



The Israeli-Palestinian Peace Process: A New Lease On Life for the Middle East Medical and Environmental Perspectives

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A peaceful solution to the Israeli-Arab conflict must follow at least to some extent the "territories for peace" formula (UN Resolutions 242 and 338). Both the Jews and the Palestinians have a historical claim to the same land and this formula advocates a redivision of the land between these two nations in return for the cessation of aggression on both sides.

Current developments in the Middle East demonstrate that peace in the region is no longer a dream, but a reality—though increasingly fragile and threatened by terrorist violence and continued occupation and repression. The most significant steps to date have been the formulation of the Oslo-Israeli Palestinian Declaration of Principles in September 1993 and the signing of the Gaza Jericho Agreement between Israel and the Palestine Liberation Organization (PLO) in Cairo on May 4, 1994. This agreement promis-

es that the Palestinians will increasingly assume authority and responsibility for self rule. This accord constituted a major break through in the deadlocked Madrid Washington peace talks. Moreover, because the Palestinian question is the core of the Israeli-Arab conflict, it facilitated the efforts on the Israeli-Jordanian track (a peace treaty was signed in October 1994), in the Israeli-Syrian-Lebanese arena (separate declarations of good will are creating a propitious environment for a peace agreement), and in the extended Middle East region where formal economic relations are in the making between Israel and many Arab countries, including Morocco, Tunisia, Kuwait, Saudi Arabia, and Oman.

The present peace process is the direct consequence of the realistic approach engineered by Israeli Prime Minister Rabin, Foreign Minister Peres, Chairman Arafat, President Mubarak, and King Hassan. Both sides admit that the use of military actions did not achieve their conflicting aims; that we are at historical crossroads for reconciliation; and that each must accept the existence and the presence of the other.

Nevertheless, however good our intentions, the only guarantee for maintaining peace is the creation of a relationship based on mutual recognition, coexistence, respect

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and, hopefully, cooperation in regional development.

It cannot be overlooked, however, that although peace is a major aim for many inhabitants of the Middle East, an intense debate is currently raging in both Israeli and Palestinian societies regarding the legitimacy of the present peace process.

Israeli ultranationalists believe the government and all those who support the peace agreement are traitors to the nation. Although not homogeneous, the movement is roughly based on two main principles: a) The Israeli government has no right to renounce parts of the historic Land of Israel and b) the Israeli government is in effect committing suicide by recognizing the PLO as an equal partner in peace, because the latter has not eliminated from its constitutional charter the demand for the creation of a Palestinian state in place of the State of Israel.

Likewise, a significant proportion of Palestinians (there are no exact figures) oppose the Israeli-Arab peace talks, accusing the Arab negotiators of betrayal. The militant Hamas group claims that: "Initiatives and so-called peaceful solutions and international conferences are in contradiction to the principles of the Islamic Resistance Movement" and "abusing any part of Palestine is equal to abusing a part of religion" [1].

Neither the Israeli nor the Arab fanatic groups recognize limits and to advance their aims they are prepared to commit all manner of terrorist acts. The recent massacre at Hebron, where a physician and member of the Kahana Hai-Kach group killed 29 and injured more than 100 Arabs during prayer, as well as the wave of violence perpetrated by the Hamas group against Israeli civilians—dozens have already been killed and wounded from bomb explosions on buses in Afulah and Tel Aviv—are a terrible demonstration of extremist, chauvinist ideologies.

The purpose of this paper is not to discuss and/or analyze the political arguments of those involved in the Middle East conflict, but to stress the importance of this issue from the medical and environmental aspects, which are rarely mentioned in the literature.

Nuclear, Chemical, and Biological Weapons Race

It will be very difficult—almost impossible—to create, develop, and control a nuclear and chemical weapons-free zone in the area without the mechanisms a peace agreement can provide [2]. Moreover, the continuation of the Israeli-Arab conflict will heighten the nuclear, chemical, and biological weapons race and increase the threat to life and well being. Recent reports [3] have confirmed that Israel possesses more than 100 nuclear war-

heads, nuclear land mines on the Golan Heights, and probably hydrogen bombs; Pakistan has sufficient material and components to build 15-20 nuclear bombs; Iran has issued contracts for the construction of nuclear plants and intends to produce nuclear weapons within 3-5 years; Iraq possesses 119 tons of uranium for nuclear bombs (in 1991 it was about 12 months away from nuclear weapons production); Algeria, Libya, and Syria do not yet have the technology, but it is known that they plan to enter the nuclear weapons arena.

Chemical weapons are cheaper and easier to manufacture than nuclear weapons. It has been reported that Syria, Libya, Egypt, Israel, Iran, and Iraq possess, or are in the process of obtaining, chemical weaponry. It has also been confirmed that Iraq used mustard and probably tabun nerve gas extensively against Iran in the Iran-Iraq War (1983-88); Iraq also utilized chemical weapons in its attacks on Kurdish villages. On March 17, 1988, the Kurdish town Halabja was hit with gas bombs that killed and injured thousands [3]. Chemical weapons are also difficult to control, since most pharmaceutical factories can be transformed into plants for the production of chemical agents and many private firms in Europe and Asia have shown their willingness to sell technology and material for chemical weapons development.

In the Middle East the threat of nuclear war and massive nuclear contamination has, on various occasions, reached near-miss level. In June 1981 Israel bombed the French-built Osiraq Tammuz 1, a 40 mwt nuclear reactor in Iraq. In 1991 Iraq bombarded Tel Aviv and its environs with 39 Scud missiles, threatening throughout to arm the warheads with lethal gas. It is believed that Israel was preparing a nuclear counterattack should the threat have been carried out.

Today many Israelis claim that, for Israel, nuclear arms capability represents a hedge against a massive conventional or chemical weapons attack by its Arab neighbors. Many Arab countries argue that the clandestine and increasingly open development of chemical weapons serves as a deterrent to Israel exerting its nuclear weapons power.

This arms race, with an annual regional budget of more than \$60 billion U.S. [4], not only deflects essential financial resources from health services and industrial development but, as noted before, poses a constant and ever-growing threat of war with massive casualty rates. Moreover, the claim that the military is the major pollutant in the world [5] holds for the Middle East in particular. The lack of civilian control of the arms industry, mostly a result of military secrecy, increases the threat of environmental pollu-

Table 1. Selected Health Indicators in Israel and the Occupied Territories

Indicator	Israel	Occupied Territories
Life expectancy (years)		
Males	74.6	60.0
Females	78.1	62.0
Infant mortality (%)	9.9	40-50
Israeli governmental health investment (US\$ per capita)	500	18-23
Beds per thousand	6.1	1.1
Inhabitants per ambulance	5,000	16,000

Source: Association of Israeli-Palestinian Physicians for Human Rights. Health system under occupation; Annual Report. Tel Aviv, 1992

tion and heightens the chances of such terrible accidents as nuclear and chemical spills, nuclear waste fallout, nuclear explosions, land mine explosions, and fires. Mutual disarmament or at least arms control (as specified in the present peace talks) could lead to a safer environment and protect the population against unnatural disasters. This problem is one of the most important in terms of medical social responsibility.

In the Madrid-Washington Conference for Comprehensive Peace in the Middle East (1991) it was agreed that a committee for arms control and disarmament would be established. Egypt, Syria, and Israel called for a nuclear weapons-free zone in the Middle East; Israel has also published its intention to include chemical weapons. The approval of the final declaration of the Paris Conference on the Prohibition of Chemical Weapons (1991) by all 149 countries—including Middle East countries—represented a positive step. Israel's reluctance to sign the Nuclear Weapons Non Proliferation-Treaty (NPT), however, is very troublesome for some of the Arab countries (Syria and Egypt). Current developments in the peace process together with the redefinition and expected worldwide reinforcement of the NPT in April 1995 will present the Middle East with a unique opportunity. Our final goal must be the total elimination of nuclear and chemical weapons in the region by prohibiting their production and by destruction of all existing stockpiles.

The only way to stop and reverse the lethal arms race in the Middle East is through peace, cooperation, and local and regional development, which will be possible only when the Israeli-Palestinian conflict is resolved.

The prevention of armed confrontation and the promotion of methods for the non-violent resolution of conflicts in order to wage a better war—one against disease, underdevelopment, and environmental hazards—should be a first priority commitment of the medical community [6].

Human Rights

The continuation of the Israeli occupation of the Territories taken in the Six Day War of 1967 means the continuation of bloodshed, violence, and human rights violations.

Occupation inevitably leads to resistance, which unavoidably includes violence, mobilization of civilians, underground movements, and militarization on one hand and, on the other, the repression of the "illegal" uprising, restriction of freedom of movement, and infiltration, sabotage, and sometimes torture.

It has been reported [7,8] that Israel's two main interrogation agencies in the Occupied Territories systematically mistreat prisoners and exert physical "pressure" to obtain confessions or information. The same source reports that more than 100,000 Palestinians have been detained since the start of the intifada in 1987, and many cases of physical or mental torture have been reported to Israel, to the International Courts, and to human rights organizations [7]. The military forces of the occupation, however, claim that their success in preventing or aborting many acts of terrorism is the result of the information they acquire about underground Palestinian activists.

Direct or indirect acts of aggression are of great concern to the medical community, not only because they adversely affect the health of the people, but also because there are often physicians and paramedics involved in abusive interrogations in which they are under pressure to unethically serve the objectives of the interrogator rather than to protect the well being of the subject.

There is also another form of human rights suppression: the unequal distribution of resources—medical and other—between occupied and occupier. A few examples can illustrate this situation: the irrigated Palestinian land area per capita is 10 times smaller than that in Israel [9]; the Palestinians consume three times less water per capita and pay 10 times more per cubic meter in relation to the GNP/capita [9] than Israel; officially, 30% of the Gaza labor force in Gaza (about 130,000) is unemployed (60% unofficially) compared to 10% in Israel [10]. Differences in life expectancy and other health indications can be seen in Table 1.

The Positive Side -- Development

Mutual cooperation and the development of a new Middle East could be the direct consequences of a peace agreement. The formulation of improved health policies and the redirection of capital and human resources to health facilities and to programs for health services, education, employment,

agriculture, industry, culture, and communications, and to transport, tourism, and energy could better the physical and mental health of the entire regional population. It is noteworthy that this developmental aspect is frequently stressed by the political leaders who support the peace process.

The Casablanca Conference, held in November 1994, was the first international initiative for the economic development of a peaceful Middle East. Participants included the prime ministers and/or foreign and finance ministers of Algiers, Bahrain, Egypt, Israel, Jordan, Kuwait, Morocco, Saudi Arabia, Tunis, and the United Arab Emirates, as well as Palestinian representatives, with 500 firms representing more than 40 countries [11]. The first projects defined were the investment of \$1 billion U.S. for the development of the Jordan Rift Valley: regional water dams; Egypt-Israel and Qatar Oman-Israel gas pipelines [11], tourism; and international air corridors (already established between Jordan and Israel).

Meeting the Challenge

We believe that resolving current health and environmental issues is essential to the future of the Middle East and must not be overlooked in the formulation of political policies that directly affect the peace process. It must be remembered that the present agreement is the result of delicate and complicated negotiations—a unique event in this region—and although their success is not yet guaranteed, these efforts must be supported, because they hold out our best hope for a healthy and prosperous Middle East. Certain sectors of the Israeli and Palestinian populations have offered arguments for a "different peace process." But neither side can have it all—peace and land. The steps already achieved suggest that the "land for peace" formula and cooperation instead of confrontation are viable and within our reach. In consideration of the points made herein, they must be actively supported by the medical community.

In the face of the threats to the Israeli Palestinian peace process [12], doctors must take the initiative in supporting these agreements, on both a collective and an individual basis. In this way, we are acting in accordance with our medical duty, which is to protect and improve health and the quality of life of the people.



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