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Israel and COVID-19

The politics of health, security, and government formation

Israel has been affected by the COVID-19 pandemic, though not as seriously as other countries in the region. As of 10 June 2020, coronavirus casualties in the country stood at 299, but a June uptick in infections has generated uncertainty. Israel has also put to use highly contested means, setting aside personal rights and protections to a larger degree than other democracies, allowing the repurposing of anti-terror surveillance tools to track infection cases, and giving its intelligence service leeway in helping procure medical equipment. The Israeli situation – with hundreds of thousands of its citizens living in occupied territory – is complex, and the management of the pandemic has exposed pre-existing inequalities both within Israel itself, and between Israel and the Occupied Palestinian Territories.

Brief Points

- Israel has largely succeeded in preventing an uncontrolled escalation of the pandemic.
- The government and its agencies mobilized broadly to limit the spread of the disease, occasionally moving beyond the boundaries upheld by other democracies.
- After three inconclusive elections over the previous year, the current government agreement was reached as a direct response to the COVID-19 pandemic.
- Different impacts of the pandemic on different religious and ethnic groups expose underlying societal contentions.

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Country Overview

Israel has a robust health care system, a strong economy and an advanced research sector, all mobilized to help respond to the coronavirus challenge. The country has a young (median age 30.5) and largely urban (93.2%) population of 8.65 million, concentrated in several mid-sized and large cities. While Israel has a national health insurance (NHI) system designed to provide universal coverage to the population, several studies have pointed to health and healthcare disparities, in particular between Israeli Jews and Israeli Arabs.¹ As detailed by the World Health Organization, Israel's NHI system is "financed primarily through taxation linked to income" and "(t)he government distributes the NHI funds among four non-profit-making health plans".² The system is compulsory for all Israeli citizens, who can also augment their coverage with additional private health insurance schemes. Overall, the health care in Israel is seen as very efficient, ranking seventh out of 55 countries rated in this year's Bloomberg Health-Care Efficiency Index.³ The government has a Ministry of Health with the overall responsibility for the health of the population and the functioning of the NHI.

Israel has a highly developed knowledge-based economy with a large number of skilled workers, particularly in the technology sector. According to official data from the World Bank, the country's GDP was worth 375 billion US dollars in 2019, while the GDP per capita in 2018 was 34,788.70 US dollars in 2018, which is equivalent to 275% of the world's average.

The country is host to state-of-the-art research environments in several areas, and its private sector in research & development and technology is highly dynamic. Some of this domestic scientific and technological expertise has been mobilized in the response to the COVID-19 pandemic, where a number of start-ups provided different tech-based solutions, from an Artificial Intelligence-based triage platform providing continuous monitoring of the patterns in which the virus spreads⁴ to voice bots and a virtual care manager who can call individuals or act as a hotline to assess risk, manage symptoms and provide guidance.⁵

Israel is also a highly securitized and militarized society where this technological

knowledge is also employed for security and strategic objectives. During the COVID-19 pandemic, this has had two main implications: firstly, research units within the military establishment, such as the Directorate of Defense Research and Development, have provided input in the pursuit for solutions to fight the pandemic; secondly, and more importantly, some military/counter-terrorism tools have been employed (or considered) for specific COVID-19 related objectives (such as tracking potentially infected individuals), which, as we will see below, has triggered a political and constitutional crisis.

The fight against the pandemic has taken place in a highly turbulent political context, with the country roiled by the longest political crisis in its history. After a year in which no party had the majority needed to form a government, despite three elections (the last one on 2 March 2020), a unity government was announced by the former prime minister and leader of the Likud party Benjamin Netanyahu and his rival Benny Gantz, leader of the nascent Blue and White alliance. This unity government was motivated by the necessity of having a functional executive during a global pandemic. Mr. Netanyahu will be allowed to keep his position as prime minister despite his long-standing legal troubles and court challenges, although a power-sharing agreement with Mr. Gantz means they will rotate the position in 18 months.⁶

Severity of COVID-19 Outbreak

The initial confirmed case of an Israeli citizen testing positive for the coronavirus on 21 February was a cruise ship passenger repatriated from the vessel *Diamond Princess* moored in Japan.⁷ The first Israeli casualty was reported a month later on 21 March, and as of 10 June the death toll stood at 299, with 18,268 confirmed cases, translating into a death rate of 3.4 per 100,000 and an infection rate of 211 per 100,000.⁸ Among the case studies of our project, Turkey reports a similar infection rate and a higher death rate of 5.6 per 100,000, while Iran, as the worst hit country in our case study sample, has a slightly higher infection rate, but almost triple the death rate at 10 per 100,000. Equally, compared to many countries in Western Europe or the Americas, the situation in Israel has not so far been of the same severity.

In terms of available hospital beds per 1,000

people and COVID-19 tests conducted per 100,000 inhabitants, Israeli figures outstrip those of other MENA countries, with 2.99 beds and 6,000 tests being the figures in each metric. The closest case is Turkey, which has tested almost as high a ratio of people as Israel, the current numbers being 5,290 per 100,000. The picture in Turkey is also quite similar in terms of hospital beds, with 2.81 per 1,000 inhabitants. The Israeli numbers are almost double the ones for Iran however, which has 1.5 hospital beds per 1,000.

That Israel's medical metrics in this pandemic should be better than those of neighboring countries in the region should not surprise observers, given that the country has a significantly higher GDP than most MENA countries. Yet, Ruth Waitzberg and colleagues have highlighted that in an initial stage, "vulnerable cultural minority groups became a focus of COVID-19 infection due to their unique socio-economic and cultural characteristics and their previously existing low levels of access to health-care services".⁹ As explained by Israeli physician and professor of government Dani Filc, the NHI creates "health care boundaries that encircle both Israeli Jewish citizens and non-Jewish citizens living inside Israel as well as those that surround Palestinians living in the Occupied Territories".¹⁰

Despite the fact that Israel's response to COVID-19 has generally been viewed as successful and that the numbers mentioned above seemingly confirm this, there are clear signs as of mid-June that a flare-up of infections is underway. The easing of imposed restrictions started gradually in mid-April, but this process was halted on 8 June, indicating that the country could revert to more severe lockdown measures should the rate of infections continue to rise.¹¹

Policies to Deal with the COVID-19 Crisis

The Israeli state had enacted preventive measures some weeks in advance of the first reported Israeli fatality. On 27 January, a People's Health Decree was signed by the Minister of Health, Yaakov Litzman, giving the Israeli Health Ministry greatly expanded powers.¹² The Israeli government banned flights from China on 30 January, while gradually closing its land, sea and air crossings from 2 February

onwards.¹³ New measures often came with minimal advance notice, as when passengers on a flight from Italy on 27 February were informed of the entry ban for Italians upon arrival, before being turned back.¹⁴ Despite Italy's increasingly apparent status as a pandemic hotspot, this brisk action was unusual in a climate where several important EU countries were still advocating that borders should remain open throughout the pandemic, discouraging national governments acting unilaterally.

Domestically in Israel, the first restrictions on public gatherings came on 10 March, schools and universities were closed from 12 March, and more sweeping restrictions on businesses and the movement of the general population came on 14 March. These developments culminated in the declaration of a national state of emergency on 19 March. Further restrictive guidelines were announced on 31 March, including avoidance of public gatherings and wearing face-masks when outdoors. This set off a gradual rise on the stringency index, a measure developed by the Blavatnik school of government rating states' "containment and closure" polices, where the maximum score is 100 – indicating total lockdown. Israel's score rose from 81.5 in March to 94.4 between 8–10 April. Israel's rating then dipped slightly before attaining the same levels again in the time period 14–16 April, the highest stringency scores in an Israeli context. The stringency high points coincided with the religious holidays Passover Seder and Mimouna respectively, where a lockdown restricting most Israelis to their homes and a 100m radius (exceptions being made for essential workers) was imposed to avoid family gatherings. Violators faced fines of up to 5,000 NIS (\$1,455) and six months in prison.¹⁵

As of late June the trajectory of the pandemic is similar to much of Europe, yet there are several idiosyncrasies in the Israeli case that bear mentioning. First, the government allowed the use of a mass cell phone surveillance system under the auspices of Shin Bet (Israel's internal security agency) in order to track infected citizens and warn people who might unwittingly have come into contact with them. This system is part of a number of technological tools with which the Palestinian population is surveilled on an everyday basis. The Ministry of Health reports that by the end of May, 81,383 isolation orders have been issued based on Shin Bet's contact tracing

findings.¹⁶ The measure, proposed on 15 March, bypassed normal court order requirements and parliamentary checks and balances. The measure was approved with some limitations, but then subjected to a judgment in the Supreme Court of Israel (detailed in the following section).¹⁷

Electronic surveillance has been used by some other democracies, chiefly South Korea and Taiwan. In the case of Israel, this function creep of a counter-terrorism tool has received criticism¹⁸ and illustrates a problematic securitization of the COVID-19 pandemic through the enmeshment of the security and military apparatus with the civilian one. A second example of Israel's willingness to enlist its intelligence services in fighting the pandemic can be seen in the worldwide scramble for medical supplies this spring. Media reports have shown how Mossad, Israel's spy agency, played an outsized role in acquiring ventilators and other medical equipment for the embattled Israeli health services.¹⁹

In dealing with the financial fallout of the COVID-19 pandemic, Israel's government announced a rescue plan on 30 March, meant to cover a strengthening of the health care sector, secure welfare and unemployment benefits, and aid business owners both large and small, as well as function as a fiscal stimulus. The aid package was expanded on 9 May to total 100 billion NIS (\$28.5 billion), approximately 5.5% of Israeli GDP. Israel's rescue package has been criticized on the basis that it falls short of what would actually be needed and commits less than the proposed rescue packages of other economies, such as the 15–16% of GDP promised by the UK and France or the 30% of GDP that Germany plans to spend. However, it is still slightly larger than the rescue packages announced by Italy and Holland, among other countries.²⁰

Civil Society Engagement

Despite a slide towards a more restrictive political climate in recent years, Israel's civil society remains active and politically engaged, and many constitutional checks and balances remain in place. An example of this relates to the aforementioned Shin Bet cell phone surveillance initiative. This was opposed by members of the Knesset, Israel's national assembly, and civil rights organizations in Israel.²¹ Two of the latter, the Association for Civil Rights in Israel,

and Adalah – The Legal Center for Arab Minority Rights, submitted petitions to the Supreme Court of Israel, which issued a ruling on 26 April. The ruling did not question the legality of the emergency measure but stated that its continuance would require a change in legislation.²²

Another significant point of contention has been the apparent double-standard of social distancing restrictions, as they have applied to high ranking government officials and average Israelis. Most notably, Health Minister Yaakov Litzman, who himself belongs to the Ger Hasidic religious denomination, has been accused of not only personally flouting social distancing rules when engaging in group prayer after both he and his wife had tested positive for the virus, but also of allowing Hasidic and other ultra-orthodox Jewish communities to adopt a relaxed attitude towards the self-policing of these restrictions, contributing to the severe outbreaks of COVID-19 in these religious communities.²³ The case of these ultra-orthodox communities aptly illustrates how some of the frictions existing in Israeli society framed, and were impacted by, the management of the pandemic.

Conclusion

The COVID-19 pandemic has made existing tensions both within Israel and between Israel and the Occupied Palestinian Territories more pronounced. These tensions include the difficult harmonization between a democratic, knowledge-based society and a growing presence of religious orthodoxy, as well as the existence of a highly militarized society in which the security and defense establishments are very close to the government and are part of decision-making processes in different areas. At the same time, Israel's vibrant scientific and technology environments have been mobilized to contribute with creative thinking, innovative solutions, and state-of-the-art science and technology. The country's financial and economic outlook allowed a fiscal and economic intervention in response to the expected impact of the crisis on the Israeli economy.

Many of the issues covered in this brief cannot be fully understood and analyzed without an acknowledgement of its implications for the Palestinians, both in Gaza and in the occupied territories in the West Bank. The counter-terrorism tools whose employment during the pandemic

was pushed through by the Israeli government are regularly used to monitor and surveil Palestinians, while the lockdowns and mobility controls have impacted Palestinian citizens in harsh ways. Whereas the Sars-CoV-2 virus can potentially infect people irrespective of their social and political status, the broader impact of the pandemic is contingent on pre-existing inequalities. ■

Notes

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THE CENTRE

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