Jerusalemite Palestinians are native residents on the settler colony’s most coveted lands. The Israeli occupation’s precarious residency regime renders them stateless, which in turn facilitates Palestinian dispossession from their homes and lands. Understanding the key determinants of Palestinian child health in occupied East Jerusalem is enhanced by analysing the city as an actively contested settler colonial frontier. This frontier unfolds within the context of ongoing Zionist land confiscation, apartheid, prolonged military occupation and annexation, all of which shape the social and political determinants of Palestinian health in Jerusalem. As a result, Indigenous Palestinian children are left unprotected, racialised and ‘unchilded’ in their own city. As coined by Professor Nadera Shalhoub-Kevorkian, after decades of living in the Old City of Jerusalem, the framework of ‘unchilding’ refers to the premature, forcible removal of Palestinian children from childhood through racialised settler colonial violence. Like direct killing or post-frontier assimilation, unchilding represents another eliminatory component of settler colonial logic and practice. The enduring structural and material violence of settler colonialism creates a toxic health environment with downstream impacts on the right to adequate housing, education, access to healthcare and basic safety and dignity for Palestinian children. In order to enhance our understanding of the threats that Palestinian children face, we argue that the framework of unchilding provides a crucial conceptual link in investigating and documenting the negative mental, social and physical health impacts of the Zionist settler colonial frontier.

TABLE OF CONTENTS

I Introduction: ‘Unchilding’, Settler Colonialism and the Social Determinants of Health.................................................................89
II The Political and Racial Contours of Palestinian Statelessness in Jerusalem……92
III Jerusalem as a Settler Colonial Frontier..............................................96
IV Social Determinants of Palestinian Child Health in Jerusalem....................99
   A Residency and Legal Status .................................................................99
   B Land and Housing ............................................................................100
   C Education..............................................................................................102
   D Structural Racism...............................................................................104
   E Armed Conflict..................................................................................105
   F Poverty .................................................................................................106
   G Access to Healthcare............................................................................107
V Beyond Statelessness...........................................................................109
VI Unchilding: Settler Colonial Entrapment as Organised Violence .................109

* Osama Tanous is a paediatrician and public health scholar based in Haifa and a co-director of the Palestine Program at the Harvard FXB Center for Health and Human Rights and Birzeit University Institute for Community and Public Health.
** Bram Wispelwey is an Instructor at Harvard Medical School and Harvard TH Chan School of Public Health and co-director of the Palestine Program at the Harvard FXB Center for Health and Human Rights and Birzeit University Institute for Community and Public Health.
*** Rania Muhareb is an Irish Research Council and Hardiman PhD scholar at the Irish Centre for Human Rights at the National University of Ireland, Galway. She is a policy member of Al-Shabaka, the Palestinian Policy Network and a former legal researcher and advocacy officer with the Palestinian human rights organisation, Al-Haq.
I INTRODUCTION: ‘UNCHILDING’, SETTLER COLONIALISM AND THE SOCIAL DETERMINANTS OF HEALTH

The concept of ‘unchilding’ was coined by Professor Nadera Shalhoub-Kevorkian in 2019, after decades of living in the Old City of Jerusalem and researching the effects of Israeli occupation and settler colonialism on the lives of Palestinian families and children.¹ Shalhoub-Kevorkian observes that in settler colonial contexts, Indigenous children are regarded as dangerous, racialised others. She shows how, in Palestine, Zionism dehumanises Palestinian children by designating them as ‘born-terrorist[s]’.² Shalhoub-Kevorkian’s notion of unchilding takes us beyond the deployment of victimhood, trauma and innocence in the analysis of Palestinian children’s experiences to begin to understand how, in a settler colonial context, children’s mere existence is criminalised, state violence against them is normalised and their suffering is legitimised. Their lives and bodies become ‘political capital’ and their homes and neighbourhoods become experimental playgrounds for militarised surveillance, the development of the weapons industry and acquisitive profit.³ Palestinian children are not only excluded from the settler collective, but they are excluded from childhood and humanity itself, to become legitimate targets of settler state violence.⁴ In the premature, forcible removal of children from childhood, unchilding represents at once an obvious yet incompletely described determinant of child health which, like direct killing or post-frontier assimilation,⁵ represents yet another eliminatory component of settler colonial logic and practice. By linking unchilding to some of the well-described social and political health determinants, this article seeks to explicate the links between the settler colonial statelessness of Palestinian children and their health outcomes.

The colonial fragmentation of the Palestinian people and historic Palestine has led to multiple forms and geographies of prolonged refugeehood, forced displacement, dispossession and statelessness. Despite its legal designation as part of the West Bank, and thus the occupied Palestinian territory, East Jerusalem represents a case apart. Israel has illegally annexed the city of Jerusalem⁶ and treats its native Palestinian inhabitants as specially designated ‘residents’, a status distinct from that of Israeli citizenship, which was accorded to Palestinians inside the Green Line following the Nakba in 1948. This residency status contributes to Palestinians’ displaceability in Jerusalem and its precariousness has been used as an institutionalised tool of dispossession.⁷ Inhabiting a liminal space, somewhere

---

² ibid 1.
³ ibid chs 1 and 6.
⁴ ibid 121.
between and yet distinct from both Palestinians inside the Green Line and Palestinians elsewhere in the West Bank, Gaza Strip and in exile, Jerusalemite Palestinians are native residents on the settler colony’s most coveted lands. Jerusalem can be characterised as the most active Zionist settler colonial frontier. Here, settler construction and Indigenous elimination are a daily struggle, with a documented plan to maintain a quantitatively specific demographic superiority of settlers and the near-constant, ongoing, forcible expulsion of multiple Palestinian neighbourhoods from the city.

Jerusalem’s status as a settler colonial frontier informs the Palestinian experience in the city, which, together with the rest of historic Palestine, has been subjected to ongoing Zionist settler colonialism since the late 19th century. While franchise colonialism, such as British colonialism in India, is characterised by the external domination and exploitation of colonised peoples and natural resources, settler colonialism aims to displace and replace the Indigenous people(s) on the land with a population of foreign settlers. Due to the land’s central value in settler colonialism, it operates within what Patrick Wolfe has theorised as the ‘logic of elimination’ of the native, a process that is justified through overt and tacit assumptions of cultural and racial superiority. Yet, in none of its geographies has settler colonialism achieved complete native elimination and thus has produced, in a dialectic with native resistance, different shades of statelessness or ‘othering’ and a subjugged status for Indigenous peoples across North America,

8 Palestinian cities have been a stage for colonial violence and Indigenous resistance in diverse ways, particularly since 1948. The term ‘urbancide’ has been used to describe the annihilation of urban centres in Palestine. Some cities, such as Safad and Tiberias, have been completely emptied of their native Palestinian people and were transformed into Jewish settler cities. Nazareth, the only city to survive the Nakba with an almost intact Indigenous population, was the target of massive land confiscation and Jewish settlements being built on its lands. It became crowded with internally displaced Palestinians from neighbouring villages. Coastal cities like Jaffa, Haifa and Akka were emptied of the vast majority of their Palestinian inhabitants, while the minority that remained was ghettoised. Jewish settlers became the majority in these cities, which were later called ‘mixed cities’. In these urban spaces, Palestinians fought to preserve their existence in their homeland and maintain their political, social and cultural identity, while adapting and negotiating their economic, social and political rights in a framework of settler colonial citizenship. For more on this, see Dan Rabinowitz and Daniel Monterescu, ‘Reconfiguring the “Mixed Town”: Urban Transformations of Ethnonational Relations in Palestine and Israel’ (2008) 40(2) International Journal of Middle East Studies 195. See also Leena Dallasheh, ‘Persevering through Colonial Transition: Nazareth’s Palestinian Residents after 1948’ (2016) 45(2) Journal of Palestine Studies 8; Leena Dallasheh, ‘Nazarenes in the Turbulent Tide of Citizenships: Nazareth from 1940 to 1966’ (PhD Thesis, New York University, 2012); Nadim N Rouhana and Areej Sabbagh-Khoury, ‘Settler-Colonial Citizenship: Conceptualizing the Relationship between Israel and its Palestinian Citizens’ (2014) 5(3) Settler Colonial Studies 205.


13 Wolfe (n 5) 387.
Beyond Statelessness

Australia, New Zealand and Palestine. In all settler colonial settings, the remaining Indigenous peoples live in environments that adversely affect human health and community thriving. Every encounter between European settlers and Indigenous peoples has resulted in the natives being sicker and dying younger than the settlers in the same territory.¹⁴ The links between settler colonialism and Indigenous health have been incompletely described to date. They have focused on how settler invasion and domination has shattered the fabric of traditional societies, destroyed traditional farming and food gathering practices and ultimately contributed to epidemics of obesity, hypertension and heart disease, among other chronic ailments. While the available research concerns Indigenous peoples in Australia, New Zealand, North America, Latin America and the Caribbean,¹⁵ Palestine — one of the most recent sites of settler colonialism — has, to date, been excluded from this literature.¹⁶

Palestinian children in Jerusalem live at the intersection of an exceptional landscape of armed conflict, settler colonialism and statelessness. They experience a particular and inadequately described set of structural, political and social health determinants on a daily basis. It is now well appreciated that the social determinants of health — those economic, political, educational and cultural factors that create the material conditions in which we live — are the strongest predictors of the health and wellbeing of a population,¹⁷ while access to medical care and its quality accounts for only 10–20% of a population’s health.¹⁸

Children, or those under the age of 18,¹⁹ are both generally and uniquely affected by these social health determinants and the state has clear obligations to respect, protect and fulfil their rights. Under the Convention on the Rights of the Child (‘CRC’), all children have an inherent right to life and states parties have an obligation to ‘ensure to the maximum extent possible the survival and development of the child’.²⁰ The child must thus be protected against all forms of discrimination or punishment based on the status of their parents, as well as against ‘arbitrary or unlawful interference with his or her privacy, family, home or correspondence’.²¹ As affirmed by the International Court of Justice in its 2004 Advisory Opinion on the Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory, Israel, as the occupying power, is bound by the CRC and other core international human rights treaties throughout the occupied Palestinian territory, including in occupied East Jerusalem.²²

While many of the social determinants of health are consistent along the life course, the impacts of childhood issues have more lasting ramifications. Illness

---

¹⁸ Sanne Magnan, ‘Social Determinants of Health 101 for Health Care: Five Plus Five’ (Discussion Paper, National Academy of Medicine, 9 October 2017) 1.
²⁰ ibid art 6(1)–(2).
²¹ ibid arts 2(2), 16(1).
²² Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory (Advisory Opinion) [2004] ICJ Rep 136, 181 [113] (‘Legal Consequences’).
during childhood, along with physical and mental disorders, negatively affects educational outcomes and future employment and income, which in turn affects the health of adults and their children, thus producing a vicious cycle. The built environment of homes, streets, parks and safe spaces influences the pattern of injuries, car accidents and obesity, and the general wellbeing of children. Here, it is worth emphasising that the World Health Organization (‘WHO’) defines health as not simply the absence of disease, but as a state of complete physical, mental and social wellbeing, which is in line with many Indigenous conceptualisations. Similarly, international human rights law considers the right to health to encompass ‘a wide range of socio-economic factors that promote conditions in which people can lead a healthy life’. State policies that shape the accessibility of early education, urban planning, affordable housing, citizenship and welfare influence to a large extent the built and social environments in which a child develops and achieves — or does not achieve — the full definition of health. Naturally, the social determinants of health, including impoverishment, diminished educational opportunities, racial discrimination and dispossession, are largely a function of state institutions, non-state actors and their associated structures and systems.

A structurally competent approach to understanding and analysing health requires an interpretation of individual symptoms, attitudes or diseases as stemming from upstream decisions, actions and designations. Deploying such an approach in grappling with the reality of Jerusalem points inevitably to a necropolitical economy of life and death that renders some lives more valuable (or more disposable) than others. Necropolitics is a concept, like genocide, that ‘is never far from discussions of settler colonialism’. To appropriately situate Palestinian child health determinants, we must combine insights from the settler colonialism and public health literatures, organising them within Shalhoub-Kevorkian’s framework of unchilding.

II THE POLITICAL AND RACIAL CONTOURS OF PALESTINIAN STATELESSNESS IN JERUSALEM

Understanding statelessness in Jerusalem and its effects on child health requires a critical examination of the settler colonial and racially exclusivist nature of Zionism, which constitutes the Israeli state’s raison d’état of displacing, dispossessing and dominating the Indigenous Palestinian people across historic

28 Jonathan Metzl and Helena Hansen, ‘Structural Competency: Theorizing a New Medical Engagement with Stigma and Inequality’ (2014) 103 Social Science & Medicine 126.
29 Wolfe (n 5) 387; Achille Mbembe, ‘Necropolitics’ in Stephen Morton and Stephen Bygrave (eds), Foucault in an Age of Terror (Palgrave Macmillan 2008) 152.
Palestine. While a thorough examination of Zionism and its blend of settler colonialism, racism and national and religious discourse is outside the scope of this article, suffice it to say that these forces have shaped the Palestinian experience of statelessness in Jerusalem. Here, the city functions as a settler colonial frontier marked by multifaceted, militarised oppression of Indigenous Palestinians. Statelessness thus operates as a legal infrastructure, which is shaped by the demarcation line of who can and cannot join the settler collective. In exploring these contours, we aim to expand the new and growing field of unchilding and situate it within public health scholarship as an upstream factor that is shaping the social determinants of health for stateless Palestinian children and thus producing health inequities and disproportionately poorer health outcomes.

Constraints of the post-World War II global landscape dictate that ‘the logic of elimination’ in Palestine can no longer operate as occurred in the founding massacres of the Nakba, which generated vast Palestinian expulsion from their homes and lands in 1948, or as in earlier centuries in North America, Australia or New Zealand. The mass slaughter and sustained frontier violence that led to extreme depopulation in these latter states is unavailable in this globally monitored period by countries that claim to be democratic and adhere to the rule of law, one in which Israel’s self-proclaimed status as ‘the only democracy in the Middle East’ with the ‘most moral army’ in the world is already deeply contested and only asserted with extensive propaganda and shielding from powerful third states. Today, the ongoing Nakba in Jerusalem takes on various forms of elimination, including entrapment, enclosure, control of movement, smaller scale but persistent killings, state collaboration and outsourcing with settler mob violence and the extensive use of an intelligence regime on a native population that is kept in shrinking spaces to be surveilled and controlled. In Jerusalem, statelessness is deployed to keep the Palestinians of the city eternally entrapped, a term we use quite literally: they cannot leave without risking permanent exile, they cannot join

---

the settler collective via the regime of Israeli citizenship that is itself a form of domination nor have they been allowed to achieve sovereignty as part of the collective right of the Palestinian people to self-determination.

Palestinians in Jerusalem are further shut out from the decision-making process, given the severe obstacles imposed by the Israeli occupying authorities on their ability to vote in and run for Palestinian Legislative Council elections. Expelled from the political sphere, they are alienated from the decisions that shape their environment and drive their colonial dispossession. While Palestinian residents of Jerusalem are entitled to vote in the Israeli occupation’s municipal elections, the vast majority of them refuse to do so on the basis that this would legitimise the occupation and illegal annexation of their city. Additionally, while the state blocks upward mobility in the dearth of education and job opportunities, Palestinian Jerusalemites cannot safely relocate to achieve higher education or seek employment for fear of having their Jerusalem residency status, and thereby their right to live in their city with the associated access to healthcare and social services, arbitrarily revoked. Thus, the same precarious residency status that limits much of their life opportunities is simultaneously an asset to be guarded carefully in order to maintain the ability to live in one’s own city. This is the architecture of engineered entrapment and settler colonial statelessness, where the Indigenous Palestinian people are forced to live in a militarised environment, subject to ‘death zone[s]’ and ‘killing boxes’, without any legal tools for escape. Simultaneously, any Jewish person born anywhere in the world is automatically entitled to Israeli citizenship and can move to Jerusalem or other parts of historic Palestine. Meanwhile, millions of Palestinian refugees, including those in refugee camps in East Jerusalem and the rest of the occupied Palestinian territory, continue to be denied their inalienable right to return to their homes of origin. Thus, the Israeli apartheid entraps Palestinians wherever they reside, fragments and dispossesses them and enables a legal infrastructure for the maintenance of Zionist settler colonialism and its eliminatory logic.

Despite some similarities, the case of Palestine has additional, important distinctions from the other aforementioned settler colonial contexts. As elsewhere, the Zionist settler colonisation of Palestine has produced a population of colonised subjects who remained on their land. Some Palestinians were subjugated as native citizens of the settler colony, while others became stateless non-citizen subjects, expelled from the settler polity but living under its military occupation and control. A large population of Palestinian refugees, displaced persons and exiles are also stateless, living within and outside of their historical homeland. While other settler

---

colonies have continued the process of elimination via forced assimilation (among other means), the ongoing frontier, reinforced by active Palestinian resistance from Sheikh Jarrah in Jerusalem to Al-Naqab, continues to render them unassimilable. In fact, as Shalhoub-Kevorkian shows, the Zionist settler colony with its racially exclusive logic has no place for Palestinian assimilation. For the ‘Jewish state’, the only logic is that of complete Palestinian removal from the land coveted by Zionism. Here, as she powerfully explicates, the removal of native Palestinian children, their bodies, families and homes operates as yet another form of Zionism’s settler colonial ‘logic of elimination’. As Fayez Sayegh laid out early on, even before Israel’s military occupation began in 1967, ‘[n]owhere ... has European race-supremacism expressed itself in so passionate a zeal for thoroughgoing racial exclusiveness and for physical expulsion of “native” populations across the frontiers of the settler-state, as it has in Palestine, under the compulsion of Zionist doctrines’.

Per Hannah Arendt, ‘any state founded on a homogeneous idea of the nation is bound to expel those who do not belong to the nation and so to reproduce the structural relation between the nation-state and the production of stateless persons’. Israel’s 2018 Basic Law: Israel — the Nation State of the Jewish People (‘Basic Law’) thus proclaims that ‘[t]he Land of Israel is the historical homeland of the Jewish people’ where ‘[t]he exercise of the right to national self-determination ... is unique to the Jewish People’. The law goes on to declare that ‘Jerusalem, complete and united, is the capital of Israel’ and that ‘[t]he state views the development of Jewish settlement as a national value, and shall act to encourage and promote its establishment and strengthening’. Israel’s Basic Law, and long-time policy since its founding through the Nakba in 1948, clearly demarcates the borders of citizenship, and thus the borders of statehood and statelessness for the Indigenous Palestinian people. It renders Palestinians, as ‘non-Jews’, eternally outside of the limits of the settler nation and nation-state. Alternatively, as Mahmood Mamdani argues, settlers, unlike migrants, seek a nation-state, not a homeland, and that nation-state cannot be shared: ‘all others are at most tolerated guests’. The Palestinian people, specifically Palestinians in Jerusalem, lie at the intersection of Zionism’s settler colonial frontier and racial exclusiveness, constantly resisting state-orchestrated expulsion and elimination.

Statelessness widens our understanding of the machinery of this structural and material violence as it operates on the bodies and minds of Indigenous children to produce sickness, disability, trauma and death. This machinery of violence expands its operational market to children through a process of unchilding, where Palestinian children are expelled from the realm of childhood and humanity and the need to be cared for by the hegemonic settler society. They become ‘political capital’ in the hands of the settler colonisers and are portrayed as already, or in their fully unchilded state, ‘terrorists’ and ‘security threats’ awaiting

44 Wolfe (n 5).
47 Basic Law: the Knesset 1958 (1958) 244 The Laws Book, art 1(a) (Israel) (‘Basic Law’).
48 ibid art 1(c).
49 ibid art 3.
50 ibid art 7.
51 Mahmood Mamdani, Neither Settler nor Native (Harvard University Press 2020) 253.
neutralising.52 The precarious situation of stateless Palestinian children allows for and enhances their disposability in the settler colonial frontier.

We argue that unchilding provides a key link in the chain from this settler colonial violence and associated statelessness to the health of Palestinian children in Jerusalem. In order to effectively insert this link, we first describe and analyse Jerusalem as a settler colonial frontier, explicating the relevant forces that shape the lived reality of Palestinian children in the city. We then discuss the relevant social determinants of health in the city and their unique contours. Finally, we suggest how unchilding is fundamental to our larger analysis of the health effects of statelessness, before closing with final thoughts about what effective interventions might entail.

III JERUSALEM AS A SETTLER COLONIAL FRONTIER

Statelessness often invokes imagery of refugees or migrants without services and left dependent on aid and relief assistance for survival and livelihood.53 Yet, for Palestinians in Jerusalem, statelessness is experienced as both lacking state protection as well as subjection to the eliminatory logic of a settler colonial project, a violence enacted through both commission and omission. Palestinians in Jerusalem are subject to both organised violence of the state and organised abandonment.54

The settler colonial frontier refers to the site where violence is exerted with the intention of expanding the settler colony’s boundaries and removing Indigenous people from their land. It is often seen as a dividing line between binaries: ‘civilization’ and ‘savagery’; settler and native.55 Unlike the ‘quiet land’, the consolidated inner part of a settler colony where the settler colonial project is supposedly ‘completed’, the settler colonial frontier is a place where violence is celebrated as national mythology.56 It is the tension-filled, shifting edge of surveillance and control and represents the site of the primordial state of exception.57 It is a playground for the settler colonial assemblage of formal and informal actors practicing and experimenting with new modes of violence and dispossession;58 a place where the ‘theology’ of surveillance is most heavily practiced, where fear is reproduced59 and where spaces and bodies are categorised as binary ‘selves’ or ‘others’, ‘civilized’ or ‘savage’. Until the frontier is closed, the practice of elimination continues in its violent forms and a process of assimilation is unimaginable.

---

52 Shalhoub-Kevorkian (n 1) 122, 138.
Jerusalem stands as a unique case where the colonial frontier is regarded as the capital of the settler colony, rather than a distant borderland. Here, unusually, the busiest settler colonial frontier exists in the capital city, rather than on the outskirts. When the western part of Jerusalem was occupied by Israel in 1948, native Palestinians were uprooted from the city’s western neighbourhoods and surrounding villages, including Qatamon, Ba’q’a, Talbieh, Ein Karem and Lifta to be resettled by Jewish settlers. The city of Jerusalem, which was, for centuries, a multi-religious, multi-ethnic mosaic with its Christian, Muslim, Jewish, Armenian and other communities, came to be divided and rearranged along military and racialised lines. The eastern part of Jerusalem came under Jordanian control from 1948 until 1967 and has been occupied by Israel since June 1967, along with the rest of the West Bank and Gaza Strip. But, unlike other parts of Palestine, Jerusalem holds a special place in the Zionist ethos as the ‘eternal and undivided capital of the Jewish people’ — thus making it a site of enhanced settler colonial frontier activity.

Edward Said wrote in 1995 that Israel had initially projected an image of Jerusalem that contradicted the city’s history and its lived reality as a multi-cultural, multi-religious city. Only by first projecting this image of an ‘eternally unified … Jewish’ city under exclusive Israeli sovereignty could Israel go on to enforce this ‘architectural, demographic and political metamorphosis’, forcing the city to take the shape of the projected image. On 7 June, the Israeli settler state celebrates the occupation of East Jerusalem as a national holiday of the ‘reunification’ of the city, when East Jerusalem was supposedly ‘liberated’ from Jordanian control and returned to be ‘the geographic and spiritual center of the Jewish people for 3000 years’. The dream of a Jewish demographic majority in the ‘eternal capital’ of the Jewish state requires a process of dispossessing Indigenous life, resources, culture and land. The annexation of West and East Jerusalem by Israel, in violation of the legal status of the city, has been accompanied by the racialised dismemberment and an ongoing Judaisation of the city space. This is reflected in the state’s initial aim of creating a 70% Jewish demographic majority in the city and reducing the native Palestinian population to 30%, a goal that was later recalibrated to the more attainable 60%–40% target. In 2020, the residents of Jerusalem amounted to 919,400, of whom 349,600, or 38%, are Palestinians. The Palestinian population

---

61 ‘70 Years On’ (n 60) 10–14.
65 ‘70 Years On’ (n 60) 15.
67 ‘Israel: Jerusalem Palestinians Stripped of Status’ (n 9).
in Jerusalem is a relatively young one, with a median age of 22 and more than 45% under the age of 18.\textsuperscript{69} Massive rings of Jewish settlements have been and are being constructed around the city, with plans to redefine the borders of so-called ‘Greater Jerusalem’ to illegally annex further occupied West Bank lands.\textsuperscript{70} The Israeli goal of Judaising Jerusalem is implemented through concrete policies on the ground.\textsuperscript{71} Due to the Wall and other physical transformations of the city space, Jerusalem has been separated from its natural continuum of neighbouring West Bank cities, including Ramallah and Bethlehem, and its social fabric has been disrupted via checkpoints, physical barriers and its associated permit and closure regime. The Palestinian neighbourhoods of East Jerusalem, once a thriving centre of Palestinian social and cultural life, have become ghost towns at night. In addition to Palestinians’ precarious residency status in Jerusalem, the city has witnessed increasing state-sponsored military violence targeting the homes, cultural institutions and bodies of Palestinians.\textsuperscript{72} As aforementioned, these social and political realities inevitably impact the health status of Indigenous Palestinians, notably children.\textsuperscript{73}

While in the United States, stateless refugee children are regarded as ‘petty criminals in the making’ who are ‘not like our children’ and thus can be treated like adults and deported to maintain the security of the state,\textsuperscript{74} Indigenous Palestinian children in Jerusalem are regarded as ‘potential terrorists’ who — unlike refugees on the United States border — cannot be deported, yet are undesirable in the exclusively Jewish settler polity. Thus, they must be unchilded — expelled from the realm of childhood itself and treated like adult Palestinians by being subjected to the full force of the settler state’s violence, including harassment, surveillance, arrest, incarceration and killing.\textsuperscript{75} Unchilding thus serves as a means of enhancing a child’s potential for elimination at a closely scrutinised settler colonial frontier. However, in addition to rendering East Jerusalem’s children more susceptible to trauma, injury and death by colonial violence, unchilding directly enhances and frames the social determinants of their health, as described in the following Parts.

\begin{itemize}
\item \textsuperscript{71} Areej Sabbagh-Khoury, ‘Tracing Settler Colonialism: A Genealogy of a Paradigm in the Sociology of Knowledge Production in Israel’ (2022) 50(1) \textit{Politics and Society} 44, 53.
\item \textsuperscript{74} Bhabha (n 53) 416 (citations omitted).
\item \textsuperscript{75} Nadera Shalhoub-Kevorkian, ‘Stolen Childhood: Palestinian Children and the Structure of Genocidal Dispossession’ (2015) 6(2) \textit{Settler Colonial Studies} 142.
\end{itemize}
Beyond Statelessness

IV SOCIAL DETERMINANTS OF PALESTINIAN CHILD HEALTH IN JERUSALEM

A Residency and Legal Status

International law absolutely prohibits the annexation of occupied territory where the occupying power is precluded from imposing its sovereignty. Instead, the occupied people retain their collective right to self-determination and permanent sovereignty over natural resources. Their safety, as well as public order, must be maintained by the occupying power. Following its occupation and annexation of East Jerusalem in 1967, Israel imposed a ‘permanent residency’ regime on Palestinians in the city. Today, some 358,000 Palestinians in Jerusalem are stateless residents. In the larger context of Judaisation, there is nothing permanent about Israel’s ‘permanent residency’. Palestinian Jerusalemites are at constant risk of having their residency rights revoked, based on ever-expanding criteria enacted under Israeli law.

Since 1967, over 14,500 Palestinians have had their residency rights in Jerusalem revoked. When the dependent children of those stripped of their residency rights are included, the number of Palestinians who have, to date, lost their residency rights in Jerusalem is approximately 86,000. Thus, over 70,000 Jerusalemite children have been affected by the ban on family unification targeting Palestinians. According to Israel’s ‘center of life’ policy, Palestinian Jerusalemites have to continuously prove that they live in Jerusalem; failing to prove this, which can be as nonspecific as examining used toothbrushes in the bathroom on a surprise home visit, can cost Palestinians their residency status and associated rights, including access to healthcare. Here, the residency status is not a temporary solution until full citizenship is given; it is instead a temporary solution aimed at expulsion from the city, one that amounts to engineered statelessness and is designed to keep the population in constant fear and insecurity.

---


78 Hague Convention (IV) on War on Land and its Annexed Regulations, opened for signature 18 October 1907 (entered into force 26 January 1910) art 43.


For Palestinian children, this policy has profound ramifications and contributes to their unchilding by instilling a fundamental sense of unprotectedness in the home. Unlike citizenship, the Jerusalem residency status is not automatically passed on to Palestinian children. Families must apply in order for their children to be granted residency and the approval is conditioned on the acceptance of the Israeli Ministry of Interior.\textsuperscript{85} Thus, Israel’s ‘permanent residency’ regime serves as a tool of forcible transfer for Palestinian children. It also undermines the right of Palestinians to family unification, given that Palestinians from the West Bank and Gaza Strip, as well as refugees, are systematically prevented from living with their spouses in Jerusalem. Over the years, the denial of family unification for Palestinians has led to the dismembering of entire families, destruction of the social fabric and engineered statelessness.\textsuperscript{86} Children must learn early on that their most foundational structures — home and family — may be removed, an existential threat that unchilds them psychologically and emotionally.

B  Land and Housing

One of the primary mechanisms of Judai
dation and controlling Palestinian growth in Jerusalem is severe restrictions on planning and building. Jewish settlement is declared a ‘national value’,\textsuperscript{87} while its corollary necessarily means the removal of Palestinians from the coveted land. Placing obstacles in the way of Palestinian building and planning has been a clear, long-term policy of the Jerusalem municipality. Since 1967, Israel has confiscated more than 38% of the area of East Jerusalem for the building of illegal Jewish settlements.\textsuperscript{88} Today, while Palestinians comprise around 38% of the city’s population, less than 13% of the land in East Jerusalem and around 8.5% of the entire city is zoned for Palestinian construction.\textsuperscript{89} Proof of land ownership, high costs and fees are used as obstacles to prevent Palestinians from gaining building permits.\textsuperscript{90} In addition, the fear of losing their residency rights if they relocate outside of the city’s municipal boundaries leaves few options but to remain in the city and attempt to build in the limited remaining space.\textsuperscript{91}

The inability to create new Palestinian neighbourhoods, and the growing Israeli settler movement taking over property in occupied East Jerusalem, means that often, the only choice for Palestinians is to build without permits. Between 2000 and 2011, for every house built with a permit, ten houses were built without one. In 2011, there were more than 20,000 unauthorised buildings in East Jerusalem. While Palestinians account for 20% of building infractions in the city, they face

\begin{footnotesize}
\item[85] Jefferis (n 40) 217.
\item[86] ibid 217–19; Al-Haq, Engineering Community: Family Unification, Entry Restrictions and Other Israeli Policies of Fragmenting Palestinians (Report, February 2019).
\item[87] Basic Law (n 87) art 7.
\item[88] Ir Amim, 2021 in Review: Israel’s Policy in East Jerusalem (Annual Report, January 2022) 17.
\item[89] Ir Amim, Deliberately Planned: A Policy to Thwart Planning in the Palestinian Neighborhoods of Jerusalem (Report, February 2018) 5.
\item[90] Norwegian Refugee Council, Applying for a Building Permit in East Jerusalem (Legal Memorandum, 2017).
\end{footnotesize}
more than 70% of the house demolitions and pay disproportionately high fines.\textsuperscript{92} From 2010 to 2020, Israel demolished more than 880 housing units in occupied East Jerusalem, in addition to 12 punitive house demolitions.\textsuperscript{93} While this article is being written, Palestinians in Silwan and Sheikh Jarrah remain engaged in a campaign against their threatened forcible transfer.\textsuperscript{94} The words of young Mohammad Al-Kurd from Sheikh Jarrah in a May 2021 CNN interview speak not only to the experience of statelessness, but also the impending fear of homelessness:

'It’s not really an eviction; it’s forced ethnic displacement to be accurate, because an eviction implies a legal authority, while the Israeli occupation has no legitimate jurisdiction over the eastern part of occupied Jerusalem under international law. It also implies the presence of a landlord, and certainly these Israeli settlers have not built our homes. They’re not our landlords. They don’t own our land. And thirdly, eviction does not imply the hundreds and hundreds of heavily armed police, army, and settlers colluding, blowing up your doors, throwing your children from windows and using brute force to throw you out in the street, assaulting and arresting you should you resist. It doesn’t imply the grenades; it doesn’t imply the rubber-coated bullets. It’s not an eviction. According to the UN and countless politicians and human rights organisations it could amount to war crimes … The situation is very tense … and we are very scared of losing our home soon to Israeli settler organizations.'\textsuperscript{95}

Starting in 2002, Israel began building the Wall in the West Bank, including in and around East Jerusalem.\textsuperscript{96} Much of the Wall was built inside the West Bank in an effort to annex more Palestinian land.\textsuperscript{97} The Wall has dislocated several Palestinian neighbourhoods in Jerusalem, which exist within the municipal boundaries of the city but are now beyond the eight-metre Wall and checkpoints. Residents of East Jerusalem neighbourhoods behind the Wall, including Kufr Aqab and Anata, pay taxes to the Jerusalem municipality but receive very little, if any, services.\textsuperscript{98} These neighbourhoods are today sites of lawlessness, exceptions to an already exceptional state. Yet, they have become the only solution for many Palestinian families, where one partner has a Jerusalem residency and can maintain their ‘center of life’ in Jerusalem while living with their partner or children holding a West Bank ID.\textsuperscript{99} This situation is far from uncommon: an estimated 160,000 Palestinians live in East Jerusalem neighbourhoods that are behind the Wall in order to maintain residency status in the city. Once small

\textsuperscript{92} Israeli Committee Against House Demolitions, No Home No Homeland: A New Normative Framework for Examining the Practice of Administrative Home Demolition in East Jerusalem (Report, September 2011) 4.

\textsuperscript{93} ‘East Jerusalem’ (n 81); Al-Haq Monitoring and Documentation Department (Data Sheet, 2010–2020). Copy on hand with the author.


\textsuperscript{95} AwaYoutube, ‘MohammedElKurd on CNN Sheikh Jarrah — Palestine’ (YouTube, 12 May 2021) <https://www.youtube.com/watch?v=8eIFGVIJAOo>.

\textsuperscript{96} Legal Consequences (n 22) 168 [80].


neighbourhoods, Kufr Aqab and Anata have become overcrowded sites of chaotic and overpriced building with detrimental services; ultimately, these have generated another Palestinian experience of militarised, walled-off statelessness in the capital of the settler colony.\(^\text{100}\)

The right to adequate housing is a key social determinant of health with far reaching impacts on basic physical and mental safety, economic stability, education and sleep quality, among others.\(^\text{101}\) The denial of adequate housing has far-reaching effects on families and children’s physical and mental health. Several studies have found that depression, stress, anxiety, phobias and lack of hope about the future are common among families and children experiencing house demolitions or the threat thereof.\(^\text{102}\) The attack on the home as a physical and psychological space, which should symbolise security and stability for children, is yet another tool in the arsenal of unchilding.

C Education

Education has multiple roles in the lives of children. It is in educational facilities where children spend a significant amount of their daily lives and where they acquire basic identity and intellectual skills and knowledge. Education has also been extensively utilised in colonial and settler colonial settings as a tool for pacification, surveillance, control and forced assimilation. In North America, many native children were forced to attend boarding schools where they were separated from their families and forbidden to speak their languages in order to ‘kill the Indian, save the man’.\(^\text{103}\) The recent discovery of mass graves of Indigenous children near former residential schools in Canada sheds light on the horrific realities of these schools as sites of settler colonial violence; they are a reminder that the eliminatory logic of settler colonialism persists long after founding settler violence against Indigenous peoples.\(^\text{104}\)

In 1967, with the occupation and illegal annexation of East Jerusalem, the Israeli occupying authorities attempted to impose the Israeli curriculum in Palestinians schools. This move was met with mass protests as parents removed their children from schools, leading to a more than 80% drop in enrolment.\(^\text{105}\) Parents knew that imposing the Israeli curriculum would detach their children from their cultural roots and dismember them from fellow Palestinians in the West Bank and Gaza Strip, on top of the fact that such a curriculum would not be


Beyond Statelessness

accepted by Palestinian universities.106 The success of these protests resulted in the maintenance of a status quo where a Jordanian curriculum was taught at Palestinian schools in East Jerusalem. After the adoption of the Oslo Accords in the early 1990s, the Palestinian Ministry of Education was established and the Palestinian curriculum replaced the Jordanian one. Israel has since interfered significantly in censoring the Palestinian narrative and other symbols of Palestinian identity in schoolbooks.107

Besides interference in the content of the education curriculum, the Israeli occupying authorities have severely neglected and underdeveloped schools in East Jerusalem. The financial investment in a Palestinian school pupil is half that of a Jewish religious or secular school pupil: NIS12,000 annually, compared to NIS25,500 and NIS24,500 respectively. Several reports by UNICEF and the UN Office for the Coordination of Humanitarian Affairs have found that educational facilities in East Jerusalem are substandard and unsuitable.108 Schools face a chronic shortage of classrooms and ‘pupils are often accommodated in rented houses that fail to meet basic educational and health standards’.109 The underdevelopment in education is also reflected in the 32% dropout rate for Palestinian pupils, as compared to 1.5% for Jewish Israeli pupils in Jerusalem.110

More than 1,300 Palestinian children drop out of school annually and the system lacks at least 2,557 classrooms.111 Access to education is further inhibited by Israeli military checkpoints, the Wall and the militarisation of the city. The journey between home and school is by no means a safe one for Palestinian children: they are routinely stopped and searched, harassed, interrogated, exposed to armed soldiers, arbitrarily arrested and detained and injured on their way to school.112 Such conditions create a class of undereducated Palestinians who cannot compete in an already racist and limited job market.113

Education is a major social determinant of health that is linked to employment and wealth. Better education correlates to a higher life expectancy, lower morbidity and better health behaviours.114 The Israeli attacks on education, both in content and quality, have far reaching effects on the health of children and adults in Jerusalem. This is yet another tool for the entrapment of Jerusalemite children. Instead of providing a safe space and a vehicle for future opportunities, the

---

107 Habiballah (n 105) 200–207; Dumper (n 105) ch 2.
113 Habiballah (n 107) 206.
experience of school becomes militarised and hostile, where children are systematically deprived of high-quality, affordable education as a means of advancement and lifelong stability. Discrimination in education, and premature removal from its formal manifestations, is yet another form of unchilding in which most Palestinian children in Jerusalem are doomed to low-paying jobs and limited career opportunities.

D Structural Racism

Structural racism is understood as a system of ‘structur[ing] opportunity and assign[ing] value’, based on the social interpretation of how one looks (which is what we call ‘race’), that ‘unfairly disadvantages some individuals and communities’ and saps the strength of the whole society through the ‘waste of human resources’. In recent decades, progressive scientists have led a struggle to define structural racism as a public health crisis, after it has been extensively studied worldwide as an upstream factor for land alienation, ecosystem degradation, historical trauma and various forms of discrimination and unequal access to resources and services, thus producing unequal distribution of diseases among Indigenous, Black and other marginalised communities.

Children and adolescents are particularly susceptible to the pernicious effects of racism. The American Academy of Pediatrics (‘AAP’) has defined racism as a core determinant of health and a cause of health inequalities within populations and between countries. Racism influences children’s health all throughout their growth and development, starting from increased maternal stress, leading to excessive production of stress hormones with harmful biological effects, to disparities in birth outcomes and neonatal mortality, all the way to effects on childhood obesity and the mental health of adolescents. The influence of racism on parental education and employment damages the social and built environment, which is further determined by racial segregation policies that create significant inequities in terms of the housing and neighbourhoods in which children grow up. These disadvantages pose enormous barriers to equal health throughout the life course. Structural racism also shapes children’s experiences and exposures to the justice system and ultimately generates vastly different rates of incarceration for different communities, which is as true of Palestinians as it is of Black and Indigenous communities in the United States. Racism further shapes the educational system and opportunities of children, which, as discussed previously, remains a potent social determinant of health and longevity.

Unlike some other settler colonial settings where the Indigenous child has been regarded as a target for assimilation, modernisation and the ‘breeding out’ of aboriginality, in the Israeli settler colony, no such place exists for Palestinian children. More than whiteness, Jewishness according to Zionism is predefined and

118 Maria Trent et al, ‘The Impact of Racism on Child and Adolescent Health’ (2019) 144(2) Pediatrics 1, 2, 5.
119 ibid.
120 ibid 5.
exclusive.\textsuperscript{121} While it is now widely acknowledged that race is a social construct, this basic fact does not in itself tell us how and why races are constructed in the myriad ways that they are, especially in settler colonial contexts. Patrick Wolfe contends that races are traces of history, a way of ‘colonialism speaking’ such that ‘colonised populations continue to be racialised in specific ways that mark out and reproduce the unequal relationships into which Europeans have co-opted these populations’\textsuperscript{,122} Hannah Arendt, after witnessing the horrors of anti-Semitism in Europe and the creation of political Zionism argued that the ‘division between Jews and all other peoples, who are to be classed as enemies, does not differ from other master race theories’\textsuperscript{.123} Because Palestinians have thus far succeeded in maintaining an active frontier as well as a substantial demographic presence, they remain racialised in the settler colony such that, according to Wolfe’s formulation, they are unassimilable into Zionism’s conception of Jewishness.

E Armed Conflict

According to the AAP, over 10% of the world’s children are influenced by armed conflict, which causes direct, indirect, immediate and long-term physical and mental harm.\textsuperscript{124} Armed conflict and Israeli military occupation have been ongoing in East Jerusalem, the rest of the West Bank, the Gaza Strip and the occupied Syrian Jawlan since 1967. Armed conflicts inflict physical and psychological trauma and displacement. Indirect effects include unsafe and inadequate living conditions, environmental hazards, separation from family, displacement-related health risks and the destruction of health, public health, education and economic infrastructure, all of which have been experienced by Palestinians in Jerusalem.

Armed conflict is a cause of toxic stress and a significant social determinant of child health.\textsuperscript{125} Because armed conflict and political violence are ubiquitous in the city and have been ongoing throughout the lives of occupied Palestinian Jerusalemite children, it is challenging to measure their specific and cumulative influence on health. A 2008 study assessing the exposure to political violence for Palestinian children in the city during the First Intifada demonstrated that around 80% of children suffered from prolonged curfews, 68% worried about the safety of a family member, 70% suffered from disruption in education, more than 40% had a family member arrested, 22% had a friend, relative or family member who was killed due to political violence and more than 50% had a family member attacked by the Israeli occupying forces or settlers.\textsuperscript{126} Since the First Intifada,
Jerusalem has witnessed repetitive rounds of spikes in political violence on top of the continuous Israeli military and settler violence. Exposure to violence under Israeli military occupation results in a heavy burden on mental health. In 2019, the WHO found that the ‘occupied Palestinian territory has one of the highest burdens of adolescent mental disorders in the Eastern Mediterranean Region’, where ‘[a]bout 54% of Palestinian boys and 47% of Palestinian girls aged six to 12 years reportedly have emotional and/or behavioral disorders’. Accordingly, WHO concluded that ‘[m]ental health represents one of the most significant public health challenges in the occupied Palestinian territory’.

F Poverty
According to the Jerusalem Institute of Policy Research, 59% of Palestinian families in Jerusalem live in poverty, compared to 27% of Jewish families. The poverty rate for Palestinian children is even higher, at 66% as opposed to 40% among Jewish children. Since 1967, Israel has engineered the economic collapse of occupied East Jerusalem by gradually separating it from the economy of the West Bank through restrictions on the movement of Palestinian labour, commodities and capital. Here, we can see another form of entrapment where Jerusalemite Palestinians are unable to conduct efficient commerce and trade with neighbouring West Bank cities, while they are simultaneously excluded from the Israeli economy, a policy which has been referred to as ‘annexation, isolation and disintegration’. Israel has also reversed the development of the Palestinian tourism sector, causing major decline in income from tourism to Palestinian businesses. Heavy taxes imposed on businesses in the Old City market and lack of support from the occupation’s municipality have worsened economic precarity for Palestinian residents. Only 10% of the Jerusalem municipal budget is allocated to Palestinian neighbourhoods in the city, causing a significant deficit in virtually all services, including garbage collection, road safety and lighting, adequate housing and education. This imposed privation perpetuates the militarisation cycle through a version of the ‘broken windows’ theory, as it heightens the perception of Palestinian neighbourhoods as impoverished, dangerous and in need of further surveillance and control.

Poverty has negative effects on child and adolescent mental, physical and behavioural health. It inhibits life opportunities and influences essential stages

127 Brian K Karber et al, ‘Long-Term Exposure to Political Violence: The Particular Injury of Persistent Humiliation’ (2016) 156 Social Science and Medicine 154, 156.
129 Ibid.
130 Korach and Choshen (n 69) 60.
132 Ibid.
134 Ibid 3.
of growth and development that are necessary for a healthy transition to adulthood.\textsuperscript{137} Poverty is strongly negatively correlated with success in education, future employment, exposure to violence and health. Poverty in childhood has been extensively linked to adult morbidity and mortality and generates a range of symptoms that, in a vicious cycle, result in and are reinforced by unchilding.\textsuperscript{138} As in other settler colonial contexts, poverty is racialised, engineered and inextricably connected to the racist nature of the settler state that seeks to maintain colonial power structures and settler domination.\textsuperscript{139} It is yet another tool of dispossession and produces a toxic physical and mental health environment for children and their families.

G Access to Healthcare

As we have stated previously, health is influenced by both access to healthcare and the social determinants of health, such as housing, education, political oppression, armed conflict and the economy, among other factors.\textsuperscript{140} For Palestinian children in occupied East Jerusalem, each of these factors is compromised and explicitly mediated by unchilding, as explained previously in this article. It is thus unsurprising that the health of Palestinian children in Jerusalem is significantly worse than that of the city’s Jewish children, which is exemplified by an infant mortality rate (death before the age of one year) that is three-fold higher for Palestinian children in Jerusalem than for Jewish children in the city.\textsuperscript{141}

The Israeli healthcare system and national health insurance are celebrated globally.\textsuperscript{142} Israel’s national health coverage purportedly provides universal healthcare to all residents — not only to citizens of Israel — on the basis of ‘justice, equality, and mutual assistance’. It also requires healthcare organisations ‘to supply all the services enumerated in the standardized basket, within reasonable time and distance from the insured persons’ homes’.\textsuperscript{143} However, the daily reality of life on either side of Israeli military checkpoints and the Wall demonstrates that these governmental assurances for Palestinians in Jerusalem are false.

\begin{thebibliography}{99}
\footnotesize
\bibitem{138} Gary Evans, ‘Childhood Poverty and Adult Psychological Well-Being’ (2016) 113(52) Proceedings of the National Academy of Sciences 14949.
\bibitem{140} Highest Attainable Standard of Health (n 26) [11].
\bibitem{141} ‘Even in the Same City, Arab Infant Mortality Rates Far Higher than Among Jews’, The Times of Israel (online, 4 December 2017) <https://www.timesofisrael.com/even-in-the-same-city-arab-infant-mortality-rates-far-higher-than-among-jews/>.
\bibitem{142} See, eg, OECD, Health Policy in Israel (Report, April 2016).
\end{thebibliography}
Healthcare services in East Jerusalem are chronically underfunded. Only six infant care centres exist in East Jerusalem, compared to 27 in West Jerusalem. On the accessibility of healthcare, a study conducted in 2000, before the construction of the Wall, demonstrated that Jewish Israelis were 2.4 times more likely to use ambulatory care than Palestinians. The total cost of medical care for Palestinians was half of that for the Jewish population in Jerusalem. Palestinian Jerusalemites state that the constant fear, tension and hostility (among other factors) to which they are subjected, combined with curfews and checkpoints, creates alienation from the Israeli healthcare system and makes medical care less accessible. Qualitative studies on the experience of Palestinian women in Jerusalem demonstrate that they are constantly aware that the Israeli hospitals are a part of the larger settler colonial constellation and are seen as a hostile entity: ‘you feel that there is a gap, especially when you remember, for example a week ago, or a few weeks ago, they arrested my brother, they arrested my neighbor, or they bomb Gaza, yes … there’s a struggle’. The bureaucratic measures and checkpoints not only influence patient access to healthcare, but also that of medical staff working at hospitals. Almost two thirds of the staff in East Jerusalem’s Palestinian hospitals hold West Bank IDs and are thus dependent on Israeli-issued permits to access their workplace; these permits are often denied or shortened from six-month to three-month periods and necessitate recurrent applications. Access is not the only aspect of healthcare that is compromised in East Jerusalem. The quality of healthcare is also substandard. While Israel has a strict regulation on clinics and hospitals inside the Green Line, the public healthcare clinics operated by the Israeli sick funds are often outsourced to unqualified contractors. Such outsourcing damages the quality of healthcare as these profit-seeking contractors employ unqualified and unlicensed staff against regulations. Thus, in addition to the settler state-engineered toxic physical and mental health environment that produces sickness, disability and trauma for Palestinians at large, and Palestinian children more specifically, Israel simultaneously reverses the development of and neglects the services needed to treat these conditions. This is

Beyond Statelessness

another chapter of unchilding in which the racialised and criminalised otherness of native Palestinian children is linked to substandard care and an implied disposability.

V  BEYOND STATELESSNESS

The French sociologist Pierre Bourdieu argues that we can understand state functions in two main categories: the right hand and the left hand of the state. The right hand is the punitive one, in charge of policing, justice and regulatory operations that control deviance and enforce discipline. Meanwhile, the left hand serves the therapeutic function, including the provision of education, healthcare, food support, public housing and social assistance that protects and expands life choices and provides relief to vulnerable people. Ideally, these two hands work synchronically, like the swift hands of pianists.

In several settings, stateless people are caught between these two hands of the state and medical facilities are, at times, used to track stateless persons and deport them. For Palestinians in occupied East Jerusalem, an intersection of militarism, capitalism, settler colonialism and racism, the right hand of the occupier is strengthened while the left is nearly lifeless. A clear policy of organised abandonment can be seen in terms of access to welfare services, such as healthcare, education and housing, while punitive measures, or organised violence, are operated at maximum scale, a pattern entirely consistent with settler colonialism’s eliminatory logic where native children, like adults, are seen as ‘enemies’.

VI UNCHILDING: SETTLER COLONIAL ENTRAPMENT AS ORGANISED VIOLENCE

The writings of Shalhoub-Kevorkian demonstrate how the machinery of Israeli settler state violence invades, penetrates and regulates every aspect of the lives of Palestinian children and their families in Jerusalem, from the anxieties of pregnant mothers who need to calculate their movements in order for their child to be born within the municipal boundaries of Jerusalem to be granted residency status, to everyday life in militarised, surveilled neighbourhoods and homes that are targeted for demolition, leading to expulsion and dispossession. State and settler violence target Palestinian children on their way to school, while playing outdoors and in their homes. Violence is omnipresent to the child’s senses: the sight of the city’s occupation visible over the Old City walls, the smell of skunk water and tear gas and the sound of ‘[d]eath to Arabs’ chanted in Israeli settler marches.

The words of Ayelet Shaked, the former Israeli Justice Minister and current Minister of the Interior, clearly demonstrates Zionism’s logic of unchilding:


154 Tanous (n 72).


156 Shalhoub-Kevorkian (n 72) 1287.
They [the Palestinian people] are all enemy combatants, and their blood shall be on all their heads. Now this also includes the mothers of the martyrs, who send them to hell with flowers and kisses. They should follow their sons, nothing would be more just. They should go, as should the physical homes in which they raised the snakes. Otherwise, more little snakes will be raised there.\textsuperscript{157}

Not unexpectedly, at a settler colonial frontier, genocidal logic and language are not limited to extremist societal fringes. This rhetoric is openly declared and tweeted by ministers of the Israeli settler state, who are in key governmental positions and make crucial decisions affecting the lives and deaths of Indigenous Palestinians.\textsuperscript{158} Such a necropolitical model flows from settler colonialism’s eliminatory logic. Unlike stateless migrant children who are often framed as external infiltrators to the nation-state and must be deported, Palestinian children have nowhere to be deported and thus, in the securitised and racialised logic of the Israeli settler state, must be eliminated by other means. Because of widely recognised stipulations that demand the protection of children, unchilding leaves a settler colonial solution at an impasse. Shaked’s ‘snakes’ and ‘enemy combatants’ unambiguously make the case: these are not actually children after all. While the logic of elimination is now widely acknowledged to be part of the ongoing structure of settler states, this inevitably broad contention requires further explanation and Shalhoub-Kevorkian’s unchilding framework provides a specific mechanism by which Indigenous children’s lives and futures are stolen.\textsuperscript{159}

While racialised legal status\textsuperscript{160} and marginalisation\textsuperscript{161} have been suggested as social determinants of health in other settings, we believe that explicating child health outcomes in Jerusalem requires new tools and methods, which are specific to the Palestinian context, that can incorporate settler colonialism’s effects through unchilding. Several such frameworks have been developed more generally, such as Professor Rita Giacaman’s concepts of ‘the wounds inside’\textsuperscript{162} and humiliation as the invisible trauma of war,\textsuperscript{163} but further work is needed in order to fully grasp how unchilding shapes the life, health, wellbeing, trauma and death of Palestinian children. In this article, we argue that unchilding is best understood within the settler colonial logic of elimination. We also offer entrapment as a means of conceptualising the array of settler colonial factors that make it at once unworkable


\textsuperscript{159} Shalhoub-Kevorkian (n 1) 22.

\textsuperscript{160} Asad L. Asad and Matthew Clair, ‘Racialized Legal Status as a Social Determinant of Health’ (2018) 199 Social Science and Medicine 19.


Beyond Statelessness

for Palestinian children to stay and develop in Jerusalem, but also utterly dispossessing — individually and communally — to leave. Such understandings, while originating in Palestine, may also enhance our understanding of how unchilding occurs and impacts health in other geographies of settler colonialism, armed conflict, occupation and authoritarianism. The machinery of war and imperial violence are constantly expanding to produce statelessness and refugeehood for children from Afghanistan, Yemen, Iraq and Syria, to name just a few, while aggressive capitalist and extractive neoliberal policies are producing large-scale poverty and disposability across a Global South steeped in coloniality. Meanwhile, climate change, a product of both capitalism and imperialism, is destroying more habitats and becoming an increasingly potent driver of statelessness, refugeehood and violence. Expanding the connections between unchilding and health will therefore help us better understand the present and future of millions of children in the coming years. More hopefully, this process might also suggest effective interventions that are not yet present in the medical and public health literatures or practice.

Our article expands the literature of unchilding and centres it in the intersection of the legal, public health and settler colonial debates. We unpack how ‘the logic of elimination’ operates in a seemingly liberal setting, far away from the imagery of open-scale genocide or warfare. It operates in manners of low intensity warfare and high intensity policing of a racialised and criminalised Indigenous community. Their engineered statelessness keeps Palestinians literally entrapped in the settler colonial frontier, neither assimilated nor able to achieve full sovereignty and self-determination.

The racial exclusiveness of Zionist settler colonialism drives the process of unchilding through the expulsion of Palestinian children from childhood itself to become legitimate targets for state oppression and violence. In this battlefield, health and healthcare should be understood and framed beyond naïve statistics and figures on life expectancy, infant mortality, depression and PTSD. A comprehensive knowledge of the disproportionately poorer health outcomes, including injuries, trauma, wounds and disabilities, both physical and mental, will only come when we are able to see and understand settler state violence, in its myriad of forms, as it is being engraved on the bodies and minds of native Palestinian children, as a step before the attempt to treat those external and internal wounds.

While we aim to analyse and dissect the anatomy of Israeli state violence, it is equally important to understand how Palestinian children and their families resist such colonial oppression. Future studies should focus on the adaptation mechanisms of and the various creative ways in which Palestinian children in Jerusalem resist unchilding to continue their daily lives while their neighbourhoods and habitats are invaded by Israeli settlers and soldiers; how children insist on living and flourishing while the state plans for their elimination.

It is also important to remember that our work as scholars, physicians and activists must go beyond documenting and narrating atrocities. Decolonial knowledge production should be utilised as a tool of advocacy for exposing and resisting state violence, settler colonialism and apartheid. For now, the available insights from examining unchilding and health in Palestine make it clear that

165 Sabbagh-Khoury (n 71).
achieving health equity for Palestinian children who continue to exist and resist in violent spaces requires us to go beyond naïve and eliminatory-assimilationist attempts to ‘close the gap’ when it comes to health, budgets or education. Child health equity necessitates recognising the violence and necropolitics inherent in settler colonial modes of domination and delegitimising and decolonising their very foundations. A process of decolonisation and reparative justice in the settler colonial context of Palestine is increasingly being theorised166 and scholars and practitioners interested in countering ill-health and the most severe effects of statelessness can no longer ignore this line of inquiry and praxis. Only decolonisation has the potential to fracture the logic of elimination and its myriad of manifestations, from land theft and killing to unchilding. If health is as entangled with settler colonialism and unchilding as we argue, its fullest expression — encompassing holistic wellbeing — remains unattainable without transforming the ongoing settler colonial structure and its inherent modes of domination.