PERMISSION TO NARRATE A PANDEMIC IN PALESTINE

Bram Wispelwey, Rania Muhareb and Mads Gilbert

Dr. Wispelwey is a co-founder of Health for Palestine and medical director of Ifor3. He teaches at Brigham and Women’s Hospital and at Harvard Medical School. Ms. Muhareb is a legal researcher and advocacy officer with the Palestinian human rights organization Al-Haq. She holds an LLM in international human rights and humanitarian law. Dr. Gilbert has since 1981 worked with solidarity medicine in Lebanon and occupied Palestine, and co-founded NORWAC (The Norwegian Aid Committee). He is a specialist in anesthesiology, senior consultant at the University Hospital of North Norway, and professor emeritus at the Arctic University of Norway in Tromsø. He has authored the books Eyes in Gaza (2009) and Night in Gaza (2014).

The extension of academic censorship on Palestine to the medical world is, despite its pervasiveness, relatively unknown. In the latest iteration, a letter highlighting the Gaza Strip’s vulnerability to the Covid-19 pandemic was removed from The Lancet’s website after a swift pressure campaign. While the immediate effects were minimal — despite its short shelf-life, the piece is among the top 5% most discussed research publications1 — the chilling effect of such campaigns on writers and editors is profound and enduring. This commentary outlines the struggle to make space for discussion and academic inquiry into the health impacts of the ongoing suffering inflicted on the Palestinian people.

As Palestinians marked Land Day on March 30,² The Lancet, one of the world’s oldest and most prestigious medical journals, silently removed from its website a commentary that was published three days prior.³ At just over 400 words, “Structural violence in the era of a new pandemic: the case of the Gaza Strip,” draws on the deep historical and political forces that have rendered the Palestinian people in the Gaza Strip particularly susceptible to an impending Covid-19 outbreak. Mirroring numerous warnings that continue to be published elsewhere, including a statement by 20 Palestinian, Israeli, and international health and human rights organizations,⁴ our commentary highlights the impact of pandemics on “populations burdened by poverty, military occupation, discrimination, and institutionalised oppression.” Its critical tone is consistent with other Lancet commentar-
ies targeting various national and global responses to Covid-19.

While hoping the swift removal was just a technical error, our experience working on Palestine made us suspect otherwise. A hint came via the elated tweet of a Canadian endocrinologist who had been involved in prior efforts to censor scholarship connecting Israel’s occupation and human rights abuses to Palestinian health outcomes. The next day we understood the impetus behind the commentary’s sudden disappearance: a message had been circulated to the scientific community in the United States (and beyond) calling — ironically, given the hostility to similar boycott calls directed at Israel — for a boycott of The Lancet for publishing the piece.

To understand The Lancet editorial staff’s swift decision to remove the commentary, we need to go back to 2014. At the height of Israel’s large-scale military assault on the Gaza Strip, The Lancet published “An open letter for the people in Gaza,” setting off an aggressive years-long campaign with demands that both the open letter and the editor-in-chief be removed. Neither occurred after a thorough review by The Lancet ombudsman. The controversy culminated, however, with five 2017 Lancet Series papers designed to “outline Israel’s achievements in health and health care.” While the papers commemorated one of the world’s most efficient healthcare systems, missing was any discussion of Israel’s institutionalized oppression over the Palestinian people that leaves millions without the ability to develop or even access similarly exemplary healthcare. Indeed, the authors of the introductory piece of the series decided to “not comprehensively address historical or political issues, except when directly pertaining to health,” as if there were any other comparably important factors determining the stark health (and other) inequities between Israeli-Jewish and Palestinian inhabitants of the region.

The aftermath of the publication of the 2014 letter explains how The Lancet, a high-profile outlet courageously and almost uniquely willing to cover the political and historical forces impacting Palestinian health, came to publish an entire edition—perhaps the most prominent example of “healthwashing”—that sweeps these defining issues under the rug. “An open letter for the people in Gaza” denounced Israel’s 2014 military assault on the besieged Gaza Strip, highlighting the widespread killing and severe injury of Palestinian civilians, including children. Noted was the extraordinary loss of infrastructure, leaving more than 100,000 people homeless, and the dramatic impacts of Israel’s ever-tightening blockade on access to essential medicines, food, and potable water. The authors criticized the complicity of third states, as well as that of Israeli health professionals who failed to speak out against this massacre.

Precisely the same complicity was noted in a Lancet editorial following Israel’s 2008-2009 military assault on the Gaza Strip. The journal’s editors deplored the “silence of national medical associations and professional bodies worldwide in response to this destruction and dislocation of health services,” singling out medical association leaders, who “through their inaction, are complicit in a preventable tragedy that may have long-lasting public-health consequences not only for Gaza, but also for the entire region.” Within a context of pervasive Israeli impunity, the 2009 and 2014 Lancet statements were — and remain — bold calls for action. Each historical juncture was accompanied by an expectation that now, finally, the world should stand up and address the root causes prolonging the injustice and suffering of the Palestinian people. While this ultimately did
not occur, The Lancet offered readers the option of adding their signatures to the 2014 letter;\textsuperscript{15} tens of thousands did so, signaling that a chord of outrage had been resonantly struck.

But the extremeness of Israel’s military actions in the summer of 2014 did not dilute the potency of the reactionary outcry from its defenders the world over. The response to The Lancet letter took two main forms. First, there was a slew of letters and email invective launched at The Lancet, generally, and at the journal’s editor-in-chief, Richard Horton, in particular. And not just Horton, who was vilified as an anti-Semite with a photo of a uniformed Nazi conjoined to his.\textsuperscript{16} The verbal abuse extended to his wife and school-age daughter, reminiscent of the vicious personal attacks on Judge Richard Goldstone following the 2009 release of his United Nations Fact Finding Mission report on the Gaza conflict, which included an attempt to ban him from attending his own grandson’s bar mitzvah at a synagogue in Johannesburg.\textsuperscript{17}

The harassment of medical editors who publish material critical of Israel’s policies and actions long predates the modern siege on the Gaza strip. In 1981, the editor of World Medicine, Michael O’Donnell, was targeted in a similarly aggressive campaign, ultimately leading to his dismissal and even the dissolution of the journal. What O’Donnell makes clear in his 2009 chronicling of the 1981 attacks, is that these are not spontaneous outcries of protest, but carefully orchestrated lobbying campaigns designed to obscure the truth about Israel’s systematic denial of Palestinian rights. The goal is not only to silence editors but to inhibit would-be writers, many of whom reasonably fear professional and personal consequences. “The technique has endured for decades because it is effective,” O’Donnell writes,\textsuperscript{18} and if this reemergence in 2020 has any lasting significance, it will be to test and challenge whether this remains so.

The second type of response to the 2014 letter came in the form of tacit mobilization of powerful interests to limit free speech on the health impacts of Israeli policies and practices. These tactics are by now well-known outside the medical world,\textsuperscript{19} falling within the broader context of concerted efforts led by the Israeli government to outlaw Palestine solidarity and delegitimize human rights defenders, organizations, and activists who challenge Israel’s abuses and seek justice and accountability.\textsuperscript{20} In January of 2015, explicitly identifying the 2014 letter to The Lancet as the motivator,\textsuperscript{21} the Presidents of the American Diabetes Association, the European Association for the Study of Diabetes, the American Association of Clinical Endocrinologists, and the Endocrine Society, as well as the editors-in-chief of eight diabetes and endocrinology journals, issued a statement of principle that proclaimed “our respective journal will refrain from publishing articles addressing political issues that are outside of either research funding or health care delivery.”\textsuperscript{22}

Leaving aside the oddness of diabetes professionals’ unwillingness to publicly tackle the political factors that drive the disease in which they specialize — a position even more untenable as the Covid-19 pandemic exposes the political underpinnings of health with drastically inequitable infection and mortality rates\textsuperscript{23} — an ethical question lingers here. Should physicians and scientists be permitted to publicly narrate the historical, structural, commercial, social, and political forces that lead to avoidable death, illness, and suffering? Given the clear link between these forces and ill health, and the consensus
that ignoring them leads to worse outcomes, might it not be their duty, in fact, to do so?
Such questions recall Edward Said’s influential 1984 paper, “Permission to narrate,” in which he juxtaposes the historically uncontested facts of Israeli aggression during the 1982 Lebanon War with the perception in Western media that Palestinians were the primary wrongdoers and agents of violence. “Sequence, the logic of cause and effect as between oppressors and victims, opposing pressures—all these vanish inside an enveloping cloud called ‘terrorism,’” Said notes. The narrative is distorted beyond recognition, and “there is every chance that ignorance about Israel’s attitude towards Palestinians will keep pace with sustained encomia on Israel’s pioneering spirit, democracy and humanism.” Particularly when silencing comes within the context of prolonged violations of international law and institutionalized impunity, medical journals have a heightened responsibility to narrate facts within what Said describes as a “socially acceptable narrative to absorb, sustain and circulate them.” In order to avoid the primacy of ideology over scientific inquiry, publishers must allow for pertinent critique of powerful entities, including states, a willingness Richard Horton has demonstrated frequently during his tenure at The Lancet.

With the systematic silencing of voices critical of Israel’s violations and refusal to acknowledge a Palestinian counter-narrative, a perspective that highlights the primacy and consequences of Israeli aggression will seem outrageous to many, in 2020 as much as in 1982 or in the aftermath of Palestinian expulsion during the Nakba (“catastrophe”) of 1948. In prominent medical journals, Palestinian health narratives feature infrequently. When surveying the literature, the most prominent medical journals in the United States have only one mention of Palestine for every 20 mentions of Israel, compared with a still lopsided one-to-four ratio for leading medical journals in the United Kingdom. While one could argue that this reflects a lack of research production from Palestine, which would require its own thoughtful explication, our experience—both recent and historic—suggests this represents a refusal of academic space for those who challenge dominant, ideologically-motivated health narratives. In its willingness to elide uncomfortable historical and political realities, the medical association-sponsored silence on Palestine confirms this suspicion, implying a penchant for ideology rather than pursuit of truth in approaches to understanding health. What else could motivate a statement promoting censorship of the root causes of disease?

Tellingly, the physicians and scientists who pounced on The Lancet following the publication of our latest piece didn’t bother to submit a reasoned reply for the journal’s consideration, perhaps because some had already declared “victory” in the journal’s pages last year. In a triumphant letter, ironically political given it was led by a board member of the American Diabetes Association (who is also an associate editor of a journal involved in the aforementioned statement of principle), the authors celebrated the success of their self-described “sanctions” against The Lancet. Remarkably, when asked whether their boycott of The Lancet weakened the case against boycott of Israel, one of them said, “We had no other option.” In addition to the proven historical efficacy of the systematic bullying and censorship touted and euphemized in their letter, there is another plausible reason for avoiding academic debate on our commentary’s claims. It is almost certain that none of those lashing out at the journal, neither in 2014 nor today, have meaningful ex-
perience living with Palestinians or working on health and human rights in Palestine. On which other topic are the inexperienced and unequipped allowed such sway in the worlds of science and health? And if, despite the experiential gap between us, they wish to press on, shouldn’t they have to do so with the same platform available to us—that of reasoned discourse?

This isn’t just an ivory tower discussion on academic freedom. If the scientific and medical communities refuse to take a strong stand on censorship, bullying, and aggressive lobbying campaigns aimed at silencing academic journals, the well-deserved fear of even the most sympathetic editors—who deserve our staunch solidarity—will allow for the continued erasure of Palestinian health facts, voices, narratives, and experiences. In “Structural violence in the era of a new pandemic: the case of the Gaza Strip,” we argued that “structural violence rooted in historical, political, and social injustices determines health patterns and creates vulnerabilities that hamper the effective prevention, detection, and response to communicable disease outbreaks.” At a time when Palestinians are exceptionally susceptible to the Covid-19 pandemic, the stakes of this ongoing silencing campaign could not be higher. Lives are in the balance, and medical and scientific communities of all stripes should agree that purveyors of censorship must be exposed, not tolerated.

---


