Inter-Agency Task Force on Israeli Arab Issues

COVID-19 and Israel’s Arab Citizens: Implications for Shared Society

April 2020

In a March 23 update, the Task Force summarized the immediate Coronavirus crisis risks specific to Arab society due to social and economic gaps affecting the emergency response—a situation we continue to follow. This update looks at some of the shared society issues raised by the crisis, including opportunities to strengthen Jewish-Arab relations in a shared crisis and persistent gaps in trust and inclusion.

First, unlike national security crises and wars, when Arab society usually found torn between solidarity with Palestinians in Gaza and between their identify as Israel’s citizens, the current crisis places Arab citizens “for the first time as full participants in the struggle and the threat.” Second, as a public health crisis demands a high level of coordination and cooperation among all communities, Jewish and Arab, who are under the same risks and obligations. Third, Arab medical professionals are on the frontlines of the national crisis, without whom “the Israeli medical system would collapse.” According to some, these new realities are creating an unprecedented sense of common cause and shared reality which various shared society initiatives are working to highlight for stronger Jewish-Arab relations.

At the same time, civil society leaders also emphasize how lack of Arab inclusion in national decision-making circles contributed to delays in effective emergency response. The health risks resulting from inadequate information in Arabic and lack of testing in Arab communities reinforce the pragmatic as well as principled case for representation.

Shared society activists are concerned about unrepresentative media discourse which has included very few stories about the complex realities and efforts in Arab society. As the
numbers of known cases in Arab communities rises with more testing, there are concerns that focus on negative coverage will result in a public backlash and animosity against Arab citizens similar to that against the Ultra-Orthodox communities, despite different circumstances.

Some issues still unfolding include the role of police and military in Arab communities around enforcement of preventative measures, which is seen both as an opportunity and sensitive challenge for Jewish-Arab relations. Likewise, some organizations¹ are warning of the long-term impact of high Arab unemployment on advances in diversity and inclusion in the labor market.

**SHARED NATIONAL CRISIS**

Unlike national security crises and wars which Jewish and Arab communities perceive differently, here all Israelis are facing the same threat and need to cooperate with the same guidelines for the sake of the public wellbeing. While due to lack of information in Arabic it took a few weeks for Arab society to feel the same clarity and urgency, since information gaps narrowed there has been a strong sense of common obligations, purpose and experience among Arab and Jewish communities and leaders. According to shared society leaders, this common cause and urgency creates opportunities for real shared living” (Hebrew) if leaders should choose to pursue it further.

**ARAB CITIZENS ON THE FRONTLINES**

Arab citizens make up a significant portion of Israel’s current frontline responders—17% of doctors, 24% of nurses and 47% of pharmacists are Arab citizens. “Without them, the Israeli medical system would collapse,” explains Sheba deputy director emeritus, Rafi Walden. “The public has certainly noted the presence of Arab medical personnel in the emergency rooms and Corona isolation wards of the country’s hospitals,” writes Zev Chafetz, founding editor of the Jerusalem Report. “For the first time they are part of the same army.”

A Facebook Campaign, @ThankUDoctor, began early on to feature profiles of medical professionals providing essential services, including many of Arab doctors and nurses, and Jewish and Arab medical teams. Givat Haviva is producing videos of Jewish and Arab doctors in an effort to “reformulate the narrative regarding Jewish/Arab societal cooperation.” aChord created an online system for students to learn about the ongoing partnership between Jewish and Arab in healthcare team and “components of the partnership between Jews and Arabs in the healthcare system.”

In official recognition of Arab medical contributions in this crisis, Miri Regev, Minister of Culture selected Ahmad Ba’alona, a senior nurse currently treating Corona patients at the Baruch Padh Medical Center, and Jasmine Mazau, a volunteer paramedic with Magen David Adom (MDA) from the Galilee, to light a torch at the official ceremony that marks the closure of the Yom Hazikaron and the beginning of the Independence Day celebrations in Israel, conveying a public message that recognizes Arab citizens’ important role as part of Israeli society.

¹ “For example, The aChord Center issued a guide for employers on retaining inclusion and diversity principles in their management decisions during the crisis. See here (Hebrew).
CONTRAST WITH POLITICAL DISCOURSE

The outsized contribution of Arab medical professionals has been held as a stark contrast to recent divisive political discourse over the last three election cycles, in which the legitimacy of meaningful Jewish-Arab partnership in the national arena has been repeatedly questioned. An online petition signed by more than 700 Jewish and Arab medical professionals says “We, Arab and Jewish medical professionals fighting together at the forefront of the Corona virus, are unanimous against the incitement and racism ... We will not remain silent in the face of the racial exclusion of our part of the political system. The voice of an Arab citizen in the polls is the sound of an Arab doctor’s voice in the operating room.” (Hebrew)

A video ad by Have you Seen the Horizon Lately reveals the heroes behind these masks are Arabs.

Have You Seen the Horizon Lately, a public media campaign features Arab and Jewish medical professionals whose masks bear the slogan “Partners in Destiny. Partners in Governing.” Along with the video (above), photos of these professionals are accompanied by stories of how the pandemic has highlighted the dissonance between the daily partnerships in hospitals and acrimony in politics, and the need for inclusion in decision making circles at the same level as on the medical frontlines.

INCLUSION IN DECISION-MAKING CIRCLES

The issue of partnership and inclusion underscored by this crisis extends beyond national politics to “adequate representation across all democratic systems.” Since the beginning of the crisis, Arab leadership and civil society organizations called for Arab inclusion and representation in national committees and decision-making platforms on Coronavirus.

A March 31 letter by Sikkuy and the National Council of Arab Mayors (NCAM) to the Civil Service Commission and the Knesset’s Special Committee on the Coronavirus Pandemic cited the absence of Arab representation and warned that this “limits the ability to align government policy to the targeted needs of Arab society, and to the specific challenges of
Arab localities.” For example, the absence of Arab representatives in this and other decision-making platforms contributed to the following delays in the emergency response in Arab society as well as to mistrust and skepticism of government guidelines:

Ex 1. Misinformation in Arabic: In the first weeks of the emergency, inadequate information in Arabic, poor official translations of government guidelines, and an overwhelming flow of misinformation in Arab society led to confusion and doubts among Arab citizens about the actual risk and status of the pandemic, contributing to delays and/or reluctance in adhering to the Ministry of Health instructions. As information gaps grew, PM Netanyahu appealed to Arab society directly to heed official guidelines, saying Corona “does not discriminate.” But since PM is associated with anti-Arab rhetoric, his appeals were also received with mistrust. After appeals by Arab political leadership and civil-society organizations, improved translations were created, information gaps were significantly narrowed, and social media campaigns featuring Arab doctors and public figures contributed increased adherence to guidelines.

Ex 2. Testing Sites: Another example is the lack of drive-in testing sites in Arab society. Until April 1st, efforts to set up permanent or mobile drive-in testing stations in Arab towns and villages were few or ineffective (i.e. poorly coordinated with local leaders so people did not know about them), meaning Arab citizens would need to travel outside the community to get tested. With the absence of testing stations in Arab towns, the number of confirmed Coronavirus cases within Arab society was low and likely inaccurate. Following civil society and political leadership demands, drive-in testing stations have been set up in several Arab towns. As of April 12, 16,275 tests were conducted in Arab society, confirming 332 cases, an increase of more than 70 percent over the previous week that raised fears of wider spread.

In response, the Civil Service Commission in the Prime Minister’s Office published a directive to ensure compliance with diversity laws in decision-making circles related to the crisis stating, “more diverse means more professional, and especially in emergency situation more diverse means saving lives.” According to the directive, government ministries are responsible to ensure representation on the policy making, service provision, and public announcements strategy levels. The Commission also encouraged government ministries to use its Employment Diversity Division to be connect them with representative civil society organizations that can help them adapt their emergency response accordingly.

The Knesset’s Special Committee on the Coronavirus Pandemic agreed that coordination with Arab society was necessary and recommended cooperation with the new Arab Society Situation Room established by the NCAM and civil society organizations. In addition, the Minister of Interior appointed Aiman Saif as head of the ministry’s efforts in Arab society. Meanwhile, the NIS 90 billion virus aid package passed in the Knesset due to the votes of the Joint List.
IN MEDIA AND PUBLIC DISCOURSE

With increased testing and more data about Coronavirus cases in Arab communities, shared society leaders are concerned of a backlash in media and public discourse. The aChord Center, a shared society organization promoting social psychology for social change, published a warning about the tendency towards negative intergroup stereotypes in a time of heightened stress, and encouraged more complex media discourse to counter the negative impact on Israel’s Jewish-Arab relations.

“Arab society has managed the Coronavirus crisis impressively” explains political analyst Ameer Fakhoury. Yet “the mainstream media’s willingness to report negative aspects of Arab society is far greater than its willingness to report the positive ones.”

According to the Media Index run by Sikkuy, Seventh Eye, and Ifat, as of April 7 there have been 12,180 media items on Covid-19. Of these 221 items (1.8%) included a mention of Arab society. Television presenter Guy Zohar criticized the media and officials for numerous public references to Arab citizens in as ‘undisciplined’ and ‘non-compliant’—including by Prime Minister Netanyahu—despite little data to support this. As the spread of COVID-19 in Ultra-Orthodox communities has grown, Arab society has often been included in related coverage as a second “problematic” population. Media expert and political activist, Edan Ring, attributed this to the media’s approach to this issue as a security crisis, which regressed to an exclusion of diverse voices and a tendency to look for threats.

Beyond a missed opportunity, shared society leaders are also concerned that rising numbers of infections in Arab society could instigate more negative coverage. The Director of Arab Society at Maoz, Rasool Sa’ada, hopes to prevent such a backlash through PR efforts to mainstream Israeli media that can enhance awareness of the sense of common cause, challenges, successes and role of Arab leaders and citizens in the effort. National, local and civil society Arab leadership in the meantime, have reached out to ultra-Orthodox communities expressing concerns about the negative stereotyping of them in the media and offering assistance in the crisis.

LAW ENFORCEMENT

Over the course of this crisis, Israel police and IDF units have been implemented to help enforce closure and social distance guidelines in various communities, including Arab society. The relationship of Arab society with both the police and military are fraught with tensions—the former over complaints of over-policing and underservice, and incendiary issues such as home demolitions and high rates of violent crime; the latter over a history of Arab citizens living under military administration and Arab perceptions of the IDF as an occupying force.

Increased police and IDF presence in Arab communities has resulted in both positive and negative encounters in this context. Positive encounters—such as soldiers delivering food packages and being welcomed in Deir Al Asad, or the sensitive cooperation between municipal leaders and police in Kfar Kassem—are inspiring hope that the crisis will present an opportunity to strengthen state-minority relations. In the Negev, efforts to halt home demolitions during the crisis are additional examples of interfaith between law enforcement and public health.

Still, experts say it is too early to say whether the opportunity to strengthen and improve Jewish-Arab relations in the context of law enforcement will be realized. In communities where there has been little positive encounter or relationship with the police, and/or
inadequate effort by police to approach the community with a high level of cultural sensitivity, police presence has also led to confrontations or complaints.

In Jaffa, for example, a police-checkpoint enforcing guidelines deteriorated into violent clashes with Arab residents reflecting a rise in tensions over “police violence in Jaffa” according to Iyat Abu Shamis, “that has been growing in recent weeks under the shadow of the Corona crisis.” (Hebrew). Meanwhile in Jisr-A-Zarka, where a recent virus outbreak challenges one of Israel’s most crowded and poorest communities, the Council Head complained that police presence has been ineffective because, likely due to fear of a clashing with residents, police are not adequately enforcing or providing enough service within the community.

Meanwhile, according to The Abraham Initiatives’ department on safe communities, it appears the Home Front Command understood in advance the barriers and difficulties inherent in a military body operating in Arab communities and worked with local authorities from the outset to learn how to act more sensitively when entering the localities. As for now, the Command soldiers’ operation in uniform within Arab localities did not encounter any special resistance. With Ramadan heightening challenges of maintaining social distancing guidelines, it remains to be seen if this positive atmosphere will prevail.