Fifty years ago Muzafer Sherif and others carried out one of the most famous experiments in social psychology. In a boys’ summer camp, they divided the children into two groups and in a variety of ways engendered competition and feelings of enmity between them. They then set out to discover how that could be repaired. A series of “contact” arrangements were made whereby the boys would do pleasurable things together – special meals, films, fireworks. However, these occasions served only as irritants and opportunities for derisive remarks, taunting, and food fights. The experimenters then arranged a series of situations where cooperation between groups was necessary to achieve common goals of high reward value. The water system of the camp “broke down” when the children were all thirsty, a large tree threatened to fall on the camp (not arranged), they needed more money to procure a highly desired film, the truck fetching them food “stalled”, etc. The intergroup enmity and nasty behavior steadily diminished from one episode to the next as the boys cooperated to achieve these superordinate goals, until they eventually generated their own ways of working and playing together, partially dissolving the former intergroup divisions (1).

The findings of this experiment have been used as a paradigm in many contexts since then. The Peace through Health and Health as a Bridge to Peace movements have embraced the paradigm, with the “ceasefires for immunization” initiatives being foundational examples of cooperation between hostile parties to achieve a superordinate goal of child health. It has been thought that, in some cases, this has contributed to eventual political peace (2), a larger superordinate goal that would benefit both sides.

But who introduces the superordinate goals? In the first ceasefire for immunization, in El Salvador 1984, it was UNICEF who observed that more children were dying from the lack of immunization caused by the war than from direct violence. The goal of countrywide immunization was quickly endorsed by both sides in the violent conflict. Health goals are likely to have strong appeal across conflict divides. An input of substantial resources from outside is also likely to have a strong appeal to both sides. The ideal would be to have insider actors from both sides of the conflict generate superordinate goals and secure outside support, if needed, for their achievement. When the goals are conceived by outsiders, it seems important that there is a genuine, at least in part democratically-generated endorsement by insiders, not too heavily influenced by the enticement of resources. There may be situations in which “cooperation” has been “bought” with irresistible access to resources in a resource-poor situation.

There are much more difficult problems with joint projects towards superordinate goals when there is an oppressor-oppressed relationship of severe power inequality across the conflict divide, for example, in apartheid South Africa or between present-day Israel and Palestine. In such situations there are organizations generated by insiders that not only acknowledge but address the health inequalities caused by the oppressor-oppressed relationship. Physicians for Human Rights (PHR) – Israel “was founded by Israeli and Palestinian physicians who realized that the issue of human rights and medical care are integral parts of...
the same struggle. It was apparent that human rights violations in the form of systematic and official denial of access to medical care, the intentional infliction of bodily injury, torture and neglect of prisoners, grossly substandard medical care and facilities in the occupied territories and East Jerusalem, administrative detention and solitary confinement were issues that demanded attention (3). This organization intervenes directly in individual cases and also lobbies for systemic change. It succeeded in stopping systematic torture of Palestinian detainees by Israeli authorities. They have clearly built bridges of trust as scores of Palestinians from Gaza, West Bank, and East Jerusalem turn to this organization for assistance every year. Israeli and Palestinian physicians of PHR-Israel have done tandem lecture tours, and do not hesitate to address the political dimensions of the health inequities and human rights problems.

Other joint projects have sought to improve health in populations of the region, and believe that they will contribute to peace by bringing people together across the conflict divide. They aspire to “transcend politics” and build personal relationships of trust that will contribute to peacebuilding after a political peace has been achieved (4).

“Such people-to-people activity between Israelis, Palestinians, and Jordanians fosters a spirit of true regional cooperation among us and is something to be treasured and further developed in these difficult times. ... You help us find the common ground in the health field, away from politics...”

(Arie Arazi, Head of MASHAV (Center for International Cooperation) and Deputy Director General, Israeli Ministry of Foreign Affairs, January 2002 (5).

Such efforts draw strong criticism from some Palestinians. Omar Barghouti, an independent political and cultural analyst, choreographer, and doctoral philosophy student is one of them. “In a situation of oppression, embarking on a supposedly “apolitical” project is in all certainty equivalent to taking a very political stance: to avoid reflecting or acting on oppression.”

For both the Israelis and the Palestinians working together on a joint project, it means choosing not to see what is happening day by day on the ground but agreeing not to talk about it. The focus on collaboration rather than on the oppressive relationship is, in Barghouti’s words, “delusional, deceptive and quite harmful.” The relationship is an asymmetric and inauthentic one. For those seeking authentic relationships which acknowledge and address the appalling realities of the situation, there are many organizations, such as Physicians for Human Rights – Israel, working for the superordinate goal of health equity based on an authentic partnership. There is no need, critics say, to create new channels of dialogue; the Israelis and Palestinians are quite able to create their own. Outsiders can lend their support.

Barghouti and many others, including at least one Israeli academic, call for an international boycott on academic and cultural institutions in Israel, excluding those based on the equal humanity of each partner (6). The aim of the boycott would be to persuade Israel to comply with international law. To those who argue that this may reduce help to alleviate the immediate sufferings of Palestinians under occupation, he responds that they shouldn’t claim to know what is best for Palestinians better than they do themselves, and they shouldn’t suppose that food, shelter, and basic services are more important to them than their need for freedom, justice, self-determination, and dignity. Scores of Palestinian unions, cultural organizations, and academics have endorsed this call. Archbishop Desmond Tutu, seeing parallels with South Africa, has also called for sanctions and boycott against Israel.

Mary Anderson and Lara Olson carried out an extensive investigation of the efficacy of projects aspiring to improve peaceful relationships between entities. They concluded that, whereas people to people dialogue may be useful, projects that neglect to also address issues at the political level are not likely to be effective in expanding peace (7).

It might be suggested then, that for those working in the framework of peace through health on collaboration on superordinate goals across conflict divides, the minimal conditions for such work should be:

1) The goals are generated or, at least, strongly endorsed by the “inside parties” in the conflict.

2) The collaborative relationship involves acknowledgment of the harm done by each group to the other.
3) Where there is ongoing harm being done, the partnership attempts to address and alleviate it.

References
5 Testimonial for one such organization.