (PA). However, continued Israeli control and absence of full Palestinian sovereignty have resulted in a weakened and poor Palestinian health system. The severe shortage of health resources has created growing Palestinian dependence on local and international humanitarian health organizations, including health professionals from the Israeli side. An analysis of the interviews conducted for this article indicates that the humanitarian assistance by Israeli health professionals provides an opportunity to develop dialogue, achieve logistical cooperation, and establish trust between the peoples. At the same time, the article discusses the possible disadvantages of this approach in the Israeli-Palestinian test case as an example of humanitarian work that fosters normalization and preserves the status quo of occupation. The authors argue that humanitarian health initiatives can serve as a bridge to reconciliation and sustainable peace, and call for implementation of a "peace through health"

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[1] Pinto, Andrew D. "Peace through health." *University of Toronto Medical Journal* 80, no. 2 (2003): 158-60.

approach that allows bottom-up peacebuilding as a precursor to formal dialogue on full political agreement between the sides.

A. Introduction

As illustrated by the quote at the outset, peace and health are intertwined human conditions. The relationship between conflicts and health does not require explanation. Armed conflicts by their very nature damage body and mind, causing anxiety and ongoing trauma, resulting in morbidity and death. However, the consequences of conflicts for human health far exceed the damage inflicted by weapons. Damage to infrastructure and system operations, and the diversion of resources for military purposes rather than social ones, all create a widespread health deficit.[2] Therefore, a transition from conflict to peace would obviously have a positive effect on the health of the populations involved. This, in turn, begs the question of whether peace can actually begin with healthcare.

Peace through Health (PtH) is an academic and applied discipline that views initiatives to promote health in conflict zones as tools to promote peace processes.[3] Although many medical professionals have sought to reduce and prevent conflicts over the years (Nobel Peace Prize Laureate, physician Albert Schweitzer, is a prominent example),[4] this approach began to establish itself in the 1980s with the establishment of International Physicians for the Prevention of Nuclear War (IPPNW) by American and Russian doctors.[5] The federation used its members' professional positions to promote awareness of the devastating effects of nuclear weapons on victims and on humanity as a whole, and urged the prevention of the weapons' dissemination. Based on this approach, similar concepts such as "health diplomacy," "disaster diplomacy" and "vaccine diplomacy" have developed over the years. Their common rationale is that humanitarian health initiatives in conflict zones provide ground for dialogue, cooperation, and even trust building between parties, and therefore may help resolve disputes.

The Israeli-Palestinian conflict lends itself clearly to the study of this approach. The ongoing Israeli occupation and stagnation of the peace process have left the Palestinian health system weak and fragmented. They have made the Palestinian population in the Gaza Strip and the West Bank dependent on humanitarian organizations working to provide them with access to health services, including health initiatives by Israelis and Palestinians. The informal relationship between these Israeli and Palestinian healthcare personnel is particularly prominent in the absence of a formal peace process between the sides.

Based on the theoretical background and interviews with members of an Israeli human rights organization that provides health services to the Palestinian population in the Occupied Territories, this article examines the implementation of a peace-through-health approach to

[2] Vass, Alex, "Peace through health: this new movement needs evidence, not just ideology," *bmj 323* (2001): 1020.
[3] MacQueen, Graeme, and Joanna Santa-Barbara, "Peace building through health initiatives," *bmj* 321, no. 7256 (2000): 293-296
[4] Rodriguez-Garcia R, Sclesser M, Bernstein R., "How can health serve as a bridge for peace?" Washington, DC: George Washington Center for International Health; 2001.
[5] Pinto, Andrew D., "Peace through health," *University of Toronto Medical Journal* 80, no. 2 (2003): 158-60.

the Israeli-Palestinian conflict, offering a three-stage model: (1) contacts and trust building through ongoing healthcare initiatives by civil society organizations; (2) active participation by citizens and local organizations; (3) support by government institutions to promote relations until a sustainable solution is reached.

B. Theoretical aspects of peace through health

This chapter presents the historical development of the Peace through Health approach, its advantages and disadvantages. It also explains the theoretical basis underpinning this approach, known as “Track II Diplomacy”, conducted by people who are not professional politicians or diplomats through a “back channel” that bypasses official diplomacy. The article argues that health professionals’ help in healing conflict zone populations can constitute the basis for formal dialogue and negotiations.

Peace through health

“Peace through Health” (PtH) is a concept describing health promotion initiatives that support peace promotion processes, while undermining and weakening the mechanisms of violence. These initiatives can take many forms: a ceasefire to enable vaccinating children, issuing medical opinions to prohibit certain types of weapons, reporting human rights violations in combat zones, and efforts to heal people and communities in combat zones. The coronavirus pandemic served as a clear manifestation of this approach when the UN Secretary General promoted a global ceasefire initiative, bringing an end to hostilities in several countries, including Colombia and Yemen.[6] "Peace through Health" is an organizing principle according to which providing health services in conflict zones lays a supportive organizational-social foundation for dialogue and cooperation, and can serve as a starting point for negotiations and bridging divisions between peoples.

Initiatives promoting peace through health and medical assistance are not a new phenomenon. The Red Cross was founded as early as 1864 specifically for this purpose. However, in recent decades, the scope of such initiatives has expanded. In 1981, the UN World Health Assembly emphasized the health sector’s role[7] in preserving and promoting peace, and demanded that the World Health Organization (WHO) establish and implement UN resolutions to strengthen peace and disarmament.[8] Accordingly, the World Health Organization promoted the “Bridge for Peace” project in Latin American conflict zones.[9] The humanitarian ceasefire initiated by the organization to allow the administration of vaccines in El Salvador in the late 1980s, known as "days of tranquility", was considered an important factor in assisting the peace talks there. Similar initiatives by the UN Children's Emergency Fund (UNICEF) helped achieve ceasefires in Lebanon (1985), Sudan (1989), the Philippines

[6] Gowan, Richard. "What’s happened to the UN Secretary-General’s COVID-19 ceasefire call?" *International Crisis Group* 16 (2020).
[7] Rodriguez-Garcia R, Sclesser M, Bernstein R., “How can health serve as a bridge for peace?” Washington, DC: George Washington Center for International Health; 2001.
[8] Resolution WHA34.38. “The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all.” Thirty-fourth World Health Assembly, Geneva, 4-22 May 1981. Geneva: World Health Organization; 1981.
[9] Arya, Neil, "Peace and health: bridging the north-south divide," *Medicine, conflict and Survival 33*, no 2 (2017): 87-91.

(1993), and Afghanistan (1994-1995).[10] Another model of these types of initiatives provides healthcare for the sake of postwar peace (conflict transformation). Such initiatives have promoted joint work of health professionals on both sides of conflicts, helping ease tensions between populations and promote cooperation in Yugoslavia, [11] Burundi, [12] and more.[13]

However, inter-governmental organization (IGO's) and governmental organisations are not the only players involved in such efforts; many key health initiatives to promote peace are carried out by non-governmental organization (NGO's), both local and multinational: the Red Cross, Doctors Without Borders, and more. On the local Israeli level, IsraAID provides humanitarian assistance to victims of natural disasters and epidemics around the world.[14] Many academic studies have examined the role that such organizations play in advancing peace. For example, Skinner and colleagues examined joint health initiatives by Israelis, Palestinians, and Jordanians working together within the Canada International Scientific Exchange Program (CISEPO).[15] The HEAL Africa Initiative dedicated to providing health services in eastern Congo was another example of relatively successful peace initiatives by non-state organizations.[16]

The thesis that emerges from these studies points to the potential inherent in the work of health professionals in conflict zones in maintaining a process of peace and recovery of the parties to the conflict. Since health professionals treat the wounded and sick on all sides of conflicts, adversaries as well as the international community perceive them as reliable figures. Their work helps the process of individual and collective recovery of the communities involved, thus opening a channel for dialogue and cooperation between the parties.[17]

When official channels are not enough: Track II Diplomacy

Unlike "Track I Diplomacy", which describes formal negotiations between countries conducted by professional diplomats, the term "Track II Diplomacy" was defined by Joseph Montville as "**unofficial and informal interaction between members of adversarial groups or nations aimed at developing strategies, influencing public opinion, and organizing material and human resources in ways that might help resolve their conflicts."**[18] At the same time, Montville himself argued that this route was not a substitute

[10] Peters, Mary Anne, "Health-to-peace handbook: ideas and experiences of how health initiatives can work for peace," (1996).
[11] Vass, 2001.
[12] Christensen, Cathryn, and Anbrasi Edward, "Peace-building and reconciliation dividends of integrated health services delivery in post-conflict Burundi: qualitative assessments of providers and community members," *Medicine, Conflict and Survival* 31, no. 1 (2015): 33-56.
[13] Brennan, Seán, "Biopolitical Peacebuilding—Peace through Health," *Peace Review* 31, no. 2 (2019): 139-147.
[14] Cnaan Liphshiz, "Israeli philanthropists, IsraAID help dozens flee Afghanistan for UAE," *Times of Israel*, 21 September 2021.
[15] Skinner, Harvey, Ziad Abdeen, Hani Abdeen, Phil Aber, Mohammad Al-Masri, Joseph Attias, Karen B. Avraham et al., "Promoting Arab and Israeli cooperation: peacebuilding through health initiatives," *The Lancet* 365, no. 9466 (2005): 1274-1277.
[16] D'Errico, Nicole C., Christopher M. Wake, and Rachel M. Wake, "Healing Africa? Reflections on the peace-building role of a health-based non-governmental organization operating in eastern Democratic Republic of Congo," *Medicine, conflict and survival* 26, no. 2 (2010): 145-159.
[17] Arya, Neil, "Peace through Health I: development and use of a working model." *Medicine, Conflict and Survival* 20, no. 3 (2004): 242-257.
[18] Mapendere, Jeffrey, "Track one and a half diplomacy and the complementarity of tracks," *Culture of Peace Online Journal* 2, no. 1 (2005): 65.

for traditional diplomacy, but rather a process designed to help leaders overcome political and institutional constraints when establishing relations.[19]

The use of “Track II Diplomacy” began during the Cold War, when academically sponsored meetings provided opportunities for contacts and dialogue between informal representatives of the countries engaged in the conflict. A notable example of such backchannel diplomacy was a conference at Dartmouth College, which led to a meeting between Americans and Soviets in 1960 during a period of diplomatic tensions following the U-2 spy plane crisis.[20] Such meetings also served as a platform for dialogue between informal Israeli and Palestinian representatives, such as conferences of the American Academy of Arts and Sciences in the 1970s and 1980s. These meetings formed the basis for an Israeli-Palestinian dialogue that set the stage for advancing the Oslo Accords, which also began on a Track II diplomatic path.[21]

The use of Track II diplomacy offers considerable advantages: informal representatives are not limited by constitutional and political oversight mechanisms, and can therefore express themselves freely. At the same time, leaders need not fear political fallout and the loss of voters and allies as a result of such talks. These meetings also provide participants with a flexible and open space for sounding out new ideas that do not arise in the official space. In addition, such talks empower community elements and engage them in the diplomatic process, which may prepare public opinion for future peace, even if it includes concessions and compromises. However, this method also suffers an inherent weakness. Participants do not enjoy official status, which weakens their influence on the official representatives of their countries, and their lack of coordination with officials sometimes undermines the uniformity of diplomatic messaging.[22]

The disadvantages of the theoretical separation between official and informal tracks led Lewis Diamond and John McDonald to come up with the concept of "multitrack diplomacy**"** to describe various channels for promoting peace - through government agencies, businesses, private individuals, academics, religious institutions, activists, non-profits, and more.[23] These channels do not operate separately, but rather interact with each other in order to prepare public opinion for a peace agreement. This approach illustrates the gap between reaching a formal peace agreement and its peaceful aftermath. Whereas the first requires mainly the support of political and diplomatic elites, real and lasting coexistence between peoples relies on a multitude of factors and requires an extensive network of stakeholders, civic and governmental, representing large and varied segments of society. Moreover, when political difficulties challenge a peace process and prospects of a formal agreement between official leaderships, multichannel, diverse and lasting relationships between societies can play a significant role in both preparing the infrastructure for a peaceful future and nudging elites toward a formal peace process.

[19] Ibid. p.65.
[20] DiMaggio, Suzanne, "Track II diplomacy." *The Iran primer: power, politics and US policy* (2010): 206-208.
[21] Homans, Charles, "Track II diplomacy: a short history," *Foreign policy*, 20 (2011).
[22] Allen, Nate, "Bridging divides: track II diplomacy in the Middle East," Woodrow Wilson School of Public & International Affairs, Princeton Universitym (2013).
[23] Arya, Neil, "Peace through Health I: development and use of a working model." *Medicine, Conflict and Survival* 20, no. 3 (2004): 242-257.

This diverse, complex model does not address the potential inherent in the work of health professionals as a tool for promoting and regulating relations of peace. Like the other channels this model suggests, health is an integral space of daily life. Due to their professional expertise and vital necessity, health professionals engender trust when providing individual treatment for an illness, and as a consequence, trust when dealing with public health issues, such as obesity, smoking, air pollution, etc. This professional authority enhances health professionals' ability to promote moves in the public arena even on politically charged issues.

The double-edged sword of humanitarian health initiatives

The concept of peace is just as controversial as the measures intended to achieve it. Peace is often described as absence of physical violence. This is a problematic definition, since under these parameters, even a brutal suppression of legitimate popular protest may be perceived as a state of "peace". In order to define peace more broadly, Johan Galtung proposed a distinction between "negative peace" and "positive peace". While negative peace is defined as lack of violence, positive peace includes the absence of "structural violence" (unfair allocation of resources) and "cultural violence" (cultural factors that blind certain groups to deep injustice in the society in which they live). While "negative peace" is usually not conducive to achieving social justice, "positive peace" strives to achieve this goal. Positive peace is manifested in the realization of the rights and values that result in human satisfaction, equality and justice.[24]

That is the flaw inherent in "technical" health initiatives that do not address issues of inequality and injustice. Humanitarian health organizations, which treat people in deprived areas, provide a vital but at the same time temporary and specific response. The case-by-case treatment of health troubles stemming from systemic inequality, normalizes and obscures discrimination in resource allocation. In addition, the necessary cooperation with an occupying power in order to obtain permits for medical teams to access occupied areas also provides a certain mantle of legitimacy to the occupation over time. In some cases, authorities have used medical treatment to "whitewash" human rights violations and crimes they have committed. Moreover, relief of a humanitarian crisis through medical treatment may facilitate continued hostilities given that the situation is not deemed sufficiently serious for either party to consider a transition from combat mode to discourse and dialogue.

Therefore, it is important that promoting peace on the basis of health initiatives not only focus on eradicating violence, but also on achieving peace under egalitarian and just conditions, which will guarantee all parties their full rights. It is important to remember that peace is not only "freedom from violence", but also peace of mind. Beyond the right to live, people have the right to healthy, peaceful, equal and just lives.[25]

[24] Gawerc, Michelle I., "Peace-building: Theoretical and concrete perspectives," *Peace & Change* 31, no. 4 (2006): 435-478.
[25] Abuelaish, Izzeldin, Michael S. Goodstadt, and Rim Mouhaffel, "Interdependence between health and peace: a call for a new paradigm," *Health promotion international* 35, no. 6 (2020): 1590-1600.

C. Discussion: Can health organizations further Israeli-Palestinian peace?

Although the Israeli-Palestinian conflict has been raging for over 100 years, health-related issues became increasingly acute after the occupation of the West Bank and Gaza Strip in 1967. Under international treaties, Israel has a variety of obligations towards the Palestinian population as an occupying power, including the provision of health services. Over the years, Israel has shirked this responsibility, leading to significant gaps between the health of the Israeli and Palestinian populations. In 1993, the PLO and the Government of Israel signed a memorandum of understanding (the Oslo Accords), followed by the 1994 Gaza and Jericho Agreement, which laid the foundations for the Palestinian Authority (PA). These agreements resulted in the transfer of power and responsibility to the PA, including responsibility for providing health services to the Palestinians.

Continued Israeli control and the lack of full Palestinian sovereignty in the West Bank and Gaza Strip have led to significant difficulties in providing health services to the Palestinian population. The stagnation of the Oslo process, which was originally intended to be an interim stage towards a permanent agreement, severely impaired the Palestinian leadership's ability to establish and develop a health system that meets the population's needs. The Palestinian health system is hobbled by shortages of medicines, medical equipment, specialists and medical staff.[26] In addition, military lockdowns and restrictions on Palestinian freedom of movement have eroded the quality of life, exacerbated poverty, and undermined health-defining conditions.[27] The gaps between the health of Israeli residents and the Palestinian population in the West Bank and Gaza Strip are reflected in countless indicators, including life expectancy, morbidity, infant mortality, and more.[28]

The weakness of the PA's health services and Israeli restrictions lead to a high dependence of Palestinians in the West Bank and Gaza on health services provided by humanitarian organizations, as well as services by hospitals in other countries (including Israel). Due to the shortage of ambulatory treatment in the Occupied Territories, the Palestinian population in the West Bank and Gaza relies on "medical tourism" – treatments provided in hospitals in Israel (most of them in East Jerusalem) and other countries.[29] The cost of these referrals to the PA is estimated at tens of millions shekels a year, taking a significant bite out of the Palestinian health budget.[30] As a result of this dependence on "medical tourism", the Palestinian health budget relative to GDP (12.3% as of 2014) is almost three times higher than that of the countries of the region.

In addition to treatment in external facilities, the Palestinian population relies on ongoing assistance from humanitarian health organizations. These operate at various levels:

[26] Gross, Aeyal, "Litigating the Right to Health Under Occupation: Between Bureaucracy and Humanitarianism." *Minn. J. Int'l L.* 27 (2018): 421.
[27] Yotam Rosner and Ghada Majadli, "Israel and the Right to Health in the Occupied West Bank during COVID-19," *Physicians for Human Rights*, August 2021.
[28] Rosenthal, Frank S. "A comparison of health indicators and social determinants of health between Israel and the Occupied Palestinian Territories," Global public health (2020): 431-447.
[29] Oriana Almasi, "Data on the Provision of Medical Treatment to Palestinians in Israeli Hospitals," Knesset, Research and Information Center, January 2, 2017 (in Hebrew).
[30] World Bank, "Public Expenditure Review of the Palestinian Authority," September 2016.

assistance in obtaining transit permits from Israeli authorities for Palestinians traveling to Israeli and other hospitals, transfer of medical supplies (e.g., vaccines), training workshops for medical personnel from the Gaza Strip and West Bank, and direct health services in the Occupied Territories. They include international organizations (e.g., the World Health Organization) and local ones, such as human rights organizations engaged in providing health services (Physicians for Human Rights), organizations engaged in promoting social initiatives (the Peres Center for Peace and Innovation, the Rozana Project), organizations that deal with freedom of movement and permits (Gisha), etc. Palestinian dependence on human rights organizations is problematic, but it allows access to civilian health organizations that, in turn, can promote a peaceful life.

The test case of Physician for Human Rights and the multitrack model for promoting peace

In view of the Palestinian reliance on health services by local human rights organizations in the West Bank and Gaza, and based on conversations with representatives of Physicians for Human Rights - Israel (hereinafter: PHR), this article offers a model for promoting dialogue and contact between the parties to the Israeli-Palestinian conflict through a health initiative. The working model is based on three stages: a. Legitimization of contact (Contact); b. involvement of civil society players (empowerment); and c. sponsorship and support by official institutions (institutionalization).

Physicians for Human Rights has been providing health services in the Occupied Territories for over 30 years. The organization, initially established to express solidarity with the occupied Palestinian population during the first intifada, provides various types of health services, including medical teams, pharmaceutical supplies, and assistance in obtaining visas for those requiring medical treatment. As a matter of principle, the organization works to raise awareness of the effects of the occupation on Palestinian health by publishing reports and articles describing the state of health in the West Bank and Gaza Strip, and raising the issue in international forums. This activity is designed to bring about Israeli recognition of its commitment to provide health services to the residents of the Occupied Territories. Based on conversations with senior PHR office holders, the article concludes that the organization's humanitarian work constitutes a positive infrastructure for cooperation, which can be leveraged for structural-political change and deeper dialogue between the parties.[31]

1. Humanitarian treatment as a basis for communication (contact)

One of the fundamental milestones in promoting peace relations between groups is breaking through the barrier of distrust and animosity between the parties. Providing humanitarian health services can therefore be a first step toward restoring trust, even among people holding very strong negative views of those on the other side of the conflict. Precisely in light of these circumstances, receiving permanent and ongoing health services plays a significant role in providing "legitimacy" for accepting service from the Israeli side and for regular

[31] The interviews were conducted with Board of Directors Chair Dr. Guy Shalev, PHR VP Hadas Ziv, and the Mobile Women's Clinic Coordinator, Entissar Kharoub.

contact, even with an occupying power. The more essential and ongoing the service, the greater the population's acceptance of its benefits. Entissar Kharoub, coordinator of PHR's Mobile Women's Clinic, explained:

> *PHR delegations enter villages in the Occupied Territories, expressing solidarity [with the Palestinian population] and calling for peace. Even though we operate as an Israeli organization, and Israel is the occupying state, we enter by agreement and prior arrangement. Not all villages agree to our entry, but almost all of them do want us to enter. They know our position and accept it. They recognize us as an Israeli organization that comes to provide medical service and nothing more... More and more villages want us to come, and more and more people want cooperation with us, and more people who understand that we're a humanitarian organization do think we're helping.*

At the same time, humanitarian health work can easily turn into a double-edged sword and normalize the status quo. According to Dr. Guy Shalev, anthropologist and chair of the PHR Board of Directors:

> *The trap of humanitarianism is that it focuses on individual biological aspects. That means a person has difficulty, pain, distress, and we treat them. The obstacle is that the person receives a response to personal difficulties, disconnected from the structural aspects that generate the difficulties in the first place. This is the difficulty of humanitarian work, it does create communication with the other side, but it brings it down to the lowest common denominator in a way that makes it difficult for us to address the structural dimension and the principles involved.*

This indicates the positive (and negative) potential of the work carried out by health organizations. Given their vital need, and status at the heart of the consensus, such health services allow ongoing contacts between people on both sides of the dispute and lend them public legitimization. In this respect, the local, grassroots nature of these organizations is a distinct advantage over international organizations. However, the relationship itself is not a sufficient condition to nable a meeting of hearts and minds; it must be accompanied by some recognition of Palestinian suffering and a clear political position on the conflict in order to gain true legitimacy.

According to Hadas Ziv, PHR Vice President for Projects and Ethics, the potential of medical work to promote ties between peoples is contingent on the way the assistance is offered:

> *If it's just medical service without any recognition, then it's lacking. They can say 'these doctors think they are doing us a favor and they are unaware of some of our suffering and our illnesses because of them, or because of poverty or occupation'. So no, this will not be the basis for dialogue. But if they are aware of the political activities of the organization or if a discourse is created in which the doctors accept our responsibilities [Israel], or alternatively if they*

> *come to the hospital and are there long enough for human connections to be formed beyond the political conflict. These places can provide fertile ground for discourse beyond slogans.*

2. Involvement of institutional bodies in discourse and dialogue with health professionals (empowerment)

The more institutionalized the medical service and the more elements are involved, the more it engages Palestinian and other authorities. For example, in order for medical teams to operate in Area C,[32] organizations must contact the Palestinian Ministry of Health, local authorities, local and international NGOs, etc. The joint involvement of various bodies intensifies the role they play, while contributing to an ongoing dialogue with people from the other side of the conflict – even one limited to health issues.[33]

Cooperation on health issues between the parties facilitates the transfer of knowledge and creates solidarity between partners providing health services on both sides of the divide. The knowledge transmitted is not naturally limited to specific treatment of injuries or diseases, but can also relate to health in the broader sense: psychological damage as a result of conflict, health-defining conditions or human rights violations. Here's how Dr. Guy Shalev described it:

> *The humanitarian work allows direct contact with people on different levels… professional levels, patients themselves... I don't know if this breeds trust, but it does create a framework for the existence of a relationship – an important relationship that can facilitate more structural and lateral action. This relationship creates partners for us on the ground: organizations and professionals that we work with, patients we work with. These humanitarian collaborations also provide us with information from the field that is important and critical for us to find out what policy change needs to be initiated to fix a structural problem.*

The influence of human rights and health organizations on decision makers is limited, but because of their professional expertise and the knowledge to which they are exposed, they enjoy public legitimacy that allows them to raise health issues and impact the status quo in a number of ways. First, by shedding light on health conditions in the Occupied Territories in order to urge decision makers to institute change. For example, human rights organizations appealed publicly to the Ministry of Defense and the Ministry of Health to

[32] Area C is an area in Judea and Samaria that is under Israeli security and civilian control, as opposed to Areas A and B, which have been under civilian control of the Palestinian Authority since the Oslo Accords. Area C constitutes about 60% of the Judea and Samaria area, and is home to over 400,000 Israeli settlers. Since the Judea and Samaria areas have not been annexed to the State of Israel, Palestinians and settlers in the Occupied Territories are officially subject to military rule. There is a lack of clarity regarding the number of Palestinians living in this area, which is estimated at 200,000, at least. See: "On the Population in Area C," Globes, March 11, 2018 (in Hebrew).

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provide coronavirus vaccines to Palestinians under Israeli control in the West Bank and Gaza Strip.[34]

Second, health experts can use their expertise in litigation (e.g., in the High Court) to bring about a policy change using legal tools. For example, Physicians for Human Rights petitioned the High Court against the Minister of Public Securitydemanding an end to the violation of the constitutional rights of prisoners (mostly security prisoners, i.e., Palestinians) who were forced to sleep on the floor in the absence of beds. [35] Third, the prestigious status of health professionals as experts can also help raise awareness among the general public and affect a shift in public opinion in order to lobby decision makers to change policy.

3. Sponsorship of dialogue by Israeli governmental authorities (institutionalization)

Despite the advantages of providing health services and establishing informal relations between civil society on both sides, absent relations between the various Palestinian entities and official institutions, the influence of the informal ties is limited. After gaining initial legitimacy for receiving services from the Israeli side, establishing the first connections and drawing Palestinian players into the circle of those involved, a lateral move is required resulting in long-term commitment on behalf of the health ministries of both sides. Relations must remain in the legitimate dialogue sphere (health matters), but must also be linked to additional projects and collaborations (such as the establishment of clinics, institutes and hospitals, joint acquisition of health services, etc.).

At the same time, there is no doubt that the involvement of the health ministries of both sides and institutionalized cooperation would constitute a political statement. Such governmental involvement may jeopardize the progress achieved in relations with the civilian population, many of whom are reluctant to engage with representatives of the occupying people. According to Entissar Kharoub:

> *We're talking about something very political. The fact that the Palestinian minister will meet with an Israeli minister will provoke harsh reactions on both sides.... That's why we need to make this matter clear, that first of all this is about health. If we make it clear that this is not normalization, but a right that the Palestinian residents must accept, I don't think there will be any objection.*

In this respect, the relative Israeli-Palestinian cooperation that began during the coronavirus crisis may serve as a cornerstone for dialogue. During the pandemic, Israeli public health physicians appealed to Israel's Ministry of Health to vaccinate the Palestinian population, emphasizing that the two populations share the same epidemiological fate.[36] This pressure led to a change in the Ministry of Health's policy on vaccinations and to the supply of

[34] See: "Physicians for Human Rights to the Director General of the Ministry of Health: Israel Must Provide Vaccines to Palestinians in the West Bank and Gaza Strip." Physicians for Human Rights, December 16, 2020; "Organizations: Israel Must Provide the Palestinian Health Systems with Coronavirus Vaccines," Physicians for Human Rights, January 6, 2021.
[35] HCJ 4634/04. The ruling stated that "a detainee shall be entitled, among other things.... to adequate sanitation conditions that will allow him to maintain his personal cleanliness, to medical care required to maintain his health and to appropriate supervision at the request of a doctor" (see Justice Cheshin's remarks in the ruling).
[36] Shelly Kamin-Friedman, "Vaccinate the Palestinians. We share an epidemiological fate," *Ynet*, January 12, 2021.

vaccines to LGBTQ Palestinians living in Israel and to Palestinians working within Israel, contrary to the Ministry of Health's initial position.[37] Moreover, despite early opposition, Israel handed over millions of vaccines to Palestinians living in the Occupied Territories (some purchased by the PA and some with donations).[38] In June 2021, a formal agreement was signed to purchase more than one million coronavirus vaccines from Israel for residents of the Occupied Territories, but the agreement was revoked by the Palestinians within hours due to a dispute over the suitability of the vaccines to the agreed specifications.[39]

Despite the scrapping of the agreement, incoming Health Minister Nitzan Horowitz instigated steps to thaw the political deadlock. In July 2021, he met with Palestinian Health Minister Mai al-Kaila, the first meeting in many years between these Israeli and Palestinian office holders. The ministers agreed that Israel would recognize the vaccination certificate issued by the PA. They also agreed that Israel would facilitate the passage of patients from the Gaza Strip to hospitals in the West Bank, and that Israel would allow the PA to provide medical services to schools in East Jerusalem.[40]

Horowitz subsequently instigated other measures to promote equality in health, such as a payout of over NIS200 million to former PA residents who married Israelis living in Israel, and state funding of medical insurance for Palestinians married to Israeli citizens living in the country. Those Palestinians had previously been required to pay 285 NIS a month for 27 months in order to be eligible for Israeli state health insurance.[41] In October 2021, Horowitz (together with other ministers and MPs from the Meretz Party) met with PA Chair Mahmoud Abbas in Ramallah to "**renew cooperation between the two sides**."[42] The meetings between Horowitz and the heads of the PA drew attention particularly given the absence of contacts between Abbas and Israeli Prime Minister Naftali Bennett, who made clear that he did not intend to enter into negotiations with the PA leader.[43]

In conclusion, the establishment and consolidation of relations through civil society organizations must be followed by official dialogue between representatives of the two peoples, given that the power and authority to provide large-scale solutions lies with them. It should be borne in mind that even in a bottom-up model, the power to establish relations between peoples, and in the process, to allocate essential resources, is in the hands of the government. True commitment by the Israeli side to recognizing the Palestinian right to equal healthcare will help legitimize such a move. It should be noted that these and other pro-Palestinian measures taken by the Ministry of Health during Minister Horowitz's tenure

[37] Tomer Aldubi, "The Ministry of Health has authorized the vaccination of LGBT Palestinians," *Mako*, March 8, 2021.
[38] Barak Ravid and Merav Cohen, "Israel will transfer coronavirus vaccines to the West Bank as part of an agreement with the Palestinian Authority," *Walla*, June 18, 2021.
[39] Elior Levy, Adir Janko, "100,000 vaccines will be returned: the Palestinians canceled the agreement with Israel," *Ynet*, June 19, 2021.
[40] Jackie Khoury and Michael Hauser Tov,"Palestinian Ministry of Health: Israel will recognize the vaccinator certificate issued by the PA," *Haaretz*, July 28, 2021.
[41] Jonathan Lis,"Palestinians who married Israeli residents will not be required to pay thousands of shekels as a condition of medical insurance," *Haaretz*, September 19, 2021
[42] Yaron Avraham, "Meretz ministers met with Mahmoud Abbas: 'We will prevent measures that will harm the two-state solution'," *Mako*, October 3, 2021.
[43] Itamar Eichner,"Bennett: I will not meet with Mahmoud Abbas – he complained against us in The Hague," *Ynet*, September 4, 2021.

did not provoke opposition and political protest, unlike proposed diplomatic measures that generally draw much broader public and political criticism on both sides.

This "passing of the baton" from civil society organizations to institutional entities will naturally shrink the role of these organizations. It should be clarified that this is a positive and necessary process. Just as pinpointed individual care is not a desirable substitute for promoting community health and sustained prevention over time, the work of humanitarian organizations is not an adequate substitute for long-term institutional and formal solutions. However, this transfer process must be carried out gradually and with sensitivity. This includes ensuring that the infrastructure and knowledge accumulated by the humanitarian health organizations are preserved so that the transition from humanitarian to institutional care is as smooth and natural as possible.

D. Summary

Since the outbreak of the al-Aqsa intifada (2000), countless researchers have been analyzing the reasons for the collapse of the peace process that began in Oslo, citing the lack of commitment by key players, absence of effective mechanisms for ensuring implementation of the agreement, leaders' inability to deal with the hawks who oppose compromise, and more.[44] One way or another, after two decades in which the official diplomatic channel constituted the main route to attempts at reconciliation between Israel and the Palestinians, this channel seems to have reached a dead end during the Netanyahu administration, especially after the 2014 failure of the negotiating initiative led by Secretary of State John Kerry.[45] Even the dominant approach of the Bennett government appears to be that there is no real commitment on the Palestinian side to negotiations that will lead to a permanent solution, and therefore there is no point in attempting them.[46]

Beyond the question of the PA leadership's intentions, one has to wonder to what extent the "all or nothing" approach to resolution of the conflict serves the parties. Perhaps the most effective course calls for a gradual progression by mobilizing civil society players committed to a modest and agreed goal (such as promoting health), thus inculcating the importance of a true partnership in the hearts and minds of the two people. The Oslo Accords were criticized for their top-down peace model that failed to address the root problems of the conflict: hostility, fear, and the lack of dialogue between the peoples.[47] Criticism of the Oslo process was voiced by both Israelis and Palestinians, such as Prof. Edward Saeed, who claimed the Palestinian representatives to the peace process were incompetent and corrupt,

[44] Çuhadar, Esra, and Bruce W. Dayton. "Oslo and its aftermath: Lessons learned from Track Two diplomacy." *Negotiation Journal* 28, no. 2 (2012): 155-179.
[45] Shlomo Brom, Udi Dekel, Anat Kurtz, "The Israeli-Palestinian Arena: Lessons Following Failed Negotiations and Military Confrontation." In: Anat Kurtz and Shlomo Broome (Editors) Strategic Assessment for Israel 2014-2015, Institute for National Security Studies.
[46] For example, the statements of Prime Minister Bennett and Interior Minister Shaked that "Mahmoud Abbas is not a partner". See: Bar Peleg,"Shaked: Bennett is not going to meet with Abbas, he is not a partner," *Haaretz*, Sept. 14, 2021; Itamar Eichner, "Bennett: I will not meet with Mahmoud Abbas – he complained against us in The Hague," *Ynet*, September 4, 2021.
[47] Yaalon, Moshe, "How to Build Middle East Peace: Why bottom-up is better than top-down," *Foreign Aff.* 96 (2017): 73; Rothstein, Robert L., "How Not to Make Peace: conflict Syndrome and the Demise of the Oslo Accords," United States Institute of Peace (2006).

and the achievements yielded by the agreement were inadequate.[48] In this respect, it is precisely the humanitarian work of civil society organizations, including health organizations that recognize the broad political and structural context of the conflict, that can create bases of popular support for dialogue and joint initiatives and gradually lead to healing the rift. As mentioned above, the recent measures by Israel's Health Ministry benefitting the Palestinian population passed almost without resistance.

However, the expectations of informal initiatives by civil society organizations are limited. In order for the essential work carried out by these organizations to create effective trust, and to expand beyond the local level, it must mature into a bottom-up relationship that includes joint initiatives to promote health on behalf of officials of both parties. These measures must be significant and visible, and recognize Israel's responsibility for the Palestinians' right to health. The aforementioned moves promoted by the Ministry of Health under Minister Horowitz are a first step in the right direction.

[48] Mac Ginty, Roger, and Pamina Firchow, "Top-down and bottom-up narratives of peace and conflict," *Politics* 36, no. 3 (2016): 308-323.