

Life and Health Under Israeli Military Occupation During COVID-19: Report from the West Bank, Occupied Palestinian Territory

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Abstract

This qualitative study explores lived experiences of Palestinians in the West Bank during the COVID-19 pandemic intersecting with life under Israeli military occupation, structural violence, and racism. Insight is provided into the pandemic's effect on daily life and health and into coping and support mechanisms employed under apartheid conditions. Forty-three semi-structured interviews were conducted among a stratified sample of Palestinian adults. Interviews were digitally recorded, transcribed, and analyzed using thematic analysis. During the pandemic, Palestinian social lives were interrupted, jobs were lost, and incomes declined. Families fell into social and financial crises, with strife, insecurity, uncertainty, and fear negatively affecting physical and mental health. Pandemic effects were compounded by the Palestinian Authority's shortcomings and policies not taking into account citizens' rights and social protection and by Israel's continued colonization of Palestinian land and violation of Palestinian human rights. Social solidarity was instrumental for coping during the pandemic just as it was during intensified political violence. One key feature that helped Palestinians survive promoting their cause for freedom, sovereignty, and self-determination is their social solidarity in times of strife. This has proven to be a crucial component in overcoming threats to the survival of a people during the twentieth century and into the twenty-first century.

Keywords

COVID-19 pandemic, occupied Palestinian territory, Palestinians, Israeli military rule, colonization, apartheid, West Bank

“We are highly led and not making choices ... they increase our speed, stop our movement, like a remote control ... They are making you live and draw you the lines which you walk on.”

—41-year-old man from the North of the West Bank, occupied Palestinian territory

the closure of schools and businesses.^{6,7} Although prescribed as necessary, these measures nevertheless exposed⁸ and compounded the effects of various forms of pre-existing structural violence and inequality associated with poverty, racism, and discrimination within and between countries.^{8–10} The COVID-19 virus exposed the way pandemic spread is shaped by structural, political, economic, and environmental factors, especially affecting excluded and oppressed populations.

Background

The COVID-19 pandemic swept and shocked the world^{1,2} and has been described as an all-out crisis with effects beyond health.^{3,4} In addition to the high toll on life and health,⁵ the pandemic disrupted global and local economies, interrupted basic services, overwhelmed medical institutions and health systems, and transformed social relations. It changed every aspect of life all over the globe, albeit not equally.

In attempts to contain the virus, governments worldwide called for social distancing, quarantine, self-isolation, and

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In the Palestinian territory occupied by Israel (oPt), COVID-19 laid bare, and intensified, pre-existing Israeli political and structural violence and suffering among the Palestinian population in both the West Bank (including Palestinian East Jerusalem) and the Gaza Strip. Recently, Amnesty International¹¹ and other human rights organizations described Israel as an apartheid state characterized by racism, governmentalization, and control over Palestinians, including maintaining them under insecurity and intense uncertainty.^{12,13} This includes Israeli military orders, permit restrictions, sudden closure policies,¹¹ and heavy bureaucracy controlling the everyday, whether this is control of bodies (in or out of prison, torture, house arrest, killing etc.) or dwellings, land, water and other resources, or livelihoods.¹² Further human rights violations endured by Palestinians include control over the freedom of movement of groups or people using differential identity cards,¹³ reminiscent of the South African pass system. These measures are often hidden,¹³ characterized by their unpredictability and instability, and can be operationalized suddenly, creating chronic uncertainty and fear at the level of every day. Recently, and during the pandemic, there has been an increase in targeted attacks by the Israeli army and illegal Israeli settlers on Palestinian land, exacerbating an already fragile political and economic situation.

Throughout the pandemic, these features of political violence intensified in various ways, curtailing the ability of Palestinians' to cope with the health emergency created by the COVID-19 pandemic. This included continuing demolition of homes at record rates; delaying procurement of necessary supplies, including medical; making it difficult to access health care, including hospital beds; and failure to manage entry to/from Palestinian "controlled" areas, which at times thwarted efforts to contain the virus.¹⁴ At the same time, the population protested against the severity of the Palestinian Authority measures of lockdown and closure of institutions, schools, and shops to control the spread of the virus,¹⁵ because many households fell beneath the poverty line in this already fragile economy. These protests did lead to the relaxation of lockdown rules, which continue today.

By May 2022, an estimated 657 329 people have been infected by the virus in the occupied Palestinian territory, with more than 5 000 deaths recorded¹⁶ out of a population of more than 5 million. However, it is widely believed these figures are a significant underestimation of reality.¹⁷ At the same time, little is known about the lived experience of Palestinians during the pandemic, including how intervention measures affected their social lives, health, and well-being.

This qualitative study explores the lived experience of Palestinians in the West Bank during the COVID-19 pandemic as it intersects with life under Israeli military occupation and colonization and its inherent structural violence and racism. In the following, in-depth insight is provided into

pandemic effects on daily life and health, as well as coping and support mechanisms employed by the population under pre-existing apartheid conditions.

Methods

This article is based on qualitative research that was completed in the midst of the COVID-19 pandemic between April 2020 and February 2021. Forty-three Palestinians in the Israeli-occupied West Bank were recruited for the study. It was not possible for the research team to recruit Palestinians from Palestinian East Jerusalem, which had been annexed by Israel, as Palestinians with West Bank identity cards cannot enter East Jerusalem except with a special permit from the Israeli military, and this is not easy to obtain. Thus, Palestinian East Jerusalemites were not included in this study. Likewise, West Bankers are not allowed to cross into the Gaza Strip without permits from Israel, and such permits are also difficult—and at times, impossible—to obtain.

Purposeful sampling was used to arrive at the widest possible range of ages (18–73 years), sexes (23 men and 20 women), marital and labor force status, educational levels, and locale (urban, rural, Palestinian refugee camp). Participants were recruited through professional, personal, and institutional contacts and through the use of snowball sampling techniques.

A semi-structured interview schedule was developed by the team, piloted, and adjusted in line with pilot results. Topics included the views and opinions of the study participants on living conditions during the pandemic; idioms they use to describe the situation; synonyms for the lived uncertainty; the effect of the pandemic on social, economic, and other aspects of life; effects on mental and physical health; coping mechanisms; and the way in which the pandemic articulated with the political context of ongoing Israeli military occupation and colonization. Interviews were conducted remotely by phone or Zoom, depending on the availability of internet connection and/or participant preferences. Informed consent was obtained orally as stipulated by the Birzeit University Research Ethics guidelines, including consent to record interviews. Interviews were conducted in colloquial Palestinian Arabic by two research team members and lasted between 40 and 90 min each. The recorded interviews were transcribed verbatim, coded, and analyzed using thematic analysis. Main concepts, topics, and words reported were noted. Reading and re-reading transcripts continued until main themes and sub-themes were identified, with data obtained from the different respondents compared and contrasted. Similar sub-themes were identified and placed under the main theme until major themes were developed, forming the main substance of this article. Specific quotes used in this article were translated into English by the first author, maintaining the meaning of what was said by participants as much as possible. Ethical approval was obtained

from the Institute of Community and Public Health's Research Ethics Committee Number 2019 (2-1).

Results

Describing life during the pandemic, most respondents reported that they lived in panic, fear, and uncertainty. Words used to describe the pandemic context included: unknown or hidden enemy, horror film, war, plight, disaster of a new kind, paralysis of life, death, being or feeling lost, and unable to breathe. At times, this was purely in reference to the pandemic, or to the measures taken to mitigate the spread of COVID-19 by the Palestinian Authority, but sometimes, they referred to pre-existing Israeli control and sometimes violent measures used by the Israeli military to control daily life and/or to will people to accept their subjugation. These descriptions provide examples of the degree of fear, worry, and suffocation many people felt, particularly during the earlier phases of the pandemic.

Pandemic conditions included having to face and endure heightened uncertainty. Many felt that their lives had become increasingly uncertain and used the following words to express this state: lack of clarity, (living) in anticipation that something negative will happen, going into a very dark tunnel, feeling lost, doubting, living in the unknown, a calamity with a joke, no one has information, no guarantees for tomorrow, feeling tied, afraid to move forward, and being lost. For instance, a man in his 50s from a central West Bank town emphasized, "...even the WHO got lost...people do not know where they are going"; while a 37-year-old man from a West Bank urban area contemplated, "... infecting me, not infecting me, comes back, does not come back, why is it still with us?...will there be a wave afterwards which seriously will be strong?...we do not know." In contrast, a few study participants mistrusted public health measures and instructions, not being entirely sure whether the pandemic was in fact real, or at times noting that, while they recognized that the virus was real, they were unsure how the pandemic was being used by governments to achieve what they want to achieve. A 44-year-old male participant from a central West Bank town said, with irony, "no corona, no macarona," laughing it away, while a 46-year-old woman from a north West Bank Palestinian refugee camp indicated her uncertainty by saying, "Everyone (...) [comes] up with different views about the virus: this is a global conspiracy, a religious conspiracy, an economic conspiracy."

"Our Life Turned Upside Down": The Pandemic's Effect on Everyday Life

Almost all participants reported important changes in their daily lives with the pandemic. Some went as far as saying the pandemic had turned their lives upside down. For example, a 50-year-old man from the central West Bank

town expressed this by saying, "...it flipped life upside down...a virus you are not able to see with the naked eye...This made people fear, we, and I, are afraid of something I cannot see with the naked eye."

Fear of infection affecting social relations was another important theme emphasized by respondents. All participants reported fear of infection and radical changes in social relations as a result of lockdown, with emphasis placed on relations with family, older people, and friends. People generally felt social relations were either being cut completely, severely restricted, or transformed. Family dynamics were particularly affected as people were unable to check on older or sick family members or to visit someone grieving or celebrating a happy family occasion, and people were unable to break the holy month of Ramadan fast with extended family as they worried about possibly infecting older people if they were asymptomatic.

Some participants used the Arabic term *hashra*, with its linguistic variations, when referring to how the pandemic affected the wider socioeconomic and political situation. *Hashra* means being cramped at home, choked, and not being able to move around or travel because of curfew and closed borders. For example, a 28-year-old woman from a central West Bank area noted, "Seriously, you are stuck... meaning one is cramped (*Mahshour*)...(in) a state of waiting, a state, I do not know, not a nice state, an ugly state." Similarly, a 26-year-old Palestinian male from a central West Bank village, who works inside Israel, explained, "One is cramped (*mahshour*) at home, not going out...and when someone comes to visit, they are afraid of me, 'You were with the Israelis, you were infected.'" Another 32-year-old man from a central West Bank urban area exclaimed, "They (the Palestinian Authority) closed restaurants, shops, and the *balad* (town or country depending on the sentence; in this context, it means town) and cramped (*hasharu*) people so they can take (money) from the central bank, the World Bank, from here, from there, assistance from outside, from inside, at the expense of our work and income, and the income of our children, and they did not compensate us."

An important concern people reported related to the country's economy and their personal financial situation as a result of the pandemic. Most study participants worried about ways the pandemic affected economic conditions in general and their own financial situation in particular. A 65-year-old man from a Jordan Valley village said, "The economic situation was destroyed...Those most affected are manufacturers, those who own factories...the big heads who have factories and have companies, workers stopped going there." Some described bills piling up and the cost of living increasing. This 32-year-old central West Bank urban area man explained how extra expense built up when children were stuck at home without anything to play with and how they needed to keep them quiet by buying extra snacks: "...the financial situation...piled on one (is) rent,

electricity, telephone, water, even at the level of essential things, and...debt...When one is sitting (at home) one wants to entertain (oneself with food), chips, *Bizrr* (roasted watermelon seeds). When children are sitting at home... you want to shut them up with chips, chocolate, this is in addition to basic expenditures.”

People were especially worried about the long-term economic consequences of the pandemic, not knowing whether they would recover financially. A 56-year-old woman from a southern West Bank town commented that, “...nothing is guaranteed (certain), people are afraid that we get out of corona and we go into an economic setback...that companies will go bankrupt, people will go hungry...we try to tighten our hands (spend less)...I will not make a new dish every day...I want to try to decrease (expenditure)...you must eat anything with the least expenditure, less than before.”

Several participants linked the difficult financial situation they and their families found themselves in to social consequences and problems at home. They established an integral link between the economic and social spheres of life. For instance, this 44-year-old man from central urban West Bank explained, “When you go home, and your wife wants something you cannot get, this creates differences between you and your wife that you are not able to provide needed things for the house...your son is used to 10 shekels (Israeli Shekels, the currency used in the West Bank) pocket money (around US\$3), and suddenly you drop it from 10 to 2 shekels...This young boy despairs, does not understand, but despairs...the boy does not know what circumstances his father is going through, the boy wants his pocket money and needs what he used to get, he wants it to remain the same.”

While people lamented the pandemic and its effects on their social and economic situation, they did not simply consider that these were consequences of a “natural disaster.” In fact, they were aware that it was partly man-made and perpetuated by policies handed down to them by the Palestinian Authority and the Israeli military occupation, as the following section will show.

The Palestinian Authority’s Pandemic Response and Its Shortcomings

Participants were generally critical of the way in which the Palestinian Authority dealt with the pandemic, blaming the Authority for their difficult financial situation and the interruption of income generation endured during lockdown. People did not feel supported. In some ways, the negative economic impact of the pandemic seemed to highlight existing weaknesses in the general institutional provision of social security and social protection. The Palestinian Authority was unable to provide support to people as some governments had been doing in other parts of the world. This 32-year-old man

from the urban central area of the West Bank explained, “The situation is not bad, it is worse than bad, all places where there were problems (different countries) they looked after people (helped them), they dealt with people as human beings...they (the Palestinian Authority) formally destroyed us.”

Lack of trust in the Palestinian Authority was also reported by many. For example, the Palestinian Authority’s initiative *Waqfet Izz*, or Dignity Stand, entailed the distribution of 700 IS (equivalent to approximately US\$220) to those most in need. It was not only criticized as too little support, but more importantly, the system was considered to be fraught with corruption and cronyism, reflecting what people saw as the workings and reputation of the Palestinian Authority. One participant reported that most restaurant employees did not receive any *Izz* money, although they were most financially affected as restaurants closed early on in the pandemic and opened last. While people were critical of the Palestinian Authority’s response, they also recognized structural constraints and weaknesses resulting from Israeli occupation and colonization of Palestinian land. Several participants understood the limitations imposed on the Palestinian Authority by Israeli occupation measures. A 47-year-old man from an Israeli army-controlled area in a northwestern Jerusalem village explained, “All needs (goods) came in (into where Palestinians live) with limited quantities (because of Israeli restrictions)...So occupation restricted the amounts (of basic necessary items) which could come in.”

While negative views toward the Palestinian Authority were dominant among study participants, not everyone shared these critical sentiments, with some praising the government for its proactive pandemic response, especially at the beginning. A 22-year-old student from the northern urban West Bank area said, “Feeling of certainty comes with trust of government. Because of precautionary measures the government (the Palestinian Authority) took, I began to feel that indeed the government is walking the right path, and this produced trust, even though partial, as the government knows the interest of its people.”

Exacerbation of the Pandemic due to Israeli Occupation

Almost all participants thought Israeli occupation measures significantly worsened the spread of the pandemic. The lack of control over West Bank borders was identified as an important problem that got in the way of attempts to control the pandemic. Participants indicated that because Israel controls the movement of people and goods, it makes it difficult for the Palestinian Authority to access all areas at all times in order to contain the virus. With no control of its borders and a large number of Palestinian workers crossing daily into Israel to work as cheap labor, the spread of the

virus was considered not to be controlled by the Palestinian Authority, but determined by Israeli policies.

This was particularly emphasized for Area C, which forms 60 percent of the West Bank and is completely controlled by Israel. This 42-year-old woman from a northern West Bank town explained, “We are open to the occupied land (Israel) and unable to isolate all of our citizens...If other countries call for lockdown, they closed entry points and airport, that is it. But with us (Palestinians), workers go to work in 48 (referral to the Palestinian land lost with the creation of the State of Israel in 1948 and what is now Israel) and come back, and they may be infected and transmit the infection...Occupation (Israel) would open crossings so workers would escape (leave for work) and return without being tested.” This woman continued by raising questions about how contacts between the Israeli army and Palestinians could also expose Palestinians to the virus: “...how do I know that the (Israeli) soldier who comes to arrest a person in their home does not have the virus? I saw Occupation army people spitting on Palestinian cars, and how do we know that they do not have the virus?”

Rumors about Israel intending to spread the disease among Palestinians were also mentioned. Some reported rumors that Israel tried to spread the disease by allowing free return home for Palestinian workers who had worked for a period in Israel, but who had not been tested for COVID-19. This 32-year-old man from the central West Bank notes, “What remains are the internal crossing and workers inside (the green line). The PA was not able to control these workers, on the contrary, occupation helped (spread the virus). There are *shabab* (young men) who confirmed that they would send in (Israeli army) jeeps bringing in (to the West Bank Area C) workers.”

Sadly, Palestinians also reported that seeking work inside Israel, as cheap labor generally, was a source of stigma. The stigma associated with work inside Israel was noted by this 26-year-old man from Area C who worked in Israel, “In my family (extended family) and the families of my uncle, no one greets you, no *salam alaikum* (peace be upon you), no *alaikum alsalam*. Of course, this feeling was not nice, you remain distant from people because you are returning from the Israelis. They are afraid of someone returning from the Israelis, they do not get close.”

Some pointed out that Israeli occupation and colonization complicate matters further because the Palestinian Authority is unable to fulfill its duties or make independent decisions owing to its control by Israel. As this 41-year-old village man from the north West Bank stated, “...first there is occupation, second, it (oPt) does not have a government which it can trust. We do not know where our decision comes from... We see our government groaning, Shlomo (an example of the name of an Israeli official) stops aid or tax transfers and we go hungry. So what is this government and what is this decision?” He proceeded to lament the extortion of the Palestinian people by saying, “We are a people who are

extorted, not corona, even if they use corona, they extort our workers (Palestinian workers in Israel who get paid much less than Israelis and with little benefits, if any)... they threaten with annexation, although they have already annexed, even their problems are exported to us like the old broken cars they sell to us—and we remain happy with their rubbish, even used furniture. We are living on remnants.”

The Compounded Effects of COVID-19 and the Political Context on Health

The social, economic, and political effects of the pandemic combined with pre-existing political constraints because of Israeli military rule were recognized by participants as taking a toll on people’s mental and physical health. Mental health was particularly emphasized as most participants reported various mental health problems experienced during the pandemic, such as shock, fear, distress, and boredom. Participants described how their children suffered in particular as they felt choked (*makhnuqeen*), imprisoned between the four walls of their homes, and exhausted. Young people were also negatively affected by the pandemic lockdown, struggling to spend so much forced time with their families for extended periods. For example, a 28-year-old woman from an urban area of the central West Bank revealed, “There are days when one is so disgusted... because (*khalas*) one’s psychological state is not allowing one to sit between four walls and to keep sitting with the same family and the same people without a million problems happening and a million stories.”

Others emphasized that, on top of Israeli measures and denial of freedoms, pandemic conditions made life more difficult, with people’s mental health described as severely negatively affected, inducing fear and even panic—for example, when someone sneezes at work, or if one comes down with a cold and through fear stays away from family, consequently negatively affecting her/his psychological status. The negative mental health effect of the pandemic seems to have reached high levels among one participant who contracted the virus and who infected his parents. This 29-year-old man from a town in the central West Bank told us about the anguish he felt when he discovered he had passed the virus on to his parents: “...people were gossiping about my parents that they have the virus, and they were saying goodbye to them because (they thought) they will be dying, people calling, crying on the phone...The mental health situation of all the family was tragic, and you live with the guilt of having given the virus to your family...” Some even maintained that the negative health consequences of measures put in place to control the pandemic were greater than the effects of the disease itself.

A link between mental and physical health was highlighted. This 22-year-old man from a northern urban locale

elaborated, "In a day and a night (overnight), I could not go and come. And the idea of the fear of contacting people surely affected my daily performance and affected my ambition. With stress my eating patterns changed, maybe a lot of people got fat with this sitting, but I lost weight as stress does not allow me to eat well...the routine of my life changed and my sleeping patterns changed...we're in a situation of stress in the real sense of the word and pressure, fear, fright, and panic frustration is the whirlpool I am walking most." A 44-year-old man from an urban area in the central West Bank also confirmed this link between mental and physical health: "...even looking at people, you do not see their faces, they have not cut their hair and beard, no *nafs* (desire) to shave and work. Inside, my psychology is tired (meaning ill) because of the situation that we see." Others, including a 42-year-old woman from an urban area in the north of the West Bank, reported that tension and worry affect sleep, appetite, and digestion and that the worry she feels when she hears about cases of infection sends her into despair and depression.

Personal and Collective Ways of Coping

When asked how people cope with such difficulties, most reported that everyone supported everyone else, especially family members, husbands, and children (who would provide a bit of positive energy), although the separation from older people in families was particularly hard to endure. Other ways of coping included keeping busy by working from home, cooking, listening to the news, reading the Quran to relax, fasting and praying for the removal of this affliction, and sitting outside and working the land around the house. A 44-year-old woman from a village in the Jordan Valley's Area C explained, "I had never thought that one day I would plant at my house's door step, and here I am, I planted Chinese okra, okra, aubergine...I think about planting everything at my doorstep so that if there is closure, everything will be there...In this period, people learned how to save." Other ways of coping included talking with friends and family (including over Zoom), walking in nature, taking up hobbies, watching serials on television, taking distance learning online courses, or reading about the disease, among other ways.

Remarkably, the personal extended to the collective and the political with the formation of social action groups to cope with the pandemic. Several interviewees noted the importance of social solidarity in helping people cope with the pandemic. A 46-year-old woman from a northern refugee camp explained that "...there were many people with children but without internet, without electronics, or computers, and mothers did not know how to use these, so we created a group and collected homework from schools and got it to students from the same area."

Activism was emphasized as a way of coping by many. Old and young women seem to have been quite active in

responding to the emergency. Another woman aged 64 from a northern urban area explained, "In addition to relying on God and reading the Quran, which makes you feel reassured and rested, we created an emergency plan and made groups. There was no transport to reach the villages you are working in, so we connected with the emergency committees to fulfill needs of people, such as people with disability, we communicated via WhatsApp." As a 27-year-old woman from a southern refugee camp noted, the situation made institutions work together, which has apparently not happened for quite a while. Work became a collective endeavor as people connected again with working in agriculture, volunteering for environmentally friendly projects, joining popular committees distributing food, helping at the health center, and getting medications out to people with chronic diseases.

Men also reported group formation and self-help initiatives as a way of coping, as this 73-year-old man from a southern refugee camp told us: "We formed a group of committees, with young people coming onto the line, for the emergency situation. We formed a health committee in the camp under the leadership of the camp clinic doctor. We sanitized, then formed a social and security committee because they (the Palestinian police) closed the entry of the camp." Such activism and social solidarity were reported by most participants, mainly in the context of coping with the pandemic. A 49-year-old man from Area C in the Jordan Valley remarkably explained, "We are here in Area C in the Jordan valle (completely controlled by Israel), there is no presence of the Palestinian security or Palestinian rights...we took over security, we took over the role of social services, we aborted many theft incidents, we arrested many thieves who tried to steal (from) the farmers and those who raise animals, and took them to those in charge." He continued, "There are no governmental institutions (in these areas)...only Israelis (Israeli army and illegal Israeli settlers on West Bank land). And Israelis make the scenario that they want." These emerging forms of solidarity were also viewed by some to be remnants of groups that existed in the past, especially during the First Intifada (the first Palestinian Uprising against military rule of 1988–1993). For some, they were a source of optimism and renewed sense of hope, especially in the absence of effective institutional support mechanisms.

Discussion

This qualitative study provides insights into the lived experiences of Palestinians during the COVID-19 pandemic under Israeli military occupation, characterized by its political and structural violence. Findings indicate dramatic changes in the lives of participants as a result of the pandemic. Many lived in fear and heightened uncertainty and experienced reduced or completely cut social relations and difficult financial situations. Social lives were interrupted, jobs were lost, incomes

declined, and families fell into social and financial crises. Strife, insecurity, uncertainty, and fear became hallmarks of life, negatively affecting mental health. Pandemic effects were compounded by the Palestinian Authority's shortcomings. Policies did not take into account citizens' rights or the need for social protection in such situations. Israel's control and colonization of Palestinian land, and the ongoing violation of Palestinians, continued during the pandemic.

The Palestinian population has experienced lockdowns previously with the imposition of curfew conditions and attacks against unarmed Palestinian civilians by the Israeli army while under lockdown and inside homes. Yet, this lockdown during the pandemic is complicated further by a particular kind of fear of the "invisible," that unseen virus that can attack individuals and their families and kill or produce serious health problems. These circumstances were reported to have particular negative effects on mental health and well-being, with people mentioning life in fear and that they felt choked, aggravated, shocked, fearful, distressed, and bored. However, various coping strategies were used to come to terms with distress and social tensions. Coping was as much personal as it was social, including learning something new, reading, and watching TV, as well as visits, social activism, solidarity, and starting campaigns, such as sanitation of villages and refugee camps.

Perhaps, given the lack of support from the Palestinian Authority for the captive population, and ongoing Israeli military rule denying Palestinians freedom, justice, sovereignty, and self-determination, these initiatives by local communities evolved independently, expressing social solidarity at its best, as usually happens in times of crisis among Palestinians, for example, during Israeli army invasions or curfews.

The findings show the pandemic did not affect everyone in the same way. Context matters. In the oPt, the COVID-19 pandemic intersects with and intensifies the political violence and economic deprivation exerted by Israel's apartheid regime. Consequently, Palestinians have to navigate the pandemic in a complex and volatile political context that will most likely outlive COVID-19. At the same time, the situation in the oPt is not exceptional. Our findings echo those obtained in other contexts across the globe,^{18–20} where those most affected are people living in poverty. As is currently widely acknowledged, the pandemic has exposed pre-existing structural inequalities within and across countries and amplified them,^{21–23} with negative health effects for groups of people—not only individuals—with particular characteristics and socioeconomic settings.

These pre-existing global inequalities have not arisen from a vacuum. Indeed, neoliberal political economy is at the root of such inequalities, with the pandemic exposing its flaws and inability to deal with the crisis.²⁴ Moreover, it has been emphasized that neoliberal policies, with reduction in social policy expenditures, medical care, and public health

services,²⁵ and the privatization and commodification of health services, have weakened the response capacity of various countries to the pandemic. Yet, neoliberal political economy is only part of the story; structural racism forms another. Structural racism has been shown to have induced "a pandemic on a pandemic"²⁶ among black people in the United States and has particularly negatively affected other racial groups, such as Asians and refugees living in northern countries, in addition to people living in poverty in various places around the world, such as slum communities in southern countries.²⁷

In the Palestinian case, Israeli apartheid against Palestinians,²⁸ described as a crime against humanity by Amnesty International, made the pandemic experience particularly difficult. This apartheid system entails not only separation from Israel based on racist considerations, but also complete control by Israel of 60 percent of West Bank land and resources (Area C), leaving around 10 percent controlled by the Palestinian Authority and 30 percent controlled by both the Palestinian Authority and Israel.²⁹ Israeli army checkpoints restrict mobility and access from one area to another, blocking the movement of people and goods and destroying livelihoods. Lack of control over resources, land confiscation, and the building of illegal Israeli settlements on Palestinian land has inhibited economic growth and seriously undermined Palestinian sovereignty as most of the country is not under the Palestinian Authority's control or jurisdiction, making it difficult for the Palestinian Authority to deal with the pandemic health-wise and otherwise. At the same time, Israel took advantage of the pandemic to intensify attacks on Palestinians, including more land annexation, home demolitions, arrests,³⁰ and Israeli army assaults on Palestinians, leaving much destruction.³¹ The case of Israeli racism and institutionalized discrimination against Palestinians became even clearer when Israel refused to provide its excess COVID-19 vaccines to Palestinians,³² despite the fact that, as an occupying power, it has the duty of protecting the health of the population, especially during pandemics. The story recounted by several of our participants, of how the Israeli army opened legal and illegal borders with Israel and allowed Palestinian workers in Israel to go back home without checking them for the virus, is corroborated by various news items appearing during the period, especially in the middle of 2020.^{33,34} Sadly, these events have contributed to the stigmatization of workers and the further spread of the virus.

To be sure, apartheid conditions are compounded by the absence of Palestinian Authority social protection mechanisms, leaving people to rely on family for survival. There is also the negative role that Palestinian Authority policies have played in accentuating inequality among Palestinians,³⁰ in addition to the Palestinian Authority's corruption and cronyism³⁵ reducing its capacity to address the pandemic and protect its population from the virus and exacerbating an existing lack of confidence in the Palestinian Authority's working. As some participants in

this study noted, when the Palestinian Authority tried to respond to the severe economic strife endured by the population with the *Waqfet Izz* project, the project was quickly terminated because problems of corruption and cronyism derailed its implementation. Perhaps the story of Palestinians under Israeli apartheid should be understood as “pandemic on top of pandemic” on top of pandemic—that is, a problem of triple captivity with no end in sight.

Conclusions

On a positive note, the COVID-19 pandemic has made the story of the racialized and violated Palestinian struggle for justice, freedom, sovereignty, and self-determination more visible to the world.³⁶ Despite the difficult conditions in which people live in the oPt, what is perhaps remarkable is the fact that Palestinians have survived a century of racism, discrimination, oppression, and exposure to various forms of political violence that generate constant fear and threats.³⁷ Nevertheless, as the results of this study indicate, one of the features that has aided the survival of Palestinians up until today is the social solidarity people exhibit, especially in times of strife, which has proven to be a crucial component in overcoming threats to survival at different periods during the twentieth century and continuing in the twenty-first century. To be sure, Palestinians have an unusual characteristic described as “pess-optimism,” being pessimistic and optimistic at the same time, which represents the defying voice of Palestinians. As the late Palestinian public intellectual Edward Said noted, Palestinians have strength “...in the knowledge that they (Israel) haven’t been able to get rid of us. It is a great feeling...To wake up in the morning and say: Well, they didn’t bump me”.³⁸

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