

*Editorial***Beyond Silence: Decolonising Public Health Narratives on Gaza****Abdullah Al Mamun**

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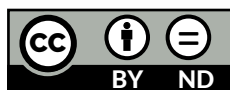
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***Correspondence:**

Abdullah Al Mamun

Address: Health Dynamics.

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Gaza's public health emergency is neither an accident of nature nor an unfortunate side effect of war. It is the intentional result of prolonged and systematic violence carried out by the Israeli state—a settler-colonial project that has consistently undermined the health, dignity, and very existence of the Palestinian people. Any discussion of Gaza's health devastation that fails to identify its causes—occupation, apartheid, and genocide—ultimately obscures the reality of the suffering it claims to confront. In recent months, numerous analyses have focused on Gaza's so-called "healthcare challenges." Yet, as highlighted in Karl Blanchet and colleagues' May 2024 commentary on rebuilding Gaza's health system, much of this literature relies on humanitarian language that avoids naming Israel as responsible for the destruction.⁽¹⁾ This silence is not neutral; it is political. By reducing systematic violence to abstract terms like "conflict" or "crisis," global health discourse risks legitimising mass destruction and reinforcing the power structures that enable it.

Humanitarianism frequently presents itself as impartial, but in practice it often operates in harmony with systems of domination. Its emphasis on aid logistics, donor priorities, and technical reconstruction fails to address the colonial framework driving Gaza's destruction. In this framing, genocide becomes a problem of coordination rather than an urgent political and ethical catastrophe. Years of blockade, forced displacement, and deliberate underdevelopment have dismantled Gaza's health system. By late 2025, more than 70 percent of hospitals had been destroyed or rendered unusable. Over a thousand health workers have been killed, many more detained or disappeared. Ambulances have been attacked, medical staff targeted, and essential supplies obstructed.⁽²⁾ These outcomes are not incidental; they are deliberate tools of control. Israel's assault on Gaza is simultaneously an assault on health itself.

Language is not incidental in global health. Describing Gaza's condition as a "humanitarian collapse" without identifying who caused it constitutes a form of epistemic violence. As UN Special Rapporteur Francesca Albanese has stated, naming genocide is essential. Accountability is impossible without truth.

International law affirms the right to health, yet such a right cannot be realised under occupation. Since the imposition of Israel's blockade in 2007, Palestinians in Gaza have lived under a regime that governs their access to borders, food, water, electricity, and medical care. Israel decides who may leave Gaza for treatment and which supplies are allowed in.⁽³⁾ This siege is not only territorial but structural, producing what Achille Mbembe describes as a "death-world," where survival depends on the occupier's consent. Proposals to rebuild Gaza's health system that ignore these mechanisms of control offer illusion rather than hope. Health cannot

be restored through funding or external expertise while colonial domination persists. Gaza requires liberation, not merely reconstruction.

The selective silence of global health institutions reflects a deeper ethical failure. While many academic bodies and policy centres issue carefully worded statements about “conflict settings,” few openly condemn Israel’s violations of international law or acknowledge their own institutional entanglements. Universities that house global health programs often partner with Israeli institutions connected to military and surveillance industries. This represents epistemic colonialism: the reproduction of knowledge hierarchies that elevate Western authority while marginalising the lived realities of those under oppression. Decolonising global health demands more than symbolic inclusion. It requires redistributing power, prioritising Palestinian leadership, and directly confronting the political roots of ill health. Palestinian institutions—including Gaza’s Ministry of Health, UNRWA, and civil society organisations—have maintained vital services under extreme conditions, yet their knowledge is routinely sidelined in favour of international NGOs and donor governments.^(4,5) This erasure mirrors colonial humanitarianism, where Palestinians are positioned as passive aid recipients rather than agents of their own future.

Public health is inherently ethical and political. Claiming neutrality in the face of mass violence amounts to complicity. When hospitals are bombed, hunger is weaponised, and water and electricity are intentionally cut off, the health community must move beyond documentation and demand justice. Appeals for ceasefires, aid access, and rebuilding are essential but insufficient on their own. They must be accompanied by calls for legal accountability through international courts and universal jurisdiction, as well as a reckoning with the role of Western states and arms industries that enable Israel’s actions. Global health’s moral authority depends on its willingness to challenge power rather than adapt to it.

Achieving health justice in Palestine requires reimagining Gaza not as a humanitarian disaster but as a site of anti-colonial resistance. Health must be recognised as both a social and political right, inseparable from freedom, dignity, and self-determination. This entails decolonising research practices, amplifying Palestinian scholarship, and rejecting narratives that depoliticise state violence. It requires holding governments, corporations, and institutions accountable for sustaining genocidal conditions. Any meaningful vision for Gaza’s future must be led by Palestinians themselves and grounded in justice, not charity. Gaza is not only a humanitarian tragedy; it is a moral reckoning for the public health field. To remain silent or rely on euphemism is to fail that test. The moment demands a shift beyond humanitarianism toward justice. Health cannot exist under occupation. Liberation is, ultimately, the most profound form of public health.

Competing Interests

The authors declare no conflict of interest.

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