



Social medicine education towards structural transformation in Palestine

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ABSTRACT

Introduction: Social medicine, a field of study that uniquely centers the social and structural drivers of health in society, has been increasingly integrated into medical professional education over the last several decades. In Palestine, due to the fragmentation of Palestinian geographies, education, culture, and health, integrating a social medicine approach for allied health care students has remained elusive. We seek to introduce the theoretical underpinnings and practical implementation of an experiential Palestine social medicine course.

Materials and methods: 30 Students from the Gaza Strip, West Bank, and the United States convened at the Institute of Community and Public Health at Birzeit University, Palestine, for a three-week experiential social medicine course. The course introduced critical social and structural frameworks and utilized a biosocial model for training and education that included *reflective knowledge acquisition* and *praxis*. Pre- and post-course evaluations provided feedback and insight into the knowledge, attitudes, and learning evolution of the student cohort.

Results: Participant experiences highlighted the importance of the critical reflective nature of the course and importance of practice through praxis. Students identified the convening of Palestinians from different regions and the focus on Palestinian-centered perspectives as foundational for the course. Tensions highlighted included the challenges and distress in identifying tangible next steps in addressing the identified structural determinants of Palestinian health.

Conclusion: The Palestine social medicine course provided a Palestinian narrative-centered course that focused on critical structural frameworks to identify and clarify the overarching connections of various, fractured Palestinian health experiences. This course provides a model, and first step, towards meaningful decolonial education, partnership, and praxis, while also providing further evidence of the power of mobilizing in health solidarity and the transformative power of the social medicine movement.

1. Background

1.1. Social medicine's role in education

Social medicine, a field of study that centers the social and structural drivers of health in society, has been increasingly integrated into medical and allied health professional education over the last several decades (Katz et al., 2023; Westerhaus et al., 2015). The conceptual understanding of social conditions as drivers of health outcomes dates back to at least the 19th century, most famously through Virchow's

theorizing of poor health outcomes related to poverty, class, environment, and other societal factors in European society (Lange, 2021). More recently, over the past several decades, social medicine has increasingly been formalized and institutionalized into allied health professional education as academic and practical fields of study (Han et al., 2017). A social medicine approach seeks to uncover the upstream drivers of health, including historical, political, commercial, and institutional structures that organize and shape society through oppressive social forces, ultimately leading to health inequities. Incorporating social medicine within education and training allows us to reflectively

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examine how students and educators are collectively situated within – and can either perpetuate or challenge – violent and oppressive social structures, and in so doing begin to imagine new beneficent ones (Ortiz et al., 2018). Social medicine practitioners seek to reshape global health relationships through solidarity within and outside formal educational and clinical experiences, and through recognition of power inequities, particularly between students and educators from across historical and ongoing divides of colonization and domination (i.e. global south and global north) (Finnegan et al., 2017).

Global solidarity, in this sense, relies on the development of authentic partnership, mutual support, and meaningful exchange between individuals, groups, and organizations in the global south and global north, partly through the recognition of, and commitment to dismantle, the inequity of power distribution across the world (Finnegan et al., 2017). Social medicine courses in Haiti, Uganda, and Minnesota, pioneered by EqualHealth and the Social Medicine Consortium, have sought to bring social medicine education to rising generations of medical and allied health professionals through intensive, experiential student education and cross-contextual learning (Voller et al., 2022).

1.2. Social medicine in Palestine

The Institute of Community and Public Health (ICPH) at Birzeit University, in occupied Palestine, was built in part to address the decades-long dispossession, displacement and refugeehood of Palestinians, as well as the extraordinary circumstances of life under military occupation in the West Bank and Gaza Strip. ICPH has had a profound impact on public health and public health education in Palestine, challenging dominant discourses and centering the integral linkage of sociopolitical conditions and structural injustices to individual and community health outcomes (Giacaman, 2017). However, it is worth noting that while these discourses have made their way into public health curricula at the masters level, their integration into undergraduate allied health and medical education has been more limited throughout Palestine. Furthermore, despite these efforts, institutions in the global north continue to erase or ignore Palestinian health, or to fragment it into constituent parts removed from political context or critical analysis (Giacaman, 2023). Discourses in humanitarian medicine, refugee health, war/conflict, and minority health frequently ignore the political structures inherent to any comprehensive understanding of Palestinian health, to remove such discussions from analysis of power relations and colonial context (Asi et al., 2022). Even with the increasing academic focus and growing literature on settler colonialism and health (Wispelwey et al., 2023), military occupation, apartheid, ‘decolonizing’ curriculum, decoloniality in global health (Khan et al., 2021; Shahjahan et al., 2022), and structural racism (Bailey et al., 2017)– and the implications of these structures for the health of Palestinians (Asi et al., 2022)– there has been a lack of integration of such analysis in Palestinian health education, as well as concerted efforts to censor discussion of the structural determinants of Palestinian health within academic health spheres throughout the United States and Internationally (Mills et al., 2020; Wispelwey et al., 2020).

Such elision results in the misdiagnosis and flattening of core issues driving Palestinian ill-health and mortality, which generates ineffectual interventions that fail to mitigate or remediate root causes (Smith et al., 2023). In developing a Palestine social medicine course, we therefore sought to center these foundational health drivers.

1.3. Origins of the Palestine social medicine course

The Palestine Program for Health and Human Rights (PPHHR) is a collaborative program between the ICPH at Birzeit University and the FXB Center for Health and Human Rights at Harvard University in the United States. This program offers a decolonial collaborative model that challenges harmful and extractive global health partnership models by aligning core objectives of the program through practicing solidarity,

following community priorities, and centering the structural determinants of Palestinian health within all aspects of health programming (FXB Center, 2024). Following in the footsteps of EqualHealth social medicine courses, the teaching team of the course—which included five faculty members of the PPHHR leadership collective, Birzeit- and Harvard-based colleagues—and in partnership with the World Health Organization in the occupied Palestinian territory (oPt), sought to develop and implement a Palestine social medicine course with the overarching objectives of: (1) educating Palestine-based and U.S.-based health professional students on the social and structural determinants of health in Palestine; (2) introducing students to structural and critical frameworks that help describe and understand the differential distribution of intermediary determinants of health for Palestinians; and (3) building a network of structurally competent health professionals—which includes but goes beyond cultural competency—to champion structural health interventions through solidarity, advocacy, and organizing.

This paper describes our experience of conceptualizing, developing, and implementing a social medicine course in Palestine; the educational content and pedagogy; student experiences, relationships, and knowledge, attitudes, and practice evolution; and efforts of post-course community building, organizing, and advocacy. Our objectives in sharing this experience are the following: (1) convey lessons and practical approaches towards transforming public health discourses in allied health professional education; (2) connect our work with aligned health scholars and educators around the world in the mutual effort to confront oppressive power structures and technologies through transformational educational experiences.

2. Methods

2.1. Course context, participants, and logistics

The three-week intensive course was held in July 2023 at the ICPH at Birzeit University, Palestine, which served as the institutional home base for the course delivery. The course included 15 teaching days at Birzeit, with five additional all-day field visits as part of the experiential component of the course. Field visits were chosen for historical, political, and cultural significance related to health and included Hebron, Jerusalem, Jaffa, ‘unrecognized villages’ in the Naqab desert (Wispelwey et al., 2019), Battir, and Aida refugee camp in Bethlehem.

30 students were accepted into the cohort: 9 Harvard/U.S based students and 21 Palestinian students, including 12 from the Gaza Strip and 9 from the West Bank (including East Jerusalem). A total of 275 applications were received, with approximately 80 students being interviewed for the available spots. To challenge global north/global south dynamics in traditional ‘study abroad’ or ‘global health’ educational experiences, our model intentionally had a composition of majority host country-based students, centering lived experience and subaltern analysis and seeking to ‘disrupt ... typical flows of information ... and legitimacy often flow [ing] from north to south’ (Katz et al., 2023). Furthermore, recognizing the fragmentation of Palestinians across Israel, the oPt, and the diaspora which includes geographical fragmentation but also fragmentation of narratives, information exchange, and the specific health challenges faced by segregated Palestinian populations, our course sought to ‘reassemble the pieces’ of Palestinian education and experience through the deliberate recruitment of Palestinians in each of the aforementioned geographies (Asi et al., 2022).

In order to convene our cohort of students, a variety of travel permits and permissions were required based on location and identification status of the student. Palestinian students from the Gaza Strip required special travel permits from the Israeli Coordinator of Government Activities in the Territories to reach the West Bank to attend the course. Palestinian students from the West Bank, including those with American citizenship, required Israeli permit approval to travel to Jerusalem and

inside the Green Line to Israel for visits to Jaffa and the Naqab desert. International students either obtained visas at respective consulates or upon arrival to Ben-Gurion Airport in Lydda (approximately 40 min by car to the Birzeit campus in the West Bank). Due to Israeli restrictions at the time of the course, students with US citizenship and Palestinian identification had to travel to the West Bank through the Israeli-controlled land crossing via Jordan.

2.2. Curriculum and classroom approach

In the development of our course curriculum and pedagogy, we organized the three weeks of the course based on previous social medicine course structures, which included the following (Westerhaus et al., 2015).

- (1) Week one introduced critical frameworks required to understand the social and structural forces for Palestinian and other marginalized populations around the world.
- (2) Week two applied these frameworks to the Palestinian health context.
- (3) Week three introduced historical community organizing for health across several international contexts including South Africa, Zimbabwe, Haiti, and the USA, and centered current health organizing, activism, and health resistance efforts in Palestine and beyond.

In the first two weeks, students were introduced to the social, historical, and political drivers of health. Table 1 outlines the overall course objectives and main topics of the social medicine course. We centered the framework of structural competency, understanding that clinical interactions and individual health outcomes are intimately related to the structural contexts in which those clinical relationships are formed (Metz and Hansen, 2014). We also sought to be explicit in the framing and engagement of health with critical discourses, including the settler colonial determinants of health (Wispelwey et al., 2023), apartheid (Human Rights Watch, 2021), and structural racism (Tanous et al., 2023). Building from Palestinian experience and the critical social science literature, the teaching team considered these frameworks foundational to the key drivers of health outcomes in the oPt, Israel, and the diaspora. We introduced the students to human rights approaches and the right to health, which included discussions of the opportunities,

Table 1
Overall course objectives.

1	To understand the concept of social medicine and its applicability in Palestine.
2	To engage the concepts of structural and social determinants of health and the components of structural competency.
3	To engage with the critical discourses, including those of settler colonialism, structural racism, and apartheid, and their applicability to understanding structural determinants of health in Palestine.
4	To understand the central role of states in determining health and health inequities, within a human rights-based approach, and hence to understand the relationship between forms of statelessness affecting Palestinians and health.
5	To understand the health system in Palestine, including the role of multiple actors and the political economy of health care provision.
6	To understand how barriers to health access affect Palestinians living within different domains of Israeli control.
7	To explore community-based health movements and how health workers and organizations mobilize and engage in advocacy to promote the right to health of Palestinians, including the challenges these movements, organizations, and individuals' encounter.
8	To develop a practice of dialogical reflexivity and an understanding of how this skill is connected to individual and collective action.
9	To recognize epistemic violence and to develop approaches that serve the epistemic reconstitution of Palestinian and other marginalized narratives.
10	To develop practical advocacy skills towards changing policies and practices, informed by evidence and the principles of the right to health, to improve respect, protection, and fulfilment of the health and human rights of Palestinians.

challenges, and shortcomings of these approaches within historical and contemporary Palestinian contexts. Epistemology and the role of epistemic violence in relation to the health of Palestinians was explored throughout the course. Students were provided time to reflect on their personal experiences and their conventional knowledge and training to understand how these concepts affect health for themselves, their families, and their communities. In week three, students were introduced to various examples of health interventions to address the social and structural drivers of health in communities around the world and specifically in Palestine.

Throughout the course, students worked in interdisciplinary groups to identify a health issue that is structural in nature, comparing challenges and similarities between the United States and Palestine, as well as between communities of Palestinians that are fragmented in terms of geographies, rights, and systems of domination. During the final class session, students presented these health issues and provided various proposals for interventions to address these drivers of poor health. Following Westerhaus et al.'s conceptual framework for 'biosocial' training and education, weeks one & two focused on developing *reflective knowledge acquisition*, while the end of week two and week three sought to provide students with examples of health movements for change and introduce students to the concept of *praxis*. The course sought to provide students with the ability to conceptualize how to move towards structural change. The course was delivered using multiple learning delivery methods which included didactic lectures, small and large group work, interactive case studies, 'flipped' classroom methods, and reflection and discussion sessions.

2.3. Assessing knowledge, attitudes, and perspectives

We assessed pre- and post-course knowledge and attitudes through 20 Likert scale (1 = low comfort, 5 = high comfort) questions. Questions were grouped by overall course objectives which include overarching topics of Palestinian history, social medicine, critical social science and health frameworks, health systems, political economy, and health organizing and activism. We administered pre- and post-course questionnaires that aimed to understand pre-course student expectations and learning goals, and post-course student feedback and reflective experiences. An interim feedback form was filled out at the beginning of week two to guide any changes to the course including curriculum, content delivery, topics, and logistics, and food/accommodations. Quotations relevant to the overall course objectives (Table 1) were identified through a post-course teaching team review of knowledge, attitudes, and reflective feedback. Given the intent was for course evaluation and improvement, the Mass General Brigham Institutional Review Board deemed this project does not meet the criteria for human subjects research.

2.4. Analysis

Matched Pre- and post-course knowledge and attitudes Likert scale surveys (n = 26) were matched and analyzed using a paired *t*-test. Main themes emerging from the open-ended questionnaire feedback forms were identified and illustrative quotations of main themes were identified by the authors.

3. Results

Table 2 displays the 20 Likert scale questions with pre course (n = 30) and post-course (n = 26) average scoring. In all 20 questions and categories students demonstrated a statistically significant improvement in their comfort with the educational topic. The post-course open-ended questionnaire was completed for feedback on the course (n = 26).

Open ended questionnaire feedback demonstrated positive experiences regarding the chance to travel to geographic locations typically inaccessible due to movement restrictions for Palestinian students from

Table 2

Paired t-test results of pre- and post-course knowledge and attitudes Likert scale survey.

Question	pre-course	post-course	p-value
I understand Palestinian history well.	3.3	4.3	<0.001
I understand the concept of social medicine.	3.3	4.8	<0.001
I understand the relevance of social medicine in Palestine.	3.4	4.9	<0.001
I understand structural and social determinants of health.	3.4	4.7	<0.001
I have a strong understanding of the determinants and drivers of Palestinian health.	2.9	4.5	<0.001
I understand structural competency.	2.2	4.0	<0.001
I am familiar with the concept of settler colonialism.	3.5	4.8	<0.001
I am familiar with the concept of apartheid.	3.6	4.7	<0.001
I understand how settler colonialism influences health.	3.3	4.9	<0.001
I understand the role of states in determining health provision and outcomes.	3.2	4.3	<0.001
I am familiar with how different forms of statelessness influence health in Palestine.	2.8	4.3	<0.001
I am familiar with a human rights-based approach to health.	3.2	4.3	<0.001
I understand the healthcare system(s) in Palestine, including the multiple involved actors.	2.6	4.3	<0.001
I understand the political economy of healthcare provision in Palestine.	2.7	4.1	<0.001
I understand the barriers to healthcare in Palestine, and how they vary based on the type/location of Israeli control.	3.2	4.7	<0.001
I am familiar with community-based health movements in Palestine.	2.5	4.5	<0.001
I am familiar with community-based health movements of marginalized communities outside of Palestine.	2.5	4.0	<0.001
I feel equipped to engage in advocacy efforts for improving Palestinian health.	3.4	4.45	0.001
I understand the goals and limits of advocacy efforts for improving Palestinian health.	3.0	4.45	<0.001
I am familiar with efforts to amplify Palestinian voices seeking the right to health.	3.0	4.34	<0.001

the Gaza Strip and the West Bank, engagement with fellow Palestinians and International students, identifying previously underexplored health issues related to Palestine, and engagement with curriculum content unavailable in their respective specialty training. Representative quotes include the following themes that highlighted the educational course delivery methods, inspiration to continue with advocacy and activism efforts, and applying knowledge gained to individual practice through praxis.

1. Educational course delivery methods

- *"I love how [the course] introduced us to general basic topics and main definitions that we needed to know, then the content was gradually [introduced] in a way that is easier for us to grasp and understand. The lectures were great, engaging, and interesting."* – Student from the Gaza Strip
- *"What stood out to me about the Naqab [field] experience was the incredible knowledge and storytelling [of our] tour guide. Learning from someone who has experienced the area firsthand was a highlight for me."* – Student from the Gaza Strip

2. Advocacy and activism in health

- *"I [feel] really inspired ... I felt optimistic and full of energy that there is hope for change. The speakers were inspiring, and [there were] so many take home messages about health resistance, advocacy, and protest."* – Student from the West Bank
- *"I'm already sharing what I learned [in the social medicine course] through discussions with my family and friends including those outside Palestine ... As a graduate, I'm looking into training under*

organizations that focus on helping people access health care." – Student from the West Bank

3. Praxis

- *"[This course] ... has me thinking about how to address the principles of social medicine in the clinical practice ... I will start advocating through social media to initiatives on the ground."* – Student from the West Bank
- *"... I look forward to helping to "de-exceptionalize Palestine" by moving in solidarity with the movement for health and human rights of Palestinians."* – Student from the United States

Other feedback demonstrated limitations in the course curriculum. While students were introduced to past movements and the work of some on the ground today, two students reported needing more tangible ways forward to productively enact positive changes for Palestinian health, especially considering the enormity of the challenges they were presented with throughout the course.

- *"Think about making it more applied, allowing students to build competency in how to take action ... how can we fortify the system immediately because people are dying and getting injured? How can health education and outreach be improved? What is possible immediately vs. what demands longer term strategic planning? How do we do both simultaneously? What are the skills necessary to do this?"* – Student from the United States
- *"Translating knowledge to action was a bit absent, especially in giving us tools, resources, websites, plans, and ideas on how to organize."* – Student from the United States

Another student from the international cohort felt less equipped to engage in the structural determinants of health due to limited knowledge of Palestinian history and politics prior to the course and requested future student cohorts to have pre-departure lessons on these topics. Additionally, examples of discussions of the Palestinian health care system included granular details, prompted by Palestinian students' interest and future career trajectories, which may have been less relevant for international students and the overall scope of the course. These inherent challenges arise given the diverse educational background, baseline knowledge, and experiences of our student cohort.

4. Discussion

Through the fragmentation of Palestinian geographies (Eghbariah, 2024; Nabulsi, 2024), education, culture, and health, the structures that determine Palestinian health have remained elusive in much global health knowledge production, if not actively obscured (Clarfield et al., 2021). This inaugural Palestine social medicine course provides a model that centers Palestinian narratives and lived experience, utilizes critical frameworks in describing the structural determinants of health, and builds community through experiential learning. While there are many global health-related groups and programs that visit or are situated in the occupied Palestinian territory, few if any of these programs deliberately utilize critical structural determinant frameworks in understanding Palestinian health outcomes. Such programs may perpetuate harmful structures and racist stereotypes, for example, depicting Palestinians as victims of unfortunate conditions or "beneficiaries" of aid (OCHA, 2024), rather than as a native people experiencing historical and ongoing displacement and land dispossession, and who live under military occupation (Qato, 2020). Grounding students in structural frameworks in the first week of the course provided a critical lens to interrogate the ambivalent role of healthcare and health workers in structural violence, and a historical and political framework for understanding health-focused lectures, experiences, and interactions.

The social medicine course provided a unique opportunity for Palestinians from multiple geographies to learn from each other in ways that were not otherwise accessible. This included exposure to new locations and previously unknown modes of oppression as well as creative

resistance practiced by fellow Palestinians. Several students remarked on the new knowledge gained about, for example, the ‘unrecognized villages’ of the Palestinian Bedouins in the Naqab desert and their unique experiences within Israeli society. Particularly within the Palestinian student cohort, one of the most powerful outcomes of the course was subverting the fragmentation of Palestinian society. Such fragmentation has in some cases led to preconceptions or suspicions among Palestinians about the experiences and sociopolitical orientations of other Palestinian groups living under different forms of settler colonial rule. The course offered a space to witness, reveal, and discuss how such suspicions and preconceptions are themselves manufactured elements of colonial divide-and-rule and provided an opportunity to resist such tactics through de-fragmentation efforts, including through the relationship-building model within the course itself.

Previous reflections on social medicine courses have reported tensions from students who feel demoralized after gaining knowledge about health disparities and injustices without any avenues of creating lasting, productive change to address them considering how deeply entrenched many of these structures of oppression have been (Finnegan et al., 2017). This phenomenon has also been noted in social justice-centered health courses, where students are galvanized with a newly bolstered passion for addressing the health inequities they have newly confronted. Despite the strong emphasis on action and organizing in the last week of the course, including a final group deliverable on identifying an intervention to address a structural determinant of health in the Palestinian context, several students in our course remarked on the lack of tangible next steps towards structural change provided for students.

Furthermore, students seeking to advocate for Palestinian health in the United States discussed the current climate around Palestinian advocacy in the US. Advocates for Palestinian health justice in the global north, especially in the United States, face countless barriers, which has been termed the ‘Palestinian exception’ to free speech (Lamont Hill, 2021; Salaita, 2015). Discussions on health advocacy during our course focused on the United States’ and other geo-strategically aligned partnerships with Israel and the impacts of continued support of the ongoing Israeli occupation of the Palestinian territories. Concerns about the consequences of advocating, or even discussing Palestinian health in context, were discussed in the course, which continues to play out on campuses and in public across the country, including in debates about the underlying forces and structures that determine Palestinian health.

We identified several lessons from our course experience. ‘Reassembling the pieces’—bringing together Palestinians from as many geographies as possible—was one of the most impactful components to the course. Fracturing of Palestinian geographies has led to limited social and professional exchange between students and colleagues, leading to further isolation and the inability to create shared experience. This includes the understanding of the various tools of structural oppression that each population has faced. Furthermore, a ‘global south’ majority classroom, where the majority of students were Palestinian, provided a power-reversal and decolonial approach of classroom management, centering Palestinian narratives and placing students from the ‘global north’ in a position of witnessing and reflecting (Omodan, 2023). Students acknowledged this was an incredibly important practice in allyship and solidarity-building for international students.

Shortly after the course, our students from the Gaza Strip came to confront unimaginable trauma, uprooting, and loss, with the mass destruction of their homes, schools, universities, and the entire health system. Our social medicine community has shared the shock and horror of bearing witness to this devastation. Post-course chat groups that were collectively decided to be used for future organizing and communications were transformed into spaces of mourning, monitoring for safety, solidarity, and community organizing. Despite the inconceivable reality of the Gaza social medicine course students, the community has organized and advocated through different channels: appearance on panels discussing the situation in Gaza, student activism on campus, writing in popular media, and providing testimonies and affidavits for human

rights documentation, and conveying the conditions of their work and professional experiences from the packed corridors of hospitals in the Gaza Strip (al-Najjar, 2024). They have also coordinated fundraising efforts for fellow students and Palestinians in Gaza more broadly. Relief and community campaigns run by Palestinian students in Gaza were supported and circulated through a variety of newly formed channels. As conditions worsened, efforts were also focused on finding ways for some students and their families to leave the Gaza Strip, especially where there were more pressing health and medical needs and family considerations.

Recent events in unfolding in Palestine underscore the challenges in translating theoretical knowledge into action, especially in a setting with a powerful underlying settler colonial structure. Yet the students of the inaugural social medicine course have found creative ways to translate their newly acquired knowledge into action in the form of teaching, healing, and mobilizing others to end the unprecedented violence they are experiencing. As some of the students themselves have suggested, most poignantly those in Gaza, this action was inspired and refined by the community and collective solidarity built during the social medicine course. Relatedly, one feedback request from students was the further incorporation of tools for collective organizing and action, which will be added in the form of community organizing sessions in the upcoming iteration of the course.

4.1. Transferability

The Palestine social medicine course was inspired by EqualHealth’s courses in Haiti, Uganda, and the United States, providing an additional successful iteration of a deeply contextualized social medicine course. Given the reality of holding a course in a politically volatile setting, the propagation of the course is affected by the structural determinants that are being taught, namely the ever-evolving settler colonial violence in Palestine. Given this reality, the ability to successfully implement our course requires flexibility, adaptation to circumstance, and the ability to operate in relative uncertainty. This year, due to the violence and instability being inflicted on the Palestinian population in the West Bank, our course will be held in Amman, Jordan, with a special emphasis on the historical and current context of displacement and refugee status. One unintended benefit of this move is that we are able to include some Palestinian refugees, namely those living in Lebanon, who are not permitted to enter the occupied Palestinian territory. As this course reflects the realities in which Palestinians exist, we believe this model is relevant to other settings across the world and provides another successful model for faculty dedicated to the social medicine movement.

5. Conclusion

Building off legacies of experiential social medicine courses held around the world, the inaugural Palestine social medicine course provided a Palestinian narrative-centered course that focused on critical structural frameworks that clarify the overarching connections of various, fractured Palestinian health experiences. This course demonstrates how social medicine can be considered a structural intervention through education, witnessing, and community building. While this course represents a nascent project towards health equity and justice in Palestine, we believe it exhibits promise in the face of immense challenges. The initial course experience suggests it is a viable platform for building a larger Palestine social medicine movement, reaffirming the power that structurally focused education might have on the future of Palestinian health. This course provides a model, and first step, towards meaningful decolonial education, partnership, and praxis, while also providing further evidence of the power of mobilizing in health solidarity and the transformative power of the social medicine movement.

Disclaimer

The authors alone are responsible for the views expressed in this article and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

Ethical approval

The Mass General Brigham Institutional Review Board deemed this project does not meet the criteria for human subjects research.

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CRediT authorship contribution statement

David Mills: Writing – review & editing, Writing – original draft, Data curation, Conceptualization. **Ramya Kumar:** Writing – review & editing, Project administration, Conceptualization. **Bram Wispelwey:** Writing – review & editing, Methodology, Conceptualization. **Yara Asi:** Writing – review & editing, Methodology, Conceptualization. **Osama Tanous:** Writing – review & editing, Methodology, Conceptualization. **Layth Hanbali:** Writing – review & editing, Project administration, Data curation, Conceptualization. **Benjamin Bouquet:** Writing – review & editing, Methodology, Conceptualization. **Weeam Hammoudeh:** Writing – review & editing, Supervision, Methodology, Data curation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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