CONSIGNES d'EVALUATION - COURS « DEMOGRAPHIE DES MIGRATIONS »

A l'aide de ces documents, de connaissances vues en cours et d'éventuelles recherches bibliographiques ou sur des contextes que vous connaissez personnellement, répondrez au sujet suivant sous forme d'une dissertation :

Faire venir, expulser, déplacer, faire naître et soigner en Palestine : des politiques de population au service du projet (anti)colonial ?

Nb : une dissertation doit comprendre une introduction, deux ou trois parties de développement (avec exemples) et une conclusion.

Consignes typographiques

Dans le texte, veillez à :
- ne pas dépasser 20 000 signes ni être en-dessous de 15 000 signes
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- supprimer les doubles espaces entre les mots,
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- éviter les espaces fautifs en trop entre le mot et la virgule qui le suit,
- virgule(s) fautive(s) séparant sujet et verbe, attention au sens.
- mettre une ligne entre le titre et le premier paragraphe de la partie concernée,

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Vous pouvez si vous le souhaitez faire le dossier à deux étudiant.es.

Document 1 : ELKAHLOUT, Ghassan. Reviewing the Interactions between Conflict and Demographic Trends in the Occupied Palestinian Territories: The Case of the Gaza Strip. Journal of Sustainable Development, 2018, vol. 11, no 3, p. 212.

« **Demographic Trends in the Gaza Strip**

Gaza continues to face the consequences of the conflict, blockade, and division, while it also tries to cope with the scant resources available to its growing population. Gaza is amongst the most densely populated areas on the planet - 5,324 persons/km2 , and has the fifth highest population density of any territory (The Guardian, 2017).The total population of 1.94 million consists of 988 thousand males and 956 thousand females (PCBS, 2017). This does not include Gazans born outside The Strip, since they cannot be registered in Gaza, as they are unable to make the journey back due to the on-going siege. Refugees in Gaza represent a substantial part of the Palestinian population of which there are 1.3 million - more than half of the total population (UNRWA, 2017).

Focusing on key demographic groups in Palestinian society, provides a helpful means by which to present the shifting age distribution. Key indicators of demographic change are the population of working-age, elderly people, and those of school age – as well as the growth rate of children. According to UNRWA, these levels, and the changes in them, are critical for public and private sector social and economic planning. Despite the occupation, armed conflict and repeated migration waves since the middle of the 20th century until 2017, The Gaza Strip's population has multiplied by a factor of nine - from 80,000 in 1947 to 1.94 million in 2017, with annual growth averaging 3.5 per cent (UNCTAD, 1994 and UNESCO, 2017).

The Gaza Strip's population pyramid is primarily composed of young people under the age of 14, who constitute the highest percentage of all categories. This group constitutes 42.6 per cent in The Gaza Strip. The elderly population aged 65 years and over constituted 2.4 per cent in The Gaza Strip by mid-2017 (PCBS 2017). This presents critical implications for policy-makers and planners in the service sectors. The enclave's young population is growing rapidly, yet, over the years, opportunities for young people have continued to decline. Courbage et al. (2016) present an optimistic picture emerging from the age-pyramid, arguing it will change due to a decrease in the proportion of youngsters aged below 15 years, whose number is expected to continue to decrease until 2030.

Drivers of Fertility Rates in Gaza

The Gaza Strip has experienced a decrease in birth rates, but its population continues to grow as a result of a fertility rate which remains amongst the highest globally, and double that of more developed areas in the region. A survey in 2014 showed that, the total fertility rate in the coastal enclave had fallen to 4.5 births per family during 2011-2013, compared to 6.9 births per family in 1997. It is anticipated that the trend in declining birth rates will continue, arriving at 2.41 per family in 2050, but the rate will not drop below replacement level. A high fertility rate, combined with population momentum, will see the population of The Gaza Strip more than double to 4.8 million persons. (Courbage et al., 2016).

The following is a discussion of the multiple factors affecting the fertility rates in Gaza.

Fertility is widely perceived to be a tool of resistance in a context of decades of occupation, conflict and siege. Alshair holds that, the general trend in Gaza shows that families wish to have more children, particularly when hostilities with the Israelis are high, as there is a belief that children replace the 'martyrs' (those who have elected to die for a cause - jihad) - and provide future fighters. Coghlan (2014) explains, 'in a situation where disempowerment, underemployment and marginalization have left few opportunities for expression of identity, reproduction is one of the few liberties which remains, and also contributes to the

larger goal of increasing the Palestinian people'. Palestinians consider high birth rates to be a form of resistance against the Israeli occupation. They reject birth control, as the historical Palestinian leader, Yasser Arafat, alluded to in his assertion that 'the womb of the Palestinian woman is my best weapon' (Arafat, 2017). A deeply held cultural value in Gaza views large families as a form of Palestinian patriotism and as a practical means of thwarting Israeli occupation policies (Khayat, 2009). Palestinians widely share the belief that a large family plays a crucial role in strengthening the family, as a sign of patriotism (Arafat, 2017).

Large family sizes are often the most economically rational strategy for livelihoods in Gaza where decades of Israeli strategies of de-development have eroded conventional social safety nets or the capacity to enact effective social policies (Roy, 2016). The social convention holds that, the more children, the more support the parents will receive later in life. This social norm is perpetuated through widespread practices in which Palestinian children are raised with a keen sense of responsibility to family members; older parents and grandparents rely on the financial support and care of their children and grandchildren. There are three types of familial structures that characterise Palestinian society in The Gaza Strip: tribes, clans, and prominent families (Robinson, 2008).

Alshair argues, large family sizes are also explained by the cultural value attached to having more male family members. The strength of this social convention on shaping family planning is clearly illustrated by the case of a father of ten who explains that, he had a small but happy family of one son and one daughter. Family pressure convinced him that 'another brother was needed for the two children'; in less than ten years, he had eight more children - all daughters.

Alshair explains that, having a large family is a religious duty, which consequently also contributes towards the high fertility rates in Gaza. Alshair elaborates on the religious tradition, the Sunna of the Prophet Muhammad who advises Muslims to 'Marry, because I will vie the nations in number by you (Al-Hindi, 1974); however, newly married couples typically prefer to practice birth control due to the difficult economic, social and humanitarian situation. They also believe having smaller families secures a better education for their children. This is driven by a heightened awareness of the current situation, and the barriers to securing a decent job in the future, which will allow them to live a dignified life (Abou Jalala, 2013).

Weaknesses in public health policies and their implementation have hindered birth control. The relatively high rate of unintended pregnancies in the Palestinian Territory suggests that 'women are not taking advantage of available services' (Hammoudeh, 2014). Harab (2018) explains, however, birth control is not readily available, in large part due to the dependence of the health system on international aid. This renders the Gazan population even more vulnerable to budget cuts planned by international organisations, and to deterioration in living conditions.

The population growth resulting from a high fertility rate has already had critical consequences on social and political development within The Gaza Strip. These effects are being exacerbated as the rapidly growing youth segment swells the working-age population - worsening the unemployment problem; under the current political circumstances and protracted economic crisis, the growth of Gaza's youth population has contributed to unprecedented unemployment and poverty levels.

Migration

The prevailing dire conditions and the grave economic consequences that have arisen from the Israeli occupation, have functioned as push factors for Palestinians, especially the young, as they search for solutions to the multiple social and economic problems that they face (Su, 2015). The Gaza Strip has

witnessed waves of migration in and out throughout the last seventy years, since it provides an individual solution for those seeking to enhance their economic situation. Palestinian families adapt to migration as a coping mechanism to survive the conditions imposed by the occupation, wars and blockade (Courbage et al. 2016).

A large section of the population emigrated to surrounding Arab countries and beyond, in response to the political and security measures implemented by the Israeli occupation forces since 1967, in addition to the significant role played by the economic factors; many migrants have left Gaza in search of education opportunities elsewhere, in particular, the surrounding Arab countries who share a common language, culture, and educational system. Economic stagnation and high unemployment rates also push many other Gazans to emigrate further afield.

The Gaza Strip witnessed a pattern of reverse migration at the beginning of the 1990s. The most intense period of immigration occurred after 1993 with the signing of the Oslo Accords, which provided for the return of a large proportion of the Gazan and Palestinian population. Tens of thousands of returnees made their homes in the West Bank and Gaza, in the first half of the 1990s; by the end of the decade, following the outbreak of the Second Intifada, emigration from these areas resumed its earlier trajectory (Hilal, 2007); consequently, approximately 500,000 people returned to The Gaza Strip and the West Bank during the period 1997 to 2010. This resulted in a sudden and rapid population growth in the OPT, with no prior planning and preparation to accommodate the large influx of returnees. The multiple waves of the Palestinian inflow sparked an unprecedented shortage in essential resources, services, and facilities - but more importantly, it redefined the demographic landscape of the OPT with the blockade on Gaza. Those directly affected by the closure were primarily young men who had been employed in Israel's construction, service and agricultural sectors. Entrepreneurs and self-employed contractors who conducted business inside Israel were therefore 'prohibited from pursuing those options after closure' (Syre and Olmsted, 2012).

War and misery in Gaza have more recently pushed Palestinians to pursue illegal immigration through the shores of southern Europe. Gaza has been subjected to a strict Israeli blockade since 2007, which restricts the movement of goods and people in and out of the territory. The Egyptian-controlled Rafah Crossing was closed in mid-2013 following a military coup, resulting in the Israeli-operated Erez, or Beit Hanoun crossing becoming the only gateway to the world for Gazans. Interviews with Gazan immigrants in Europe offer insights into the hazardous journey that they undertook. One explained that, he arrived in Alexandria in Egypt, and, from there, was taken by a 'people-smuggler' to Greece. According to him, 'it was a hellish journey to reach Italy and later Sweden'; despite the difficulties, most of the Gazan youth is willing to migrate to Europe, even those who have jobs and earn decent incomes, want to leave Gaza. Abed grasped the opportunity, when the borders were opened. He left Gaza for Egypt with no destination in mind, and used a visa he obtained to fly to China. He failed to reach Sweden from China on two occasions, but was successful the third time. 'Sweden is my homeland', he euphorically declared. Abed's explanation is worth quoting:

> *I had a job in Gaza where I was making a decent income as I was working in the tunnel business. However, I was not able to survive the wars, the lack of security and the lack of future opportunities for my children. This motivated me to travel to Australia. However, I was not successful in gaining refugee status. I had to go back to Gaza to work for another five years to save for my second journey. I have had to pay over $25,000 (USD) to come to Sweden.*

The author interviewed several cases of Gazan families stranded in Athens in 2011, and Poland in 2012. A mother of three explained that, she has sold her jewellery to fund her journey. She travelled legally first to Egypt and from there to Turkey. A people smuggler took her and her children to Greece from Turkey, during

which she faced a perilous sea voyage. The Gazan woman, in her late twenties, describes the decision she made so that she could reach Europe:

> *I have taken this risk so I can have a future for my kids. I expected that I might die; however, this did not stop me from taking the risk. If I stayed in Gaza, I would die every day. Once I attain refugee status, I will be able to invite my husband to join me.*

Another motivation for migration is to receive medical treatment that is unavailable in Gaza. The siege of Gaza has had a disastrous impact on Gaza's battered infrastructure and has set in motion a public health crisis. Thousands of lives, including those of hospital patients with chronic conditions or in need of intensive care, including babies on life support, are endangered by the recurrent electricity cut-outs (Amnesty International, 2017). One Gazan refugee, an academic named Dr Saed, received an invitation to attend a workshop at a British university; (Note 7) as he was in a senior academic position at a Gazan university, he could obtain the visa - six months after his arrival, he was granted refugee status in the U.K. He explains:

> *I had a job in Gaza; however, my three children were suffering from chronic haemophilia. The Ministry of Health in Gaza was not able to provide the required treatment for the three children. It [would] cost $10,000 monthly for the expensive medicine. In the U.K., the National Health Service (NHS) looks after the kids.*

Mohammed, a Gazan in his late twenties, describes how he sought asylum in Belgium, in order to study for a Ph.D. without the need to pay education fees. He plans to stay in Belgium until he receives his doctorate; and. intends to return to Gaza, once he completes his post-graduate education.

Others decided to leave because they were unable to live under the strict rules of Hamas - they are politically opposed to the ruling Islamic movement. I met a former Palestinian National Authority (PNA) security officer in Alexandria, Egypt, who decided to leave Gaza after 2007. He and a group of PNA officers left after three years of living in Gaza, because they could no longer tolerate the Islamist movement restrictions.

Young people aged 15-29 years old, notes Al Waheidi, are the age group most likely to wish to emigrate. Males express a stronger desire to move abroad than do females (PCBS, 2015). This is unsurprising, given socio-cultural traditions in which females typically access only minimum levels of education or financial security, and males assume responsibility for securing living conditions. Interestingly, Courbage et al (2016) show no variance in viewpoints of external migration between Gazans who were educated and those who were not. Indeed, some 13.3 percent of Palestinians aged 15-59 years-old desire to emigrate, claim Courbage et al (2016) – and about 30 percent of these wish to settle elsewhere on a permanent basis. Economic factors behind this include scant job opportunities, inadequate income and poor living conditions:

> *What I noticed when I was measuring the percentage of those who want to emigrate was that it is constantly on the rise, and this is because of economic reasons and the desire of young men to find jobs, especially as unemployment here is 45 per cent.* (Al-Waheidi, 2016)

The research conducted by Al-Waheidi shows education is the motivation that 18.7 per cent of respondents attributed their wish to leave, whilst some 6.6 per cent said the ongoing insecurity in the region was the reason they wanted to emigrate. The desire to emigrate is higher in governorates in the north and middle of Gaza, areas characterised by poor economic conditions. Those living in the southern governorates, for example, face higher levels of poverty and unemployment than elsewhere in the enclave.

According to Courbage et al. (2016), all aspects of life in Palestinian society have been impacted by the social and economic implications arising from migration. It is witnessed, for example, in 'shaping the Palestinian middle class in the diaspora in general, as well as in the replication of conservative culture (Note

10). Services and infrastructure are seen to be upgraded, and living standards improved. Jobs are created locally and economic activities diversified, whilst expertise building, education, and career development see crucial human capital developed abroad. Productive resources have been critically drained in part due to migration, creating significant and challenging consequences for social capital in Gaza (Courbage et al., 2016).

Conclusion

The situation in The Gaza Strip has increasingly deteriorated since 2006. Demographic pressures in terms of population density, age structure, and growth rate are very high, compared to neighbouring countries and regions. The persistent high fertility rate is fuelled by a number of political, economic, socio-cultural, religious and historical factors. Population pressure, combined with the lack of employment opportunities, and pervasive poverty arising from the Israeli blockade, recurring wars and military assaults, limited resources and territorial isolation, together exert an immense strain on the welfare, public services, social and political institutions, and the natural resources in Gaza, which are already inadequate for the needs of the population. This ordeal constrains the capacity of the Palestinian authorities to effectively provide basic services. The result is a rising trend in those who want to leave Gaza due to economic reasons, in particular, the desire of young men to find jobs and education opportunities. This paper argues that, this situation is likely to continue and worsen over the coming years, unless the underlying demographic drivers are addressed. Gaza's economy, infrastructure, and vital services recovery from wars and the blockade, depends on access to jobs, fewer restrictions, and a political solution is reached. It must be concluded that, without quick population policies to respond to its rapid growth and lack of opportunities, Gaza faces a ticking time bomb. This looming demographic challenge must be urgently considered by the PNA, with an opportune moment now presenting itself with the Hamas-Fatah reconciliation agreement signed in October 2017. Palestinians should prioritise reviving the Palestinian economy with foreign support, thus redressing the multiple structural obstacles facing The Gaza Strip, such as the high unemployment rates and the need to create widespread job opportunities. This paper has provided an analysis of the long-term changes in Gaza's population structure in relation to conflict and development that Palestinian policy-makers should bear in mind, whilst attempting to tackle the current existential crisis that The Strip faces."

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Document 2 : DUMONT Gérard-François, « Israël, Territoires palestiniens : quels scénarios géopolitiques possibles ? Entre guerre et utopie », Les Analyses de Population & Avenir, 2023/5 (N° 47), p. 1-36. DOI : 10.3917/lap.047.0001. URL : https://www.cairn.info/revue-analyses-de-population-et-avenir-2023-5-page-1.htm

Note de l'enseignant : Gérard-François Dumont est un démographe identifié plutôt à la droite dure voire à l'extrême droite de l'échiquier politique. Il a par exemple coécrit une tribune dans les années 1980 s'inquiétant avec un autre démographe Bourcier de Carbon, par ailleurs conseiller scientifique du Front National de l'époque, de savoir si "nous serions encore Français dans 30 ans" https://www.lefigaro.fr/actualite-france/quand-le-figaro-magazine-se-demandait-si-nous-serions-encore-francais-en-2015-20211206. Ces positions idéologiques (natalisme) se manifestent à la marge dans le texte ci-dessous avec la métaphore de la guerre appliquée à la démographie ainsi qu'à travers les justifications de la colonisation.

« Une « guerre migratoire »

En cinquième lieu, la partition ne permet pas de mettre un terme à une sorte de « guerre migratoire » qui oppose les deux parties. La population d'Israël est passée d'environ un million lors de la création de l'État en 1948 à près de 10 millions d'habitants en 2023, en grande partie grâce à l'apport d'immigrants et aux descendants de ces migrants. Nombre d'immigrants proviennent des contraintes déployées par leur pays d'origine ayant mis en œuvre, souvent au moment de leur indépendance, des décisions visant à expulser les juifs ou s'expliquent en partie par la montée d'un antisémitisme dans les pays occidentaux, comme la France.

En outre, l'immigration de juifs de la Diaspora en Israël peut aussi relever d'un choix religieux, l'*Alyah*, mot hébreu signifiant littéralement « ascension » ou « élévation spirituelle » et qui désigne pour un juif de la Diaspora le fait d'émigrer vers la Terre sainte. L'Alyah peut aussi se combiner avec des opportunités économiques compte tenu des possibilités offertes par un pays dont le développement économique et technologique a été remarquable. En même temps, les immigrations survenues en Israël depuis les années 1970, facilitées par l'Agence juive pour Israël, héritier, depuis 1948, de l'Agence juive pour la Palestine créée en 1929, correspondent incontestablement à une politique volontariste d'accueil des juifs vivant sur d'autres terres, et donc de croissance de la population juive de l'État d'Israël. Il est vrai que la naissance de cet État, avec une identité juive au cœur de sa construction, explique le vote de la loi du retour permettant depuis 1950 à tout juif, quel que soit son lieu de naissance ou celui de ses ascendants, de rejoindre le territoire d'Israël et de faire son Alya. En 1948 et 1949, Israël comptait alors moins d'un million de juifs et seulement 1,1 million en 1950.

Par exemple, cette politique volontariste s'est illustrée dans les années 1980 par des négociations entre Israël et l'URSS, dont avait été issu un accord dérogeant aux règles générales de ce pays soviétique qui interdisait toute émigration : 150000 juifs avaient alors quitté l'URSS pour Israël. Une autre vague migratoire, particulièrement intense en 1990-1992, a eu pour origine les troubles civils qui traversaient l'Éthiopie et qui portaient atteinte à la sécurité d'une communauté juive anciennement installée, les Falashas. Israël avait organisé en conséquence, par voie aérienne, leur immigration. Autre exemple, une vague migratoire débutant à la fin de l'URSS pour se prolonger après l'implosion soviétique. En effet, en 1990, le président Gorbatchev lève l'interdiction d'émigrer pour les juifs, déclenchant une émigration qui entraîne, dans les années 1990, la venue d'environ 700000 juifs de l'ex-URSS. L'importance donnée en Israël à l'arrivée de ces immigrants ex-soviétiques est telle que le grand Rabbin décide d'autoriser les vols aériens de la Compagnie nationale El Al les jours de shabbat et de fêtes juives. Outre les autres migrations, les trois citées ci-dessus augmentent le peuplement d'Israël, amoindrissent les écarts de croissance démographique entre juifs et arabes d'une part au sein d'Israël, d'autre part au sein de la Palestine géographique. Elles ont également des effets sur le corps électoral d'Israël, donnant de l'importance au « vote russe ».

Les données du conflit du Proche-Orient ne sont donc pas indépendantes de la politique migratoire d'Israël. Il en est de même concernant la réalité migratoire des Territoires palestiniens.

Du côté des Arabes, la volonté de contenir l'émigration pour occuper le territoire est constante. Par exemple, lorsque la bande de Gaza était devenue égyptienne de 1948 à 1967, les Palestiniens de Gaza avaient été interdits de séjour en Égypte proprement dite et volontairement maintenus à Gaza. Ensuite, le contrôle de la frontière méridionale par l'Égypte est resté strict pour contenir toute émigration.

Parallèlement, la stratégie de maintien de camps en Cisjordanie et à Gaza, camps créés pour accueillir des personnes ayant émigré lors de la première guerre israélo-arabe de 1948, ou dans des territoires proches du théâtre d'éventuelles opérations militaires (Jordanie, Liban – carte 3 –, Syrie) augmente le nombre des « réfugiés », puisque ce titre additionne non seulement les survivants des migrations originelles des

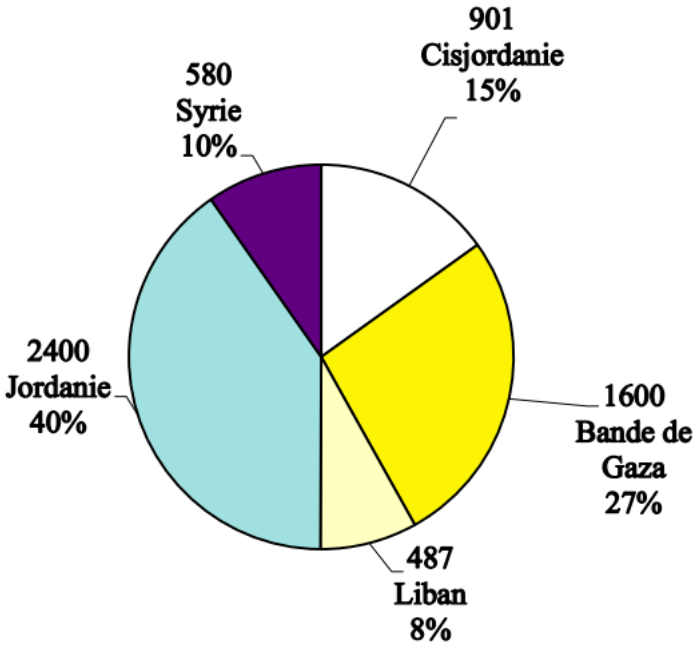
années 1948- 1949, mais aussi leurs descendants, le statut étant héréditaire, ce qui constitue une exception au droit d'asile reconnu par la convention de Genève de 1951.

En 1950, le nombre de personnes ayant le statut de réfugiés auprès de l'UNRWA est de 700000 tandis que d'autres arabes, 170000 après la guerre de 1948-1949, qui vont devenir citoyens israéliens, sont demeurés en Israël.

L'application totale d'un « droit au retour » de tous les Arabes « réfugiés » (donc comprenant les descendants) aurait pour conséquence une augmentation très importante de la population arabe vivant en Israël. S'il s'agissait de tous les « réfugiés » dispersés dans plusieurs pays, ce serait 5,9 millions de personnes. S'il ne s'agissait que des « réfugiés » de Cisjordanie et de la bande de Gaza, ce serait 2,5 millions de personnes (figure 1) qui iraient habiter en Israël. Par le rappel régulier du « droit au retour », les dirigeants palestiniens exercent une pression migratoire [note de l'enseignant : attention, ici G.-F. Dumont justifie la colonisation] en réalité croissante sur Israël sous l'effet du mouvement naturel (excédent des naissances sur les décès) des réfugiés. Pourtant, la concrétisation d'un tel « droit au retour » poserait de très grandes difficultés. C'est sans doute aussi pour cette raison qu'Israël n'évoque jamais un « droit au retour » pour les juifs chassés du Maghreb ou du Machrek pour l'essentiel des années 1950 aux années 1970. Lorsqu'on se rappelle les difficultés de la France métropolitaine de 46 millions d'habitants et de 550000 km 2 à accueillir un million de rapatriés d'Algérie en 1962, Européens d'Algérie ou harkis, on imagine comment un petit pays de la taille de quatre départements français, dont un vaste espace désertique, comptant moins de 10 millions d'habitants, pourrait accueillir en quelques mois plusieurs millions de « réfugiés ». D'ailleurs, cette réalité n'a pas toujours été niée. Par exemple, selon les pourparlers non finalisés de janvier 2001 à Taba en Égypte, il était prévu qu'Israël n'accepte de satisfaire le « désir de retour » que « d'une manière compatible avec l'existence de l'État d'Israël ».

Au total, le maintien volontaire de colonies israéliennes en Cisjordanie, voire la construction de nouvelles colonies, dont le poids démographique s'accroît naturellement, la politique d'encouragement à l'immigration d'Israël et le poids démographique croissant de camps arabes disposant d'un statut héréditaire de « réfugiés » s'additionnent pour rendre fort difficile la mise en œuvre d'une partition en deux États ou pour empêcher la contestation future de toute partition.

Figure 1. La répartition géographique des Arabes enregistrés comme réfugiés par l'UNRWA (en milliers de personnes et en pourcentage du total)



Aux armes de la politique migratoire utilisées dans le conflit israélo-arabe s'ajoutent celles liées au mouvement démographique dit « naturel », dont des effets ont déjà été notés ci-dessus avec la présentation de la forte croissance naturelle du nombre de réfugiés, qui a été multiplié par 8,5 en trois quarts de siècle.

Une « guerre démographique »

À rebours de la baisse de la natalité dans le monde, le Proche-Orient connaît un régime de natalité exceptionnel, tant dans les Territoires palestiniens que dans l'État d'Israël, comme si chaque partie voulait accroire son peuplement sur ce petit territoire, et ne pas enregistrer une baisse de son poids démographique relatif.

Selon le processus quasi universel de la transition démographique, la natalité atteint un niveau réduit lorsque les taux de mortalité sont considérablement abaissés. Or, les Territoires palestiniens dérogent à ce schéma : leurs conditions de mortalité mettent en évidence d'importantes avancées hygiéniques et sanitaires. En revanche, leur taux de natalité demeure particulièrement élevé.

En effet, en dépit du conflit, les conditions de mortalité n'ont cessé de s'améliorer en Cisjordanie et à Gaza, notamment grâce à l'aide sanitaire et nutritionnelle apportée par les organisations internationales. Le taux de mortalité infantile, estimé en 2022 par le Population Reference Bureau, est de seulement 12 décès d'enfants de moins d'un an pour mille naissances dans les Territoires palestiniens, chiffre inférieur à celui des trois pays arabes les plus proches (Égypte, Jordanie, Syrie). L'espérance de vie à la naissance des femmes y est de 76 années, chiffre équivalent à celui de l'Égypte et supérieur à celui de la Jordanie et de la Syrie. Dans ces conditions, la fécondité aurait dû diminuer sur ce territoire de façon importante. Certes, elle a baissé, mais, avec 3,7 enfants par femme, l'indice synthétique de fécondité des Territoires palestiniens est le plus élevé d'Asie occidentale, avec celui du Yémen dont le niveau peut se comprendre compte tenu d'un

taux de mortalité infantile quatre fois supérieur. La fécondité de l'Égypte est estimée à 2,5 enfants par femme, celle de la Jordanie à 2,4 et de la Syrie à 2,7. En conséquence, les Territoires palestiniens enregistrent le taux net de remplacement le plus élevé du monde.

La fécondité des Territoires palestiniens, combinée avec une forte proportion de femmes en âge de procréer issue des fécondités encore plus élevées des décennies antérieures, engendre ainsi un niveau de taux de natalité qui donnerait presque l'impression que ces Territoires ont un régime démographique antérieur à celui de la transition démographique : 29 naissances pour mille habitants. Comme le taux de mortalité est très bas (4 décès pour mille habitants), les Territoires palestiniens comptent, après une quinzaine de pays africains et l'Afghanistan, la plus forte croissance démographique naturelle, 2,5 %, soit deux fois et demie la moyenne mondiale (0,9 % en 2022). De tels niveaux, qui peuvent s'expliquer notamment par la volonté d'affirmer son droit sur le sol, sont en fait rendus possibles parce que les populations sont partiellement alimentées et soignées par des organisations internationales. En dépit des nombreuses guerres, il n'y a donc pas eu de phénomène de paupérisation susceptible d'engendrer une nette diminution de la fécondité, comme cela s'est constaté lors de contre-chocs pétroliers en Iran ou en Algérie, contre-chocs ayant par exemple minoré ou repoussé l'âge au mariage. Notons également qu'à Gaza, le mouvement Hamas a organisé et financé des mariages collectifs dont l'un des buts est de stimuler la natalité.

Cette exception palestinienne dans le mouvement naturel a son pendant dans l'État d'Israël, avec toutefois d'importantes différenciations de fécondité selon les populations. Compte tenu de son faible taux de mortalité infantile (2,8 décès d'enfants de moins d'un an pour mille naissances en 2022) et de la longévité de l'espérance de vie à la naissance des femmes (85 ans) comme des hommes (81 ans), la transition de sa mortalité est terminée en Israël depuis plusieurs décennies et le régime démographique naturel de ce pays conduit à le classer dans la période postransitionnelle. Mais la plupart des pays dans cette situation enregistrent des fécondités inférieures au seuil de simple remplacement des générations (en Europe ou dans les nouveaux pays industriels d'Asie), même si l'intensité de leur « hiver démographique » est variable.

Parmi les pays ayant terminé leur transition démographique, Israël compte donc, de très loin, la fécondité la plus élevée, 2,9 enfants par femme en 2022, le taux de natalité le plus élevé (20 pour mille habitants) et le taux d'accroissement naturel le plus fort (1,4 %), donc une dynamique totalement inverse des pays dont le taux d'accroissement naturel est négatif comme la Grèce, l'Italie, le Japon ou le Portugal.

Le niveau singulier de fécondité d'Israël s'analyse en considérant les comportements différenciés des populations y résidant, et notamment leur degré de religiosité. Car ce chiffre de 2,9 enfants par femme n'est que la moyenne des comportements de fécondité des Israéliennes juives, moyenne qui ne doit pas masquer une singularité du mouvement naturel en Israël. En effet, le Bureau central des statistiques d'Israël continue de scinder la population juive en plusieurs catégories selon le niveau de religiosité : ultra-orthodoxes ou haredim, juifs traditionnels ou « libéraux », et juifs laïcs ou « séculiers ».

Or, la fécondité de ces groupes est fort différenciée. Celle des juifs ultra-orthodoxes ou juifs haredim dépasse les six enfants par femme. De nombreux haredim souhaitent une famille nombreuse pour compenser les millions de vies perdues durant l'holocauste, ou sont persuadés de servir Dieu en procréant. Ils ont peu recours aux outils modernes de contraception. Plus généralement, leur moindre usage de la télévision ou d'internet les éloigne d'influences extérieures, par exemple des discours malthusiens assez largement relayés dans les médias. En outre, les femmes haredim se marient généralement plus tôt, à un âge où la fertilité est plus élevée et cela signifie une plus longue période de procréation possible dans des catégories religieuses où les naissances hors mariage seraient malvenues. Comme, en outre, c'est parmi les ultra-orthodoxes que l'on trouve les plus faibles pourcentages de femmes non mariées, leur influence sur la natalité en Israël s'en trouve accrue.

À l'inverse, les juifs laïcs ou séculiers comptent une fécondité autour de 2 enfants par femme. Entre ces deux extrêmes, les juifs « libéraux » ont une fécondité aux environs de 3,9 enfants par femme. En conséquence de ces évolutions, depuis le milieu des années 2010, la fécondité des Israéliens juifs et musulmans serait désormais quasiment au même niveau.

Il n'est pas aisé de trouver des explications à la fécondité élevée des juifs « libéraux ». Ce ne peut guère être les possibilités de congés parentaux qui, en Israël, ne sont pas très étendues. Toutefois, la conciliation entre vie professionnelle et vie familiale est facilitée par une forte implication des grands-parents rendue possible notamment par une fréquente proximité géographique entre le domicile des parents et des grands-parents. L'importance de la volonté d'accueillir des enfants se lit peut-être aussi dans les sondages d'où il résulte que les Israéliens se considèrent plus heureux que les populations de nombre de pays occidentaux et affichent une certaine confiance en l'avenir.

Enfin, l'État israélien s'est mobilisé pour lutter contre l'infertilité en finançant les traitements médicaux contre ce risque et en subventionnant les fécondations in vitro. Ceci ne permet qu'un nombre réduit de naissances supplémentaires, mais l'État montre ainsi combien il souhaite favoriser la procréation.

Les évolutions dans la fécondité différenciée selon les populations expliquent un changement limité entre le poids des juifs et des Arabes, ces derniers étant très majoritairement musulmans.

Selon les statistiques d'Israël (CBS), les Arabes représentaient 18 % de la population totale du pays en 1996. Ce pourcentage a certes augmenté en un quart de siècle de 3 points, atteignant 21,1 % en 2021, mais cette augmentation a été plus faible qu'envisagé compte tenu, comme précisé ci-dessus, de la diminution de la fécondité des Arabes. En conséquence, les Israéliens arabes demeurent une minorité certes relativement accrue, mais toujours minoritaire, sachant que leur fécondité s'est abaissée, en dépit des effectifs croissants des femmes arabes en âge de procréer et en raison d'une fécondité moyenne de la population juive demeurée élevée. La part des Israéliens juifs demeure donc incontestablement majoritaire, avec 74 % de la population en 2021 contre 80 % en 1996. Finalement, ce sont les petites minorités, soit des chrétiens non arabes, des personnes d'autres religions et celles n'ayant aucune affiliation religieuse, souvent originaires de l'ex-Union soviétique, augmentées par des immigrants venus de pays non arabes, dont le poids relatif s'est le plus accru, passant de 1,5 % en 1996 à près de 5 % en 2021.

Ces données démographiques singulières et différenciées ont des effets politiques. Les Territoires palestiniens disposent d'un potentiel démographique important en raison de leur régime démographique sans oublier l'existence des populations palestiniennes vivant ou non dans des camps de réfugiés en Jordanie, au Liban ou en Syrie. Les projections démographiques proposent des réponses à deux questions : premièrement, le poids démographique relatif de la population d'Israël en Palestine géographique va-t-il baisser ? En second lieu, le poids démographique relatif des Israéliens arabes, qui a augmenté – toutefois modérément – dans les décennies passées , va-t-il prendre une importance relative plus grande en Israël ?

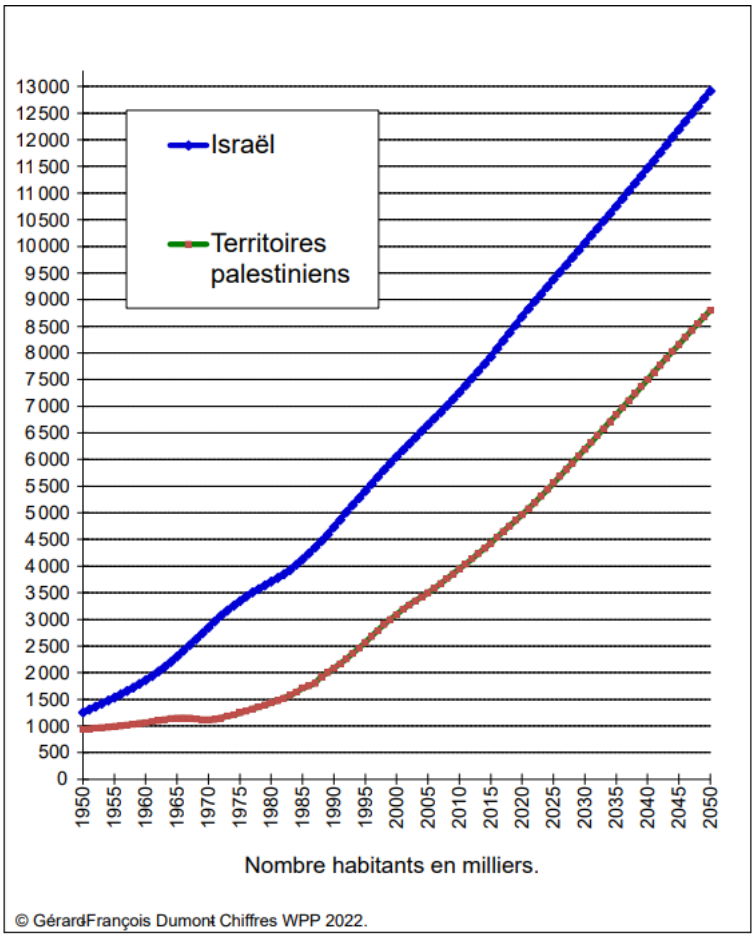


Figure 3. Projections démographiques des populations d'Israël : scénario central

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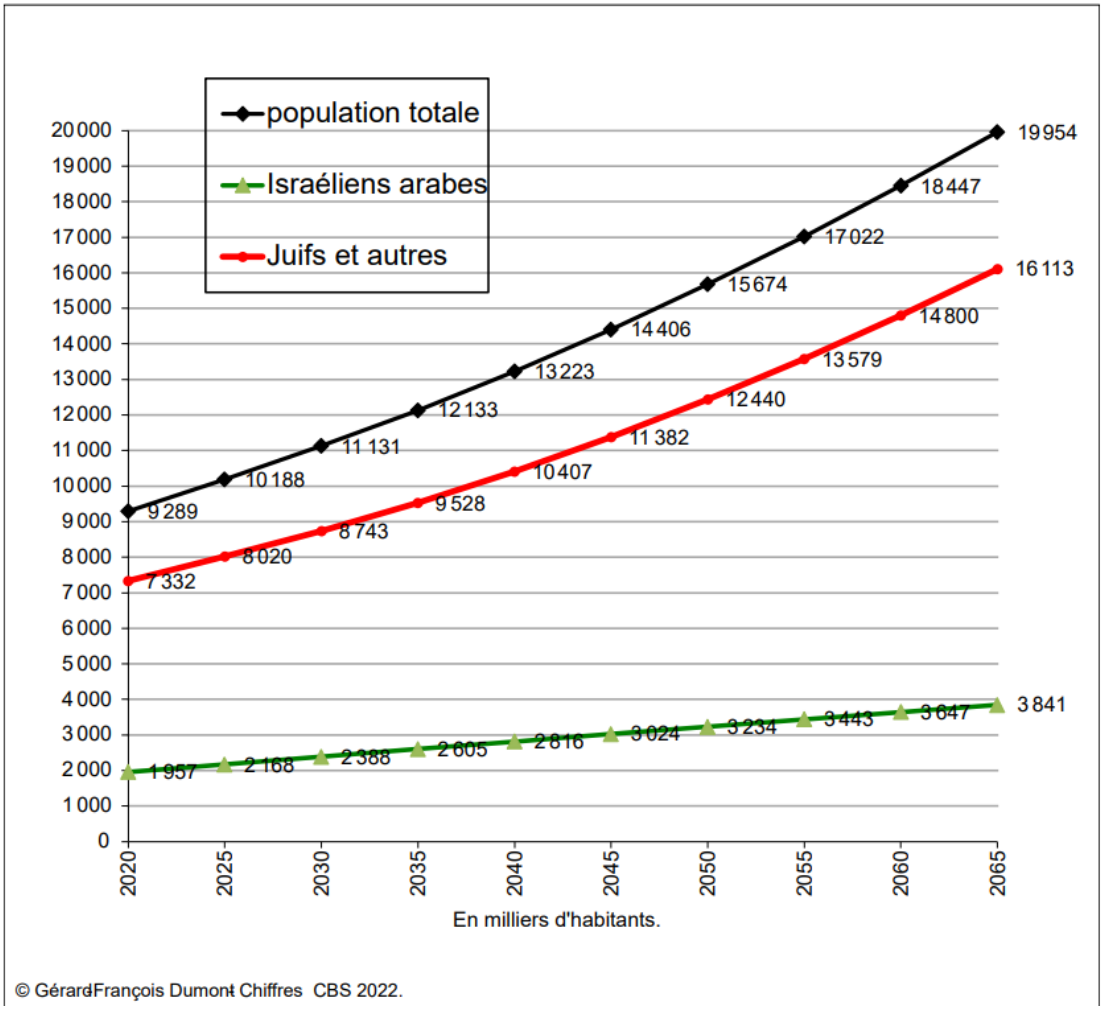

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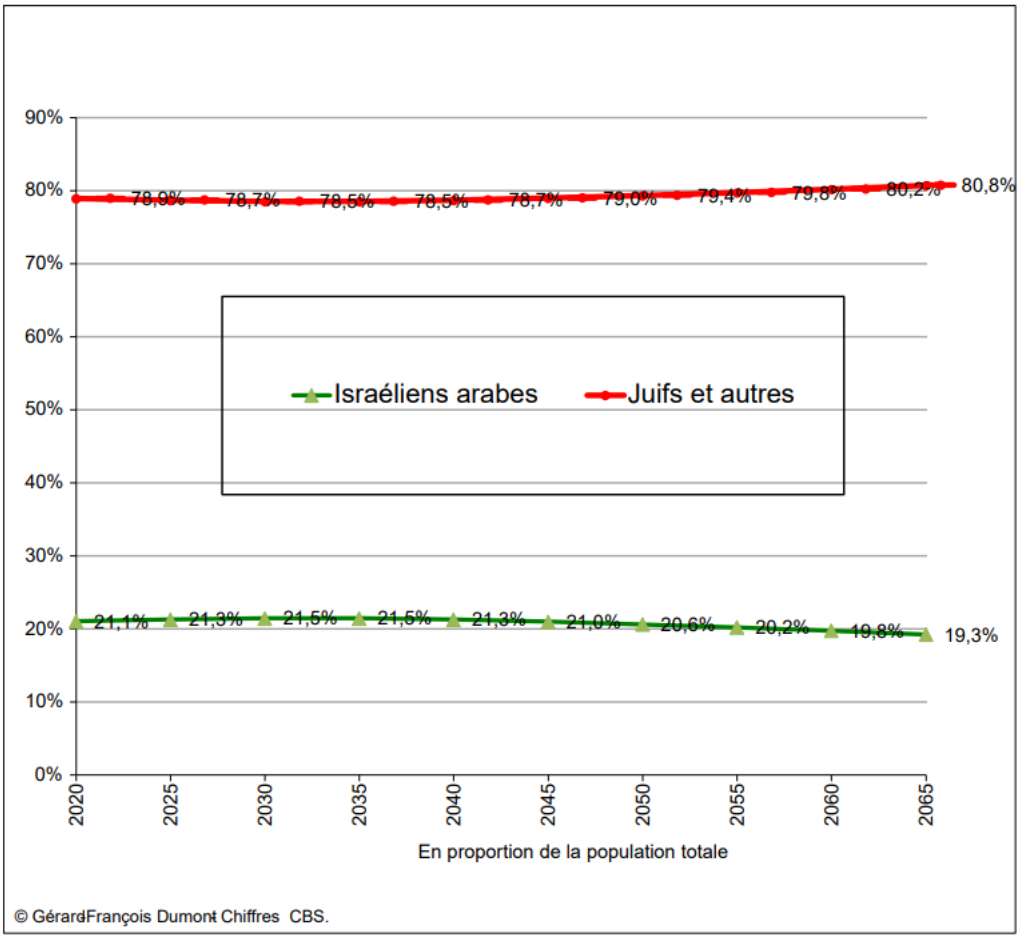
Figure 4. Projections démographiques des populations d'Israël : répartition en pourcentage



Ainsi, la loi du nombre bénéficie et semble devoir bénéficier, selon les projections moyennes, tant à la population des Territoires palestiniens qu'à celle d'Israël avec un poids démographique relatif de la population d'Israël qui resterait majoritaire. Elle semble également permettre à la catégorie désignée par les statistiques d'Israël « juifs et autres » de rester largement majoritaire dans la population d'Israël. En outre, au sein d'Israël, le poids démographique relatif des juifs ultraorthodoxes pourrait continuer à augmenter.

Pour le dire autrement, sauf évolution abominable liée à des armes particulièrement meurtrières, les juifs d'Israël doivent savoir qu'ils auront des voisins arabes dans et à côté d'Israël et les Israéliens arabes comme les habitants de la Palestine géographique qu'ils auront des voisins juifs. Personne n'a gagné la « guerre des berceaux » et, au regard des projections démographiques moyennes, personne ne la gagnera. Quant à la « guerre migratoire », le plus probable est que personne ne la gagnera non plus sauf considérables migrations d'Arabes des pays où ils résident vers les Territoires palestiniens. »

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Document 3 : LUSTICK, Ian S. The Red Thread of Israel's "Demographic Problem". Middle East Policy, 2019, vol. 26, no 1, p. 141-149.

« "In the spring and early summer of 2018, Israeli forces shot or gassed more than 16,000 people. The ferocity of this response to the massing of Palestinians near the barrier surrounding the Gaza Strip is striking but not astonishing. It reflects a fundamental truth and springs from a deep fear. The truth is that the essential aspiration of the late nineteenth and early twentieth century architects of the Zionist movement was to ensure that somewhere in the world — and that place came to be Palestine — there would be a majority of Jews. The fear is of Jews losing the majority they achieved.

For centuries, said the founders of Zionism, Jews lived as a minority everywhere and as a majority nowhere; everywhere as guests, nowhere as hosts. This unnatural condition they identified as the taproot of anti-Semitism. Gentile fear and hatred of Jews would end, or at least diminish, to safe levels once Jews could point to a land where they, like other "normal" peoples, were a majority and among whom lived others as minorities and as guests.

Demographic predominance in Palestine thus became Zionism's categorical imperative. The contradiction between this objective and other Zionist goals (including settling and ruling the "whole Land of Israel") explains much about the history of Zionism and Israel. It also explains Israel's unblinking use of violence against thousands of men, women and children and why Israel's inability to sustain a Jewish majority is accelerating its adoption of less and less deniable forms of apartheid.

[…]

In 1937, David Ben-Gurion and the Labor Zionist leadership of the movement, using arguments of demography, desperate need and realism, was barely able to convince his associates to at least negotiate with the British about their offer to partition Palestine into Jewish and Arab states. The British withdrew the offer, but Ben-Gurion was astounded and gratified to learn that, with partition, the British had imagined evacuating most of the Arab population of the Jewish state. The image of attaining so purely Jewish a state fired Ben-Gurion's imagination and helped lay the groundwork for his excitement about accepting the UN partition plan 10 years later.

Demographic considerations weighed heavily in Ben-Gurion's decision to accept a truncated and divided Jewish state, as outlined in the UN partition resolution of November 1947. But as it stood, the state would still have as many Arabs as Jews living in it. Having judged that his forces would prevail in the fighting that engulfed the country, that international intervention would not occur, and that a Jewish state would emerge, what became crucial was to ensure that the "liberation" of additional territories did not threaten the imperative of Jewish demographic predominance.

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and that a Jewish state would emerge, what became crucial was to ensure that the "liberation" of additional territories did not threaten the imperative of Jewish demographic predominance. Under Ben-Gurion's direction, the Haganah (the Zionist movement's main underground army) and its strike force, the Palmach, then acted to systematically reduce the Arab population of the areas the state came to control. This was accomplished by expulsions and by refusing to allow refugees to return to their homes. The same demographic imperative also helps to explain Ben-Gurion's decision to overrule his commanders and refuse permission to extend the war by conquering the West Bank. Ben-Gurion wanted the territory, but he feared the demographic implications of its large Arab population more.

In the decade prior to the June War of 1967, Labor Party governments, whether under Ben-Gurion's leadership or not, deemphasized irredentism, characterized the West Bank as "foreign territory," and more or less accepted a small Arab minority as a permanent feature of the State of Israel.

[…]

in June 1967, Israel did extend the enforcement of its laws to a 71-square kilometer chunk of the West Bank that included East Jerusalem (alQuds). But even this act was meticulously implemented according to the demands of the demographic imperative. The expanded boundary of what Israel announced as the municipality of Jerusalem twisted and turned to maximize vacant land while minimizing the number of Arab inhabitants.

Deliberately avoiding formal "annexation" or the declaration of Israeli sovereignty over the area (something that was also avoided in the 1980 "Basic Law: Jerusalem, Capital of Israel"), the government issued a complex collection of amendments to existing laws and ministerial decrees. Their effect was to extend the boundaries of the Israeli municipality of Yerushalayim, rather than the boundaries of the State of Israel. One crucial reason for this subterfuge was that it made the 60,000 Arab inhabitants of al-Quds and its environs "permanent residents" but not Israeli citizens, thereby softening the political consequences of adding to the demographic burden of the country's non-Jewish minority.2

In 1977, during the ramp-up to the Camp David summit with Anwar Sadat and Jimmy Carter, Begin offered an Israeli citizenship option for the population he referred to as "the Arabs of the Land of Israel living in Judea, Samaria, and the Gaza District" if Israel's sovereignty over these areas were recognized. But this provision, contained in the hand-written version of Begin's original "autonomy plan," was quickly removed. Even for the Cabinet of a government dominated by territorial maximalists, awarding citizenship to millions of Palestinians was too direct and dangerous a contradiction of Zionism's demographic imperative.

Stoking Jewish hatred of Arabs led many Israeli Jews in a very different direction, toward support for the "transfer" or expulsion of Arabs out of the territories and even out of the country. From the early days of the Zionist movement, most of its members rejected mass expulsion as a way to fulfill the demographic imperative, for moral or practical reasons or both. Nevertheless, the idea was regularly if quietly discussed. In his diary, Theodore Herzl fantasized about trying to "spirit the penniless Arab population across the border. As- noted, Ben-Gurion's 1937 epiphany, that a large-

scale transfer of Arabs was something the international community could tolerate, paved the way for the removal of seven-eighths of the non-Jews living in the portions of Palestine that became the State of Israel in 1948.

Instructively, the fact that mass expulsion occurred in 1948 and was violently enforced all along the Armistice Lines in the early 1950s, was denied by Zionist and Israeli propagandists for decades. This avoided the need to justify it but also implied that, had it occurred, it would not have been justified.

This changed in the 1980s. Israeli historians, with access to state and army archives, proved that demographically motivated forcible transfer had occurred in 1948. Along with the need to respond to the demographic argument of Israeli doves, this more honest account of the past encouraged many on the right to embrace the truth of past expulsions and the correctness of this approach for meeting the demographic challenges of the 1980s. As it became clear that even governments ideologically committed to annexation would not implement it because of the demographic problem or the fear of being punished by voters for adding millions

of Arabs to the state's population, and as Arab citizens attained at least a modicum of national political influence, right-wing politicians amplified explicit calls for expulsion of Arabs, through either "voluntary" or "involuntary transfer." These appeals emanated from Rehavam Ze'evi's "Moledet" (Homeland) Party, which made encouragement of "voluntary transfer" of all Arabs from the Land of Israel its central objective.

Outright expulsion was advanced most vehemently by Meir Kahane's Kach Party. Kahane was an American rabbi who founded the violent Jewish Defense League. After immigrating to Israel, he ran for Knesset on a platform of imposing strict segregationist and discriminatory laws against Arabs, including laws against miscegenation. But his fundamental demand was to rid the country of Arabs, by intimidation if possible, and by force if necessary. His slogan was, "I say what you think!" and it resonated strongly with disadvantaged sectors, the young and the poorly educated, Mizrahi Jews (Jews from Muslim countries or whose parents immigrated from Muslim countries). In August 1984, 15 percent of Israeli Jews surveyed agreed that "the Arab population across the green line should be deported." In 1985, the New York Times described Kahane as the most talked about politician in Israel. At one point that year, polls showed his party winning up to 12 seats if new elections were held. In September 1986, 38 percent of Jewish Israelis said they supported those working to "make the Arabs leave Judea and Samaria."

Accordingly, it promulgated an "anti-racism" law that barred Kach from competing. Although the eruption of the Palestinian Intifada intensified Jewish fears and encouraged "transferist" talk in some right-wing and settler circles, the tenacity of the revolt, the Israeli military's definition of it as a political solution, the logistical challenges of arranging demographically significant expulsions, explicit warnings from left-wing figures that Jews would actively work to thwart orders to deport masses of Arabs, and Prime Minister Shamir's participation in the Madrid conference, combined to drain "transfer" of its public appeal and its discursive resonance.

However, in recent decades the idea of removing masses of Arabs from the country has again increased. According to a series of surveys conducted by the Pew Foundation in 2014 and 2015, 48 percent of Jewish Israelis agreed or strongly agreed with the statement that "Arabs should be

expelled or transferred from Israel," including 87.5 percent of those describing themselves as right wing. On the other hand, despite substantial political and psychological support for such drastic measures, the mass removal of Arabs from the country no longer appears in Israeli political discourse as an explicitly advocated formula for solving the "demographic problem".

Immigration and absorption efforts targeting the former Soviet Union, deployed a network of settler activists and other "shlichim" (immigrant recruiters) to scour the former Soviet Union for recruits, and successfully pressured the United States to prevent Jews leaving the Soviet Union from "dropping out" to settle in America.

However, the number of Jews in the former Soviet Union, though large, was not large enough to change frightening demographic projections. By the early 1990s, it became necessary to depend on attracting non-Jewish immigrants. By taking advantage of an amendment to the Law of Return from the 1970s, anyone with a relationship by marriage or blood to a Jewish grandparent or spouse was deemed "eligible to enter Israel under the Law of Return." As a result of this policy, it is estimated that 35 percent of the more than 900,000 immigrants who came to Israel from the former Soviet Union after 1989 were not Jewish. This reality was suppressed for many years but is now well known. In effect, to solve the demographic problem, the right was willing to measure the number of Jews in the country, not against the number of non-Jews, but against the number of Arabs. They would protect Israel's status, not as a "Jewish state," but as a "non-Arab state."5 Toward this end, tens of thousands of Ethiopian Jews and those who claimed their ancestors were Jews, were brought to Israel (the first groups of them were secretly settled in Kiryat Arba, the large Jewish settlement on the outskirts of Hebron in the West Bank). More controversial were worldwide searches by immigration recruiters desperate to combat the Arab demographic threat by discovering "lost tribes" of Jews (or at least non-Arabs) in southern Africa, Central and Latin America, and South Asia.

In the early 2000s, Jewish immigration into Israel dwindled while alarms were raised about relatively high rates of Jewish emigration. Indeed, annual calculations revealed that in some years more Jews were leaving than entering the country. In this context, demographic concerns intensified, and a new "solution" emerged: disengagement from the densely populated Gaza Strip.

[…]

As the plausibility of a negotiated two-state solution has disappeared, the reality of Israel's permanent entanglement with the entire Arab population of the country, from the Jordan River to the Mediterranean Sea, has triggered waves of demographic panic. Fevered discussion of the issue was ignited in March 2018, when an Israeli military official made public what had been believed by demographers for several years: that there were more Arabs living in Israel, the West Bank and Gaza, than Jews."

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Document 4 : **ABUSNEINEH, Bayan. (re) producing the Israeli (European) body: Zionism, anti-Black racism and the Depo-Provera Affair. Feminist Review, 2021, vol. 128, no 1, p. 96-113.**

"Introduction: the 'Depo-Provera Affair'

This article investigates the coerced injections of Depo-Provera against newly immigrated Ethiopian women during the 1990s and 2000s as a window to examine the broader management of Black life and death in Israel and to argue that Israeli anti-Blackness is co-constitutive of the Zionist settler colonial project.

Born in Ethiopia, Takele immigrated with her family to Israel in 1991 at the young age of 6 as part of Operation Solomon, an Israeli military operation that transported over 14,000 Ethiopians to Israel.

[…]

This portrait represents a critical moment of the 1990s in the collective memory of Ethiopian-Israelis, when they learned that the Magen David Adom, the Israeli Red Cross, secretly and deliberately destroyed thousands of units of blood donated by Ethiopian immigrants because of fear that it was contaminated with the virus that causes AIDS, a prevailing colonial construct that suggests African 'uncivility' and 'primitivity'. In fact, it was not until 2016 that Ethiopian-born Israelis could donate blood.

[…]

In 2013, then Israeli Deputy Health Minister Yaakov Litzman admitted that doctors in transit camps in Ethiopia and absorption centres in Israel administered Depo-Provera contraceptive shots to Ethiopian immigrant women without their consent. Depo-Provera is a contraceptive injection that contains the progesterone hormone, typically administered once every three months. The injection prevents pregnancy by stopping the production of progesterone and oestrogen, which in turn inhibits ovulation and prevents the lining of the uterus from being prepared to accept a fertilised egg (Smith, 2005). The controversy around the Depo-Provera Affair first emerged in 2008, when Sebba Reuven interviewed thirty-five Ethiopian women awaiting immigration to Israel. Israeli investigative journalist Gal Gabbay included some of these stories in the television documentary report Where Did Our Children Go? (2012, my translation), which aired on the Israeli Educational Television programme Vacuum, sparking national outcry and protests. These reports concluded that Israeli doctors in Israeli-run transit camps in Addis Ababa, Ethiopia and Israeli absorption centres coercively administered Depo-Provera inoculations to Ethiopian women.

[…]

In countries such as the United States, the United Kingdom and Israel, Depo-Provera is not typically the first choice when it comes to doctors recommending contraceptives because of its significant possible side effects of irregular menstrual cycles, vaginal bleeding, headaches, osteoporosis and psychological issues including depression and mood swings. Because Depo-Provera includes progestin, it increases women's risk of permanent infertility, termination of their periods and breast and cervical cancer. Dorothy Roberts (1997, p. 145) argues that 'an injection [of Depo-Provera] is closer to temporary sterilization because its effects are irritable once the hormones are shot into a woman's bloodstream'. Reproductive and women's rights activists in Israel, such as Isha L'Isha, Achoti-Women and the Israeli Association for Ethiopian Jews, demanded that the Israeli Ministry of Health conduct an investigation after they noticed a 50 per cent drop

in birthrate within the previous decade among Ethiopian women. Rachel Mangoli, the director of the Women's International Zionist Organization (WIZO) branch in Haifa, established a day care facility for 120 Ethiopian children at her absorption centre. She expressed alarm after realising that only one Ethiopian child had been born within the past three years. She reports: 'I started to think about how strange the situation was after I had to send back donated baby clothes, because there was no one in the community to give them to' (Mangoli quoted in Tober, 2013). Mangoli followed many cases in which Ethiopian women complained to her that they suffered from pregnancy-like symptoms, including morning sickness, a swollen abdomen and fatigue. As a result, she accompanied them to a gynecologist at the Pardes Katz Government Hospital, where doctors informed her that they administered Depo-Provera to the women every three months without the women's knowledge. The clinic manager revealed to her that his staff had received instructions to administer the birth-control injections to these women but failed to reveal from whom they had received these instructions.

The Israeli women's organisation Isha L'Isha (Women to Women), in Haifa, published an investigative report in December 2008 about the widespread use of Depo-Provera in the Ethiopian community (Eyal, 2013). The report revealed that among the 4,833 Israeli women injected with Depo-Provera between 2005 and 2008, 57 per cent of them were of Ethiopian origin, despite the fact that Ethiopians comprise less than 2 per cent of the total population in Israel (ibid.). Ethiopian immigrants to Israel are moved around multiple institutions to process their immigration, including the Joint (a Jewish-American aid organisation), the Jewish Agency (for immigration matters) and the Immigration Absorption Ministry, where they are overwhelmed with pro-Depo-Provera arguments and required to attend family-planning workshops. . Many of the women claim that the doctors informed them neither about what the shots were for nor that they would cause temporary sterilisation. In a documentary interview with one of the women, Emawayish, she expresses what happens if they refuse to take a shot: 'We said we won't have the shot. They told us, if you don't you won't go to Israel and you won't be allowed into the Joint Office, you won't get aid or medical care. We were afraid … we didn't have a choice. Without them and their aid, we couldn't leave there. So, we accepted the injection' (Where Did Our Children Go?, 2012, my translation).

Before immigrating to Israel, many Ethiopian women attended workshops in Gondar (a region in Ethiopia where many assembled prior to immigrating to Israel), where they received instruction about contraceptive methods, with officials mostly informing them about Depo-Provera. The interviewees said that the workshops they attended taught them how to raise their children and 'that it is more important to take care of the children who were already born than to bear new ones' (Eyal, 2013). While the Israeli Ministry argued that Ethiopian women voluntarily accepted the injections, the way that doctors administered Depo-Provera and enforced family planning practices reflects how 'poor [Black] women … have had to negotiate economic and institutional constraints that blur the boundary between voluntary and coercive' (Kline, 2010, p. 108). These fear tactics and threats of not being able to immigrate to Israel reflect state and institutional methods of state coercion and manipulation, rather than the women's personal choice, showing that the practice of coercively injecting Ethiopian women with DepoProvera is 'about reducing the number of births in a community that is Black and mostly poor … the unspoken policy is that only children who are white and Ashkenazi are wanted in Israel' (Eyal, 2013).

Hospitals in the United States, similarly, administered Depo-Provera to Black, Indigenous and disabled women without their consent as a method of population control. Reproductive control of Black, Brown and Indigenous women through Depo-Provera—and other forms of sterilisation—is often justified through blaming these women for societal problems, such as poverty, alcoholism and dispossession. These problems are posed as inherent traits of these women rather than a result of structural issues such as colonialism,

slavery and the unequal distribution of wealth and labour. Similarly, Ethiopian-Israelis suffer from high rates of poverty and educational inequality, and often work the lowest wage jobs in Israel. Thus, it can be argued that Ethiopian women in Israel bear the brunt of these issues, where they are coerced into taking Depo-Provera as a means to 'solve' these problems. These structural conditions of colonialism and poverty also limit Ethiopian women's bodily autonomy and individual freedoms, placing the blame on the individuals rather than on institutions (Ross, 2017). This article looks at the coerced nature of the Depo-Provera injections as a eugenics project, to eliminate the inherent 'primitivity' carried by Africans.

Israeli settler colonialism and the gendered racialisation of the 'Jew'

The coerced nature of these injections against Ethiopian women illustrates how the management of Black African life and death is constitutive of Israeli settler colonialism, where its primary goals are to eliminate the native Palestinian population but still create a body politic of white Europeans / 'New Jews' (King, 2014). With the establishment of Israel as a state in 1948, 'Jewishness' or being a part of the Jewish 'race', as determined by the Orthodox rabbinate, became the official measure in determining national identity. However, as this article will reveal, the matter of who is able to claim full civic, political, social and economic rights in Israel is highly contested.

In settler colonial societies such as Israel, the United States, Canada and Australia, among others, the principal objective of governments and settler-citizens is the acquisition of land for permanent occupation and domination. Rather than a singular event, settler colonialism requires the displacement and subordination of the Indigenous groups occupying desired land and seeks to replace them with a different society (Wolfe, 2006). In the context of Israel, the ideology and political movement of Zionism subjects Palestine and Palestinians to ongoing structural and violent forms of dispossession, land appropriation and erasure in order to construct a new Jewish state (what Palestinians call the 'ongoing Nakba') (Salamanca et al., 2013; Barakat, 2017).

Fayez Sayegh (2012 [1965], p.21) suggests that in addition to territorial expansionism, racism and violence accommodate the Zionist settler state: '[Racism] is inherent in the very ideology of Zionism and in the basic motivation for Zionist colonization and statehood'. The logic of the Zionist settler regime in Palestine is racial elimination against the native Arab population: 'it is against these remnants of the rightful inhabitants of Palestine that Zionist settlers have revealed the behavioural patterns of racial supremacy, and practiced the precepts of racial discrimination, already made famous by other racist European colonists elsewhere in Asia and Africa' (ibid.). Racism, in conjunction with the conquest of territory, is the cornerstone of Zionist settler ideology, where the racial elimination of native Palestinian land and people works alongside the racialisation of other groups, including Mizrahi and Sephardi Jews,4 whose association with the Arab world contradicted Israel's desire to be a Western (European) nation. Along with anti-Arabness, the Zionist settler colonial project is similarly entangled with structures of anti-Blackness5 and antiSemitism, which is evident in the Depo-Provera Affair. The targeting of Ethiopian women's bodies complicates traditional discourses of Israeli settler colonialism, which typically configure a relationship between the Native (Palestinian) versus the Settler (Israeli), by highlighting the nuances within the figure of the settler/Israeli, and demonstrates Israel's desire to become a white (European) nation. While the Zionist political movement claimed to be a liberation movement for all Jewish people, in actuality it served as a liberation movement for European (Ashkenazi) Jews[1], leaving out Mizrahi, Sephardi and Ethiopian Jews (Shohat, 1988).

[1] Following other scholars such as Ella Shohat (1999), 'Mizrahim' is defined as an umbrella term for Jewish people from North Africa, the Middle East and Iran. The physical creation of Israel simultaneously constructed other racial categories and identity markers, including those who fall between the category of 'Arab Jews', differentiating between the Mizrahim and Sephardic Jews. Sephardim refers strictly to the Jews of Spain who retained their

European formations, both genocide and settler colonialism, have 'employed the organizing grammar of race', where different racial regimes within the late-eighteenth century codified, enforced and reproduced the unequal relationships onto their populations (Wolfe, 2006, p. 387). Similarly, Zionist pioneers eagerly established a nation state for Jews in an attempt to escape European persecution by embedding similar racial ideologies prominent in Europe, and reproducing the polarised binaries of the superior, enlightened West and the inferior, primitive East. Edward Said (1979b, p. 24) argued that the Zionist mission not only attempted to save the Jewish people from anti-Semitism and restore them into nationhood, but it 'collaborated with those aspects of Western culture making it possible for Europeans to view non-Europeans as inferior, marginal, and irrelevant' despite their geographical origins in the East.

[…]

While they knew they could not assimilate into Europe as Europeans, Zionists sought to still be a part of it, requiring 'their physical departure from its shores; through this process, the Jew could (finally) be part of, even if not in, Europe' (Seikaly and Ajl, 2012, p. 121). Rather than challenge this discriminatory and racist ethos that excluded them from integrating in Europe, Zionists internalised and reproduced these ideologies—including anti-Semitism and anti-Blackness—by inferiorising the non-Western Jew and civilising her by erasing her difference, to gain acceptance within Europe (Erakat, 2015). Zionist theorists including Arthur Ruppin (1903), Theodor Herzl (1902) and Max Nordau (1895) believed that European Jews were physically and morally weak, parasitical, feminine and without roots. This internalisation of anti-Semitism by European Zionists led to their desire to construct the 'New Jew' in Palestine and becomes the lens through which I contextualise the Depo-Provera Affair. This process required the acquisition of Palestinian land as well as constructing a more masculine, fit and 'normal' European body politic in Palestine. Anti-Semitism is a European social construct and, along with African Slavery and colonialism, constructs Europeanness. The construction of the 'New Jew' (European/Ashkenazi), which later becomes the Israeli subject, is produced through the racialisation or the distinct otherness of the 'Jew'—first the European, then later the Middle Eastern (Mizrahi/Sephardi) Jew, and eventually the Ethiopian Jew, linking anti-Blackness, anti-Arabness and anti-Semitism. However, in order for the 'Jew' to be 'whitened', 'he' must be defined against a 'darker' race (the 'Jew'), who later becomes Middle Eastern and Ethiopian Jews. Zionism is thus defined through the racialised antagonisms of the Settler versus the Native and the European/'New Jew' versus Jew, whereby Ashkenazi Jews deny their Jewishness in favour of the anti-Black coloniality of Europeanness that eventually produces Zionist personhood and Israeli anti-Blackness (Johnson, 2017a, 2017b, 2017c).

Structural racism and the health of Palestinian citizens of Israel

"**Palestinian health inequities in Israel**

Racial palestinianization, like anti-Black or anti-indigenous racism in the US, generates a social hierarchy that configures and naturalises structural racism in Israel. Because structural racism inevitably has health consequences, the health inequities of PCI follow a similar pattern to other indigenous populations in settler colonial states (Tanous, 2023; Wispelwey et al., 2023). PCI on average have a life expectancy 3–4 years shorter than the Jewish Israeli population, a gap that has been widening since the 1990s and is commensurate with the longevity gap between Black and White Americans (Himmelstein et al., 2022; Saabneh, 2016;

'Spanishness' even outside Iberia, for example in Turkey, Bulgaria, Egypt, Palestine and Morocco. Mizrahim similarly became a widely accepted term during the 1990s as a political and cultural category of a Third-World coalition of Arab Jewish descendants today.

Saabneh, 2021). More than 90% of Palestinians live in completely segregated towns, which has been linked to higher levels of anxiety (Daoud et al., 2020) and shorter life expectancy (Saabneh, 2021). Nine out of the ten towns with the highest overall mortality rate in Israel and all ten towns with the highest mortality rate from heart diseases are towns inhabited entirely by PCI (Israeli Ministry of Health, 2020; Tanous, 2023).

As seen in Table 1, the Palestinian death rate in Israel is 2.96 times higher from motor vehicle injuries, 2.69 times higher for respiratory diseases, 2.25 times higher for diabetes, and 1.85 times higher for hypertension compared to the Jewish population (Chernichovsky et al., 2017). The neonatal mortality rate is 2.56 times higher for PCI overall, but this inequity is as high as 3.6 times higher in the south where Palestinian Bedouin communities reside (Israeli Ministry of Health, 2020). PCI have significantly higher age and sex-adjusted diabetes prevalence rates: 18.4% compared to 10.3% among Israeli Jews (Jaffe et al., 2017). PCI suffer from heart attacks at a much younger age and survive for fewer years afterward (Karkabi et al., 2020). They also have a 5.5 times higher relative risk of death from homicide compared to Israeli Jews (Tanous et al., 2020). During the COVID-19 pandemic, the PCI age-adjusted death rate was three times higher than that of the general population in Israel (Efrati, 2021).

This evidence makes clear that the health inequities between PCI and the Israeli Jewish population are pronounced, and as Bailey et al (Bailey et al., 2017) have argued in the US context, such disparities require a critical interrogation of the broader structural health determinants and their intersections with racism. In the following section, we describe some of the major social determinants of health that shape the lives of PCI as a product of the discriminatory policies they face as a racialized community in Israel.

Table 1 . Age adjusted death rate per 100,000 for Jewish Israeli and Palestinian Citizens of Israel, 2014 (Chernichovsky et al., 2017).

Cause of death	Jewish Israeli	PCI	Ratio: PCI / Jewish Israeli
Congenital disorders	2.3	7.2	3.13
Road accidents	2.4	7.1	2.96
Chronic lower respiratory disease	7.2	19.4	2.69
Diabetes	14	31.5	2.25
Hypertension	4.6	8.5	1.85
Kidney disease	8.8	15.6	1.77
Severe coronary artery disease	7.3	12.3	1.68
Cerebrovascular disease	12.9	21.5	1.67
Ischemic heart disease and other	14.5	23.7	1.63
Lungs, bronchial tubes, trachea	22.6	15.4	1.47
Other heart diseases	13.5	19	1.41
Sepsis	10.9	14	1.28
Pneumonia	5.6	7	1.25
Other diseases	33.4	41.6	1.25

Structural racism and the social determinants of health

[…]

While the focus of this paper is not on access to healthcare, it is worth mentioning that, like other SDOH, such factors are not independent of each other, and all are affected by structural racism. Despite the existence of national health insurance and advanced healthcare in Israel, PCI have variable and limited access to these healthcare services due to barriers such as the location of services (primarily located in Jewish Israeli towns), lack of public transportation, limitations in time and resources due to poverty, language barriers, and different access to education on preventive medicine. As a result, Jewish Israelis utilise ambulatory and preventive health care services at more than double the rate as compared to PCI (Filc, 2010; PHR-I, 2020; Shibli et al., 2021).

Land dispossession, exclusion, and segregation

One of the most enduring consequences of structural racism in Israel is the systematic and institutionalised policies of land and housing that discriminate against PCI (Jabareen, 2017; Saabneh, 2021). Since the establishment of Israel, and over the past 70 years, state policies of land nationalisation have been codified in a series of laws that have effectively confiscated and transferred Palestinian land to the state, restricted expansion of Palestinian communities, and denied PCI access to land (Adalah, 2017d; Falah, 2003; Jiryis, 1973). Most of the land confiscations occurred in the first two decades of the state while PCI were under military rule and could not access their land (Forman & Kedar, 2016; Jiryis, 1973). Today, 93% of land in Israel is controlled by the state or quasi-state entities, with over 80% of land inaccessible for PCI to purchase or lease based on 'national belonging'—i.e. their status as non-Jewish citizens in Israel (Hesketh et al., 2011). Despite the growth of the PCI population to nearly 20% of the overall population of Israel (CBS, 2021), less than 3% of state land falls under PCI local governmental jurisdiction, while the density of PCI communities has increased 11-fold, since 1948, due to population growth and shrinking municipal jurisdictions (The Association for Civil Rights in Israel et al., 2017). These long-standing policies have led to extreme spatial sequestration, where 90% of PCI live in completely segregated localities. These localities became defined by overcrowding, lack of master planning, impoverishment, higher crime rates (Tanous et al., 2020), and a lower life expectancy (Saabneh, 2021; Sultany, 2012). Figure 1 summarizes the major discriminatory state policies in land and housing.

While the state has developed over 900 Jewish localities since 1948, the few that have been developed for PCI (The Association for Civil Rights in Israel et al., 2017) were part of a policy of displacement. These townships were developed with the intent to consolidate villages and force urbanisation on the Palestinian Bedouin, a subgroup of PCI, thereby removing them from ancestral lands into urban communities (Banna, 2011; Swirski & Hasson, 2006). While virtually all PCI are affected by racist land and housing policies, some are more affected than others. Almost 30% of PCI are ancestors of internally displaced persons (IDPs) who were expelled from their homes and towns in 1948 but remained within the new state's borders. Those Palestinian IDPs were forced to rebuild their lives in new towns while their land was seized (Sabbagh-Khoury, 2022). IDPs report significantly worse health outcomes than those who were not displaced (Daoud et al., 2012b).

The Naqab is perhaps the place where structural racism in land policies is most evident. In an attempt to Judaize the Naqab and concentrate Palestinian Bedouins in crowded and impoverished townships, the state operates alternately between organised violence and organised abandonment (Gilmore, 2015; Tanous & Eghbariah, 2022) through land confiscations, large scale home demolitions, and lack of planning and recognition. According to the Israeli Committee Against House Demolitions, until 2020, more than 52,000 houses were demolished in the Naqab (The Israeli Committee Against House Demolitions, 2017). Al Araqib village, for example, has been demolished more than 200 times, while the residents continue to rebuild their tents and houses (Middle East Monitor, 2022). The state also refuses to provide building permits and passes legislation that negates Palestinian Bedouin claims to land, denoting them as 'trespassers on state land' (Adalah, 2013; Hesketh et al., 2011; Nasasra, 2013). As a result, over 35 villages, populating almost 150,000 residents (Ziv, 2020), are 'unrecognized' by the state and thus denied state services including access to water, electricity, roads, sewage, infrastructure, and local health services (On the Map: The Arab Bedouin Villages in the Negev-Naqab, n.d.). In the Naqab, as in other regions of Israel, these land policies have contributed to detrimental environmental consequences that inequitably affect Palestinian health due to air pollution (Yitshak-Sade et al., 2015) (Yitshak-Sade et al., 2017), sewage exposure (Kanaaneh et al., 1994), and limited or lack of green space (Omer & Or, 2005) (Robinson, 2019), mong others (Berman & Barnett-Itzhaki, 2017). The centralised manner in which Israel has confiscated and managed land and water have

led to an almost complete land alienation and de-peasantization of Palestinians where their living environment is no longer rural and spacious, nor urban with planned green spaces, thus producing crowded unplanned townships (Tanous, 2023). The formal neglect in planning (Falah, 2020) with land shortage also creates a reality where industrial workshops are located near residential areas adding to the load of noise and air pollution (Sofer et al., 2012).

Restrictive community admissions committees Committees in over 700 communities that have 'full discretion' to reject or accept potential community members, including on the basis of 'social suitability'.
Jewish National Fund discriminatory land policies As a quasi-state entity which controls up to 13% of land in Israel, systematic discrimination to land access occurs through refusal to sell or lease land to non-Jewish citizens, the majority of whom are PCI.
Non-recognition of Palestinian Bedouin communities in the Naqab-Negev 35 Palestinian Bedouin villages have no formal state recognition, are denied basic services, and are at risk for demolition and forced removal from ancestral lands.
Natural growth restrictions of PCI municipalities Systematic land planning policies seek to limit expansion and confine Palestinian communities, resulting in exponentiated population density and overcrowding.
Discriminatory distribution of state budgets for local municipalities The average public expenditure per capita is at least 30% lower for the PCI (even lower *per child*) with downstream consequences on road, sewage, and water infrastructure.
Neglect or lack of updated master plans for PCI municipalities State neglect in updating master plans to develop communities in order meet the current and future needs of residents.
Discriminatory educational policies Discrimination in education includes severe inequitable allocation of State funds for Arab schools, denial of right to determine educational goals, and inadequate representation of PCI in decision-making positions in the Ministry of Health.
Targeted home demolitions and discriminatory fines for unauthorized construction Predatory laws on planning and construction—and aggressive enforcement of those laws—that overwhelmingly target PCI communities already suffering from housing shortages and limited access to land for natural community growth.
Discriminatory land allocation to religious groups Development and planning of communities explicitly discriminating by religious affiliation, thereby denying access to PCI.

Figure 1. Discriminatory state policies on land, housing, and community development.

The recurrent and violent demolitions of individual and community infrastructure leads to housing insecurity and cyclical forms of enduring psychological trauma and depression (Daoud & Jabareen, 2014; Shalhoub-Kevorkian, 2016a; United Nations Human Rights Office of the High Commissioner, 2021). The state has continued to prioritise, sponsor, and encourage Jewish settlement in the Naqab, including connecting remote farms on large swaths of land to state utilities (Hamdan, 2005) while denying utilities and state recognition to Palestinian Bedouin 'unrecognized' villages. Health access is significantly curtailed for these PCI, often as a settler colonial means of coercing them from the land and leading to overrepresentation in acute care hospitals (Wispelwey et al., 2019). These settler colonial policies in land and urban planning produce and reproduce health disparities, in part by creating a cycle of racialized stigmatization that is used to justify and consolidate ongoing dispossession (Yacobi & Milner, 2021).

Poverty and education

In order to understand the racialized impoverishment of PCI, their positioning within the political economy of settler colonialism is crucial. The Nakba of 1948 destroyed the Palestinian urban centers as cities like

Jaffa, Haifa, Lydd and Ramleh were emptied of the majority of their Palestinian residents. The urban elites and middle class were displaced and not allowed to return (Blatman & Sabbagh-Khoury, 2022; Hasan, 2019; Hawari, 2019). As a result, most of the Palestinians that remained within the Green Line were peasants in scattered villages. The massive land confiscation during the years of the military rule has transformed those PCI into landless peasants on the geographic and economic margins of the economy.

Most Palestinians in Israel continue to live in segregated towns that are at the bottom of socioeconomic grading. These towns became areas of segregated and racialized poverty and unemployment (Saabneh, 2019, 2021). Inequitable employment and education opportunities, and differential state welfare policies that discriminate against Palestinians (Hesketh et al., 2011; Sultany, 2012) lead to the concentration of poverty in racially segregated neighborhoods or towns and result in communities with high crime rates, poor schools, and welfare-dependent residents (Massey & Denton, 1993). In 2018, over 53% of PCI were living in poverty as compared to 20% of Jewish-Israelis (The Arab Population in Israel: Facts & Figures, 2018, 2018). A 2017 report on the socioeconomic index of localities in Israel demonstrated that the vast majority of the Palestinian localities lie in the three lowest levels, out of ten, of socioeconomic stratification, while only three Palestinian localities lie in the upper five clusters (CBS, 2020). Furthermore, PCI have much higher rates of food insecurity compared with Jewish Israelis (42.4% in PCI compared with 11.1% among Israeli Jews) (Andelbad et al., 2020).

The education system is another area where racism is evident in both structure and content. Palestinian and Jewish schools are largely segregated (Agbaria, 2016). Schools serving PCI are significantly underfunded and understaffed (Coursen-Neff, 2004) leading to low matriculation and high dropout rates (Haddad Haj-Yehya & Rudnitzky, 2018). In addition to segregation and underfunding, public education in Israel is a key tool for building and maintaining 'colonial educational hegemony' (Abu-Saad, 2018) and has been recently conceptualized as a 'colonized education' (Awayed-Bishara et al., 2022). Awayed-Bishara and colleagues have shown how the educational apparatus limits what Palestinian youth can express about their identity and experiences, and that the politics of military rule still operates as a discursive regime deeply enshrined in the Palestinian consciousness. The conceptualization of 'colonized education' captures how Israel has designed the segregated Arabic-speaking schooling system to de-nationalize, and particularly to de-Palestinize Arab students. The curriculum promotes the Zionist narrative and emphasizes the Jewish national identity, while silencing the Palestinian narrative and denying an indigenous Palestinian Arab history not only in the study of geography and history (Peled-Elhanan, 2013), but also in language education (Awayed-Bishara, 2015, 2020). The Jewish Nation State Law further demoted the status of Arabic language and declared Hebrew as the sole official language (Awayed-Bishara et al., 2022). The curriculum assumes Jewish historical rights in Palestinian lands and the importance of maintaining a Jewish majority and the marginalization, control, and dehumanization of Palestinians. It prepares the Palestinian students to accept Jewish superiority and promotes their own social and economic marginalization (Abu-Saad, 2018). The Israeli education system thus is structured to be segregated and carry allegiance to nationalist ideologies that reproduce social hierarchies and repression based on race (Agbaria, 2016). The curriculum and textbooks often contain either a racist, orientalist, stereotypical representation of the Palestinians, portraying them and their culture in a negative manner (unproductive, backward, untrustworthy), or simply a lack of representation or a 'blind spot' of Palestinian representation, thus helping to disseminate racist stereotypes (Peled-Elhanan, 2013). Completing a vicious circle, poverty and lower quality primary education reproduces the limited access to higher education and high-earning jobs in segregated PCI communities (Hesketh et al., 2011)."