

COVID-19 in Palestine: Nationalism and Sovereignty

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ABSTRACT *The article examines the early spread of COVID-19 in the Occupied Palestinian Territories (OPTs) in light of nationalism and sovereignty. For Palestinians, the spread of COVID-19 has been challenging due to domestic and regional interactions and limited sovereignty, undermining their ability to combat the virus. Israel, often without coordination with the Palestinian Authority (PA), determined who could enter and exit the OPTs, including tens of thousands of Palestinians working in Israel, leading to an increased number of infections in the West Bank. The pandemic awakened Palestinian national sentiment, serving as a reminder of disunity and lack of sovereignty. Despite these challenges, we show that the Palestinian health system unsuccessfully attempted to overcome the crisis. The combination of economic [inter]dependence on Israel, lack of sovereignty, and nationalist resurgence help explain why the Palestinian health sector recorded thousands of cases following the second wave of the virus. COVID-19 has only further revealed how Palestinians could not practically operate independently from Israel.*

Keywords: Occupied Palestinian Territories, Israel, Nationalism, Sovereignty, COVID-19

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Introduction

COVID-19 demonstrated the fragility of the health system in developed countries and created severe challenges for the developing world, with the World Health Organization (WHO) proclaiming it a global pandemic on March 11, 2020.¹ The world is still dealing with its social, economic, and political implications. These implications have been particularly significant for Palestinians who found themselves without national unity and with limited sovereignty over resources and borders during the global pandemic.

The article investigates the early responses to COVID-19 in the Occupied Palestinian Territories (OPTs) between March and October 2020, which saw the peak of the pandemic in Palestine, by highlighting the concepts of nationalism and sovereignty, and how they have shaped the Palestinian response to the crisis, imposing limitations on and providing opportunities for Palestinians in the West Bank and the Gaza Strip. We argue that the lack of Palestinian sovereignty over borders and resources and their dependence on Israel exacerbated the spread of COVID-19.

The paper unfolds as follows: first, the theoretical framework is explained and then the findings of the empirical research are presented. Nationalism and sovereignty are investigated as factors impacting the spread of COVID-19 in the OPTs to shed light on how it was dealt with in both the West Bank and Gaza, showing the exceptional conditions for Palestinians that impacted their ability to respond to the pandemic.

Theoretical Framework

To understand the unique situation of Palestine, we draw upon the theoretical constructs of nationalism and sovereignty. These broader theoretical concepts give insight into the particulars of Palestine and the OPTs.

Arab Nationalism

As European colonialism continued worldwide, so did nationalist struggles for independence. Though Western nationalism understood itself as a 'gift' and form of modernity, it continued to pursue forms of domination.² Nationalism in the global South threatened the goals of the West because it specifically rejected colonial control and struggled against it, as was seen when some Middle Eastern leaders pursued a united Arab front based on the concept of regional nationalism. This regional unification goal, however, was undermined by secretive and broken British and French agreements and communications.³

With the breakdown of the Ottoman Empire came struggles for independence and against Western rule throughout the Arab world, the impact of the British and French colonial mandate, and British support of a Jewish state in Palestine. Disagreements between leadership and fragmentation in the Arab world in struggles for political and personal power meant that the notion of one collective Arab national movement was shattered, including the hopes and failures of Arab unity and regional nationalism as a response to colonization. Arab nationalism was reshaped toward separate independent movements for statehood and freedom and necessitated different struggles throughout the region.⁴

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Palestinian Self-determination

The shifting dynamics in the Middle East could be seen in the effects on Palestine and Palestinian Arabs in the British support for a Jewish state in Palestine, the Zionist movement's momentum, in Palestinian resistance. Palestinian nationalism was born out of these conditions and as a rejection of dispossession and erasure. Palestinian self-determination comes from shared struggles and history under Ottoman, British, Jordanian, Egyptian, and Israeli rule/occupation while centering the critical relationship to land, identity, freedom, and independence.

Sovereignty

Sovereignty is described historically as containing three main elements: authority, supremacy (or supreme authority,) and territoriality.⁵ State sovereignty implies control over territories and borders, laws and regulations, social and political institutions, and the decision-making in implementing control over a nation/people/group. Understanding sovereignty also depends on whether one sees it positioned through existence, power, or legality, what frameworks are being used to define it, and by whom.

Sovereignty, for example, in relation to indigenous people whose lands have been stolen and confiscated, is excluded in discussions of a nation-state sovereignty framework. European colonizers forcibly took control of land, dispossessing indigenous people while carrying out genocide on native peoples. Colonizers sometimes 'negotiated' agreements for autonomy while enforcing brutality and containment of the indigenous people that survived, creating laws justifying colonial sovereignty. Whereas the sovereignty for indigenous people was imposed through the creation of laws, this undermined the exist-



Healthcare workers at UNRWA's health center in Gaza are seen as officials receiving COVID-19 vaccine after Matthias Schmale, Director of Operations at UNRWA in Gaza, made a statement demanding more vaccines to be supplied to the region on February 24, 2021.

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ing sovereignty of indigenous connections with their lands, territories, and cultures. Sovereignty is not determined by a political economy related to land ownership or supreme authority by the state but rather by acknowledging the presence of indigenous people and practices pertaining to territorial understanding and historical and contextual relationships to location, place, and culture.⁶ McNeil states that one can:

Attribute sovereignty to any society that functions as an independent political entity, regardless of the way it governs itself or the manner in which it enforces compliance with societal norms.⁷

Palestinian Limited Sovereignty under Israel's Supreme Authority

Palestine is stuck in limbo between de jure and de facto sovereignty. This can be seen in how Israeli control produces Palestinian fragmentation by separating Gaza, the West Bank, and Jerusalem, enforcing different ID statuses for Palestinian citizens and residents in different regions in Israel or the OPTs, and how clans and extended families, who have lived in Palestine continuously for hundreds of years, are misunderstood.⁸ Israel 'negotiates' autonomy as a policy of containment, cutting off Palestinian territories from each other, using a permit regime to control movement and natural growth, and constructing highways and settlements to entrench Israeli expansion further. Palestinians in the OPTs have a relationship with their lands and the UN's status as a non-voting member state. However, their territory has been under constant threat of annex-

ation during five decades of Israeli military occupation and (in Gaza) 15 years of siege, while the international world does not intervene. Israeli laws become the supreme authority while Palestinians, who had been living on this land, are warehoused and displaced. Without international support and recognition and an end to Israeli control, the authority of the Israeli regime limits any absolute Palestinian independence or sovereignty over their lives.

The outbreak and spread of COVID-19 in the OPTs cannot be seen in isolation from Palestinian nationalism and how sovereignty is manifested there

In light of these theoretical concepts and their specificities related to Palestine, the outbreak and spread of COVID-19 in the OPTs cannot be seen in isolation from Palestinian nationalism and how sovereignty is manifested there.

Nationalism, Political Legitimacy, and COVID-19 in Palestine

Palestinian nationalism and political legitimacy impacted the PA and Palestinians' response to the spread of COVID-19, highlighting how nationalism and political legitimacy in Palestine between Palestinians and in relation to Israel formulated their policy response. With limited sovereignty, Palestinian nationalism fluctuates as it is affected by the Israeli occupation and its internal struggles for political legitimacy across Palestinian parties and factions.

The first confirmed case of COVID-19 in the OPTs appeared in Bethlehem on March 5, 2020. Immediately, the PA declared a state of emergency within PA-controlled areas, imposing a closure of Bethlehem and, subsequently, the entire West Bank, banning public gatherings, shutting schools, and asking people to stay home.⁹ Palestinians generally abided by these instructions, indicating that concern for the Palestinian collective health was welcomed as a unifying factor consistent with Palestinian nationalism, except for celebrations when Palestinian prisoners were released from Israeli jails. These measures sent a message of relief among Palestinians that their national authority was dealing seriously with the pandemic, although the implications of this declaration were not entirely clear.¹⁰

Hamas issued a statement on COVID-19, which called on the PA to dedicate resources and medical teams to protect Palestinians, described as "a national duty" and responsibility that all concerned bodies should carry out.¹¹ In an unusual move, during the state of emergency, the Hamas-run Ministry of Health in Gaza sent a medical delegation to the West Bank to help combat the spread-

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Administration's recognition of Jerusalem as Israel's capital and its initiative to end the Palestinian-Israeli conflict.¹³ As a result, Palestinians found themselves captive to the Hamas-Fatah national division, in addition to Israel's occupation and the spread of the virus.¹⁴

Accusations continued to unfold between Hamas and Fatah. Fearing Hamas allegations of normalization, the PA denied collaboration with Israel in the fight against COVID-19.¹⁵ Hamas twice allowed Palestinian doctors to attend Israeli COVID-19 training. The first, at the Erez Crossing, was coordinated with the PA, with ten doctors from Gaza and ten from Jericho. The second meeting, including twenty doctors from the Hamas-run Ministry of Health, took place inside Israel without the PA's knowledge. Hamas also allowed Palestinian factories to produce masks to be sold in the Israeli market, contradicting Palestinian national sentiments.¹⁶ Despite producing masks to be sold in Israel, Gazan medical patients remain at the mercy of the Israeli army to access medical care in the West Bank, Jerusalem, and abroad, such as cancer patients facing particularly challenging conditions resulting from Israel's permit system.¹⁷ The rallies for the national Great March of Return, which began in 2018, were suspended because of COVID-19.¹⁸

Meanwhile, four Palestinians working in Israel, suspected of contracting the virus, were dumped by Israeli forces on roads leading to the West Bank. Palestinian workers lack protective gear, medical insurance, and proper accommodation, yet their labor is an important pillar of the Israeli economy.¹⁹ The abandoned workers were treated in Palestinian hospitals by Palestinian medical crews, which established medical aid points at crossings between the West Bank and Israel. The Israeli move caused nationwide Palestinian outrage expressed on social media. Additionally, Israel used the vulnerable situation of urgently needed medical supplies in Gaza to exert another form

ing pandemic.¹² The politics of Palestinian division prevailed, with Hamas Ministry of Health officials in Gaza holding press briefings independently but in line with the PA. After the PA declared a state of emergency, Hamas said it would not apply this to the coastal enclave, prompting the Palestinian People's Party to form a unified committee to deal with the Gaza Strip and West Bank pandemic. The West Bank-based PA accused Hamas of lacking the political will to reconcile even though Palestinians were already experiencing "a political coronavirus" with the Trump

of political control. Then Israeli Defense Minister Naftali Bennett linked allowing medical aid into Gaza to the release of four Israelis believed to be held by Hamas.²⁰

UN bodies and officials, such as the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), and UN peace envoy Nickolay Mladenov, saw the pandemic outbreak in the OPTs as an opportunity to call on Palestinians and Israel to collaborate to fight the virus. Jamie McGoldrick of the UN said UNRWA is working closely with Israeli authorities in a “very positive collaboration” with Palestinian authorities.²¹ Mladenov noted that the region has witnessed “inspiring examples of cooperation across conflict lines in a common battle to contain the novel coronavirus outbreak –and opening fresh prospects for progress in the quest for peace.”²²

Despite the UN’s positive attitude, the pandemic only served to set the Palestinians and Israel apart, following Israeli measures to restrict PA access to Palestinians in Area C of the West Bank and Jerusalem and its plan to annex parts of the West Bank, where Palestinians hope to establish their future state. Israeli authorities demolished Palestinian testing sites in the West Bank and the only testing site for COVID-19 in Gaza in May 2021. Despite the ‘cooperation,’ Gazans and Palestinians in the West Bank/Jerusalem were forced to be innovative by making ventilators, knowing they would not have access to medical equipment or access to care in Israel.²³

In light of COVID-19, the PA, for the first time, reported on Palestinians locally and in the diaspora, to strengthen its legitimacy and national representation in response to Israeli threats to annex parts of the West Bank. They publicized stories of Palestinian doctors who joined efforts to combat the virus in the diaspora, with some losing their own lives.²⁴ U.S. Palestinians produced *Kuffiyeh*-patterned masks to combat the pandemic and raise Palestinian national sentiment.²⁵

Hebron shoe factory owner Amjad Zagher became a national hero when he switched to producing much-needed masks and protective gear for the Palestinians, producing 7,000 to 9,000 masks a day as Israel would not provide masks while its markets lacked them.²⁶ Palestinians in the diaspora, who contribute significantly to developing Palestinian identity, have been part of the PA’s reporting of COVID-19, another way of asserting Palestinian national identity and nationalism under occupation.²⁷

Palestinian nationalism, religious and economic factors shaped the popular Palestinian internal reaction to the pandemic outbreak. The PA’s announcement of a curfew during the Eid al-Fitr holiday (May 23, 2020) sparked protests in Bethlehem and Hebron, calling for the PA to lift restrictions so that

people could shop for the Muslim feast and pray in mosques. This resulted in the injury of two Palestinians, including a policeman.²⁸

Ending the state of emergency, however, was catastrophic for the Palestinians. In the span of a few weeks, hundreds of new cases of COVID-19 were recorded in West Bank, with Hebron being the new center. By July 2, 2020, the Palestinian government announced a five-day lockdown of the West Bank, later extended by an additional five days. Pharmacies, bakeries, supermarkets, and banks were permitted to open, and the movement of agricultural produce between Palestinian cities was allowed.

Police forces erected checkpoints at city entrances and fined people not wearing masks in public.²⁹ Despite PA warnings, some weddings, parties, and national gatherings to receive prisoners released from Israeli jails continued to take place. The Palestinian Prime Minister noted that 82 percent of the virus' second wave cases were due to weddings and funerals. With four out of five infections in the West Bank related to such social gatherings, mistrust of the PA and its inability to enforce decisions become clearer.

Palestinians pre-COVID-19 already mistrusted their government due to the lack of serious response to Israeli policies. According to a Palestinian Center for Policy and Survey Research poll, 60 percent of respondents called for PA president Mahmoud Abbas's resignation.³⁰ A 2018 poll showed that Hamas would defeat Fatah if future elections were held, while the popularity of Hamas in the Gaza Strip declined due to increased poverty rates and police suppression.³¹ The popular Palestinian sentiments of mistrust in Palestinian leadership translate into a rejection of its measures to contain the pandemic, even ones that could have been effective.

Sovereignty and COVID-19 in Palestine

This section investigates how the PA's approach to COVID-19 has been shaped by its lack of sovereignty in light of Israel's control of borders, most parts of the West Bank (especially Area C and East Jerusalem), and Israel's political intention to annex West Bank land. Generally, Palestinian sovereignty is hindered by a series of Israeli restrictions that shut down Palestinian institutions, including limiting access to and control over borders and movement, requiring construction permits in most of East Jerusalem and the West Bank, and rejecting Palestinian security presence in Israeli-controlled areas.

With no border control, the PA could not stop the pandemic outbreak.³² Israel has complete control over the borders of the OPT except for the Rafah crossing between Egypt and Gaza. The Israeli army decides whether to allow medical

aid into the Gaza Strip and the West Bank. After a five-decade military occupation, in which Palestinian resources and infrastructure have suffered repeated damage, the Israeli challenges forced on the Palestinian health system and sovereignty only exacerbated Palestinian vulnerability in combatting a global pandemic.³³ On March 5, 2020, the PA announced its first COVID-19 case. Bethlehem's tourism sector workers contracted the virus from tourists who entered the West Bank through Israeli-controlled checkpoints; without prior coordination with the PA, the PA imposed a lockdown in Bethlehem. Palestinian police forces under PA control were scattered across parts of the West Bank to support the lockdown. However, the PA lacked complete control and the necessary medical equipment and testing kits.³⁴

Due to public pressure, the PA ended the state of emergency in the West Bank, and as a result, more COVID-19 cases were recorded in Hebron. The OPTs recorded more cases in the week of June 20-27 than in the first three months since the first case was reported. The Health Minister noted that the Hebron cases were rising due to exposure by Palestinians working in Israel, Palestinians in Israel visiting their relatives, and social gatherings that are often well-attended due to strong social ties among families in the city. To prevent further spread, the minister called on Palestinians who hold Israeli passports not to visit the OPTs for 14 days.³⁵ The second wave of COVID-19 in the OPTs pushed Palestinian President Mahmoud Abbas to extend the State of Emergency on July 5, 2020, for an additional month.³⁶

Palestinians in Gaza thought that their isolation might be of benefit this one time, keeping the virus from reaching them. On March 22, 2020, the first two cases in Gaza were quarantined after apparently returning from Pakistan through Egypt.³⁷ Then, thousands of new cases were reported within the community. Despite closing the Rafah crossing with Egypt, imposing Palestinian travel restrictions, and mandating a 21-day quarantine for those returning to Gaza, the virus made it to the Gaza Strip, one of the most densely-populated places on earth.³⁸ The arrival of COVID-19 in the Gaza Strip could have a devastating effect on one of the most vulnerable populations in the world, already consumed by a 15-year-long Israeli siege from land, sea, and air.³⁹ The outbreak of COVID-19 in Gaza renewed calls to end the Israeli siege, which has pushed its healthcare system to a total collapse.⁴⁰ By October 2020, there were 45,505 infections in the West Bank and Gaza, including 397 Palestinians who had already died from the virus. These numbers reflect how Palestin-

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ian health and government officials' decision-making and its effectiveness in addressing the pandemic in the West Bank and Gaza was deeply impacted by Israel's control over Palestinians and the limitations put on Palestinian sovereignty.

Following the Second Palestinian Intifada of 2000, Israel seized more control over the West Bank, including in Jerusalem, shutting down the Orient House, the Palestinian diplomatic and cultural headquarters in the city.⁴¹ Yet, Palestinian presence in East Jerusalem continued despite the weakening of Palestinian national institutions, home demolitions, and imposition of high taxes.⁴² Israeli restrictions in Jerusalem did not halt during the pandemic; furthermore, the PLO accused Israel of further suppressing the Palestinians, destroying their agricultural products, and accelerating land confiscation and settlement construction.⁴³

With the pandemic outbreak, the PA attempted to deploy security forces to areas such as Kufur Aqib, which are officially part of Jerusalem and pay taxes to the municipality but are located on the West Bank side of the Israeli wall. Israel challenged PA sovereignty, asking the security forces to leave the area and removing PA-installed "State of Palestine" signs.⁴⁴ The Israeli move came at a time of increased calls to annex portions of the West Bank. At the same time, Israel's control and annexation of Jerusalem created more challenges for Palestinians living there. Facing American aid cuts and Israeli restrictions, the Palestinian health system in Jerusalem could hardly function normally, let alone during a pandemic.⁴⁵ Four Palestinian Medical Relief Society volunteers were arrested in Jerusalem's Old City for distributing pamphlets raising COVID-19 awareness, while a medical center in Silwan was shut down and accused by Israel of lacking transparency in reporting the number of Palestinians who tested positive for COVID-19.⁴⁶

How Israel deal with the pandemic outbreak in Jerusalem revealed how sovereignty is an essential pillar in Israel's approach toward the city. Adnan Gaith and Fadi al-Hadami's arrest, the Palestinian Jerusalem Governor, the Palestinian government's Jerusalem Affairs Minister, and the closure of a screening point in the city reflect an Israeli desire for exclusive sovereignty over Jerusalem. Following a petition brought before the Israeli Supreme Court by a human rights group to curb the PA's presence in the city, the Israeli authorities in-



creased the number of testing centers for COVID-19 in Jerusalem from three to six.⁴⁷ Additionally, Israeli construction (ironically, by Palestinian workers) has continued unabated, including building a highway and a light rail line that will further fragment Palestinian communities and tighten Israeli sovereignty over Jerusalem.⁴⁸

Palestinian authorities watched as Israel shut down the Allenby Bridge, which connects the West Bank with Jordan, and Egypt shut down its borders with the Gaza Strip. The role of the PA at the border became limited to coordinating the return of stranded Palestinians in Jordan and Egypt without being able to bypass the Israeli authorities who effectively control the passage to and from the West Bank. Thousands of Palestinians stranded outside the OPTs pleaded with the PA to evacuate them, yet the PA could only do so with Israeli, Jordanian, and Egyptian approval. The PA finally announced that the transfer of Palestinian nationals through Egypt and Jordan would start on June 10. PA Premier, Mohammad Ishtayah, noted that Palestine was the only country in the world unable to repatriate its citizens during the pandemic because it does not have airports or control over its borders.⁴⁹ Ishtayah added that the PA would formally ask Israel to close its borders with the 1967 boundaries, and ask the UN to monitor this.⁵⁰

Meanwhile, the Johns Hopkins University (JHU) database, which publishes updates for COVID-19's latest figures, merged COVID-19 PA and Israeli data,

One of the Hamas leaders, Ismail Ridwan, holds a press conference blaming Israel for blocking the entry of medical supplies needed in the fight against COVID-19 in Gaza, November 24, 2020.

MUSTAFA HASSONA / AA

perhaps demonstrating the university's support for Israel's sovereignty claims over the West Bank or from Israeli pressure and its strong U.S. lobby.⁵¹ For Palestinians, this JHU move served as a reminder of the 55-year Israeli military occupation. In response, unidentified volunteers launched a website to provide up-to-date statistics on COVID-19 in Palestine, using the Ministry of Health's published data.⁵²

Moreover, Palestinian health workers in the OPTs lacked sufficient protective Personal Protective Equipment (PPE) and knowledge of pandemic protocols to protect themselves from the transmission, putting their lives at risk.⁵³ Palestinians depend on Israeli permits and approval to travel in and out of the West Bank and to access medical supplies to combat the pandemic. With no airport or seaport of their own, Palestinians must use Israeli ports to import needed materials, including medical equipment.⁵⁴ Medical workers remain at the mercy of Israeli permits to move freely, access medical supplies, or host international delegations. Palestinian cancer patients must wait for Israeli-issued permits to get treatment in Jerusalem or inside Israel.⁵⁵ Saeb Erekat, head of the PLO negotiation team, was urgently moved to an Israeli Jerusalem hospital after contracting COVID-19, as the West Bank's hospitals were not equipped to treat him for a surgery, however there he passed away.⁵⁶

Being under occupation and mismanaged, the Palestinian health system has always suffered from structural problems that deepened following the Second Palestinian Intifada in 2000. Israeli restrictions on movement created many challenges and unnecessary Palestinian loss of life due to the health system's inability to function independently.⁵⁷ Though attempts have been made to reform the Palestinian health system after Oslo, healthcare quality has not improved.⁵⁸ Human Rights Watch noted that Israeli measures to protect Israelis, including lockdowns and curfews during the pandemic, are only temporary for Israelis. At the same time, they are the norm for Palestinians under occupation. These restrictions are harsher for Palestinians and unlikely to be lifted or provide them protection, unlike their Israeli counterparts.⁵⁹

A comparative glimpse at the healthcare situations in Israel and Palestine reveals how much more fragile the Palestinian health system is. According to Dr. Mustafa Bargouti, as the pandemic spread in the first two months, a total of 8,800 tests per million Palestinians in the West Bank and 2,000 tests per million Palestinians in the Gaza Strip were conducted compared to 58,000 tests per million Israeli nationals. There were 4,000 Israeli ventilators in Israel, 256 in the West Bank, and 87 in the Gaza Strip.⁶⁰ Furthermore, Israeli forces confiscated tents used by a Palestinian field clinic in the Jordan Valley.⁶¹ These disparities are not new, as many Palestinian women have had to deliver babies at home because of no available clinics in these remote communities and delays

at Israeli checkpoints.⁶² The PA's limited sovereignty over the OPTs and Israeli continued occupation, control, and policy decisions during COVID-19 deeply affect the ability of the PA and Palestinians to respond in effective ways to protect its citizens and to control the spread of the pandemic.

Conclusion

With the outbreak of COVID-19 in the OPTs, the PA was challenged to control the spread of the virus and respond effectively to the needs of Palestinians. Limited sovereignty and nationalist aspirations contributed to how the pandemic was addressed.

Nationalist sentiments were sparked during this time, seen in the PA's state of emergency, PA and Hamas Administration measures to curb the spread of COVID-19 while Israeli control hampered these efforts, calls for support, as well as healthcare workers commitments, Palestinian protests against Israeli annexation and the state of emergency. Private funds were raised to support Palestinians in need, local committees enforcing curfews, and Palestinians in the diaspora were recognized for their role in combatting the virus while supporting Palestinian nationalism and included in COVID-19 reporting. All were critical of Israel's lack of collaboration with the PA to prevent further virus spread.

The PA's lack of true sovereignty hampered its response to COVID-19. Years of mistrust of the PA resulted in public protests over the curfew during Eid, which led to the PA appeasing the population and lifting the state of emergency prematurely. Even during the state of emergency, the PA was limited in its ability to prevent the spread of COVID-19 through tourism and Palestinians returning from abroad. The PA's requests to Israel to close the borders to protect Palestinians went unheard. Israel encouraged Palestinian day laborers to continue working in Israel even though this negatively affected the containment of the virus in the OPTs.

Israel continued to cement its control over the OPTs, making plans to annex portions of the West Bank, continue road and rail construction in East Jerusalem, and keep restrictions on movement and access to health care services. Israel shut down clinics, arrested Palestinians sharing COVID-19 information, detained Palestinian officials, controlled access to medical aid and supplies, and returned stranded Palestinians. Adding insult to injury, Israel demanded a prisoner exchange as a condition for allowing needed medical supplies to



Even with the nationalist response by the PA and Palestinians overall, the lack of sovereignty and dependency on Israel increased the spread of the virus

Gaza, where the health infrastructure was already on the brink of collapse from earlier Israeli attacks and ongoing siege.

These factors highlight how the pressure of Israeli control and the complex reality of the PA are tied together in contributing to the failures during this crisis. Even with the nationalist response by the PA and Palestinians overall, the lack of sovereignty and dependency on Israel increased the spread of the virus. They made Palestinians, especially Gaza, even more vulnerable. ■

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