

December 21, 2016

In memory of Jeanne & Joseph Sullivan

## **FORCED EXISTENCE**

**Ruchama Marton, MD**

It is popular in Israel, the US and western world to claim that Israel is the only democracy in the Middle East. It is important to discuss to what extent this is true and how this assertion is disconnected from the reality of life in Israel.

Israel is a *de facto* two-nation state which, for a long time, has included the Occupied Palestinian Territories. Half the state's citizens are Jewish and half are Palestinian; there are around 6.3 million of each. The Jewish half is privileged and enjoys social and civil rights, whereas most of the Palestinian half is under occupation and has few or no rights at all. This is not the way a democracy should behave. This is important because the status quo is supported by US taxes and foreign policies.

Most US citizens are not alone in failing to recognize this; most Jewish Israelis are also blind to it. There is a reason for this blindness: simply put, life for most of them is quite good; they don't want to share their power with the Palestinians; they do not respect Palestinians. What *do* they respect and cherish? Mr. Netanyahu has told us: "life itself". In a nutshell, this is the hardcore ethics of the Israeli-Jewish collective. I will come back to it.

### **Reflections on Israeli society**

Israeli society is big on issues but only small in terms of its population. It becomes smaller when we consider only the Jewish sector, which comprises around 80% of all Israeli citizens. Most of these are Zionist Jews, from the left

and the right, religious and non-religious, well-to-do and poor, coming from various countries of origin. I refer to this group as the Zionist Israeli Collective (ZIC) and I will analyze this group as if it were a single individual. The validity of such an analysis has been discussed by thinkers such as Carl Jung, Wilfred Bion, Emile Durkheim, and Elias Canetti.

The ZIC suffers from post-traumatic stress disorder (PTSD), mainly as a result of the Holocaust. Such a disorder occurs when one can neither forget the trauma nor work it through; in other words, in order to recover the PTSD sufferer has to accept whatever elements have been repressed and overcome the psychological resistance to exploring them. In the case of the group, if the traumatic event retained in the collective memory is not worked through, in time it becomes ritualized and codified as part of the collective identity. The group relates to the trauma it experienced and survived as a founding event of its society. This is what happened in the case of the State of Israel.

The Jewish *large group* had neither the time nor the opportunity to recover from the trauma of the Holocaust – or to cope with the overwhelming aggression hidden within its psyche – between the events of the Holocaust and the founding of the State of Israel. As a result, the ZIC remains in an unresolved post-traumatic condition which, among other things, results in its admiration of power, stemming from identification with the aggressor. In the film *The Gatekeepers*<sup>1</sup>, Avraham Shalom, a former head of the *shabak* (the Israeli secret services), clearly states that Israel has become a brutal occupation force, similar to the Germans in World War II.

---

<sup>1</sup> A 2012 documentary film by director Dror Moreh, that tells the story of the Israeli internal security service, from the viewpoint of six of its own former heads.

The ZIC minimizes the humanity of non-Jews, especially in the case of Palestinian citizens of Israel, by including ethnicity and religion on ID documents and by conducting a policy that discriminates against them in respect of all their civil rights: in education, housing, employment, social mobility. In the occupied Palestinian territory violations of human rights include targeted assassinations, deportations, house demolitions, restricted mobility, extensive administrative detentions, torture and the creation of ethnically-sealed ghettos like the Gaza Strip.

These policies are coupled with a deep contempt for the weak, the loser, and the fleeing refugee. The image of the weak passive victim serves as an unbearable reminder to Jewish Israelis of the mythical, codified and painful aspect of the Holocaust that rendered Jews passive, weak and defenseless, with no army to protect them. It is my contention that the ZIC cannot forgive itself for what happened in Europe in World War II, and transfers its unforgiving contempt to those who are now the weak ones – the occupied Palestinians and those asylum seekers fleeing Eritrea and Sudan who end up in Israel.

However, the strong conqueror still perceives of himself as a persecuted victim. This sense of victimhood is a cornerstone of the ZIC identity. The victim feels persecuted and lonely. The evil and cruelty within him/her are denied and projected onto the enemy, thus transforming the weak enemy into a mighty persecutor.

I saw the same phenomena time and again in my psychotherapy practice, especially in treating couples and families. Being a victim in one's own eyes can serve as justification for every wrongdoing to another person.

The ZIC is always in a state of preparation for the inevitable catastrophe, despite Israeli military might. It has always viewed itself as being under mortal threat from Arabs and the whole world and its fears have included invasion, defeat in war and becoming a Jewish demographic minority in the State of Israel.

The ZIC's psyche is organized around unchallengeable *basic assumptions* which affect almost every aspect of life in Israel. Such underlying assumptions include the belief in the ZIC's purity, justification and high moral values; that the ZIC does not commit evil acts, rather it is a victim, united and pursuing peace above all. In the ZIC's eyes, its army conducts itself with "purity of arms"<sup>2</sup>, and it is the most moral army in the world which only uses force for self-defense.

The ZIC is not a lover of peace; on the contrary, peace might actually result in another trauma for this group. Having analyzed the psycho-political condition of the ZIC in the early 1980s, a period of aggravated inner tension, I claimed that the severe fragmentation of Israeli society left it in need of a war to restore its sense of unity and inner cohesion; war would be the remedy for social disintegration. The peace treaty signed with Egypt in the south (1979-81), and impending peace with Lebanon in the north, raised the threat of fragmentation and disintegration to the degree of psychological trauma. I predicted a war that would save Israel from the trauma of peace; war in Lebanon started in June 1982.

The first Lebanon war, then the second, attacks on the Gaza Strip, attacks in the West Bank together with the 49-year-long occupation (the longest in the

---

<sup>2</sup> Purity of arms ([Hebrew](#): טוהר הנשק, *Tohar HaNeshek*) is one of the values stated in the Israel Defense Forces official doctrine of ethics, *The Spirit of the IDF*.

world) were not enough to shake the ZIC 's belief in its craving for peace and its conviction that it does no evil and is essentially justified – war crimes, systematic torture, killing without trial (extra-judicial execution), house demolitions, prolonged administrative detention, deportation and, most importantly, the vast Israeli settlements in the occupied Palestinian territory – all notwithstanding.

The role of the mechanism of denial in the human psyche facilitates passage from knowing to not knowing, and to not remembering unacceptable knowledge. Thus denial allows the ZIC to ignore the fact that they have the largest and mightiest army in the Middle East, and to see an existential threat to their existence from the Palestinians who have no air force, no navy or any kind of sophisticated weapons. The fear is real; only the facts on which it is based are incoherent. The ZIC victim views present reality through the prism of the past, the Holocaust; therefore the means by which coherent reality-testing might be achieved are completely distorted.

Distorted historical perspective goes hand in hand with distorted thinking in general, and critical thinking in particular. Thus obliterating the potential for insight, Israel has become catatonic in its public political discourse. There are no real voices of political opposition, despite the public relations image of Israel being a genuine democracy.

### **Intoxication with power**

Since its founding, the Israeli state has tended towards an unshakeable belief in, and reliance upon power. This has intensified and reached a state of intoxication with power. This intoxication leads to disturbances both in the collective and the individual psyche. Such disturbances include the avoidance

of historical perspective, the self-image of victimhood, increased aggression within Israeli society, the prevalence of hate and anti-social behavior.

### **Hate**

I believe that hate can be seen as an inverted form of the libidinal power of love. It can serve the ego as a source of energy and become an addiction. Hate nourishes angry feelings and actions. Hate and anger serve the ego with a sense of its own righteousness, efficacy and self-preservation.

The painful feelings of self-hatred and contempt experienced internally by the ZIC when faced with the image of Jews as victims were unbearable to the point that they could not be contained. The result was a projection of these feelings onto the Palestinians; the more their misery increased over the years, the more they became the proper object for the displaced feelings of contempt and hatred of Israeli Jews. Thus, hatred of the Palestinians serves an emotional existential need of Israeli Zionist society; hate towards the Palestinians functions as the outlet for Israeli Jewish fear of inner fragmentation. The price paid for inner peace is avoiding peace with the Palestinians.

### **Violence**

Violence has become a defining characteristic of Israeli society. The targets of this violence are the weak: Palestinians, foreign workers, asylum seekers, African refugees, women, the elderly and the poor.

A clear indicator of the increased violence in Israeli society is manifest in violence against women. The number of women murdered by family members and the number of rapes has increased significantly. Israel has consistently held first place in the western world in juvenile violence since 2000. In the

same period, cases of murder or serious violence as a result of minor arguments, like fights over a parking space, have also accumulated.

### **Responsibility**

The most meaningful political phenomenon which occurred as a consequence of the Oslo Accords was the reallocation of responsibility between the State of Israel and the fledgling Palestinian Authority, which took place without a parallel redistribution of power. As I understand it, in the relationship between oppre

ssor and oppressed, the oppressor sees responsibility as resting with the oppressed, not with himself. During the years of 'peace negotiations', Israel increased its power and control over the Palestinians, on the one hand, and abrogated its responsibility towards them, on the other; too much power and too little responsibility is another path to an intoxication with power in the oppressor.

Israeli society is neglecting and avoiding the vital task of examining its actions: its refusal to look into the past is also a refusal to take responsibility for its actions in the past. Similarly, the inability to craft a vision for the future amounts to a refusal to take responsibility for its actions in the present.

### **Peace**

A key axiom that persists among the ZIC is that Israelis want and crave peace, and that wars are always forced upon them. This belief brooks no argument, and critical thinking is out of the question. The Palestinians, and the Arabs as a

whole, are always the warmongers; Israelis, on the other hand, are peace-loving.

The crucial question is not whether we are aggressive, but whether we will learn to take responsibility for our aggression.

The ZIC sees the occupation as an ongoing condition. The contradiction between the ZIC's claim to an inevitable willingness to achieve peace and the prolonged status of occupation belongs to the psycho-political zone of denial. The ZIC is unable to confront this contradiction.

The occupier is trapped in his own forced existence as occupier - unable to change, despite the fact that this would benefit both sides.

### **Forced existence**

*Forced existence* is a 'soft' term, not well defined; it cannot be found in textbooks. At the same time, forced existence sounds coherent, meaningful and even familiar, maybe because forced existence is part of the human condition. I will try to explain the term.

Most of the conditions of our existence are forced upon us: we cannot choose to be born, or select our parents or the time and place of our birth. We cannot choose our gender, race, color, talents, intelligence or other aspects of who we are. These are forced upon us and play a crucial part in shaping our existence. Very few of us choose or change our gender, class, nationality or religion.

In addition, there are the conditions which people enforce on others: in the different punitive institutions like jails, prisons, concentration camps, institutions for delinquent youth and in schools.



Most aspects of human life, whether on the personal or the collective level, are subjected to force under military occupation. The Palestinians in the Occupied Territories have been under Israeli occupation for the last 49 years; Israel has exercised almost absolute control over the day-to-day life of the Palestinian population. This is expressed in Israeli control over Palestinian movement and mobility through a system of sieges, roadblocks, closures and an arbitrary permit regime. Palestinians cannot travel abroad for health care, work, commercial interests, studies, or to visit family members - let alone for vacation. They cannot import or export any goods without an Israeli permit. Intentional destruction of civilian infrastructure, as in the case of the bombing of electric turbines in the Gaza Strip (2006), destroying essential civil systems, such as health care, sewerage, education, culture, work and trade – dealing a death blow to the Palestinian economy – inevitably results in forced poverty, malnutrition and psychological trauma.

It is quite easy to demonstrate the forced existence of the Palestinians under occupation; what may be less obvious is the forced existence of the Israeli occupiers.

The ZIC lives under the enforcement of a rigid regime of denial and a system of basic assumptions and axioms. Those are alleged 'facts' and therefore not subject to examination, critical thinking or any kind of proof of veracity. The axiomatic Israeli pursuit of peace is by far stronger than reality. The 1956 war with Egypt, the 1967 war, the 1973 war, the first and second Lebanon wars are all good examples. Under this forced existence, members of the ZIC offer themselves up to one war after another, without stopping to think why they are going to kill and get killed. The denial and axioms create a vicious circle that traps the ZIC in a perpetual cycle of militarism and warfare, leaving no way out.

The occupation which started in 1967 brought about new dynamics in the ZIC's mechanism of denial. The original denial of the Palestinians' existence in the notion of an empty land (embodied in the phrase "a land without people for people without a land", attributed to Israel Zangwill in 1892) was posited from the very inception of Zionism. This exhausted its usefulness in 1967 when a new epoch started. From this point onwards, the existence of the Palestinians had to be highlighted rather than denied, since the ZIC needed them as objects for their continuously forced existence as occupiers. In the words of the famous Greek poet, Constantine Cavafy:

מה יהיה עכשו עלינו בלי הברברים? / האנשים האלה היו איזה פתרון.  
(תרגום יורם ברונבסקי)

"What in the world will we do without barbarians?

Those people would have been a solution, of sorts."

I remember my grandparents and some of their generation – thinkers who, like the members of *Brit Shalom*,<sup>3</sup> lived their lives according to Jewish ethics based on questions about how to live, and what values to be guided by. These are in profound contradiction to the ethics of Israeli Zionists who dwell on the question of do I live, and how one stays alive. When this is the guiding principle, there is no consideration of morality, of how to 'love thy neighbor as thyself'; rather, idolizing power and accumulating weapons become paramount. The notion of how to live is a moral question; how to stay alive is a functional one. That is exactly what Netanyahu said: Life itself – staying alive, no matter how.

---

<sup>3</sup> Brit Shalom, founded in 1925, sought a peaceful coexistence between Arabs and Jews in a bi-national state. Brit Shalom supporters and founders included Arthur Ruppin, Martin Buber, Hugo Bergmann, Hans Kohn, Gershom Scholem, Henrietta Szold and Albert Einstein.

## Human Rights and Psychiatry

Human rights are historically connected with the advent of psychiatry. The French physician Philippe Pinel<sup>4</sup> was the man who thought about and implemented the release of mentally ill inmates from French jails.

Understanding mental illness, distinguishing it from criminal activity, protecting the rights of the mentally ill and human rights are still integral substantial components of psychiatry. Awareness, or lack thereof, of these components dictates to a considerable extent how psychiatry makes use of its own power.

The question of where psychiatry situates itself in relation to the state and the individual is a socio-political issue contingent on psychiatry's awareness of its role as a protector of human rights.

At the same time, psychiatry's position in the social sphere also stems from – and is subject to – the theoretical position it adopts. According to classical theory, which has informed psychiatry since its inception, the intra-personal is the principle dimension of therapeutic work. During the last few decades of the 20th century, however, theoretical developments have stressed the significance of the inter-personal dimension. Classical psychiatry, which assumes that everything takes place within the personal, considers the socio-political dimension – the super-personal as I call it – as beyond the borders of psychiatry, and therefore excludes it from its discourse. Obviously, a theoretical position which ignores the socio-political dimension is itself political. The inclusion of the super-personal within psychiatric discourse is crucial for increasing awareness of – and providing the necessary theoretical

---

<sup>4</sup> Philippe Pinel, *Traite medico-philosophique sur l'alienation mentale*, Paris, 1801.

tools for dealing with – human rights. It provides space for a socio-political examination of the system of motives, emotions, fears and prejudices informing the psychiatrist – as well as his or her rapport with the patient.

### **Mentally ill Palestinian prisoners**

Psychiatry has considerable influence in determining social norms; it is conceived as an authority that defines and upholds these norms and determines what constitutes ‘normal’. Thus, psychiatry is at the same time the body that determines society’s norms, and the guardian of those norms.

The mentally ill, or lunatics as Michel Foucault described them, are the ‘other’ and society treats them as such. They are positioned outside the social order, alone and branded. Ironically and tragically, with mentally ill Palestinian prisoners, this is not the case. A mentally ill Palestinian will be forced into the Israeli penal system and, as a prisoner, he or she is not removed from the social sphere to a psychiatric hospital, as one would expect, but rather incarcerated in jail.

Within the power game managed by the state to silence the voices of the ‘other’, the psychiatrist becomes complicit so long as he or she does not actively resist the prevailing state of affairs.

### **The diagnostic relationship in prison— a theoretical perspective**

In far too many cases the psychiatrist reduces the prisoner to just one aspect among the many that make up his subjectivity. Blinded to that which it suits him not to see, the doctor-psychiatrist assumes the part to be the whole and renders the prisoner nothing more than a criminal / Arab / terrorist / Muslim /

woman / mother. This view eliminates the prisoner's individuality and reduces him to the representative of a group characterized by stereotypical features stemming from the doctor's prejudices.

Just as a surgeon works with a knife, a psychiatrist works with his personality. The psychiatrist is required to be aware of his own subjectivity, and to recognize that he is subject to prejudices and preconceptions and cannot rely on classical theory which sees him as an objective and neutral observer.

The Israeli state plays an aggressive, political game to silence and oppress the 'other'. There is a constant danger that psychiatrists will fall foul of their blind spots and end up being complicit in this process, acting as agents of the authorities. The blind spots allow the psychiatrist to see himself as apolitical and to consider anyone who objects to, or does not identify with, the government's worldview as acting out of political motivation which counters the 'purity' of the psychiatric profession.

In the encounter between a powerful psychiatrist and powerless mentally ill detainee, especially one who is Palestinian, the doctor is likely to support the authorities' worldview which obscures the boundaries between his professional judgment and his political beliefs. This occurs when the doctor's self-awareness is deficient. It leads to one – or several - misdiagnoses of imposter, manipulator or even hysterical personality, all of which are aimed at avoiding the correct assessment of psychotic episode or schizophrenia that would save the patient from prosecution in a military court, lengthy prison sentence and/or extended solitary confinement.

### **PHR-Israel (PHRI)**

Against this background let me tell you about a small but fierce (non-governmental) organization in Israel that I founded, called Physicians for Human Rights, which works to improve the health conditions of all individuals, and fights against the occupation and its attendant injustice.

As doctors in PHRI, we are guided by the conviction that human dignity and the integrity of the human body and mind are basic human rights, without reference to class, gender, race, nationality, sexual orientation or religion. We start from the premise that without deeply rooted convictions, activism means very little; and that without concrete action, convictions, no matter how noble, are worthless. Our convictions support us through tough times when we feel isolated in our own society, particularly because our activity takes place in our own backyard, not in some other part of the world.

As doctors, we place more importance on fighting the wrongs committed by people against people than battling against microbes and viruses. Hence our title: Physicians for Human Rights, and our fight against the Israeli occupation which we see as the source of human rights violations here.

Some thirty years ago, PHRI was the first organization to introduce the term 'human rights' to Israeli policy makers and the public at large. Since then it has become a popular term co-opted and distorted in ways which suit various politicians. For us at PHRI it remains an enduring principle.

Another guiding principle is respect for others, which serves the human rights activist as the inner compass that ensures we avoid the trap of patronizing, despising, degrading or humiliating people in our "do-gooder" role. Respect monitors the dignity of both sides. Respect, I believe, is the readiness to share power.

PHRI activities include prisoners' rights, ethical treatment of hunger strikers, the struggle against state-sanctioned torture and Israeli doctors' collusion with it, and our efforts to change state policy towards undocumented people under its regime.

### **The IMA's Ethics Committee and prisoners' rights**

In March 1993, the Israeli newspaper *Hadashot* published an article based on an interview with me. It presented the cases of three Palestinian prisoners whom I had examined in jail and found to be chronic schizophrenics. The article cited dubious diagnoses of these patients by different Israeli psychiatrists including "anxiety resulting from conditions of incarceration" and "imposter". These people were psychotic schizophrenics, misdiagnosed by Jewish psychiatrists who failed to recognize their condition.

The rhetorical question asked by the journalist at *Hadashot* was apposite:

"What is a psychiatrist supposed to do when asked to treat a terrorist who is also mentally ill? In the case of MS<sup>5</sup>, he was found to be sane, incarcerated for eight years and at the same time treated with anti-schizophrenia medication".

Following the publication of this article, two of the seven psychiatrists mentioned in the article filed a suit against me. After two years of hearings, the disciplinary court appointed by the IMA's Ethics Committee, decided that I should apologize in writing for mentioning the doctors' names in the article. My apology was to appear in the IMA's official newsletter. The IMA's Ethics Committee refused to deal with the moral, professional and ethical issues I

---

<sup>5</sup> The name has been withheld to protect his privacy.

had raised, namely that Jewish-Israeli psychiatrists examining Palestinian prisoners were repeatedly providing misdiagnoses and, therefore, in my opinion, this was not simply an error – it was intentional.

In my forced apology, I discussed the ethical significance of the way in which Jewish-Israeli psychiatrists systematically relate to Palestinians who are mentally ill as imposters and manipulators and how, as a consequence, military courts sentence them to many years in jail. While serving their sentence, sooner or later mentally ill Palestinians are transferred to solitary confinement which frequently leads to severe deterioration in their mental condition, such that they may smear their excrement around the cell or hit their heads against the walls. The apology I wrote included a request that the IMA's Ethics Committee act to remedy this situation. The IMA never published my letter, and the Ethics Committee never convened to discuss my request.

It is a reflection of the socio-political needs of many individual psychiatrists, as well as of the organization that unites them, to see Palestinians as the enemy in line with the hegemonic worldview of the ZIC.

### **The IMA's ethical failure to challenge the use of torture**

In 1993, six years before the Israeli High Court of Justice prohibited the use of so-called moderate or severe force or, in other words, torture, PHRI asked the IMA to confront the problem of doctors participating in torture.

PHRI does not accept the claim that doctors' examinations before, during and after interrogations which include torture are justifiable and rejects the argument that these can prevent suffering and irreparable damage. PHRI



views this activity as complicit with torture, and views a doctor's recommendation not to use one form of torture as giving implicit permission to use others.

The PHRI challenged the IMA by demanding that the following clauses dealing with human rights be inserted into the IMA's code of ethics:

- A prohibition against the participation of doctors in torture by way of medical examinations before and during torture in General Security Services (GSS) interrogations.
- Prohibition against writing false doctors' letters constituting a cover for the GSS after harm was inflicted on the body or mind.
- The obligation of every doctor who sees a man or a woman who has suffered from abuse, beating, torture, etc, to file a report, in a manner similar to the existing law in Israel regarding the duty to report cases of child abuse.
- Prohibition against the active participation of doctors in examination and treatment of prisoners in solitary confinement or segregated confinement (which we consider as torture).
- Only an absolute prohibition against any complicity with the GSS will ensure that doctors do not slide down the slippery slope ultimately leading them to participate in torture.

### **Migrants, Asylum seekers and displaced people in Israel**

The State of Israel was founded as a homeland for Jewish refugees from Europe and around the world following World War II. Memories of the bitter past are buried under present fears of losing the Jewish demographic

majority, leaving no room for solidarity with refugees, compassion or consideration of human rights. Refugees and asylum seekers are not welcome in Israel and the state treats them as a threat to its existence.

In Israel there are some 300,000 non-citizen migrants. Among them are migrant workers and about 43,000 asylum seekers, of whom over 90% are from Eritrea and Sudan. Israel does not refer to them as refugees or asylum seekers, but rather as 'infiltrators' so as to portray them as a security threat. They enter Israel from the Sinai Peninsula, where many of them are tortured by Bedouin smugglers who hold them for ransom. Among the various measures taken to deter their entry, Israel passed legislation permitting the incarceration of asylum seekers for a year. The purpose of this is to coerce them into leaving Israel 'willingly' since, according to the UN Convention on Refugees, Israel cannot deport them by force.

### **PHRI'S activities with migrants, asylum seekers and other displaced persons**

PHRI's work can be divided into individual case-work and general advocacy; it includes both humanitarian and human rights-oriented activities, as described below.

**Medical services:** These are delivered primarily through the Open Clinic as well as through our connections in Israeli hospitals, which are available to all residents in Israel who have no health insurance. The Open Clinic operates five days a week, staffed by volunteer doctors. Treatment doesn't always end at the clinic – patients frequently need PHRI support vis-à-vis the healthcare system or private insurance companies. In 2016, PHRI's Open Clinic will have conducted about 6,000 medical examinations of uninsured persons, primarily asylum seekers. In addition, our caseworkers will have assisted approximately 250 individuals.

**Community outreach:** This includes providing information on the right of displaced persons to health services, and the (limited) options for being treated in Israel; we also participate in community gatherings and give talks to the community.

**Work with the medical community:** PHRI gives talks to medical students, social workers and student nurses about refugees and other displaced persons' rights to healthcare and the problems they face.

**Advocacy:** This work is undertaken both with individuals and at the general level and our clients include status-less minors, (there is a small number of minors whose parents are without legal Israeli status and who have no documents at all), asylum-seekers, migrant workers, Palestinians married to Israelis who are denied social and health rights, elderly people in the process of receiving resident status who cannot access healthcare, Holot Prison detainees, victims of trafficking and torture, pregnant women who have no prenatal care, HIV patients, people with chronic illnesses, and more.

**Sinai Tortured Victims:** We lobby the Israeli Parliament and Ministry of Justice, as well as the United Nations (UN Committee Against Torture) on behalf of the victims of torture in Sinai, and petition for a state-supported mechanism to identify and rehabilitate them.

We work on behalf of **Palestinians married to Israelis who are unable to 'upgrade' their status**, and petition for their access to health and welfare services, working both with the community generally and following up on new government regulations.

We provide assistance with **migrant workers' health insurance**, for example where cover has been denied; in some cases we bring law suits against private

insurance companies. We also lobby to bring about change to the conditions under which migrant workers live in Israel.

Apart from the daily work of PHRI, there is also considerable effort expended by PHRI to sever the connection between legal status and access to public health and welfare services. We define it as “social residency” and strive to disaggregate one’s legal status from access to public health and welfare services, so as to change the current situation in which access to the public health and welfare services does depend on legal status, and more specifically, on Israeli residency.

Underlying all this activity is the belief that critical thinking must combine with political activity in order to achieve change in the social-political sphere; one without the other will not suffice to bring about positive change in the disastrous situation between Israel and the Palestinians, as well as the terrible situation of asylum-seekers, refugees and displaced people.