

EDITORIAL

Cries from Palestine: A Call for Action from Pediatric Providers

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Advocacy

As pediatric providers we are united together with our shared dedication to the health, wellbeing and happiness of children. We have been entrusted to care for those without a voice, a commitment that transcends race, religion, and borders. The pediatric community has long been at the forefront of protecting children from their transgressors. Yet, over the past weeks more than 12,000 Palestinian children (and counting) have died in reprehensible fashion.¹ Not by disease or famine, but rather as result of a collective punishment by the apartheid State of Israel following the Hamas attack. Israel press has reported cases of Far-right Israeli settlers celebrating the murder of Palestinian children.²⁻⁴

At the time of writing, daily dozens of children corpses continue enduring unrest, mutilation and death. The remains of children trapped under the rubble⁵ will indubitably never receive the dignity of burial. Meanwhile, anguish persists for families of children buried in their native soil⁶ as the onslaught of carpet bombing campaigns continue in the midst of an ongoing genocide.⁷

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Gaza, which is part of the Occupied Palestine Territories is home to over 2.2 million indigenous people, amongst which over half are under 18 years of age.⁵ The siege on Gaza has resulted in severe underdevelopment in all sectors of society and near complete reliance on international aid for health services.⁸ The state of Gaza's health sector is in dire condition as a direct result of decades of occupation and intermittent bombing.⁹ The latest wave of persecution highlight the brutal effects of siege and occupation which include: 1) Deliberate obliteration of hospitals¹⁰ and refugee camps;¹¹⁻¹³ 2) Cutoff of electricity and fuel resulting in the deaths of technology-care dependent children;¹⁴ and 3) The Israeli bombardment and siege have led to a severe depletion of health supplies, even forcing surgery without sedation and analgesia.^{15,16}

Childhood adverse experiences in Gaza are staggering and present a concerning pattern characterized by repeated military invasions and oppressive occupation. The persistent trauma,¹⁷ along with challenges related to safety, limited access to vital resources, and restricted freedom of movement, severely impede the capacity of Gazan youth to thrive and prosper. The constant risk of family loss, the ongoing airstrikes, and unprovoked violence are normalized and have sadly become the status quo. For decades, pleas for help have been unanswered, leaving their Palestinian childhood devoid of any semblance of well-being or joy. The physical and psychological¹⁸ torture endured in these hostile conditions invariably lead to the development of depression¹⁹ and post-traumatic stress disorder.²⁰ However, the conventional "post" phase of recovery remains elusive as they are subjected to a continuous cycle of trauma and are perpetually denied an opportunity for recovery. How have we as pediatric providers allowed these events to unfold before our very eyes?

"*Primum non nocere*," (The principle Not to harm) is the venerable professional tenet we have solemnly embraced as health care providers. Yet as a pediatric community we have hypocritically opted to remain silent during the current bombing campaign. It is crucial we recognize that our responsibilities extend beyond clinic visits and hospital wards. We are entrusted with the privilege and noble obligation to advocate for the well-being of all children globally. The prescription of silence from the pediatric community transgresses our "commitment to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults", as per the American Academy of Paediatrics.²¹ Those of us dedicated to providing care in countries that financially support the settler colony of Israel bear an additional responsibility. When our taxes support weaponry in contravention of international humanitarian law,^{22,23} it is incumbent upon us to demand our elected representatives to halt such funding.

Article 77 of the Additional Protocol to the Geneva Conventions elucidates the distinct status accorded to children during times of conflict: "Children shall be the object of special request and shall be protected against any form of indecent assault".²⁴ These conventions, entrenched in the prism of human rights, serve as an imperative framework as we advocate for the well-being of children, particularly those ensnared in the harrowing grasp of armed conflict. There is a long history of human rights violations against Palestinians,²⁵ and the crimes continue to accrue into present day.¹³ We anticipate that upon completion of reading this article, many more children would have been killed 1-2. Choosing neutrality and remaining silent in the face of ethnic cleansing, brutality, and the murder of children is a resounding endorsement of oppression. Regrettably, some physicians suggest that the recent deaths of Palestinian children may be justified as collateral damage in war.²⁶ Additionally, 100 Israeli physicians abhorrently supported the deliberate destruction of Gaza's healthcare infrastructure.²⁷⁻²⁹ Let it be known that we vehemently oppose the imposition of collective punishment and prioritize upholding the sanctity of life and innocence of childhood.

We question the pediatric community about the decision to turn a blind eye to the various crimes committed against Palestinian children. Have we succumbed to an elaborate dehumanization campaign and embraced the language used by Israel's Defense Minister who characterizes Palestinians as human animals?³⁰ Do we harbor apprehensions for consequences emanating from our employers such as censure, criticism, termination, or legal recourse, as has been observed globally in recent days? How did we permit the call for preserving life and freedom from oppression to be misconstrued as antisemitic rhetoric? Or could it be that our moral bankruptcy is exclusive to the vulnerable children of Palestine? These uncomfortably and challenging inquiries demand our candid introspection.

As pediatric providers we advocate for the protection of children—all children. Today, we extend our compassionate plea for the indigenous children of Palestine. In unity and with unwavering determination, we call for immediate, affirmative action. The action items listed below overlap with an open letter signed by over 3000 global health professionals:³¹

1. An immediate ceasefire in Palestine, an end to the occupation, and lifting of the siege.
2. Unhindered, unrestricted access for humanitarian aid to reach Gaza via a dedicated humanitarian corridor.
3. Strict adherence to the rules of engagement and unwavering accountability in accordance with international humanitarian law.
4. Cultivation of collaborative efforts aimed at fostering political solutions that prioritize the safety, health, and healing of Palestinian children, irrespective of the surrounding geopolitical complexities.
5. Vigilant advocacy for the right of return of Palestinian refugees.
6. Engagement in correspondence to implore elected officials to take resolute actions to halt the loss of innocent civilian lives.
7. The resolute commitment to addressing and combating hate crimes rooted in antisemitism and Islamophobia on a global scale.

We implore the pediatric community to join hands in advocating for peace and prosperity in Palestine. The impact of this genocide on children, families, and the medical community is a global concern that requires a collective voice.³² Let us use our concerted strength and professional influence to protect the innocence of childhood and remain steadfast in our efforts to provide them with the support and resources they need to heal and thrive following tragedy. Palestinians have demonstrated salient signs and symptoms of abuse. We are obligated to answer their cries for help.

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