

Experience Report

Occupational therapy practice in the time of genocide: an indigenous Palestinian perspective on the current situation in Gaza

Prática da terapia ocupacional em tempos de genocídio: uma perspectiva Palestina indígena sobre a situação atual em Gaza

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Abstract

The ongoing genocide against the people of Gaza has exacerbated pre-existing occupational injustices faced by the Palestinian population, affecting healthcare systems, including occupational therapy education, research, and services. This experience report examines the multifaceted barriers hindering occupational therapy education, practice, and research in Gaza and the West Bank. It highlights the impact of the trauma of the loss of life, destroyed infrastructure, human-made starvation and resource scarcity, displacement, and safety risks on occupational therapists, educationalists, and clients alike. With the historic impact of colonisation, ethnic cleansing, siege and wars, and the ongoing injustices deeply affecting the lives of the 2.5 million Gazans, the majority of whom are displaced, the challenges are systemic and urgent. The report draws on lived experiences and grassroots responses to propose actionable, culturally humble, and practice-informed strategies to rebuild and enhance occupational therapy education, services, and research, emphasizing the need for international solidarity and collaboration, innovative solutions, and resilience-building initiatives. These include strengthening local occupational therapy programs, expanding community-led rehabilitation, developing accessible online professional development tools, and co-producing context-specific knowledge. It calls for global action to uphold Palestinians' rights and occupational justice as a pathway toward collective healing and empowerment.

Keywords: Gaza Strip, Occupational Therapy, Genocide, Resistance, Professional Practice, Social Justice.

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Resumo

O genocídio em curso contra o povo de Gaza agravou as injustiças ocupacionais pré-existent enfrentadas pela população palestina, impactando os sistemas de saúde, incluindo a formação, a pesquisa e os serviços em terapia ocupacional. Este relato de experiência examina as barreiras multifacetadas que dificultam a formação, a prática e a pesquisa em terapia ocupacional em Gaza e Cisjordânia. Destaca o impacto do trauma causado pela perda de vidas, destruição de infraestrutura, fome provocada e escassez de recursos, deslocamento e riscos à segurança para terapeutas ocupacionais, educadores e clientes. Dada a herança histórica da colonização, limpeza étnica, cerco e guerras, e as contínuas injustiças que afetam profundamente a vida dos 2,5 milhões de habitantes de Gaza — a maioria dos quais está deslocada — os desafios são sistêmicos e urgentes. O relato baseia-se em experiências vividas e em respostas comunitárias para propor estratégias acionáveis, culturalmente sensíveis e informadas pela prática, a fim de reconstruir e fortalecer a educação, os serviços e a pesquisa em terapia ocupacional. Enfatiza-se a necessidade de solidariedade e colaboração internacional, soluções inovadoras e iniciativas de fortalecimento da resiliência. Entre estas, estão o fortalecimento de programas locais de terapia ocupacional, a expansão da reabilitação liderada pela comunidade, o desenvolvimento de ferramentas acessíveis de formação profissional online e a coprodução de conhecimentos específicos ao contexto. O relato faz um apelo à ação global para garantir os direitos dos palestinos e a justiça ocupacional como caminho para a recuperação coletiva e o empoderamento.

Palavras-chave: Faixa de Gaza, Terapia Ocupacional, Genocídio, Resistência, Prática Profissional, Justiça Social.

Introduction

This report is authored by Palestinian occupational therapists, educators, and scholars whose lives and work are entangled with the realities of occupation, war, and genocide.

The first author, based in Gaza, has lived through every war on Palestine since 1967 and continues to practice, teach, and survive under the ongoing genocide of 2023–2025. His contributions are rooted in daily professional struggles under bombardment and displacement, including adapting therapy and education within tents and improvised shelters. The second author practiced as an occupational therapist in the West Bank before moving abroad to pursue advanced studies. His perspective draws on both lived experience of repression in Palestine and continued advocacy abroad to strengthen the profession of occupational therapy and amplify the voices of colleagues in Gaza. The third author originates from a Palestinian community dispossessed during the 1948 Nakba (the catastrophe) and currently resides in Europe. His contributions draw on his long-standing commitment to decolonial and justice-oriented scholarship and research with Palestinian communities of olive growers and shepherds.

The authors contributed through engaged scholarship, solidarity work, and amplifying the experiences of Palestinian practitioners across the diaspora. Collectively,

we have long advocated for occupational therapy and science in Palestine, through clinical practice, grassroots initiatives that provide assistive devices and psychosocial support, communication with displaced therapists, shepherds, olive growers, and families, and collaborative efforts to sustain resilience under siege. We foreground practice wisdom, community resilience, and Indigenous Palestinian frameworks of care as essential to both survival and professional knowledge. To situate these positionalities within their broader context, it is necessary to trace the historical and political conditions that have long shaped Palestinian life and practice. Our aim for this experience-based report is to share what we have lived through, and learned in a way that is useful to others who seek to uphold occupational justice while honouring the dignity and self-determination of those they serve.

Historical Context

Before the latest episode of war that progressed to a genocide and ethnic cleansing, beginning on the 7th of October 2023, Palestinians, throughout the years, faced historical-political and socio-economic barriers to everyday living, including sieges on the Gaza Strip, a military occupation in the West Bank, and an apartheid regime in the whole of historic Palestine, including Palestinians who still reside in what became to be known as Israel. This context resulted in a high unemployment rate, severe poverty, poor infrastructure, poorly accessible amenities, under-resourced healthcare services, an unstable political situation and ongoing repression and violence against people and land (Amnesty International, 2022; B'Tselem, 2021; Shakir, 2021). Historians trace the beginning of Zionist settler-colonialism and modern western colonial wars on the Palestinians to the late 19th century (Khalidi, 2020; Masalha, 2012; Said, 2015). Ottoman rule ended at the end of WWI when the British took over control of historic Palestine in 1917. After the Balfour's Declaration promised Palestine as a home for the Jews in 1917, the British handed over the country to the Zionist movement in 1947 (Khalidi, 2020). The Israeli Colonial Regime (ICR) established itself in 1948 when most Palestinians were displaced (between 700,000 and 1 million) and more than 500 villages were ethnically cleansed in a period of history that Palestinians call Nakba/Catastrophe (Said, 2015).

This historical context of oppression is ongoing and has caused forms of occupational injustice in the Palestinian territories, including the Gaza Strip and the West Bank. Occupational injustice is conceptualised by western occupational therapists to refer to inequality in access to opportunities to take part in meaningful daily activities, or occupations (for example farming, olive growing, work, education and recreation) due to environmental, political, cultural, and social factors (Pride et al., 2025; Townsend & Wilcock, 2004). Occupational justice is a form of social justice related to occupations, health and well-being of individuals and communities – the focus of interventions in the profession of occupational therapy, which is concerned with enabling people to take part in their needed or wanted daily occupations that contribute to their health and well-being (Hocking, 2017; Silva & Oliver, 2022). Occupational justice, however, cannot be achieved without addressing the underlying factors behind why people are restricted from doing what they need or want to do in their daily lives, such as colonialism, racism and neoliberal capitalism (Córdoba, 2020; Emery-Whittington,

2021; Guajardo et al., 2020). Global South communities, including Palestinians, achieve their occupational justice by collective, resistive and liberating means. For example transgender communities challenge occupational apartheid in Chile through their collective artistic and political engagement; Fisher people in Chile resist the impacts of the coloniality of nature through their collective occupations of artisan fishing; olive farmers and shepherds in Palestine collaborate with other local and international communities through collective action to maintain their collective occupations of working the land and shepherding (Fuentes-Barahona et al., 2022; Núñez et al., 2022; Simaan, 2017, 2025).

In October 2023, violence severely escalated after an incursion from Palestinian armed groups attempted to free territories occupied and ethnically cleansed by Israel in 1948 (Masalha, 2012), which resulted in the death of over a thousand Israeli settlers. After this, Israel responded by an intensive bombardment and, the gradual invasion of the Gaza Strip, a war on the innocent citizens of Gaza amounting to what human rights organisations have shown, and to what the International Court of Justice is currently investigating, as a genocide against the Palestinian people (Amnesty International, 2024; International Court of Justice, 2024). Over 60,000 of children, women, men, the elderly, healthcare workers, and international humanitarian mission workers lost their lives and over 120.000 were injured because of Israeli bombardment on Gaza over the last 22 months (as of the time of writing this paper) (Beaumont, 2024; Euro-Med Human Rights, 2024). In July 2024, the authors of a Lancet correspondence estimated, as a speculative projection, that up to 8% of the population of Gaza have lost their lives or injured as a result of the Israeli onslaught on the Gaza Strip, which also completely destroyed at least 65% of buildings, including universities, schools, health clinics and hospitals (Khatib et al., 2024). A more recent independent survey, posted in Nature in June 2025, estimates approximately 84,000 fatalities in Gaza between October 2023 and early January 2025, aligning with other efforts to count lives lost amid the current war (Fieldhouse, 2025).

Israeli authorities have targeted the Gazan healthcare system, including its resources, professions, workers, and communities. Consequently, occupational therapy struggles to provide care for the 2.5 million displaced peoples. Specific barriers include limited equipment and diminishing resources, inaccessible expertise, and education programmes in stasis. However, ICR-created injustices have not stopped domestic and international collaborations and collective endeavours amongst and between occupational therapy networks to maintain some level of occupational therapy input despite the extreme circumstances.

The occupational therapy profession, a critical pillar of healthcare, faces unprecedented challenges in Gaza. Beyond the destruction of infrastructure, occupational therapists confront barriers to accessing resources, ensuring client safety, and maintaining professional development amidst an ongoing severe humanitarian crisis (Beaumont, 2024; Euro-Med Human Rights, 2024). The following section provides an analysis of the aforementioned challenges and offers actionable strategies for resilience and capacity.

These challenges are not abstract but deeply embodied in daily professional struggles. Therapists have been forced to abandon clinic spaces that were either destroyed or repurposed into shelters, shifting their interventions into overcrowded tents and

improvised community hubs. Teaching staff have adapted lesson plans for delivery in displacement zones, often without electricity or internet, while students attempted to continue their education amid trauma, instability, uncertainty, and loss. Training placements were suspended or improvised in emergency shelters where basic care, let alone structured fieldwork, was nearly impossible. Despite these conditions, practitioners continue to respond, adjust, and act, transforming their roles in real time to meet both clinical and communal needs.

Occupational Injustices Endured by People in the Gaza Strip

In this experience report, the authors analyse the contextual barriers to occupational therapy in the Gaza Strip, Palestine during the ongoing (at the time of writing this paper) war on Gaza Strip in 2023-2025. Depriving people from their normal everyday activities causes disruption to their lives, health, and well-being, as well as an imbalance and burnout - some of the endless manifestations of the occupational injustice crisis during the current war on the Gaza Strip. Education, work and research have been replaced by tasks of securing basic firewood, food, and clean water that can take from seven up to ten hours daily (Sathar, 2023). This type of labour results in unhealed and chronic musculoskeletal pain, e.g., chronic fatigue syndrome (Aldabbour et al., 2025; News Desk, 2025) that persists several days and nights, especially when Gaza is lacking medications including pain killers. Furthermore, currently many Gazans are killed daily while seeking food from American aids centres (Human Rights Watch, 2025; United Nations, 2024, 2025). Many people can be demotivated from even performing basic tasks due to the loss of their homes, families, colleagues, friends, loved ones, and workplaces. Most banks were destroyed, forcing local dealers to handle money transactions with commissions as high as 52%. Salaries were disrupted, with governmental employees receiving only two payments in the first four months—800 INS, equivalent to \$200. Cash money is decreasing in Gaza, paper categories became worn, and banks Apps are not functioning well. This financial instability exacerbated hardships, depriving people especially children and pregnant women of healthy food, clean water, and medicine. As of 17 August, the Ministry of Health in Gaza recoded at least 110 children died because of hunger and malnutrition (Amnesty International, 2025; Buheji and Hasan, 2024).

The lack of security has further worsened the situation, leading to increased mobs, robbery, and plundering. Policemen and security personnel, often targeted by Israeli drones, face significant casualties while on duty. Daily life activities necessary for survival were and continue to be severely impacted, with individuals struggling to secure necessities like a daily meal and firewood. Meanwhile, the ongoing trauma and stress endured by all people in the Gaza Strip, compounded over many months of devastation, have left deep psychological scars. By the time this report was written, more than 68,000 people had been killed, over 130,000 injured, and the cost of a 25 kgs bag of flour had risen to \$400—an unsustainable amount for survival. All the Gazans are hungry or very hungry.

People of Gaza are hampered and debilitated by the high prices, 10-100 times of the typical, to secure some of the living necessities. For example, 1 kg sugar is for USD120. Severe poverty has struck all families and individuals, with some people dying of starvation. Many new-born children cannot find milk and the breastfeeding mothers suffer malnutrition and cannot breastfeed their children. Few items are available in the

local markets, e.g., beans and lentil while main important nutrients, e.g., meat, fish, eggs, milk, and fruits are completely lacking.

The impact of injustices on occupational therapy education and practice

There are two occupational therapy academic programs run by Al-Aqsa University (a two year-academic diploma and a bachelor's degree). Nearly 600 occupational therapy assistants graduated since 2004 with a diploma degree in the Gaza Strip from Al-Aqsa University. Because of limited resources, financial support, academic staff, equipped occupational therapy laboratories, and accredited clinical fieldwork training settings, the bachelor program was delayed for 20 years. When it finally started in the academic year 2023-2024 students attended classes for less than five weeks before the university was bombed. After a nonstop effort to save the academic year 2023-2024, Al-Aqsa University started online classes. Now the bachelors' students are second year. Academic staff and students suffer and struggle with the lack of electricity, internet connectivity, educational materials, suitable online education tools and devices, and opportunities to face-to-face sessions. A one-hour online lecture can be delayed in start and interrupted several times due to poor connectivity. This is very disappointing for lecturers and students. If a permanent ceasefire is not reached shortly, clinical fieldwork training programme will be irrevocably impacted and continued professional development activities will not be possible.

Staying connected with people during telecommunication interruptions has been a challenge. Telecommunications have been targeted by the Israeli authorities, and they have shut it down at least nine times since the 7th of October, cutting the overall connection in the Gaza Strip for several days during these periods. Moreover, finding an electricity source to charge cellular phones and laptops became a hectic daily struggle. During displacement, many occupational therapists lost their cellular phones and did not manage to bring educational materials with them either because of panic caused by bombardment, sudden evacuation orders by the ICR, or strict checkpoints where people are allowed to carry few items or nothing in most instances.

Rehabilitation services were terminated on day one of the current war on the Gaza Strip. Continuity of care was difficult because of safety issues, interruptions in telecommunications, and poor transportation. Occupational therapy care is challenged by the limited number of available occupational therapists, available resources to provide services, and accessibility of care including affordable treatment fees and availability of funds. Boarding and licensure exams have been suspended for 14 months in the Gaza Strip. In such severe disruption, the candidate occupational therapists have not been able to prepare for the upcoming board exam - that was finally able to resume in December 2024 - because it is unsafe and, in some cases, impossible to travel to the testing site. The candidates were going to attend in-person board exams in two divided places by the Netzarim apartheid corridor that completely separates the Gaza Strip into north and south of Gaza. Safety issues for therapists were a main concern. The Israeli Combat Reconnaissance worked systematically to destroy the Palestinian healthcare system in the Gaza Strip where most hospitals and healthcare centres were destroyed completely or partially which diminished their abilities to provide services. For this reason, the first author has prepared and updated an educational package of resources

that included 15 of one-hour video lectures, three text books of quick review, a set of more than 600 questions including the correct answers, and a review plan to help candidates for the board exam. Later, the results of those who used the educational package was much better than the others who did not, with candidates using the package all passing with high scores between 87-100%.

These intersecting injustices have not only disrupted occupational therapy services but fundamentally reshaped the roles of practitioners. In the absence of stable systems, they have taken on expanded roles that include facilitating group-based support, informal community rehabilitation, and organizing mutual aid within their own displaced communities. This transformation illustrates the adaptability of occupational therapy in Palestine (Babish et al., 2024b) and its potential to sustain care even under conditions of systemic collapse.

Resisting injustices and promoting occupational therapy in Gaza

Resisting occupational injustice can be collective, e.g., setting up and maintaining a tent, sharing home or a tent with displaced people, sharing food, water, electricity, and home duties, or individual, e.g., collecting water, cleaning home or tent, making fire, and cooking. Resisting bombardment, hunger, diseases, and epidemics, steadily/nonstop/without end, are collective occupations of resistance that 2.5 million people have been practicing steadily/nonstop/without end for 22 months. Such improvised cooperative occupations have provided powerful lessons in resilience, showing the practitioners, who are working daily within tents with their therapeutic and occupational lens, how collective routines can sustain health and hope amid destruction.

Thinking about the future and worrying about managing the situation after the war is a daily mental challenge. A constant cause of stress that people of Gaza are resisting is being anonymous when being killed which is a fearful thought as thousands of people are either lost or still under the rubbles after several months. Resisting feelings of fear, stress, anxiety, loss of beloved people, loss of home, and nearby death is a daily act. However, amid the destruction, grassroots efforts by local communities have emerged as a critical form of resistance, where also occupational therapist play a major role. Local Non-Governmental Organizations and volunteer groups have organized makeshift clinics, e.g. The Tent of Hope by Mahmoud El-Hallaq (Babish et al., 2024a) and distributed rehabilitation equipment and aid for many people residing in the tents across the strip. Also, the Tent of Hope provided mental health care for displaced children and families. Another initiative has focused on exchanging assistive devices, such as, wheelchairs and crutches, between injured patients to address the huge need among tens of thousands of injured people. This required building a database and effectively managing of these resources. Overall, there has been a shift from a central to decentralised approach in occupational therapy care in the Gaza Strip. While prior to October 7th occupational therapy care was provided mainly by three hospitals, it is provided by many community programs and local clinics, with many clinics being set up in tents. We as occupational therapists from the Gaza Strip providing care in an armed conflict zone believe that decentralised system is less likely to be affected by war and is more resistance to destructive military operations of healthcare system. These community-led initiatives not only provide essential services but also symbolize the

collective resilience of Gaza's people. Integrating occupational therapy into such grassroots efforts extended the reach of care and created a sense of empowerment for the displaced and disabled.

Practice-informed Strategies to Adopt in the Pursuit of Justice

The following are strategies are not abstract proposals, but insights developed through lived professional experiences to resist the ongoing occupational injustices and promote occupational therapy education, practice, and research. We offer them as reflections rooted in practice, not to universalize or commodify the suffering of oppressed communities, nor to invite performative solidarity, but to build bridge of organized, grounded, and ethical collaboration. These insights may resonate with practitioners working in other marginalized or conflict-affected contexts, and they are offered in the spirit of mutual accompaniment, learning, justice, and co-resistance.

Strengthening occupational therapy education programs

Support the occupational therapy program at Al-Aqsa University and the Arab American Jenin University (AAJU). The AAJU launched a bridging bachelor program for occupational therapy assistants from the Gaza Strip in the 2024-2025 academic year. This initiative aims to elevate the profession, enhance qualifications, and empower therapists to address the increasing needs in Gaza effectively. Expanding these programs with financial and logistical support is crucial to ensuring their sustainability.

Strengthening occupational therapy education from within affected communities is essential for building professional self-determination and resisting cycles of dependency. Investing in displaced and frontline therapists as educators and leaders ensures that care practices remain rooted in local realities. This approach is transferable to other marginalized contexts facing systemic neglect or political violence, where sustainable, community-driven education is key to long-term occupational justice.

Expanding research in occupational therapy and the healthcare sector

Enhance research efforts to document and address the unique challenges faced by occupational therapists and their clients in Gaza. Encourage partnerships with international academic institutions to co-produce research that informs policy and practice. Prioritize studies on the long-term effects of occupational deprivation and strategies for mitigating these impacts in conflict zones. Any research efforts in such contexts must be grounded in the lived experiences of practitioners and communities. Priority should be given to participatory methodologies that centre and empower the voices of displaced individuals, frontline therapists, and community healthcare workers. Documenting local adaptations, such as improvised rehabilitation methods, collective caregiving strategies, and survival occupations will ensure that the resulting knowledge reflects the realities of practice in conditions of systemic violence.

Developing a flexible online professional development program

Establish an online continuous professional development platform tailored to the unique challenges in Gaza, such as intermittent power supply, poor internet connectivity, and lack of educational tools. The program should prioritize Arabic-language resources and feature downloadable content for offline access. Creating resilient, accessible learning systems is critical for sustaining professional growth during crises. Therefore, emphasizing local language, cultural relevance, and offline functionality ensures these initiatives uphold occupational justice rather than replicate digital inequalities.

Grounding knowledge in Palestinian resistance and indigenous solidarities

Continuing to co-produce context-specific knowledges and practices tailored to Gaza and the West Bank's unique socio-political and economic context is crucial. This involves empowering local practitioners to adapt international methodologies to the realities of working in a war zone, ensuring relevance and sustainability. Furthermore, to promote the use of the Palestinian methodologies and practices within the global context. Palestinians use 'everyday forms of resistance' to counter their occupational injustice using values and practices such as *Sutra* (doing daily activities to meet basic needs and for dignity), *Awana* (cooperation) and *Sumud* (holding on to land, history and community). These practices align with other Indigenous communities' communal and resistive practices such as Ubuntu (in Africa) and Minga (in Latin America), all of whom call for forms of mutual aid and solidarity. As part of this effort, the authors and other Palestinian activists, scholars, and practitioners, and their allies, are reaching out to groups around the world, such as the readers of this journal, and collaborating with alternative organisations, such as DisruptOT (2025), to counter daily oppressions together, witness each other's struggles, and to empower each other to resist and flourish in the face of systemic injustice we all face, including colonialism, patriarchy, capitalism and the climate crisis.

Advocate for ethical accountability in global occupational therapy standards

Adherence to the minimal standards of occupational therapy practice, as defined by the World Federation of Occupational Therapy (WFOT), and the integration of services within the Palestinian Ministry of Health and the Palestinian Occupational Therapy Association (POTA) remain critical and have been achieved before, during, and after the wars on both the Gaza Strip and the West Bank. However, these efforts must be accompanied by an unequivocal stance on the ethical and humanitarian crises faced by Palestinians.

The reluctance of WFOT and other western occupational therapy bodies and associations to condemn the ongoing genocide and take action to maintain the occupational justice of Palestinians reflects a troubling double standard as evident in their silence that is rooted in hypocrisy and white supremacy. As a strategy, we call on the WFOT, the World Health Organization, and other global entities to not only support the development of occupational therapy services in Palestine but also to publicly affirm the humanity of Palestinians by opposing the atrocities they face and make sure they invest in resources to uphold the occupational justice and health and wellbeing of all Palestinians.

This alignment with justice and equity is essential to ensure the integrity and relevance of occupational therapy practice worldwide (Carey et al., 2019).

Engaging stakeholders for multi-sectoral support

Involve governmental, non-governmental, and private sectors stakeholders in promoting the occupational therapy profession in the Gaza strip and the West Bank. Their support is vital for rebuilding infrastructure, funding training programs, and creating employment opportunities for therapists in Gaza. Advocacy efforts should highlight the role of occupational therapy in addressing the physical and mental health needs of displaced and injured populations. Stakeholder engagement must prioritize equity and local leadership, ensuring that support amplifies, not overrides, community expertise.

Conclusions

Occupational therapists believe that humans are ‘occupational beings’ (Wilcock & Hocking, 2015), born with an innate need to participate in daily activities that sustain health and foster community. Consequently, humans possess skills enabling engagement in occupations, including problem-solving, adapting to, and resisting barriers to participation in essential daily activities. Occupational therapists also believe that taking part in occupations is a human right (Hammell, 2008; Ramugondo, 2024). Within this framework of occupational rights, Palestinians in Gaza, enduring extreme circumstances of genocide, including health professionals, assert their right to resist injustices that restrict their survival and well-being. (Hammell, 2008; Ramugondo, 2024).

Central to this resilience is the Palestinian principle of *Sumud*, a steadfast commitment to survival, dignity, and justice under oppression. This concept embodies the collective spirit of resistance, emphasizing the right to live fully and meaningfully despite systemic barriers. Palestinian scholars and practitioners (e.g., Abu Mostafa et al., 2023; Babish et al., 2024a; Simaan, 2017) have explored how *Sumud* and the resisting Palestinian spirit inform everyday acts of resistance, including the pursuit of occupational justice through the practice of occupational therapy.

All humanity, governments, and international bodies bear a responsibility to uphold the occupational rights of Palestinians, including health professionals such as occupational therapists. The resilience of Gaza's people, rooted in *Sumud*, must be matched by an equally determined global commitment to justice and equity. Occupational therapists and their allies will continue advocating for occupational rights, ensuring that the people of Gaza always have the right to seek support and participate in meaningful occupations (Hammell, 2020). We hope this report strengthens the ethical imperative for international solidarity rooted in action, humility, and co-resistance, and invites ongoing dialogue with those committed to justice-centered occupational therapy around the world.

Acknowledgements

We dedicate this report to the people of Gaza, those who endure, resist, mourn, rebuild, and imagine otherwise amid unthinkable conditions. We especially

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Author's Contributions

Moussa Abu Mostafa: Problem Identification and Conceptualization; Moussa Abu Mostafa, Yousef R. Babish and Juman Simaan: Analysis; Moussa Abu Mostafa, Yousef R. Babish and Juman Simaan: Active Participation in the Discussions; Moussa Abu Mostafa, Yousef R. Babish and Juman Simaan: Writing; Moussa Abu Mostafa, Yousef R. Babish and Juman Simaan: Review and Approval of the Final Version of the Study. All authors approved the final version of the text.

Data Availability

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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