



FEATURES

Rendered Invisible: Palestinian Women Fight the Borders Israel Imposes on Them

**Amandas Ong**

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Palestinian women navigate the borders Israel imposes on them—and their physical and mental health.



Members of a grassroots women's group in Tel Rumeida map an Israeli settlement as part of a group aimed at improving their mental health (Amandas Ong)



Even under the weak light of an overcast Wednesday morning in late March, the furrowed ridges of the Jordan Valley glow in an amber swirl, speckled with patches of green. This is a region known for its fecundity. All year-round, the temperature is several degrees warmer than surrounding areas, making its soil particularly fertile for agricultural development. The northernmost point of the valley also makes up one-third of the underground water reserves in the Israeli-occupied West Bank.

Yet, the de facto borders Israeli occupation imposes withholds much of the land's riches from the estimated 65,000 Palestinians who live on it. Ninety percent of the Jordan Valley falls under what is known as Area C, comprising a series of administrative borders besieging Palestinians living on sixty-one percent of the land in the West Bank. These lands have been under full Israeli military control since the 1993 Oslo Accords, and for more than five decades, Israel, its army, and its citizens have seized, pillaged, and expanded territory in Area C, harassing the Palestinian population and forcing them from their homes. The number of Israeli settlements here—illegal under international law—swelled to 465,400 by 2020, ten times what they were in 1985.

This convoluted network of settlements, embattled by multiple barriers and the separation wall, has fragmented Palestinian communities and accentuated their experiences of isolation and inequality. Enforcing borders as a means of debilitating Palestinian statehood and autonomy is a strategy that has been used by Israel since its inception and was once likened by former Israeli Prime Minister Ariel Sharon to making a “pastrami sandwich.” He declared in 1973: “We’ll insert a strip of Jewish settlement in between the Palestinians and another strip of Jewish settlement right across the West Bank so that in twenty-five years’ time ... nobody will be able to tear it apart.” Under Israeli occupation, Palestinians live with some of the world’s most stringent restrictions on movement. They are subject to humiliating armed searches, as well as long waits at the 593 checkpoints and roadblocks that sunder all 2,173 square miles of the West Bank and create an archipelago of heavily bordered spaces that are difficult to traverse on a daily basis. The containment of Palestinian lives and aspirations relegated to a territory marred by multiple frontiers has had an abysmal effect on their physical and mental health.

Now, Palestinians are also grappling with exacerbating tensions. Last year was the deadliest year in the West Bank in more than a decade, with 154 Palestinians killed and 10,345 injured by Israeli forces. Now, 2023 is already shaping up to be even worse, with Israeli raids killing scores of civilians in the cities of Nablus and Jenin, and with

settler attacks galvanized by Israel's new ultra-nationalist government helmed by Prime Minister Benjamin Netanyahu. This language of everyday violence is visually punctuated by the sight of young Israeli soldiers at their solitary posts. They cut forlorn figures, standing between concrete blocks and stacks of sandbags, their rifles aimed at passing Palestinian vehicles.

Driving around the West Bank, short distances feel like punitively long ones, stretched across arbitrarily demarcated pockets of land. Aseel Daralan, a twenty-eight-year-old women's health doctor with a mobile clinic operated by a grassroots health organization called the Palestinian Medical Relief Society, is jittery about her daily commute through the Jordan Valley today. Petite with an easy, tinkering laugh and an aura of self-possession that belies her youth, Aseel has been working this job since she graduated from medical school in Cuba in 2019. Several days of storms have made the dirt roads bumpier than usual, and the van I am traveling in with her—which is carrying five other medical staff, as well as a trunk full of medicines—is at constant risk of rolling into muddy ditches. “Recently, the Israeli army closed lots of roads here and around Jericho [a city in the valley] for two weeks,” she says. “People who needed urgent health services really had difficulties trying to reach them.” The blockade had been instigated after the Israel Defense Forces shot a Palestinian man living in a refugee camp in the area, whom they claimed was responsible for the shooting of an American-Israeli citizen.

The seven-person team is all-female except for the driver, Sameer, a laconic man with a prowess for maneuvering the van away from the edges of steep drops during these frequently precarious drives across a difficult terrain. “Bismillah, bismillah,” the women frantically chant together, holding on to their seats or to the van's grab handles, whenever Sameer swerves to avoid a pothole. Dina Abu Eishaa, a social worker with the team, fights back waves of nausea from the turbulent drive and asks Sameer to stop at one point so she can get out for some fresh air. “I must be careful, too, because I got back muscle spasms from sitting in this van every day,” Aseel says, explaining that she underwent physiotherapy for several months last year.

Every day of the week barring Saturday, Aseel sets off with the mobile clinic from the PMRS headquarters in Ramallah, the de facto capital of Palestine. From there, it is an hour-long journey to visit one of the sixteen Bedouin communities on the PMRS roster. Today, we are going to the communities of Ara'ra and Ka'abna. Aseel says that each community does not have a fixed population, but numbers between 300 to 400 people who roam constantly across the Jordan Valley and is served once a week by

the mobile clinic. “On an average day, we see around ten to fifteen patients, but once we had up to ninety,” she says. “It’s especially important for us to treat the women, who need us most.”

These Bedouin women, along with a third of Palestinians living in Area C, rely solely on mobile clinics for essential health services. Israel has refused to grant approval to build even a single permanent healthcare center in the Jordan Valley, marooning its inhabitants in a crisis of deprivation from public health services and compounding their sense of a life lived outside the periphery. Considered some of the most geographically and socially marginalized people in the West Bank, the Bedouins lead a grueling existence. Long hours in animal husbandry and farming cause injuries to the women’s hands, making them more prone to psoriasis and fungal infections. Many suffer from anemia and poor nutrition and require vitamin supplements from the mobile clinic.



Bedouin woman from a community in the Jordan Valley walks to the PMRS weekly mobile clinic to consult the all-female medical team. [Amandas Ong]

With most Area C households disconnected from any water network, Bedouin families rely on irregular water deliveries from trucks, which are occasionally confiscated by the Israeli military. In 2022 alone, Israel demolished 781 buildings in Area C, including emergency shelters, structures for water and sanitation, and houses. The move affected more than 6,000 Palestinians and left 594 people homeless. In contrast, just five out of 123 building outline plans submitted by Palestinians to the Israeli Civil Administration since 2011 have been approved. Forced to limit their water consumption to a fifth of the daily recommended minimum and about four percent of that of nearby Israeli settlers, Bedouin women struggle with maintaining domestic cleanliness. They mostly work in and around their homes, while the men travel further afield for farming and herding.

“It’s common for us to see women with pelvic inflammatory disease,” says Aseel, referring to the sexually transmitted infection of female reproductive organs, often made worse by poor menstrual hygiene. Working with these women requires patience and a gentle approach, and Aseel spent the first two months of her job just trying to gain their trust. Initially, they were reticent, too embarrassed to disclose any health issues. These days, they’re more forthcoming about their needs. But Aseel says it’s still hard to convince their husbands to get treatment concurrently for sexually transmitted diseases, which means that the women keep coming back to her.

Living in these conditions also means limited opportunities for education and, in turn, poor economic prospects. Most of the women can’t continue their education after the age of twelve because there are no cars to take them to the secondary schools in nearby towns, and the Israeli checkpoints make any movement stressful and unpredictable. “There are of course some exceptions, [but] the women work a lot from a very young age. They marry early, at around sixteen, and have many kids. I’ve seen patients who are in their early thirties, and have ten children,” Aseel says. One of the clinic’s objectives is to help women in these communities make informed decisions about reproductive care and family planning.

For expectant mothers, the clinic offers weekly ultrasounds and blood pressure checks as part of its prenatal care protocol. Amna Salahat, twenty-four years old and herself eight months pregnant, is the clinic’s lab technician, the person who helps set up the portable ultrasound scanner whenever it’s needed. “Last year, we had three or four pregnant women,” she tells me. Meticulous labor plans had to be laid out for all of the women, factoring in potential delays at the checkpoints. “They knew when to

leave their homes to get to the hospital in time. Otherwise, it would be the elderly women in the community who help them deliver.” Despite the dangers of her work that may involve potential aggression at Israeli checkpoints, Amna says she is not frightened, and her pregnancy has helped her build rapport with some of the patients.

We all get out of the van and walk up the last stretch of the drive up to a small Bedouin village, as Sameer declares it too dangerous to carry passengers while navigating a narrow dirt road. A few Bedouin women emerge from their homes, stacked together from a mélange of materials: concrete, tarpaulin, different types of metal. One of them shuffles toward a tin shack and lifts up the door flap, made of empty flour sacks printed with the logo of the World Food Programme and the words “Gift of Russian Federation.” Inside the shack are a few plastic chairs and a scratched-up table.

This is where the PMRS medical team usually works. They begin setting up the clinic, bringing in the cases of medications they’ve brought with them. A number of women and children begin trickling in. Accompanied by his mother, a boy who looks around eleven or twelve tells Aseel that he can’t stretch his fingers, and grimaces when she touches his palm. “I think he needs an X-ray,” she says, writing a referral for him to visit a doctor at the nearest hospital in Jericho. Another little girl has an infection on her neck; the PMRS nurses attend to her and give her mother a tube of antifungal cream. While the team chats with waiting patients, a goat can be heard banging against the wall of the shack.

An ashen-faced woman wearing a red hijab and a black coat sits in a chair waiting for Aseel, her hands pressed on her belly. “She’s my regular patient and she usually asks to see me after the nurses have spoken to her,” Aseel tells me. The woman musters a wan smile and hoarsely explains her problem. “She’s had abdominal pain and a fever for about a week, and she thinks it’s something she ate,” Aseel translates. Unable to see a doctor because of the blockade, the woman had waited for a week to see the PMRS team. It took her more than an hour to walk from her village. After collecting her medicine, she hobbles out of the shack.

Hamda, a fifty-one-year-old who has spent four decades living in the area, pulls a chair over for a chat. She is one of the community leaders whom PMRS first liaised with when they began working in the area. “This mobile clinic makes my life easier, but I have a stent in my heart and worry a lot about what will happen if I need to go to hospital and there’s an Israeli blockade,” she says. A hospital in Jericho had inserted

the stent, which was covered by free medical insurance that she gets from the Palestinian Authority, but she needs to go to the city of Nablus, almost two hours by car away from the village, for any further checkups.

“The only good thing about this life is that we’re far from the city,” she laughs. “Everything else is difficult transportation, work.” Her husband is the sole breadwinner and brings income by farming on land in the vicinity. Every day before dawn, she gets up to bake bread for her family, including her husband’s second wife and her children. This is typically all they eat for the rest of the day. Throughout the afternoons and evenings, she cares for her sheep, milking them for cheese and yogurt.

Clashes with Israeli settlers have become increasingly common in the last few years. “They come here with their animals, and it’s not safe for our kids to play outside because their [the settlers’] kids attack them,” she adds. In June 2022, settler herders had, accompanied by ten Israeli soldiers, entered a home in a different Bedouin village and brutally beat up a family with nail-spiked batons, leaving the fifty-year-old mother unconscious in a Ramallah hospital for days. Hamda says she fears for her safety, and often wonders when the Israeli army might come and demolish her house.

In total, the clinic sees nine people over an hour. After loading the medical supplies back into the van and driving for about a third of a mile, the team spots two other women and their daughters hurrying toward us. We stop again, and Aseel gets out to speak to them. One of the girls, her clothes covered in dirt, has an angry-looking bacterial skin infection on her face. Aseel hands the mother some dermatological cream and gives instructions on how to use it. As the women chat, the girl scurries off to chase some of her goats, which has strayed a little too far from their land.

Finally, the team heads back to Ramallah. Leaving the area, I look out the window and see the woman with the red hijab walking down a hillock toward a tunnel. Barely visible in the distance is her village. I watch until she enters the tunnel and disappears into the darkness.

Much has been written about the adverse impact of Israeli apartheid on the socioeconomic rights and safety of Palestinians in general. But close to nothing is known about the specific harms caused to the health of the 2.7 million women and

girls in the West Bank who live with such severe constraints on their mobility. When gender is added to the equation, it is almost always with regard to maternal health only. In 2017, the NGO Medical Aid for Palestinians reported that the maternal mortality rate in the occupied Palestinian Territories (including the Gaza Strip) was twenty-seven deaths per 100,000 live births—nine times higher than in Israel. The following year, the Palestinian Initiative for the Promotion of Global Dialogue and Democracy found that twenty-one percent of Palestinian women had been exposed to beatings or tear gas at Israeli checkpoints while they were pregnant, with another four percent stating that they lost pregnancies or went into labor during delays at these checkpoints. While traveling in the West Bank, I heard a few stories from my contacts about pregnant women who returned home—sometimes on foot—to give birth with the help of whoever was available, because they realized they weren't going to reach the hospital in time.

But it's not just the right to safe birth that's being systemically undermined by Israeli occupation. To date, there's no existing research that quantifies the correlation between the lack of access to lifesaving care and the physical and mental health outcomes of Palestinian women. But it's clear that Israeli destruction of water, sanitation and hygiene facilities disproportionately affects women compared to men. Because of the traditional gendered division of labor that tends to be prevalent outside urban centers in the West Bank, women and girls are typically tasked with washing and preparing food, thus increasing the risk of infection when there is no source of clean water at home. This risk is heightened further during their menstrual cycle. They're also expected to be the primary carers for children who fall ill from inadequate sanitation.

A United Nations report published in 2021 also noted that certain groups of Palestinian women are even more vulnerable to violence. These include Bedouins, girls and women with disabilities, and those who are internally displaced. The Israeli occupation adds another barrier to the disadvantages they already face in securing employment. Unable to travel freely for work, they have few options for being financially independent, leading them to marry at a younger age. This also means they are unlikely to report intimate partner violence as it would deprive them of any financial support.

All of these injustices take place under the nose of Israel's closest allies including the United States, which is the largest cumulative donor of Israeli foreign assistance since

World War II, having given Israel \$158 billion in “bilateral assistance and missile defense funding” since 1948.

Iman Abid, who is Director of Advocacy and Organizing at the US Campaign for Palestinian Rights, says that every year the U.S. government writes Israel a “blank check for \$3.8 billion” that enables both direct violence through weapons used to kill Palestinians, and structural violence that upholds the military apparatus of a state that oppresses Palestinians daily. “In the realm of healthcare,” she says, “we see the harmful impact of our tax dollars in Palestine every day, as the Israeli military actively destroys medical infrastructure.” She cites the nineteen health clinics and six hospitals Israel damaged in the May 2021 bombing of Gaza, and the ambulances blocked from dying Palestinian patients by the Israeli military in the West Bank, as examples of aggression enabled by U.S. funding.

Also glaringly obvious is the U.S.’s feeble response to widely documented Israeli atrocities. In May 2021, President Joe Biden declared to reporters that Israel had “the right to defend itself” and saw no “overreaction” in Israeli airstrikes on the Gaza Strip—completely ignoring the enormous imbalance of power between Israel, the military behemoth of the Middle East, and the Gaza Strip, long described as an “open-air prison” devastated socioeconomically by Israeli restrictions on energy supplies, goods and the movement of people. Neither did Biden address the fact that during the same period of time, Israel attempted to evict seventy-five families in the East Jerusalem neighborhood of Sheikh Jarrah to make way for settlers. Over Ramadan, the IDF also stormed the Al-Aqsa Mosque—the third holiest site in Islam—and injured hundreds of Palestinian worshippers. Ninety percent of the rockets fired toward Israel were intercepted by its Iron Dome air defense system; in contrast, Israeli violence killed 261 Palestinians including sixty-seven children, injured 2,200 and displaced 113,000 more.

The U.S. has given \$500 million to Palestine in humanitarian assistance, but this donation seems purposeless in light of the support it has offered Israel. \$417 million went directly to the United Nations Relief and Works Agency for Palestine Refugees in the Near East—an organization that, by the account of several Palestinians I spoke with, is becoming increasingly ineffectual in alleviating health inequalities in the region. One of those affected is Shatha Al-Azzeh, a thirty-year-old environmental activist who belongs to the third generation of people who have been living in the Aida Refugee Camp in Bethlehem since the Nakba, in 1948—the year that Zionist military forces expelled at least 750,000 Palestinians from their homes and captured seventy-eight percent of their historic land. Like the eighteen other refugee camps in

the West Bank, Aida was originally intended as a stopgap measure on the UNRWA's part, to provide temporary housing for the Palestinians who were rendered homeless in the aftermath of Israel's creation. Now, though there are no actual Israeli checkpoints inspecting entry into Aida, the camp has essentially become a militarized zone without fortified walls, where Palestinian residents are never safe from incessant, violent incursions from Israeli soldiers who scrutinize their movements night and day.

Shatha sits on the Aida Popular Committee, which comprises residents from the camp who try to find and implement solutions to improve their living conditions. "UNRWA was squeezed by time, so especially after the Second Intifada in 2000, infrastructural projects fell under the responsibility of the Popular Committee," she says. "It shouldn't be that way." Shatha believes that this shift was a mistake, as it means that the UNRWA has taken a step back from its original role in taking action for Palestinian rights under U.N. Resolution 194, which defines principles for reaching a final settlement and returning Palestinians to their homes. Instead, it has whittled down the scope of its work to provide just basic healthcare services to the residents of Aida and other refugee camps.



Shatha Al-Azzeh, an environmental activist and a third-generation refugee in Aida Camp, stands in front of one of the oldest cinder block 'houses built in the camp. [Amandas Ong]

Diabetes, cancer and hypertension are rife among Aida's inhabitants—noncommunicable diseases that are expected to increase sharply among refugee women in the next ten years. Palestinian refugee women are already more likely to have diabetes and hypertension than their male counterparts, making up sixty-one percent of patients undergoing treatment for these conditions. “If you have diabetes, they [the UNRWA] only focus on doing one test every year—the hemoglobin A1C. But they don’t have a system that checks the health of each patient in the camp who’s suffering from health problems,” Shatha says. “For more complicated diseases, we have to go to private hospitals in Bethlehem, which our medical insurance may not cover. You can die waiting for a cure.” (She’s right, but you can also die waiting for treatment for something that’s easily curable.)

More than three-quarters of the water in Aida is purchased from Israel and pipelined into the camp via the Bethlehem Water Authority. Each person gets only fifty liters per day, even though the World Health Organization recommends that the 100-liter mark is the optimum for ensuring that basic needs are met and no health issues arise. In addition, the Israelis deliberately limit this supply and sometimes cut it off entirely for no reason. “The water comes once every two weeks, and in the summer, it can be once every month,” Shatha says. “This means that the water in the rooftop tanks is almost completely drained before the new supply comes.” When that happens, there’s water stagnation, which breeds bacteria. Shatha and other members of the Popular Committee have discovered that these bacteria have been causing diarrhea, fever, and abdominal pain among Aida’s residents. The cleanliness of the tanks is also compromised by their age and the damage they’ve sustained over the years. During the Second Intifada, the Israelis shot directly at them, causing significant damage. Instead of getting new tanks, UNRWA simply repaired them.

Walking around Aida—one of the most cramped camps in the West Bank, with a population density of 77,464 people per square kilometer—the first thing I register is the stench. Bags of putrefying trash are piled high in every alley, leaving little space to walk, though some children still play in the dirt. Shatha explains that the garbage collectors hired by UNRWA, mostly people from Aida itself, have been on strike for two weeks. Aida is less a camp than a maze of cheap housing material stacked atop and next to one another, a disaster waiting to happen if there’s ever an earthquake. And then there are the constant raids. Earlier this morning, Shatha explains, about

twenty Israeli soldiers raided a nearby home and carted off a man. I ask how often the raids happen, and she shrugs. “Every single day. There’s not a day when I don’t think of them. They don’t let you forget. There is an Israeli watchtower right opposite my house.”

Shatha says the Israeli military treats Aida like its “playground,” with the youngest soldiers taken there to train and to acquire shooting experience. Even in these overcrowded quarters to which Palestinians have been forced to live since 1950, Israeli soldiers continue to inscribe their presence everywhere, hemming Aida’s residents in with their words by scrawling Hebrew on the walls. Shatha explains that these are directions that help the soldiers navigate and familiarize themselves with the labyrinthine streets.

A report by the University of California, Berkeley indicates that 100 percent of Aida’s population is exposed to tear gas over the course of a year, the highest concentration in the world. The murals feature people who have died, including a thirteen-year-old boy who was struck in the heart by an Israeli bullet. We say our goodbyes by a wall with a painting of a large key, symbolizing the desire of Palestinians to return to their homes. “I don’t know why some people are proud to be refugees. I know I’ll never say I’m proud. Without our land, we have no dignity. For us, every day is Nakba,” Shatha says.



Mural in Aida refugee camp depicting a Palestinian boy who was shot by Israeli soldiers during a military raid. [Amandas Ong]

The idea that the Nakba is relived on a daily basis by Palestinians was one that resonated deeply with many people I met. All of this has created a bleak backdrop to the provision of healthcare in the West Bank. With the most powerful country in the world backing their biggest persecutor, Palestinians have become accustomed to the message that if they fall sick, they're on their own.

In the town of Sinjil, less than ten miles northeast of Ramallah and surrounded on all four sides by rapidly expanding Israeli settlements, PMRS runs a primary health clinic that serves the 10,000-odd people living in the area. The clinic has been in operation for more than thirty years and is funded predominantly by townsfolk who emigrated abroad to the Gulf States, the U.S. and Europe. Located on a hill, the town only has one main entrance in and out. Since the beginning of the year, with escalating tensions between Israel and Palestine, Israeli soldiers and settlers have been entering

more often and have been physically threatening the locals. As we drive up the hill, a soldier stares at us suspiciously from his post.

The mood is jittery when I visit. The day before, settlers had stormed Sinjil and torched a house to the ground, leaving six people homeless. We'am Asfour, the clinic's forty-eight-year-old community health worker, tells me that people had been bracing for an attack for days after hearing about settlers burning cars and demolishing houses in the town of Huwara, an hour by car from Sinjil. "I started working for PMRS as a volunteer in 1991, when the village had no access to any health services," she remembers. "In all this time, I've seen the impact of the occupation every day at work. The economy, politics—both are correlated with health status." Aside from seeing chronic illnesses like hypertension and cardiovascular disease that are on the rise among women in Sinjil, the daily harassment that people face wreaks havoc on their mental health. "On a weekly basis, I see mothers who tell me that their children are experiencing nocturnal urination, waking up in the night with panic attacks, screaming. There's also an increasing number of children with delayed speech," We'am says.

One of her patients, Nisreen, forty, is a mother of four children who has come for a regular checkup. She says she is very grateful for the free medical care that the clinic provides, especially during the ongoing cost-of-living crisis, which has raised the prices of flour and oil by over twenty percent. Without the clinic, she thinks she would just avoid going to the doctor, since the nearest hospital is forty-five minutes away in Ramallah—and that's if the Israelis haven't sealed the road on that day. "It's good to have a specialist in women's health in the village whom we can speak to without feeling embarrassed. We also appreciate that the clinic goes into schools to educate adolescent girls on what to expect when they get their period," she tells me. "Especially with reproductive rights, it's important to educate girls earlier. I didn't have this when I was young."

The resident women's health doctor, twenty-eight-year-old Salsabeel Abu Loz, worries about Israeli apartheid worsening her patients' mental health in the coming months. "Many of them neglect themselves because they're only thinking about how they can support their husbands and children," she says. "Whenever I work with pregnant women, I have to remind them that their health comes first." She adds that there are also cultural obstacles to overcome, having met patients whose families were adamant that women shouldn't be allowed to see male doctors. Being a woman has allayed some of these families' concerns, but Salsabeel fears that if the conflict

gets worse, women who already have to travel from outside of the town to seek medical treatment might just stop coming.



Women line up to collect their prescriptions at the PMRS clinic in Sinjil. [Amandas Ong]

Much like other aspects of Palestinian women's health that have been consistently understudied, little is known about their mental health needs. According to [a report by the World Bank](#) based on a Facebook survey it conducted after the May 2021 conflict, sixty-nine percent of women in the West Bank and Gaza have exhibited symptoms of PTSD, more than ten percent higher than the number of men. The prevalence is even higher for women who have been displaced. [The U.N.](#) also published research showing that women and girls in Palestine were already underserved when it came to mental health and psychosocial services, with the COVID-19 pandemic increasing their caregiving burden and causing them to report higher levels of distress and insecurity compared to men. Social distancing rules during the pandemic further impeded their access to health and protection services, leaving them stranded without psychological aid. They were expected to take on most of the responsibility for looking after the injured, the disabled, and the young, on top of being the pillar of emotional support for their families.

Nowhere is this mental health crisis more evident than in Tel Rumeida, a Palestinian neighborhood in the city of Hebron, upon which an Israeli settlement was built in 1984. Of the families here, more than 120 are Palestinian and just six are settlers. It's also perhaps one of the biggest hotspots for settler violence in the West Bank. When the Peruvian novelist Mario Vargas Llosa visited in 2005, he was moved by the defiance of the Palestinian families who refused to be cowed and chose to remain despite settler persecution, writing these observations in *El Pais*: "They throw stones at them, toss rubbish and excrement on their homes; organize raids to invade and devastate their houses, assault their children as the latter return from school while Israeli soldiers look on with total indifference. No one told me about this: I saw it all with my own eyes, heard it with my own ears from the mouths of the victims themselves."

When I arrive in Tel Rumeida, I am immediately struck by how much it is indistinguishable from a high-security prison. It is surrounded by high fences, patrolled by several dozen gun-toting Israeli soldiers on the streets and at the four outposts around the settlement. I am impatiently waved through a metal barrier by two bored, irritable IDF soldiers after they check my passport, though there is a holdup with security clearance for the two employees of the NGO ActionAid, who are accompanying me. A tense argument follows in which the ActionAid employees try to remonstrate with the soldiers that they are registered in the "system" as regular visitors and have been entering every fortnight with no problem. One of the soldiers snaps back: "Our boss says he can't find your names."

After half an hour of going back and forth, several phone calls to the mysterious IDF boss and the intervention of a Palestinian community leader in Tel Rumeida called Sameer al-Muhatsib, our party is eventually admitted. We've had an unpleasant taste of how difficult it is to get in and out of the settlement. Sameer jauntily remarks, "If you have a bad memory, it's best not to live here. We all memorize our ID numbers and carry a photocopy of our ID everywhere. If you forget or lose your ID and you're trying to get back in, be prepared to spend a long night outside."

At all times, a security camera—and there are fifty on the main street in the settlement—is trained on us. Only the settlers are allowed to drive in Tel Rumeida, and the streets are eerily silent. As it begins to pour, we turn off the street into a

nondescript building enclosed by a wire fence. This is a community center where the Palestinian women in the settlement meet to participate in group activities aimed at alleviating their social isolation. Twenty women are gathered in a room, mapping the settlement with colored markers on large sheets of paper provided by ActionAid. They work swiftly, taking care to depict the latest incidents of aggression they encountered from Israelis in the settlement. I watch as they plot out checkpoints and the houses of the settlers, transferring the objects of their frustration and anguish onto the paper.

Lubna al-Bitar, the head of the grassroots women's group in Tel Rumeida, comes over to speak to me. "After years of living here, I realized there was a need for us women to have a regular outlet for the stress we feel," she says. "Going to the grocery store, we're attacked by settlers sometimes. Our relatives can never visit us, because it's so hard for them to get in and out." The revolving door of NGOs and charities that would visit Tel Rumeida, speak to the women once, and never return again, had left her jaded. After doing some research online, she found and contacted ActionAid, and asked to develop a plan for the provision of long-term psychological support for the settlement's Palestinian women. This mapping activity is done once every two weeks, and Lubna says that they all look forward to it. "Every day, we suppress our suffering. When we start drawing, we're visually reflecting our demands and needs and realities." Lubna is no stranger to the anxieties caused by the occupation. Last year, Israeli forces raided her home and arrested her sixteen-year-old son.

It's been two years since ActionAid began working with the women's group. Some of the other projects that have been developed through their partnership include a community kitchen and a kindergarten, which have created jobs for some of the women—and simply give them something to do. The most excruciating thing about living under the occupation, for these women, is the fact that they're trapped at home, robbed of the opportunity to spend their time meaningfully. The women's group has recently received a license from the Palestinian Ministry of Interior to start a business together, although what exactly this entails is still unclear. The only thing they do know is that they hope to get "some limited funds to maybe make and sell some products, to have some source of income," a woman called Hiam Ghreib tells me.

Lubna emphasizes the fact that the establishment of the health clinic on the main street in 2021 is a major victory for the women of Tel Rumeida. "We'd been asking for it for years," she says. Funded by Médecins Sans Frontières, the clinic is run by a medical team that travels from outside Tel Rumeida. It's only open three days a week

with one day set aside just for women's health, but delivering its services comes with challenges. Sometimes, if there's a member of the medical team who's new or whom the soldiers don't recognize, the whole team is barred from entry.

To prepare for worst-case scenarios where no medical aid is available in an emergency, all the women are trained in first aid. Lubna says she knows of one specific incident when this training came in useful. "Some time last year, I can't remember which month, there was a woman who ended up giving birth in her neighbor's house," she says. There was a "lack of coordination" that meant that the IDF soldiers on duty that day were not informed that the ambulance that had been dispatched for her was, in fact, authorized. "I think the neighbors helped her into their house and helped her deliver her baby," she says. But due to oxygen deprivation and the lack of timely medical aid, Lubna says the child ended up with a cerebral disability, despite the women's best efforts with first aid. The family later moved out of the settlement.

It's pouring rain when the women finish their mapping exercise. As we get ready to leave, one of their daughters, an eight-year-old girl with sparkling eyes, tries to practice her English on me. "I want to be a teacher when I grow up," she says. She has never attended school outside the settlement, nor does she leave often. Her mother tells me that it's not safe for her. And so, the wired cage that is Tel Rumeida demarcates the boundaries of her world, even if she doesn't yet realize to what extent.

Perhaps the Israeli government's most egregious violation of the health rights of Palestinian girls and women is laid bare in the way it detains them and puts them through various forms of torture. Men and boys make up the vast majority of Palestinians in Israeli jails. Their experiences of ill-treatment at the hands of their captors are more widely documented, and justly so. In the last two decades, about 10,000 Palestinian children have been held in the military detention system, with the most common charge brought against them being stone throwing at Israeli vehicles, of which the rate of physical injury is actually very low (just one out of eighty-nine cases). While boys tend to be physically attacked by the Israeli police, girls are frequently emotionally abused and humiliated while in detention—experiences that cause indelible damage to their mental health, but which leave no visible scars.



One of the doctors at the PMRS clinic in Sinjil at work in a consultation room for female patients. [Amandas Ong]

I have come to the Treatment and Rehabilitation Center for Victims of Torture in Ramallah, the only dedicated NGO providing psychological support for survivors of torture and organized violence in the West Bank, to meet one of the few women who have been imprisoned by the Israelis in their teens. Aside from TRC, provision of therapy to Palestinian ex-prisoners, both male and female, is little to none, and seeking out mental health support continues to be culturally stigmatized today.

Manar Shwiki, twenty-two, is a psychology student at Birzeit University, near Ramallah, but she lives in the East Jerusalem neighborhood of Silwan, where displacement, arrests and raids are common. Unlike most other Palestinians, she has a blue Jerusalem ID, which grants her permanent residence in the city. Blue ID or not, she faces the same humiliating searches at checkpoints. She has traveled two hours into Ramallah to meet me and talk about the four and a half years when she was thrown into jail as a teenager. For a young person who has had to endure such trauma, she speaks with a preternatural calm and cheerfulness.

At about 11:30 one morning in December 2015, Manar was walking home from school after an exam when she was approached by three male Israeli police officers. “I had basically walked to the end of the street that was closer to the Old City,” she says, referring to the outskirts of Silwan that borders a Jewish neighborhood. “One of them asked me why I was there, and to inspect my bag.” She refused, and a nightmare that would consume almost six years of her life ensued. The officers shot her in the right leg with rubber bullets, and when she fell, they held her to the ground, kicking her and hitting her with their rifles. She vividly recalls a group of Orthodox Jewish settlers passing by and cursing at her. Then, a blindfold was placed over her head, she was shackled around her wrists and ankles, and taken to the local police station. “I was so scared, I couldn’t stop crying. I didn’t understand what I had done wrong,” she says. “I asked to call my parents or a lawyer, and they told me that there was no need to inform my parents because they would eventually find out, and that I wouldn’t get a lawyer.” She also had all her belongings confiscated except the clothes she had on.

For the next few hours, three different Israeli interrogators—she remembers that two were Arab and one was Jewish—accused her of plotting to kill people on the street. When she said she was just going home from school, her interrogators called her a liar, and said that they had witnesses who could attest to feeling threatened by her. The Arab police officer—the “worst of all of them,” she says—mocked her and told her that she would be in jail the rest of her life, that her house would be demolished. At one point, she pushed back: “How can you do this? You’re Arab like me!” I ask if she had perhaps posted anything on social media that was critical of the Israeli occupation, which might have given them an excuse to target her. She shakes her head emphatically. “Not at all, never. I was just a typical teenager; all I really thought about was reading—books about love, drama, history.”

After the initial interrogation, she was driven to the HaSharon prison for women, where she was registered as a detainee, and then taken back to the police station in East Jerusalem. She would be confined in a windowless cell in the basement for a week, with her interrogators dropping by whenever they wanted, including in the predawn hours of the morning, to harass her. “It was December, and they made me take off my hoodie before I entered the cell,” she recalls. “The toilet was also connected to a room that they used. So, I just tried to give myself some privacy by hanging a towel over the entrance.”

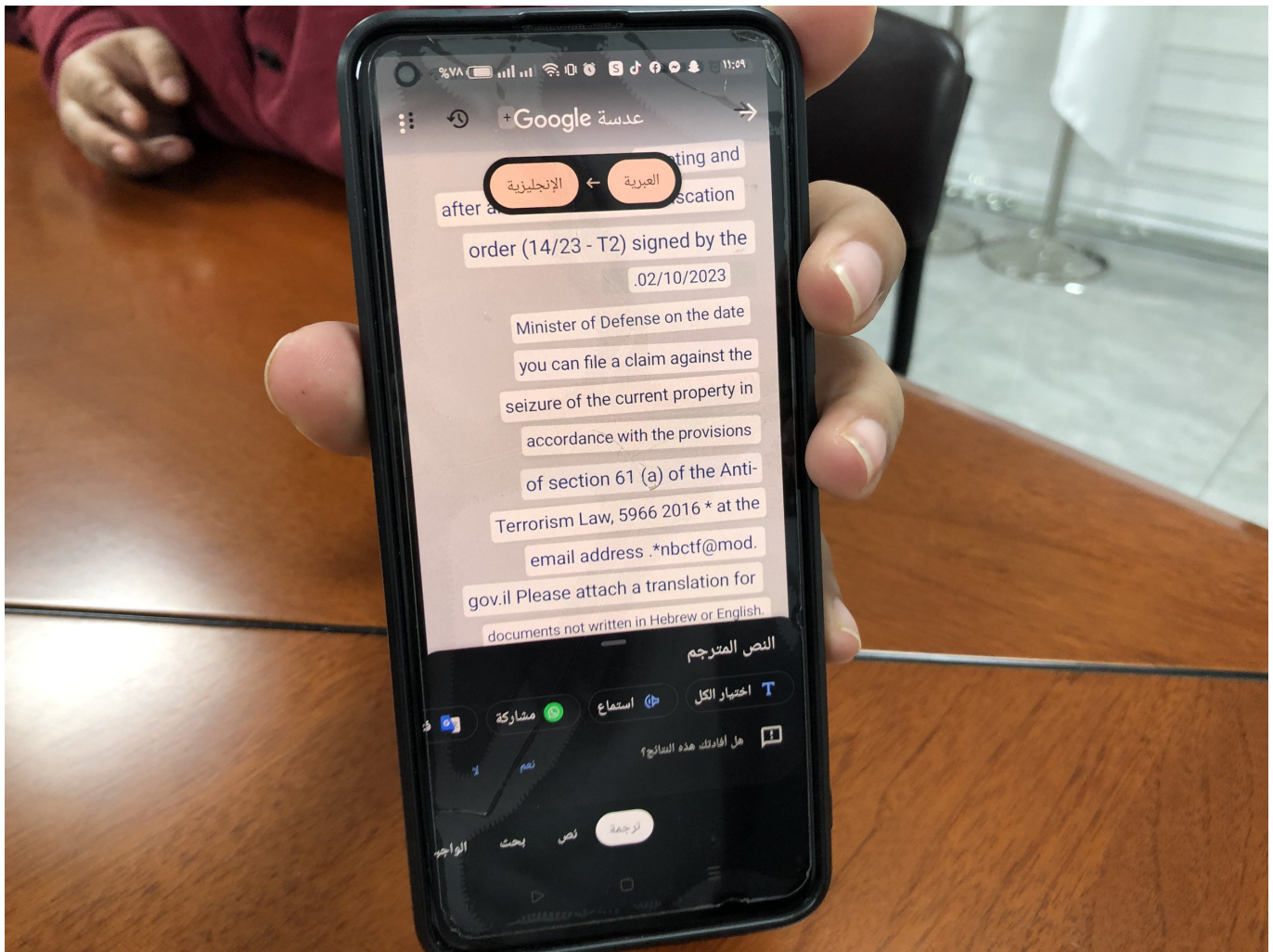
Manar learned much later that her parents had already gone to the police station in the afternoon to look for her, suspecting that she had been detained. According to B'Tselem (the Israeli Information Center for Human Rights in the Occupied Territories), there was a spike in the number of Palestinians, especially women and minors, held in custody in the last three months of 2015. This happened after Netanyahu, who was also prime minister at the time, ordered “additional steps to deter terror and punish terrorists” in retaliation for four Israelis killed in the West Bank. “It’s impossible to find a single Arab home in Silwan that didn’t have a member of their family arrested during that time,” Manar says. “So, my parents guessed the same had happened to me.” While their daughter endured interrogation in the basement below, Manar’s parents were told by police on duty at the station that they had no idea where she was, and that she would probably return home soon.

Over the next few months, Manar was continuously shuffled between HaSharon and the interrogation room in East Jerusalem, without these transfers ever explained to her. She was told that she would be detained until a court date was set. The times and dates she spent in each place has become a blur, though the experience of being transported in a high-security van is seared into her memory. “I felt feelings that I never knew existed,” she shudders. Her parents were finally able to meet her one week after her initial detention to pass her some pajamas and hygiene products. When she finally saw her father, her first words were: “I’m going to prison.” There was no time for emotion—the police officers wouldn’t give them a moment to talk.

Sometimes, the cell in which she was detained in East Jerusalem didn’t even have a toilet. “I’d ask them if I could go at one p.m., and they’d say yes and only take me there at seven p.m.,” she tells me. Two interrogators straight out of the “good cop, bad cop” playbook would take turns speaking to her. The woman hired for the role of “good cop,” Manar says wryly, was also Arab. “She said she was a social worker and was nice to me, but she kept trying to coax me into saying that I hate Jews and want to kill them.” The other interrogator would yell at her, asking, “Are you happy now? Your parents love you so much, and you’re doing this to them.” When she was alone in her cell, Manar wondered if she was losing her mind. “Everyone kept telling me I had done something horrible. I started to doubt myself, too, and kept asking myself: did you really hurt someone?” On reflection, she believes that these were all tactics of psychological torture applied to make her confess to a crime she did not commit.

It was one year and two months to the day since she was detained when Israeli authorities finally hauled her to court. She'd been charged with attempted murder. Over six sessions, thirty-eight different witnesses—none of whom she recognized except the three police officers and the Orthodox Jews who yelled at her on the day she was arrested—gave “evidence” of her aggression toward them. When her lawyer asked for security camera footage of what had transpired that day, he was told that the cameras “weren’t working.” During the half-hour breaks between each hearing, Manar was made to wear handcuffs. By this point in her ordeal, she says, she was numb. “I just didn’t feel anything anymore, I just accepted whatever they were putting me through.” There were, however, moments of pure farce during the trial. One of the Orthodox Jews told the court that he felt “scared” seeing her on the street that morning in 2015, that he “couldn’t sleep at night because of her.” Another “witness,” one of the police officers who arrested her, claimed that she had tried to choke him—but he was over six feet tall, and Manar is five-five or so. “Even the translator was giggling in court,” she says. “And I was laughing too.”

At sixteen, Manar was sentenced to six years in jail. She was sent back to HaSharon, where she would serve out her term in a section just for Palestinian women. “My room had six bunk beds, a few chairs and a board [for writing],” she says. Her cellmates were all girls. The youngest was only eleven, found guilty of “attempting to hurt a police officer” and serving a six-month jail term. Another sixteen-year-old girl called Noor had been at a checkpoint with her male cousin when he was shot by Israeli soldiers. When she tried to fight back, she was arrested and slapped with a thirteen-year jail sentence. Across that section, Manar says, twelve other girls were underage.



Manar Shwiki, who was wrongfully jailed by the Israelis as a child, shows a text message she received in mid-February ordering her to re-register her name at the police station. [Amandas Ong]

It took two months for Manar to start properly speaking to her cellmates. After her experience with the “social worker,” she didn’t know who she could trust anymore. “Then I realized I really just needed to live again. I started reading books, talking to the other girls,” she says. These girls became her lifeline. They would cook and study together. The Israeli government brought in a teacher for them, though Manar says this was so they could claim that they had fulfilled legal obligations to ensure that the girls had access to education. In reality, the “lessons” were general and rudimentary, to cater to the age range of the imprisoned girls. Manar’s parents were allowed to visit her for half an hour every two weeks.

After four years and three months, Manar was released early for “good behavior.” But her torment didn’t end there. Some of the conditions of her parole were that she had to abide by a six-p.m. curfew and pay 1,000 shekels (around \$262) per month in fines for the next two years. She also had to attend weekly “re-education” sessions where she was asked to reiterate that she wouldn’t try to hurt anyone again. This July, with

Israel having passed what is called a “reasonableness” bill that will remove the power of its Supreme Court to overturn government decisions it deems unreasonable, cities across the country have been rocked by protests every weekend. The protesters believe that these judicial reforms endanger the country’s democracy and protect Netanyahu by allowing his government to pass laws without checks or balances. Over the last few months, hundreds of military reservists have threatened to not report for service. The government’s response has been to launch the biggest operation in the West Bank in twenty years, notably deploying up to 2,000 troops to the city of Jenin, and killing eight Palestinians and injuring fifty others in drone strikes. Within Israel, it is targeting Palestinians with Israeli citizenship even more than before. She pulls out her phone from her bag to show me a message that she received in mid-February, which was sent to all ex-detainees. “They’re telling me I need to re-register my name at the police station, and that they can enter our homes and confiscate our belongings to check them at any time,” she tells me.

Through its detention and treatment of boys and girls like Manar, Israel continues to display flagrant disregard for the U.N. Convention on the Rights of the Child—in particular Article 37 which, among other statements, declares that children should be detained only for the shortest time possible, not be put through cruel or degrading treatment or punishment, be treated with respect and care, and be allowed contact with their parents. Manar had endured solitary confinement and psychological torture, been refused access to the toilet and a change of clothes for weeks—all human rights violations by Israel that worsen the mental health of its Palestinian women prisoners.

Manar says she came to TRC because she didn’t know of any other organization that could help ex-child detainees like herself. I ask her about the impact of her experience on her life, and what it feels like to have had six years of her childhood taken from her. She smiles sadly, saying, “I was totally lost. I lost all my friends from school because they had all moved on with life, and my siblings have all grown up in the time I was away.” Most devastating was the realization that, even though she had always been very attached to her parents, the closest connection she had was with her fellow inmates—they were the only people who fully understood the terrors of what she’d been through, and they had bonded over their trauma. Even today, her mother still asks her: “Are you sure you really didn’t do anything?”

Stepping out of TRC’s office with Manar, I can’t help but marvel at her stoicism and composure, while also quietly worrying about what she’ll do when Israeli forces make

good on their menacing threat to crack down on ex-detainees like her. Like other Palestinians I met, she believes that to resist the brutalities of the occupation is to live life as normally as she can—and that includes taking care of herself, so she can in the future take care of others. “It’s the reason why I’m studying psychology,” she explains. “I was always a social person before they took me away. It took some time to remember that I still am a social person, and that I can use my skills to help other people who’ve gone through the same thing as me. If I give up, then I’m letting them win.”

As we exit the building into the sun, Manar tells me that she intends to rest when she arrives home. She’s also looking forward to studying closer to the evening. Her hug is warm, affectionate. I walk away just as the call to prayer rings across Ramallah. When I look back, Manar is still standing there waiting for a taxi, a silhouette, the only person on a quiet road.

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