

Healthcare and genocide: BDS as an entry point to health justice

To the Editor: On 26 January 2024, the International Court of Justice (ICJ) found that there was a *prima facie* case for genocide by Israel in Gaza. Provisional measures were issued for Israel to ensure that its military does not commit and takes all measures within its power to prevent acts of genocide, as defined in the Convention on the Prevention and Punishment of the Crime of Genocide.^[1] The Israeli government has denied accusations of genocide, claiming that it has the right to self-defence. South Africa's (SA) case included numerous detailed reports of attacks on healthcare workers and hospitals. Such attacks have also occurred prior to the events of 7 October 2023.^[2,3] The crippling of Gaza's healthcare system has left it unable to cope with the sheer number of injured patients. This, along with the worsening man-made public health catastrophe which has paved the way for malnutrition and wide-spread infection, should be of particular concern to those in the healthcare sector.

While SA's initiative in filing the case has been met with mixed reactions both in SA and internationally, the action was in keeping with the responsibility of all countries to protect populations from genocide, war crimes, ethnic cleansing and crimes against humanity. Healthcare workers across the world may be physically removed from the ongoing and deadly military assault on the civilian population of Gaza and may not have any legal obligation to act. However, the ethical principles of beneficence, non-maleficence and justice compel healthcare workers to take action where they can.^[4,5]

Taking our cue from SA's historical dismantling of Apartheid, we note that while the domestic uprising was a major component of the anti-Apartheid struggle, another element was the pressure exerted on the Apartheid state by the international boycott, divestment and sanctions (BDS) movement.^[6] Academic, sporting and cultural boycotts meant that upholding Apartheid carried more than an economic cost.

Inspired by the SA anti-Apartheid movement, the Palestinian BDS movement has called for the boycott of Israel since 2005 as a form of non-violent pressure for it to comply with international law and numerous United Nations resolutions.^[7]

Boycotts take different forms. Targeted consumer boycotts call for complete boycotts of specific brands. They are initiated by the BDS movement following in-depth research on the impact of such a boycott. In contrast, organic boycotts are consumer-driven, often arising spontaneously following a public misstep by the company involved. Pressure targets are another technique where a full boycott is not called for, but consumers are asked to apply pressure by using alternative products where possible, as well as lobbying, peaceful disruptions and the creation of awareness through social media campaigns.^[7] This technique is more appropriate for the healthcare space, where care must be taken not to cause harm by disrupting patient care through creating supply chain failures.

Teva Pharmaceutical Industries is listed as a pressure target by the Palestinian BDS National Committee. Teva is an Israeli pharmaceutical company and the world's largest generic drug manufacturer. Teva benefits from Israel's illegal occupation of and the building of settlements in Palestinian lands allowing the company to exploit the captive Palestinian market.^[7,8] Teva is already subject to boycotts in the United Kingdom^[9] and other countries. Table 1 suggests actions various role players in the healthcare sector can take to exert pressure on Teva and Israel as part of a broader BDS campaign.

The Palestinian BDS National Committee (BNC) also calls for an academic boycott of Israeli universities. The boycott is directed at institutions and not individual academics. The BNC reported that Israeli universities are 'accomplices in Israel's regime of occupation, settler-colonialism and apartheid... involved in developing weapon systems... deployed [by] Israel [and] justifying the ongoing

Table 1. Suggested solidarity actions for various healthcare role players as part of the boycott, divestment and sanctions movement.

Roleplayer	Suggested Action
Patients	Inform your prescriber and dispenser that you do not use Teva products and would prefer a generic instead.
Pharmacists	Stock and dispense alternative generics instead of Teva products.
Prescribers	Prescribe medication by generic name instead of prescribing Teva products.
Importers and distributors	Replace Teva products with other products where affordable alternatives with robust supply chains exist.
Government and industry	Promote the local manufacture of medication wherever possible.
	Promote the local manufacture of medication wherever possible.
	Ensure that tenders do not include Teva products where affordable alternatives with robust supply chains exist.
Universities, academics and administrators	Build direct academic links with Palestinian universities.
	Suspend all formal and informal ties with Israeli higher education institutions and corporations.
	Deplatforming Israeli officials and representatives of complicit institutions at talks, debates and conferences.
	Avoid funding from Israel, its lobby groups and institutions.
	End study abroad schemes with Israeli universities.

colonisation of Palestinian land.^[10] Despite this, SA universities continue to collaborate extensively with Israeli universities.^[11] A few SA universities have released statements relating to the military assault on the civilian population of Gaza, but most have remained silent. Following the ICJ interim ruling, it is even more important that our universities issue statements and take positions on an academic boycott, in a similar way that an academic boycott was applied to SA universities in 1965 during Apartheid.^[6] As graduates we must ensure that academic boycotts are implemented at our *alma maters*.

While many pressing domestic issues may appear to overshadow the events in Gaza, the urgency and importance of SA healthcare workers showing solidarity with the people of Gaza through deliberate and strategic action cannot be overstated. It has often been noted that the 'Palestine Issue' is the litmus test of our humanity^[12] and SA healthcare workers must take the moral lead in advocating for health justice rooted in the spirit of *ubuntu*. By reflecting and taking a principled stand here, we may ultimately learn how to offer our help to people facing adversity everywhere.^[5]

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