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Supplement to Identifying Settler Colonial Determinants of Health (SCDH) as the Upstream Cause of Palestinian Ill Health Is Both Incorrect and Harmful

Landesman LY, Korin M, Plichta S, Englander B, Paltiel O, Public Health Professionals Against Antisemitism Working Group. Identifying Settler Colonial Determinants of Health (SCDH) as the Upstream Cause of Palestinian Ill Health Is Both Incorrect and Harmful. Rambam Maimonides Med J 2025;16 (2):e0009. Review. doi:10.5041/RMMJ.10544

SUPPLEMENT A

This supplement provides a table summarizing our literature review (following pages).

Supplement A: Table 1. Literature Review and Comments on Articles on Settler Colonial Determinants of Health of Israelis and Palestinians. Source: PubMed search: “settler colonial” AND “health” AND “Palestine” OR “Gaza.”

First Author (Year) ^{REF}	Context for Settler Colonialism	Study Type	Health Condition Addressed	Main Argument and Illustrative Quote	Alternative Explanations for Health Inequities	Comments
Sousa et al. (2019) ¹	Place as a SCDH, restricted access as a manifestation of SC	Qualitative based on focus groups	“Well-being” and access to health care and facilities, among others	“Analytically, [the article] is informed by critical place inquiry, which ... focuses centrally on the geographic and spatial dynamics of colonisation, and particularly SC, as key determinants of individual and collective well-being.”	None offered	Conflict and security concerns in addition to settlement expansion
Fahoum and Abuelaish (2019) ²	How settlement construction in West Bank impacts health (Note SC is only in key words, raising a question on whether the authors used it or editors added it)	Historical review, with data	Access to health care, exposure to political violence, economic conditions, and water contamination	“Settlement construction and associated policies have several downstream consequences that impact various aspects of life in the West Bank, including mobility restrictions; employment; economic well-being; access to health care, clean water, housing and agricultural land; and exposure to political violence.”	Study points out that it does not address individual determinants of health. Also—governance, trade and relationships with surrounding countries, financial burden on low-income patients	Only study pointing out other plausible explanations for poor health status. These do not have to be mutually exclusive. Clearly, settlement activity and checkpoints diminish access to health and other services
Qato (2020) ³	Settler colonialism precedes and is fundamental to all other determinants of health	Essay	Health inequalities, Covid-19	Essay tackles “the implications for health and health research of eliding ongoing settler colonialism”—everything falls under that rubric	Palestinian Authority cooperation with Israel on Covid-19 response deemed “SC tools”	Article critiques the epidemiologic approach, data acquisition and theories or arguments not subsumed by SCDH. Reductionist approach. SC explains all
Bouquet et al. (2022) ⁴	Structural racism and apartheid based on SC	Historical review	Health in general; life expectancy and infant mortality gaps mentioned	“The radical dismantling of systematic racial oppression and domination in Palestine, tantamount to apartheid, is a precondition for realizing the right to health for all.”	None offered	Health behaviors, smoking, health system gaps, risk factor control not mentioned; reductionist

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Majadli & Ziv (2022) ⁵	Israel's narrative of "securitization" shifts the focus from the root cause: SC	Two case studies and discussion	Limb amputations of protesters on the Gaza border	[Palestinian] "right [to health] was never guaranteed but always conditioned on Israel's definition of its security needs"	Security concerns	Consequences of ongoing conflict and suspicion resulting in unfairness, curtailing the right to health
Asi et al. (2022) ⁶	Historical necessity for public health practitioners to target the SC that lies "beyond [the] 'causes of causes'" of Palestinian ill health	Editorial	General	Perspectives, examples, and description of settler colonialism's "strategies of elimination" are greatly needed	Security issues, humanitarian approaches and conflict are dismissed in favor of a SC approach	This article frames SC as <i>the</i> cause of Palestinian ill health to the exclusion of other explanations. The paper does not include supporting data
Tanous & Eghbariah (2022) ⁷	How colonial and SC policies have targeted Palestinians and their goats and contributed to the distribution of brucellosis along ethno-national lines	Historical review	Brucellosis, much more common among Palestinian citizens of Israel, especially in the South	"it is crucial to move beyond blaming marginalized and colonized communities for their behaviors or cultures, in itself an act of symbolic violence, and address the historical injustices toward humans and goats"	Cultural practices, unpasteurized milk	Reductionist with no attribution to personal responsibility
Howard & Schneider (2022) ⁸	Israel's public relations efforts as a lens to examine the types of ideological frameworks that sustain SC amid rhetorical commitments to equality and health	"Critical discourse analysis"	Lack of access to Sars-CoV2 vaccines	"settler-colonial societies use liberal frameworks of citizenship and capitalism to carry out their racialized projects of elimination"	None considered	Wider context: vaccine nationalism as a widespread phenomenon, scarce resources
Joronen (2023) ⁹	Examples drawn from the colonial context of Palestine ... terrorizing the everyday life	Personal narrative and philosophic discussion	"Weaponization of breathing" due to use of tear gas, skunk water	Palestinians adapt their breathing to violent circumstances; "they learn to breathe in rhythms different to those of occupation, so making breathing a transformative moment—a moment of transforming the atmospheres of colonial violence."	Not addressed	Security concerns—use of tear gas and skunk water preferable to more lethal weapons

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Veronese et al. (2023) ¹⁰	Transgenerational psychosocial impacts of colonization [the Nakba] and the structural and cultural violence against indigenous populations	Qualitative, semi-structured key informant interviews	Mental health, resilience, quality of life	“Memories of the forced migration mirrored in the three interviewed generations through idioms such as faji’ah (the calamity) and jalwa (to transfer) are shared in the Palestinian narrative of collective trauma and reinforced by the ongoing experience of SC violence.”	Mental health humanitarianism in Palestine does not explain the profound political roots of the collective suffering	Multigeneration refugee status perpetuating intergenerational trauma
Wispelwey et al. (2023) ¹¹	1. SC is enduring; 2. SC “adds explanatory power to racism’s health impacts” ... 3. “... advances in structural racism methodologies to elucidate the possibilities for a body of literature linking SC and health, illuminating future research opportunities and pathways toward the decolonization required for health equity”	Perspective	Health inequities in general	SC is a/the principal upstream determinant of health. “we offer the settler colonial determinants of health as an analytic framework ripe for questioning, studying, and challenging health inequities”	None offered	A position paper making a fervent call to use the SC paradigm for research and teaching but providing no compelling argument why. We address this article most thoroughly in the text of the paper.
Tanous et al. (2023) ¹²	“When utilising a critical analysis of the root causes of health inequity in Israel—SC and resultant structural racism—the inadequacy of many existing explanations for worse health outcomes becomes clear”	History Secondary data	Health inequalities for Palestinian Citizens of Israel (Israeli Arabs)	Structural racism as <i>the</i> root cause. “Acknowledging and redressing the racist policies and practices impacting PCI is a prerequisite for achieving complete health equity in Israel”	None offered	Disparages minority status, ethnicity, and religion as determinants, in favor of structural racism

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Giacaman (2023) ¹³	Calls for the decolonization of knowledge production	Opinion and historical review	Knowledge about health	Palestinians have been “colonized by the imposed knowledge, theories, interpretations, and methodologies” of Anglo and neoliberal communities	—	Public health as a scientific discipline is at risk if knowledge and data are denigrated
Engebretsen & Baker (2024) ¹⁴	Calls for decolonizing global health have ultimately proved no more than window dressing	Editorial	Destruction of health facilities; Global health as a discipline	The “decolonization approach has failed to address the enduring violence and oppression perpetuated by the global political economy, which is underpinned by colonial and capitalist ideologies.” Advocates for confronting [decolonization] with an action-to-knowledge strategy rather than a knowledge-to-action strategy	“choosing ... to treat the aftermath of colonial violence as a humanitarian crisis” (as done by the WHO)	Disparaging knowledge in favor of rhetoric and ideology
Veronese et al. (2024) ¹⁵	Global health, as currently practiced, is not merely ineffective but complicit in maintaining settler colonial structures, particularly in Gaza, where health inequities are deeply intertwined with the ongoing occupation	Editorial and commentary on Engebretsen et al. ¹⁴	“Health inequities” and health crisis in Gaza	“The root cause of the health crisis is the fact that Palestinians were dispossessed of their land in 1948.” [Accusing Hamas of barbarism] reinforces “harmful colonial stereotypes of Palestinians.” Framing the issue as a conflict “reduces Gaza’s health crisis to an issue of internal fault rather than recognizing the external forces—namely SC and occupation—that systematically dismantle its health infrastructures.”	—	Hamas violence is not mentioned or discussed as a “cause” of the health crisis in Gaza. It is all due to dispossession in 1948

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Asi et al. (2024) ¹⁶	Palestinian health inequities are rooted in settler colonialism and racism	Perspective	Health inequities: life expectancy, infant and maternal mortality rates, and greater risk of chronic disease	“Recognizing structural racism as a health equity threat to Palestinians should be a natural extension of an emerging consciousness about what is needed to dismantle structures of oppression”	—	See commentary in text
Sharma (2024) ¹⁷	Targeting health care systems is a method of settler colonialism	Commentary	Health systems Destruction in Gaza War	“While the global health narrative continues to divorce Palestinian health from intersections of violence and historical trauma born out of Israeli settler colonialism, we need to contextualize how targeting healthcare systems is inherently a practice of systemic oppression.”	—	This is an example of the export of the SC argument—author is Indian and so is the journal of publication. In other words, SCDH theory is gaining traction globally
Tanous & Hagopian (2025) ¹⁸	Housing is a fundamental determinant of health. SC in the US and Palestine impinge on this right	Review	Housing as a SCD	“Homelessness is not a reflection of personal choices but rather the malicious byproduct of structural racism and oppression.”	Housing as a human right	No acknowledgement of conflict. Conflation of US and Palestinian root causes of homelessness
Smith et al. (2025) ¹⁹	Must address the SC root causes and not take a neutral “humanitarian” approach	Editorial	Rebuilding the health system in Gaza. A critique of Blanchet et al. (in Confl Heal 2024;18:42)	Plan for rebuilding Gaza health system inadequately addresses root causes including SC	—	Critique of humanitarianism. SC demanding more activist approach and sanctioning “resistance”

SC, settler colonialism; SCD, settler colonial determinant; SCDH, settler colonial determinants of health.

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SUPPLEMENT B

List of papers resulting from a Pubmed search using the terms “racism” AND “health care” AND “Israel”

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