

## **From a Conventional Battle of The 1967's Conflict to the Invisible War of the COVID-19 Pandemic: Re-Examining the British Healthcare and Humanitarian Aid to Palestine**

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### **Abstract**

This study re-examines the healthcare and humanitarian aid contributed by the British government and the British NGOs to the Palestinians during the Arab-Israelis War of 1967 and the current Covid-19 pandemic age. The objective of the research is to compare the significant efforts initiated by the British government and their NGOs to Palestine in two different occasions. After the end of Six-Day War of 1967, many Palestinian displaced persons lived in a poor condition at refugee's camps scattered in Syria and Jordan. As a result of the unhygienic and inadequacy of a basic living facilities such as a clean sanitation system, the refugees experienced various contagious and non-contagious diseases such as gastroenteritis, hepatitis A and diverse skin infections. During this difficult time, the British government, and NGOs tirelessly contributed in various means to assist the displaced individuals and refugees in handling health disaster. Subsequently, the same thing occurs when the World, including Palestine is haunted with the current invisible Covid-19 virus, which appears to be another health catastrophe to the Palestinians. Hence, this study is re-examining the role and contribution of the British government and their NGOs to assist the Palestine Authority to face the imperceptible enemy which caused a pernicious plague. Regardless of religious beliefs, the noble efforts of those parties are appearing to be a humanitarian bridge which connecting humankind across continents, generations, and political ideology.

**Keywords:** British, Covid-19, NGOs, Pandemic, Arab-Israelis War, Refugees

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### **1.Introduction**

This study re-examines the British healthcare and humanitarian aid to the Palestinian refugees after the Six-Day Arab-Israel War of 1967 and during the Covid-19 pandemic since 2020. From the preliminary observation, it shows that the British government and the British NGOs relentlessly continued to provide aid to the Palestinians, regardless of religious beliefs or ethnic barriers. By comparing the two events, the study will unveil the efforts initiated by the British government and the NGOs in the UK to assist the Palestinians. The Arab-Israel war of 1967 was one of the most important wars in the modern Middle East history. One of the most significant impacts was the influx of new refugees who were uprooted from their land, and scattered across Jordan, Lebanon, and Syria. They settled down in an extremely poor living condition of the refugee camps and many of them were infected with various diseases due to the unhygienic environment. 54 years have passed since the war, but they are still struggling to obtain emancipation for a better socio-economic strata and political independence. Yet, the living conditions of most of them has not improved. Although the community was given a new status with the establishment of Palestinian National Authority after the Oslo's Accord in 1993, the gnawing political turmoil and violent disorders by regular attacks from the Israelis regime haunted their lives at every minute. In fact, many of them especially those who live in overpopulated Gaza areas, never get to enjoy any freedom of mobility since they are being 'controlled' by the Israelis regime. Despite some of these refugees have successfully rebuilt a better life after they immigrated to other countries, those who stay in the occupied territories remain a status quo of being part of an underdeveloped nation.

In the 1967 war, the Palestinians who were expelled from their lands faced a humanitarian crisis such as a poor healthcare facility and currently they are facing a worsening condition when the Covid-19 pandemic spread into their territories. In 1967 they were victims of the conventional war, while in 2020, they become victims of the pandemic due to the incapability of accessing better health services and medicines. At present, their destiny relies upon the Israelis mercy who are denying every right of the Palestinian to receive quality healthcare facility. The unconceivable restriction by the occupier regime, especially the right for a sufficient Covid-19 medical preparation is clearly endangering the survival of the defenseless Palestinians.

This study inclines to re-evaluating the British initiatives and enthusiasm in humanitarian efforts to assist the Palestinians in 1967 war and in the Covid-19's era. Despite a skeptical perspective from several Muslim communities towards the British government, London never fails to support the Palestinian refugees, from the conventional Arab-Israelis war of 1967 to the invisible war against Covid-19 in 2020. In fact, the British can be proud of their consistency in humanitarian aid to the Palestinians, especially when we compare London's initiatives with other contributions from the rich Muslim nations. Undeniably in 1967, Britain emerged as the second biggest donor to the United Nations Relief and Work Agency for Palestinians (UNRWA) fund for Palestinian refugees. Although in the era of 1960s, it was known that Britain was no longer a great power since the world including the Middle East was dominated by the political and ideological influences of the United States and the Soviet Union. The international scene at that time was split into bipolar spheres of the Cold War. Apparently, after the great humiliation of the 1956's Suez War, Britain was marginalized in the Middle East political affairs. Its traditional influences faded and became insignificant in the region. London was overshadowed by the mightier Washington and Kremlin, and its previous role in the Middle East since the First World War as a peace broker disappeared. Nevertheless, a new status of the forgotten great power never stops Britain to initiate a humanitarian effort endlessly. Britain provided health care facilities to the refugees, which subsequently eliminated the outcry of the poor Palestinians.

During the wars, the British NGOs also actively contributed to the Palestinian's exclamation. Ironically, like in the outbreak of war in June 1967, these NGOs never lay or proclaim their assistances on the principle of 'brother of faith' basis. From the archival record, it shows that the background of the NGOs was nothing to be linked with religious similarity of the majority Palestinians. Indeed, there was no historical evident to interpret the aid was impure and contaminated with religious or political agenda. Undoubtedly, the NGO's passionate effort was plainly rooted from a deep humanitarian's consciousness. In short, this study would rigorously unravel the British endeavors and contributions to the two different unforgettable humanitarian crises.

## **2. Research background**

In the aftermath of the 1967 war, the plight of the Palestinian refugees worsened. The refugee population increased dramatically because of the Israeli occupation of West Bank, Gaza, and the Golan Height. Hence, the

British government and NGOs provided healthcare and humanitarian assistance to the refugees scattered in several camps in Jordan, Lebanon, and Syria. Most of the aids went through the UNRWA, the International Red Cross and Red Crescent Movement or ICRC. Based on the archival record, Lord Caradon who was the Minister of Foreign Affairs had advised the humanitarian and health care aid to the refugees after the war disregard the outcome of the peace effort. According to Lord Caradon ‘whatever done towards finding a long-term solution of the refugee’s problem in the Middle East, we should need to make a substantial increase of our contribution to UNRWA’s normal budget in 1968’. (Lord Caradon, 1967).

In the early 2020, when the Covid-19 pandemic started to spread across Palestine, a similar effort was launched by the British government and their NGOs to provide healthcare and humanitarian assistance to the Palestinian refugee camps and at the Occupied Palestinian Territories (OPTs). In July 2020, Minister for the Middle East, James Claverly stated that,

Overcrowded living conditions and years of conflict have left Palestinian refugees particularly vulnerable to the impact of coronavirus. The pandemic has made it more difficult for UNRWA to carry out its essential work, yet its staff continue to work tirelessly to provide help to those in need. I am delighted the UK is providing this new support to UNRWA so it can continue to deliver its vital services, including healthcare and education, to Palestinian refugees. (Claverly, 2020)

Undeniably, a brief explanation on scope and definition of the subject in this study is required. In the 1967’s case, the focus of the study would be given to the Palestinian refugees and displaced person or DPs because of the war. Originally, the UNRWA defined the refugees of 1948 as ‘any person whose normal place of residence was Palestine during the period of 1<sup>st</sup> June 1946 to 15 May 1948 and who lost both his home and means of live hood because of the 1948 conflict (UN Documents, 1984). The same definition was given by the Refugees Working Group in 1992 which indicated that refugees ‘are all those Palestinians (and their descendants) who were expelled or forced to leave their homes between November 1947 and January 1948’. (Refugee Working Group, 1992). Nonetheless, after the 1967 war, the definition was revised with a clarification of two different categories. The ‘refugee’ status remained for those expelled from their homeland from 1948 to 1967. A new category, ‘Displaced person or DPs’ exclusively referred to those who became refugees after the 1967’s war. The UNRWA (UNRWA, 1970) clarified this new category as follows:

- i. Person who prior to June 1967 were residents of East Jerusalem, the West Bank area of Jordan and the Gaza strip who were not registered as refugees with UNRWA and who as a result of the fighting in June 1967; and the subsequent occupation by Israeli forces moved to Arab territories.
- ii. Person resident in East Jordan (other than UNRWA refugees) who have left their homes in the East Jordan valley, the Irbid area, the Dead Sea area etc. as a result of the continuing hostilities between Jews and Arab across the 'ceasefire' lines.
- iii. Children of UNRWA registered refugees, born after the 'freezing' of the UNRWA registers, who received basic ration allowances from the Jordanian government.

For this study, the targeted group are those who have been expelled illegally from Palestine soil since 1948 until today due to the continuous Arab-Israeli conflict. The area of the study is limited to the refugee's camps scattered across Jordan, Lebanon, and Syria. Yet, the Palestinians who remain in the territories 'occupied and annexed' by the Israelis such as in Jerusalem are excluded, as well as those who migrated and live abroad except in the three above nations. The special attention is given to the populations at the Occupied Palestine Territories or OTPs and all the areas under the jurisdiction of the Palestine National Authority (PA), based on the Declaration of Principles on Interim Self-Government Arrangements in the Oslo Accord of 1993 (UN General Assembly, 1993).

### **3.Literature review**

In the 1967's context, there are not many researches done to explore the British involvements in providing aid for the Palestinian refugees, especially with regards to the humanitarian aid and healthcare assistance. The possible explanation is partly because British was not the dominant key player in the Middle East affairs as compared to the US and Soviet Union. In the 1960s era, the world was divided into ideological segregation of the Cold War. Hence in the context of the Arab-Israel crisis of 1967, British role was thrust aside and the academic study of the British affairs in the Arab Israel conflict was disinclined by scholars. Despite a remarkable effort by the British to assist the Palestinian refugees, mainly through the UNRWA a study of the British involvements in the 1967's war was exceedingly rare. Perhaps the only astonishing academic work is found in the book written by Frank Brenckley (2005) entitled *Britain, The Six-Day War and Aftermath*. Nevertheless, this book did not focus on the humanitarian efforts by the

British during the war. The content of the study was mainly addressing the British policy during and after the outbreak. Brenchley did not discuss the British commitment in the humanitarian affairs either.

Undoubtedly, they are a few studies that were carried out by scholars regarding the Palestinians refugees. One the most important work is by Halim Barakat and Peter Dodd (1968) in their study *Refugees-Uprootedness and Exile: A Sociological Study of June Refugees*. Although Barakat and Dodd discussed the condition of the refugees, they did not analyze the contribution of the British government and the NGOs to the refugees. Other outstanding work was *The United Nations and the Palestinian Refugees* by Edward Buehrig (1971). Yet, the book that has privileged a legal and international relations perspective only. In addition, a study by Milton Viorst (1989) in *Reaching for the Olive Branch: UNRWA and Peace in the Middle East* focusing on the role of the UNRWA and his other work, *Palestinian Refugees and non-Refugees in the West Bank and the Gaza Strip*, an article published in the *Journal of Refugee Studies* did not address the British involvements. Benjamin N. Schiff (1995) analysis in *Refugees into the Third Generation. UN Aid to the Palestinians* was also revolved around the activities of the UNRWA in a political economy perspective. Finally, the more recent work of Robert Bowker (2003) in *Palestinian Refugees. Mythology, Identity and the Search for Peace*, produced a very interesting account of the UNRWA by a former Australian ambassador in the Middle East and senior official of UNRWA in Gaza and Jerusalem. All these written materials do not discuss the British involvements in the humanitarian contribution to the Palestinian refugees especially in the 1967 war.

With regards to written materials on the recent Covid-19 pandemic in Palestine and its connection with the British efforts, no significant work has been published yet. The latest work by Anayah et. al (2021) mainly discusses the water treatment issue in Palestine and its link with the Covid-19 pandemic. This work is not connected to the British humanitarian initiative.

#### **4.Methodology**

The methodology applied in this research is a historical research method. In the process of reconstructing the historical narrative, the researcher explored the archival documents which was recently declassified at the National Archives in London. The archival works in Britain was undertaken from

2011 to 2018. The documents included British government's memorandum, minutes, parliamentary Hansard, telegrams and letters, particularly archival records of the Foreign and Commonwealth Office in 1967 (FCO series). In addition, for more recent data, a study on digital and internet sources were also conducted. Subsequently, all the documents were extracted, evaluated, and interpreted accordingly to build the historical facts. Prior to this process, the review of previous literature work was carried out to provide a comprehensive background of the issues. Whilst interpreting the archival documents, this research implemented the quantitative and qualitative methodology to achieve the final finding of the historical investigation.

## **5.Result and Discussion**

### **5-1. Palestinian humanitarian crisis and the health condition in the June war.**

The outbreak of the Six- Day War in June 1967 was a catastrophe to the Palestinians when the Arab was defeated and humiliated by the Israelis army. Consequently, many Palestinians were expelled from their hometown in East Jerusalem, Gaza Strips, and the West Bank. The influx of Palestinian DPs added into the existing numbers of refugee who had already fled from their homeland after the establishment of the Israelis State in 1948 (Patai, 1958). Apparently, the number of Palestinian refugees increased from approximately 960 thousand in 1950 to 1.28 million in June 1964. A report by the UN Special Envoy for Refugees, Mr. Nils-Göran Gussing indicated that the number escalated with an additional 350 thousand new Palestinian DPs registered with the UNRWA after the June War (Gussing, 1968). In fact, within 10 days of the war, more than 125,000 Palestinians were expelled from their land especially at East Jerusalem, Ramallah, and Jericho. A record by a British diplomat at Amman, Mr. Peter Tripp disclosed that after the war broke out, Israelis continued to brutally expel an average of 500 Palestinians from their homeland every day. Majority of them were from the district of Hebron, Bethlehem, Nablus, Jenin and Qalqilya (Tripp, 1967).

The living conditions of the Palestinian refugees at the camps after the war was very grim. The overcrowded, polluted, and untidy surrounding of the camps caused healthcare problems among the refugees. For example, at the Jordan Valley in 1967, sixth camps (Wahadna, Maadi, Damiya, Karama, Shunnah and Ghor Nimrim) were overpopulated due the influx of 60,000 new refugees. At Ghor Nimrin 14,500 new refugees arrived with an additional 3000 refugees who crossed the bridge at Allenby, Sharat and

Damia during the war. This was due to the Israel's brutal campaign to expel them from their land such as at the village of Al-Nusairat where people were forced to exile to Umm Sharat in early December 1967 (Moberly, 1967) At the same time, a camp at Karameh with the capacity of 23,000 refugees became crammed with new refugees. According to the statistics by Jordan government, the camp was not just overpopulated but an additional of 30,000 DPs settled around the perimeter of each camp.

The unhealthy and unhygienic living condition contributed to malnutrition problem among the refugees. A report by the British's NGO, Standing Conference of British Organization for Aid to Refugees (SCBOAR) in August 1968 disclosed that the quality of food intakes among 60,000 refugees was extremely low. Cases of malnutrition among refugees increased whilst aid agencies were unable to take effective action due to lack of funds (SCBOAR,1968). Consequently, the malnutrition problem created the outbreak of diseases such as hypoproteinemia, scurvy, beriberi, cheilosis, tuberculosis and ariboflavinosis (Abdul Rahim Omar, 1967). Life expectancy among the refugees also decreased to an average of 35 years old only.

Based on the report by the UK's Foreign Office in 1967, it was feared that the bad conditions of the refugees' livelihood would cause a psychological trauma leading to deterioration of moral standards and mental illness. The report enclosed in a statement from the Young Men's Christian Association or YMCA (1950) stated that the moral standards of the refugees after 20 months of poverty and inactivity was incredibly low (YMCA,1950). The epidemic in the camps forced the UNRWA to increase its expenses for health from \$USD 4.9 million in 1965 to average \$5.1 million in 1966 and 1967 (Michelmore,1967).

### **5-2. Britain's Humanitarian Aid in 1967**

After the war of 1967, the British continuously contributed to the health care and humanitarian aid to the Palestinian refugees and the shelter countries such as Jordan, Lebanon, Egypt and Syria. Until 1967, the British government emerged as the second highest financial contributor to the UNRWA to provide healthcare service and other humanitarian items. For example, until 1967 the UNRWA received more than \$USD100 million from the British government for their operation including healthcare service and facilities in the refugee's camps across the region. Furthermore, in 1968, the British government announced that additional budget of \$USD 5 million

would be donated to the Palestinian refugees, of which 55 percent was spent for humanitarian purposes including the health care services (Motion, 1968). During the war, London agreed to contribute an additional \$USD 500, 000 to the UNRWA for emergency relief. This contribution was not part of the budget for humanitarian aid such as providing tents in the camps and medicine. The medicine supply brought directly from the British military base in Cyprus (Foreign Office,1967a).

Other than a direct contribution to the UN relief agency, the British government also assisted the shelter countries especially their Arab allies like Jordan that a drastic inflow of DPs during the June War. Based on the archival records, Amman was the biggest recipient of the British's aid in 1967. Briefly, due to the huge number of Palestinians fled into the East Bank of Jordan, the government in Amman was unable to absorb the new DPs after its major infrastructures were destroyed by the Israelis during the war. Thus, the British cabinet agreed to release an immediate financial assistance of £500,000 to Jordan after the war to rebuild its basic living infrastructures (Rae,1967). In addition, the British cabinet approved a delivery of humanitarian aid and health care service worth more than £20 million for the Palestinian refugees through the Jordanian government in 1967 (Foreign Office,1967b). A special committee called The British Relief Fund for Jordan was set up to administer and monitor all the aid procedure and progress. The committee comprised of representatives from the UK's Foreign Office such as Mr. P. Adam (British ambassador to Jordan), Mr. Herdman (First secretary of the British Embassy in Amman), Mr. Ahmed Bey Khalid (Legal Advisor of the Jordan Embassy) and representatives from the British companies like Mr. J. H. Fleming (Murdoch Mc Donald & Co.) and finally from the British NGOs, Major D. Cooper who represented Save the Children Fun (Foreign Office,1967b).

In 1967, the British NGOs supported by the British government also actively contributed to the health care and humanitarian relief to the Palestinian refugees. One of the most active NGOs was SCBOAR which was established since 1962. The main objective of this NGO was to be the main body of monitoring and coordinating all the British NGOs assistance to the Palestinian refugees. They also worked closely with the UNRWA in assisting the DPs. Since 1963 SCBOAR organized several activities and campaign to help the refugees. For example, in 1962 they successfully raised a fund of £35,000 and £38,000 in 1963 for a financial donation to UNRWA. In 1966, SCBOAR launched the program *European Campaign*

for World Refugees which successfully collected more than £38,500 which all was donated to the UNRWA's operation in Palestine. In the same year, the organization also assisted in providing humanitarian stuffs such as tents for the refugees. In fact, during the June war, they contributed tents to the UNRWA camps in East Jordan which were occupied by more than 10,000 Palestinians. The cost of the tents was covered from the humanitarian campaign run by SCBOAR's member, The Anglo-Arab Association who collected more than £77,000. At the same time, other member like Disasters Emergency Committee collected more than £10,000 (mostly by campaigning in television) and by launching an appeal in the newspaper like The Times. (UNRWA Liaison Group, 1967).

The British government especially the Foreign Office and Ministry of Overseas Development had given a great support to the British NGOs to assist the Palestinian refugees. Up to June 1967, most of these NGOs worked closely with the government to raise donation for the refugees. One of them was the Oxfam which collected shirts and foodstuffs valued more than £9,000 and 10 massive tents worth £3,000 each, which was delivered from Greece to Palestine. Others was Christian Aid which raised a donation of £3,000 and the United Nation Association via Council for the Education in World Citizenship. They successfully raised more than £9,000 for the refugees. The total value of humanitarian aid including healthcare equipment and medicine until 6 June 1967 was estimated more than £143,743 (UNRWA Liaison Group, 1967). Furthermore, aggressive campaigns in June 1967 by the Middle East Campaign and Save the Children Fund successfully collected a total of £164,300 which all was donated to the Palestinian refugees (British Red Cross Society, 1967)

### **5-3. The Covid-19 pandemic situation in Palestine**

A working paper by Sherine el-Taraboulsi (2018) described based on the record from The Global Protection Cluster (2016) that the situation in the occupied Palestine as a 'protracted protection crisis with humanitarian consequences, driven by lack of respect for international law'. According to a report by European Commission (2017), two million of the 4.8 million inhabitants in Palestine needed humanitarian assistance. The humanitarian situation in Palestine had deteriorated due to ongoing problems caused by the Israeli blockade of Gaza, Israeli policies in generally, recurrent hostilities and internal political divisions in Palestinian society (OCHA, 2017). The UN Office for the Coordination of Humanitarian Affairs

(OCHA) (2017) reported that at least 1.9 million Palestinians experienced or were at risk of conflict and violence, displacement, and denial of access to livelihoods. The humanitarian situation in the Gaza Strip alone deteriorated markedly in 2017 following the decision in March by the Hamas leadership to establish a parallel structure to run local ministries in Gaza. In response, the Palestinian Authority (PA) reduced payments for electricity and the salaries of public employees. Power cuts affected health and water and sanitation services and made it more difficult for farmers to irrigate their land. Eventually, when the first Covid-19 cases appeared in Palestine on 5<sup>th</sup> March 2020 at Bethlehem, the painful living condition of the Palestinians remained the same, if not similar.

On June 30<sup>th</sup>, 2020, a total of 2443 cases of COVID-19 were detected in the occupied Palestinian territory, 72 of which were in Gaza (Moss, 2020 & WHO, 2020a). Subsequently, the number of cases in Gaza escalated to a cumulative 52,946 cases up to 10 February 2021, with recovery cases at 49,079 and death cases were 532 (Palestine Ministry of Health, 2021). In the following table, an overall the record from WHO from 5<sup>th</sup> March 2020 to 4<sup>th</sup> February 2021, showed the data from the West Bank and Gaza:

**Table (1): Covid-19 Cases in Occupied Palestine Territories (5 March 2020-4 February 2021)**

Location/Cases	Confirmed	Active	Recovered	Death
	181,349	8,950	2,050	170,349
West Bank (Including East Jerusalem)	129,301	4,888	1,523	122,890
Gaza	52,048	4,062	527	47,459

(Sources: WHO, 2020a.)

Meanwhile, the Palestinian Ministry of Health in both Gaza and Ramallah have acknowledged that their capacity to contain the spread of COVID-19 is limited by ongoing and pre-existing shortages in health-care equipment, including medications and disposable equipment. Public health measures have erred on the side of caution and largely contributed to an exceptionally low infection rate during the first 3 months of the crisis; for example, Gaza had recommended that individuals returning from outside Gaza through Rafah or Erez crossing remained in quarantine for 21 days, instead of 14 days (Ministry of Health, 2020). Thirteen years of blockade by the Israelis means that many treatments in Gaza are unavailable and local health-care staff do not have up-to-date medical knowledge.

As a result, more than 9000 patients need Israeli exit permits to leave the Gaza Strip each year for treatment that is unavailable locally, a quarter of whom are patients with cancer (WHO, 2018). The insufficient amount of equipment needed to treat COVID-19 in the occupied Palestinian territory, for example 87 intensive care unit beds with ventilators for nearly 2 million people and a paucity of personal protective equipment is compounded by poor public health conditions: water and electricity crisis, rampant poverty, and a high population density (WHO, 2020a). According to a report by Medical Aid for Palestinians (MAP), a London based NGOs which have their offices in Gaza described that until December 2020, while daily cases and hospitalisations continue to rise significantly, there was a critical gap in local capacity to generate oxygen to treat COVID-19 patients. Gaza's main dedicated COVID-19 hospital, the European Gaza Hospital (EGH), only has the capacity to produce 2,200 litres per minute of oxygen, but its intensive care unit alone needs 3,000 LPM. Three additional oxygen plants due to arrive in Gaza in the next few weeks (two from MAP, one from NORWAC) and they will only provide an extra 1,400 LPM. (MAP, 2020.December 18). At the same time, the Ministry of Health has had to deploy oxygen generators from other hospitals and health facilities to cover current needs. Costing approximately \$130,000 each, additional oxygen plants are beyond the buying capabilities of the Ministry of Health in Gaza. The only factory in Gaza that can produce liquid oxygen has been unable to address the demands, and it is estimated that it would cost the factory \$100,000 monthly to provide the supply needed by EGH.

The healthcare equipment and testing kits especially in the overpopulated Gaza area were insufficient. As reported by *Aljazeera* (2020. November 2), a rapid rise in coronavirus infections in the Gaza Strip had reached a "catastrophic stage", with the blockaded Palestinian enclave's medical system was likely to collapse. According to Dr Fathi Abuwarda, an adviser to the minister of health, the recent spike in infections could soon become uncontrollable, with hundreds of people contracting the virus each day and there is nowhere to treat them. Dr. Fathi further explained that in the Gaza Strip, there are about 500 [hospital] beds scattered across the coastal enclave but considering some 5,000 Palestinians live in each square kilometre in Gaza, these hospitals cannot accommodate all cases. Lack of coronavirus testing kits and personal protective equipment (PPE) also complicate the fight, due to Israel's continuous restrictions on medical supplies reaching Gaza (*Aljazeera*, 2020, November 2).

With regards to the Covid-19 vaccination, based on the report by the London's base NGOs, Medical Aid for Palestinian or the MAP, the Palestinian Authority has applied to the global COVAX facility, though any such support will only cover up to 20 per cent of its population and may take weeks or months to arrive. The Palestinian Ministry of Health has issued an interim national vaccination plan detailing how it intends to roll-out support from COVAX. However, since further supplies have yet to be agreed upon, it remains unclear how a rapid and comprehensive programme of vaccination for Palestinians can be realistically implemented in the OPTs. The chronic financial crisis and resource as well as infrastructure limitations of the Palestinian Authority and de facto authorities in Gaza, caused in large part by decades of occupation and blockade, severely hamper their ability to purchase and administer vaccines for the population (MAP, 2021)

The poor health care facilities in the OPTs is also connected with water and wastewater system treatment partly contributed to the spreading of Covid-19 virus in Palestine. Situations worsen when the health care facilities in Palestine are not being well-treated and disconnected from public wastewater network. Due to the inadequate infrastructure of wastewater, it is estimated that 25 million cubic meters of untreated effluents is annually discharge into the environment at more than 350 localities in the West Bank (UNPD 2014). Indeed, only 55 per cent of Palestinian households are connected to wastewater networks (UNDP 2014). Apparently, the novel coronavirus was detected in the wastewater (Bar Or et al. 2020; Farkas et al. 2020), yet less attention has been paid to the virus migration to water systems (Bhowmick et al. 2020; Paleologos et al. 2020). A study by Anayah, F., Al-Khatib, I.A. and Hejaz, B. (2021) concluded that since 2014, out of the 495 healthcare facilities in the West Bank, 36.6 per cent of them were connected to public wastewater networks and only 2.0 per cent of them treated their wastewater in 2014.

In addition, the health care workers during the pandemic, or the Palestine front liners are also facing a dangerous risk from the Israelis violent attacks. Based on the record by WHO, as of December 2020 many cases of attacks were reported. In 2020, WHO recorded 59 attacks against healthcare officers in the occupied Palestinian territory. Of these, 42 per cent (25) involved obstruction to the delivery of health care services, including 12 incidents of obstructing access for ambulances to reach persons who had been fatally wounded. Meanwhile, 61 percent of incidents (36) involved physical violence against health workers, ambulances, and health facilities,

and six incidents involved the detention of health care workers, ambulances, patients, and patient companions. During the last three months of 2020, WHO recorded 15 health attacks in the occupied Palestinian territory. Of these, seven involved physical attacks against health workers, ambulances, and health facilities, and nine involved obstructions to health care delivery, including five incidents of obstruction of access for health teams to persons fatally injured (WHO, 2020b). In short, the critical situation in Palestine is urgently needs to be improved for a battle against the Covid-19 virus or it will trigger an unimagined catastrophe to the human line across the nation.

#### **5-4. Britain's humanitarian Aid for a Covid-19 pandemic**

Britain has consistently been one of the UNRWA's top donor. For example, its support in the 2019 had enabled UNRWA to provide education for more than half a million children and helped over 3.5 million Palestinians to get access to health services. In fact, in July 2020 the Department of International Development, UK Foreign Office in the press release announced the additional £33.5 million of funding for Palestinians, which brings the UK's total contribution to UNRWA for 2020 to £34.5 million. (Department of International Development, 2020). Meanwhile, the British Consulate in Jerusalem announced in June 2020 that they were working closely with the Palestinian authority, international humanitarian organisations and civil society on the response to the Covid-19 challenge in the Occupied Palestine Territories (OPTs), including a support to meet the humanitarian and healthcare needs of the most vulnerable Palestinians, as well as to provide support to boost the PA's economic resilience. The Consulate reiterated that they were keen to ensure that UK support continues to reach those who are most vulnerable to the multifaceted impacts of COVID-19. To that end, the British Consulate in Jerusalem announced the small amount of programme funding to support an NGO in aiding the vulnerable elderly people in the OPTs. (British Consulate-General, 2020)

Earlier on 23<sup>rd</sup> April 2020, in a speech at the UN Security Council, Ambassador James Roscoe who was the Acting UK Deputy Permanent Representative to the UN, stated that the UN has played an important part in ensuring ongoing coordination between the Palestinian Authority (PA), Israel and the UN agencies, and the British government hope this effort will continue. According to Mr Roscoe, UNRWA has an important role to play in helping to respond to the crisis brought about by COVID-19. The virus

and its impact on Palestinians and basic services will put additional pressure on UNRWA. Hence, the UK remains committed in supporting UNRWA and Palestinian refugees across the Middle East, providing over \$80 million for 2019/2020. At the same time the British government is reviewing its contributions in the light of the COVID-19 challenge.

Regarding this commitment, the British also provided vital support to help respond to COVID-19 in the OPTs. Britain's \$1 million funding contribution will enable the World Health Organisation (WHO) and UNICEF to purchase and coordinate the medical supplies, treat critical care patients, train frontline public health servants and scale up laboratory testing capability. In fact, the British is alerted to the impact of the virus on the Palestinian economy and economic development. Based on the statistic, the PA's revenues, which come mostly from levies on trade, are expected to decline by between 60 and 70 per cent because of the Covid-19 crisis. To make matters worse, the OPTs are excluded from most international mechanisms, including the World Bank's \$14 billion COVID-19 fund. The PA does not issue a currency and cannot adopt the measures many countries are taking to increase liquidity (Roscoe, 2020).

The Secretary of International Development, James Claverly in his answer to a question from Labour MP, Alex Norrish at the House of Commons on 21st April 2020 reiterated the British government initiative to assist Palestinians on arising healthcare needs through UNRWA during the Covid-19 pandemic, which he quoted as saying,

The UK recognises the United Nations Relief and Works Agency's (UNRWA) unique mandate to provide protection and core services to Palestinian refugees in Gaza, the West Bank, Lebanon Jordan, and Syria. In 2019/20 the UK has provided £65.5 million to UNRWA, matching our 2018 contribution. UNRWA has 3,300 staff working in 144 health centres who are responding to the pandemic and ensuring that Palestinian refugees continue to have access to quality health care services. UNRWA is supporting the delivery of national pandemic response plans and has put in place a range of measures to help prevent the spread of COVID-19 and to treat patients with symptoms, working in cooperation with WHO and other partners. (Claverly, 2020, April 21)

Other than a positive attitude portrayed by the British government, there are a few outstanding British NGOs who are also working tirelessly to help the Palestinian in combating the Covid-19 pandemic. Among the most exceptional NGOs is the Medical Aid for Palestinians (MAP) which was

established by the Malaysian-born orthopaedic surgeon, Dr. Ang Swee Chai. She is a medical doctor who was in the Sabra and Shatila camp during the massacre of Palestinian refugees in 1982. On her return to London, Dr Ang joined with fellow medical professionals and humanitarians to establish Medical Aid for Palestinians (MAP), to send out doctors and nurses to work in the Palestinian refugee camps and provided front-line care. In 2019, the MAP spent more than £8.7 million to provide medical program for Palestinian across Palestine and Lebanon. Consequently, the aid by MAP continues in helping Palestinians to fight the Covid-19 pandemic. MAP provides immediate medical aid to those in need at times of crisis, while also developing local capacity and skills to ensure the long-term development of the Palestinian healthcare system. (MAP,2021).

Another NGO that is actively involved in assisting the Palestinian is the *Action Aid*. The activities organised by the society is helping the vulnerable Palestinians against the Covid-19 pandemic. ActionAid uses their network of young activists to distribute food parcels and hygiene kits to vulnerable families under quarantine. Young volunteers who received training have already distributed 300 hygiene kits, including hand sanitiser, gloves, toilet paper, and soap, to 1,600 people in Bethlehem. In Gaza, young volunteers have provided food relief and hygiene kits to 247 families (approximately 1,480 people), especially women-headed households. Most women are survivors of gender-based violence. Furthermore, the ActionAid is planning to scale up its response in Gaza to reach more than 30,000 people (5,300 families) in the coming weeks (Action Aid, 2021).

Other than Action Aid, the Welfare Association of UK is also involved to assist Palestinians. The association takes part in raising donation to assist the Palestinian in a battle against the Covid-19. In fact, they are consistently campaigning in the UK to persuade the British government to go against the blockage of Gaza. Their key programme including supporting development of hospitals and providing supplies, community-based rehabilitation programmes for children with disabilities, maternal health, mental health, water and sanitation programmes in Gaza, child therapy and psychosocial interventions (Welfare Association UK, 2021).

## **6. Conclusion**

The finding of this study has proven that the British has been consistent in assisting the Palestinians in two challenging situations. From the archival records, the British government and the UK NGOs exhibits relentless initiatives and efforts after the 1967's war to find ways of aiding the poor Palestinians who were mostly refugees. The aid was channeled directly to the Palestinians or through the UN agencies such as the UNRWA, as well as to the shelter neighboring Arab countries like Jordan. Interestingly, they never claimed that all the endeavors had any link with religious or other interests: the intentions were based purely on the humanitarian basis. Undeniably, we can presume that the British might has a hidden agenda such as an economic or political interest in the humanitarian work. Nonetheless, this assumption has not yet been proven by researchers. Regardless of the interests, the fact is all the assistance was very much welcomed by the desperate refugees who were expelled from their homeland because of the war.

A re-examination of this study on the Palestinian's condition in the aftermath of the war in 1967 and during the Covid-19 pandemic era concluded a clear similarity, which is the Palestinians were facing a deadly pandemic. In both situations, they are defenseless and insufficiently equipped with all necessary means to combat the diseases. In fact, the political condition in both events remains the same. In 1967, most of them were very fragile as victims of the war, and they were scattered in the unhygienic living condition of the camps. Fast forward, in the age of Covid-19 they are still in the same political condition especially for the residences of Gaza. They are enclaved in the ghetto by the Israelis, and they have been utterly repudiated to access to the outside world. Subsequently, their urgent needs for medical equipment and medicine to encounter the deadly virus is limited. In both crises, the British appeared prudently to convey a humanitarian aid including the healthcare apparatuses, medicine and most importantly a financial relief. By launching various programs and campaigns, the British NGOs also come out hand in hand with their government to assist the unfortunate Palestinians community.

From this study, it is expected that more academic work would be carried out to analyze the issues of healthcare and humanitarian needs of the Palestinians in various perspectives and disciplines. All the outcome of these research may provide brilliant, effective idea to a relevant party in supporting the improvement of Palestinian living condition in future.

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