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CORONAVIRUS SURVEILLANCE AND MINORITY GROUPS IN ISRAEL/PALESTINE

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Abstract
Public health initiatives directed towards the mitigation of Covid-19 vary tremendously from country to country, depending on social-historical and political-economic factors. In the case of Israel/Palestine, already existing health disparities are reproduced more starkly in Covid-19 conditions. But Israel's colonial project in Palestine also appears in sharp relief, seen most clearly in the legally dubious involvement of the Israeli Security Authority (Shin-Bet) in digital contact-tracing and related high-tech policing of quarantine orders. This article places efforts to contain the coronavirus in the context of well-documented health disparities between the Jewish-Israeli majority and Arab minority groups. It also examines the use of the Israeli Security Authority, Shin-Bet, in digital contact-tracing, and of Israeli police in monitoring and enforcing quarantines. It is argued that these factors accentuate biopolitical governmentality in Israel/Palestine, in which "public health" is deliberately promoted in unequal, racist fashion, such that some lives matter less than others.
Keywords: surveillance, coronavirus, public health, biopolitics, settler colonialism, Israel, Palestine.

As a "settler-colonial project [Israel] has racialized the Palestinian body as a security threat, and historicises Israel's shoot-to-kill policy as merely one contemporary mode of dispossessing the native body." (Erakat 2019)

Introduction: Health Disparity and Minority Status

Recently, a group of researchers described public responses by political leaders to the coronavirus pandemic as reinforcing "racial discrimination, doubling down, for example, on border policies and conflating public health restrictions with anti-immigrant rhetoric" (Devakumar et al. 2020). By way of examples, the researchers cited statements by Matteo Salvini, the previous Deputy Prime Minister of Italy, who blamed immigrants to Europe for the spread of the COVID-19 pandemic, and President Trump who named China as the source for the coronavirus. We might add that for a while the president of Brazil, Jair Bolsonaro, purged from public view Brazil's coronavirus official statistics. He finally succumbed to public pressure and allowed their publication (Tharoor 2020).

A study by Johns Hopkins University and American Community Survey showed that racial disparities emerged as a distinguishing feature of the pandemic in the U.S. Black Americans show higher death rates from the disease than their share in the population. The same is true of the Hispanic population in the U.S. (The Editorial Board 2020; Thebault, Tran and Williams 2020). A similar pattern was discovered in analysing Covid-19 data for England and Wales. By examining the place of ethnicity as a discriminating variable, the British Office of National Statistics discovered that black people are more than four times likely to die of Covid-19 infection than white people. The study went on to note that the differences are not due to ethnicity only but should also include other factors that the model did not account for, such as living conditions and population density (Booth and Barr 2020).

The consensus among experts is that the causes behind these disparities lie mainly in the disadvantaged socio-economic position of minorities of colour, lack of adequate access to health care, and a lifestyle that renders them vulnerable to the virus due to chronic diseases such as hypertension, diabetes, and heart disease. The

residential ethnic-racial distribution in Palestine and Israel provides a more nuanced explanation regarding the spread of Covid-19. More than 90 per cent of Jews and Arabs live primarily in segretated communities (Cohen and Gordon 2018). In a counterintuitive fashion, here segregation contributes to limiting the spread of the coronavirus in the minority Arab population.

This article is concerned with the implications of measures taken to contain the spread of coronavirus, for civil rights and data-privacy in Israel and Palestine. That is, the use by the state of tracking technology through mobile phones to identify mobility, location, and contact of citizens and non-citizens who are exposed to the coronavirus. As we shall see, the development of these technologies during the COVID-19 pandemic not only has implications for minorities in Israel and Palestine today, but also for continued surveillance when the worst effects of the contagion are mitigated. Before getting to that discussion, however, it is important to understand how this argument is framed, theoretically.

Theoretical Perspectives

Since minority status figures significantly in accounting for health and well-being, what lessons can one draw from differential government treatment of citizens based on ethnicity and race when it comes to health policies in a deeply divided, settler society such as Israel? The reactions of the Israeli government to coronavirus crisis will be analysed separately with respect to the Palestinians who are citizens of Israel, and those who live under Israeli control in the Occupied Territories. Racialized settler colonialism, biopolitics, the state of exception, and selective neglect by the government constitute the main tools for interpreting the policies and data on coronavirus. The theoretical framework draws upon the writings of Giorgio Agamben (1998; 2001; 2005), Yael Berda (2012; 2013), Michel Foucault (2003; 2009), Ronit Lentin 2016; 2018), David Lloyd (2012), Achille Mbembe (2003), and Patrick Wolfe (2008; 2006).

The characterization of Israel as a colonial settler state is by now accepted by students of the Middle East. Elia Zureik dealt at length with the debate surrounding Israeli settler colonialism (Zureik 2016). Excluded here are Zionist writers and others who attack the critics of Israeli policies by maintaining, among other things, that Israel is the only democracy in the Middle East, and who depict Zionism as a revolutionary movement (Kafka 2019).

At the core of the state of exception is the suspension of the law in governance, with state security, in Agamben's words, acting as "the sole criterion of political legitimation" (Agamben 2005: 2). But as Lentin notes, Agamben, and Western writers like Foucault, did not directly address the race issue, which is central to colonial societies such as Israel. The adoption of biopolitical classification of populations is crucial for establishing racial hierarchy

Dehumanizing classifications ensure that biopolitics in Palestine/Israel aims above all to ensure that Israel's Jewish citizens – not only Jewish settlers in the Occupied Palestinian Territory (OPT) but also Jewish Israelis living within the 1948 borders of occupied Palestine – live at the expense of the Palestinian others. Such classifications affirm Israeli biopolitical control over discriminated Palestinian citizens and occupied subjects, whose lives are regulated by both the Israeli security services and the civil authorities, including the occupation's Civil Administration. The exclusion and control by the Israeli state and military involve ongoing practices of surveillance, raids of Palestinian homes, checkpoints and the separation wall, curfews, house and village demolitions, population transfers, arrests and administrative detention, culminating in extrajudicial executions, all of which render the Palestinians subject to, as well as the object of, sovereign Israeli rule (Lentin 2016: 35).

Biopolitics constitutes a key element in Foucault's writings about the nation state. As he underscored in Society Must be Defended, the transition from sovereignty to governmentality in the eighteenth century saw the state exercise biopolitical power that "takes life as both its object and its objective" (Foucault 2003: 254). If by "the right of sovereignty" is meant "the right to 'take' life and 'let' live," the new right ushered into the eighteenth century by liberalism meant "the right to make live and to let die" (ibid: 241). According to Foucault, "biopolitics deals with the population, with the population as a political problem, as a problem that is at once scientific and political, as a biological problem and as power's problem." Thus conceived, "biopolitics is a form of politics that entails the administration of the processes of life at the aggregate level of life processes" (ibid: 245). The coronavirus pandemic provides an apt case-study in biopolitical population management at a time of crisis and with implications beyond that crisis.

Achille Mbembe interprets Foucault as having acknowledged the connection between biopower and racism. "After all, more so than class-thinking (the ideology that defines history as an economic struggle of classes—in original), race has been the ever-present shadow in Western political thought and practice, especially when it comes to imagining the inhumanity of, or rule over, foreign peoples" (Mbembe 2003: 17. He notes that late-modernity and its forms of occupation are distinguished in "combining of the disciplinary, the biopolitical, and

the necropolitical. The most accomplished form of necropower is the contemporary colonial occupation of Palestine" (ibid:27).

David Lloyd captured the contradictory nature of Israel as a settler-colonial state which "seeks on the one hand to be accepted as one among the community of advanced democracies; on the other, it demands to be excepted from the norms of international law and human rights conventions on the basis of its peculiar destiny as a state in which ethnic nationalism and religious prophecy are enshrined and which it is called on to defend" (Lloyd 2012: 62). For many commentators, the new Israeli nationality law enacted in August 2018 has further affirmed the colonial and theological nature of the Israeli state, and has relegated citizenship of the indigenous Palestinian population to inferior status (Jamal 2019).

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In this context, it would be unsurprising if minorities were indeed treated differently from the majority population, because this is a common feature of many if not all surveillance systems. Their baked-in assumptions about the differing characteristics of their various computer-based categories, affect those whose data populate those categories. This is surveillance as "social sorting" (Lyon 2019). As Christopher Parsons (2020) warns, when it comes to anti-pandemic techniques such as contact-tracing, the systems will all-too-easily "compound historical discrimination" against minorities, unless they are very carefully planned and monitored to ensure that they are fully voluntary, opt-in systems. As we shall see, the Israeli government is not even considering opt-in systems.

The problem is that in an era of what may be termed a "mode of prediction," data-driven technical fixes, or what Didier Bigo (2020) calls "technological solutionism" is a very attractive option for both companies and governments alike—often aided and abetted by the research and university sector. As Bigo says, digital contact tracing simply "…adds another political problem, that of an enlarged surveillance apparatus, without solving the underlying one: the lack of an effective public health strategy" (ibid). And as Rob Kitchen (2020) observes, the proffered technical solutions often have a high risk of trampling civil liberties, ironically, in the name of public health. He argues that, assuming they are fit-for-purpose in the first place, public health innovations should be discussed alongside civil liberties as both-and, not either-or.

Digital Contact-Tracing and Quarantine-Policing

On March 14 2020, Prime Minister Benjamin Netanyahu announced that Israel would employ advanced digital monitoring tools, developed for counter-terrorism, to track carriers of the coronavirus and to slow the spread of Covid-19. Within 48 hours, a legal framework was produced, permitting the Israeli Security Authority, or Shin-Bet, and the police to use metadata in service of public health (Cahane 2020). Serious criticism of this measure ensued, particularly of the permission to track down citizens in a manner previously used for counter-terrorism, without proper safeguards and oversight against misuse and privacy protections being put in place. It must be remembered that in Israel, 'terrorism' is assumed to be what 'Palestinians' do and therefore, to see Shin-Bet in the service of 'public health' sends an unsubtle message.

A resolution relating to the enlarged use of data by Shin-Bet should have been presented for parliamentary approval but, due to disarray in the Knesset, the government enacted emergency regulations covering the use of metadata by Shin-Bet and location data by the police, to combat the coronavirus. Several NGOs objected and the Israeli High Court of Justice issued an interim order limiting the use of Shin-Bet powers under the emergency regulations and forbidding their use by the police.

However, the plan to connect Shin-Bet and Public Health went ahead with health officials passing details of those who tested positive to Shin-Bet, which returned them along with a list, derived from a hitherto secret national database of every person with whom they have been in contact over the past two weeks (Privacy International 2020; Silverstein 2020). To be "in contact" means for someone to be within 2 metres with another for at least 15 minutes. The listed persons receive a text requesting that they go into isolation at home and remain there. Apparently, using geolocation data from mobile phones, Shin-Bet pinpointed about 4,600 people who subsequently tested positive, thus pioneering a dubious partnership between national security and public

health (Dupont 2020).
At the same time, under increased powers, the police were enabled to use phone location data to verify that those quarantined were complying with their instructions. The tactics included the use of drones to check that quarantined individuals were actually in their homes (Lin and Martin 2020). The Israeli police claimed to have made 403 arrests, but their oversight group, the Foreign and Overseas Defence committee halted this work on the grounds of unnecessary privacy harms (Privacy International 2020).
What is lacking in the available data is much information about how different groups in Israel have been affected by the Shin-Bet / Public Health coronavirus collaboration. While some argue that low figures for infection and morbidity in Arab communities is due to their diligence and community spirit, or to the relative youth of the Arab population (Vidon 2020), others have argued that the absence of testing in those areas is the reason why figures are artificially low (Daoud 2020). However, Defense Minister, Naftali Bennett, proposed a scoring method to act as a triage on the likelihood of being infected (on the basis of the Shin-Bet / Health ministry data), with Orthodox Jews and Palestinians presumed to be the more prominent carriers of the virus and thus targeted for sealing off from others. While this fell on deaf ears, as it happens, Israeli authorities refused to provide testing facilities for Palestinians (see below).

Some implications of Israeli Covid-19 surveillance
A retired agent-handler of the Shin-Bet, Arik Brabbing, commented that the Shin-Bet "…saved lives from terror, but it saves lives also from the corona." Speaking to the BBC, he confirmed that the same methods are used for both purposes (Bateman 2020). However, a key concern following the national security surge following 9/11 is that far too many lives are needlessly affected by state anti-terrorism surveillance (Shamsi and Abdo 2011). This has also been a parallel question raised by critics of the Ministry of Health / Shin-Bet partnership. People who are not likely to be affected by the virus—for example because the 'contact' was fleeting or casual—may be unnecessarily disadvantaged. Again, the post-9/11 Shin-Bet's state security activities have been disproportionately focused on the Palestinians. In the coronavirus world, the West Bank and Gazan Palestinians and Arab Israelis have been regarded as sources of the outbreaks and as groups to be relatively neglected by public health authorities (Tatour 2020).
In what follows, we comment on several wider implications of the anti-coronavirus measures followed in Israel and Palestine. The first has already been highlighted, the "similar methods" used for anti-terror and anti-virus initiatives. It is typical of the "tech solutionism" of the current surveillance capitalist climate that data analytics would be seen to have obvious relevance for dealing with the effects of a global pandemic. Surveillance capitalism involves intensive partnerships and mutual reliance between public and private entities, so commercial considerations intrude all-too-easily into what should be public health-led initiatives (Zuboff 2019). As Skelton (2020) and Zuboff (2020) say, responses to COVID-19 represent the second major state of exception since 9/11. This is especially true of Israel, that prides itself on its military-incubated, leading-edge technological prowess, especially in the information and communication technology field (Offenhauer 2008).
The key problem here is that it assumes that high-tech has the answers to what must first be considered a public health problem, one with well-established practices, known simply as "manual contact-tracing." This, though labour-intensive, immediately sidesteps the potential problems of data security, privacy regulations and the likelihood of generating false positives. Even Singapore, that was an early adopter of digital contact-tracing, warns against over-reliance on technology, insisting that contact-tracing should be "human-fronted" (Zastrow 2020).
Even if a digital contact-tracing system is adopted, as in Israel, it raises major issues of human rights that should be publicly and democratically addressed. In the UK, for instance, a legal submission to a parliamentary committee, on the question of digital contact-tracing, pointed out that the risks of such systems require serious and sustained attention to human rights. This would mandate, as well as an "ethics advisory board," "independent oversight, ongoing review, and remedies" (McGregor et al 2020). At present Israel has no external and independent intelligence oversight body to oversee the implementing of emergency coronavirus regulations (Cahane 2020).
The second important consideration is the confusion caused by the term "privacy". In Israel as in many other countries, human rights and civil liberties abuses may continue despite legal adherence to privacy regulations. The problem is that privacy is frequently seen as a personal problem, not a systemic fault-line. In many countries, sharp questions have been raised about the privacy implications of large-scale use of personal data, originating primarily in widespread and commonplace platform-use, finding new uses in digital contact-tracing and other technological "solutions" purveyed by governments to the pandemic. This was also seen as a question in Israel (Meyer 2020).
The issue arose when Minister Bennet (now Prime minister) defended his proposal that the controversial NSO

Group—a spyware company—be involved in a scoring system. He argued that, “The data required to operate the system by authorities and governments is statistical and aggregated, not personal data” (Roth et al 2020). The same question exploded during the aftermath of the Edward Snowden revelations about the work of the U.S. National Security Authority in 2013. Officials insisted that the “metadata” used by the NSA for their investigations was similarly “not personal.” Yet those metadata actually revealed exactly the kinds of information that hiring a private detective might find—where such-and-such a person was, when, and what they were likely to have been doing.

However, despite the assumption that to confront innovations such as digital contact tracing with privacy demands is to mitigate the risks, there is more to be considered. Given its origins and common usage, privacy is frequently considered to be a personal, individual problem, even if its protection is also seen to support more public values such as freedom of expression or freedom of movement. As we have shown, in Israel, even more acutely than in some other countries, gross disparities of access to adequate health-care obtain between the Jewish-Israeli population and the Arab population of Israel, the West Bank and Gaza. This is further reflected in the treatment of the outbreak of coronavirus.

The risks of personal data ending up in the “wrong” hands or otherwise being misused are real, and privacy legislation is available to counteract such eventualities. But this is also a systemic problem, based on fundamental inequalities—in this case to health-care—and unfair practices. These can all-too-easily translate into basic “automated inequality” in health-care as in other areas (Eubanks 2018). This is why the issues demand to be seen as ones of digital rights, and beyond that, to data justice, in Israel especially but elsewhere as well (Lyon 2020).

A third implication—which again echoes concerns elsewhere in the world, but with sharper potential relevance to Israel—is that measures put in place in a time of pandemic health crisis, a state of exception, will become routine, involving not only function creep but also, in the Israeli case, mission creep (Sachs and Hubbard 2020). This is a very real and pressing issue, seen writ large in the responses to 9/11 and now rearing its threatening head once again. Initially announced as measures enacted for an exceptional circumstance—marshalling personal data from the moment of booking an airplane flight, for example—quickly morph into part of the unremarkable “normal” expectations of passengers. Here again is the “state of exception.”

Despite pleading for “sunset clauses” in the inauguration of post-9/11 emergency measures, many supposedly exceptional practices were normalized. What was once dubbed “function creep” as progressively extensive uses were thought of for certain kinds of personal data became “mission creep” as whole systems were repurposed, using “available” data, especially following the rise of internet platforms.

Today, in Israel’s efforts to mitigate the impact of coronavirus, what Rob Kitchin (2020) calls “control creep”, is visible in many of its initiatives. The fact that it might be anticipated does little to alleviate the concerns of those who provide evidence that today’s Covid-19-containing initiatives are simply more-of-the-same (French and Monahan 2020). What began as a drive to use phone-users’ metadata—which Israeli authorities regard as “anything but content”—for advertising to and influencing those users, is now conscripted for an unproven form of contact-tracing and for limiting the movements of citizens, especially Palestinians, whose mobility is already tightly restricted within Israel. If what Rob Kitchin (2020) says is true of fully democratic societies, how much more is it true of Israel

The fine-grained mass tracking of movement, proximity to others, and knowledge of some form of status (beyond health, for example) will enable tighter forms of control and is likely to have a chilling effect on protest and democracy.

Militarization of Health Care

As we noted, Israel, or more accurately its domestic intelligence unit the Shin-Bet, has advocated access of mobile phone technology to gather metadata and connect individuals with government offices. Thus, the government instructed Palestinian workers to use apps to secure information pertaining to their stay in Israel. “The app would allow the army to track the Palestinians’ cellphone location, as well as access notifications they receive, files they download and save and the device's camera” (Hasson 2020a). There is a catch in this. According to the Israeli army, the information collected through contact-tracing could be used for other purposes as Israel sees fit. Palestinian workers are told

You agree and declare that you know that all the information you are asked to provide is not required by law or defense regulations, and it is provided of your own free will, so that we can make use of it as we see fit. In addition, you consent that we may store the information you have provided to us in our databases based on our considerations (ibid).

It did not take long for civil and human rights organizations to decry the tactics of the spy agency as cynical for violating individual privacy and human dignity. Observers have drawn attention to a possible slippery slope

when expanding government policies in the area of surveillance, now that Prime Minster Netanyahu has asked the Shin-Bet to collect additional information about individuals.

For years, Israel's intelligence community has gotten used to employing electronic surveillance methods – characterized by an ever-increasing sophistication and penetration – to track enemies and Palestinian populations under occupation. Now, as a new threat emerges and the world order is transformed in an instant, it has the perfect excuse to invade the lives of Israeli citizens (Harel 2020b).

Netanyahu's plans to enlist the efforts of the spy agencies prompted a collective response from NGO's including the Arab Center in Israel for the Advancement of Social Media (7amleh). In its press release it noted that "monitoring and tracking people 24 hours a day, 7 days a week—their location, calls, camera and headsets—under the pretext of preventing the transmission and spread of infection, is a violation of people's right to privacy" (7amleh 2020). The Defense Minister Naftali Bennet, who heads the far right wing religious alliance in the Knesset, was enthusiastic about involving the NSO high-tech Group and Shin-Bet. One major shortcoming of this approach was to ignore the highly controversial human rights background of the NSO and its involvement in criminal activity by peddling its Pegasus software to Arab Middle Eastern and Latin American governments who were tracking and eliminating their own dissidents (Marczak et al 2018; Zureik 2020). As well, what was overlooked is the inefficacy of relying on geolocation technology in high density patient areas: "given the sharp rise in the number of coronavirus patients, contact tracing and geolocation are no longer effective at finding all the people a given patient might have infected" (Goichman 2020).

Lawyer Diana Butto (2020), a one-time advisor to the PA, sounded alarm about possible function creep of the technology when she commented

My fear is that once this coronavirus threat passes, some measures will also be normalized this time: from racism in health care, to holding Palestinians and their health care system hostage, to surveillance, to home demolitions and blockades – all in the name of 'public security'.

Petition to the Israeli supreme court was submitted by civil liberties organizations. The Association of Civil Rights in Israel charged that "The health of the public is of utmost importance, but these measures, born out of draconian emergency regulations, are bringing us to a slippery slope when it comes to the invasion of privacy and democracy" (mayaf41 2020). The editorial board of the newspaper Haaretz warned that Netanyahu is voicing his fake concerns about a "popular revolt" and headlined its reaction: "Israeli Government Is Invading Our Privacy Under the Guise of Battling Coronavirus…. while riding roughshod over [the] right to privacy" (Haaretz Editorial 2020). In its decision the Israeli High Court "ordered the Shin-Bet security agency to halt its use of phone-surveillance technology in the battle against the coronavirus, unless parliament begins legislating guidelines for the controversial practice" (Zion 2020).

Domestic and international spying by the Shin Bet and the Mossad, respectively, involved recruiting Israeli manufacturers of military cyber ware, such as the NSO Group and Elbit Systems, to join efforts in supplying Israeli hospitals with hardware to combat the coronavirus (Cronin 2020; Zureik 2020). In a recent expose, journalist Ronen Bergman acknowledged the connection between the Mossad and other unsavoury regimes worldwide by noting that "The Mossad's efforts were easier in nondemocratic countries where intelligence agencies have more influence with the rulers" (Bergman 2020). The Mossad is exaggerating its efforts to assist in the fight against coronavirus: "Contrary to the flattering reports about the Mossad's cloak-and-dagger operations to acquire medical equipment, most of it was purchased officially in Europe and China, where the organization has no particular advantage" (Melman 2020). It is worth noting that recently the NSO came under further revelations in connection with selling equip,memt for spying on U.S journalists (Bergman and Kingslay 2021.

Elbit Systems, a major Israeli exporter of arms that is now busy advertising its backlog of arms orders worth $10 Billion, noted that its arms exports grew in the last quarter by 77%. It is worth recalling that Elbit System advertises its arms (such as cluster bombs and drones) as "battle proven" after supplying the Israeli army with arms during its horrific Gaza offensive in 2014 that resulted in the death of 500 children from Gaza (B'Tselem 2016; Cook 2020). As well, Elbit Systems provided surveillance equipment to what Israel calls the 'West Bank Barrier,' and Palestinians, the 'Apartheid Wall' that was declared illegal by the International Court of Justice, and took part in other projects such as building the U.S Wall on the border with Mexico.

In joining the rush to combat coronavirus, Elbit Systems plans to manufacture ventilators that are in short supply in Israel (one per 2,500 Israeli citizens, compared to one per 1,655 in the U.S), and boasts to have developed a "remote coronavirus testing system" that, according to press reports, uses radar to "measure the temperatures and heartbeats of patients without actually touching them"(Cronin 2020; Williams and Cohen 2020).

The primary objective of the police in tracking citizens who were in the vicinity of people who are ill or suspected of being ill during the coronavirus crisis, is to collect location data of the person under surveillance

and send it to the Health Ministry. Although the content of the intercepted phone calls and messages will not be collected, the Shin-Bet will be able to collect any credit history that is stored on the phone (Landau et al 2020). There is no oversight in place regarding the use of such tracking technology whose introduction bypassed the Knesset and was approved separately by the Cabinet by relying on emergency regulations governing the police and Shin Bet.

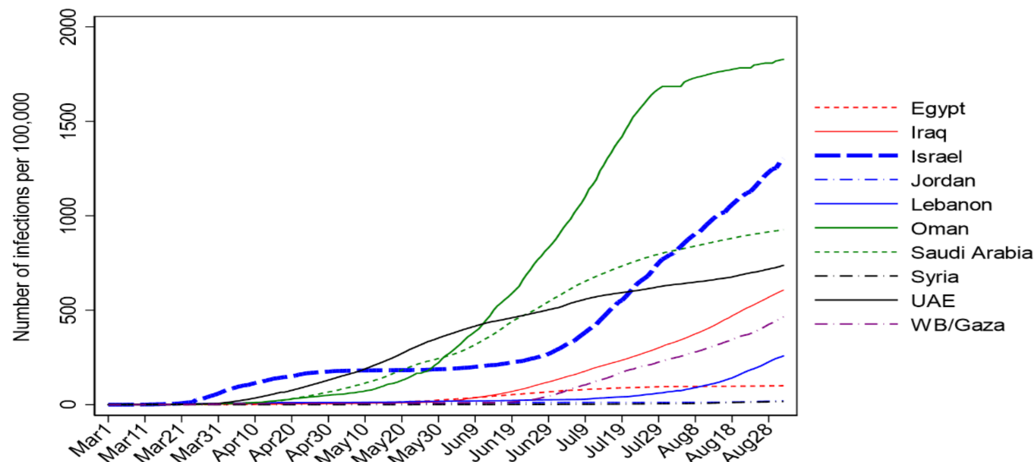
Opinion writers in the New York Times fired back at the clandestine efforts to enlist spy firms to combat the coronavirus or ensure access to crowded refugee camps such as those managed by Greece: “The answer to stopping the virus is not increased surveillance through new technology or preventing access to the camps for medical personnel. Instead, we need to redistribute resources and ensure access to health care for all people, regardless of their immigration status” (Harel 2020a; Molnar and Naranjo 2020). A lengthy report investigated the use of the contact-tracing technology by no less than 27 countries worldwide. Privacy groups are suspicious of using the contact-tracing technology, while “3 in 5 Americans say they are unwilling or unable to use an infection-alert system being developed by Google and Apple”, a Washington Post-University of Maryland poll has found (Fahim et al 2020). The same report discovered that the technology does not always deliver accurate information. And a UK-based report in The Lancet shows that contact-tracing requires a high proportion of cases to self-isolate and a high proportion of their contacts to be traced, combined with physical distancing, for the technique to make meaningful impact on containing the virus (Kucharski et al 2020).

Case Studies

Background Information

Data shows that by the end of August 2020, the infection rates among the Palestinians in the West Bank and Gaza were fairly low compared to the rest of the countries in the Middle East, at a time when Israel showed the second highest rate of coronavirus infection among the countries shown in the Graph I.

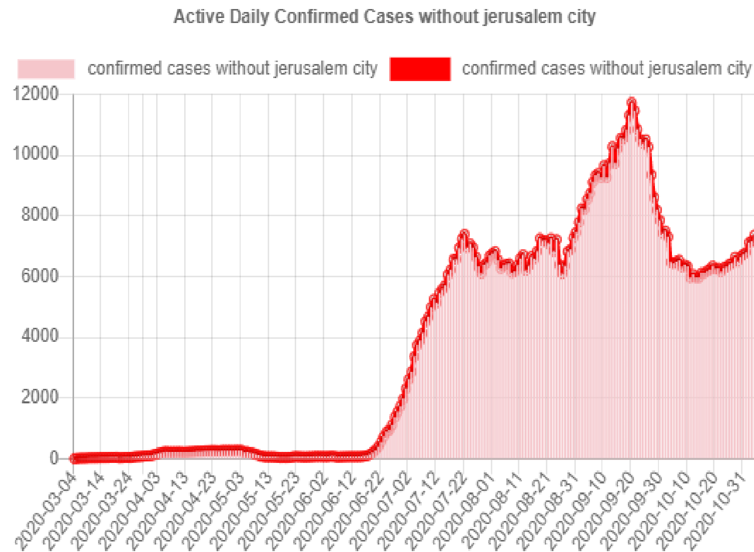
Graph I. The spread of the Coronavirus in the Middle East.



Source: Data provided to the authors by Professor Alex Weinreb at the Taub Centre in Jerusalem.

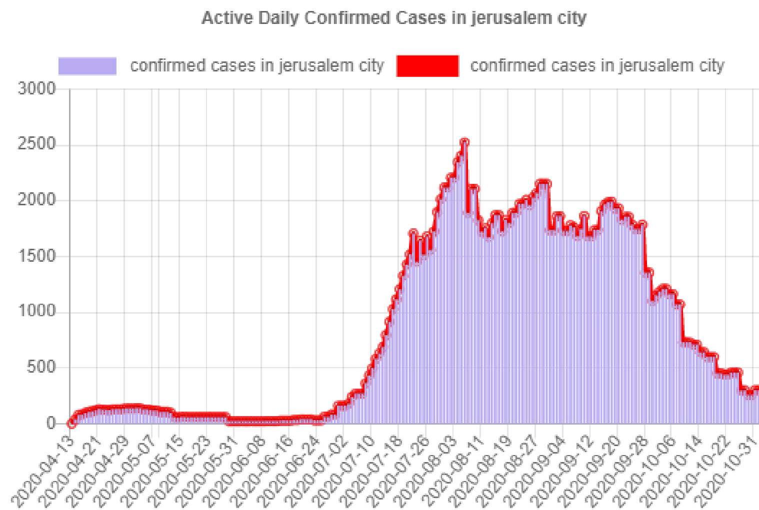
According to the Palestinian Health Ministry, by the end of October 2020 there were 67,918 confirmed coronavirus cases in the Palestinian territories, including East Jerusalem and Gaza, 59,682 recovered cases, and 576 deathsi. Gaza confirmed a minority of 2797 cases.

Graph II



Source: Palestine Health Ministry and the Palestine National Institute of Public Health. "Coronavirus – COVID-19 Surveillance System, 2020.
http://site.moh.ps/index/covid19/LanguageVersion/0/Language/ar

Graph III



Source: Palestine Health Ministry and the Palestine National Institute of Public Health. "Coronavirus – COVID-19 Surveillance System," 2020.
http://site.moh.ps/index/covid19/LanguageVersion/0/Language/ar

United Nations reports on the coronavirus epidemic impact in Palestine portray a desperate picture of daily life. In addition to economic deprivation caused in no small measure by the Israeli blockade of the Gaza Strip and its occupation of the West Bank, the coronavirus has multiplied the hardships suffered by Palestinians. By October 2020, the UN reports that "Over 6,600 new COVID-19 cases recorded in the oPt, but active cases continue to decline; 90 more people die. 1,400 more cases of community transmission, and another five fatalities reported in Gaza."ii A report by UNCTAD, a United Nations agency, shows that already in April 2020, one month after the start of the COVID-19 epidemic, "the fiscal revenues of the Palestinian National Authority (PNA) had declined to their lowest levels in 20 years." iii Vulnerable groups such as the elderly, women and those with disabilities suffered significantly as a result of COVID-19. It is estimated that in excess of 100,000 Palestinian households will join the poverty line as aresult of COVID-19, and according to the World Bank the

West Bank will experience an increase of 30% in poor households compared to 64% for Gaza.iv
Impacts According to Two COVID – 19 Surveys of the Palestinians Under Israeli Control
We will use two studies in this section to highlight the COVID – 19 situation of the
Palesstinians in the occupied territories and in Israel.The first was written by Raja Khalidi, the Director of MAS, The Palestine Economic Policy Research Institute in Ramallah which carried out the study (Khalidi 2021); The second study was authored by four Palestinian researchers led by Sami Miaari, an economist from TelAviv university who founded the Arab Economic Council.in Israel (Miaari et al. 2020). The two studies will be followed by case studies related to the occupied territories and Israel.

The First Study

The Covid-19 Socio-Economic Shock, Ramallah, Palestine, 2021.The year 2020 has delivered a series of shocks to Palestine with dire, apparently existential consequences. Twenty-five years ago, the Oslo-Washington Interim agreements established the Palestinian National Authority (PNA)'s governance, security, and economic regimes, which today are reeling from the impact of rolling shocks and an emerging socio-economic crisis unlike any experienced since then, combining together in 2020 in the "Perfect Storm". Coming on the heels of several years of an increasingly hostile political climate and feeble economic growth, with persistent social crises affecting marginal populations, vulnerable social groups, and the poor, the COVID-19 pandemic hit Palestine at its weakest.

While for once, Palestine is confronting a crisis common to all peoples and countries of the world, it is unique in having to do so as a non-sovereign state, under a prolonged Israeli military occupation that empowers a creeping settler-colonial enterprise. The governance record of the PNA over this quarter-century has been mixed, stunted by the inherent contradiction of the last decade's effort to fashion statehood under colonial rule and to build a national macroeconomy while remaining structurally dependent upon the powerful Israeli economy. Its fledgling institutions are constrained by the limits of self-government arrangements, relentless Israeli colonization of East Jerusalem and the rest of the West Bank and the (imposed) separation and (chosen) political division of the West Bank and Gaza Strip.

These gaps and fissures have been laid bare by the pandemic and the associated lockdowns since March 2020 of various sectors of the economy. These have had both across-the-board macroeconomic impacts on consumption, output, and investment, as well as sectorally or geographically focused shocks to Palestinian society and the economy. Small producers and self-employed, daily wage workers (both those dependent on jobs in the private sector or in Israel), working mothers, young graduates, and the most destitute of the poor, who are expected to reach 300 thousand persons this year, have been disproportionately battered by the burgeoning crisis. Public sector employees, who by May began to feel the pinch of vastly reduced public expenditure capacity, have now joined the ranks of those whose livelihoods are increasingly at risk.

In Palestine, the first cases of the virus were detected in Bethlehem city early March 2020. Not before long, the virus spread to other Palestinian governorates. Similar to other countries of the world, the PNA has imposed a blanket ban throughout the Palestinian governorates for almost two months, to control the spread of the virus. Later, it has lifted the ban gradually, returning to normal life while strictly working to follow adherence to the preventive health measures set by the Palestinian Ministry of Health (MoH), to alleviate the severity of the crisis on the Palestinian economy, which was on the brink of collapse. This crisis combined with the public fiscal crisis, which escalated due to the PNA's refusal to receive clearance revenues. As of 10/11/2020, the MoH reported a number of confirmed cases in Palestine was 44,299, around 37,942 of these recovered, while 381 died.(Palestinian Ministry of Health, (https://corona.ps/).

Many international and Palestinian institutions worked to produce estimates of the potential impacts of the pandemic on the Palestinian economy. All of them agreed it will have an overarching impact on particular sectors and social groups, whose recovery will not be immediate. In fact, some of the effects of the pandemic will not be easy to reverse, a process that might take years. According to PCBS projections, a 14% drop was expected in the Palestinian GDP. MAS, on the other hand, expected a 21% decrease in the West Bank GDP based on a scenario of three months of closure and movement and productivity restrictions, and a 35% decrease based on a scenario of six-months of restrictions. Preliminary estimates by the PCBS released at the end of 2020 confirmed only a 12% blow to GDP. All economic activities in the West Bank witnessed an added value drop, which is expected to be significant, but to varying extents, especially in transport, storage, accommodation, and restaurant sectors. The Lockdown has mostly affected SMEs, which constitute 90% of economic enterprises in the Palestinian economy. The industrial sector enterprises, except for the food processing industries, were significantly affected, especially the tourism industry. The most affected of these were the accommodation and food services enterprises, which have completely shut down.

The growing number of infected cases has contributed to putting the Palestinian health system under further

pressure, which lacks skilled cadres and equipment. Add to that the lack of knowledge on how to deal with such a novel and contagious epidemic, seen for the first time in Palestine and the world in the modern era, which till now it is not yet been precisely known how it spread, and what are the required prevention measures. The weaknesses in the system appeared especially critical in early 2021 as hospital capacity limits (beds, ICUs, respirators) reached 100% absorption in the face of a sharp increase in cases, first in the West Bank and now in Gaza Strip.

To manage the crisis, the PNA has put in place a set of measures, the first was imposing a blanket ban to prevent the spread of the virus, ensuring that the medical devices, equipment, and services that might be needed to treat infected cases are available, transforming/designating many public and private health centers into quarantine and treatment centers. Also, the government closed all educational facilities in March, urging schools' transition to "Distance Learning" or e-learning. The first experiment of the new approach faced many challenges in implementation, and different configurations of sectoral, temporal and geographic closures were tried, with little systematic evaluation of the most effective in achieving a tolerable balance between economy an health.

As for basic services such as water and electricity, the closure affected the cash flow of electricity distribution companies, as well as the development of networks and sometimes the provision of services. In terms of the pandemic impact on marginalized and vulnerable social groups- especially women, youth, children, the elderly, and people with special needs, and the poor-, the negative consequences were large and disproportionate according to the specificity of each group.

Despite its limited jurisdiction, the PNA has tried to manage from the center its public health response to a pandemic with multiple geographic sources of infection and transmission. Government bodies, such as the Ministry of Health and security agencies, have been able to play the central coordinating and enforcement role needed to combat the pandemic and ensure civil compliance with preventive measures. But this has been hindered by the fragmentation of the OPT and the prerogatives enjoyed by the Israeli authorities in regulating movement and access between the territory and Israel and within the West Bank itself. Hence, the effectiveness of day-to-day decision-making and management of the crisis and containment efforts have ultimately depended on the role of communal efforts (social capital) at the regional (Governorates) and local (cities, camps, villages) levels.

First, it should be acknowledged that neither the pandemic nor the recession is going to be alleviated in the absence of concerted public health and socio-economic mobilization response. Most people have not voluntarily complied with the needed preventive and quarantine measures required (even in Ramallah the center, where the government's apparatuses concentrate heavily) and markets will not bounce back on their own accord. Indeed, the critical first wave of mass infections experienced in July 2020 only presaged a more extensive contagion over the winter into 2021.

Any hopes earlier in 2020 for a V-shaped recession have been replaced by more sober expectations of an L-shaped (no recovery in the short term) or even a K-shaped depression where some recover and some remain in recession. That means that the public health system must gear up, and be enabled, to fight the spread of disease with adequate resources and public-civil engagement. But no less crucial is that the economic and social fallout somehow be mitigated, if not by relief measures, then through re-organizing the manner in which society copes and spreads the burden so that households can adapt to a prolonged crisis, something in which the Palestinian people are well-versed.

In summary, there can be no recovery without a continuing response to the immediate impacts of the health and economic pressures on the most vulnerable social groups and the most vital economic sectors.

If sometime in 2021 the COVID-19 threat has been diminished by medical or public health measures, the pace, direction, and scale of recovery will be largely dependent on how well targeted relief and response programs are in ensuring two major objectives in the short run: that the most vulnerable segments of society be the first in the line of those benefiting from the social protection net and that the strategic productive sectors of the economy are not irreversibly damaged.

These two broad planks of a socio-economic response cannot perhaps cater to all sectors and strata of the economy struggling with the current crisis, especially with reduced public revenues, international aid, and income from work in Israel all draining resource availability. So, priorities for interventions must be identified that bring relief to the hardest-hit, while being catalytic in stimulating other sectors and rely on human- and social-capital intensive inputs. In the coming phase, good Palestinian governance will call for good management, versatile coordination, and effective communication, and above all, an emphasis on local markets, local production, local jobs, and local demand.

Overall, research results suggest that the occupied Palestinian territory is at moderate to high risk of the pandemic. In the absence of an effective vaccine, the lockdown policy may be vital in curbing the spread of the disease and mitigate its adverse effect on the health of the population. However, the implementation of a tight

complete lockdown over a long period is unaffordable in the light of the narrow fiscal space available to the Palestinian National Authority.
Hence, a policy response that targets the trees (i.e., the clusters/chains of infection) rather than the forest (the mass) is in order in the Palestinian situation. Such policy response should be oriented towards enhancing the overall capacity of the health systems (the health workforce, expenditures, and infrastructure). This also entails using the daily reported infection data to implement a set of targeted emergency responses that involve identifying, evaluating and properly addressing all risk factors that are susceptible to be associated with the spread of COVID-19 pandemic.
Facing the disastrous economic consequences of the COVID-19 pandemic requires going beyond the direct health sector policy measures towards devising set of proper economic policy measures. Amongst the immediate economic measures, the study suggest implementation of a means-tested benefits principle (i.e., targeting the most economically affected groups) to help mitigate the adverse economic consequences of the pandemic on the most affected sectors of the economy as well as the most vulnerable groups of the populations who incur the double burden of health and economic losses.

The Second Study

Similar to the first study, the second one is based on survey research but is confined to comparing the Palestinians in Israel to the Jewish population. The authors start their study by noting a point we made at the outset of this paper that the impact of the Coronavirus has affected the minority populations disproportionately worldwide where minorities of colour suffer from higher infection rates compared to the dominant populations. The authors proceeded by providing census demographic data which showed that the attainment of of the Palestinian minority in education has improved significantly in the last two decades. So did the position of Arab women in terms of their educational background. Both men and women increased their share in professional jobs. Yet, the Arabs continue to lag behind the dominant Jewish sector in educational and occupationsl levels, and close to two-thirds (60%) of the Arab men occupy low income jobs.

When the internet survey was carried out, at the end of February there were 16314 coronavirus recorded cases and 239 deaths in Israel as a whole. One-third of the the Arab population which constitute 20% of the total were relieved from their jobs during 2019. The authors point out that in proportional terms this is higher than the 23% corresponding proportion of the employed Jewish population.

The statistical-longitudinal study covered the first week of March and lasted until the last week of April, 2020. The sample consisted of 2040 Israeli workers that included 324 Palestinian citizens above 18 years of age. Although Arab women lag behind Arab men in terms of employment opportunities and income, when divided according to the fifth strata, the two sexes don't exhibit statistically significan differences. However both Arab men and women fall behind Jewish workers in the sample. The division within the Arab sector between men and women shows that the decline in income due to COVID - 19 is slightly higher for men than women, although the sex differences are not statistically significant. When comparing the Triangle to the North region, there was no statistically significant difference between the two regions. Finally, the authors note that poverty increased aong the Palestinian from 45% to 49%, during the period of the study at a time when among the Jews poverty rates stood at 23% during the same period.

Case Studies

The West Bank

There are close to 20,000 Palestinians from the West Bank who work in so-called "essential" jobs in Israel; that is, jobs that Israelis shun. These workers, who are given entry permits and are requir ded with any protection against the coronavirus by employers or the Israeli government. Statements ed to stay in Israel for a long period of time without visiting their families, are not provi made by the Palestinian Authority (PA) describe these workers as potential carriers of the coronavirus originating in Israel. The PA estimates that half of the workers who returned from Israel are infected by the coronavirus. Workers described their accommodations as "unfit and dangerous sleeping conditions." Various Israeli ministries who were contacted by the press and workers alike were told the Palestinians should return to the West Bank to receive treatment (Shezaf 2020c).
An interview with a Palestinian, who works in a chicken factory near Jerusalem that employs 250 Palestinian workers, described the essence of his predicament and those of other Palestinian workers. when He said, "I don't understand why I'm good enough to work in Israel but not good enough for the Israelis to test me," which Palestinians point to as the source of West Bank coronavirus outbreak. The situation in this workplace is such that workers are not tested for coronavirus, are housed in warehouses that are not suitable for accommodating 250 workers, are not given masks, and work on an assembly line that makes it impossible to maintain a distance of two metres between workers.

After protesting, the factory management returned 25 workers to the West Bank. They were tested by the PA for the coronavirus and discovered that 15 of them were infected. An Israeli union organizer summed up the situation facing Palestinian workers: "Having no choice and lacking any unemployment compensation, they are forced to agree to leave their families and work in Israel under a sleepover arrangement, which could lead them to get sick and endanger their lives" (Shezaf 2020b). It is not enough that the Palestinians have to worry about coronavirus, they have to face settler violence. Data provided by a defense official shows an increase in the commission of violence by the settlers:

16 physical confrontations were recorded in March between settlers and Palestinians, compared to only nine in February and five in January. Human rights organizations operating in the area corroborate the trend: Out of the 51 cases of violence, vandalism, theft and threats recorded by monitor B'Tselem since the beginning of 2020, 21 took place in March alone (Shezaf 2020a).

Gaza

We have referred above to the connection between vulnerable health conditions and COVID-19. Take diabetes, which tends to suppress the immune system. While in Israel the rate of diabetes among adults is 7.2 per cent, it is 18 per cent if not higher among refugees in the West Bank. Officially the rate in Gaza is 16 per cent. The 3.2 million residents of the West Bank have 120 ventilators in public hospitals, while Gaza has 65 ICU beds for its two million people, of which 26 are available for COVID-19 patients. The International Committee of the Red Cross noted that there are 93 ventilators in Gaza, or one for every 21,505 individuals. According to health officials in Gaza, they need 100 ventilators and 140 ICU beds, and an injection of $23 million dollars to cope with the coronavirus crisis (al-Mughrahi 2020).The dire situation in Gaza, prompted Israeli journalist and critic of the government Gideon Levy (2020) to state: "If Israel had even a hint of human feeling toward the inhabitants of the Gaza Strip, at least during the coronavirus pandemic, it would immediately lift all the bans and allow unlimited medical and economic aid into the enclave" (Levy 2020). Needless to say these words fell on deaf ears, and Israel persists in blockading the strip in its 15th year.

Basically, analysts claim these statistics are the outcome of Israeli occupation of the West Bank, blockade of Gaza and restrictions of donor aid, all of which contributed to the weakening of the health system (Wispelwey and Al-Orzza 2020). Johnathan Cook (2020), remarked "The Palestinians of Gaza know all about lockdowns. For the past 13 years, some two million of them have endured a closure by Israel more extreme than anything experienced by almost any other society – including even now, as the world hunkers down to try to contain the Covid-19 pandemic." A Gazan drew the analogy between coronavirus lockdown and the punishing perpetual state of curfew imposed by Israel on Gaza, and asks

So, dear friends around the world, and especially in Israel – how is life in lockdown and isolation? Prevented from meeting parents, children, grandchildren? How are you managing with the ban on traveling around the country, socializing, operating businesses? How are you coping with the uncertainty about the future? Gazans, who have lived under lockdown for so many years, are very familiar with the feelings of fear and worry for the future it brings (Azaiza 2020).

Writing in Counterpunch, Judith Deutsch (2020) details the routine destruction by Israel of the health care system in Gaza through its systematic violence against the Gaza Strip: "Gaza is cruelly exploited in the neoliberal global order in which Israel plays a pivotal role in exporting battle-tested technology and strategies for population control." Two-thirds of the population in Gaza are refugees who live in densely populated camps to render social distancing an impossibility. For example, Jabaliya camp, the largest camp in Gaza, houses 110,000 people who live in an area of 1.4 sq. km. According to the chair of the Palestine Red Crescent, Gaza has only 20 diagnostic kits and needs 150 ventilators to cope with 2,500 people who are in quarantine (ibid).

There is no shortage of self-examination and reflections, even though it rarely leads to a change in policy. The following is by an activist Israeli citizen:

We actively prevented an entire nation from building themselves a national home, a state. We ruthlessly crammed them into Bantustans, making it impossible for them to develop their own economy, public infrastructure, and normal diplomatic relations. We bombed hospitals and power stations in Gaza, without stopping to ask ourselves what might happen when the sick come to the fence asking for medical treatment that we have refused to supply them (Gvaryahu 2020).

A heart-wrenching interview was carried out in 2017 with a Palestinian child psychologist who works with Physicians for Human Rights by volunteering in Gaza. He specializes in child trauma and sexual abusive behaviour. He reported that one-third of the children he saw from Jabaliya refugee camp told him that they experienced sexual abuse carried out by a family member, relative or even children of the same age. He encountered silence by family members and even local health professional about such sexual abuse. Drug addiction is rampant in the camps. Thus, he concluded "the bottom line is that children who have suffered

sexual abuse have nowhere to turn to, no one to talk to. There is a conspiracy of silence" (Shani 2017). Trauma and depression engulf the adults as well. Poverty and unemployment are a recipe for hunger and starvation. To the question if there is starvation, the psychologist answers

Definitely. I have seen the starvation. I visit meager, empty homes. The refrigerator is off even during the hours when they have electric power, because there's nothing in it. The children tell me that they eat once a day; some eat once every two days. A neurologist who works with us, Rafik Masalha, did a study on nutrition. A child in the Gaza Strip eats meat an average of once a month and chicken maybe once a week, and we are talking about one chicken for a family of 15 children (ibid).

The psychologist concluded that Palestinian society in Gaza lives in a state of anomie and disintegration of its social norms. Sociologist Yaser Alashqar (2020), originally from Gaza, adds to the dire coronavirus situation in Gaza by highlighting the enabling policies of Donald Trump who illegally moved the U.S embassy from Tel Aviv to Jerusalem, and left Israel to act freely in establishing illegal settlements in the West Bank; this makes the task of Palestinian nation building all the more difficult.

In mid-June, there were about 480 confirmed cases in the West Bank, including East Jerusalem, for a population of 3.2 million, and Gaza with a population of 2 million had 77 cases, while Israel recorded 15,400 cases (Barghouti 2020). The Palestinian statistics are deceiving. They conceal incomplete diagnosis due to shortage of measuring kits, unwillingness to admit contraction of the virus due to stigma and cultural customs, and the fact that the disease is more prevalent in the upper classes than the poor communities. For example, there are 11 per 1,000 in quarantine among those who are in the 80-90 percentile of earners compared to 3.2 among the lowest earners (Khoury and Hasson 2020).

The Palestinians in Israel

A central problem faced by the Arab sector in Israel relates to the issue of testing and coming up with reliable figures for coronavirus infections, recovery, and death of patients. Lack of systematic health monitoring in the Arab sector thus contributes to the rather low rates of recorded coronavirus cases.

In May of this year, of the 1040 diagnosed as coronavirus patients among the Arabs, only five died, compared to 279 for Israel (Linder 2020). The Palestinians citizens of Israel comprise 20% of the Population and number 1.6 million, while the Jewish population of Israel nears 6.8 million with 0.5 million of whom reside as settlers in the occupied West Bank. Israel also controls the 5.0 million Palestinians who live in the West Bank and Gaza. However, recent data show a reversal of this trend. According to the Galilee Society, an Arab NGO research organization in Israel, in mid-July the virus rates increased by 20% of total cases in the Arab sector compared to 12% for Israel as a whole (Hala TV 2020). As the reported updates by Haaretz newspaper show, by late August 2020, there were 8,172 confirmed cases of the Covid-19 in the West Bank and 157 deaths, while Gaza had 117 active cases and three deaths. The situation in Gaza is likely to worsen with two lockdowns put in place since early August to stave off the speread of the coronavirus. In Israel, there were 113,337 confirmed Covid-19 cases and 906 deaths. When prorated on the basis of 100,000, the Palestinin territories combined yielded 1,921/100,000 while for Israel the figure was 799/100,000 (Haaretz, 28.8. 2020).

East Jerusalem was annexed illegally by Israel with its Arab population in 1967. There is a contested plan by the health ministry to cut off the Arab population, who are Israeli residents, from supervision by the ministry as a means to stem the coronavirus tide (Hasson 2020b). It is also the case that the health ministry does not carry out epidemiological tests in East Jerusalem, and the Palestinians of East Jerusalem do not receive text messages from the health ministry to self-isolate (Khoury and Hasson 2020). As of April 2020, East Jerusalem, with a Palestinian population of 300,000, recorded 151 confirmed coronavirus cases, 41 recovered and two individual deaths (Ramon and Tzoreff 2020). It is expected that the PA will react by accusing the Israeli government of "deliberate neglect" of East Jerusalem (Abumaria 2010). Such reaction came from Adalah, a Palestinian NGO in Israel, who petitioned the Israeli Supreme court to force the government to open testing centers in Arab towns.

Throughout this crisis a fact came to light that most Palestinian Arabs in Israel have experienced or known about. They ask: why is it that they are treated as second class citizens but remain fully engaged as first-class people performing duties as medical professionals, when 17% of Israel's doctors are Arabs, as are 24% of its nurses and 47% of its pharmacists? A female Palestinian doctor interviewed by Haaretz wondered why Netanyahu continues to downgrade Arab citizens and label them "as a disaster for Israel"?

When I come home from the emergency room, after I've given my all to treat everyone, and hear the prime minister say that we have to form a national unity government to deal with the crisis – but without the Arabs, as if we are second-rate citizens – it hurts. Why is it OK for us to be on the front lines in the hospitals dealing with corona, but not legitimate for us to be in the government?" (Yaron 2020).

Conclusion

Foucault's distinction between "the right to 'take' life and 'let' live" and "the right to make live and to let die" captures the transition from sovereignty to governmentality in biopolitics. In referring to Clough and Willse (2010: 49 cited by Zureik 2016:4), the point was made "that biopolitics is not applied in a blanket fashion in managing and enhancing the well-being of a population;" rather, racism is constitutive of the biopolitical process. To quote Clough and Willse (ibid) again, "Foucault argues that it is a form of racism that allows for death in biopolitics, the death of some populations that are marked as inferior and harmful to the larger body of the nation."

Israel was unwilling at the outset to aid the Palestinians during the coronavirus crisis. Prime minister Netanyahu personally made a habit of inciting Israeli Jews against the Palestinians whom he invariably described as terrorists, and he did very little to assuage the fears of Palestinians in the West Bank and Gaza. As a matter of fact, to justify his surveillance of the coronavirus, he invoked "technological means" that according to him are also used in the "fight against terrorism" (Konrad 2020). Some politicians in Israel realized that the spread of coronavirus does not obey boundaries. The president of Israel Reuven Rivlin seized on this point during his telephone call to the Palestinian president Mahmoud Abbas: "The world is dealing with a crisis that does not distinguish between people or where they live…The cooperation between us is vital to ensure the health of both Israelis and Palestinians" (Baker and JCPA 2020).

It is clear that strategies to contain Covid-19 are unevenly distributed, on racialized lines, in Israel/Palestine. Already existing disparities of public health care, affecting mainly Palestinian minority groups become vividly visible in the time of coronavirus. Decisions about who may live and who is allowed to die may be obscured by bureaucratic regimes and contact-tracing algorithms, but their effects are all too physical. Not only this, in the process of dealing with Covid-19, the same forces strengthen their hand by ensuring that emergency measures—states of exception—can become routinized, permitting even greater surveillance and thus control over minority populations. Only basic changes that result in equality of citizenship status will permit equal and thus fair and just public health treatment in Israel/Palestine, whether in a pandemic or in "normal" circumstances.

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End Notes

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