# MEDICINE AND THE POLITICS OF NEUTRALITY: THE PROFESSIONAL AND POLITICAL LIVES OF PALESTINIAN PHYSICIANS IN ISRAEL

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## ABSTRACT

Guy Shalev: Medicine and the Politics of Neutrality: The Professional and Political Lives of Palestinian Physicians in Israel
(Under the direction of Michele Rivkin-Fish)

The Israeli public health system is one of the few arenas in which Arab and Jewish citizens collaborate in their day to day work, with Palestinian citizens comprising 11% of practicing physicians. This dissertation examines how medicine's ethical framework of universality and political neutrality affects social dynamics in healthcare settings in a context of national conflict. The study is based on 22-months of ethnographic research, including fieldwork in two hospitals and an analysis of in-depth interviews and media content. It demonstrates how Palestinian physicians navigate a delicate balance between ideals of medical neutrality and expressions of suspicion and hostility on the part of Jewish patients and colleagues.

In Israel, the ethos of a politically neutral health sphere is a 'shared fiction' that is propagated by government officials, hospital administrations, ethics committees, physicians, and patients. An ideal that is loosely based on humanitarian ideas of medical neutrality and professional ethics' principles of impartiality. But it is hyperbolized to encapsulate entire institutional spaces where "politics" is considered out of bounds. This work looks into the practice of maintaining the Israeli health system hygienically clean from 'politics.' The making of an exceptional space within which all non-medical considerations are perceived to be suspended. Yet, this classification of 'neutral' and 'political' is inconsistent. The rules of purity and pollution are applied selectively to Jewish-Israeli and Palestinian physicians and neutrality

emerges as an antipolitics that suppresses Palestinian nationality. For Palestinian physicians, upholding ideas of neutrality is critical for their personal survival in the Israeli medical sphere, to maintain a professional identity, and advance a medical career. But they are also painfully cognizant of the limitations of this selectively applied ideal.

In making visible Palestinian citizens' efforts to shape their individual and collective conditions of existence through medical practice, this dissertation illuminates how ideologies of the medical sphere shape their struggle in distinctive ways. It analyzes medicine and healthcare as spaces of micro-level struggles for equality and recognition, and demonstrates how ideas of neutrality serve as fungible political tools in the hands of both hegemonic elites and counter-hegemonic forces in a national conflict.

To Haviva and Udi Shalev who wanted me to be a medical doctor.

He responds: You and I are two masked authors and two masked witnesses
I say: How is this my concern? I'm a spectator
He says: No spectators at chasm's door … and no
one is neutral here. And you must choose
your part in the end

Mahmoud Darwish,
From *I Have a Seat in the Abandoned Theater*
(Trans. Fady Joudah)

And me, all the words of love and agony that I have written and
that I have yet to write and also all those
That beat against my temples, that I will never write,
Even they will never be salvation for me and for you
As in my life I embody your death,
You are suffocated because I breathe,
You are hungry because I eat,
You are bound because I am unfettered,
Write it down,
Your shackles are my wings

Sami Shalom Chetrit,
From *A Mural with No Wall: A Qasida for Mahmoud Darwish*

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| | |
|---|---|
| AAA | American Anthropological Association |
| DoH | Declaration of Helsinki |
| HC | Helsinki Committee |
| IDF | Israel Defense Forces |
| MSF | Medecins Sans Frontieres (Doctors Without Borders) |
| OPT | Occupied Palestinian Territories |
| PHRI | Physicians for Human Rights – Israel |
| WMA | World Medical Association |

# CHAPTER I

## A DESERT ISLAND? POLITICS OF NEUTRALITY AND THE ISRAELI HEALTH SYSTEM

The image on the cover of a report titled "Heroes of Health" (Rosner 2016) that was published in December 2016 featured 14 medical staff members, smiling brightly, holding signs in Hebrew and Arabic with the slogan: "Jews and Arabs refuse to be enemies." In the picture, they all wore white coats and the signs were printed with black ink on standard white letter-size printer papers. The image was taken in October 2015 at the Carmel Medical Center in the mixed Palestinian-Jewish city of Haifa. When this report was published, and gained coverage in Israeli media (Linder-Ganz 2017), I completed my fieldwork with Palestinian physicians in the Israeli health system. The report's cover image struck me dumb.

15 months earlier, in July 2014, a few hundred Palestinian and Jewish-Israelis staged a protest at Merkaz HaCarmel, just two kilometers away from the hospital. They protested the Israeli attack on Gaza that was in early stages to become the 51-day aggression dubbed Operation Protective Edge (*mivtza tzuk eitan*) by the Israeli government. The protestors chanted "Jews and Arabs refuse to be enemies" holding signs with that same slogan in big white print on red placards, the colors of Hadash, a non-Zionist left-wing political party. Passers-by and a group of counter-protestors that gathered on the other side of the road called at them "traitors to Gaza!" (Raved 2014).

During the operation in which, according to the UN, Israeli forces killed 1,462 Palestinian civilians, of whom 299 women and 551 children (United Nations 2014:6),

protests against the aggression were few. Tel Aviv University and The Israel Democracy Institute published poll results in August 2014, according to which 92% of Jewish-Israelis supported the operation (IDI 2014). In an attack on the world's most densely populated area, the Israeli forces carried out more than 6,000 air strikes and fired approximately 14,500 tank shells and 35,000 artillery shells (United Nations 2014:9-12). Still, according to the poll, 48% of Jewish-Israelis thought that "the appropriate amount of firepower was used" and additional 45% thought it was still "too little firepower" (IDI 2014).

In that summer of 2014, I just got back from two years in the US and was about to begin fieldwork. But when the attack on Gaza was launched, I was on the streets of Tel Aviv protesting against the aggression, chanting "Jews and Arabs refuse to be enemies." Like the Haifa protests, the demonstrations in the central Tel-Aviv Habima Square were disturbingly small with only a few hundred protesters, and the support of none of the Zionist political parties. The Zionist left opposition once again applied the decades long Israeli dictum "quiet, they're shooting" (Pedatzur 2006), calling to put aside all differences and criticism while the Israel Defense Forces (IDF) are at war.

During the summer of 2014, chanting "Jews and Arabs refuse to be enemies" and holding the red placards was deemed 'radical.' Hundreds of counter protesters gathered across our demonstrations, waving and wearing Israeli flags, they shouted "traitors!" and called to send us to die in the gas chambers or in Gaza. These opposing demonstrations were hardly separated by police forces who seemed unmotivated to protect the anti-war protesters from attacks by its aggressive supporters.

A commentator provided a vivid description of one of these evening clashes, while rockets were fired from Gaza and the sirens went-off in Tel Aviv (Matar 2014):

> "And then came the siren. The policemen disappeared. And the fascists attacked. They chased down people who were running to shelter, pushing them, swearing at them and sexually harassing them. With no other choice, we grouped up tightly, surrounded by a human chain, linked arm to arm. We called out all the slogans we had, to keep up morale and unity, to stay safe from fear, to cheer up in the face of the menacing, impassioned mass in front of us."

But left-wing Jewish Israelis were not the main target of the nationalist right violence in those days of heightened tension. On 12 June 2014 three teenage Jewish settlers were kidnapped and murdered by a Hamas militant from Hebron (Levinson 2015a) and anti-Arab sentiments hit record high in the Jewish-Israeli media, social media and public space (Walla News 2014). On the day of their funerals, 11 days before the events in Habima Square in Tel Aviv, hundreds of Jewish-Israelis marched the streets of Jerusalem, chanting "death to the Arabs," seeking to avenge the death of the young settlers. The police arrested 47 men as they attempted to enter a McDonald's branch and attack an Arab employee they randomly targeted (Dvir 2014).

On the same day, Ayelet Shaked, a member of the Israeli Parliament (Knesset) quoted on Facebook a text asserting that Israel is not at war against terror or against extremists, "this is a war between two peoples. Who is the enemy? The Palestinian people" (McGowan 2014). Shaked, who later went on to become Israel's Justice Minister, wrote that the enemy is an "entire people, including its elderly and its women, its cities and its villages, its property and its infrastructure." 18 hours later, three Jewish-Israelis drove through a Palestinian neighborhood in Jerusalem, kidnapped a 16-year-old Palestinian teenager who was on his way to the mosque for the Ramadan morning prayer. They forced him into their car and burned him alive in a nearby forest (Kershner 2014).

Later that month, Palestinian citizens were attacked in Kafr Qasim, Bnei Brak, Jerusalem, Haifa, Safed, Hadera and Tel Aviv (Brown 2014). Although a simple and

seemingly moderate slogan, chanting “Jews and Arabs refuse to be enemies” in the streets during the summer of 2014 was a subversive political act. Stressing the act of refusal, had a clear message, while the entire Jewish-Israeli society is being recruited, whether in uniforms or in civilian clothing, those who chanted and held high the big red placards refuse. Refuse to be a part of a war against an “entire people.”

The Israeli health system, on the other hand, was praised in Israeli media for its support of the war effort. Alongside the many news report on the bravery of the IDF soldiers as they invaded the cities of the Gaza strip, Israeli broadcast channels reported on the dauntless medical teams working long hours supporting the national emergency (IMA 2014a, IMA 2014b, Kan-11 2014). A Channel 10 report on the heroism of war-time surgeons praised Soroka hospital, in which “over 100 surgeries on soldiers were conducted since the operation began” (IMA 2014c). On a live Channel 2 broadcast, the director of Soroka Hospital said: “Throughout this war, what is going through our minds is that our soldiers in Gaza are fighting for the country and we’re here in Soroka fighting for their lives” (IMA 2014d). Haifa’s Rambam Hospital reported a spike in demand for sperm donations from combat soldiers, and seized the opportunity to announce a campaign for sperm donation with a poster saying “Hey man! Support the mothering effort” featuring a sperm wearing a combat helmet (Kelner 2014). To affirm their great support of the war effort, several hospitals later produced promotional videos featuring IDF attacks alongside emergency hospital work (Barzilai Medical Center 2015, ELP Productions 2014, Neumann 2014).

Who are, then, the “heroes of health” that the December 2016 report glorified? They are the Jewish and Palestinian medical professionals who are featured in the image on the cover holding the “Jews and Arabs refuse to be enemies” signs. The report is sub-titled:

"Israel's Healthcare System as a Model of Jewish-Arab Coexistence," and these smiling physicians and nurses illustrate this model co-existence. According to the report, the Israeli healthcare system is "a desert island in a stormy sea, remaining unaffected by the high waves around it" (Rosner 2016:48). It is described as a shared Jewish and Arab space, that is shielded from outside animosity. According to the report, the foremost reason for this "success of joint work" is that "politics are off-limits" (Rosner 2016:82). It is a politically neutral space.


**Figure 1.1:** "Jews and Arabs refuse to be enemies" signs on the cover of the Hebrew version of the 'Heroes in Health' report (left), and at a demonstration opposing the 2014 Gaza War in Rabin Square on July 26, 2014 (right).

Taken at face value, this 125-pages report and the cover image that emblematize it, are a genuine description of the Jewish-Arab relations in the medical sphere. Indeed, it is a carefully authored account, from the statistics of Palestinians employed and in training, to the interviews with 32 Jewish and Palestinian medical professionals. The report's recommendations are too, thoughtfully articulated and attentive to the structural deficiencies of the health system. And, finally, the author's motivation to try to locate "a desert island" in the "stormy sea" (Rosner 2016:48) of Jewish-Arab animosity is commendable. However,

more than anything, and this is why I take the time to address this report in length, it is an accurate depiction of how the Israeli health system considers itself and how it is viewed by the Jewish-Israeli public.

But when hospitals are producing promotional videos, glorifying military attacks on residential neighborhoods, boasting about their brave support of the war effort, and, at the same time, as the report stated, hospital directors "disclosed a zero-tolerance approach to the expression of political opinions by workers in the system" (Rosner 2016:83), the system's self-proclaimed political neutrality demands a deeper, more critical inquiry. "Jews and Arabs refuse to be enemies" was the slogan that represented the 'radical' opposition to that aggression but it then resurfaced, neutered and neutralized, as a symbol of the system's open-mindedness.

The image of the smiling mixed medical team holding the signs is still a genuine representation of a Jewish-Palestinian shared professional space. Palestinian citizens comprise 11% of physicians and 12.39% of all employees of the Israeli health system, twice as much as the number of Palestinian employees in other public sectors (Rosner 2016:24, 27). The country's public health system is thus one of the few arenas in which Arab and Jewish citizens work side-by-side, and, mostly, on good terms (Desivilya 1998, Keshet and Popper-Giveon 2017, Shuval and Anson 2000). But photographed in Haifa's Carmel Medical Center, they hold the signs that also carry the memory and meaning of the big red placards from the nearby Merkaz HaCarmel protests. These plain white printer papers signify a system that celebrates 'politically neutral' co-existence, a haven from 'outside' conflicts, and at the same time the neutralization of a Jewish-Palestinian co-resistance to 'outside'

oppressing reality. It is this duplicity of the Israeli ethos of a neutral health sphere that I wish to address in this work.

**Palestinians in Israel: Hollow Citizenship, Segregation and Suspicion**

The "stormy sea" that is 'outside' the Israeli medical sphere is indeed turbulent and violent, especially in moments of heated tension. While Palestinians in the Occupied Palestinian Territories (OPT) live under the constant aggression of Israeli military occupation, Israeli citizens, Jewish and Palestinians, experience growing tensions in times of Palestinian uprisings or Israeli military operations such as the 2014 Gaza war. But the hostility between Jewish and Palestinian citizens within the internationally acknowledged borders of Israel (the Green Line) is embedded in the deeper structural and sociopolitical constructs of the 'Jewish State.' The relations between the Palestinian national minority, the Israeli state and the Jewish-majority society were the focus of a substantial body of research, with comprehensive introductions in the anthropology (Kanaaneh and Nusair 2010, Lustick 1980, Rabinowitz and Abu-Baker 2005), history (Cohen 2010, Pappe 2011), sociology (Rouhana 2017, Sa'di 2003, Smooha 1990, Zureik 1979), geography (Yiftachel 2006) and political science (Jamal 2007, Rosenhek 2003) of Israel/Palestine, to only name a few. I will address here, in short, the elements I consider to be significant to the understanding of the professional, political, and personal lives of Palestinian physicians, as they interact with Jewish-Israelis in the Israeli health system: Their Citizenship status, the context of segregation and inequality within the broader Israeli society, and the relations with the Jewish state and majority that are marked by suspicion.

*Citizenship: "Democratic for Jews, Jewish for Arabs"*

Israel's Proclamation of Independence of May 14, 1948 declared it to be a "Jewish State." It also announced that a constitution must be adopted within 6 months of its foundation (Ben Gurion 1948). While until this day such constitution was not suggested or put to vote, the constitutional law (*hok yesod*, 'basic law') on Human Dignity and Liberty that was legislated in 1992 finally defined the Israeli state as "Jewish and democratic" (Cook 2006). But as Ahmad Tibi, a physician and a prominent Palestinian leader and member of the Israeli parliament famously claimed: "Israel is democratic for Jews, but Jewish for Arabs" (Lis 2009). Indeed, increasing processes of Judaization has further established the Israeli state, under a democratic façade, as a Jewish ethnocracy (Yiftachel 2006). Palestinian physicians, who work side-by-side their Jewish-Israeli colleagues, while technically share the same civil status, are positioned precariously vis-à-vis the state and the Jewish majority.

Palestinian citizens of Israel, approximately one fifth of Israel's population of eight million, are an ethnic and national minority within the "Jewish State." But they are also part of yet another national body, the Palestinian people in the West Bank under Israeli occupation, in the besieged Gaza Strip, and in the diaspora – struggling for citizenship rights and their own independent state. Palestinian citizens, also dubbed "48 Arabs," are the communities that remained under Israel's rule following the Israeli independence and the Palestinian Nakba (catastrophe) of 1948. During the 1948 War, out of the Arab majority population of the territories that became the new state of Israel, about 750 thousand were expelled or fled the war with Israeli forces not allowing their return. The state of Israel extended citizenship to the 160 thousand Palestinians that remained under Israeli rule (Pappe 2011:19), many of whom were internally displaced refugees.

Less than two decades later, during the 1967 war, the 'Six Days War' for Jewish Israelis and the Naksa (the setback) for Palestinians, Israel occupied the West Bank and Gaza. The Occupied Palestinian Territories (OPT) were not legally annexed under Israeli law, the Palestinian inhabitants of these regions were put under military control and were not granted Israeli citizenship. Although a part of the West Bank, East Jerusalem was later annexed according to Israeli law, but not acknowledged internationally. Jerusalemite Palestinians were granted a dubious, too-easily rescinded, Israeli residency rather than citizenship (B'tselem 2013). Hence, there are three legal statuses for Palestinians living under Israeli rule: citizens, residents, and non-citizens. In the Israeli multilayered regime of separation (cf. Tawil-Souri 2011), a liberal discourse serves to distinguish citizens from non-citizens, separating the Jewish and Palestinian citizens from non-citizen Palestinians in the OPT. And, an ethno-nationalist discourse differentiates and discriminates between Jewish and Palestinian citizens within the Green Line (Peled 2008).

48 Arabs have since been treated as second class citizens, holding what has been termed a "hollow citizenship" (Jamal 2007). While they hold the "procedural citizenship" that grants them the right to vote and serve in office, Israel's ethno-nationalist self-definition as a Jewish State excludes them from "the most fundamental prerequisite of citizenship – that of having the state claim them as its own citizens" (Rouhana 2017:10). Palestinian parliamentary parties were never included in government coalitions and are thus excluded from political power and decision-making. Their access to resource rich military service or "security sensitive" jobs is limited. They are marginalized from senior bureaucratic positions, notably, institutions governing land ownership (Ganim, Rouhana, and Yiftachel 1998:259). Thus, in practice, they are excluded from any aspect of a "meaningful citizenship,"

participating in defining the public good (Rouhana 2017:10). Furthermore, while the Israeli Proclamation of Independence ensured a "full equal citizenship" to Arab citizens, they were intentionally not referred to as a minority, and were not granted national or collective rights (Rekhess 2007:4).

In recent years, Palestinian citizens have become ever more cognizant of their citizenship status and are increasingly considering themselves as subjects of a settler-colonial project (Rouhana and Sabbagh-Khoury 2015). Concurrently, asserting Palestinian national identity has become more prevalent among Palestinian citizens (Rabinowitz and Abu-Baker 2005, Rekhess 2007). In the recent 2015 Israeli national elections, a vast majority of Palestinian citizens voted for the non-Zionist, outspokenly Palestinian Joint List, gaining some 11% of the seats and becoming the third largest party in the Israeli Parliament.

*Segregation: Separate and unequal*

While sharing a workplace, Palestinian and Jewish-Israeli physicians come from deeply segregated societies. There are hardly any familial relations between the two societies. Inter-religious marriages are deeply contested, extremely rare, and cannot be conducted legally in Israel (Hacker 2009). To a much greater extent, there is a "disproportionate anxiety" in regard to Jewish-Palestinian intermarriage that are almost non-existent (Kanaaneh 2002:44). Early Zionist physicians considered them endangering "Jewish racial qualities" (Hirsch 2009:593), and until this day they are perceived as "undermining the state" (Kanaaneh 2002:44).

In addition to having no familial relations, strict residential segregation in Israel makes it so that most Palestinian and Jewish-Israeli physicians live, and came of age in separate towns or neighborhoods. Israel's planning strategies have throughout the years

considered the Palestinian population as a hostile "demographic threat." While only 11% of the land within Israel's legal borders were purchased by Jewish individuals and organizations prior to 1948, processes of land confiscation have led to the current 93% being held by the state with only 2.5% of the land privately owned by Palestinians who constitute some 20% of the population (Jabareen 2017:251). Openly announced policies of "Judaization" of land, particularly in the northern Galilee and southern Negev regions that are populated with Palestinians led to the establishment of 1,065 settlements for Jews and not even one for Palestinians (Jabareen 2017:238).

For Jewish-Israelis, a widespread assumption is that "Arabs do not belong in Israeli towns" (Rabinowitz and Monterescu 2007:20) and Palestinian villages and towns are considered danger-zones, or at best, "ethnic" exotic tourist destinations (Stein 2008). Only 8% of Palestinian citizens of Israel reside in one of the eight "mixed" Jewish-Palestinian cities (Schnell and Shdema 2016:207) with segregation rates remaining constant since 1961 (Keidar n.d.). Within these mixed towns, spatial and community divisions mark social boundaries between the two populations (Rabinowitz and Monterescu 2007), with Palestinians mainly occupying "ethnic enclaves" located in the poorer parts of town (Schnell and Shdema 2016:208).

This separation is tightly connected to growing "cultural" differences between Jewish-Israeli and Palestinian Arab societies. A recently published research found that 10% of Jewish-Israelis can speak or understand Arabic and only 2.6% can read basic texts (Shenhav et al. 2015:18). Revealing the expanding gaps, Jews of Arab origin's fluency in Arabic present an "inverted pyramid" with 25.6% first generation immigrants who can speak and understand Arabic, to 14% of their children, and only 1.3% of members of the third

generation (Shenhav et al. 2015:7). Barriers, especially in written Arabic are becoming ever more critical in the age of social media, where almost Hebrew and Arabic parallel networks exist side-by-side. Nevertheless, inaccurate online embedded translation features facilitate, sometime misguided, heated confrontations (Schwarz and Shani 2016:409).

After its inauguration in 1968, the Israeli public television network established an "Arab section," broadcasting news and films in Arabic, and even comic prime-time productions in Hebrew and Arabic (Pappe 2011:103). But since the television satellite revolution of the 1990s, Palestinians in Israel, as their co-nationals from the OPT, turned away from Israeli Arabic-language TV, that was always suspected for being a "collaborationist arm of the government" (Pappe 2011:103). Palestinians then had access to the hundreds of Arabic-language television channels, with Al-Jazeera becoming the most widely watched channel, connecting them to pan-Arab culture and politics (Jamal 2009:71, Stein and Swedenburg 2005:12).

Jewish and Palestinian children thus sometimes grow up in geographic proximity in "mixed towns" but they do not have a common ground for communication. However, one should not look to Israel's public education system for facilitating Jewish-Palestinian interactions. Palestinian citizens' education is run by a separate section of the Israeli Ministry of Education. While this is not laid down in a state law, this separation is "meticulously maintained" even in mixed communities (Rabinowitz 2008:146). The Arab education system is managed by the (always Jewish) Minister of Education, and almost exclusively Jewish administrators and policy makers (Jabareen and Agbaria 2017:43). In comparison, the 1953 State Education Law established separate secular and religious Jewish systems, granting them independent decision-making capacities (Agbaria 2017:310). Social scientists have

achieved similar conclusions regarding the Arab education system for three decades, namely, that it is an ethnocentric system that instills "feelings of self-disparagement" among Arab youth, denationalizes them and glorifies the history and culture of Jewish society (Agbaria 2017:309). The Hebrew-language curriculum, by the same token, champions Zionist ideology and achievements, while reproducing the marginality of Palestinians in Israeli society (Pinson 2007).

Furthermore, the Arab education system provides significantly lower chances for its graduates to achieve higher education than the parallel Jewish systems. With relatively low outputs for all age groups this is most significantly with lower matriculation certificate eligibility rates (Arar and Haj-Yehia 2013:98). This gap is only exacerbated by the Psychometric exam that is used by Israeli universities in admittance selection in which Palestinian students score 100 points (in a 200-800 points scale) in average less than their Jewish counterparts (Al-Haj 2003:358). Once admitted to Israeli universities, a recent poll among 1,300 Palestinian students reported that 47% of them experienced racism and discrimination (Abraham Fund 2016:12).

Dire socioeconomic inequality between Jewish and Palestinian citizens is a crucial factor in causing these gaps in education that, in turn, contribute to their reproduction. Wage inequality between Jewish and Palestinian men was persistent between 1997-2009 with Palestinians' average hourly wage of a 40–60 percent lower than their Jewish counterparts, at all income levels (Miaari and Khattab 2013:68-75). It is worth noting that women were not included in this research due to the low level of participation of Palestinian women in the workforce, revealing much greater household income inequalities (Miaari and Khattab 2013:81). Indeed, the mean income of non-immigrant Jewish-Israelis was twice that of

Palestinians in 2005-6, and the average net worth of Israeli born Jews is four times greater than that of Arab households (Semyonov and Lewin-Epstein 2011).

*Suspicion: Demography and security*

In this context of two segregated societies, with considerable gaps in all aspects of life and minimal communication, hatred and suspicion thrive. In a recent poll, based on face-to-face interviews with 5,601 individuals, 48% of Jewish-Israelis said they support the statement that "Arabs should be expelled or transferred from Israel" with 21% who "strongly agree," and additional 27% who "agree" with the statement. Only 17% said they "strongly disagree" (Pew 2016:17). These findings reflect the deep suspicion in Jewish-Israeli society toward Palestinians, perceiving them as a threat. Expelling Palestinians is, for many, a completion of the 1948 ethnic cleansings, bringing a long-awaited (final) solution to the "Arab time bomb" (Kanaaneh 2002:52), that is considered a demographic and a security threat to the Jewish State.

In 1937, David Ben-Gurion who later became Israel's first prime minister and the leader of the Jewish forces in the 1948 war, said that the "idea of transfer" is "morally and ethically justified" (Kanaaneh 2002:29-30). But the Jewish-majority that was created by the 1948 nakba and the subsequent mass Jewish immigration did not put their demographic fears to rest. Israel is since preoccupied with "counting" Jews and non-Jews. It requires by a 1965 ordinance to report the birth to the Ministry of Interior within 10 days, mandating the registration of the newborn's religion (Kanaaneh 2002:40). In a 1976 secret report to prime minister Yitzhak Rabin, Israel Koenig, the then Galilee commissioner addressed the Arab "demographic problem" (Koenig 1976:191). He warned that "within the next decade an Arab political and demographic takeover of the Acre and Nazareth areas will occur," and

recommended to “examine the possibility of diluting existing Arab population concentrations” (Koenig 1976:193). So explicitly and unabashedly phrased, this report was not denied or condemned by Prime Minister Rabin (Kanaaneh 2002:53). It was consistent with the history of Zionist policy toward non-Jews (Said 1979:108), and seemed to be “on the mark of popular sentiment” (Rabinowitz 1997:57). Indeed, as Kanaaneh (2002:29) noted: “Even moderate Zionists who are appalled by the idea of transfer continue to conceive of the conflict as a ‘demographic’ or ‘population’ problem.”

The Arab citizens of Israel are precariously positioned within “the conflict.” They are Israeli citizens and Palestinian nationals in a context that demands binary distinctions, friends or foes. As such, Palestinian communities that remained under Israel’s rule after 1948 were considered “enemy-affiliated” (Yiftachel 2011:130). For the first two decades since the establishment of Israel, they were put under military rule that controlled almost all aspects of daily life. Military permits were required for “opening a shop, harvesting crops, seeking medical treatment, finding a job in a Jewish city, traveling to work, or simply moving between villages for visitation” (Lustick and Berkman 2017:43).

But while the military rule over Palestinian citizens was lifted in 1966, they remained under the close supervision of the Israeli General Security Service, the Shin Bet (Pappe 2008). Considered the “enemy within,” the Shin Bet directs most of its work on Palestinians, collecting information, recruiting collaborators and even vetting Palestinian teachers (Cook 2006:77). Many Jewish-Israelis consider Palestinian citizens to be a threat to the state, and thus “need to be tightly controlled” (Kanaaneh 2009:2). In Israeli public spaces, Palestinians are subjected to constant racial profiling by security forces, private security companies and, in some cases, by Jewish-Israelis passers-by. Security guards, that in Israel are stationed at

entrances to most public places such as coffee shops, shopping malls or academic institutions, “are trained to be suspicious of individuals with Arab bioprofiles.” Most notably, going through security at Israel’s international airport, or Israeli airlines’ gates worldwide, means a long humiliating screening for Palestinian passengers (Willen 2010:277).

**The Shared Fiction of a Neutral Space**

On this background of segregation and strife, Jewish-Israeli and Palestinian researchers and commentators frequently refer to Israel’s predominantly public healthcare system as a “world unto itself, transcending the two worlds” (Abuelaish 2011:91). Anthropologist Dan Rabinowitz (1997:137) asserted that “where personal wellbeing is at stake, distrust of Palestinians’ intentions is subordinated to the basic faith in the professional integrity of physicians, whatever their national affiliation.” Such views render the health sphere as an exceptional space of professional integration and opportunity for Palestinians (Arar and Haj-Yehia 2013). This allegedly successful integration is often presented as evidence of the potential for coexistence, as the late Israeli president Shimon Peres noted: “Given all the discomfort that could arise among Jews due to having an Arab doctor, it’s noteworthy that it has succeeded. And if this happens with people who are ill, why not when they’re healthy?” (Goldstein 2011).

Despite these portraits of the Israeli healthcare system as a space of tolerance relative to other societal spheres, Palestinian medical professionals’ everyday experiences involve less harmonious relations. Although overt expressions of ethnic hostility are rare in medical settings, Palestinian doctors frequently encounter assertions of difference, social exclusion and implied hostility by Jewish patients and professionals that challenge the frail façade of political neutrality (Keshet and Popper-Giveon 2017). On the other hand, neutrality also

serves as a ground for social mobility and political action for Palestinian doctors who participate in its reproduction. This work thus aims to understand the everyday 'politics of neutrality'– the shaping of individual and collective conditions of existence through a discourse of neutrality.

Claims for political neutrality, and the "internalization of medical ethics" (Desivilya 1998: 430) are key to the understanding of the Israeli health field as a space within which Jewish-Israeli and Palestinian citizens work side-by-side (Keshet and Popper-Giveon 2017, Shuval and Anson 2000). The Israeli ethos of political neutrality in medicine is not only considered by medical professionals and commentators a reflection of the day to day reality in the health sphere, but is also a policy enforced by institutions' administrators who apply a "zero-tolerance approach to the expression of political opinions" (Rosner 2016:83). This making of a neutral "desert island" (Rosner 2016:48) draws on ideals of medical neutrality.

On the day of its foundation, Israel adopted the British Mandate's Emergency Regulations and had since then revalidated them in the parliament (Pappe 2008:148). It is a state that is in a permanent state of emergency, with a short history that is rife with conflicts, wars, "operations" and "terror." Israelis report "living in constant fear," they are afraid for "their own lives and for the existence of the State of Israel" (Ochs 2011:7). In a constant state of war, fear and emergency the mixed Jewish-Palestinian medical system claims neutrality. Whether neutrality is considered a "status half-way between war and peace" (Politis 1935:3) or the "coexistence of war and peace" (Neff 2000:1), it is a condition that problematizes this dichotomy of strife and cooperation. It is a condition of "thirdness" (Walzer 1977:233). Often conceived as concept that is almost strictly debated within international law and politics, in the 19$^{th}$ century, the "golden age of neutrality" (Abbenhuis 2014:2), it became an

idea that was "promoted and debated by a variety of interested parties and the educated reading public at large" (Abbenhuis 2014:148). Neutrality was debated in the interconnection of cultural, legal and political theory and practice. While it was debated in principle and in pragmatic applications, it also became to be "understood as a lived reality" (Abbenhuis 2014:161).

It was within this context, in the 1860's that neutrality became prominent in a rising humanitarian idealism in Europe (Abbenhuis 2014:164). The 1864 Geneva Convention laid down two main principles, namely the "relief to the wounded without any distinction as to nationality," and the "neutrality (inviolability) of medical personnel and medical establishments and units" (ICRC n.d.). These two principles of 'immunity' and 'impartiality' had since then became to be acknowledged as 'medical neutrality.' But the convergence of these two principles, with distinct meanings and applications, has made medical neutrality fraught with inconsistencies (Gross 2006:175-210). Emerging as localized agreements between opposing military commanders in the mid-16$^{th}$ century, the protected treatment of the wounded amid armed conflicts gradually became more common during the subsequent two centuries, and only later incorporated into laws in the American Civil War (Gross 2006:178-179). Immunity was then more a tactical consideration than a humanitarian principle. During the 19$^{th}$ century, when it became apparent that armies lack the resources and workforce to evacuate and care for the wounded, the establishment of the Red Cross made it the work of, mostly women, non-combatant, unaffiliated volunteers. It was then that the ideal of impartiality was introduced, to justify the immunity of these neutral volunteers as they risked entering the battlefield. Indeed, the Geneva Conventions and up until the present-day World Medical Association's Regulations in Times of Armed Conflict (WMA 2012) the

"requirement to protect health care personnel and facilities" is preceded by the article asserting the physician's medical duty to "always give the necessary care impartially." Thus, from local understandings to the blanket protection of medical personnel, medical neutrality, conjoining these two separate principles, "evolved from a descriptive term depicting the objective and impartial state of noncombatant volunteers into a norm governing the behavior of belligerents and medical personnel" (Gross 2006:181).

But, as Peter Redfield (2013:118) noted in his ethnography with Medecins Sans Frontieres (MSF, or Doctors Without Borders), we should be cautious about "taking a nineteenth-century principle as a timeless norm." Indeed, as medical neutrality became a norm, it began to carry "absolute moral injunctions" (Gross 2006:181). But while, in some way coherent in conventional inter-state wars, contemporary intra-state conflicts reveal the frailty of this ideal (Gross 2006:181-193, Redfield 2013:117). This frailty becomes apparent as hospitals become targets for sectarian violence as in Pakistan's polarized Gilgit-Baltistan (Varley 2016); when it is breached by a government toward its own physicians, as in the Egyptian 2011 protests (Hamdy and Bayoumi 2016); when it is narrowed by humanitarian organizations themselves such as in MSF's strategic decision to be "a little bit neutral" (Redfield 2013:119); Or, as in the case in question, when medical neutrality is inflated to mean "zero-tolerance" to the expression of physicians' political opinions in Israeli medical institutions.

During the 2014 Gaza attack, in a letter to the entire Rambam Hospital community of the mixed Palestinian-Israeli city of Haifa, the director Professor Beyar wrote: "Within the confines of the hospital, there is no room for any political argument or personal opinions. We are engaged in saving lives, and we do that under oath and with love" (Rosner 2016:52-53).

The "oath" Professor Beyar refers to is, of course, the classic Hippocratic Oath demanding the physician's unprejudiced care of any individual in need. In his letter, Beyar demonstrated the inflation of the 'Hippocratic bubble' (cf. Willen 2011:315) within which caregivers insulate their practice from 'outside' sociopolitical contexts to encapsulate the entire medical sphere and its workplace environment.

Within this neutral bubble, the physician is presumed to hold a universalistic, functionally specific, affectively neutral social role. As in Talcott Parsons' (1991[1951]:292) classic analysis of medical professionals who are considered "segregated from other bases of social status and solidarities." However, a voluminous body of research in the social studies of medicine challenged this image by deconstructing physicians' alleged emotional neutrality (Good 1994, Smith and Kleinman 1989, Fox 1979), cultural neutrality (Gordon 1988, Taylor 2003, Wendland 2010) and moral neutrality (Metzl and Kirkland 2010, Petryna 2012). Accounts of doctor-patient relationships (DelVecchio-Good and Good 2000, Kleinman 1988, Rivkin-Fish 2005), physicians' past and ongoing involvement in colonial and imperial oppression (Comaroff 1993, Keller 2006), as well as global humanitarianism (Fassin 2008, Redfield 2013) further problematized claims for a power-neutral medical profession. Despite these efforts toward deconstruction, contemporary scholars acknowledge that the claim of neutrality still holds force, even as it impedes our understanding of the actual social and political dynamics of healthcare (Beagan 2000, Keshet and Popper-Giveon 2017).

In a similar vein, in the Israeli context, studies and reports furthered the demystification of the Israeli medicine's ethos of neutrality. It has been shown how this alleged neutrality serves as a justification for the military control over Palestinians in the Occupied Territories (Bornstein 2010), and how it affects Palestinian family planning in the

Galilee (Kanaaneh 2002). Physicians for Human Rights – Israel (PHRI) documented the repeated breach of Palestinians' right to health (Ziv 2002), the use of medical treatment as a lever, applying pressure as part of the Israeli permit regime (Abu Areesha 2015), the participation of Israeli physicians in torture (Ziv 1999), and the discrimination and racism that characterize the Israeli health system (Ziv 2016).

There is thus very little neutral about medical spaces, and certainly in the Israeli health system. As Redfield (2016:264) commented on a recently published special issue on medical neutrality, "it would be tempting, then, to dismiss medical neutrality as a Potemkin norm, a pleasing façade to cover up a hollow legacy of failure. Or we might denounce it as a fetish, a misleading idol that promises false safety." But as Hamdy and Bayoumi's (2016:226) study in Egypt showed, while medical neutrality, as a principle is "in some ways out of sync with today's realities, it nonetheless circulates as a valuable currency," both in public discourse and in professional and activist circles. In Israel, as I demonstrate in this work, the ethos of a politically neutral health sphere is propagated by government officials, institutional administrations, ethics committees, physicians, and patients, political activists, journalists and politicians, Jewish-Israelis and Palestinians. Neutral medicine is a "shared fiction" in the sense that nationalism is in Benedict Anderson's work (Redfield 2016:266). And as such, it is a concept that is productive in its organization of social worlds, it is "an antipolitics with political possibilities" (Redfield 2016:264).

In the Israeli context, medical neutrality is hyperbolized. It does not apply only to the impartiality and immunity of physicians or the limited space within the doctor-patient dyad, it is inflated to encapsulate entire institutional spaces within which "politics" is out of bound. This sense of a neutral space corresponds with earlier medical sociologists who addressed the

hospital as a "tight little island," distinct from the "real" world with different culture and norms (Van der Geest and Finkler 2004:1998). Thus, while the Israeli conception of neutral medicine draws on ideals of impartiality and immunity, it links their moral injunctions to a broader professional space. In a sense, it has more affinity to MSF's spatially-bounded neutrality of the "humanitarian space" rather than the Geneva Conventions' blanket neutrality claim. MSF's humanitarian space is grounded in the concept of neutrality, inasmuch as it is a "recognized exception" in a context of conflict (Redfield 2013:162). While incoherently articulated and practiced, MSF regard the humanitarian space as "a space of life" within which all other concerns are suspended (Redfield 2013:163).

A humanitarian space is upheld "by occupying it," meaning, making its exception recognized. MSF thus, as other humanitarian organizations, use distinguishable uniforms and marks their ambulances, clinics and buildings to distinguish them as 'spaces of life.' It is a "fragile fiction" that must be carefully maintained (Redfield 2013:162). All the more so, in Israel, where the fragile fiction of a politically neutral space is a mostly state-run public system in the context of an unending national conflict, and a permanent state of emergency.

This work, thus, looks into how the Israeli health system is maintained as an exceptional space within which all non-medical considerations are perceived to be "suspended." For administrations, employees, patients, and in public discourse, the Israeli health system is a "desert island in a stormy sea" (Rosner 2016:48). The director of the Jerusalem Shaare Zedek Hospital cited the "sacred nature" of medicine in explaining why "politics" is out of bound, and added, "it could damage the harmony here" (Rosner 2016:84). "Politics" is thus considered by many in the system as "taboo and off-limits" (Rosner

2016:82) as it puts the desert island of neutral medicine in constant danger lest the outside "high waves" of animosity, violence and hatred spill in.

Making the Israeli health system an exceptional "space of life" is maintaining it hygienically clean from "politics." Thus, to understand practices of neutral space-making is to trace the rules of this political hygiene. "Politics" is considered unclean, polluting the neutral space, bringing danger to the harmonious practice of the "sacred" medicine. It is dirty, it is a 'matter out of place' in a "space of life." Mary Douglas (1966) taught us that to interpret ideas of uncleanness is to understand the "social order." And in the neutral space of Israeli medicine, "politics" is out of place and thus 'dangerous.' A powerful way to enforce conformity, as demonstrated in Douglas's (1966:41) analysis of religious rules of purity, "attributing danger is one way of putting a subject above dispute." As such, "politics" is considered taboo and off-limits. But what sort of politics is considered polluting? And, what constitutes the rules of hygiene within which it is marked 'out of place'?

As I show in this work, the classification of purity and pollution, 'neutral' and 'political,' in the Israeli health system, is in no way clear-cut. The rules of uncleanness are inconsistent and are applied selectively to Jewish-Israeli and Palestinian physicians. Indeed, as Douglas (1966:140) noted, "wherever the lines are precarious we find pollution ideas come to their support." Distinctions thus follow loose lines according to which, as I show in chapter four, even a gun can be considered neutral and dangerous at the same time in an Internal Care department, and can turn in a matter of seconds from one category to the other.

These lines become blurrier in a public system that is funded and regulated by the state. This was particularly apparent during the 2014 Gaza war when hospital directors declared "zero-tolerance" to employees' expression of political views while announcing their

full support of an Israeli military offense on densely populated Palestinian cities. Supporting thousands of airstrikes causing the demolition of entire Palestinian neighborhoods went way below under the bar of what is considered "political." At the same time, the director of the Jerusalem Shaare Zedek Hospital, who I cited earlier for voicing concern for the "harmony" of the work in the medical sphere, suspended a Palestinian physician who posted his opposition to the attack on his personal Facebook page (Mazori 2014).

Medical neutrality came to be in the context of inter-state wars as an ideal that served state interests (Gross 2006:179). But in contemporary contexts of intra-state conflicts, it is oftentimes considered subversive of state power. Drawing on the international norm of medical neutrality is in some cases a "stance against the state's insistence that it is the sole arbiter of who can live and who can die" (Benton and Atshan 2016:156). But unlike humanitarians, whether local or international, whose medical treatment is a challenge to states' claim to sovereignty (cf. Aciksoz 2016, Hamdy and Bayoumi 2016, Redfield 2013), in the Israeli context, it is the state system that claims medical neutrality.

Mary Douglas (1966:36) wrote that "where there is dirt there is system." Exploring a state-sponsored neutral space and looking into what is deemed dangerous polluting politics is thus an inquiry into structural and ideological classification systems. In doing so, I explore how neutrality "works" in everyday experience of clinical work, on formal and informal institutional levels, its consequences for Palestinian society in Israel, and for Palestinians' visibility in Israeli publics. In all these settings, principles of political neutrality are revealed to be applied differently on Jewish and Palestinian citizens. It is a selective neutrality. Jewish-Israelis and Palestinians who share the health sphere as a workplace have to abide to different set of rules. When the classification system of neutrality that defines and casts out

what is considered polluting politics works selectively, it undermines the very idea of neutrality. It becomes a powerful mechanism of erasure and censorship.

What is at stake in the Israeli context is that on the pretense of maintaining a safe space for Jewish-Palestinian coexistence, Palestinian national aspirations are deemed political and out of place. The selective application of political neutrality reinforces the exclusivity of Jewish nationalism within the Israeli state, depriving Palestinian citizens of collective national rights. At the same time, when Jewish patriotism and even militarism are not marked as political, neutrality naturalizes Zionism. It is constructed as a political position that is not considered political, and thus gets reproduced as the (only) framework for discussion.

## The Research

This work is based on ethnographic and archival data to trace the production and negotiation of political neutrality in everyday practices within and beyond the Israeli medical sphere. This study's guiding proposition is that appeals to medical professionalism and political neutrality play an important role in the ways in which Palestinian physicians navigate and experience the Israeli medical system. I thus examined how political neutrality was understood and articulated by Palestinian physicians in the Israeli health system, how it was deployed by Palestinian physicians and how appeals to neutrality were received or resisted by Jewish and Palestinian administrators, caretakers and patients.

The 22-months of ethnographic research in the summer of 2013 and between June 2014 and January 2016 included participant observations in two hospitals, and semi-structured interviews.

### *Participant observation in hospitals*

Ethnographers have addressed hospitals as intensive spaces in which moral, political and social questions arise with great urgency (Livingston 2012, Van der Geest and Finkler 2004) and as "border zones" rife with uncertainties, misunderstandings and suspicion of Others (Mattingly 2010). In studying these border zones, I examined attempts to negotiate professional neutrality and politics in a charged, stressful context where life is at stake.

This part of the research included five months of ethnographic fieldwork in two internal care wards in two large public hospitals in the Tel Aviv area. These included participant observations on the day to day life of physicians, nurses, para-medical professionals, clerks, patients and patients' families, in the departments on a daily basis. During these participant observations I took detailed field notes using structured methods for collecting, organizing and coding data (Emerson et al. 2011) while I shadowed physicians as they interacted with colleagues and patients in routine work, night and holiday shifts, emergency events and staff meetings. I also engaged in informal interviews and conversations and gained close familiarity with caretakers, patients and their families.

In conducting fieldwork, I used two main frameworks of ethnography in clinical contexts (Mattingly 2010): Person-Centered and Event-Centered ethnography. In a Person-Centered fieldwork I followed physicians beyond the space of clinical practice into their communities where segregation and border crossing vie with professional neutrality in shaping Palestinians' lives. In an Event-Centered practice I combined the analysis of institutional and media reports on a given event with reflective interviews focused on actors' experiences and interpretations. This allowed an understanding of interactions as products of multiple points of view.

Fieldwork in one of the hospitals was accompanied with a photo-ethnographic project in cooperation with Guy Aon, an art-photographer.

*Semi-structured interviews*

Interviews were used to gain a personal perspective on the role of medicine in the lives of individuals and communities as well as the diverse interpretations, expectations and disappointments of medicine's neutrality and scientific promise. As semi-structured interviews, questions were based on a set of topics and themes that reflected the research questions and the data previously gathered but allowed conversation to take shape based on the interviewee's responses (Bernard 2005). Interviewees were recruited in two main methods: first, physicians from host departments in which participant observation took place were recruited by personal communication. Second, snowball sampling was applied in order to mobilize social relations with physicians to ensure their colleagues' cooperation.

I carried out 69 in-depth interviews with physicians, healthcare administrators, executives, physicians active in national and local politics and medical students, Palestinians and Jewish-Israelis. The interviews were recorded and then transcribed. The cumulative duration of these interviews is more than 140 hours and more than 2500 pages of transcription.

*Data Analysis*

The first step of data analysis was the open coding of field notes, transcribed interview recordings, printed media and transcribed broadcasted media using Atlas.ti qualitative data analysis software. In the second step, the coding and categorization of gathered data allowed me to identify central and recurring themes (Bernard 2005, Miles and Huberman 1994) in the experiences of Palestinian physicians in Israel. I gave particular

attention to the plurality of experiences, interpretations and practices present in the field. In the third step, tested the central themes that were extracted from the data in relation to research propositions and questions and considered alternative interpretations of the understanding and deployment of political neutrality in the Israeli medical field

**The Monograph**

This work examines how medicine's ethical framework of universality and political neutrality affects Palestinian physicians' professional and political lives in Israel. Does the ideal of medical neutrality become a vehicle for establishing trust among people who may otherwise treat each other with suspicion, fear, or hostility? How is medical neutrality invoked, performed, and negotiated in daily interactions? How does this ethical framework get challenged, by whom, and with what consequences for professionals, patients, and the health care system more generally?

This dissertation demonstrates how Palestinian physicians navigate a delicate balance between ideals of medical neutrality and expressions of suspicion and hostility on the part of Jewish patients and colleagues. It provides an analysis of the ways Palestinian physicians in the Israeli health system understand, enact, and articulate medical, professional, and political neutrality as well as how Jewish health professionals, administrators, and patients/family members relate to these concepts as they navigate unfamiliar interactions often perceived as politically charged.

In making visible Palestinian citizens' efforts to shape their individual and collective conditions of existence through medical practice, the dissertation illuminates how ideologies of the medical sphere shape their struggle in distinctive ways. It analyzes medicine and health care as spaces of micro-level struggle for equality and recognition, and demonstrates

how ideas of neutrality serve as fungible political tools in the hands of both hegemonic elites and counter-hegemonic forces in a national conflict.

In the second chapter, titled "Helsinki in Zion: Ethics Committees and Political Gatekeeping in Israel/Palestine," I address the six months of my repeated attempts to obtain the approval of three Helsinki Committees (HCs, Israeli hospitals' research ethics committees) to conduct ethnographic research with Palestinian physicians in Israeli public hospitals. While my research was eventually approved in two of these institutions, correspondence with HC representatives, as well as evidence of their informal moves with institutions' management, reflect their perceptions of the risks my study posed. In the Israeli hospital, acknowledging Palestinian political subjectivity is considered a double offense. It risks the hegemony of Jewish nationalism and contaminates the allegedly neutral, politically sterilized medical sphere. Ostensibly mechanisms for the protection of human rights, these committees exerted their power to serve their institutions and state ideology.

HCs' betrayal of research ethics and subjects, I argue, should not be understood as anomalous instances of negligence. I show how these committees' acts of censorship are very much attuned to both the Declaration of Helsinki as their guiding text and Zionism as their underlying political ideology. Essentially, when ethics committees practice erasure of political subjectivity and censorship, they not only limit academic inquiry but also redefine, in political terms, the realm of the moral. In practice, this amounts to defining counter-hegemonic narratives as 'unethical.'

The third chapter, that is titled "Selective Neutrality: Palestinian Physicians and the Evasiveness of Political Neutrality," is an ethnographic account of Palestinian physicians' professional lives in medical schools, but mainly in hospital work. I look into the "entry

tickets" Palestinians must obtain to overcome prejudice and discrimination as they enter a mixed Jewish-Palestinian medical team and their strategies in facing issues of trust and suspicion with Jewish patients. I ask what is considered "political" and 'out of place,' thus breaking neutrality, and what sort of politics is "safe" and goes under the radar of maintaining a politically neutral medical sphere. The classification that is revealed is tenuous, contradictory and selective.

These contradictions lead Palestinian physicians to uphold a neutrality that is temporary and flexible. In its minimalistic sense, neutrality is critical for their personal survival in the Israeli medical sphere, to maintain a professional identity and advance a medical career. But for Palestinians, medical neutrality is always selective, and they are keenly aware that this ideal "works" differently and unequally for Jews and Palestinians. The selective and distinct ways "neutrality" gets applied leaves Palestinians painfully cognizant of their exclusion and discrimination.

The fourth chapter, "Neutral and Neutralized: Medical Neutrality and the Crisis of Palestinian Intellectuals in Israel" considers the collective implications of the ideal of political neutrality in the medical sphere on Palestinians as a national minority in Israel. The concept and promise of political neutrality is partly appealing to young, successful Palestinians, because it seems to offer an exit, an escape, a refuge from being the object of pervasive suspicion and exclusion. It is a ticket, a currency for social mobility, economic security, and individual and community prestige. But this ticket, comes in the price. As they embark upon the long road of medical training and practice, they lose their intellectual voice in a Gramscian sense of the 'organic intellectual.' Whether it is the long hours of delving into medical books and research, or the demanding clinical work, the medical profession as a

'calling' leaves very little room for political action. In the Israeli context, medical ethics, taken very loosely to mean that physicians must avoid any divisive speech or act, inflate a Hippocratic bubble that encapsulate the professional and personal lives of Palestinian physicians. Within this bubble, the most controversial of topics is especially silenced: Palestinian national identity. As such, their power to advance their national claims to be acknowledged under Israeli rule is vastly limited. Consequently, as intellectuals, their potential to represent and lead their co-nationals is diminished.

In the fifth chapter, "A Doctor's Testimony: Medical Neutrality and the Visibility of Palestinian Grievances in Jewish-Israeli Publics," I take one final step further and look at the role of the ethos of medial neutrality on Palestinians' presence in Jewish-Israeli publics. This chapter follows the testimony of Izzeldin Abuelaish, a Palestinian physician who bears witness to his experiences working, living, and suffering under Israeli rule. He presents his story as a doctor's story, drawing on his identity as a medical professional to gain credibility and visibility, and to challenge the limited legitimacy of Palestinian grievances. I explore his testimony as a medical voice that at once recounts the suffering and loss endured by the Palestinian people, and also struggles to negotiate the values associated with being a "reliable" witness. Consequently, I ethnographically examine the social life and reception of his story in Jewish-Israeli publics.

In comparison with most Palestinian narratives, Abuelaish's testimony achieved an extremely rare degree of visibility and sympathy, a phenomenon that calls out for analysis. I identify the boundaries that typically render Palestinian grievances invisible to Israeli publics and suggest how medicine's self-proclaimed ethos of neutrality served as a channel for crossing them. Finally, I reflect on the political possibilities and limitations of medical

witnessing to render suffering visible and arouse compassion toward those construed as a dangerous/enemy Other.

# CHAPTER II

## HELSINKI IN ZION: ETHICS COMMITTEES AND POLITICAL GATEKEEPING IN ISRAEL/PALESTINE

Anthropologists like to tell their stories of 'entering the field,' whether they are left alone on a tropical beach as their dinghy sails away (Malinowski 1922) or run away from the police into a local's courtyard (Geertz 1973). These stories are often told to show us, their readers, the distance anthropologists must travel from their own worlds into those of their research subjects. If stories traditionally fall within the thriller or adventure genres, my own is rather more Kafkaesque. And much like the stories from *The Trial* and *The Castle*, it is more about the system in which my interlocutors and I live than our own personal stories.

It took me more than six months to get my research with Palestinian physicians approved in two large Israeli hospitals. In a third hospital my access was denied. My 'entry story' is thus about my repeated attempts to obtain the approval of three Helsinki Committees (HCs, Israeli hospitals' research ethics committees) to conduct ethnographic research with Palestinian physicians in Israeli public hospitals. While my research was eventually approved in two of these institutions, correspondence with HC representatives, as well as evidence of their informal moves with institutions' management, reflect their perceptions of the risks my study posed.

I had already passed the University of North Carolina's meticulous ethical approval process, and so the very different response of Israeli committees left me bewildered. Had UNC's committee overlooked important risks? In fact, the discrepancies between these

committees call into question the very idea of a universal ethical code of research conduct, as the 1964 Declaration of Helsinki (DoH) aimed to establish. But pointing, once again, to the non-universality of self-proclaimed universal values (cf. Heimer and Petty 2010) is not what is interesting about this story. It is the specificity of local ethical standards, enforced by local commissars who draw on the idea of the universal, to promote local political agendas. If, as Marilyn Strathern (2000:281-282) argued, the arenas of ethics and audit practices "are the places to be looking these days if one is looking for society," then Israeli HCs' censorship of my research provides clues to local limits of legitimacy and borders of recognition.

In Israel, the DoH's ethical standards became legally instantiated in the 1980 *Takanot Briut Ha'am* – the People's (or Nation's) Health Regulations. Traveling from Finland to Israel, research ethics thus turned from a human issue into a national concern. The informal and formal feedback I received on my research topic, as well as the numerous revisions the Israeli committees required to approve my research proposal, show that it was not the safety of research subjects that was at stake for the Israeli HCs. It was the integrity of the ideals of medical neutrality and Jewish ethnocracy.

In this paper, I argue that these HCs' betrayal of research ethics and subjects should not be understood as anomalous instances of negligence. I address these committees' acts of censorship as very much attuned to both the DoH as their guiding text and Zionism as their underlying political ideology. For these review committees, acknowledging Palestinian physicians' political subjectivity came to be deemed so 'risky' as to be 'unethical.'

**Society Must be Defended**

*"When the needs of society come in head-on conflict with the rights of an individual, someone has to play God"* (McDermott 1967:39)

The introduction to the 1964 DoH embeds the need for ethical guidelines in asserting the supreme value of scientific progress: "Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and to help suffering humanity, the World Medical Association has prepared the following recommendations" (WMA 1964:33). From its inception, the logic that guided the formation of an ethical code for research was an attempt to consider the risks to the individual 'human being' as they are weighed against the benefits for 'science' and the collective 'humanity.'

Soon after the World Medical Association (WMA) adopted the DoH, scientists were well aware of their perceived position as "playing God," to quote Public Health scholar Walsh McDermott (1967:39) in his opening comments to the 1967 Conference on the Ethical Aspects of Experimentation on Human Subjects. In Science Magazine, Psychologist Wolf Wolfensberger (1967:48) reviewed the public media's growing interest in research with human subjects and concluded that "there is a danger that, if scientists do not respond to the public's concern about research conduct, research rules will be imposed on science from without." In the struggle to balance individuals' safety and the collective interest, McDermott (1967:42) emphasized that "society, too, has rights in human experimentation."

These debates reflect the careful consideration of the risk-benefit/individual-society trade-off matrix that have been central to the drafting and constant redrafting of the DoH, since the approval of the original 1964 declaration and through the subsequent 49 years and seven approved revisions. In the following section, I look into the major revisions of 1975 (Tokyo) and 2000 (Edinburgh) as well as the current version of 2013 (Fortaleza). These revisions and ongoing discussions in the WMA reflect, I contend, the constantly debated

undergirding logic of the DoH. Indeed, they show how the balance within this matrix took slightly different shapes in different moments.

The original 1964 DoH instructed that: "Every clinical research project should be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subject or to others" (WMA 1964:33). By including consideration of potential benefits to "others," in assessing the risk-benefit ratio of a given study, the DoH authors imply that, in some cases, an individual can be put in risk and sacrificed for the benefit of society. That is, enforcing "the social good over the individual good" (McDermott 1967:39). The 1975 Tokyo revision, by contrast, tilted the scale toward the safety of research subjects. It used almost the exact same wording, but added a decisive clarification: "Concern for the interests of the subject must always prevail over the interest of science and society" (Carlson et al. 2004:709). This strong language, however, did not make it through the 2000 Edinburgh revision which, like later versions, left a little more room for the consideration of the benefits to the collective.

It is within this framework, conceptualizing the "individual versus society" (cf. Jonas 1969:220-223) and the ethical code's work in institutionalizing relations between them, that Helsinki Committees (HCs) operate. As auditors-regulators, they consider it their duty to evaluate the risk-benefit-ratio and protect the individual from being sacrificed for the benefit of the collective. Thus, in this trio of researcher–research subject–regulator, each is assigned a role: the research subject must be protected from the researcher-perpetrator by the regulator (cf. Jacob and Riles 2007).

*'Subjects' and 'Society'*

The DoH and its subsequent local bureaucratic mechanisms of regulation define a specific kind of interacting subjects (cf. Strathern 2000:280). In the latest 2013 version, this interaction is clearly laid out: "The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent" (WMA 2013). In this formation, the researcher takes agency away from passive "research subjects" who are in need of protection (Jacob and Riles 2007:182). This paternalistic logic is rooted in assumptions of the researcher's ultimately superior judgment (Hodge 2013:289-290).

But what sort of subjects are to be protected according to the DoH? This question, not surprisingly, has received different answers at different moments in the history of the DoH. The 1964 original and 1975 revisions called for the protection of the health of research subjects (1975 added "mental health") as well as on the "personality of the subject" lest it "be altered by drugs or experimental procedure" (WMA 1964:33). The 2000 version rescinded "personality" issues but added the researcher's duty to protect the subject's privacy and dignity (Carlson et al. 2004:711). Most interestingly, the current 2013 version added the researcher's duty to protect the research subject's "right to self-determination" (WMA 2013). Thus, the DoH-protected-subject has turned gradually form a strictly 'biological' entity with some sort of inherent "personality" into an individual with dignity and independent self-determining subjectivity.

Still, in its different forms and articulations, the DoH limits its protection to the realm of the individual. This is key, I argue, in making sense of how Israeli Helsinki Committees betrayed the 'subjects' they were appointed to protect. Anthropologists have long argued that this idea of the 'subject' as a bounded individual who acts in relation to other such subjects is

empirically unsound (Geertz 1979), and instead understand the subject as acting within an intersubjective matrix in which "the collective and the individual are intertwined and run together" (Biehl, Good, and Kleinman 2007:14). Accordingly, as early as Margaret Mead's assertion that "anthropological research does not have subjects" (Mead 1969:361), anthropologists have been advocating for collaborative research which emphasizes researchers' commitment to the communities they study (Fluehr-Lobban 2012, Hodge 2013). Indeed, it is notable that in its 2012 Statement on Ethics, the American Anthropological Association (AAA) extended its concern to the "communities, identities, tangible/intangible heritage and environments" of research subjects (AAA 2012).

If individual research participants are considered within their social and political contexts, then the safety and interests of their communities should also be attended to. It is thus worth assessing what sort of collective the DoH has envisioned in its various versions. While earlier versions had addressed the potential benefits for "science," "humanity," and "society," the 2000 Edinburgh revision marked a meaningful change by adding: "Medical research is only justified if there is a reasonable likelihood that the populations in which the research is carried out stand to benefit from the results of the research" (Carlson et al. 2004:711). This approach acknowledges research subjects within their communal settings, and considers their community's needs and interests. However, the most recent 2013 revision backed away from this responsibility. Interestingly enough, the wording returns to the original 1964 text in which the risks to research subjects are weighed against the benefits to them and to "others." The only difference is that 'others' are now defined as: "other individuals or groups affected by the condition under investigation" (WMA 2013). Subjects are no longer considered within their sociopolitical context but as members of collectives

defined by their shared medical condition. The latest DoH stresses the potential benefits to these collectives of 'global subjects' of biomedical research, echoing forms of 'biological citizenship' (Petryna 2007).

The contemporary DoH's approach to the risk-benefit/individual-society trade-off matrix thus conceptualizes its scope as discerning potential risks to subjects who are thought of as decontextualized individuals (meaning, with no recognition of their political subjectivity), as weighed against the benefits to a depoliticized notion of "society."

*Ethics Committees, Censorship and the State*

In the late 1960's, growing public awareness about research with human subjects and its basic logic of the risk (to an individual)-benefit (to society)-ratio led scientists to realize that "playing God" was becoming increasingly subjected to criticism. "The argument that research must not violate a person's integrity is very powerful and tends to elicit wholehearted agreement" notes Wolfsenberger (1967:48) in what he worriedly calls an "emotional atmosphere." In the face of this backlash, justifying their godlike position, researchers attempted to point to other, similar, circumstances in which individuals' interests are sacrificed for the sake of the collective, such as military drafting committees or traffic regulations (Calabresi 1969, Jonas 1969, McDermott 1967, Wolfsenberger 1967). These comparisons focused on "complex 'indirect' controls over takings of lives" (Calabresi 1969:389) and the "spreading" of responsibility to a "framework of legal institutions" (McDermott 1967:39-40). It is this institutional formation that I wish to focus on.

HCs, as any other form of Institutional Review Boards (IRBs), are in fact "institutional." Committees are composed of researchers who are employed by the institution. The institution's needs and interests are central to its committee's considerations

to the point that some have argued that "the term 'ethics' is inappropriate, and the committee should be called a 'risk management' or a 'liability control' committee" (Annas 1991:19). As such, these bureaucratic formations face an inherent conflict of interest, acting in many cases as institutional protectors rather than contending with the risks to research subjects (Annas 2006:542). This unsavory construct is the ground for numerous ways in which HCs practice censorship under the pretense of "ethics." Scholars have long debated the "mission creep" of IRBs (Shweder 2006) and their "imperialistic nature," claiming greater jurisdiction over aspects of academic inquiries (Katz 2007:799). Indeed, IRBs have been shown to restrict research on specific populations and topics (Hamburger 2004, Hodge 2013), and more specifically, to block critical research on the powerful (Ceci et al. 1985, Katz 2007). Such restrictions and constraints raise disturbing questions about ethics' review boards as censorial powers.

Furthermore, these institutional committees operate under the aegis of state laws, regulations and supervision and thus do not only represent the medical institutions but also state policies and ideology. The DoH and state laws are in a long dynamic interrelationship. The original 1964 DoH was careful not to override state authority, declaring that "it must be stressed that the standards, as drafted, are only a guide to physicians all over the world. Doctors are not relieved from criminal, civil, and ethical responsibilities under the laws of their own countries" (WMA 1964). However, the 2000 Edinburgh revision made the DoH a supranational ground rule, stating that "no national ethical, legal or regulatory requirement should be allowed to reduce or eliminate any of the protections for human subjects set forth in this document" (Carlson et al. 2004:703). The current 2013 version brings back the state

into the equation, clearly specifying that both state laws and the DoH should be considered as minimum requirements.

This dual loyalty of HCs to the DoH as a guiding text and to state regulations as a legal justification should not, however, be considered in any way contradictory. In Israel (as in many other countries), hospitals and research institutions are obliged to appoint HCs to comply with state laws that were articulated in accordance with the DoH. State authority over research ethics regulation is part and parcel of the often-told history of the DoH and other research ethics codes. As the WMA secretary-general stated in the original DoH announcement (WMA 1964:33), World War II Nazi doctors' crimes and the 1947 Nuremberg Code that followed are the background for its inception. This is the "creation myth" of how state laws turned research on human subjects from a field in which individual researchers impinge upon people's rights to a state-sanctioned strictly regulated moral practice (Heimer and Petty 2010). But, quite ironically, if the Nazi-state crimes or the concurrent US government funded experiments with Plutonium and STDs on US citizens and abroad (Lerner and Caplan 2016) teach us anything, it is that state mechanisms can be more of a problem than a solution to research ethics violations.

HCs are thus agents of their institutions as much as they are agents of the state which legislated the laws that formed these committees and under which they continue to operate. Practically, these committees are a form of institutions' self-checking apparatus to comply with state regulations (cf. Shweder 2006). As HCs follow state regulated protocols they cultivate the incorporation of state ideology and institutions' accountability to the state (Strathern 2000). But what happens when a researcher submits a study that takes state

mechanisms of discrimination as its subject? How do HCs respond to an inquiry that threatens to critically undermine institutional raison d'être and state ideology?

Consider the following short anecdotes from my experiences in the three institutions:

**Three Ethics Committees, Three Hospitals**

*Hospital X*

After six months of submissions and resubmissions of my research proposal to Hospital X's HC, I was desperate and ready to rethink my whole dissertation project. I called the secretary on the phone. Maybe she noticed my dismayed tone and felt sorry for me; perhaps she just could not bring herself to process my resubmissions endlessly. This is how the phone conversation went:

> Secretary: Do you remember that we changed the title so it will be *Arab* physicians and not *Palestinian* physicians? [see figure 2.1]
> Guy: Yes…
> S: So… *that word* is still there… many times in the research protocol…
> G: What do you mean *that word*?
> S: You know… just make sure your research proposal stays in line with the new title…

I then used the word processor's 'find and replace' function to replace all references to 'Palestinians' with 'Arabs,' quite literally erasing my interlocutors' national identity. It was less than two weeks later that I received the long-awaited approval.

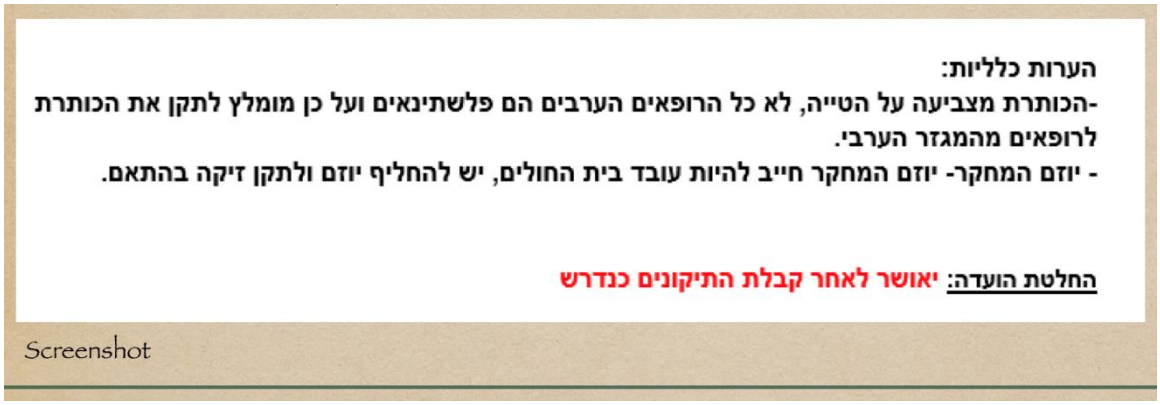



**Figure 2.1** Request for further edits from Hospital X's HC [Hebrew]: "General instructions: The title is biased, not all Arab physicians are Palestinians and thus it is recommended to correct the title to Physicians from the Arab Sector. […] Committee decision [in red]: [Application] will be approved once corrections are accepted."

*Hospital Y*

I was sitting in the chief physician's office, hoping to get my research approved on his ward. On Professor H's office wall hung a 'thank you' plaque given to him for his military service in the occupied Gaza Strip. The hospital's deputy CEO was the one who recommended that I do my research in Professor H's ward. The question of my military service in the IDF was an issue of concern in my earlier meeting with the deputy CEO and once again with Professor H. They both had long military careers, and were suspicious about the national loyalty of an anthropologist coming to study Palestinian physicians. Social scientists have a reputation of being 'lefties' and this was a test I clearly had to pass before I was granted access.

After the ritualized brief exchange about the timing, location, and nature of military service by which Israeli men size each other up, the chief physician wanted to know more about my research. I told him that I am interested in the experience of *Arab* physicians in the Israeli public health system. He immediately shared some anecdotes and amateurish social analysis about "our cousins" (*Bnei Dodenu*, "euphemism" for Arabs). The conversation was very open and friendly. He then said that he approves of my request to conduct research in

this department; I will only need the "Helsinki approval." He then called the head of the hospital's Helsinki Committee:

> "Hi, how are you? I have here a PhD student who wants to conduct research on minorities…" (*Bnei Miutim*, yet another "euphemism" for Arabs).
> His friendly face immediately became serious and worrisome.
> "I see… well he is right here… I'll ask him straight to his face …"
> He hung up and said: "the person who heads the Helsinki Committee… well… he is a religious person… but also very experienced… I don't have a problem telling you what he said… well… he said: 'read my lips [in English] – nothing good is going to come out of this! If you ask me… don't do it. They'll just say that we are racists. And if they find that we aren't, then they'll not publish it'"

I faced six months of politically whitewashing "revisions" before successfully meeting with Hospital Y's HC approval.

*Hospital Z*

At first, entering the field in Hospital Z was the smoothest of all. I interviewed a few physicians from the hospital and found Professor A, the chief physician of the ward I chose as the site for participant observation, to be friendly and welcoming. He approved my research and even appointed a research administrator to help with my Helsinki application to expedite the process.

I then received an email, notifying me that the HC finds my proposed research "not included in the committee's jurisdiction" and that if I wish to proceed with my study, I will have to get "the management's approval." When I tried to probe into what sort of approval it was that I needed to obtain, and what, precisely, was the managerial unit that could grant it, the HC chair rebuffed me rather rudely, and referred me to the chief physician who sponsored my research for answers. Quite disappointed and upset, I contacted Professor A, recalling his friendly attitude to my project. This time, he responded with a very short and cutting message, stating that he "will not be able to handle this project" and referred me to

Professor R, the hospital's deputy CEO, whom he also copied on the message. More than a year after this correspondence, I ran into Professor A at a conference. I asked him about these events and he said apologetically that the HC contacted the executive management "over his head" and that it was taken "out of his hands."

But most telling was the communication with Professor R that followed. In his first response to my request to conduct the research in the hospital he said: "We have only 13 Palestinian physicians (all from the West Bank) and to the best of my knowledge they are outstandingly integrated." At length, I explained that my research is with Palestinian *citizens*, what he called "Israeli Arabs," and that there are hundreds of them employed in the hospital. To that he interestingly replied: "We treat all our Israeli citizen physicians as totally equal without regard to their religion" – as if being Palestinian is a religion. After further explanations on my part, he wrote: "I have to admit that I have a principled disagreement with the definitions in your research proposal. According to my world view, physicians with Israeli citizenship, from the Arab nation, of any religion, are Israeli physicians for all purposes." He continued: "I will share this dilemma with senior members of management here in hospital [Z] and will get back to you." The following day, it seems that "the dilemma" was solved and he wrote "after consultations with a number of management members we prefer that the research not be conducted in hospital [Z]."

Upon my insistence, Professor R later agreed to meet me in his spacious executive office. In that meeting he stood fast in his opinion, saying: "I am proud to be blind in these matters and see everyone as equal Israelis." I acknowledged his active disinterest in my research but requested that he allows me to follow my own academic objectives. He

responded: “we will not agree to anyone to enter this hospital and harm the fabric of our work and life together.”

**Ethics Committees and Political Gatekeeping**

In the initial stages of formulating my research project with Palestinian physicians, I consulted an anthropologist who had conducted fieldwork in an Israeli outpatient clinic. Asking for her advice on how to prepare myself for fieldwork, she promptly suggested that I look into obtaining ethics committees approvals as early as possible in my preparations. She underscored the meticulous review process of HCs in Israel and intimated that my application ought to be extremely detailed, taking careful consideration of all ethical requirements. Much to my surprise, I hardly had to change any of my applications to better ensure the protection of research subjects. As the awaited approval failed to come, I realized, to my growing frustration, that the requested revisions were, in fact, continuous attempts to modify my research perspective.

Formal revision requests like the one documented in Figure 2.1 made clear that these are acts of political censorship. But more telling are the informal ways in which practices of gatekeeping ensued. A secretary’s informal prompting for me to erase the ‘P word’ is perhaps only a hint regarding her institution’s HC’s inner logic in rejecting my applications. But when the head of the HC suggested to a chief physician not to allow the research to be conducted in his department, the questionable undercurrents of censorship become apparent. These informal collusions were more effective in Hospital Z where the HC went “over the head” of a chief physician, informing senior management that a “risky” research project was in motion. The intimidated reaction of the chief physician, an experienced doctor who is one

of the country's renowned specialists in his field, is an indication of how constraining these informal communications were.

But what was the perceived risk that generated these responses? One answer to this question considers institutional interests, as articulated rather explicitly by the head of the HC in Hospital Y. In his words of warning to Professor H that "they'll just say that we are racists," he calculated the risks posed to the hospital and engaged in the protection of the institution and its reputation. But this is not the whole story. The consistent attempts of three independent and uncoordinated HCs, acting in three distinct public institutions, to disallow my research represent a rejection of the very logic of inquiry that I intentionally deployed. My intention was indeed to formulate the project in a way that considered my Palestinian interlocutors to have political subjectivity that was formed at least partly outside of medicine and Israeli state institutions. The HCs rejected exactly that assumption. They demanded the circumscription and confinement of these subjectivities to the regulators' own ideological definitions. The "risk" that instigated the HCs' disciplining measures was the expression of Palestinian national identity and its threat to two axiomatic ideological perspectives they hold: Zionist exclusivity on national aspirations in Israel and the ideal of a depoliticized "neutral" health system.

*The 'P' Word: Unspeakable Palestinian Nationality*

Palestinian citizens of Israel, approximately one fifth of Israel's population of eight million, are an ethnic and national minority within the "Jewish State." But they are also part of yet another national body, the Palestinian people in the West Bank under Israeli occupation, in the besieged Gaza Strip, and in the diaspora – struggling for their own independent state. These communities that remained under Israel's rule following the Israeli

independence and the Palestinian *Nakba* (catastrophe) of 1948 were considered an "enemy-affiliated" communities (Yiftachel 2011:130). Despite being Israeli citizens, they were put first under military rule and have since been treated as second class citizens, holding what has been termed a "hollow citizenship," devoid of the national-cultural recognition they seek (Jamal 2007).

Palestinian citizens' marginality in Israeli political, economic and social reality is the outcome of processes of Judaization which has turned the Israeli state, under a democratic façade, into a Jewish ethnocracy (Yiftachel 2006). In recent years, Palestinian citizens have become ever more cognizant of their citizenship status and are increasingly considering themselves as subjects of a settler-colonial project (Rouhana and Sabbagh-Khoury 2015). Concurrently, asserting Palestinian national identity has become more prevalent among Palestinian citizens (Rabinowitz and Abu-Baker 2005). In the recent 2015 Israeli national elections, a vast majority of Palestinian citizens voted for the non-Zionist, outspokenly Palestinian Joint List, gaining some 11% of the seats and becoming the third largest party in the Israeli Parliament.

While Palestinian citizens struggle for equal civil rights as Israeli citizens, they also see themselves as Palestinian nationals. This stance, in the context of a prolonged bloody national conflict, is often viewed by Jewish Israeli hegemony as straightforward treachery (Kimmerling and Migdal 2003). Indeed, since the early years of the Israeli state, it has made significant efforts to make Palestinian citizens into docile "good Arabs," (*aravim tovim*) uprooting any sense of Palestinian nationalism (Cohen 2010:123-158, Kanaaneh 2009).

The three HCs' deep discomfort with my research proposal, with its explicit recognition of a Palestinian nationality is telling. While all sides in these verbal and written

conversations agreed on who practically are constituted as the "research population" discussed, a struggle over definitions transpired. My research application explicitly referred to this population as 'Palestinian citizens of Israel,' and the corresponding administrators suggested their alternative characterization. Hospital X's committee viewed my study's title as "biased" and requested that I change it to "physicians from the Arab Sector." Hospital Z's deputy CEO had "principled disagreement with the definitions" of my research and referred to them as "Israeli Arabs." While referring to Palestinians as Arabs is by no means false, the demand to replace the former with the latter carries political import. The term 'Arabs' relates to a much broader reference group that denotes shared cultural and linguistic background. But it omits the sense of belonging to a Palestinian nationality (Sa'di 2004:143) and the geopolitical connection with the land of Palestine (Rabinowitz and Abu-Baker 2005:43-44). These two aspects of Palestinian identity are long considered by Israelis to be in direct confrontation with Zionist practice which asserts the exclusive monopoly on national aspirations in the (exclusively) Jewish homeland.

Hospital Y's chief physician's background in the IDF provides context to his use of 'minorities' (*bnei miutim*) in lieu of 'Palestinians.' This denomination, which was formed in the early 1950's by representatives of Israeli security agencies, is still commonly used in the security forces (Cohen 2010:173-174). It depicts the Palestinian minority (in singular) as a collection of disparate communities, rather than a *people* united by their national claims. Professor R's repeated references to "religion" as a meaningful category for capturing the distinctiveness of his colleagues accords with the logic of "minorities" which indexes Israel's 'divide and rule' strategy of acknowledging several categories of "non-Jews." These religiously defined communities are each expected to negotiate their civil and political

position with the state independently, as if they share no preeminent national identity (cf. Kanaaneh 2009).

HCs and hospital administrators often explain their refusal to acknowledge the 'Palestinianess' of their colleagues by insisting on the inclusion of Palestinians in Israeli society. In Professor R's words, he considers all his employees with Israeli citizenship to be "Israeli physicians for all purposes." This assertion is a clear indication that the Jewish-Israeli public sphere cannot reconcile Palestinian national claims. Arabs are welcome but they should check their Palestinianess at the door. Thus, a secretary's suggestion that I erase the 'P word,' a professor's rich use of 'euphemisms' referring to Palestinians as "cousins" or "minorities," and a senior manager's 'voluntary blindness' are all practices of national erasure, assertions that only one national identity is possible within the Israeli state.

*Gatekeepers of the Hippocratic Bubble*

There was yet another source of anxiety that made these administrators and ethics committee censors find my research 'risky.' This involved the risk it posed to ideals of political neutrality within the medical sphere. While educational, residential and occupational segregation draw physical as well as social boundaries between Palestinian and Jewish citizens of Israel (Khattab and Miaari 2013), the country's public health system is one of the few arenas in which Arab and Jewish citizens work side-by-side, with Palestinian citizens comprising about 11% of physicians working in Israel (Rosner 2016). Many Palestinians and Israelis frequently depict Israel's predominantly public healthcare system as a "world unto itself, transcending the two worlds" (Abuelaish 2011:91). Anthropologist Dan Rabinowitz (1997:137) asserts that "where personal wellbeing is at stake, distrust of Palestinians' intentions is subordinated to the basic faith in the professional integrity of physicians,

whatever their national affiliation." Such views render the health sphere as an exceptional space of professional integration and opportunity for Palestinians (Keshet and Popper-Giveon 2017).

Making the case for a neutral medical sphere is a staple of Jewish-Israeli hegemony, and in particular, for health administrators and professionals (Shalev 2016). A recent report gained considerable visibility in Israeli media praising the successful integration (*shiluv*) of Arab citizens in the health system, calling for other sectors of Israeli society to learn by example (Rosner 2016). As media coverage highlighted, the report asserted (Rosner 2016:82-87) that a "key to idyllic relations on the job is that politics is a taboo subject of conversation" (Linder-Ganz 2017). Yet, tense moments of violent Israeli-Palestinian clashes – such as the Israeli attack on Gaza in the summer of 2014 – challenge this ideal of a "sterilized," depoliticized sphere. In a letter to the entire Rambam Hospital community of the mixed Palestinian-Israeli city of Haifa, the director Professor Beyar wrote: "Within the confines of the hospital, there is no room for any political argument or personal opinions. We are engaged in saving lives, and we do that under oath and with love" (Rosner 2016:52-53). The "oath" Professor Beyar refers to is, of course, the classic Hippocratic Oath demanding the physician's unprejudiced care of any individual in need. In his letter, however, Beyar inflated the 'Hippocratic bubble' (cf. Willen 2011:315) within which caregivers insulate their practice from 'outside' sociopolitical contexts to encapsulate the entire medical sphere and its workplace environment.

Although overt expressions of ethnic hostility are rare in medical settings, Palestinian doctors frequently encounter assertions of difference, social exclusion and tacit hostility by Jewish patients and professionals that challenge the frail façade of political neutrality (Keshet

and Popper-Giveon 2017). Most Palestinian physicians I have talked to during fieldwork made it clear that talking about national politics in the hospital or clinic is not recommended and they make great efforts to avoid such discussions. Many of them acknowledged the fact that, as Palestinians, their politics are just too radical for mainstream Jewish-Israelis and best be kept private, lest personal conflicts erupt. In these contexts, the basic stance of not being a Zionist is enough for one to be considered a radical and for some, even an extremist. Thus, Palestinians who cannot accept the core Zionist principle of Israel as a Jewish state (therefore accepting their own status as second-class citizens), are immediately considered as holding illegitimate political positions. The health sphere, like other public spaces in the country (and in somewhat contrast to US public spaces), is very much an appropriate setting for political discussions, debates and sometimes even heated arguments. But only among Jews. As one Palestinian physician told me in an interview: "sometimes I join [my colleagues'] table in the cafeteria and there is silence. I know they were talking about politics. But that's fine with me." The sort of medical neutrality that is manifested in the Israeli health system is thus, in a sense, 'selective neutrality.' It is an ideal selectively enforced on Palestinians, acting to neutralize their national belonging and political dissent.

The HCs' reactions to my research applications reflect an institutional manifestation of this selective enforcement of political neutrality. Hospital X's HC argued that the title of my research is "biased." By alluding to scientific rationale, it was my definition of research subjects as Palestinians that was considered to violate the principle of objectivity. They demanded that I refer to them as 'Arabs' using the supposedly unbiased proper practice that avoids the political contamination of the hospital's neutral space.

Similarly, in Hospital Z, Professor R's pride in his "blindness" is yet another rendition of the Hippocratic bubble he attempted to shield. He confidently indicated that he has "principled disagreement with the definitions" of my study. My clarifications, contending that these are not "my" definitions but the acceptable convention in anthropological literature, could not convince him. Professor R rebutted my argument, saying that a researcher who looks into Palestinian physicians' experiences in the hospital constitutes a threat to the "fabric" of the alleged utopia of coexistence within this bubble. When confronted with my proposal to undertake such research, HCs were thus challenged with a double risk: acknowledging Palestinian nationalism and breaching their institution's political neutrality, which they consider very real and pragmatically crucial.

**Protecting the (Jewish) Nation's Health**

Being Palestinian in the hospital is considered a double offense. It risks the hegemony of Jewish nationalism and contaminates the allegedly neutral, politically sterilized medical sphere. These risks, however, were not posed to the research subjects whose wellbeing HCs are appointed to protect. While HCs cannot deny research altogether, but request revisions and resubmissions, the committees in hospitals X and Y were using everything in their power to postpone and, one might guess, dissuade me from conducting it in their institutions. Hospital Z's HC, however, made the extra effort of directly involving the institution's executive management, mobilizing it to explicitly deny my access. Ostensibly mechanisms for the protection of human rights, these committees exerted their power to serve their institutions and state ideology.

Importantly, one should not consider the Israeli HCs' acts of censorship as exceptional cases of administrators who betrayed their role as the protectors of ethics.

Viewed within the conceptual and institutional contexts that laid the groundwork for such abandonment of the research subjects, their actions reflect much broader processes of delegitimization.

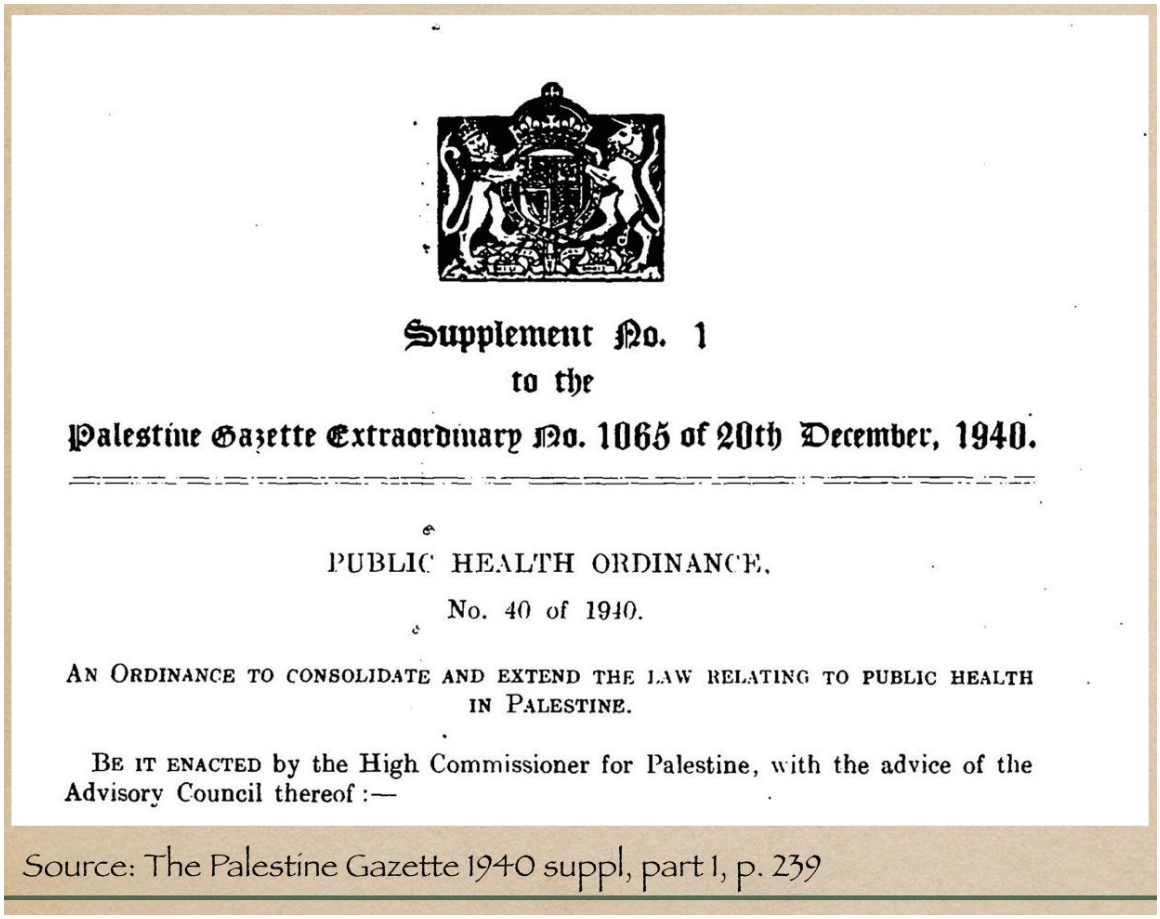
A carefully drafted and continuously updated and revised text, the Declaration of Helsinki aims to make research with human subjects ethical and safe. It provides rules and regulations according to which Helsinki Committees operate in local national contexts. As discussed above, since its inception, the DoH has addressed the protection of research subjects by considering risks and benefits in relation to individuals and the collective. Within this trade-off matrix, risks are perceived to be posed to the individual and benefits are to be gained by the collective. However, the DoH addresses individuals as 'global subjects,' devoid of political subjectivity and detached from their sociopolitical context. Similarly, the collective is perceived as a depoliticized patient interest group and not as a community with political agendas and collective interests. The role the researcher plays in this matrix is one of potential perpetrator. Thus, research ethics ought to carefully safeguard that the researcher does not put the individual at undue risk.

Within this void, created by the DoH's disregard of research subjects' political subjectivity, the three Israeli HCs came to evaluate my study in which the political subjectivities of "research subjects" were central to its articulation. These individuals were presented, in the research title no less, as members of a political community with national claims. The HCs themselves assessed the study as posing no risks to individual research subjects. However, in a society in which Palestinian nationality is silenced and crushed, the study had the potential to benefit the community by providing a modicum of visibility and legitimacy. The researcher came with an intention to advocate for this community (cf.

Fluehr-Lobban 2012:109, Hodge 2013:292). In a sense, the HCs were trying to come in between the anthropologist and their Palestinian colleagues who were willing to collaborate for the betterment of their community.

But the DoH is by no means a binding universal document with an all-encompassing authority on local HCs. Research committee functionaries operate in local political contexts and are embedded in local social hierarchies and power struggles. Indeed, in a partial deviation from the DoH perspective, in the Israeli bioethical context, a consideration of a community's political needs is not uncommon. As early as the Ottoman era, the founding of a British missionary hospital in Jerusalem in 1844 was confronted by the small Jewish community in Palestine with a dilemma: the only source of modern medicine in the region had a declared goal to Christianize the local community. Intense, even violent, disagreements eventually led the Jewish community to boycott this institution, with the heavy price of compromising individual community members' health. Religious and political leaders announced that "the life of the nation" prevails over the "life of the individual" (Navot 2003). More recently, in a commentary for the New England Journal of Medicine, Professor Shimon Glick (1997), who was a dean of one of Israel's four medical schools contrasted "Western" and "Jewish" bioethics. According to Glick, the Western approach sanctifies autonomy while the Jewish approach emphasizes human life and "mutual responsibility" (*arvut hadadit*): "These two contrasting approaches represent, on the one hand, an individualistic view of society, and on the other hand, a perception of society more as a community, even a family." He clearly demarcated the boundaries of this community by asserting: "All Jews are responsible for each other's deeds" (Glick 1997:955).

Similarly, in 1980 when the DoH was instantiated in Israeli law, it was titled takanot briut ha'am – the People's (or Nation's) Health Regulations. Originating from the 1940 British Mandate for Palestine's "Public Health Ordinance" (Figure 2.2), the Hebrew term 'A'm' (nation/people) came to replace the British 'public' in referring to the collective it protects. Thus, Israeli state regulations employ the same logic of the British Mandate in protecting the Jewish collective, 'A'm Israel.' However, what could be reasonable during the times of the British rule when the Jews were yet one community under a colonial rule, cannot persist in state regulations which also hold responsibility for its non-Jewish citizens.



Supplement No. 1
to the
Palestine Gazette Extraordinary No. 1065 of 20th December, 1940.

PUBLIC HEALTH ORDINANCE,
No. 40 of 1940.

AN ORDINANCE TO CONSOLIDATE AND EXTEND THE LAW RELATING TO PUBLIC HEALTH IN PALESTINE.

BE IT ENACTED by the High Commissioner for Palestine, with the advice of the Advisory Council thereof :—

Source: The Palestine Gazette 1940 suppl, part 1, p. 239

**Figure 2.2** British Mandate for Palestine, 1940 Public Health Ordinance, The Palestine Gazette: Official Gazette of the Government of Palestine. 1940 suppl.,part 1 p. 239

The Israeli HCs thus act in a political context in which a community's interests and needs can be considered meaningful. It is not only the human body that is protected but also the body politic. The bioethical deliberations since Ottoman Palestine, through the British rule and Israeli state regulations acknowledge the Jewish community's well-being, sometimes at the expense of individual lives. But, collective rights were only ever considered for the Jewish people. Within the Zionist zero-sum-game, one cannot adhere to the national interests of Jewish Israelis while acknowledging Palestinian citizens' national claims and collective rights. The health system is an atypical sphere where Palestinians and Israelis work side by side in a somewhat agreeable fashion. But this "fabric" is contingent upon the erasure of Palestinian nationality, a stance that is considered a political containment of an otherwise "neutral" space.

While HCs' mandate is ostensibly to monitor and enforce ethical standards in research with human subjects, all three committees were actually practicing political gatekeeping. Through repeated requests for revisions, an insistent warning to a professor colleague that "nothing good is going to come out of this," the outright overriding of a chief physician's authority, and having the research refused by the institution's senior management, these HCs acted as political censors. This form of censorship, I contend, is particularly harmful and thus requires careful inquiry.

First, this is a form of gatekeeping which is unconstrained and overlooked. HC's censorship is predicated on their unquestioned authority which draws on the convergence of two powerful regimes of truth: 'health' and 'ethics.' In a context where 'health' is considered an unqualified good, hospital ethics committees' decisions are rarely scrutinized, let alone contested. But if we wish to employ a critical perspective on health discourse and its ways of

obscuring inequality and power structures then we must "dethrone health from its position of false neutrality" (Kirkland 2010:198) and consider the doings of those who act in its name. Furthermore, acting under the guise of 'ethics,' adds yet another layer of unquestioned alleged benevolence. Ethics committees operate behind masks, protected by the formalities of bureaucratic technicality and classified discussions (Katz 2007). In their position as protectors of individuals' rights, HCs acts of censorship are articulated with a moral tone that avoids public inspection and opposition (Hamburger 2004).

Finally, and more importantly, when ethics committees practice erasure of political subjectivity and censorship, they not only limit academic inquiry but also redefine, in political terms, the realm of the moral. In practice, this amounts to defining counter-hegemonic narratives as 'unethical.' In this sense, they are, quite literally, fulfilling the Israeli state's interpretation of the Declaration of Helsinki, and its local aim to protect the (Jewish) nation's health

# CHAPTER III

## SELECTIVE NEUTRALITY: PALESTINIAN PHYSICIANS AND THE EVASIVENESS OF POLITICAL NEUTRALITY

Haydar was a young brilliant resident at Freund, a big public hospital in the Tel Aviv area. When I started doing fieldwork in internal medicine department "C," he was 8 months into his residency, and he immediately caught my attention. The following is a section from the field notes I took on my second day in the department:

> Dr. Shoham, the deputy chief physician calls Ahiya (resident) on the phone and scolds him for not showing up on time for the morning meeting. We've already started and Hassan (resident) presents now in fluent English the second patient for the day. Shoham provides some more details on the patient in a broken, hardly comprehensible English. Ahiya enters the conference room and sits quietly. Haydar enters, he is considerably late, and says in a loud voice "good morning." With him enters Shafiq (resident). Shoham half-apologetically admonishes them. Haydar is confrontational and answers aggressively that he's been here for 15 minutes. Shoham says that they just cannot wait for everyone every morning to attend the meeting. Haydar (irritated): "what's up this morning?" Shafiq: "I was doing an ACG, it was either doing an ACG now or a straight line later (meaning the patient would die). Shoham: "I don't think that you, and Haydar, and Assaf (resident) were all doing ACG." Haydar gets aggravated, sits next to the computer and enters a patient's file, he says: "I had to talk to someone from the management for 15 minutes." Shoham: "let me know then." Haydar (sharply): "How? Send an email?" Shoham: "text me" Haydar, annoyed, says again: "what's up this morning?" turns to the computer and start presenting the patient.

Researchers have noted the "elitist position" of the medical profession in Israel (Shuval and Anson 2000:210,393-4) and the strict hierarchical structure that characterizes the Israeli medical sphere (Weiss 1993,1997). I was thus rather surprised to witness what seemed like an un-hierarchical working environment. Shoham, the Jewish-Israeli senior physician, struggled to uphold his authority over Haydar and Shafiq, two young Palestinian residents.

Shoham's frequent looks in my direction, the outsider, who entered their intimate space, writing in a field diary, made it clear that he was aware that he was failing to show an upper hand he did not have. I was intrigued by Haydar's and Shafiq's confidence and sense of comfort in their workplace, especially since they stood their ground while Ahiya and Assaf, two Jewish-Israeli residents quietly ceded.

But in a later conversation, Haydar revealed that he was much more hesitant and anxious before joining the department:

> A person entering a group of [Israeli] Jews must get a sense of the stereotypes they have in their minds, and you cannot know what stereotypes they have in their heads. It's scary. I mean, before you get to know a person. And then he might say that he's a leftist so you're relieved, you get me? I mean, I don't have to be right… I don't want to say that I'm always in the right, but you know, I want to know that he holds some of the values I consider worthy. You know... that he can be fair towards Palestinians for example… but when you enter a department, go figure how X, Y or Z think.

As prevalent in public discourse, Jewish-Israeli physicians depicted in interviews the health system as unmarked ethnically or "culturally." It is a place where citizens from very different backgrounds in Israeli society work together, a space of medicine, science and care. But for Haydar, as for most Palestinian medical students and physicians I talked to, the health system is first and foremost a Jewish-Israeli space. And it is not only the "cultural" characteristics of the system that estrange young Palestinians who take their first steps in it. Haydar's concerns were with the national-political tension that is part of a Palestinian's encounter with Jewish spheres. He was aware of the deep hatred and mistrust many Jewish-Israelis have toward Palestinians, and worried that he will not be treated fairly. "It's scary" he says. He went on to talk about the barriers young Palestinians overcome as they interact with Jewish-Israelis in the medical sphere:

> Then you need to get a residency, to get in, to be part of a team, just like you see in our department. To be a part of a team… listen [it's not easy] ... there's the boss and other residents, coming from the Jewish sector, that is a sector that you… I'm not talking only about myself here, let's say Ahmad who grew up in [his village] until he was 18, he then studied medicine somewhere abroad, and now he's back. And he's sent now to Freund … oh my god! And now his colleague is someone who flew an F-16 for five years, a very talented person, with great responsibility, he dwarfs him in every aspect! But maybe not in the medical perspective. This Ahmad can be head and shoulders above him medically speaking, and there's a big chance that he is. And then Ahmad can hold his head up high, this is where he can rise up, he has no other entry ticket. He's an Arab after all. And the fact that his father owns a Mercedes, that's not an entry ticket. And later they will get to know each other, but Yochay will not say hello to Ahmad. Unless Yochay begins to realize that he is dealing with someone who knows some medicine, and their common ground is medicine.

Palestinian medical students, interns and residents articulated very realistic views on power relations in the medical system. They do not assume that entering the medical sphere will grant them any sort of protection in the form of political neutrality. In Haydar's (not so fictional) story, Ahmad is featured as a generic Arab figure, possibly in an attempt to distance himself from revealing his own anxieties, or to make the case for a shared Palestinian experience.

Indeed, Haydar voices concerns that many of my Palestinian interlocutors had, as they applied to medical schools and in every step of their career. Ahmad, who, like Haydar, comes from a village in Israel's social and geographical periphery, knew very little about Jewish Israeli society prior to his appointment in an overwhelmingly large Israeli public institution. As many other Palestinians (Haydar included), who are discriminated against in admittance to medical schools in Israel (cf. Arar and Haj-Yehia 2013), he received his training abroad. And unlike those Jewish Israelis who travel abroad for medical training, Palestinians find it significantly harder upon their return to pass the qualifying license exams in Hebrew, a language they were never fluent in and from which they were away for seven

long years. They have very limited language skills in medical jargon, as well as in written and spoken Hebrew. Being away for so long, and with limited social networks among the Jewish-Israeli elite in senior positions, they are also faced with greater difficulties in finding an appropriate residency. Finally, as they do enter the system, they are much younger than their Jewish counterparts who already underwent two-three years of compulsory military service.

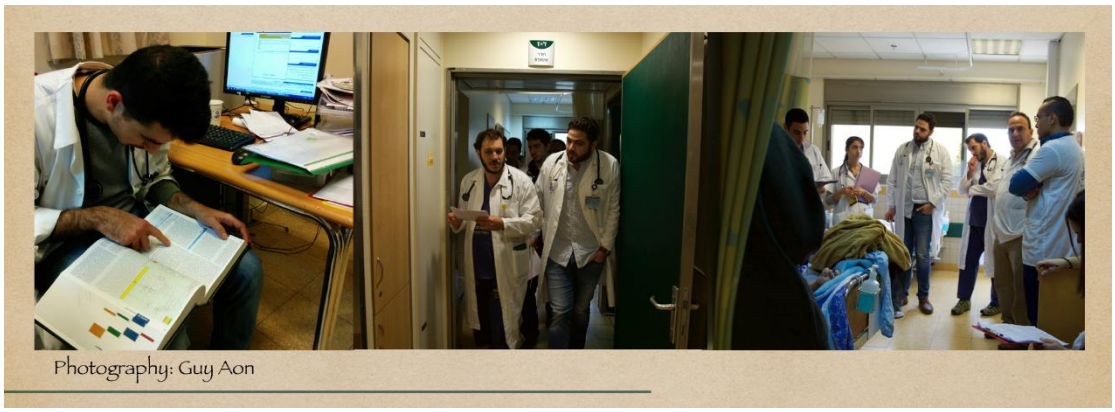



**Figure 3.1:** Physicians at work

Bearing this structural disadvantage, Ahmad meets Yochay who, in Haydar's story, signifies his Jewish-Israeli mirror image, with a sort of a 'salt of the earth' generic Hebrew name. Ahmad, like Haydar, is seeking an "entry ticket" to Jewish-Israeli society, to be accepted as equal to his new work team. Some of the entry tickets that worked out well for Ahmad in the past, in Palestinian settings, such as his father's Mercedes (maybe of the same model as Haydar's father real-life Mercedes), do not seem to impress the Yochays of the hospital. Ahmad is unnoticeable. Yochay does not acknowledge his existence by so much as "saying hello," even as they get to know each other. But then Ahmad proves himself worthy of Yochay's attention. It is his medical knowledge that serves as an objective meritocratic image that is Ahmad's entry ticket. For Haydar, the health sphere is anything but a leveled playing field for Jewish and Palestinian physicians. Nevertheless, medical knowledge can

form a “common ground” that has the potential to neutralize political differences, suspicion and difference.

**“Respecting while Suspecting”**

On a September morning I was shadowing Ahiya on his morning rounds. Ahiya, a Jewish-Israeli doctor, was in his fourth month of the residency, ill at ease and very insecure and anxious about having such responsibility for patients’ health. Most rooms in Internal Care C ward were shared by three patients of the same sex. We entered room number 2 to attend one of Ahiya’s patients as one of her roommates, Aviva, a 70-year-old Jewish cancer patient, seemed displeased. The following is an excerpt from my fieldnotes:

> “What about me?” Aviva asked Ahiya. He responded that her doctor will soon come by to provide all the details. She pulled a discontented face. Ahiya asked if there’s any problem and Aviva said no. He sensed that she’s still uneasy so he explained in short about the examination she will need to go through. Aviva said she doesn’t understand. Ahiya replied that Haydar will explain everything on his visit. She pulled more of a face. Ahiya said that it’s much better that her attending physician will explain everything as he will be the one to perform the examination. She was a bit startled. “Can he be trusted?” she asked, and Ahiya responded patiently: “certainly, he is one of the best physicians we have here in the department.”

Knowing Ahiya’s and Haydar’s reputation in the department, I was quite surprised to see that Aviva questioned Haydar’s skills and seemed to prefer to be assigned to Ahiya’s care. I did not know how to make sense of Aviva’s mistrust of Haydar, who was clearly much more knowledgeable and skilled than Ahiya, and, whether the fact that one is Jewish, and the other Palestinian played any role in that mistrust. A week later I was talking to Haydar and asked him if he had any difficulties with Aviva from room number 2. He laughed and said that they “didn’t get along” in the beginning but now she adores him. I did not understand. He said that the other night Aviva had to have fluids drained from her lungs and

Ahiya was the physician-on-call. He could not perform the procedure and Haydar had to do it when he arrived the next morning. Since then she adores him. He then said braggingly: "you know what, come with me on Tuesday, we will both enter the room and you'll stand quietly and listen. Don't move, just stand at the door and listen." We did exactly that:

> Haydar took me to room number 2 to see Aviva. I was standing quietly at the entrance. He asked: "anything new?", she answered: "nothing new. Only that I love you true love," He said: "me too" and glimpsed at me with a little smile. As we left the room he said: "did you see that change? It is as if I told her we're coming to see that!" laughing with pleasure.

Later that week I interviewed Aviva, a retired personal assistant and an IDF widow. It was her second hospitalization in the department and I asked her about her experience and her perspective on the Jewish-Arab medical team. She said:

> someone decided to create this situation where Arabs and Jews work together in one system. I don't object to that […] I accept this structure 'as is' because we all share this state where all people live. And we cannot exclude them (Arabs), we need to give them their niche, their place. But we will never be the same… there's something about the Arab nature that you can put your finger on, and they're not the same.

When I asked Aviva, an educated Ashkenazi Jew who was living in an affluent suburb of Tel Aviv, if she encounters Arabs in her day to day life, she said she never does. For her, this "structure" of a shared Jewish-Palestinian system is an "acceptable" reality. But it is a structure that is "given" by us, Jewish-Israelis to them, the Arabs, to allow them a "niche." Her use of the word "niche," is particularly telling as she never encounters Palestinians in her segregated town, workplace, places of recreation, cafés, restaurants, theaters, or supermarkets. The hospital is considered a "niche," a designated space where "we" "give" "them" a "place." Still, even in this shared space, they cannot be fully integrated, since, for Aviva, there is something about their "nature" that is just "not the same."

When I tried to understand how Aviva made sense of this "niche" that Arabs were "given," and how it is affecting Israeli society, she said:

> I don't know where this is leading to, but the mere fact that they work together with us… I think that we don't really accept their advancement, their progress, their ability to study... we always thought of them as those boneheads who do our donkey-work, some of them are super-intelligent, I think we haven't noticed that enough.

While Aviva praised Palestinians' "ability to study" and become "super-intelligent," she later qualified this statement, saying: "[an Arab] can be a super-intellectual, he can understand and know things, and to really have an intellect, [but] you can see that it is something learned, I mean, they studied it, it's not in their DNA." Clearly holding racist views against Arabs, as is very common among Jewish-Israelis (Kashti 2010), I asked her how she feels being treated by an Arab physician, she replied sharply with the Hebrew phrase: "respecting while suspecting" (*kabdehu vekhashdehu*).

When Aviva first asked Ahiya worriedly if Haydar can be trusted, she was applying the "suspecting" part of the phrase. Holding views that Arabs are genetically inferior to Jews and, that they have some sort of an "Arab nature" that warrants caution, Aviva could not trust Haydar, as a Palestinian, to perform the medical examination she needed. But this is not the Aviva who I met later, the one who wholeheartedly told Haydar that she loves him "true love."

When Haydar asked me to join him in Aviva's room, to show me how her attitude toward him changed, he was celebrating his victory over her prejudice. As he told me earlier about meeting Israeli Jews for the first time, "you cannot know what stereotypes they have in their heads. It's scary." And, it turned out that he was right. While Aviva never revealed her racist views on Palestinians to Haydar, they both said they "didn't get along" well. For

Haydar, as with his colleagues, it was his medical skills that allowed him to overcome an Israeli's bigotry toward him as a Palestinian. His win was yet another example for him proving that if he excels professionally, he can overcome bigotry and gain respect and appreciation.

That night, in her time of need, Aviva realized that putting her trust in Ahiya, the Jewish physician, and doubting Haydar for his Arabness, failed her. In the interview, Aviva admitted that "we," Jewish Israelis, "haven't noticed" that some of our Palestinian counterparts are, in fact, "super-intelligent." She acknowledged that Palestinians has the "ability to study," and this is when she applies the "respecting" part of the equation. Haydar's, and other Palestinian physicians' medical skills, proved to be trustworthy and, in Aviva's and many other Jewish-Israelis' views, worthy of the "niche" they were "given" in the health system. However, and this is worth emphasizing, while Aviva changed her mind about Haydar, her racist views about Arabs in general prevailed. My interview with Aviva was conducted after she expressed her "true love" to Haydar, still she considered him and his fellow nationals inferior genetically and suspicious "in nature."

A month passed, and Aviva was hospitalized again. Haydar and I entered room number 5 where she was lying unconscious with a few family members around:

> Everyone is speaking about Aviva in past tense. Her son tells Haydar: "she really loved you." Haydar responds gloomily: "yes… she was loved here by everyone." I said goodbye to Aviva's daughter, and said that I hope to see her here again tomorrow. She said that she hopes not, as Aviva is suffering too much and "had enough." She told me that Aviva was very proud that I interviewed her, and added "you noticed how sharp her mind was till the very end right?" I nodded sadly.

Two days later, Rotem the intern casually mentioned during the morning meeting that Aviva from room number 5 passed away the previous night.

*Demographic Balance*

Haydar's medical skills served him to constantly prove to his Jewish colleagues and patients that he deserves their respect and appreciation. In fact, Haydar, Hassan, Shafiq, and Fadi who were all Palestinian residents in Internal Care C while I was doing fieldwork in the department, showed exceptional professional skills and were highly appreciated for their expertise. This is, of course, not a coincidence. Palestinian physicians acknowledge that they must perform better than their Jewish counterparts to gain their supervisors', colleagues' and patients' respect.

I asked Professor Norman, the chief physician, if he had any deliberations in hiring four Palestinian residents to his department, he said: "I cannot say that I didn't have ethnic doubts as I recruited them, if you only hire physicians from the Arab sector, Jewish guys (*hevre yehudim*) may not want to come here anymore." Indeed, this concern came up in conversations I had with many of Internal Care C's staff, secretaries, nurses, interns and physicians. In fact, they all went on to mention the same case, which happened a few months prior to my arrival to the department. A woman intern who was highly appreciated by everyone, and whom everyone hoped would join the department as a resident, eventually took an appointment in another department. She told Norman as well as to her other Jewish colleagues that her main reason for not taking up the position was that there were "too many Arabs in the department." Assaf, a Jewish resident, told me: "you can sympathize with her, right? She doesn't know them, and sees that they all speak Arabic… so she preferred some other place."

"With Fadi I had a real dilemma," Norman told me in an interview, "if I hire him, he'll be the fifth Arab resident I recruit." But it was Fadi's professional credentials that tilted

the scale: “then I said to myself… the hell with it, he was at the top of his class in [a prestigious medical school], how can I not hire him? Just because he’s… I don’t care!” According to some of the department staff, Norman’s “ethnic doubts,” go both ways. In a WhatsApp communication I had with Shafiq, a Palestinian resident, (Figure 3.2), he wrote: “I think that Ahiya is an unfortunate dude. [Norman] brought him [here] from [hospital X] not knowing anything about him. What’s his worth. Between you and me, I feel like he was brought here for demographic balance. I shouldn’t say that, but that’s my opinion.”

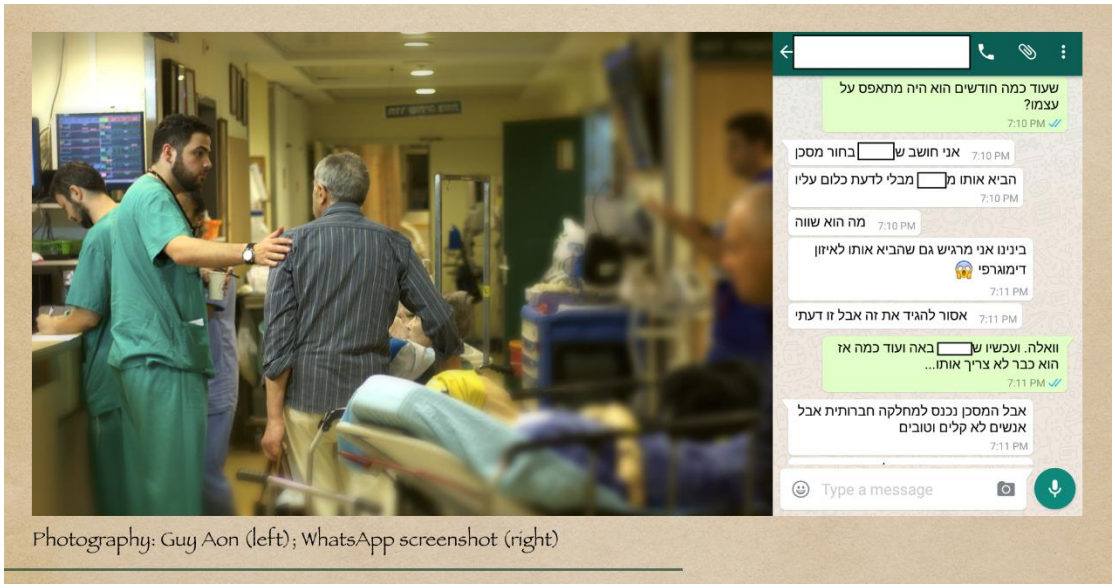



**Figure 3.2:** Night shift (left); WhatsApp communication with Shafiq (right)

In interviews, both Jewish and Palestinian chief physicians shared with me their concerns that they need to maintain a “demographic balance,” when deciding whether or not to hire Palestinian physicians. The term they use, “ethnic doubts,” is presumably perceived to be less politicized, alluding to ideas of “diversity” but is certainly said with cautious as its racist ‘tone’ is all too apparent. Palestinian professors were especially worried lest their department will be stigmatized as the ‘Arab department,’ a reputation that will make it much

more difficult for them to recruit Jewish residents. Norman told me that for most chief physicians "they say, we have one Arab resident, that's enough, we've done our share." But, as he admitted, it is challenging to attract high-grade physicians to specialize in internal care, and his relative tolerance made it possible for him to recruit excellent residents. Haydar, Hassan, Shafiq, and Fadi were lucky enough, then, to be given a niche inside a niche, so to speak. Their admirable professional skills earned them a way in to Freund, a big prestigious hospital in the Tel Aviv area. "They know that through Freund they can integrate into the system," said Norman, well aware that Palestinians face this sort of "ethnic doubts" wherever they turn all over the health system and that specializing in the reputable Freund will be particularly facilitative.

**Colleagues, Not Friends**

Given this "niche," in the Israeli health system, Palestinian physicians share a workplace with their Jewish colleagues. In conversations, Palestinian and Jewish-Israeli physicians and medical students emphasize that bi-national working and learning environments are in general adequate and friendly. However, almost none of the people I have been talking to have social relations with colleagues from the "other side" of the national divide. The common description Palestinians and Israelis provide is: "we get along great, but we never have a beer together." This is especially visible in the two departments in which I conducted participant observations and in the medical school cohort I followed closely.

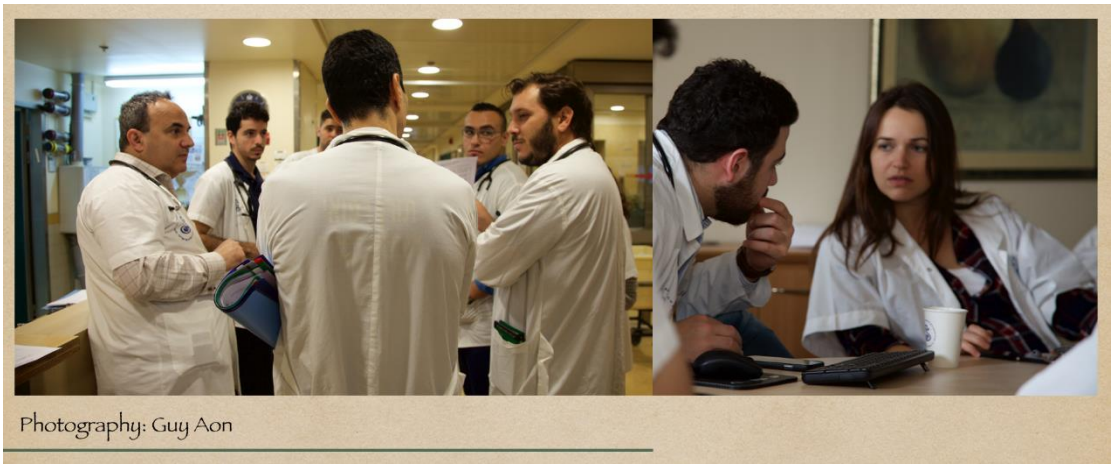



**Figure 3.3:** Consultations

Doing fieldwork in internal care C, it was clear to me that the Palestinian residents felt at ease and considered the department their home court. But as time passed, I noticed that their communication with their Jewish colleagues is rather limited to professional and department specific topics. In conversations, the Jewish and Palestinian residents all stressed the friendly work environment and the fact that they get along well. But across the national divide, these collegial relations were just that, professional and collegial. In contrast, the four Palestinian residents, who resided in different towns, became good friends, spent vacations together, got together after work for coffee and smoking hookah and so on. Ahiya, another resident who was relatively new to the department, described feeling a bit "out of place." He told me in an interview that he got a sense of this divide early on. The Palestinian residents are close friends and he felt that they formed a sort of a clique, "they meet up, go out together, they hang around with the same girls, so naturally they're getting closer." This was especially noticeable for him when he had a clash with Haydar a few weeks earlier:

> You know… they can speak a language I can't understand, and they usually don't do it, they speak Hebrew all the time. But if they start speaking Arabic between them when I'm around, then I say to myself "oh... something's wrong." And this happened when I had that recent clash with Haydar.

*Hassan's Wedding*

On a departmental weekly 'journal club,' Norman commented on a student's presentation, saying: "one of the causes for this condition is a sudden traumatic event. It can be a death of someone close or a wedding," everyone broke out in laughter and looked at Hassan, a Palestinian resident, who was smiling in acknowledgement. When Hassan's long-awaited wedding was approaching, everyone in Internal Care C was excited. It was the talk of the department for a few weeks before the event. One morning, Shoham, the deputy chief physician came to me excitingly. The following is an excerpt from my fieldnotes:

> "I have to show you something," he said, and told me to follow him to his office. He triumphantly presented an envelope with Hassan's wedding invitation. I already saw the invitation a few days earlier, but I acted surprised. He was really proud to have it. I asked him if it's customary for residents to invite the whole team to their weddings, and he said: "not for the Arabs. We once had someone who invited us to a wedding in [his town in the West Bank] but when he realized that we're actually planning to attend, he said that it might be a problem and he doesn't want people [from his town] to be angry and ruin his wedding."

Shoham's excitement was genuine. He really was happy to be invited to Hassan's wedding as a friend, not only as a colleague or a boss. But he was also happy that he could show the anthropologist that social relations between Palestinians and Jews in the department go beyond the professional. As Norman told me joyfully later that day in the hallway: "you see, there's a spark here of proper life and coexistence!"

But when the big day arrived, Ahiya was the on-call physician for the night, and Julie, Yaniv, Shoham, and Rotem the intern just did not show up at the wedding. When Assaf and I arrived at the wedding hall, Norman was there, and he asked Assaf where Yaniv and Shoham were. He was disappointed that we were the only Israeli-Jews to arrive. The department's Palestinian residents and nurses were there and were very happy to see that Assaf and I

attended. They all greeted us warmly and each and every one of them made sure to ask if we were served enough food.


**Figure 3.4:** Hospital cafeteria (left); Hassan's wedding venue, before the event (right)

I was surprised to see that Shoham did not attend the wedding reception since he was so excited to show me the invitation he received. Yaniv had already told Assaf and me that morning that he was not planning to come because he is afraid to travel to an Arab town in these tense times. When I asked Assaf why Shoham was absent, he said that "he said he's very busy with family related stuff." In an interview, two days after the wedding I asked Shoham why he skipped Hassan's wedding. He laughed, "I knew you're going to ask me that," and he said:

> I made up a reason, an excuse, and I didn't go. Not because I didn't want to go, it's just that these days… with all the knifing going around, to make that trip, and enter [Hassan's town]… My wife was too scared. […] I would have gone, with worry, ready for whatever might happen… I mean, I said to myself, if I'm not going then I'm not supporting this issue of relations with Arabs? I do support! And if I'm not there, what will people think? It won't look good. [..] so I ended up not going. Is it because I didn't want to go? No. I wanted to go. Is it that I'm not used to being around Arabs? I *am* used to being around Arabs, there are a few here in the department, and during my military service I was sharing a room with a Bedouin 'tracker' for a year and a half. And I visited some places, with friends… but at this time of knifing, I was too afraid to go there, I mean… it was more my wife that was scared… because of her I didn't go… otherwise I would go, but I would go knowing that there is a chance I'm not coming back.

Shoham acknowledged that being a guest in Hassan's wedding had greater significance than attending any other everyday social event. He wanted to go in order to prove a point, that he supports "this issue of relations with the Arabs." This was an opportunity to be a friend to Hassan and not only a colleague. That is why he was so proud to show me the invitation. He wanted to show the Jewish-Israeli anthropologist who came to study Jewish-Arab relations in the department, that friendships are possible. But, like other Jewish-Israelis in the department, and in the general population, entering a Palestinian town is considered a risk. Shoham was willing to go and support Jewish-Arab relations, but he was afraid. Even though he is "used to being around Arabs," he would have gone knowing that he might not come back home safely. But being around Arabs in the department during the day is one thing, and crossing to Palestinian space in the evening is another. Internal Care C is indeed an exceptional space where Jewish and Palestinian physicians work together, and they get along very well. But Palestinians' medical skills, which grant them the "entry ticket" to work in Israeli spaces, are limited to the professional sphere. At the same time and in the same space, there are barriers structuring these interactions that correspond to the national divide. These barriers are not only "cultural" in the form of language or "hanging around with the same girls;" they are deeply rooted in fears, suspicions, and a sense of otherness.


**Figure 3.5:** Pizza in the breakroom (left); Hassan's wedding (right)

When Assaf and I left Hassan's wedding venue and headed back to Tel Aviv, two Palestinian men asked us if we are leaving down south. When Assaf said that we are, they said: "be careful at the junction ahead, some guys got into a fight there with people from [the next town] and now the police will probably come and close the road." We asked if there's another way out and they said, "just go through there but go straight to the highway." When we reached the junction, there was nothing there. Not even a sign of a fight. I was not sure if we missed it, or if these guys just wanted to make the two Jewish guests' way home a bit more dramatic.

*Omaira's Secret Jewish Friend*

I attended a few lectures and interviewed six of the dozen Palestinian students of the second-year cohort in one of Israel's five medical schools. They study together with over a hundred Jewish-Israelis. They go to the same classes, take exams together and were even teamed up by the school in mixed working groups. These groups are carefully "mixed" so there are only one or two Palestinian students in each group, together with some ten Jewish-Israelis. Still, there are almost no social relations between the small Palestinian group and

their Jewish classmates. In an interview with Omaira, who was 20 years old at the time, she said:

> I have a good friend, a Jew from our class. This is really complicated. I think that this is the most complicated thing in my life. The thing is, we're 12 [Palestinians] and somehow, we really can't make any contact with them. I don't know what the problem is… maybe it's the language issues… I convince myself that it is. But it's not.

While Omaira was very forthcoming and frank as she told me about her Jewish friend, she did not want to reveal his name to me. In fact, they made sure to keep their friendship in secret from their Jewish and Arab friends.

> We're really good friends but let's say that our friendship is "extracurricular," in class I'm with my friends and he's with his friends, and it's weird. I can't really get it […] I mean, we talk for hours but when we're in school it's like "hi" and "good morning" and that's that.

Omaira "can't really get" this divide that they experience in their cohort. She tells me about a class she took in Germany in which she experienced no such divides. She connected freely with non-Arab classmates, "it was so much easier, it's just different. It's like that the entire world is one thing and here it's something else." She then explained:

> It's just that you grow up with Arab friends, family, you don't… that's the problem, they don't raise us to be in such a place, and my [Jewish] classmates also don't know how… so we're suddenly twenty something years old, thirty even, we're all in the same class but we just don't know… we don't know how."

Omaira comes from a town in the Galilee and I was wondering if she feels that there are similar barriers when she tries to connect with a Bedouin classmate from the Negev, or someone who is more religious than she is.

> Even if she's from the south, even if we have different accents in Arabic, and we do, it has no effect. But when you grow up they define that [Jewish] person for you, that he's on the other side. It's a mistake because then you get here and understand that he's not. I don't want to say that it's too late and that there's nothing left to do about it, because it's not the case. But this is the general feeling. They constantly define you and the side that you're on, and that is the

> other side. I mean as if it's an entirely different world… and then you come here and realize that it's not so much the other side, but… all those years…

Young Jewish and Palestinian students share their interest in medicine, and the intensive experience of medical school. Most of them live in close proximity to the university and they all speak fluent Hebrew. Yet, there are barriers between them that do not allow for friendships and social relations to form. These barriers are so powerful, that the one connection that crossed them, is kept in secret. Omaira wanted to believe language issues are to be blamed, she tried to "convince" herself that this is the reason for the unbridgeable gap between the two groups, but she knew it was not. Communication with non-Arabs is certainly possible, but not here, "the entire world is one thing and here it's something else." This gap, that for Omaira is especially painful, is not unbridgeable because there are deep cultural differences. It is the definitions that she feels that are imposed on her, definitions of who is on her side and who is on the other. Omaira, who is a secular young woman from the Galilee, might have very few in common with a religious Bedouin woman from the Negev. But reaching out to her is making in-group connections, and not extending a hand across the Jewish-Palestinian divide – a divide that she was raised to believe splits between her and an "entirely different world." Omaira felt like she had not been given the tools to cross that gap, "to be in such a place." Now that, for the first time, she shared the same space with Israeli Jews, and realized that "it's not so much the other side," it was already too late. She tried now to make the effort and befriend a Jewish classmate, but, "all those years."

A few days before my interview with Omaira, the university's Palestinian student organizations organized a demonstration against recent cases of police brutality against Palestinians at the institution's front gate. Some of the Palestinian students in class wanted to attend the demonstration and had to leave class in the middle of a lecture. They told the

lecturer in advance and she granted them approval. A few students described the incident to me and said that as they got up to leave the lecture hall, a Jewish-Israeli woman student started shouting at them, disparaging them for demonstrating "against the state," saying that they are "not loyal citizens." I wanted to know how Omaira felt when she and her Palestinian friends were attacked that way by their classmate. But she belittled the whole incident. I was surprised by her casual reaction. She said, "that person studies with me, sometimes even sits next to me in class, it's either I have a great immune system for these issues, or that I just don't feel anymore." I asked Omaira what, in her opinion, her classmate was thinking when she shouted at her Palestinian colleagues that they are "not loyal citizens," Omaira said: "That I shouldn't be here. That I'm taking a place of someone Jewish in class." When I asked Omaira how she feels about it, she just said casually: "we're twelve out of 120, half of them think that way... what can I do?"

But Omaira was also very candid about her own anxieties toward sharing a classroom with Jewish Israelis. When she was 7 years old, the October 2000 clashes between Palestinian citizens of Israel and the state occurred. "I didn't understand what the whole chaos was about, I was like, mommy! what's going on? what's going on?" Some of the most violent incidents occurred just blocks away from her house:

> It's hard to explain… imagine that you hear that the state killed two high school kids… they were in high school… so how would you grow up? With a little hatred… how would you grow up in a place, and I was very nearby, we live in the center of town, ten minutes walking distance from where it happened. So how would you grow up so close to where this happened? You would think that all the [Jewish] people are like that. Before the events, I never had any interaction with the outside world, [I thought] that all the Jews are like those who killed those kids. How would you grow up with this in mind? You wouldn't grow up well.

Omaira later told me that until a few years ago, when she drove by a police car or an army truck, she would get very anxious and even cry. The unbridgeable gap that Omaira and her classmates describe is thus rooted in national tensions, suspicions and fears. Omaira assumes that half of her Jewish classmates consider her and her Palestinian friends as taking away spots from Jewish students who easily pass the test of loyalty to the state. Moreover, she carries her own baggage to class. Growing up fearing the police, targeted by the state, Omaira told me that she feels as if "the environment lets you feel that you need to be afraid, that you're weak and should be afraid." Forming a connection that crosses this Jewish-Palestinian divide in class thus means overcoming prejudice, as well as questions of loyalty and deeply rooted fears of the other.

But within this national tension and suspicion, Omaira had a secret friend. As our conversation advanced, I started to realize that perhaps he was more than a friend: "This person, I'm sure that if the circumstances were different, something would have happened between us. But there's this thing that you know that nothing can happen. So why even try?" I asked her why she thinks that nothing could happen, and she said defeatedly "it's just not acceptable. There are all those borders between us…". I wanted to know how she experienced these borders when she was with her friend, and she said:

> These are emotional borders. The moment I reach a level in which I say to myself 'I wish this person was someone else,' and I don't usually say that, I've never gotten to such levels, but in this case, I did. Then I know I reached a border. […] I realize that this is the only thing that blocks me. This is the border. I didn't have a problem being friends with Jews, it's not even about disagreements. The border is where I started to feel like there's something going on here. So that is a border. Because before that, you don't have feelings, then what do you care? You talk, you hang out, it makes no difference. But the border is when you say to yourself, 'oh, maybe I need to think about it, maybe I should stop'… this is when you reach an emotional border, and that is it. And it goes two ways.

Omaira's relationship with a Jewish friend is the exception that proves the rule. Moreover, the fact that it is kept in secret and that it has rigid, uncrossable borders illustrates just how deep the national divide is. "Nothing can happen," Omaira said, "so why even try?" as she reached "emotional borders" that made her wish her friend was not Jewish. Omaira is only 20 years old, she is a young bubbly woman, who is excited to be living in the big city and experience student life. But these borders between her and her friend were deeply felt. This is "the most complicated thing" in her life. She managed to overcome her fears of Jewish Israelis, to extend her hand over the abyss to those who she was raised to believe are on "the other side," and to secretly connect with a Jewish classmate. But still, the emotional borders of a relationship that is "just not acceptable" defeated her. And, as she pointed out, it also overpowered her friend, as it "goes two ways."

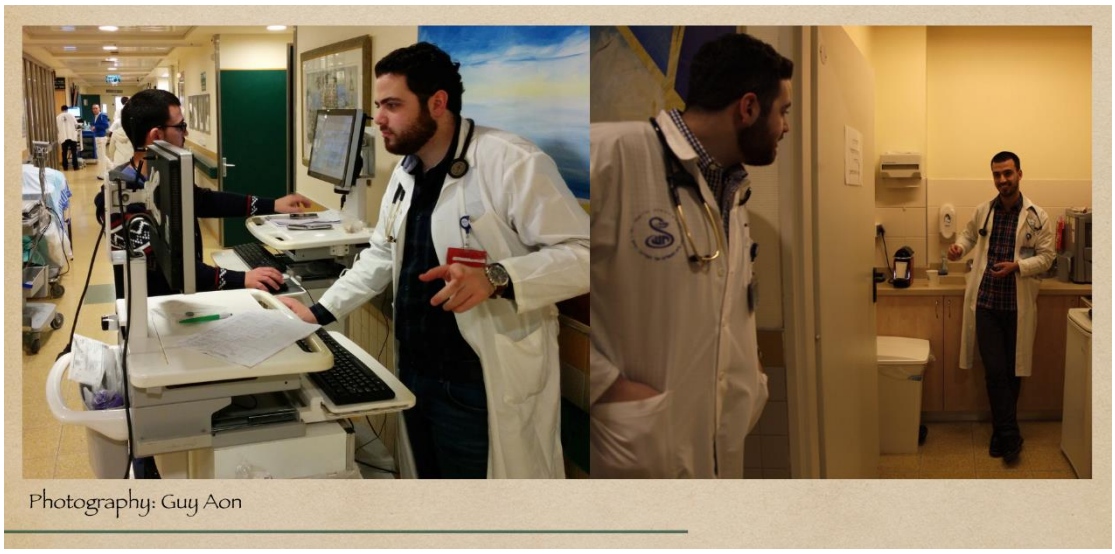



**Figure 3.6:** Working together

Jewish and Palestinian medical students and physicians share a common space. But their form of sharing is limited. They study together, work together, attend lectures, meetings, and rounds, but the borders between them remain and are felt emotionally. They are colleagues, but not friends. In Internal Care C, the working environment is extremely

friendly, and physicians communicate freely. But there are cliques; some of the physicians are close friends, and hang out together after working hours. These close relations do not cross-national divisions. And when there was an event that aimed to break the daily work routine and create an opportunity to connect socially beyond the hospital, the connection failed to materialize. As Shoham acknowledged, being invited to Hassan's wedding was an important moment in the department's life, and going became a question of "supporting this issue of relations with Arabs." But for most Jewish-Israeli physicians in the department, crossing into Palestinian space was too intimidating. Having professional relations with Palestinians in the safe space of the hospital was one thing, but driving into a Palestinian town was another. Similarly, sharing class notes, or sitting in class next to each other is common in a mixed Jewish-Palestinian medical program. But Omaira, a Palestinian student, carries with her into class the memories of the Israeli police brutality that she experienced in childhood, and suspects that the Jewish student who is sitting next to her considers her to be taking a seat away from a loyal Jewish citizen. The social divide is so explicit, that in the rare case of a cross-national friendship, it is kept in secret. A friendship, pioneering as it may be, still faces "emotional borders" that are frustratingly unbridgeable.

The unfulfilled relationship of this medical school version of Romeo and Juliet might also carry a potential for change. Omaira's discussion of her cross-border friendship reveals how different it is from Shoham's interactions, about which he could merely generalize that he was "used to being around Arabs":

> He once told me that since he got to know me, and I told him how things look from my perspective… he said that he had never thought that this is how I see it, or more generally, how we [Palestinians] see it, how we think, how I feel as a minority… I shared with him and explained tons of stuff… like how I feel. So I feel like I helped someone see how things look from the other side, and he told me that he now understands stuff that he didn't even know exist.

**Passive Observers**

Palestinian and Jewish-Israeli physicians and medical students thus hardly communicate on the personal level, but they still share the medical space. That this space is considered politically neutral allows for the kind of professional interactions that (to some extent) overcome suspicion and prejudice. But as much as ideas of neutrality apply selectively as Palestinians interact with colleagues, classmates, and patients, they define the medical sphere in which they work and study together. Specifically, the concept of neutrality selectively defines what is considered 'political,' and who participates in political interactions.

In Chapter two and four I elaborate on the impossibility of a non-Zionist agenda within the Israeli health system. Any position that acknowledges Palestinians' national identity and challenges the exclusivity of Jewish nationalism within the Israeli state is considered 'political' and thus inappropriate in the 'apolitical' and neutral space of medicine. But it is important to acknowledge that politics in the medical sphere does emerge, and the concept of 'neutrality' gets selectively applied. In other words, political discussion and activity within the medical sphere disregard the presence and perspectives of Palestinians.

One evening I got a text message from Haydar saying: "what's up my friend, you should have been here today. We discovered that Ahiya voted for Bennet" (see figure 3.7). Haydar added a 'smiling face with open mouth and cold sweat' emoji that I understood as saying that he was amused but at the same time flabbergasted by his colleague's political views. It is worth noting that not long before this exchange, Rabbi Eli Ben-Dahan, a deputy minister in the government, and a leading figure in Naftali Bennet's extreme right-wing

'Jewish Home' party, said in a radio show: "To me, Palestinians are beasts. They aren't human" (Brown 2015).

When I texted back asking "what happened?" Haydar responded: "lots of ridicule to Bennet's party and his monkeys." He then described a heated debate between Assaf, who is "a Meretz voter" and Ahiya. Haydar seemed very satisfied that Assaf, who voted for Meretz, a left-wing Zionist party, attacked Ahiya's views, yelling at him and "hitting him hard" in the argument. Haydar added: "You can hit Ahiya hard in every argument... and he says stuff that you're like… fuck, this guy eats his meals from channels 10 and 2." For Haydar, Ahiya's political perspective is not sophisticated and can be easily rebuked. He draws his arguments from mainstream Jewish-Israeli media ("channels 10 and 2") and thus, in Haydar's eyes, is very much uninformed in political reality.

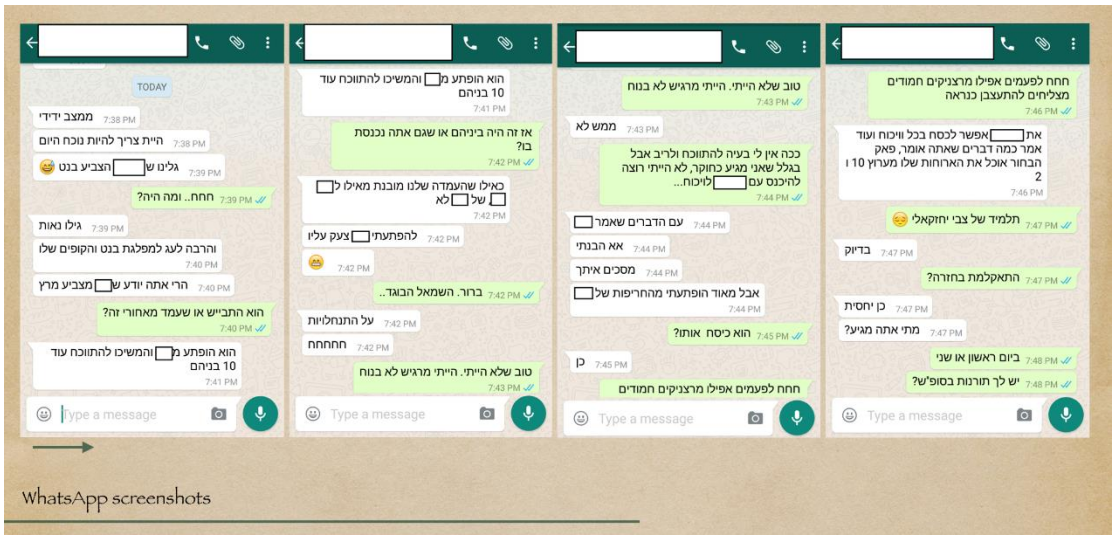



**Figure 3.7:** WhatsApp communication with Haydar

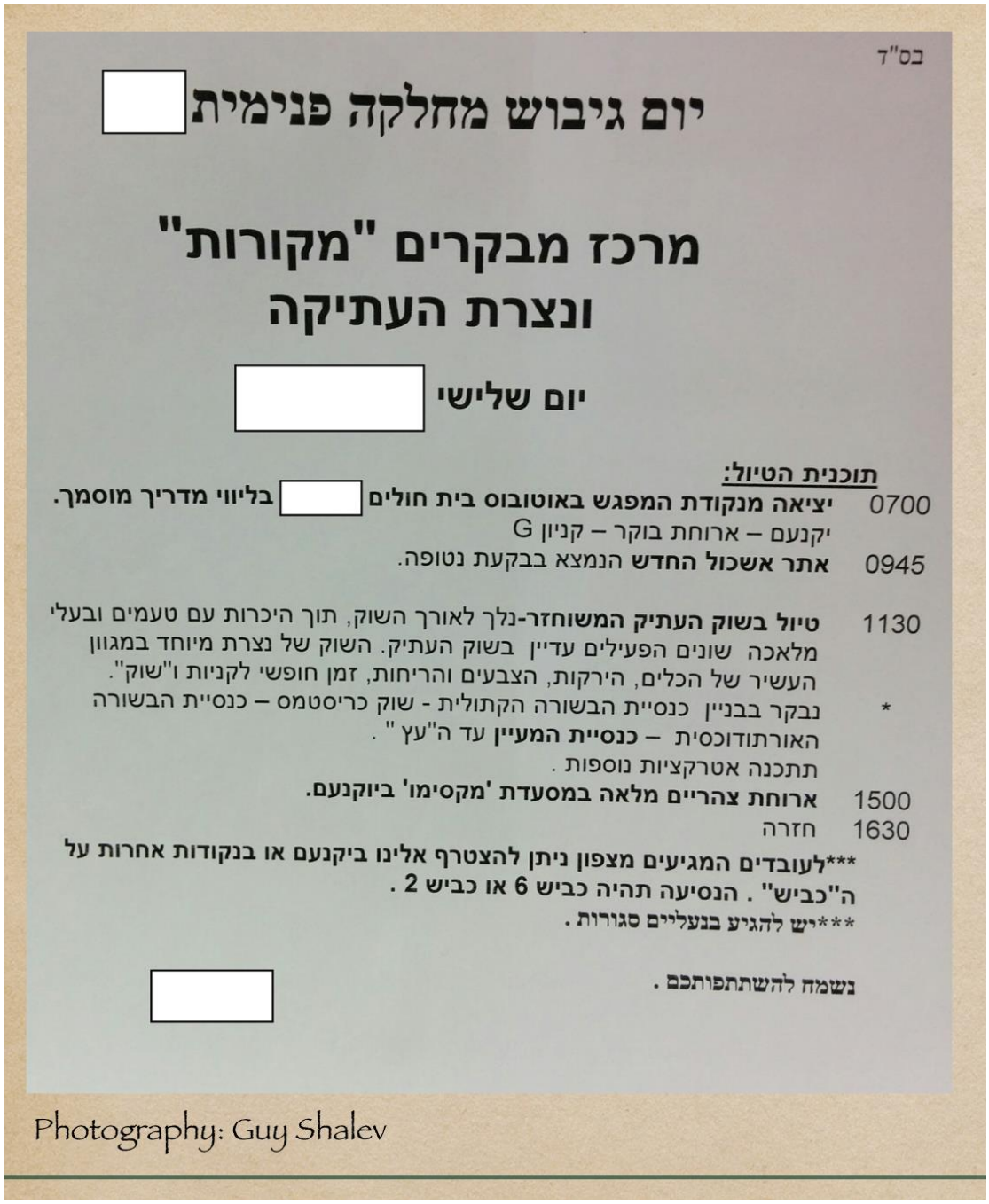
In a later conversation with Haydar, I discovered that this entire exchange between Ahiya and Assaf was in the departmental physicians' room while Haydar and Hassan were silently watching. Haydar told me: "I've never seen Assaf that way… he was really aggressive and tore Ahiya apart while [Hassan and I] were watching from the side with

pleasure." When Haydar discovered that Ahiya voted for an extreme-right political party, he wanted him to be ridiculed and attacked. He wanted the problematic, racist, anti-Arab views that are emblematized by this party to be delegitimized in his place of work. For Haydar, Ahiya's views can be easily rebuked but he had to remain quiet and hope that someone else will do the work for him. Indeed, he was very pleased that Assaf pitched-in and he was "surprised by Assaf's sharpness." As Assaf performed "lots of ridicule," Haydar and Hassan, who were unable to participate in this inner-Jewish debate, were passive observers.

*Team Cohesion at Internal Care D*

At Handler hospital, each department is granted a budget for one field trip a year for "departmental cohesion." On that day, the department works on "Shabbat format," meaning, one on-call resident together with a reduced nursing team attend to urgent matters with the support of neighboring departments.

On a sunny winter Tuesday, it was departmental cohesion day for Internal Care D. Osnat, the department administrative manager, had planned a long day of educational activities for the team. On the itinerary: A tour at Israel's national water corporation's visitor center, and a visit to Nazareth, the largest Palestinian city in the country. The department's medical team, physicians and nurses, was half Jewish Israeli and half Palestinian. The Palestinians were also split almost in half by Muslims and Christians. Thus, when I first noticed the announcement on the itinerary (see figure 3.8), I was intrigued. How "cohesive" would a day trip to an Israeli national site and to the most important Palestinian urban space in Israel, turn out to be for a bi-national team? And, how will one of the holiest sites for Christianity be presented for this religiously diverse group?


בס"ד

יום גיבוש מחלקה פנימית

מרכז מבקרים "מקורות"
ונצרת העתיקה

יום שלישי

**תוכנית הטיול:**

0700 **יציאה מנקודת המפגש באוטובוס בית חולים** בליווי מדריך מוסמך.
יקנעם – ארוחת בוקר – קניון G

0945 **אתר אשכול החדש** הנמצא בבקעת נטופה.

1130 **טיול בשוק העתיק המשוחזר**-נלך לאורך השוק, תוך היכרות עם טעמים ובעלי מלאכה שונים הפעילים עדיין בשוק העתיק. השוק של נצרת מיוחד במגוון העשיר של הכלים, הירקות, הצבעים והריחות, זמן חופשי לקניות ו"שוק".

* נבקר בבניין כנסיית הבשורה הקתולית - שוק כריסטמס – כנסיית הבשורה האורתודוכסית – **כנסיית המעיין** עד ה"עץ " .
תתכנה אטרקציות נוספות .

1500 **ארוחת צהריים מלאה במסעדת 'מקסימו' ביוקנעם.**

1630 חזרה

*****לעובדים המגיעים מצפון ניתן להצטרף אלינו ביקנעם או בנקודות אחרות על ה"כביש" . הנסיעה תהיה כביש 6 או כביש 2 .**
*****יש להגיע בנעליים סגורות .**

**נשמח להשתתפותכם .**

Photography: Guy Shalev

**Figure 3.8:** A note announcing "Departmental Cohesion Day" at Internal Care D.

The physicians arrived early in the morning, and completed quick rounds with their patients, to make sure there are not any urgent issues to attend to. Professor Nabil, the Palestinian chief physician was in a very good mood, welcomed everyone as the entire medical, nursing, and administrative team boarded the bus that waited next at the hospital's

main gate. The ride to the Galilee was very pleasant. On the bus, Yossi the guide, an Ashkenazi Jewish-Israeli in his late 60s, tried to provide some introduction to the tour. But the group was not paying much attention, and mostly talking amongst themselves. It was a good sign, I thought, and it seemed that leaving the hospital was indeed effective in forming the attempted "departmental cohesion." After a two-hour ride of chitchatting, joking, and exchange of hospital gossip we arrived at the Eshkol Visitors Center.

The visitors center is located in a large water treatment facility that is run by Mekorot, the Israeli national water corporation. It is surrounded by multilayered barbed wire fences with "no photography" signs, and a circular road on which security vehicles patrol. The facility resembles the many military bases that are scattered in this area of the Galilee. As we got off the bus, and entered the premises we had to commit to a rather comprehensive security screening. Israeli flags, and others with Mekorot's logo hung over the many flagpoles in the entrance to the newly constructed visitors center. Our group of adult professionals did not seem very interested in the "multi-sensory experience" that was designed to accommodate school trips and families with children. We passed through various low-budget audiovisual displays and an informational video to attend a lecture on water treatment in Israel.

While various environmental and hydroscientific issues were featured, the exhibition was an epitome of Zionist ideology. Mekorot was glorified for being a realization of Zionist pioneership, contributing to the "establishment of a Jewish state in Israel" and the engine leading the "flowering of the desert" (hafrakhat hashmama). With many references to Zionist ideologists and leaders, mainly to Israel's first prime minister David Ben Gurion, the

exhibition regurgitated the historically problematic claim that the Zionist pioneers brought blossom and progress to a deserted land.

When seated in a dark room, awaiting the short lecture on Israel's water system, Maryam, a young Palestinian physician in the department sat inadvertently with her back pressed against a map of Israel. During the presentation, the map suddenly lit and Maryam turned to face a map of Greater Israel. She looked at the map, and then at Ismail with a sardonic smile. Including the Occupied Palestinian Territories (OPT), unmarked, in a Greater Israel map is very common in Israel, especially in official state maps. But Mekorot's harsh violations of international law in depleting Palestinian water resources and the withholding of proper water supply from Palestinian communities while providing water for illegal Jewish settlements in Palestinian territories (Koek 2013) make the featuring of Greater Israel map in this context particularly distasteful. This impenitent nationalistic presentation of the magnificent national water corporation did not seem to go unnoticed by some of the Palestinian team members. Maryam, Ismail, and Nabil seemed particularly demoralized as they walked through the exhibition expressing their disinterest defiantly while exchanging meaningful stares.

On the bus to Nazareth, the group was reinvigorated as Maryam was especially excited to visit her home town. Her colleagues asked her about her experiences growing up in the city and about her family. When we entered the city, Maryam pointed at a Christian school building and proudly said: "this was the school I went to!" Effi, the department's Jewish deputy chief asked her if she went to an all-girls school. Maryam responded sharply: "there's no such thing!" pushing against stereotypes of Palestinian society as more "traditional."

But as we arrived at Nazareth's Mary's Well (Ain el-Adhra), Yossi the guide took over the tour and the excitement quickly dropped. Yossi began his tour with Nazareth's history, which for him, started 2000 years ago when Nazareth was a "small Jewish village." He then said, in a tone of a fairytale: "the story goes that there was a woman named Miriam" and continued to tell an abridged story of the life of Jesus. In Hebrew, he used Jesus's derogatory name Yeshu (believed to be an acronym for yimakh shemo ve zikhro, meaning, 'obliterate his name and his memory') rather than the proper Yeshua. I later asked Maryam of she found that offensive and she said defeatedly: "I don't care, it's just out of ignorance that he said it." The group was not paying much attention as Yossi moved on and explained that the name Nazareth is not mentioned in the New Testament and was only later attached to the town. Ilyas and Idris, two Palestinian Christian nurses, were getting uncomfortable in the back. Ilyas finally interrupted: "this is not true! it is written 'Jesus of Nazareth' (yeshua hanatzrati)." Yossi heedlessly replied that he did not know that, and continued with his presentation. Ilyas said quietly to the people around him: "even if no one's listening, he cannot just talk nonsense."

"Because of this story," Yossi concluded, "Nazareth is sacred to the Christians and they came here to settle." Maryam mumbled, reiterating "came here to settle…" with contempt. Yossi closed his historic introduction with: "And then many Muslims invaded (khadru) and today it's 70-30." Yossi's historical overview thus begins with a small Jewish village that is settled by Christians and invaded by Muslims who are now 70% of the city's residents. He superficially and dismissively presented the Christian story of origin and then skipped 2000 years from the time of Jesus to the present. Standing in the center of the largest and most important Palestinian city in the country, he left out important moments in the

history of the city and its Palestinian residents. Most problematically, he neglected to mention the events of 1948 which led to the fleeing of Muslim refugees from the area, on their way to "invade" the town and change its demographics to the "70-30" present.

As we followed Yossi on the road between the Orthodox church and the old market, I asked Ismail, a Palestinian Muslim who is about to complete his residency in the department, how he felt about Yossi's presentation. He just nodded hopelessly with a bitter smile. "How would he respond if you confronted him?" I asked, and Ismail responded: "I don't care what he thinks. What does it matter anyway?"

On the bus, as we started heading back south, Yossi was speaking on the microphone, telling some anecdotes on places we passed by. "There used to be a restaurant here on the Migdal HaEmek mountainside," Yossi amusingly said, "but then the commander of the military base that is down here in the valley had lunch there and noticed that you can see the entire base from its windows. The restaurant was never opened again." He laughed. The group did not pay too much attention to him.

Thirty minutes into the ride, Nabil, the Palestinian chief physician, called at the driver: "put some music on!" I was amused to hear a string of "good old Eretz Israel" songs playing through the bus speakers. This is a music genre which is sometimes called 'homeland songs' (shirey moledet) or 'Hebrew singing' (zemer ivry) that is a collection of songs of the first Zionist 'pioneers' (khalootzim), Kibbutzim's singing choirs and IDF musical bands (lehakot tzvaiyot). After a few songs about the beautiful landscapes of Israel came three consecutive IDF musical songs, celebrating the Artillery Corps and the paratroopers and Golani infantry brigades. No one else seemed to pay any attention to the music that played in the background until Effi started singing along with a baritone voice "to the life of this

people" (lekhayey haa'm haze). I noticed that Maryam was getting upset, she gave Effi a penetrating gaze across the aisle and asked: "to the life of which people are you singing?" Marine, a Jewish senior physician who was standing in the aisle next to Effi found Maryam's question provocative and answered annoyingly: "don't forget that only here you can dress like this and study medicine." Maryam remained calm, smiled and replied: "why? There are many other places," hinting that her civil rights should not be compared to Arabs in neighboring countries, as Marine's comment was implying. Effi stopped singing but Marine continued provokingly loud singing along with the music: "a country forever, a country in which we'll live, regardless of what happens." Maryam mumbled: "we'll see what happens."

When I asked Osnat about the "departmental cohesion day" itinerary, she said that Nabil asked her to be responsible for the planning and was not involved in her choices in any way. She said that she wanted the day to have "content" (tokhen) and not just a day out. It was clear to me that Osnat did not consider the "content" she chose for the day 'political.' And indeed, for Jewish-Israelis, this tour was in no way experienced as having political agenda, let alone a contentious one. For them, this was a day about water management in the country, the history of an important Christian site in Israel and an opportunity to have a nice time with their colleagues in a non-professional context.

But much like Assaf and Ahiya's political argument in Internal Care C, this content is considered legitimate in the medical sphere only as an inner-Jewish dialogue, while Palestinian colleagues remain passive observers. For Jewish-Israelis, a visit to the national water corporation is politically neutral: Entering a heavily secured military-like facility is routine; Water management as Zionist pioneership and the foundation of a Jewish state carry positive values, while the consequences these projects had for the native communities that

they destroyed are invisible. A Greater Israel map is considered "just a map" of Israel, with no recognition of the fact that the occupied territories in which water apartheid is practiced (Koek 2013) remain entirely unmarked on it. But for the Palestinian participants in this team cohesion activity, all these 'commonsensical' and allegedly politically neutral symbolic and ideological expressions are in fact markers of exclusionary Jewish nationalism.

It is not only the nonchalant expressions of Zionist ideology that are exclusionary, but possibly to a greater degree, the erasure of Palestinians off the landscape of a tour in their homeland. A visit at the most important Palestinian urban center in Israel while totally excluding their past and present in that space is an exclusionary political act. A disrespectful depiction of the origin of Christianity, a selective historical overview of the area, and a 'demographic' description of Christians and Muslim invasions to the city are all considered an apolitical presentation of Nazareth for the Jewish-Israeli guide and team members. But it was not so for the Palestinian physicians and nurses whose stories were erased.

But it is all too common for Jewish Israelis to disregard Palestinian lives and narratives, and for Palestinians to be overlooked. When the guide referred to Jesus in a derogatory way, Maryam, who is Christian, did not say anything. "It's just out of ignorance," she told me, indifferently. And Ismail, who is Muslim, did not comment on the guide's decontextualized narrative of a 'Muslim invasion,' "what does it matter anyway?" He said to me defeatedly. In other cases, Palestinian team members performed minor acts of defiance such as mumbling responses to contentious claims, talking among themselves in the back, and showing general disinterest.

On the bus home, when Maryam commented lightly on Effi's singing, she made explicit the "political." What was for Jewish-Israelis nostalgic music about the beauty of the

country's landscape, the bravery of its soldiers, and Jewish exceptionalism, seemed to be the last straw for Maryam in what had been a daylong experience of casual, exclusionary politics. But it was only when she, a Palestinian, made this unnoticed politics explicit that it resurfaced from the oblivion of alleged political neutrality—and immediately became an issue of explicit confrontation. Marine, who is a Jewish immigrant, reacted with the common Jewish Israeli response to Palestinian criticism, objecting that Palestinians are doing much better in Israel than in the neighboring Arab countries. She argued that Maryam should be "thankful" to be a Palestinian living in Israel as she is enjoying the privilege of dressing as she does and acquiring a medical education. Marine, as many Israelis who confront 'ungrateful' Palestinians, considers these to be privileges rather than basic civil rights. Her subsequent act of provocatively singing the Zionist songs aloud in response made it clear that the song was political after all. It was only when Maryam avoided further confrontation and silently observed the inner-Jewish politics, that the supposedly neutral (for Jews) song, became acknowledged as political.

**Knife Intifada and "Soft Arabness:" Religion, Culture, Language**

It was Saturday evening in Internal Care C. Galit, a new intern in the department was talking on the phone with her boyfriend Eran. They are both religious Jews and observe the Sabbath, so she waited for the evening to come to make this call. Hassan was working on the computer next to her in the Physicians' room. She said to Eran on the phone: "it's really nice here and they all treat me well" and added: "Hassan is super nice but he's stressed because of the wedding" she chuckled. Hassan asked: "who is this? Eran? Let me talk to him." Eran had completed his internship in the department not long ago and Hassan invited him to his wedding: "come and see how Arabs go crazy," he said, and we all laughed. Hassan's phone

then rang, and he left the room speaking in Arabic about his home security alarm that was broken. It was then only Galit and I in the room, and she ended the call with Eran and told me: “now let’s see what happened in the world while I was off.” She opens a web browser on an Israeli news webpage and the headline screamed that there was a “terror attack in Jerusalem.” She was shocked, and said: “what?! Another terror attack??” She clicked on the headline and started reading the report. Galit was immensely disturbed when Hassan re-entered the room and she immediately closed the web browser. She was visibly restless as she silently stared at the medical record software that was now covering her screen.

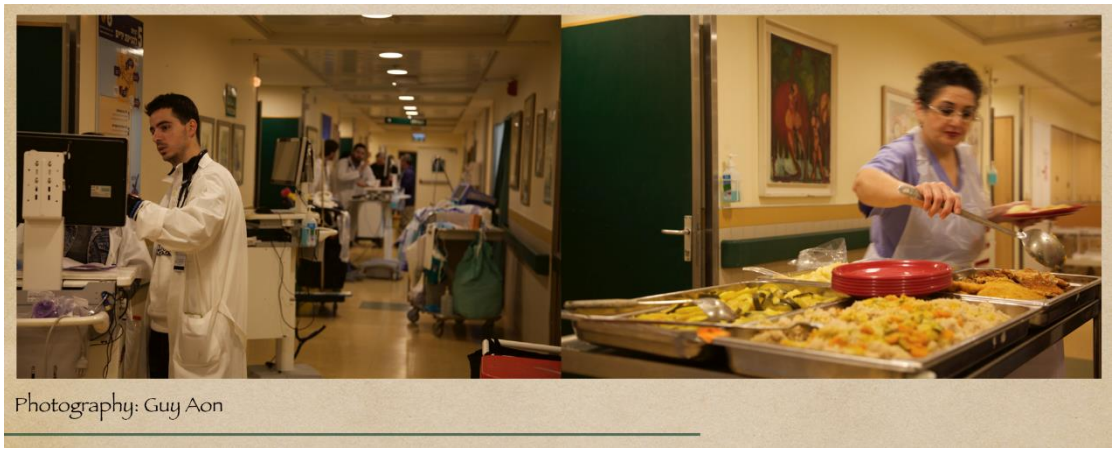



**Figure 3.9:** Lunchtime

The turn from joking around with Hassan, while referring to his Arabness, to reading the disturbing news with shock, to her withdrawal from engagement with the topic, was sharp. Galit was worried that bringing the outside violent clashes between Palestinian and Jews into the medical space, may become problematic in her interaction with a Palestinian. It was her second day in the department, and while she was working together with Hassan the entire day, she could not be certain how bringing up this upsetting news in a conversation may affect their newly formed professional and friendly relations.

Three days later Hassan was late to the morning round. In the past couple of months, he was responsible for the teaching schedule of five Jewish-American medical students the department was hosting. Norman, the chief physician, asked the students, whom he called "kids," where Hassan was. One of the kids said: "maybe he's stuck in one of the check-points." I suspected that this young American was not aware that Hassan is an Israeli citizen and thus does not have to pass through routine check-points on his way to the hospital. One of the other 'kids' must have felt the same uneasiness that I sensed and quickly interrupted: "that is not possible!" He then said quietly to the other kids: "don't talk about all the attacks and demonstrations when Hassan comes, these were some very tense few days."

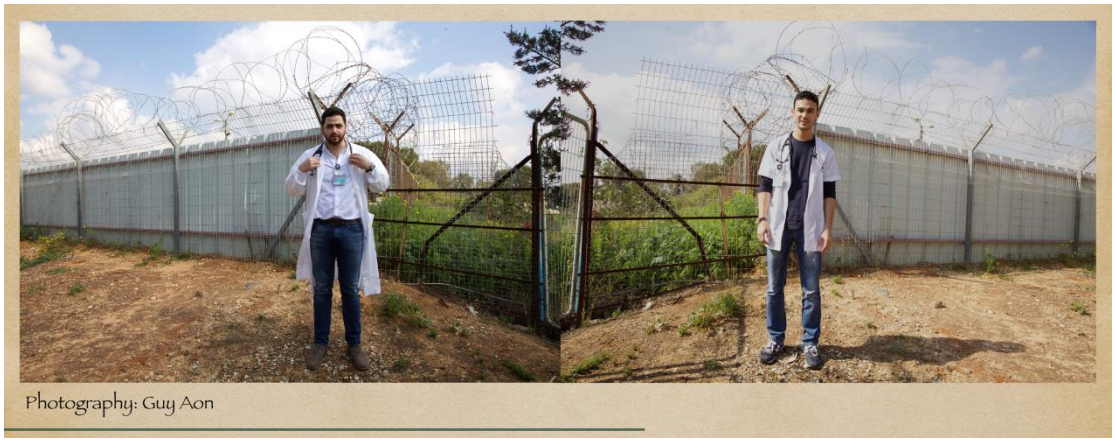



**Figure 3.10:** The hospital fence

The immediate shift Galit made, acting as if nothing happened, and the student warning not to bring up the 'outside' national tension, revealed once again the powerful credo of the Jewish-Palestinian shared medical space, that "politics is a taboo" (Rosner 2016:82). But as seen in the previous section, the question is what *sorts* of politics are off-limits. Inner-Jewish political discussions are not considered taboo, as in Assaf and Ahiya's heated debate and again here in Galit's reaction to the terror attack. She and I only met a couple of hours earlier when I joined Hassan's Saturday shift, but she felt confident enough to read the news next to me and to express her shock, even without knowing my particular

political views. Furthermore, as seen on Internal Care D's 'departmental cohesion day,' expressing inner-Jewish-Israeli exclusionary nationalism is not considered violating political neutrality and is thus expressed casually in the presence of Palestinians.

What sort of politics is allowed then when Jewish-Israelis and Palestinians share the same space? Hassan's "come and see how Arabs go crazy" was met with laughter but Galit felt that expressing her distress reading the news was not appropriate. While the former was a reference to Hassan's ethnic-cultural identity, bringing up the 'outside' world's national tensions would have highlighted Hassan's national belonging. This sort of classification, of what is considered politically neutral, "cultural" Arabness, in contrast with politically tabooed Palestinianess, became especially challenging as the Knife Intifada of 2015-2016 got into full swing.

In October 2015, several clashes between Palestinian youth, citizens and non-citizens, armed with knives, on the one hand, and (mostly armed) Israeli citizens and security forces, on the other, triggered nationwide anxiety among Jewish Israelis. In fact, these attacks mostly resulted in Palestinian casualties. While Israelis emphasized Islamic radicalization and social media "incitement" as its instigators (Nahmias 2015a), Palestinian commentators stressed the desperation of life under military occupation (Khoury 2015). In an article in The Guardian (Beaumont 2015), as the accumulation of events started to be dubbed by both Palestinian and Israeli commentators as an Intifada, a popular uprising, a relative of one of the attackers said that these are the acts of a new Palestinian generation: "They are smart and clever. They can't sustain the humiliation. They think: if you are going to kill us in the end, we should attack first."

Palestinian and Israeli sources claimed that, unlike previous intifadas, this was an unorganized spontaneous uprising. Attackers were thus not organized in masses of stone throwers like in the late 1980s 'first intifada' or armed with firearms and explosive devices like the early 2000s 'second intifada.' According to the Israeli Ministry of Foreign Affairs (MFA 2017): "There have been 186 stabbing attacks and 132 attempted stabbings; 163 shootings; 60 vehicular (ramming) attacks; and one vehicular (bus) bombing." Ma'an, the Palestinian News Agency, recorded the death of 236 Palestinians (25% of them minors) and 34 Israelis (Benoist 2016).

With the Knife Intifada raging outside, Christmas approached Internal Care D. The medical team appeared to be obsessed about Maryam's Christmas tree. She shared a picture of her decorated tree to the departmental WhatsApp group and the many comments about it seemed excessive. Not even colleagues' baby pictures drew such widespread attention. In one case, Effi and Maryam passed by the nurses' station when the secretary complimented Maryam's Christmas tree, Effi said: "we just have to see which tree is prettier, hers or Lara's." Maryam retorted: "clearly mine," and added annoyingly, "I don't understand why you keep asking that all the time." Effi replied defendingly: "I only said we need to check because Lara also said she celebrates Christmas."

The team's reactions to Maryam's tree were very friendly and supporting. At both Freund and Handler hospitals, Jewish team members were very warm and generous with their Christian and Muslim holiday greetings. Religion was considered a politically neutral marker of difference in these settings. To a greater degree, references to Christian religious practices further depoliticize the Palestinian subject, as in Jewish-Israeli imagination, Palestinian nationalism is tightly connected with Islam. On the background of the Knife

Intifada, which was depicted in Israeli Media as the outcome of Islamic radicalization, in this mixed medical sphere, emphasizing an Arab colleague's Christian identity is especially depoliticizing. Effi's repeating references to Maryam's tree, in conjunction with Lara's, is particularly telling. Lara is a Jewish-Israeli Russian immigrant. Like many other Russian immigrants, she celebrates New Year (Novy God) with a decorated tree (cf. Remennick 2007:244). Thus, juxtaposing the two trees that are actually symbolically different, one religious and Palestinian, and the other ethnic and cultural, serves to construct Maryam's identity as politically neutral, a folkloristic-ethnic based identity.

*Iraqi, Egyptian and Palestinian Arabic: Code-Switching and Maintaining the Borders of National Identity*

I was shadowing Ismail's rounds in Internal Care D as we reached room number 8 in which three elderly women lay silently. The moment Ismail entered the room, a 70-year-old lady approached him and urged him to attend to one of the patients. She was a caregiver for Naima whose bed was farthest from the door. Naima was in her 80s, they both were Jewish-Iraqi immigrants and spoke in Iraqi Arabic. The caregiver asked Ismail in Arabic about Naima's condition. Although he provided detailed explanations to Naima's daughters-in-law earlier that day, Ismail was very patient and answered all of the caregiver's questions, but in Hebrew. The following is an excerpt from my fieldnotes:

> The caregiver said: "she was neglected in her clinic, and her kids neglected her too. They only care about money and she worked hard all her life." Naima then added: "I used to work in Gaza. Believe me they are better than Jews there. I used to bring fish to the Carmel Market, I used to work a lot in Gaza." The caregiver said in a hushed tone: "she had a lot of money." Ismail asked, "what happened to the money" and Naima said: "They stole it from me. I used to have this much gold" holding a basketball size imaginary ball. "They broke into my apartment and stole it all." Ismail said sadly: "It doesn't matter, health is the most important thing." Naima blessed him "kapara alekha (my darling, literally, my penance), you're a good soul, thank you so much."

> Ismail moved on to the patient on the next bed, Valeria Calderon, an elderly overweight woman who was sleeping heavily on her side. He touched her gently on her shoulder but when she did not wake up he lied next to her in bed and talked to her gently in her ear. I was touched. She slowly woke up and it was apparent that she valued the caring gesture. Ismail was very soft and then she said to him in Arabic "wala wahed" (no one). I was surprised. Her complexion is very light, and her name did not reveal Arab origins. Ismail helped her sit up gently while Naima and her caregiver were talking loudly in Arabic behind the curtain. Ismail asked them in Hebrew to keep quiet as he's trying to talk to another patient. They immediately fell silent. Valeria started talking in Egyptian Arabic and Ismail explained that she is Egyptian. I talked to her in Egyptian Arabic and she asked if I'm Egyptian, I told her that I took language classes in Cairo. Ismail seemed impressed. She became radiant and talked about how beautiful Egyptian Arabic is and that Farid al-Atrash (a classic Egyptian musician) played the best music. Ismail laughed, and Naima and her caregiver intervened in Iraqi Arabic from the other side of the curtain, saying that indeed the Egyptians speak the prettiest Arabic. Ismail and I left the room and burst out laughing, he said: "that's the VIP room!"
>
> We walked to Ismail's next patient in room number 11. As we passed through the departmental public sitting area, I noticed the word "breaking" (mivzak) in extra-large fonts flashing off the television. Ismail didn't seem to notice it and I stalled for a few seconds to see what happened. The caption said "a knifing terror attack (pigua dkira) in the South Hebron hills," and there was a map with a red dot on it to mark the place of the attack. Maryam was standing on the opposite side of the public sitting area. She looked at me and then at the television, and our eyes momentarily met. I turned to Ismail who was delayed talking to someone and then we entered room 11. On the bed farther from the door laid Ahmad, a Palestinian with gastric cancer. Ismail asked him in Palestinian Arabic if he had his gastro exam done. He had not.

This rather long uncut description of ten minutes in Internal Care D highlights the multiple roles the Arabic language played in this context. The two elderly Jewish-Israeli Iraqi immigrants attempted to establish an informal, personal connection with the physician they knew was Arab. By addressing him in Arabic, referring to Naima's past commercial ties in Gaza, as well as her affirmation that the people of Gaza "are better than Jews there," Naima and her caregiver attempted to assert their acceptance of Ismail as an Arab in this space. Many of my Palestinian interlocutors described similar interactions with Jewish-Israeli patients, who overstated their "acceptance." Haydar once told me: "these are the emptiest

cases of flattery you'll hear in your entire life. I don't buy it." In the context of doctor-patient power relations, and considering that Naima and her caregiver wanted to get Ismail's approval to be discharged home, Arabic was used as an attempt to overcome professional distance, an attempt to communicate on an allegedly common level. But Ismail did not play along. He already visited Naima earlier in the day and had a long conversation with her daughters-in-law. He did not think that Naima should be discharged yet and he was not willing to communicate in Arabic, which would lighten the interaction and reduce his professional distance. He answered their questions politely but in the outmost matter-of-fact tone, allowing him to quickly move on to Valeria who was next on his list for rounds.

It was a sharp turn from Ismail's practical approach to Naima, to his soft whispering on Valeria's ear. Valeria was very old and sick. She was hardly conscious and managed to communicate with her caregivers intermittently, drifting in and out of sleep. A Jewish immigrant from Egypt, Arabic was her mother tongue, and when Ismail and the other Arab staff members talked to her in Arabic, it was a gesture of warmth and affection. In this context, the use of Arabic was as a connector, making a suffering patient feel cared for and in a friendly, home-like environment. Naima and her caregiver, on the other side of the curtain, heard Ismail and Valeria's friendly interaction and made another attempt to join the conversation, commending Egyptian Arabic as the prettiest dialect of all.

My use of Egyptian Arabic was, to be honest, a way to get some credit with Ismail. It was my second week in the department and I was not sure whether Ismail trusted me. I wanted him to know that while I am Jewish-Israeli, I am on "his side." My having traveled to the 20-million-person Arab metropole of Cairo and taking language classes there was considered by many of my Palestinian interlocutors evidence that, unlike most Israelis, I do

not consider Arabs to be threatening enemies. Also, speaking and understanding Egyptian Arabic, which is considered by most Arabs, Palestinians included, the language of Arab cinema and music, served to position me as having genuine interest in Arab culture. Nevertheless, it took a few more weeks before I had an in-depth interview with Ismail, after which I sensed that he felt more comfortable with me tailing him around.

As we left room number 8, and entered room 11, Arabic became the "natural" mean of communication between two Palestinians. Yet while the Palestinian patient and doctor communicated in their mother tongue, there was nothing "natural" about it. While Jewish-Israelis I talked to always considered the hospital a public space that "belongs to everyone" and not to a specific population, Palestinian patients often acknowledge the hospital as a Jewish-Israeli space. All public hospitals in Israel are located in Jewish-Israeli (or mixed) cities, their senior administrations are almost exclusively Jewish, and staff members are obliged to speak in Hebrew (Rosner 2017:55-57). In this context, Palestinian patients often sought interactions in Arabic with Palestinian physicians and nurses. Arabic in this context was a way for Ismail to make Ahmad feel less estranged as he was treated in an Israeli hospital. While this sort of Palestinian solidarity in the Israeli hospital can be seen as violating political neutrality, a caregiver speaking to patients in their mother tongue is sheltered under the allegedly neutral umbrella of 'cultural competence.' An approach that acknowledges a limited scope of diversity has entered Israeli medical institutions and is considered necessary for achieving appropriate health care.

All the while, the television that hung in the center of the department showed a red dot on a map where a knifing attack had just occurred. The Israeli news channel's report (as it was later uploaded online here: Dvori 2015) phrased it as such: "A terrorist assaulted

(*hitnapel*) an officer that participated in a routine foot patrol between the settlement Neguhot and the [Palestinian] village Beit A'wa. He managed to stab the officer and cause him very light wounds. The other soldiers reacted quickly, shot and killed the terrorist." As in other Israeli media reports about cold-weapon Palestinian attacks on heavily armed Israeli soldiers who are stationed on occupied Palestinian land, the Palestinian attacker was depicted as a brutal aggressor and the soldier as victim. The fact that the officer suffered "very light wounds" and the resisting Palestinian was shot and killed did not stand in the way of the frenzy of victimization these reports spurred in Jewish-Israeli publics during the Knife Intifada.

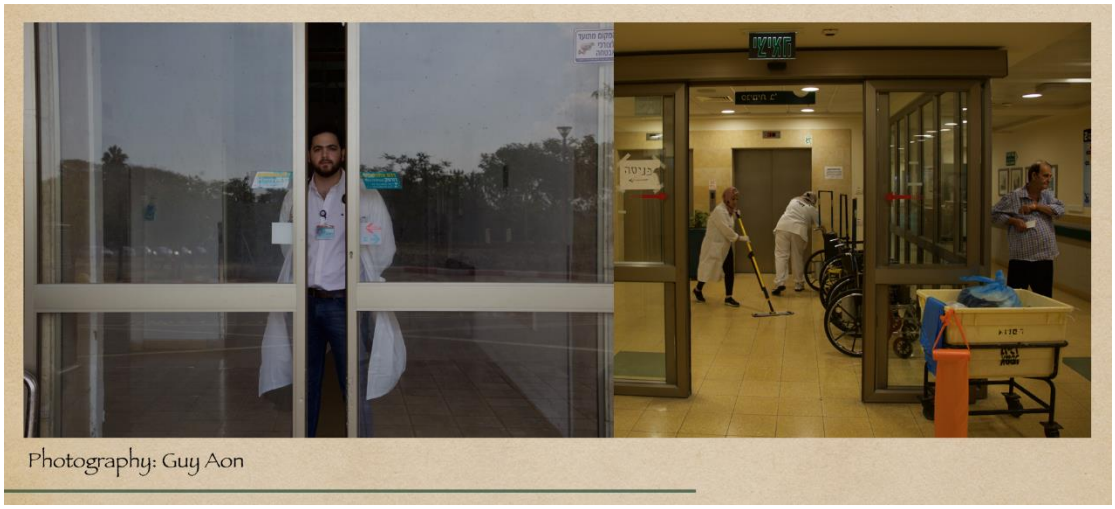



**Figure 3.11:** Sliding doors

In this context of Jewish national anxiety regarding Arab perpetrators, Galit the intern was careful not to allude to the 'outside world' clashes lest they cloud the politically neutral coexistence within the medical sphere. But references to Palestinians' otherness seep through. They are considered neutral as long as they relate to Arabness as folklore or as ethnic or religious identities. The Arabic language is present in the shared Jewish-Arab medical space, and, as long as it goes under the Jewish-Israeli radar of what is considered "political," it plays different roles and carries various symbolic meanings.

In the interactions between Palestinian patients and doctors, sometimes "apolitical" Arabness carries the potential for subversive solidarity. Such was the case when Valeria was hospitalized again, 8 days later, and Arabic became a memory of the past and a dream for the future. It signified a longing for a pre-1948 Middle East, and a potential for a shared space for Arabs and Jews:

> Maryam and I entered room number 9 where Valeria Calderon was lying. Her daughter and caregiver were very nice and they were all bitterly amused at how quickly Valeria returned to the department. She seemed very weak and tired. Maryam called her Valeria and asked some questions in Hebrew. The daughter said: "how lovely you pronounce her name!" and Maryam responds: "we know her well here in the department, even he knows her" and points at me. The daughter said: "yes, I think I've seen you here before." I smiled politely and said: "the team really adores her," the daughter responded: "too bad they didn't know her when she was stronger." The daughter noticed that Maryam is Arab, and knowing Valeria, I sensed that she wanted to ask Maryam to talk to her in Arabic. After a few minutes she asked, "what's your name, darling?" and turned Maryam's nametag that was swirled towards her white coat. She noticed Maryam's Arab name and asked: "can you please talk to her in Arabic a little bit?" Maryam continues the questioning in Arabic and Valeria was immediately revitalized, she asked Maryam in Egyptian dialect: "do you speak Arabic?" and Maryam responded: "certainly." Valeria said: "[in Egypt] we used to live together with the Arabs, like honey and tahini. I wish we could live together here as well." Maryam said emotionally: "I wish everyone shared your dreams."

**Two Guns in the Hospital**

On October 13th 2015, a 36-year-old man stabbed a 22-year-old man in the Haifa suburb of Kiryat-Ata. According to the news reports, he "approached a man with a "Middle-Eastern look" (baa'l khazut mizrakhit), and stabbed him a few times in his back" (Raved 2015). Both the attacker and the victim were Mizrahi Jewish-Israelis, descendants of immigrants from Arab countries, with a "Middle-Eastern look." The attacker later confessed that he had intentionally chose this area where many Palestinians work and planned to stab an Arab believing he was "performing a mitzvah" (Shpigel 2017). A nearby security guard saw the attack and assumed the attacker to be Palestinian. He shot at him, but missed, and the

bullet grazed and wounded a fourth Jewish-Israeli. According to the report, a few minutes after the attacker was already in custody, a woman ran out of a nearby supermarket screaming "a terrorist!" and "tens of security personnel that were already on the premises stormed the store with their guns drawn" (Raved 2015).

The Knife Intifada had Jewish-Israelis and Palestinians extremely edgy. Jewish-Israelis were anxious about Palestinian knifing and shooting attacks, profiling men with a "Middle-Eastern look." And Palestinians were avoiding Jewish-Israeli public settings, afraid to be profiled and misidentified as attackers, and get shot by the many trigger sensitive Israeli security forces and armed civilians who were flooding the streets. That same week, 20 other attacks occurred in Jerusalem, Tel Aviv, Ra'anana, Afula, Dimona, and Petah Tikvah, as well as attacks in several locations in the occupied territories (Haaretz 2015). Five days later, a shooting attack in Be'er Sheba's central bus station ended with the lynching to death of an Eritrean asylum seeker, a bystander who was mistakenly identified as related to the attack (Kershner 2015).

The Knife Intifada, however, did not totally remain in check beyond the walls of the hospital. Inbal was the chief physician's assistant at Freund's Internal Care C. A week after the incident in Kiryat-Ata, and two days after the lynching in Be'er Sheba, Inbal and I left the department and walked up the hospital's circular road to an adjacent building to get salad for lunch. A young man, in civilian clothing, with what can be considered a "Middle-Eastern look" walked past us carrying an M-16 assault rifle:

> Inbal stared at the young man. She was alarmed and said to me frightenedly but in a low voice: "his cartridge is inserted! And he's not Jewish! No, he's not Jewish! And he walks around with a rifle like this? that's scary!" She immediately got her phone of her pocket and called the department to ask for the number of the hospital security. A woman in nursing clothing was standing next to us and said: "this is really scary!" Inbal then called security and said: "I'm

> walking towards building X and I see, walking on the road, a guy with a rifle! he's wearing blue jeans and a black shirt, and he's not Jewish, he's not Jewish I'm telling you. That's how he looks like to me at least." She ended the conversation and we entered the building. A couple of minutes later, as we were still waiting in line for the salad, Inbal got a call from security telling her that they managed to locate the young men, they looked into it, and it's okay, he's an off-duty soldier.

In the tensed days of the Knife Intifada, Inbal noticed a potentially suspicious activity and followed the 'if you see something, say something' dictum. Inbal showed 'good citizenship' as prompted by the Israeli security forces and government officials. Israeli Police officials admitted that they "wish the police could be everywhere" but they must rely on citizens to "save the day" (Doron 2015). Two weeks earlier, Jerusalem's mayor called on citizens to carry guns, saying that it is "the order of the day, like being on military reserve duty" (Hasson, Liss, and Kubovitch 2015). And, a few weeks later, it was announced by the Israeli Minister of Culture that the celebrations of Israel's 68th year of independence will be focused on "civil heroism" to mark "civilians' actions confronting the terror attacks of the past few weeks" (Nahmias 2015b). Walking to the hospital cafeteria in this time of national anxiety, Inbal faced a moment in which she had a few seconds to evaluate whether or not a man with a rifle posed a risk. He was carrying a rifle, had a "Middle-Eastern look," and for Inbal, the question was whether he was Jewish or not. A Jewish-Israeli in civilian clothing carrying an assault rifle, is a routine, naturalized sight in Israel, one that is not considered dangerous for Inbal and other Jewish-Israelis. Her repeated, alarmed cries that "he's not Jewish!" both to me and to the hospital security revealed that she assumed that we all share this litmus test regarding what constitutes a dangerous weapon in the hospital – the issue of whether a Jew or a non-Jew carries it. Hospital security was clearly alarmed by Inbal's report about a non-Jewish armed man, and intercepted the young man within less than a couple of

minutes. They called Inbal to tell her that everything was  all clear, the risk was neutralized. An Israeli soldier in civilian clothing carrying an M-16 in the hospital poses no risk. But to whom?


**Figure 3.12:** Teamwork

A few weeks later Haydar and I scheduled a night out in Tel Aviv. But a couple of hours before the time of the meeting, it was reported that there was a stabbing attack in the city. He called me and asked if I think that it is safe for us to meet or perhaps we should reschedule for another day. My response was: “don’t worry, the attack was a couple of hours ago, the entire city is probably empty and flooded with policemen.” He responded amusingly: “this is exactly what I’m worried about.” We both laughed. But I was embarrassed to realize how oblivious I was to the fact that the same policemen who I considered providing protection, posed a risk to my Palestinian friend.

One January afternoon I received a WhatsApp message from Haydar who was at the department. “I’m going crazy here” he texted, “a family member, a settler, with a gun on his belt. I’m getting flashbacks from the ‘blood wedding’” (see figure 3.13). Haydar was very disturbed by a man carrying a weapon as he visited a family member in the department. Haydar identified him as a “settler,” an Orthodox Jew who lives in the illegal Israeli

settlements in the Occupied Palestinian Territories (OPT). This image of an armed Orthodox Jew immediately resonated for Haydar with a viral video that was widely circulated those days of what was dubbed the ‘blood wedding’ (Levinson 2015b). This video featured a wedding reception in Jerusalem in which celebrating Orthodox Jews were dancing with assault rifles and knives while stabbing a photograph of 18-month-old Ali Dawabsheh. Little Ali and his parents were burned to death a few months prior in an arson attack by a Jewish settler.

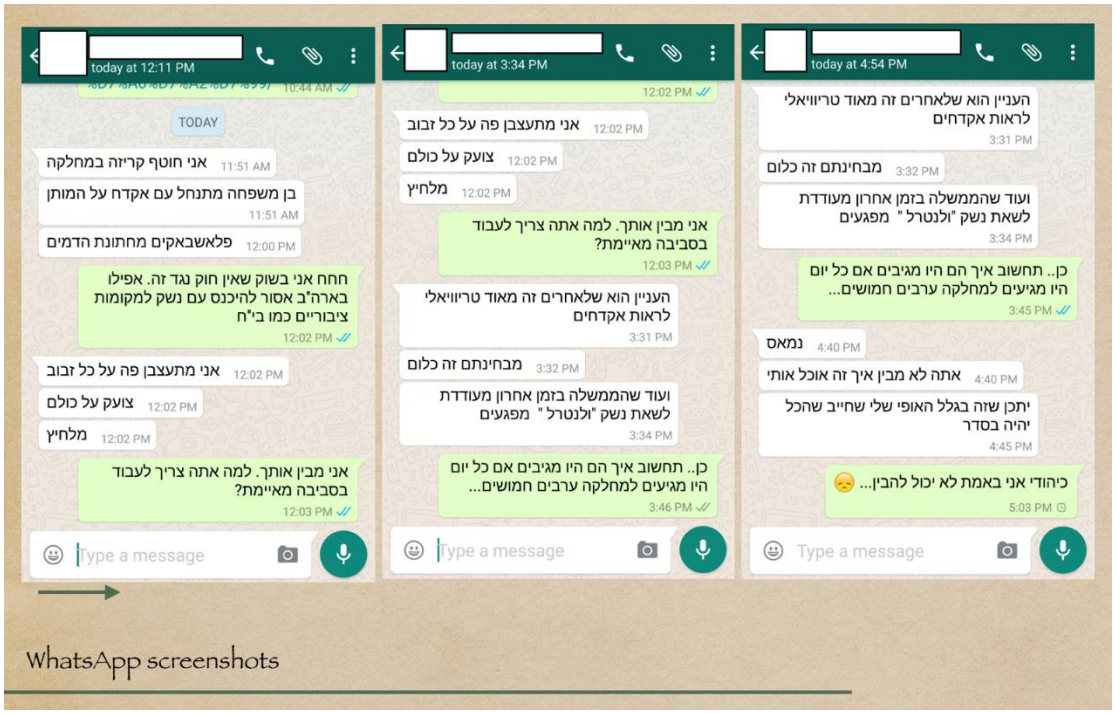



**Figure 3.13:** WhatsApp communication with Haydar

The gun, the settler who carried it, and the images of the ‘blood wedding’ affected Haydar’s day at the department: “I’m getting pissed here pissed off at every little thing. Yelling at everyone. It’s stressful” he texted. But the gun itself was not the only thing that bothered him, it was the fact that, as a Palestinian in this context, it affected him in unique ways : “the thing is that for others it’s very trivial to see guns. For them it’s nothing.” He then added the broader context: “and the government encourages the carrying of weapons

and ‘neutralizing’ attackers.” This gun is considered neutral for Haydar’s Jewish-Israeli colleagues, “it’s nothing.” It poses no risk for them as it is carried for protection against Palestinian attackers. But it is exactly this function that made Haydar uncomfortable in his place of work. The gun that was neutral for Jewish-Israelis was meant to ‘neutralize’ Palestinians. ‘Neutralize’ in this context means to kill, to shoot to death. “I’m fed up,” he texted, “you can’t understand how this is killing me.”

The two guns in the hospital were thus safe and dangerous at the same time. For Inbal, and for the hospital security, a non-Jewish man carrying a rifle was a cause for alarm. Once the man turned out to be a Jewish off-duty soldier, the gun became neutralized. It was no longer considered a risk. But a Jewish-Israeli carrying an assault rifle is an alarming sight for Palestinians who share that same space of the hospital. A settler with a gun on his belt is extremely disturbing for Haydar, while for his colleagues, “it’s nothing.” But unlike Inbal, for whom the hospital and its security mechanisms are allies, Haydar is left with his anxiety unattended. The settler’s gun which is intended to ‘neutralize’ Palestinians, is considered safe and neutral by the Jewish-Israeli surroundings. Haydar is left alone, “fed up,” with the imminent risk that is “killing him” inside.

In a later conversation on a sunny Saturday morning in a Tel Aviv café, Haydar and I talked about whether the national tension affects medical care in the hospital. He was struggling with the question and then described the incident with the settler in more detail:

> There comes a family of one of the patients… the patient himself you see as a patient, it doesn’t matter. This I tell you, there’s no difference. And then you see the patient’s family, it can affect the atmosphere a lot. It can affect how safe you feel in the surroundings of the patient, or if you feel unsafe. This guy comes, I told you about it right? That a family member is an extremist…. carrying a weapon… walks around the department with a gun. He’s not threatening you, but unconsciously you feel threatened. It’s someone carrying a gun! You’re not used to working in such a setting. To have a family member who is armed. And

> especially not when you're getting into an argument. You just don't feel good. You're not well. So now you'll ask me how I feel? Or, how can I separate between the two things? You can't separate. You can't separate. You'll for sure be affected… and certainly affected in the most negative way. A settler walks around… with a gun… and you can see that he's behaving, that he's arguing with you the way he normally behaves in his day to day life, his day to day life! It's very uncomfortable. You try to cope with it… you think maybe the fact that you're Arab [in a hushed tone] now… you think if that affects the way he's behaving, the way he talks to me, that he retorts to my answers… you ask yourself many questions. But I don't know… I don't know if it has much effect on the medical decision. I don't think it does. It affects the atmosphere, how tense it becomes.

To return to the opening of this chapter, Haydar's department is the place where he felt safe and appreciated. Where he was confident enough to talk back to his deputy-chief saying, "what's up this morning?" when he was reproached for being late to the morning meeting. But Haydar's sense of comfort in a place in which he is valued for his professional skills, was shaken as this space became abruptly unsafe for him. This space became an extension of Jewish-Israeli society, not a closed medical space of neutrality and humanitarianism. The armed settler family member enters, and with it, the political situation takes precedence in the space of the hospital. Interestingly, amid this sense of danger and alienation, describing the incident to me, he made efforts to maintain a minimal space of medically neutral interaction with his patient.

Haydar first opened with a clear statement: "the patient himself you see as a patient, it doesn't matter." He insisted on framing his relations with the patient as shielded from the tensed context of the armed family member. He then expressed a sense of vulnerability in his otherwise safe place of work: "He's not threatening you, but unconsciously you feel threatened." And this vulnerability as Haydar shared with me in real time via WhatsApp made him uneasy that entire day. For his Jewish-Israeli colleagues this gun was unremarkable and non-threatening, but Haydar just did not "feel good," he was "not well."

The shield was cracked. Not only did he felt unsafe in what was otherwise his home court of the department, but he knew that the threat was not experienced by others who share this space with him. And this is when the crack in the shield of neutrality started to become palpable as Haydar articulated: “how can I separate between the two things?” referring to the separation between his feelings of uneasiness and threat that were caused by the armed family member, and the medical care he had to provide to the patient. He immediately answered his own question: “you can’t separate.” Adding that he was “certainly affected in the most negative way.”

The unsettling of the safe space of the department was not experienced by Haydar as a specific personal mishap between him and the armed family member. He experienced this interaction in its geopolitical context, an interaction between a Jewish settler and a Palestinian: “you can see that he’s behaving, that he’s arguing with you the way he normally behaves in his day to day life, his day to day life!” The settler came to the hospital from the Occupied Palestinian Territories, where the hierarchy between Jewish citizens and Palestinian noncitizens is notably different than in the corridors of a hospital in the Tel Aviv area. It made Haydar feel “very uncomfortable” and closer to the experience of the noncitizen Palestinian, a subject of a military occupation, facing the armed Jewish ‘master of the land.’ “You ask yourself many questions” he recounted. It made him think that maybe the settler argued with him, and retorted rudely to his explanations, because he is Arab. Haydar said the word “Arab” to me in such a hushed tone that I could hardly hear and record it, as if the word might break the peaceful Saturday morning in the Tel Aviv café we were sitting in.

“I don’t know if it has much effect on the medical decision,” he rolled back to safety, sensing that he possibly entered the dangerous zone of an overly politicized medical space.

He then added without a pause "I don't think it does." Haydar was shaken by the threat of national violence intruding into the safe space of the department. A gun was introduced on the scene – a gun that for his Jewish-Israeli colleagues was "nothing." Being Palestinian in this context suddenly became consequential, carrying possible meanings that were perhaps repressed or obscured a moment earlier. That was "killing" him. Haydar admitted that it had an effect "in the most negative way," but he still struggled to shield what is left of the medical neutrality of the doctor-patient dyad.

In the face of danger and humiliation, Haydar clung to a minimal ideal of medical neutrality that prevailed over national political tension. Concluding that his medical decision was not affected by this upsetting incident revealed that forgoing medical neutrality altogether might even be riskier to Haydar than the gun on the settler's belt. What kind of a physician would he be if he had let a family member's behavior affect his medical decisions? The very professional standing that granted Haydar (in his own eyes, and in the eyes of his colleagues) the 'entry ticket' as a Palestinian into a Jewish-Israeli space may be put in risk.

The neutrality that is accepted uncritically by most Jewish-Israelis as an ideal and a reality of the medical sphere is experienced much less coherently by Palestinian professionals. Medical knowledge that is considered politically neutral can become an entry ticket for them into a Jewish-Israeli system. Their 'neutral' professionalism can overcome the suspicion of bigoted patients, gaining respect and appreciation. But as in Aviva's case, it does not necessarily change their minds about Arabs' 'nature.' The professional settings of the department, or medical school, are perceived to be neutral enough to share and work on good terms. But this neutrality does not enable professionals to become friends. As we have seen, this is due in part to the fact that political 'neutrality' is highly unevenly applied and

expected from Jewish and Palestinian medical providers. Political debates among Jews and Jews' expressions of patriotism are not considered to violate political neutrality, even as they ignore their Palestinian colleagues' perspectives and histories. When Jewish discourses acknowledge Palestinian difference, they configure it as a folkloristic or religious, 'soft' and apolitical Arabness, nothing substantially political as a national aspiration for equality or statehood. And finally, even a gun in the hospital can be construed as 'neutral' and 'safe' for Jewish-Israelis, who remain oblivious to the fact that it leaves Palestinian professionals feeling profoundly anxious and at risk.

As in Haydar's ambivalent response to the effect of national tensions on his medical decision making, these contradictions in the Palestinian experience of the Israeli health system lead to a neutrality that is temporary and flexibly upheld. In its minimalistic sense, neutrality is critical for their personal survival in the Israeli medical sphere, to maintain a professional identity and advance a medical career. But for Palestinians medical neutrality is always selective, and they are keenly aware that this ideal "works" differently and unequally for Jews and Palestinians. The selective and distinct ways "neutrality" gets applied leaves Palestinians painfully cognizant of their exclusion and discrimination.

# CHAPTER IV

## NEUTRAL AND NEUTRALIZED: THE ETHOS OF MEDICAL NEUTRALITY AND THE CRISIS OF PALESTINIAN INTELLECTUALS IN ISRAEL

On May 1st, 2017 Israel celebrated its 69 years of independence with the traditional "torch lighting ceremony" on Mount Herzl. This ceremony, organized by a special forum of ministers, marks the military and civil prowess of Jewish Israel. The militarized national ritual is administered by the "commander of ceremony," a senior IDF officer who leads a festive and elaborated military parade. The main event is the lighting of 12 torches that symbolize the tribes of Israel, marking (Jewish) unity and tying the modern Israeli state to the biblical People of Israel. Every year, government officials highlight a theme for the ceremony and choose 12 people (Israeli citizens or diaspora Jews) to light a torch, honoring their distinguished achievements. The 2017 theme, "the 50th anniversary of the reunification of Jerusalem," with its erasure of the ways "reunification" also, at the same time, involves the occupation of East Jerusalem, and the subjugation of its non-citizen Palestinians to Israeli rule, seeks to establish a neat conceptual closure to the meaning of the anniversary. The ceremony was viewed by 36.7% of Israeli households (Katz 2017).

Among the 2017 torch lighters was Professor Ahmad Eid, head of the general surgery department at Jerusalem's Hadassah Medical Center. Professor Eid had gained public attention during the 2014-2016 Palestinian "Knife Intifada," serving as a chief surgeon in violence-torn Jerusalem. He was featured in news and magazine articles in Israeli and international media after performing surgeries on Jewish Israeli soldiers (Horovitz 2014) and

citizens (Booth, William, and Ruth Eglash. 2015, Reuters 2015) who were attacked by Palestinians. These events were further utilized for advancing Israeli international propaganda (Hasbara, StandWithUs 2015).

The Jewish Israeli media celebrated the Palestinian physician's participation in the national commemoration of Independence Day (Knesset Channel 2017, Bacharach 2017). In a special interview with the right-wing Israeli newspaper Israel Hayom, he was asked about a significant event in his medical career (Amir 2017). Eid mentioned the 2015 stabbing of a 13-year-old Jewish boy by a Palestinian fellow Jerusalemite of the same age. The interviewer asked: "How did you feel when you found out that this is a case of an Arab child who stabbed a Jewish child for nationalistic reasons?" Eid responded: "This is madness. But my job is to take care of the patient, not deal with politics." He then added:

> "The terror is a part of our lives in this state for many years, but racism stops at the entrance to the hospital. Hadassa [Hospital] is a cosmopolitan place and the best melting pot in the country. We have doctors and nurses who are religious or secular, settlers or Arabs. We all work here in cooperation, with no hatred. It's the same with our patients. Prejudice, if there is any, does not enter here."

Palestinian media and social media, however, had a different perspective on Professor Eid's participation in the Israeli national celebration. Words such as "traitor" or "collaborator" frequently came up in these inner-Palestinian debates on public media (Baldatna 2017, Panet 2017). Discussions on social media were naturally much more heated. The comments on the popular "United Arabs – News from Inside 48" Facebook page ( عرب 48 أخبار الداخل - متحدون) as they uploaded the video of Professor Eid's Independence Day performance, were particularly acerbic (We7di.48 2017a). One popular and rather representative comment read:

> "You don't represent me, speak for yourself and for your family. Prisoners are hunger striking in Israeli prisons. There's racial discrimination of the highest level against us

> as a Palestinian Arab minority. And Israel is committing crimes against the rights of our Palestinian people and our families in Syria" (Abo Salih 2017).

According to Palestinian radio host and blogger Makbula Nassar, Professor Eid's participation in the Israeli national celebration marks a new low in Israel's appropriation of Palestinian elites (Nassar 2017). Past Palestinian torch lighters were individuals who had proven their loyalty to Zionist Israel such as the 2016 Father Gabriel Naddaf, a Greek Orthodox priest who is a vocal activist in encouraging young Palestinian Christians to join the IDF. Nassar criticized Miri Regev, the Israeli Minister of Culture, "instead of displaying *her* [Regev's] 'good Arab,' she chose *our* good Arab: the super-doctor, the pride of Arab society, is today starring in the trap of praising the state of Israel" (emphases mine). Unlike many other Palestinian commentators, Nassar was not quick to judge and criticize Professor Eid, acknowledging that as a physician and researcher in the Israeli public health system he is dependent on government funding to maintain his practice. Once Eid was offered the "honor" of lighting the torch, Nassar argues, he could not have declined; this was a trap for him as an individual and for Palestinians as a collective. She adds: "What was in the past a sort of bonus for friends [of the regime], seemed now with the nomination of Eid as a public swearing of allegiance."

Its dubious motives notwithstanding, Israeli government officials featured a Palestinian citizen of Israel in the country's independence celebrations. The irony of this becomes clear given the fact that Israeli independence is commemorated in Palestinian and Arab communities worldwide as a national catastrophe (the *Nakba*). This is not lost on the Israeli state, which in 2011 made it illegal to commemorate its independence as a day of mourning (penalized by incarceration). Thus, featuring a Palestinian torch lighter required

some framing. Called to the stage, Professor Eid was presented by the ceremony host as follows:

> "Professor Eid has saved the lives of hundreds of patients, among them many terror victims. His long-standing medical work is a symbol of the unique Jerusalemite mosaic composed of members of different ethnicities and religions and symbolizes the shared commitment to the value of life" (We7di.48 2017a)

This framing of Professor Eid is telling in two ways. First, the presence of a Palestinian in the epicenter of Jewish-Israeli national celebration is legitimized by his record of saving lives, and, in particular, his contribution to the national fight against (Palestinian) "terror." Second, Professor Eid, the only non-Jewish torch lighter, was represented as a "symbol" of a "Jerusalemite mosaic" of "ethnicities and religions." His role in this mosaic was thus to mark difference in folklore and belief, not national identity. In this performance of national unity in a deeply divided city that both Palestinians and Israelis consider their capital, the political character of Eid's Palestinianess, which was central for Nassar and other Palestinian commentators, became erased.

Israeli government leaders seized on Professor Eid's position as a medical doctor as a means of neutralizing his political national subjectivity as a Palestinian in two ways. First, they frame him as providing a 'humanitarian' stance against Palestinian violent resistance, and secondly, they do so by erasing his Palestinian identity. These dual processes of neutralization allow his presence in the Zionist Israeli space but drains his identity of its political and national significance. A person Palestinian commentators construe as the "pride of Palestinian society" for his world-renowned professional achievements, was re-defined as a token representative of an ethnic-cultural-folkloristic community. Palestinians experienced the appropriation and use of Professor Eid's image for the sake of Zionist propaganda as one of betrayal.

This chapter such processes of political erasure and neutralization. As I will show, most outstanding Palestinian students and prominent young social leaders fulfill their teachers' and families' ambitions to overcome discrimination within Israeli society by embarking on the long route of medical training and practice. But along this path, as these promising young Palestinians confront the ideal of medical neutrality, they also find their political subjectivities become "neutralized."

**Intellectuals**

Palestinians' painful reactions to Professor Eid's participation in the ultimate Zionist celebration of their national catastrophe represent, I argue, a broader sense of disappointment in their intellectual elites. If the intellectual, according to Edward Said (1994:11), "cannot be reduced simply to being a faceless professional, a competent member of a class just going about her/his business," then Professor Eid's world-renowned achievements in medical research and clinical practice, are not enough. As a disenfranchised and marginalized national minority, Palestinian citizens of Israel expect more from their intellectuals.

Looming over this sense of the failed intellectual is another Palestinian citizen of Israel, Mahmoud Darwish, the Palestinian 'national poet' and the epitome of a Palestinian intellectual. In his literary and public work, he attempted to "inscribe the national on the universal" (Darwish 1999:81) for the emancipation of his people. In contrary to Eid's presentation as a "symbol" of his people, drawing Palestinian public rejection ("you don't represent me"), literary scholar Zeina Halabi understands Darwish's legitimacy as an intellectual, as stemming from his "power to represent, enlighten and lead the voiceless" (Halabi 2017:31). Darwish himself rejected having any representative standing but was

honored to be acknowledged as expressing "the spirit of the people" (Darwish in Halabi 2017:31).

It is this 'spirit' that was long missing for Arab societies, according to Constantine Zurayk (1909-2000), one of the most prominent Arab intellectuals of the 20th century. Zurayk was the first to coin the term Nakba for the 1948 Arab defeat and Palestinian exile (Dessouki 1973:187) and understood the Palestinian disaster as first and foremost a result of a "spiritual crisis" (Faris 1988:12). The blame for this crisis, according to Zurayk (in his 1938 book 'National Consciousness'), "falls primarily on Arab thinkers who have shied away from assuming their responsibility and have failed to explain to the public the fundamentals of nationalism" (Faris 1988:19-20).

What is then the responsibility of the intellectual? For Said (1994:11), "the intellectual is an individual endowed with a faculty for representing, embodying, articulating a message, a view, an attitude, philosophy or opinion to, as well as for, a public." Like Said, I follow here Antonio Gramsci's (1971) view that intellectuals' responsibility is not derived by their superior intellect but by their function in society. And since, as Gramsci (1971:192) asserted, "ideas and opinions are not spontaneously 'born' in each individual brain," then, Zurayk was right to note that it is the intellectuals' responsibility to "explain." But this is not a one-way road, according to Gramsci (1971:350), intellectuals are in an "educational relationship" with their publics as "the environment reacts back" in a "continual process of self-criticism."

For Gramsci, these relationships between intellectuals and their collectives are critical to the differentiation between 'traditional' and 'organic' intellectuals. Traditional intellectuals are those who consider themselves (and are considered by others) to be

autonomous and "independent of the struggle of groups" (Gramsci 1971:452). Organic intellectuals, on the other hand, emerge organically from their social class (for Gramsci) and social collective in general (for the purpose of this inquiry). Their role is to "transform the incoherent and fragmentary 'feelings' of those who live a particular class position into a coherent and reasoned account of the world as it appears *from that position*" (Crehan 2002:129-30, emphasis mine). Key to Gramsci's understanding of organic intellectuals is thus their shared "conception of the world" with their fellows, as social change can only be made by a collective. And it is the organic intellectual's function to weld together "a multiplicity of dispersed wills, with heterogeneous aims" into a coherent objective, creating a "single cultural climate" for the collective to act (Gramsci 1971:349).

This work is concerned with a national collective, rather than the Gramscian class-based collective. Nevertheless, the role of organic intellectuals, as articulated by Gramsci is especially productive here. Particularly as our perspective on the national is guided by Benedict Anderson's *Imagined Communities* (1983) and considering intellectuals' pivotal role in the processes of imagining, or narrating, the nation (Kennedy and Suny 2001). In Homi Bhabha's (1990:1) words, to facilitate "the nation's 'coming into being' as a system of cultural signification," intellectuals are best situated to form

> "narratives and discourses that signify a sense of 'nationness:' the Heimlich pleasures of the hearth, the unheimlich terror of the space or race of the Other; the comfort of social belonging, the hidden injuries of class; the customs of taste, the powers of political affiliation; the sense of social order, the sensibility of sexuality; the blindness of bureaucracy, the strait insight of institutions; the quality of justice, the common sense of injustice; the langue of the law and the parole of the people." (Bhabha 1990:2)

Indeed, to quote Etienne Balibar, this is the "fundamental problem" of nationalism, "to make the people produce itself continually as national community" (Balibar in Kennedy

and Suny 2001:1). To a much greater degree, this is the case for nations under colonial rule or in a postcolonial state, as intellectuals articulate a national space that is particularly fragmented (Boyer and Lomnitz 2005:112).

But is this too much to expect from intellectuals? It may be. Such may explain the constant rant about intellectuals' disappearance, demise or betrayal that surfaces in the study of intellectuals (Eyal and Buchholz 2010:118). In the wake of the "the disappearance of the figure of the 'great writer'" as Foucault (1980:129) pointed out in the late 1970's, there is another sort of intellectual to look for. As Gramsci (1971:9) anticipated a few decades earlier, a "new type of intellectual" will have to emerge, one that draws on "technical education." Indeed, this new type, in Foucault's (1980:129) view, is the 'specific intellectual,' taking the place of "the writer of genius," the 'universal' intellectual. Specific intellectuals are not voicing the "just-and-true-for-all" 'universal values' but draw on their specific expertise to occupy specific positions in society (Foucault 1980:126). This, however, does not mean that their impact on the general functioning of society is of a lesser degree. They are well positioned to "operate cogs in the power/knowledge machine" (Kurzman and Owens 2002:70), meaning that their local specific struggles are potentially revolutionary, having implications on the "general level of that regime of truth" (Foucault 1980:132).

Importantly, Foucault's specific intellectuals are also organic in the Gramscian sense. Their specificity is connected to their "class position" and "conditions of life" (Foucault 1980:132). Physicians, to return to the case in question, fit rather neatly into Foucault's conceptualization of specific intellectuals, as he himself noted (1980:126, 132). In principle, they seem to be well placed to draw on their expertise and act as organic intellectuals to impact society.

Kennedy's (1990) work on Polish physicians in the early 1980s is of particular relevance. Before 1980, physicians in Poland made efforts to be seen as apolitical, and avoided any subversive activity. Yet in the background of political instability in the early 1980s and the rise of mechanisms of Solidarity, physicians became active in reforming the health system. In their struggle, they were active in advancing philosophical, social, and political shifts in Poland, creating an "adversarial culture" (Kennedy's (1990:293). Kennedy shows that as they strove to change how truth in the medical sphere related to state power, they turned from "marginal intellectuals," occupied in applying knowledge, into "critical intellectuals" affecting national discourse and state institutions.

In Israel, structural transformation in the health system that started in the late 1980s and 1990s has created internal stratification within the medical profession (Filc 2006). While in the early years of the establishment of the state, Jewish Israeli physicians saw themselves (and were seen by others) as organic intellectuals, part and parcel of the Zionist project, this process led to most physicians in the system being pushed away from these strategic "cogs in the power/knowledge machine." Members of a 'bottom' stratum suffered proletarization and loss of power and autonomy, as a 'middle' stratum struggled to prevent deprofessionalization processes and to preserve their traditional professional status. While brushed-off national politics, a newly professional elite of managers, senior researchers and entrepreneurs gained more power and regained their organic intellectual position within the neo-liberal hegemonic project.

In what follows, I examine how the medical profession, its strong appeal for Palestinians, and its ethos of political neutrality pose a problem for Palestinians as a national

collective in Israel. Specifically, I look at the processes of neutralization of Palestinian organic intellectuals.

**"An Orderly Life"**

When I first met Ashraf, he was a 21-year-old, second-year medical student. When I asked him to tell me a little bit about his background he said: "I come from a [small town] in the north, my father is a truck driver, he didn't graduate high school. My mother is a kindergarten teacher, and I'm the third [of three children] in my family. I have two older sisters who are also medical students". Growing up in a lower income family in a disadvantaged Palestinian town in the geographical and social periphery of Israel, Ashraf and his two sisters turned to medicine in the hope of making a better life for themselves and their family. "Medicine was not my first choice," says Ashraf, "I wanted to study languages, but I wanted to have a life, I wanted to have an 'orderly' life. Studying languages, and especially Arabic, which was my first choice, it's not… it leaves you 'hung in the air' and I didn't want to be there."

Aspiring to achieve an "orderly life" is very common in choosing a career path for young people around the world. But it is particularly pressing for members of marginalized minority communities. In 2013, 18% of medical students in Israel were Arab, and medical and paramedical professions were the most desired among young Palestinians. While fewer than 7% of employees in the Israeli public sector in 2014 were Palestinians, they comprised more than 12% of employees in the public health system and 11% of doctors (Rosner 2016:23-29). As discrimination limits many other career paths, young Palestinians see a career in the medical sector as a way to secure a stable livelihood and high social status as

well as a route to integrate into the Jewish dominated labor market (Popper-Giveon and Keshet 2016, Rosner 2017:42-47).

While these are very compelling reasons for a young high school graduate to choose a medical career, for Palestinian citizens of Israel, this choice is by no means an individual decision (cf. Popper-Giveon and Keshet 2016). Most of my interlocutors addressed the nuclear and extended family's significant influence in making their career decision. A common topic of jokes among Palestinians is that becoming a medical doctor (Figure 4.1), or at least marrying one (Figure 4.2), is not a choice but a Palestinian child's obligation to his/her parents.

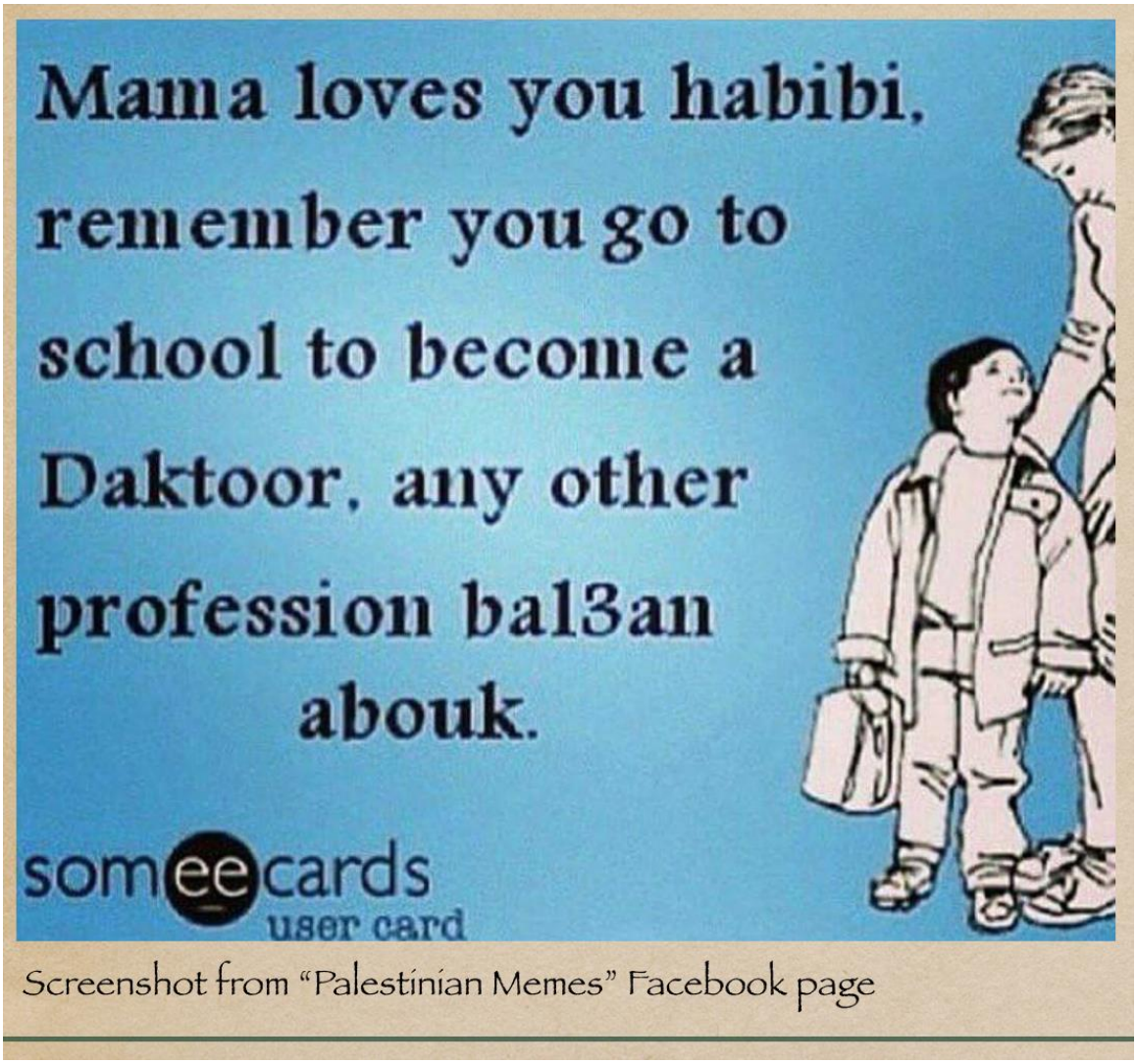



**Figure 4.1**: An internet meme shared on Palestinian Memes (2017a). habibi means: my love, Daktoor means: doctor, and bal3an abouk means: a curse on your father.


**Figure 4.2:** An internet meme shared on Palestinian Memes (2017b): "Go dance with the one dressed in black, her son is a doctor."

Moreover, becoming a medical doctor is a source of pride not only to family members but also to entire communities. Two small Palestinian towns, Arraba and Kafr Qara, are contending for the city with most doctors per capita in the world, gaining local (Al-Madar 2016, Bisharat 2017, Lori 2007) and international fame (Awawdeh 2015). In March 2017, the results of the Israeli Ministry of Health's medical licensing examination were announced. Immediately the popular "United Arabs – News from Inside 48" Facebook page became very active. Dozens and dozens of pictures of newly licensed Palestinian physicians were uploaded, drawing thousands of "likes" and congratulations. Some of these images featured young individuals in medical uniforms or fancy suits while others were grouped according to their hometown (Figure 4.3). Needless to say, no other licensing exam of any

other profession is even mentioned in this non-commercial, highly popular community Facebook page (with more than 300,000 followers).

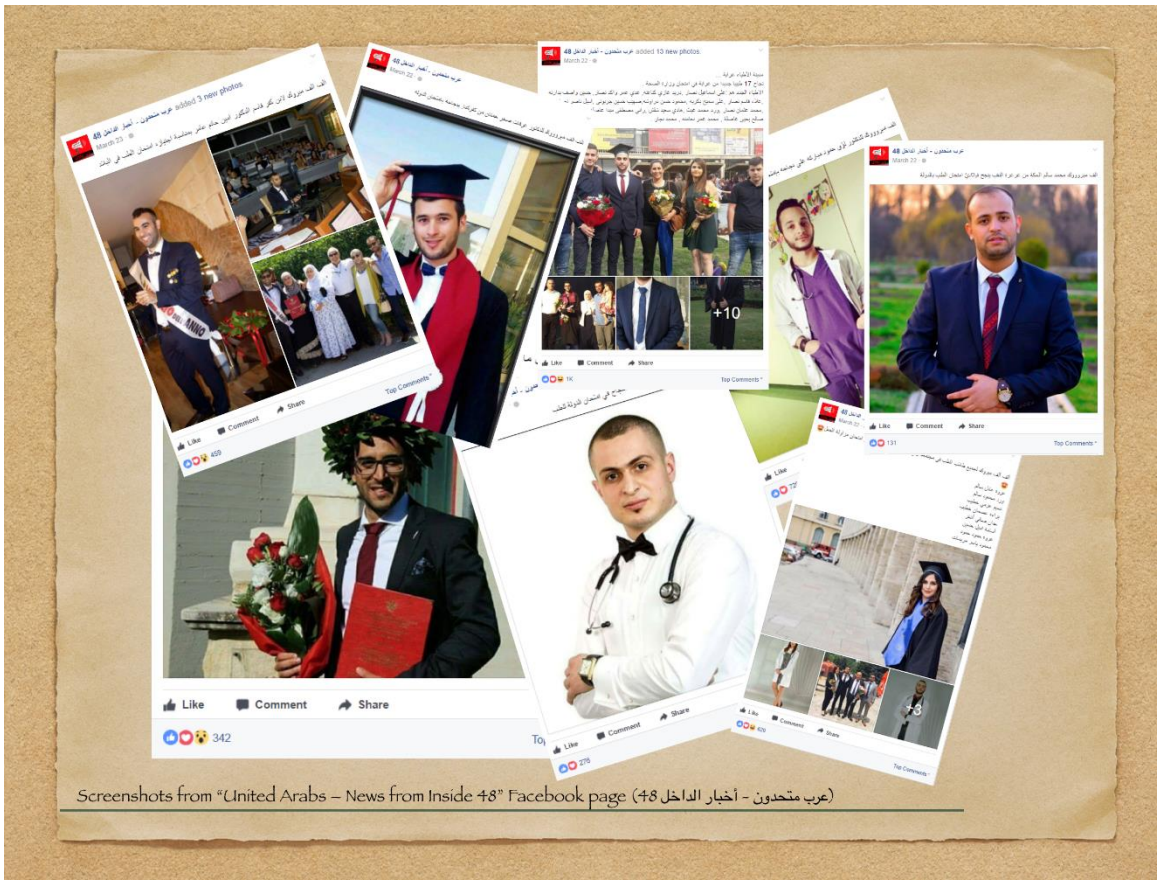



**Figure 4.3:** Facebook posts celebrating newly licensed Palestinian physicians.

Palestinian communities' support and pride in their young doctors does not end when licenses are awarded, and physicians' achievements are acknowledged publicly, emphasizing the families and hometowns of practicing physicians. One vivid example out of many is this post from May 2017 (We7di.48. 2017b), celebrating what one may consider a rather routine doctor's achievement:

> "We are proud of you. Lift your heads and be proud of a son of Deir Hanna [a small town in the Galilee], Dr. Nidal Khateeb, an otorhinolaryngologist in Safed Hospital, who received much honor a few days ago for extracting an object from an eight-month-old baby with no surgery. Dr. Nidal is a son of a family that works in the holy

> medical profession, his father is the head nurse in Poriya Hospital and there are four doctors in the family, Nidal, two of his brothers and his sister. The family, lift your heads!"

Indeed, the pride of individuals, families and communities sends a clear message to young Palestinians in Israel, marking a medical career as the top priority for exceptional members of the community. This is a major concern for Professor Riad Agbaria who is the former head of Ben Gurion University's School of Pharmacology, a member of the university's medical school's admission committee and the Advisor to the Rector for Arab Student Affairs. In an interview, he explained the unique position a medical career holds for Palestinians, and his misgivings:

> "In the Jewish sector, you can find someone who scored 780 in the psychometric exam [out of 800] and is enrolled in Philosophy, or in English. We don't have that. If you scored 730 in the psychometric exam? Medicine. This is a social disaster. Out of the top 500 [applicants] we could have had the Arab philosopher, the poet, who knows? An archaeologist, engineer… they all want medicine. And then, only 70-80 get accepted every year, and the rest start going around… 90% of them put pharmacy as their second choice and come here. Medicine and pharmacy, that's all…"


**Figure 4.4:** Imad Agbaria's office at Ben Gurion University of the Negev. His name in Arabic on the door was vandalized and erased.

Young Palestinians, their families, and their communities are very aware of the harsh discrimination in the Jewish-Israeli labor market and its resulting limitations on Palestinians'

opportunities for social and economic mobility. With a low employment rate in the public sector, no Palestinian academic institutions in Israel, and a Jewish-dominated private sector, routes for honor and prestige require Palestinians to secure recognition in chiefly Jewish institutions. However, as members of a Palestinian national minority whose encounters with Jewish-Israeli society are marked by constant suspicion and racism, as well as structural discrimination in educational infrastructure and reduced access to social capital, these routes are extremely hard to traverse. Within the volatile Israeli Palestinian context, medicine's dominating ethos of political neutrality takes some edge off a Palestinian's presence in a Jewish-Israeli public sphere (Keshet and Popper-Giveon 2017, Rosner 2016, Shalev 2016). Thus, medical and para-medical careers are considered by Palestinians as exceptional avenues, offering this uncommon integration in the Jewish-Israeli space.

Ashraf's choice to apply for medical school instead of studying Arabic, as he was originally inclined to do, is a pragmatic decision, to be able to plan an "orderly life." Parents encourage their successful young high-school graduates to choose a career that will allow their child a life of economic and social well-being. And communities celebrate individuals and their collective achievements in a Jewish society that leaves very little space for Palestinian pride. However, I argue, medical neutrality is a double-edged sword. The very neutralization of political volatility that draws so many talented young Palestinians to the medical profession also silences their political subjectivity. It is thus a success story that comes at extraordinary costs. Individuals, families, whole villages and towns push their way upward in the face of Jewish ethnocracy yet remain voiceless as political communities: "a social disaster," to quote Professor Agbaria.

But how do medical training and practice have this neutralizing effect on Palestinians in Israel? Consider the following segments from conversations I had with four of my most politically savvy interlocutors.

**Neutralized: Four Conversations about Medicine and Politics**

*Imad's choice*

Professor Imad is the director of a hospital unit in Israel. Having grown up in a famous political Palestinian family, he is now in his mid-sixties. Sitting in a fancy Palestinian café on a sunny winter afternoon, I asked him about his drifting away from political activity. He explained:

> Basically, it's time considerations. When you're younger and just graduated from med school, you started your residency, I mean… you're still twenty-five-six-seven you may be still going to demonstrations. But the moment you decide that you want to become a doctor, to teach, to do research, to advance [your career], you're just… and time moves on... and you complete your residency and become a senior physician… the time slipped away, slipped away… look, I didn't plan this… you see the briefcase I have here, this means I'm still working, I'm on my way to Hospital [X], that's my second job… I'm the medical director of hospital [X] and this is where I'm heading. I cannot avoid visiting a friend who's sick, just to see that he's being treated well... this is the life of a doctor, every day, every day. This is what you choose. […] This is a profession that, if you love it and if you feel that you can contribute by practicing it, you're totally invested in it. And I'm a very political person, I sit here with you and express my opinions and I'm telling you, I am appalled by our government, that our country is run by truly insane right-wing politicians. And I can tell you that our current situation here is very dangerous today […] I don't shy away from these issues, I express my opinions and I'm a political person. But in my day to day life, I can only think now how do I make time this afternoon to the thousand things I must work on. I have a lecture in two weeks in Tel Aviv, and in three weeks in Prague, and a course I'm teaching… I live this day to day. This is my calling."

Imad considers "love" for the profession, and, the feeling "that you can contribute by practicing it," the motivation and even obligation to be "totally invested in it." He considers his deep commitment to the medical profession, his "calling," as a choice, but a choice made

a while ago, when he made his first steps in a long medical career. This contribution, is humanistic and universal in essence. It is about practicing medicine as a vocation, providing care and saving lives. He does not experience it as a political act, serving his disenfranchised community, or opposing institutionalized wrongs. Imad thus expresses a disjuncture between being a "political person," having clear political opinions and voicing them daringly, and his "day to day life," in which he is almost exclusively preoccupied with professional matters.

*Maryam is not arguing anymore*

Dr. Maryam is an extremely sharp and impressive resident in internal medicine. She was in her late 20's when I conducted fieldwork in her hospital department. In one of our conversations, she told me that she stopped being politically active. When I asked when that was, she said: "I don't remember a specific moment in which I said, 'this is it, I'm out'." She did mention loud and heated debates in her class in medical school while the 2008-9 Gaza War was in full motion. I asked her if she decided to remain quiet in these debates for fear of being castigated by her classmates.

> Maryam: No, I'm not afraid of being chastised. I didn't speak up because there was no place for that. We were university students, we studied medicine, and it's unethical to talk about these issues.
> Guy: Well, they did speak out…
> M: I don't care. They spoke in a level that I don't like, they were shouting… 'to kill,' 'not to kill'…. This is not a civilized political discussion. I don't like it. And it's just stupid to answer a classmate who shouted at me: 'go study in Gaza.'
> G: I see… but why is it unethical?
> M: because if you're a doctor and you take an oath to treat human beings, with disregard to sex, race and such… so you're not supposed to be happy that Arabs are being killed, or to support a war. You're supposed to be the most humanistic person in the world.
> G: I agree. This is unethical, I think, whether you're a med student, a doctor or not. But these were not your opinions. You, as a med student, are saying something else, and you're speaking out against these atrocities. So maybe it is ethical… or maybe it's unethical to voice any political opinion?
> M: No. No. I don't think this is the right place to voice anyone's political opinion. And not in the way they expressed their opinion. So I chose not to engage.

G: Why is it not the right place to express anyone's political opinion?
M: Because in a class of med students it's not the right place to express political opinion. I don't know. I don't think that's right.
G: Okay, I didn't mean to be pushy [smiling]
M: No, you're not being pushy [laughing]. I just don't think it's the right place. I don't have any more explanations for that.
G: And in a sociology class?
M: Yes. They can express there whatever they want [laughing], and in a social sciences class, and such… yes, because this is what they're dealing with most of their time… […]
G: What about outside the classroom, did you have a chance to talk with your classmates about politics?
M: Yes. But we didn't get too deep into that. Because we knew that if we did, we would end up fighting and it will ruin our social relations. I can understand a Jewish person who served in the military and his brother was killed in a war and now he's supporting a war, I don't know where... but on the other end, he shouldn't want the war to be about killing citizens… I can understand that, right? […]
G: But you thought that if you get too deep into that then social relations could be damaged?
M: Yes, sure, what can you do? I will always be on one side and they'll be on the other…

Maryam thinks it is wrong to have a political discussion in a class of medical students. It is okay, and maybe even desirable to do so in a class in the social sciences. In a space where medicine is taught and practiced, there is "no place for that," it is "unethical to talk about these issues." In her words, the Hippocratic Oath to treat all human beings without prejudice is being reframed in a way that makes any discussion on difference "unethical." And it is not only the expression of bigotry or racism that is considered unethical in this space, it is the political discussion itself that is 'out of place.' Maryam's difficulty explaining her misgivings about this sense of pollution of medical settings is very telling. "I don't know. I don't think that's right" she said. It is a sense of right and wrong that is internalized in medical education in Israel, conflating a 'Hippocratic bubble" to shield medical settings from 'outside' conflicted political reality. Indeed, as Maryam's choice "not to engage" and leave the floor to an internal-Jewish debate, it is the Palestinian's participation in such discussions

that is considered dangerous. The fundamental divide, in which Maryam "will always be on one side and they'll be on the other," risks damaging social relations. It is the neutralization of the Palestinian voice that maintains an appearance of political neutrality and a shared space for "coexistence."

*Ashraf in a Shin Bet State*

Ashraf, the 21-year-old, second-year medical student who wanted to study Arabic, told me about a demonstration he had participated in. It was a heated demonstration against a government plan to disenfranchise Bedouin communities in the Negev and he ended up getting arrested by the police. He was applying to medical school at the time and I asked him if he was worried that being arrested might damage his chances of admittance.

> Ashraf: Definitely […] they [the interrogators] didn't hide it… one of them even told me "I don't care what happened there [in the demonstration], I will personally make sure you don't have any future," it was just like that. A few days before the Mor [admission examination] they called me for interrogation in the Shin Bet because I started… I had some friends from Balad [a Palestinian-Israeli political party] and I started to get closer with the party, so they called me for interrogation.
> Guy: How do you think they knew that you're getting closer to the party? Did you post anything on Facebook?
> A: Not really, they have their ways and they start telling you stuff that only you and two other people know… so they're trying to make you scared, like "we can hear whatever you say" … so it was like that and eventually he started telling me "you want to study medicine and be close to Balad? This can affect you," you feel like he is really threatening you, like if you go on with Balad then I…
> G: And then you were told that your medical studies can be harmed for being in contact with a political party in Israel??
> A: Yes. Yes. And eventually they even tried to recruit me [laughs]
> G: As an informer? A collaborator [*meshatef peula*]??
> A: Yes. Yes. Yes. He was like "if you want to get admitted, I can help you, if you help me" and I was like acting as if I'm interested… saying "so you can really help? You can really make sure that I get in?" and he was positive about it… eventually I told him "okay, I'll try to get in on my own, next year, if I fail I'll call you back… [laughs]
> G: So… do you think it's possible that among your classmates… [there are collaborators]

A: I don't want to think about it, I don't want to think about it. They are trying to make you think that everyone is a suspect, everyone is a potential informer… I don't want to think that way.

[…]

G: And then you stayed away [from political activism] because your parents told you "that's it," and you listened to them?

A: That's it, yes, I stayed away in the first year, and for the entire first year I didn't go to any demonstrations.

G: Were there any friends from Balad, saying like "one time he's arrested and he already runs away on us, he's scared"? Were they angry with you?

A: Yes. Yes. A lot, a lot. Because they thought that I'm doing exactly what they wanted me to do, "they wanted to threaten you, and you got scared." But I think that I'm entitled to be scared sometimes. And I was scared. Until now I think that in every single moment they can hurt me…

Ashraf was telling me about Palestinian demonstrations on the Israeli university campus. He said almost none of the organizers are medical students.

G: So why do you think medical students are generally avoiding this?

A: I think that it's fear. Because we are now in a very sensitive place, and every small thing can affect us negatively

G: more than a law student or a…

A: Law students? They think that they must be in these places, this has a lot to do with them... but the medical students… they're like "what is it to me?" Usually, the doctor should be detached from these politics. Though it's not really the case, I mean a doctor must treat everyone as equal, and that's true, but within this perspective they [medical students] think that you cannot be a party member for example… you must be neutral. And being neutral in these issues is no different from committing the deeds. I mean… I think that being neutral is bad… when there's a real conflict and a human issue like this, you need to express an opinion. If you don't, then the voice of the side you believe in is not heard. I mean. No one will hear you… but this cannot be changed…

G: Wait a minute… you are saying that "they think" that a doctor should be this and that, but who's "they"? other medical students? Or are they scared that the people in charge think that way and then voicing their opinions will put them in risk?

A: I think both.

G: The students believe that it is right to be neutral, and they also think that they're expected to be neutral?

A: Yes. And the second part is more correct. […] because after you reached such a sensitive place, you don't want the system… I really think it's the system to be blamed… but after you reached such a sensitive place, where so many people wanted to be admitted and specifically you got accepted, you don't want to miss this chance and you don't want to blow the "favor" they have done to you… it ends up that many people…

G: Why did you put "favor" in scare quotes? People consider this as a favor?

A: Of course it's a favor! I mean you're not…
G: What do you mean? These are your achievements…
A: But it cannot be taken for granted that you're here
G: As an Arab or as a student?
A: They could have chosen some Moshe instead of a Muhammad in the faculty, but they chose you. I mean, we have a lot of problems, but here, they did admit me, these are good people and they have done me a favor because they could have acted otherwise. When you think about it that way, many people believe, I do too, that it feels like everything you do is a privilege. It's a privilege that they had granted you. But it's not true, this is something we worked very hard to achieve!
G: Do you think that some people, and maybe even you, say to themselves "I'll just get the license and then I'll be active politically"?
A: Many people told me so. "Just get the license, why bother with politics now? Get the license, and then…" but even once you get the license, you cannot know how it will affect your promotion…. If you're a doctor and you've been active politically, how will you get a promotion? This will be with you for your entire life. Even once you get the promotion, do you want to risk losing it? So eventually this is a never-ending situation you're in. […] It's not taken for granted that if you were a good employee then you get the promotion. You need to be a good employee and match the profile, match yourself to the profile they want, you need to be, quote on quote, "loyal to the state," and you need to be a good Arab and you need million stuffs to be accepted. This is not from a professional point of view, and it's not about how you treat your patients. No. This is about how satisfied the system is with you. If they're not satisfied, then it will be hard to get a promotion, it doesn't matter how good you are. In my opinion.
G: Let me ask you now a difficult question… do you think that those who did achieve high ranked positions have paid the price of being loyal [to the state]?
A: Most of them, yes. I can tell you that in my opinion, at least most of them did. They did pay this price of giving up on a part of yourself to become a chief physician for example, or to become a hospital director. Take Nahariya [Hospital] for example, they have a [Palestinian] director who forbids employees from speaking Arabic, even amongst themselves! This is a heavy price you must have paid that had lead you to demanding Arab employees not to speak their mother tongue among themselves! This is crazy, it's not normal…

Like Maryam, Ashraf understands the unique context of medical training as a setting that is different in essence from other fields such as the social sciences or the law. Acknowledging common attitudes that "the doctor should be detached from these politics," he renders his classmates' conformity to the directive that they "must be neutral." Ashraf sees his fellow Palestinian students' compliance to political neutrality as both an ideological stance (like Maryam), and as an act of survival in a Jewish-Israeli dominated public system.

In fact, he admits that he also considers his admittance to medical school to be a favor, "they could have chosen some Moshe instead of a Muhammad." It is a "favor" that is but one piece of a chain of favors required to make a medical career as a Palestinian in Israel possible. He describes a sense of fear that is a part of his experience of training, thinking "that in every single moment they can hurt me." With this risk in the background, he considers successful Palestinian physicians in senior administrative positions almost as cutting a deal with the devil, "they did pay this price of giving up on a part of yourself." Ashraf is experiencing the contradiction he is stuck in quite palpably, he is describing the feeling of having no political agency in the face of pursuing his ambitions, of being 'neutralized.'

*Ahmad Tibi's turn to a political career*

Dr. Ahmad Tibi is a member of the Israeli parliament (Knesset) since 1999. In his late 50s, he is a vocal and articulate parliamentarian, very well known in Jewish and Palestinian publics, and is consistently polled as the most popular Palestinian politician in Israel. I met Dr. Tibi in his office in the Knesset only two months after he was re-elected in the 2015 elections as a member of the newly formed Palestinian Joint List, gaining some 11% of the votes and becoming the third largest party in the Israeli parliament. Dr. Tibi was at the center of public turmoil in 1987, when as a young resident in the Jerusalem Hadassah Hospital, a few months before the outbreak of the first Intifada (Palestinian uprising), he was harassed by a security guard at the hospital's entrance. Tibi was offended to be singled out as a Palestinian at the gates of his place of work and a small skirmish led to a quick hearing organized by the hospital, and to his speedy layoff. As a consequence, he left his medical practice and embarked on a political career (Ben-Porat 1999). I asked Ahmad about the possibility of combining a career in medicine and political activism.

Ahmad: A doctor who is a political activist will not survive in the health system.
Guy: A Palestinian doctor? Or any doctor?
A: No, I'm speaking about an Arab Palestinian, in the Israeli health system, an Arab Palestinian doctor who is a political activist will not survive a minute, not a minute! Days, weeks…. They'll find an excuse...
G: Was that what happened in your case with the security guard?
A: They fired me within an hour […] do you know why they fired me? Because in the hearing I said to the doctor who was the head of the committee that I will not put my pride aside, this is an issue of national pride for me. As I said that sentence, I was out! I said one word too many, "national pride." I was very much into that back then, I'm still today, not as much though. But I just said the word 'national pride' and I found myself out of work."

Dr. Tibi expressed clearly the incongruity of politically identifying as a Palestinian and holding a medical position in the Israeli health system. Ashraf is indeed a very young medical student, in initial stages of a medical career, but Tibi's case testifies to his grounded perspective on the risks that lay ahead. Being highly appreciated as a physician within the hospital walls could not prevent Tibi's harassment at its gate as a Palestinian. Moreover, expressing Palestinian national pride was a red rag in the face of the administration who was very quick to lay him off. A vivid lesson to his fellow physicians.

**Politics Aside**

Ashraf is in his early years of medical training, Maryam is a young resident, taking her first professional steps, Imad is an established senior physician and Ahmad no longer practices medicine. They all had to make choices between medical careers and political activism. Their experiences and those of many others of my interlocutors, in distinct stages of medical training and practice, reveal that Palestinian physicians are socialized to avoid expressing political opinions and political action in their training and workplaces. More importantly, this demand to put politics aside and become politically neutral is conflated to apply to their personal lives, neutralizing them as political subjects.

Medicine is a very demanding career. The long training, from medical school to internships, residencies, and fellowships leaves very little room for hobbies, personal lives, and political activism. The long work shifts, staying up to date in medical literature, conducting research, and assuming teaching and managerial responsibilities, make it very hard even for established professionals to become politically engaged. As the almost seventy-year-old Imad looks back on his life, "the time slipped away." Being a medical doctor for Imad and many others is "a calling," and it is a career choice that, once made, has a neutralizing effect on the political subject.

Like Imad, many of my interlocuters addressed their decision to pursue a medical profession as a calling, stressing the humanistic sentiment in saving lives and providing care. While it is, no question, a political act to attend to other people's needs in a public health system, it is, in practice, a politics in the service of the state. In a healthcare system in which resources are not distributed fairly, and discrimination and exclusion are institutionalized (Filc 2009), serving the system is not necessarily serving your disenfranchised community. As Palestinian communities, families, and individuals, are faced with the medical sphere as an almost singular route to make "an orderly life," the totality of this "calling" should be considered. These are leading individuals, sharp thinkers, prominent members of the community who will be entangled in medical books, clinics and hospitals, away from a national minority's public struggle for equality and collective rights.

However, this "objective" hindrance of time considerations, which is shared by medical doctors and other professionals worldwide, paints a very partial image of Palestinian physicians' reclusion from social and political struggles. As Maryam and Ashraf suggest, political activism is often considered 'wrong' or 'unethical' for physicians and medical

students. Maryam was very clear about it, saying "we studied medicine, and it's unethical to talk about these issues." As Ashraf pointed out, the inflation of a so called "Hippocratic bubble" (cf. Willen 2011:315) within which caregivers are expected to insulate their practice from controversial political debates is both a top-down process of medical socialization and an internalized ideal among practitioners and students. The Hippocratic principles of disregarding political considerations while providing care becomes, in a halo effect, an ethical rule of conduct which applies to all social interactions in the life of the physician, within medical spheres and beyond.

The burdens of such a moral principle are heavy. Avoiding political discussions or practices is not a personal choice, it is considered a moral obligation. The powerful and invasive idiom of medical ethics (Metzl and Kirkland 2010) is reflected in Maryam's inability to provide reasoning for her almost knee-jerk aversion to entering a political discussion with her colleagues. But these burdens lay much heavier on Palestinian shoulders. As in Maryam's class during the 2008-9 Israeli attack on Gaza and many other cases I documented, when Jewish-Israeli medical students and physicians engage in political activity and discussions, it is not considered to be a breach of medical neutrality. It is only when a Palestinian enters the "legitimate" inner-Jewish debate then it becomes "political" and hence wrong.

As discussed in chapters two and three, being 'political' or acting 'politically' in this context is narrowly defined and can be understood to mean as suggesting a politics that questions the Jewish monopoly on national aspirations in Israel. Palestinian students, citizens of Israel who express concern for Palestinians in Gaza as they suffer heavy Israeli artillery may suggest that their empathy is with fellow nationals (Palestinians) rather than fellow

citizens (Israelis). Working and studying side by side but also being "one of them," is a dissonance that Palestinian medical students and professionals face daily, as conveyed explicitly by the classmate who shouted at Maryam "go study in Gaza." In this context, Maryam avoided entering political debates outside of what she considered to be the sterile space of the classroom, knowing that "we would end up fighting and it will ruin our social relations."

For Ashraf, who was subjected to the secret police's methods of intimidations to disengage from political activism, these ideas of neutrality as an ethical principle are dubious. "I think that being neutral is bad" he says, making a moral argument that expressing physicians' opinions in the face of a human crisis is the right thing to do. "But this cannot be changed" he submits.

Ashraf's unequivocal stand contrasts with his own neutralization. Acknowledging that Palestinians' medical education and careers are considered "favors," his forced political neutrality is put in context. "I really think it's the system to be blamed" Ashraf says, and indeed, his case demonstrates how the "system" considers practicing medicine as a favor, as it can be taken away just as easily as it is given. The Shin Bet interrogator who threatened to compromise Ashraf's admittance to medical school if he continues to maintain his ties to a political party, offered, without a hitch, to help him get admitted to that same program if he becomes an informer. Similarly, Tibi's reputation as an excellent physician did not stand to his credit as he was fired "within an hour" when his Palestinian national identity was mentioned.

**Neutrality and Neutralization**

The concept and promise of political neutrality is partly appealing to young, successful Palestinians, because it seems to offer an exit, an escape, a refuge from being the object of pervasive suspicion and exclusion. It is a ticket, a currency for social mobility, economic security, and individual and community prestige. But this ticket, like in a Hans Christian Andersen fairytale, comes in the price of their tongue. As they embark upon the long road of medical training and practice, they lose their intellectual voice and their potential to "lead the voiceless." Without an organic Palestinian tongue, a tongue that speaks their shared "conception of the world" (Gramsci 1971:349) with their co-nationals, their power to narrate their nation into being, to be acknowledged under Israeli rule is vastly limited.

Indeed, one cannot expect Imad, Maryam, or Ashraf to become the next Mahmoud Darwish and narrate a Palestinian nation in the exceptional way that he has achieved. But poetry, or literary work, is not the only way to narrate a nation. Physicians are well positioned, as specific intellectuals in the realm of "life and death" (Foucault 1977:129), to be their community's organic intellectuals and advance their national collective. Physicians' involvement in state sanctioned national politics is well documented (Filc 2006, Kanaaneh 2002, Ticktin 2006, Wendland 2010). Although much less common, physicians have been shown to be involved also in oppositional national politics in various contexts (Aciksoz 2016, Hamdy and Bayoumi 2016, Kennedy 1990) and, in Israel[1]. As Kennedy's (1990) work on

[1]I look closely into that in a work in progress, tentatively titled: Medicine Vs. the State: Jewish and Palestinian Physicians' Role in the Struggle Against Force Feeding in Israel. In this paper, I explore physicians as specific intellectuals and how they had impact on the general moral and political discussion in the case of force feeding in Israel (particularly between 2015-2016). In this struggle against forced feeding of hunger striking Palestinian political prisoners, the Israeli medical Association, led by its chairman Dr. Leonid Edelman in the front with

Polish physicians in 1980-1981 showed, medical professionals can draw on their expertise in health, to stake claims on broad national ethical and political issues (cf. Rivkin-Fish 2005).

The medical profession's impact on the neutralization of Palestinian organic intellectuals is thus twofold. Firstly, as Professor Agbaria commented, young Palestinians' and their communities' obsession with medical careers comes on the expense of forming a broader intellectual elite. He considers the lack of Palestinian philosophers, archaeologists, and engineers to be a "social disaster." Indeed, narrowing the realm of action for Palestinian intellectuals to one professional sphere seems to be problematic. Specific intellectuals' impact notwithstanding, Kennedy (1990:286) admits that "as the consequence of intellectual contribution grows, the tendency of the intellectual to address general questions recedes." Furthermore, specific intellectuals, who draw on their expertise in a specific field for authority, find it difficult to apply it in other spheres and in relations to universal questions (Kennedy and Suny 1999:22).

Secondly, not only limiting Palestinians' career motivations to one realm hinders Palestinian organic intellectuals, but also the particularity of the medical field. Whether it is the long hours of delving into medical books and research, or the demanding clinical work, the medical profession as a 'calling' leaves very little room for political action. In the Israeli context, medical ethics, taken very loosely to mean that physicians must avoid any divisive speech or act, inflate a Hippocratic bubble that encapsulate the professional and personal lives of Palestinian physicians. Within this bubble, the most controversial of topics is especially silenced: Palestinian national identity. The ticket to be accepted as equal that is granted by medical neutrality becomes immediately void as Palestinian citizens of Israel dare

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Physicians for Human Right and local physician groups (in Soroka and Ashkelon), in the background, and deep in the shadows, Palestinian physicians who made sure that their involvement in this struggle is kept unknown.

to evoke their Palestinianess. Hinting at their silenced and erased national belonging lifts the thin veil on Palestinians' 'inclusion' in an alleged medical realm of 'coexistence.' Social relations will possibly be "ruined," Palestinian citizens risk being called to "go to Gaza" to join their besieged co-nationals, and in some cases a speedy layoff is looming.

Ambitious and smart Palestinians dedicate their efforts and talents to a public system that is structurally discriminatory against their communities (Filc 2009). This is a system that, as the host of the Independence Day ceremony noted, along with providing routine health services, is considered by the state as an essential aspect of its civil and military might in the occupation of Palestinian communities. For a Palestinian, being a physician is thus providing care for your co-nationals (among others), but hardly a national political act.

For Palestinian physicians, losing their voice as Palestinians is key to their inability to become organic intellectuals, to weld together their collective's "dispersed wills, with heterogeneous aims" (Gramsci 1971:349) into a coherent objective and a collective act. If they are incapable of speaking as Palestinians, to voice the national hopes and demands of those who share their everyday experiences of political erasure under ethnocratic rule, then they are unable as organic intellectuals to lead their people to change.

Importantly, this process of neutralization in the name of medical neutrality is not so much a characteristic of the medical field but one that is applied particularly to Palestinians. It is Palestinian national identity that is considered to be a taboo, a breach of political neutrality, a pin in the Hippocratic bubble. And the burden of maintaining the ideal of coexistence between Jewish Israelis and Palestinians in this lauded singular realm of "normality" rests squarely on Palestinians' shoulders.

But, as Ashraf noted, while Palestinian physicians and medical students internalize these "ethical" restrictions on their national belonging, the creation of such limitations is still a largely a top-down process. When the Israeli secret police, the Shin Bet, enforces Palestinians' muteness as a condition for acquiring a medical education and health care institution's executives terminate a physician's career over his political expression, those in power make it clear that Palestinian doctors may not participate in a political party's activities or to voice their national pride. "The system," in Ashraf's words, does allow Palestinians to practice medicine, they may advance successful careers, be appreciated as clinicians, excel in research and assume managerial positions, but these are all given as "favors." A Palestinian's career is pieced together from a chain of favors, from admittance to medical school to becoming hospital directors. Dependent on "the system" for their medical careers, Palestinians are "giving up on a part" of themselves. As Ashraf commented, they are neutralized as political subjects.

For Gramsci, the subaltern's inability to organize is their underlying hindrance in overcoming their subordination (Crehan 2002:132). It is the organic intellectuals' responsibility to be the organizers of the oppressed, as W. E. B. Du Bois acknowledged when he urged educated African-Americans to be "leaders of thought and missionaries of culture among their people" (Du Bois in Kurzman and Owens 2002:76) to redeem their communities. 70 years after the Palestinian nakba, their collective catastrophe of national destruction and displacement, what is at stake is still a "spiritual crisis" of intellectuals (Faris 1988:12), as Constantine Zurayk argued in 1948. If the intellectual is a function, a responsibility, that is defined by "their place within the general complex of social relations" (Gramsci 1977:8), then exploring the formation of this social construct or lack thereof is

essential in understanding this crisis and its effects on Palestinians under Israeli ethnocracy. When the Palestinian corps d'elite remain voiceless in the name of medical neutrality, the consequences are more far reaching than individual physicians' political choices. The neutralization of individuals is a neutralization of the collective.

# CHAPTER V

## A DOCTOR'S TESTIMONY: MEDICAL NEUTRALITY AND THE VISIBILITY OF PALESTINIAN GRIEVANCES IN JEWISH-ISRAELI PUBLICS

Dr. Izzeldin Abuelaish, a Palestinian physician from the Gaza Strip, describes his experience as a father and a doctor at moments of immense loss:

> I was trying to sort out who else was injured. Shehab had shrapnel in his head and back. I was trying to check his wounds as I held Shatha in my arms, when I looked up to see Mohammed, and was stricken by the thought that he'd just lost his mother and now his sisters were gone. I did not realize that tears were streaming down my face (Abuelaish 2011:178).

Izzeldin Abuelaish's life story is a story of a refugee, of life under occupation, life under siege. He was born in 1955 in the Gazan Jabalia Refugee camp, seven years after the *Nakba* (the Palestinian 'Catastrophe'), when his people were expelled and stripped of their land in the aftermath of the 1948 war and the founding of the state of Israel. He grew up destitute, the oldest of nine siblings. At the age of 12, the Israeli military came back into his life as the Gaza Strip was occupied during the 1967 war. Under the dire conditions of martial law, young Izzeldin struggled to help support his family while holding on to his dream of becoming a physician and serving his devastated family and people. After graduating high school, 20 year old Izzeldin managed to get a permit to attend medical school in Cairo. Upon his return as a certified doctor, while working for the UN in occupied Gaza, he formed collegial relations with Israeli physicians and was one of the first and very few Palestinians to be invited to complete a medical residency in Israel. After completing his education, Izzeldin's professional life continued to involve an unusual combination of Gazan and Israeli

experiences and spaces: Away from his family, beyond checkpoints and concrete barricades, Abuelaish worked alongside Israeli medical staff, attending Israeli patients in a large public hospital. He returned weekly to his family, to his home under Israeli military occupation.

In 2005, Israel withdrew its forces from the Gaza Strip but retained military control over all border-crossings. In 2007, Israel instituted a complete siege over the densely populated territory and its 1.5 million residents, including Abuelaish and his family. This terminated Izzeldin's ability to travel across checkpoints and practice medicine in Israel. Abuelaish's next encounter with the Israeli military was during its incursion in 2009. Israeli tanks shelled his house, launching two direct hits and killing three of his eight children and his niece.

The 2008-2009 three-week Israeli military incursion into the Hamas ruled Gaza Strip resulted in around 900 civilian causalities and thousands of wounded men, women and children (United Nations 2009). The Abuelaish family was sadly only one case in a surge of Palestinian suffering. However, limitations on media access to combat zones, military censorship and the self-conscription of media producers and editors rendered Palestinian casualties and losses practically invisible in Israeli media coverage (Stein 2012). Although an extreme case, the control over reporting the Gaza War was by no means exceptional and the same mechanisms are in place on different levels, during less eventful times as well (Azoulay 2008). It should be noted that while Palestinian voices are abundant and can be easily found on the internet, for most Jewish-Israelis, being able to access such internet material would entail searching deliberately for it, mostly in a foreign language, in a move that would be motivated – if not by a skepticism that the Israeli news media is objective, then by an openness to considering that the mainstream Israeli discourse may not be telling the whole story.

In light of this general inaudibility of Palestinian suffering, Abuelaish's tragedy gained an exceptional degree of visibility in the Israeli media. Minutes after the tragic shelling, Dr. Abuelaish phoned Israeli Channel 10 reporter Shlomi Eldar, during a live news broadcast, in hysterics, to inform him and the Israeli military of their terrible mistake. Their four-minute conversation was uploaded to YouTube and became a viral video (Channel 10 News 2009). In April 2010, Abuelaish published his memoir, *I Shall Not Hate,* in Canada, where he immigrated with his surviving children; a Hebrew translation was published in Israel in March 2011. In September 2012, a theatrical adaptation of Abuelaish's memoir premiered at Habima, the Israeli national theater in Tel Aviv, and was performed through 2014. Each of these events spurred many other subsidiary media references such as news reports, interviews, op-eds, and literature and theater critiques.

This unusual circulation of one Palestinian's testimony of suffering stands at the center of this chapter. I argue that what made this circulation possible was Abuelaish's perceived position as simultaneously an 'insider' Palestinian and, at the same time, a rational and benevolent 'outsider' physician. Abuelaish is a witness. He testifies to his experiences as a Palestinian under Israeli rule and bears a collective act of witnessing on behalf of his people. At the same time, he presents his story as a doctor's story, drawing on his identity as a medical professional to gain credibility and to suggest that his commitments as a physician make him a special kind of witness. In this chapter, I explore his testimony as a medical voice that at once recounts the suffering and loss endured by the Palestinian people, and also struggles to negotiate the values that many non-Palestinians associate with being a "reliable" witness – most specifically, that of medical neutrality. The idealized status of the medical

humanitarian, politically neutral physician, enabled Abuelaish to challenge the silencing of Palestinian grievances in Jewish-Israeli publics and render them audible and legitimate.

In what follows, I first outline the sociopolitical boundaries that render Palestinian testimonies invisible to Jewish-Israeli publics and consider the possibilities of forming a border-crossing public. I then move to a discussion of medical and Palestinian traditions of bearing witness and examine the ways these traditions provide a foundation for a negotiated inside-outside witness position. By examining how Abuelaish produces his testimony and the consequent social life and reception of his story in Jewish-Israeli publics, we can see the significance of medicine's image as a humanitarian profession in making the anomalous circulation of this testimony possible. I conclude by reflecting on the political possibilities and limitations of medical witnessing to render suffering visible and arouse compassion towards those construed as a dangerous/enemy Other.

**Can the Palestinian Speak?**

In an ethnographic study of Palestinian journalists, Amahl Bishara (2013:50-2) argues that many global media consumers doubt Palestinians' credibility as representatives of objective knowledge and truth. Seen as "epistemic others," Palestinians' ability to testify even about the reality they endure is considered severely limited. According to Bishara, orientalist perceptions of Arabs as unable to adequately represent the world, together with their depiction as enemies and threats, generate assumptions that the Arab voice is biased and untrustworthy. Their statelessness adds another level of suspicion and mistrust to wider public perceptions. Bishara (2013:83) shows how certain kinds of expression are limited to citizens, for the very status of citizenship "undergirds claims to political expertise" (Bishara 2013:51, cf. Allen 2009). Palestinians' alterity, their inability to assume the status of

national-political subjects, further undercuts their recognition in the global imagination as credible witnesses.

Bishara's observation that citizenship, as a semiotic vehicle of identification between citizens and their state, implicitly conveys an image of a population as *governed*, and thus inevitably more credible than non-citizens, is valuable. But it might be too narrow a frame. As media theorist Ariella Azoulay (2008) indicates, citizenship also entails a responsibility toward fellow governed human beings, enabling channels of communication between citizens and non-citizens. Azoulay suggests that the unintentional encounter of strangers in solidarity and partnership in the act of photography – photographer, photographed subject, and spectator – can also be viewed as a form of citizenry. She argues that while the mechanisms of the state, as well as citizens' identification with them, frame Palestinian suffering and render it invisible, the 'civil contract of photography' carries the potential to transgress national borders and create a different kind of collectivity with its own set of responsibilities.

The formation of this kind of collectivity can be further illuminated by Michael Warner's (2002) conception of *publics* as self-created and open-ended collectivities. A public is self-organized in the sense that a text is produced within a public and for a public; then, the text addresses individuals, calls for their participation and attention and thus creates a public. The principle of self-creation is central to the understanding of a public as a collective that is distinguished from institutionalized social totalities and thus contains the potential to surpass their borders. However, text-based collectivities, according to Warner and Azoulay, are in constant interaction with social totalities. According to Warner, to be truly self-organized and open-ended, a public must be predicated on an unrestrained circulation of texts. However, if

a public is organized by texts that are addressing that same public, preexisting conditions must be in place. Thus, the very existence of a public is intertwined with other publics and social totalities, and an examination of the possibility of the formation of some publics and the impossibility of others has to account for the limitations of circulation.

Understanding the formation of a collectivity that binds individuals across social totalities requires considering the "local conditions [that] affect the generalized form of relations between the visible and the invisible" (Azoulay 2008:193). As Azoulay shows in her analysis of circulations of photographs of Palestinian suffering in the Israeli media, hegemonic institutions and national ideologies threaten the civil contract of photography, reconstruct social borders and mobilize members of social totalities against each other. However, the very same social totalities that create the local conditions that limit the border-crossing circulation of texts also lay the "preexisting forms and channels" (Warner 2002:75) that enable them. As will be further elaborated, the continuing presence of Abuelaish's story in Jewish-Israeli media, literature and theater suggests that this specific text indeed created a border-crossing public. Notably, there were preexisting channels that enabled the usually impermeable borders between Jewish-Israeli citizens and non-citizen Palestinians to be transgressed.

In both the memoir and dramatic genres, the framing of Abuelaish's story as "a doctor's story" implies that the ideals of medical professionalism played a role in bringing into existence an otherwise impossible border-crossing collectivity. Medicine in the Israeli-Palestinian context can be characterized as an infrastructure built on long-standing assumptions that idealize biomedicine as based in science and positioned outside social, political, or subjective interests. This romanticized view of medicine is, of course, not unique

to the Israeli-Palestinian context. Talcott Parsons' (1991[1951]) classic analysis of medical professionals presented a universalistic, functionally specific, affectively neutral social role. A voluminous body of research in medical anthropology challenges this image by deconstructing physicians' alleged emotional neutrality (Good 1994, Smith and Kleinman 1989), cultural neutrality (Gordon 1988, Taylor 2003, Wendland 2010) and moral neutrality (Metzl and Kirkland 2010, Petryna 2012, Willen 2011). Accounts of doctor-patient relationships (DelVecchio-Good and Good 2000, Kleinman 1988, Rivkin-Fish 2005) as well as global humanitarianism (Fassin 2008, Redfield 2013) further problematize claims for a power-neutral medical profession. Despite these efforts toward deconstruction, contemporary scholars acknowledge that the claim of neutrality still holds force, even as it impedes our understanding of the actual social and political dynamics of healthcare (Beagan 2000).

Medicine's claims of neutrality have often been critically analyzed for ignoring the field's complicity in past and ongoing colonial and imperial projects. Jean Comaroff (1993) revealed the dialectical interplay of medicine and empire in the colonialization of Africa. Medicine served to regulate the relations between the "civil" and the "unruly" and provided scientific justifications for the humanitarian claims of the colonial project. This dark past of colonial medicine still haunts medical encounters (Keller 2006) and similar scientific pretense dominates power relations today (Petryna 2009). Also in the context of Israel/Palestine, medicine's aura of neutrality has been analyzed as manipulated by Israeli public relations as justifying occupation and the demographic control over Palestinians (Kanaaneh 2002) through creating distinctions between the enlightened from the barbaric (Bornstein 2010).

However, as I show in the case of Abuelaish, these same assumptions can also serve to conceal what Israeli publics deem unworthy of cognizance. Medicine's political neutrality allows the voice of the physician to be heard above the white noise that generally blocks Palestinian suffering from becoming audible. What makes the doctor's testimony audible while so many other Palestinian witnesses are rendered mute? In order to answer this question, I now turn to examine tensions in the act of bearing witness and more specifically, the ways Palestinian traditions of witnessing seek to reconcile and negotiate these tensions.

**Palestinian Witnessing**

Emile Benveniste (1969 in Fassin 2008) differentiates between two Latin words for 'witness': *testis* and *superstes*. Testis refers to a 'third party,' a disinterested witness to an event whose testimony is based on observation and gains its credibility from its presumed objectivity. In the realm of science, the roots of the modern objective testis can be traced back to the 17th century English *modest man*: "A man whose narratives could be credited as mirrors of reality" (Shapin and Schaffer 1985:65). The Superstes, by contrast, is a person who experienced the event 'from beginning to end,' and survived to testify about it. In the contemporary moment, the superstes is figured in the ideal of the 'survivor,' the *complete* witness who endured the worst of adversities (Agamben 1999, Felman 2000, Wieviorka 2006).

However, as Fassin (2008) argues, these two ideal witness positions are increasingly recognized as insufficient. In the "age of prooflessness" (Felman 2000:110), the modest witness's 'outside' perspective fails to "move" its audience and elicit compassion for the suffering subject. At the same time, survivors' 'inside' testimonies are, by definition, one-sided and thus perceived as lacking credibility. In light of the anxieties surrounding these two

idealized forms of witnessing, Fassin (2008) shows the tactics of differently positioned groups seeking to have their testimonies acknowledged: 'outside' humanitarians adopt the language of the superstes, while survivors avoid the testis-like 'inside' affective parlance and draw on factual evidence.

The tension between the insufficient inside and outside perspectives calls for an imperfect testis, an imperfect superstes, neither a modest nor a complete witness. Such an imperfect yet negotiated testimony can be found in Palestinian traditions of bearing witness. Palestinian cartoonist Naji al-Ali's Handala – a barefoot refugee child is "a symbol of Palestinian resistance and defiance" (Hamdi 2011:25). He appears in all of al-Ali's cartoons and is "silently observing a world dominated by Arab corruption, Israeli repression, and American imperialism" (Collins 2004:63).

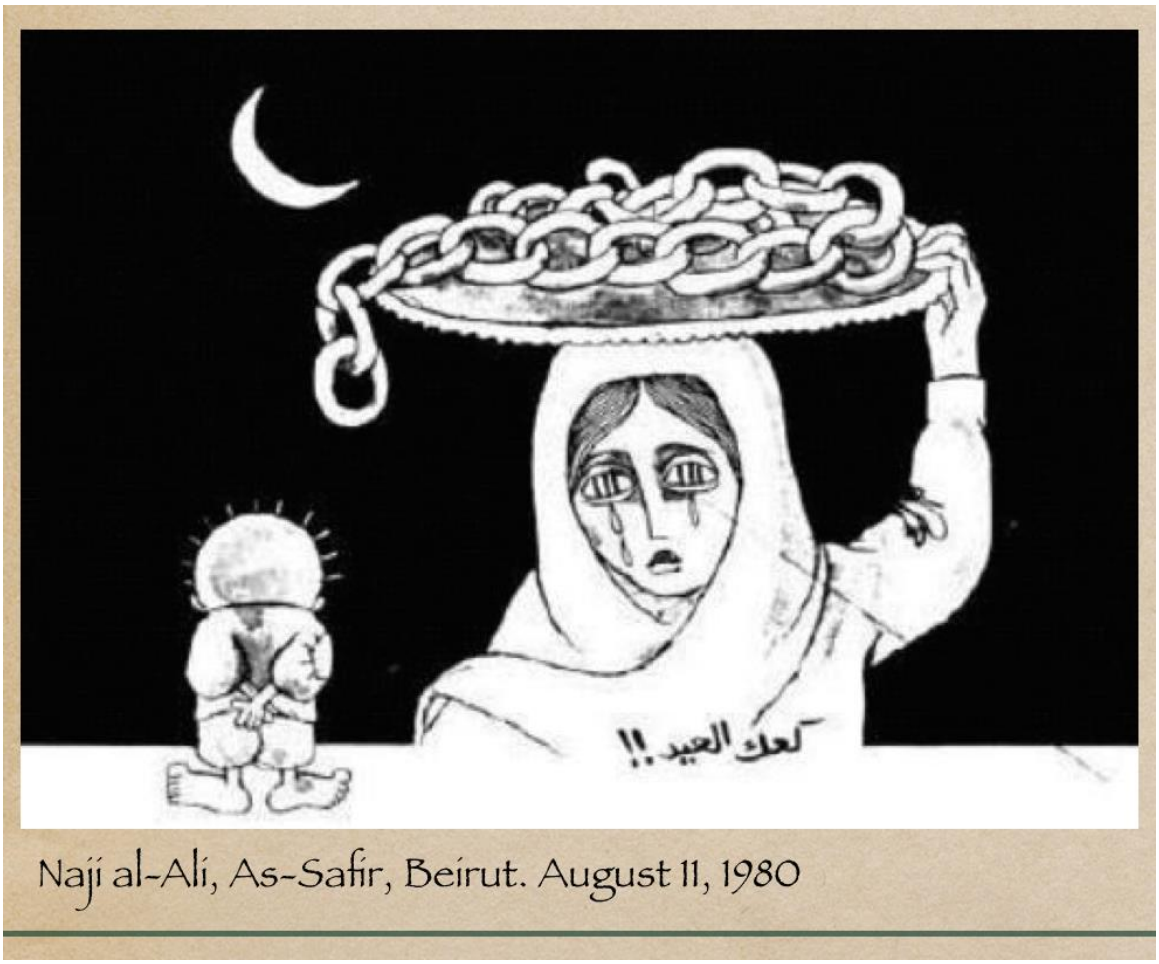


**Figure 5.1:** "Holiday sweets!!" Naji al-Ali

The duality of inside and outside is probably the most important binary that the character of Handala aims to reconcile. His figure is usually positioned at the corner of the cartoon, standing on a separately colored plane (figure 5.1). His back to the viewer can be interpreted as a sort of disinterestedness and his clasped hands as passivity. Cartoonist Joe Sacco emphasizes this modest position: "Handala's stance says, don't mind me. I'm off to the side. Watching. Recording. And I know exactly what you are doing" (Sacco 2009:viii). On the other hand, in al-Ali's cartoons, Handala is not always standing passively in the corner of the picture with his hands clasped. Handala's bearing witness is sometimes active, participating in the Palestinian struggle (Figure 5.2).

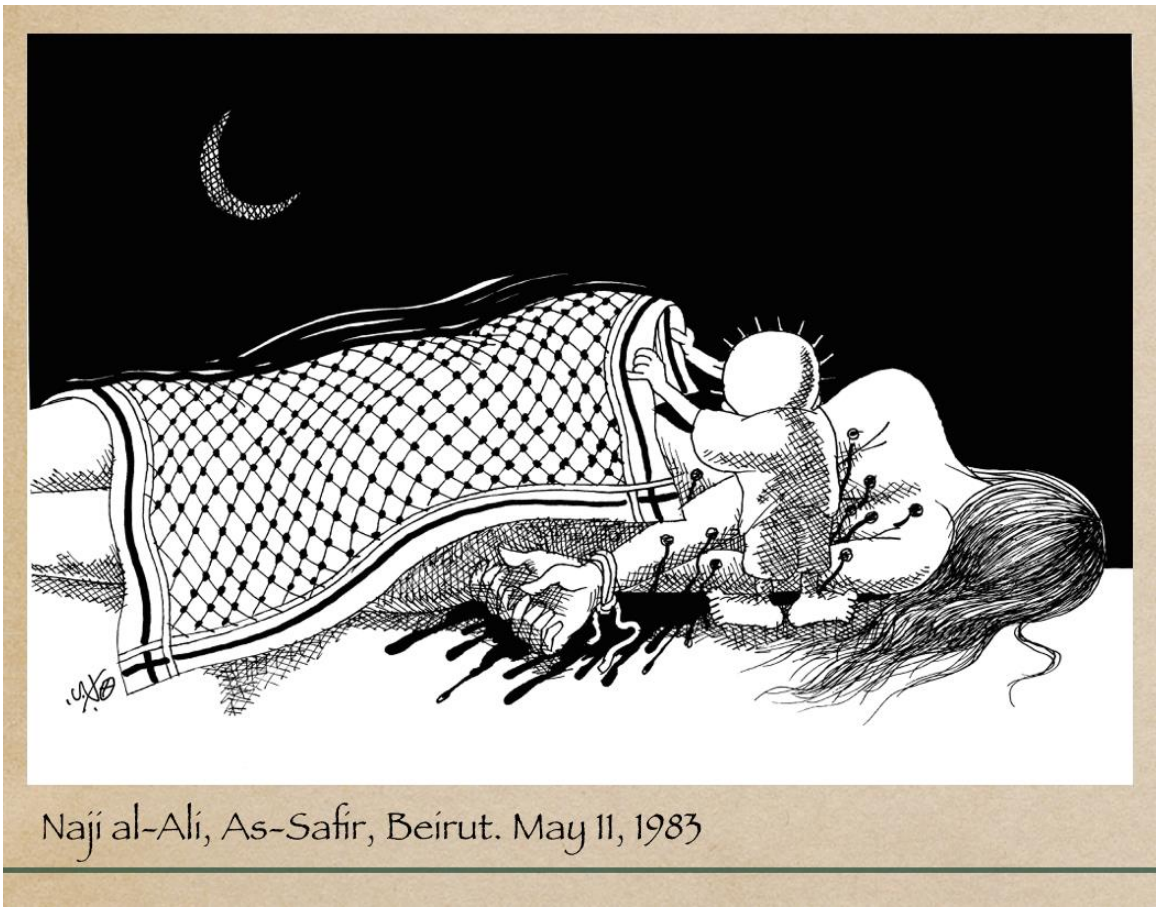


**Figure 5.2:** Sabra and Shatila massacre, Naji al-Ali

Neither a complete witness nor a modest one, Handala is inside and outside at one and the same time, witnessing Palestinian suffering as a part of the picture but always with his back to us (Figure 5.3). Literary scholar Tahrir Hamdi (2011:23-24) claims Handala represents a Palestinian literary sub-genre of bearing witness in which the "witness writer is inevitably encapsulating her or his people's suffering," the author's writing of herself is also a writing of her people. In an exhibit of al-Ali's cartoons at a Palestinian refugee camp in Jordan, an anonymous note was left in the visitors' notebook: "When I held you from behind and turned your face, I saw my homeland" (Najjar 2007:282). Negotiating ideal stances of witnessing, Handala's testimony became a collective act of bearing witness.

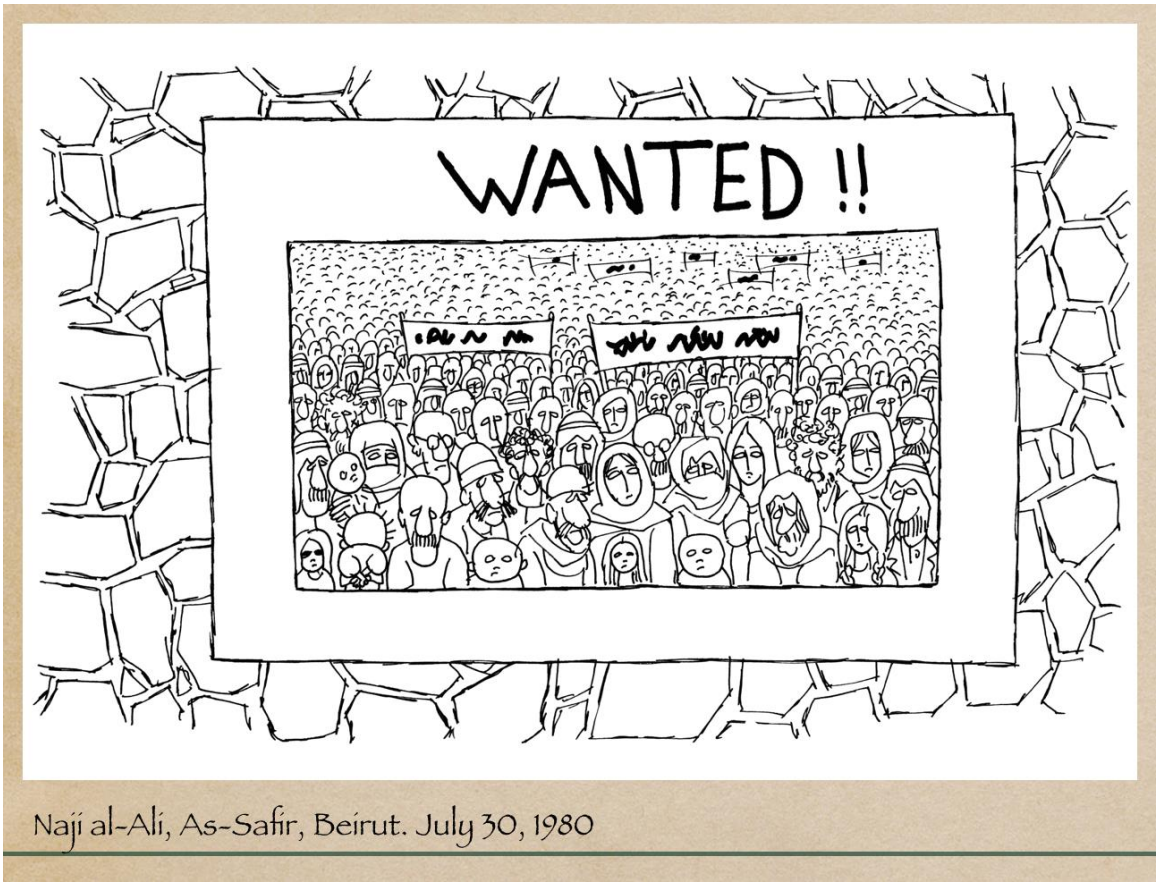


**Figure 5.3:** Insider-Outsider, Naji al-Ali

How might Handala bridge the duality of testimony? A clue can be found in a third kind of witnessing. Agamben (1999) presents the *auctor*, the author. "Testimony is thus always an act of an 'author': it always implies an essential duality in which an insufficiency or incapacity is *completed* or *made valid*" (Agamben 1999:150 my emphasis). I will replace here the 'or' with an 'and' and stress the idea that testimony has become a form of authorship that both 'validates' the immodesty of the testis and 'completes' the incompleteness of the superstes.

In his introduction to a collection of Palestinian children's paintings titled *Faithful Witnesses,* Palestinian artist Kamal Boullata (1990:16-19) invites his readers to "experience

reality as closely as possible through the child's most innate sensibility." The children's "innocence," "raw power" and "freshness" are central to their faithfulness as witnesses. Children's faithfulness has a twofold meaning: "not only 'faithful' in the sense of giving accurate depictions of what they have seen, but also 'faithful' to the national project" (Collins 2004:66). Thus, al-Ali's choice of a child-witness draws on the idea of children as having the authority of 'raw power'– free from prejudice and interests but also loyal and engaged.

**Medical Witnessing**

As we have seen, the Palestinian as witness is a figure shrouded in doubt, both in Jewish-Israeli society and the global media more generally. Palestinian genres of witnessing have seldom been able to overcome these silencing forces. Abuelaish's personal story, however, crossed the borders and attained the credibility that comes from the rare, successful negotiation of the insider-outsider dilemma. What is it about medicine that provided him a channel to be heard? Can medicine offer a broader foundation for such a negotiation between disinterestedness and engagement? Is medicine not also entangled in similar dynamics?

A key dynamic in medical training, which further serves to structure physicians' emotional lives, is the concept of 'detached-concern.' As one medical student explained in a now classic sociological text, "The doctor should get involved emotionally – after all, the patient is not an inanimate object – yet he should not get carried away, he's got a job to do" (Lief and Fox 1963:55). Although decades have passed since Renee Fox's early medical sociology studies, and both the concept and its implementation have been roundly criticized (Halpern 2001), detached-concern remains an essential part of medical education today (Cadge and Hammonds 2012:267). In a recent autobiography reflecting on the use and

interpretation of the influential concept she coined, Fox (2011) emphasizes that 'detachment' and 'concern' ought to be seen as dualities rather than dichotomies (in Cadge and Hammonds 2012:267). Hence, medical training for detached-concern – not as an oxymoron but as a space of negotiation in practice – serves as a foundation for doctor-witnesses' attitudes and values.

Moving on from training to practice, Peter Redfield's (2013) study of Doctors Without Borders (MSF), is an interesting account of doctors' negotiations of inside and outside testimonies. He locates MSF's contemporary mode of testimony within a history of witnessing that has shifted from performing the disinterested, scientific, modest witness, into a bearing of witness that also retains attachment with human affairs and suffering. Using personal narratives and quantitative data, MSF produces a testimony of truth that is "at once universal and restricted, impassioned and removed" (Redfield 2006:17). As mentioned earlier, in the Israeli-Palestinian context, the humanitarian professionals of MSF negotiate their insider-outsider position by drawing on their capital of credibility as outside-testes while employing the language of inside-superstes in order to affectively move their audience (Fassin 2008).

For MSF's doctors, the reality to which they bear witness is a form of 'distant suffering' located in a periphery, briefly visited by experts from the center. They work within a "humanitarian space" (Redfield 2013:162), an abstract formulation within which humanitarians can act as neutrals – located *outside* conflict – and thus protected from aggression. This assumed safe place is predicated on the exceptionality of medical practice as a beneficent, politically neutral practice. The doctor-witness discussed in this chapter, on the other hand, is strongly embedded in the *inside* of the Israeli-Palestinian conflict. Abuelaish

routinely crossed checkpoints between the Gaza Strip and Israel on his way to his medical practice, only then to face strict boundaries within the hospital. As a doctor-with-borders, Abuelaish's acts of bearing witness are complicated crafts of border crossings. As an insider, a Palestinian "epistemic other" from the Israeli perspective, the exceptionality of medicine as a politically neutral practice becomes more acute to his ability to become an *auctor* and negotiate an insider-outsider testimony. In what follows, I examine Abuelaish's authorship, his production of a negotiated testimony in his memoir *I Shall Not Hate*.

**The Production of a Doctor's Testimony**

In the context of Palestinian traditions of bearing witness, Abuelaish's memoir can be understood as a "writing of his people." His book, subtitled *A Gaza Doctor's Journey*, is framed as a doctor's testimony, written from a medical perspective. His story is not *just* a story but a specific kind of story – a life story of a doctor, witnessed by a doctor. Thus, a few questions arise in the Palestinian context: What is the role of his medical profession in this testimony? How is medicine perceived and used in his narrative? And, in what ways does he link being a doctor to specific meanings and social implications regarding his experiences as a Palestinian?

In several references, Abuelaish emphasizes the neutral position medicine holds amidst unavoidably conflicted reality:

> I love my work because a hospital is a place where humanity can be discovered, where people are treated without racism and as equals. In the brotherhood and sisterhood of medicine, we make an oath to care for the sick when we graduate. Whether it is the Hippocratic Oath, the Prayer of Maimonides, or the Declaration of Geneva, no matter where in the world we graduate or what language we speak, we leave our differences outside those walls and we are dedicated to saving lives (Abuelaish 2011:92).

Abuelaish here portrays the hospital as a haven of justice and equality, a place where "humanity can be discovered" from within an otherwise inhumane reality. Caregivers are brothers and sisters, cooperating in the same project, equal partners working toward a common goal of providing treatment to whomever is in need. This shared project is perceived as a universal endeavor and echoes the familiar story of biomedicine as universal and politically neutral. When retold in a context of endemic conflict, this story carries a particular resonance, suggesting a utopian alternative to existing conditions. And if Abuelaish's experiences with Israeli physicians validated his utopian concept of medicine, his memoir concedes that the 'walls' of the hospital were not always impenetrable to the outside realities of the Israeli-Palestinian conflict: "Disease doesn't know borders. But I have to admit, politics and prejudice keep pushing their way into things. I just wanted to do my job at the hospital and leave the politics at the checkpoint, but they came right with me into the emergency department" (Abuelaish 2011:93). Those who brought politics into Abuelaish's sterile sphere of the hospital were patients and laymen, ignorant of the ostensible neutrality of medicine and its noble mission.

In two cases, Abuelaish describes encounters that polluted the purity of the hospital's political hygiene. In one case, a patient's husband blamed Abuelaish for killing his baby: "he saw me first and foremost as an Arab" (Abuelaish 2011:94). In another case, a Palestinian suicide bomber targeted the hospital in which he worked (Abuelaish 2011:109-110). In both cases, Abuelaish depicts the two intruders as irrational: the Jewish father disturbed by the death of his child and the Palestinian suicide bomber was characterized as "brainwashed." Viewed as manifestations of ignorance and irrationality, these breaches of the neutrality of the medical practice were to be treated – cured – by doctors, by educating the irresponsible

polluters. In an open letter to an Israeli newspaper after the suicide attempt, Abuelaish hurried to assert the benevolent nature of the hospital and the Palestinian children being treated in it, asserting that "to plan an operation of this kind against a hospital is an act of evil" (Abuelaish 2011:110). As for the raging Jewish father, he was taken to the hospital manager's office who then "pointed at the shelves full of medical textbooks and said, 'What Dr. Abuelaish did came from these textbooks'" (Abuelaish 2011:94). Through the values of science and humanism, medicine's neutrality could be restored.

"My hope for this book is that it has embraced and embodied the Palestinian people and the tragedies we have faced" writes Abuelaish (2011:227). Although he addresses medicine's exceptional position at length, Abuelaish's memoir is first and foremost a testimony of life under occupation and oppression. Abuelaish was in Belgium when he received the news that his wife Nadia was dying in an Israeli hospital (to which she could be admitted only due to her husband's hospital position). The next twenty-four hours are an appalling testimony of Palestinian life under draconian movement restrictions. "It wasn't lost on me that if I wasn't Palestinian I could have boarded a flight from Brussels to Tel Aviv and been home in a few hours." But Abuelaish's race to say goodbye to his beloved wife was at the hands of callous Israeli security officers. "I told them I was a doctor, employed in Israel," he pleaded in vain and voiced "the humiliation of being treated as a nobody, a dispensable person, someone who didn't deserve common decency or even the respect of the law" (Abuelaish 2011:148-151). However, in his memoir, the inside testimony of the suffering Palestinian is constantly accompanied by the 'diagnostic' outside perspective of the physician: "Hate is a chronic disease and we need to heal ourselves of it, and work toward a world in which we eradicate poverty and suffering" (Abuelaish 2011:230).

In the production of testimony, Abuelaish draws on his medical authority to negotiate a detached, educated, rational and well-founded point of view while showing concern and comradeship with his struggling fellow-nationals. Following the footsteps of the child-witness Handala, Abuelaish also undertakes a collective act of witnessing, a writing of himself and of his people. But how does this text cross the national divide and circulate in Jewish-Israeli publics?

**The Unusual Circulation of a Palestinian Testimony**

An interview with Israeli Channel 10 journalist Shlomi Eldar in the Hebrew-language newspaper Haaretz focused on his experiences as a 'Gaza affairs reporter' and on his interpretations of macro-political issues in the region. Then, in a sharp turn in the interview, the Israeli interviewer commented: "I cannot forget your conversation with Abuelaish, the Gazan doctor who lost three of his daughters […] simply talking about it now chokes me up" (Shani 2013). This interview, conducted four years after the Israeli shelling of Abuelaish's apartment, is one instance in the continuing presence of his story in Israeli public discourse and in Hebrew-language media.

In the following section, I trace the social life of Abuelaish's testimony in Israeli media and consider the possibility that this border-crossing circulation undermined social totalities that form the reality in Israel/Palestine. For Abuelaish's Jewish-Israeli audience, his 'inside' position as a Palestinian bearing witness to personal and collective suffering represents a contradiction with his 'outside' position as a disinterested professional. The Jewish-Israeli viewer perceives his Palestinian-ness and his doctor-ness to be in tension, a stance present in all the appearances of this text in different phases of its circulation. Structural limitations that render non-citizen Palestinians' suffering invisible are in action

alongside other channels that enable these limits to become transgressed. By examining the circulation of Abuelaish's testimony as a Palestinian physician, I illuminate these simultaneous, contradictory forces.

Let me now return to that event that journalists and academics (Persico 2009, Stein 2012) have noted as a remarkable exception to the invisibility of Palestinian suffering in Israeli public discourse: that moment on January 16th on Channel 10 news, when the reporter Shlomi Eldar interrupted the live broadcast to answer a phone call from Gaza. For almost four minutes Eldar held his cellular phone next to his tie-clip microphone as Abuelaish wailed in pain and grief. This now famous conversation between Abuelaish and Eldar was not the first appearance of the Palestinian doctor in Israeli media. In fact, that conversation could not have taken place if Abuelaish had not been in contact with Eldar for some time as he was reporting from Gaza, which was declared a Closed Military Area and thus inaccessible to reporters.

Two days after the IDF airstrikes had begun and three weeks before the tragic shelling of his apartment, Abuelaish was interviewed for Channel 10. The senior anchorman Ya'akov Eilon presented Izzeldin Abuelaish as follows: "Two hours ago we talked to Doctor Ahmad Abd-al-Aish [*sic*] from Gaza. Apparently, a voice of sanity. Our reporter Shlomi Eldar tells us that doctor Abuelaish worked in Tel-Hashomer hospital with Israeli doctors, he knows Israel and he had conducted research with Israeli doctors on the effect of this situation on children on both sides" (Nana10 2008).

While a recording of Abuelaish was playing, in which he vehemently rejected any violence against innocent civilians on both sides, a caption appeared: "Dr. Muhammad Abu-Aish, a resident of Gaza." A few seconds later the caption was 'corrected' to "Dr. Ahmad

Abu-Aish, a resident of Gaza" (figure 5.4). As the title of the story that was later uploaded to the news website states: "An Arab Doctor Reports from the Fire in the Gaza Strip," Abuelaish's testimony is provided as the voice from the other side of the war, both an Arab but also as a doctor's voice, the "voice of sanity." Abuelaish's Arab-ness could not be more visible than in the many mistakes the experienced anchorman and the graphic editors had made. Abuelaish is an Arab and therefore his name was assumed to be Ahmad or Muhammad; the fact that this was a recorded interview and that the anchorman and graphic editor were not coordinated exposes the perceived need to have a 'token Arab' on air. However, in light of the criticism the Israeli media suffered after the 2006 Lebanon war for not "backing up" the war effort (Stein 2012), this token Arab in 2008 was presented as a "voice of sanity." Here, Abuelaish's doctor-ness becomes central and unlike other Palestinians, whose sanity is always in question. In contrast, Abuelaish – presented as the physician who speaks eloquent Hebrew and "knows Israel" – is allowed to voice the distress of life under fire. His concern as a scientist for children "on both sides" reinforces his benevolent position and thus enables his voice to be heard and cross the lines of fire.


**Figure 5.4:** Anchorman Ya'akov Eilon interviews Izzeldin Abuelaish. December 29, 2008. Captions from left to right: 'Gaza,' 'Ashkelon,' 'Dr. Muhammad Abu-Aish, resident of Gaza,' 'Dr. Ahmad Abu-Aish, resident of Gaza'

On January 13th, three days before the attack on Abuelaish's family, Shlomi Eldar contacted 103FM radio host Gabi Gazit pleading for his help in contacting military officials to warn them that an IDF tank was about to shoot in the direction of Abuelaish's apartment in Gaza. Gazit contacted Abuelaish and in a seven-minute-long live conversation he cried and begged for mercy for the 25 family members taking shelter in his house (103FM 2009). After this conversation, a second radio host Nathan Zehavi joined Gazit and the following is a segment of their conversation:

> Gazit: This person used to drive every week to Tel-Hashomer [hospital] to work here and do everything he could do for Israeli patients…
> Zehavi: You know what my fear is? In a few moments all those strange people [will contact the show] and say 'you should be worried about your own people, what do you care about the Arabs in Gaza?'
> Gazit: … Nothing of what we say here is critical of anyone! Not a criticism of the IDF and not of soldiers [all we say is] that you need to check where you are, I don't know if the person that had sent that tank to that location knew that he is sending a tank to the house of a doctor who works in Tel-Hashomer and does only good deeds from dawn to dusk.

The potential Jewish-Israeli rejection of Abuelaish's testimony of Palestinian suffering is present in Zehavi's words, but Abuelaish's identity as a doctor allows his voice to be heard, raising minimal criticism of Israel's actions in Gaza. His benevolent care for patients and especially his treatment of Israeli patients made it possible for an Israeli audience to accept Abuelaish's testimony as a genuine cry for help. On the morning of January 16th, a few hours before Abuelaish's daughters and niece were killed, Zehavi's (2009) opinion column was published in the Israeli newspaper Ma'ariv. He described what was happening behind the scenes of this live broadcast: "in the radio studio, some of the people have right-wing political views and some even to the right of the right, there is an atmosphere of restlessness, and as the conversation continues there is anxiety on everyone's face." Zehavi emphasizes that Abuelaish's distress transcended even the most radical political opinions and became visible. He then concludes: "[Abuelaish] and his family are relieved now, but this is only a temporary relief. In war, you cannot know what will happen today."

**I Shall Not Hate, the Drama**

Shai Pitowski, the playwright and director of the dramatized version of *I Shall Not Hate*, described the inspiration for this play in an interview I conducted with him in June, 2013: "The artistic director's assistant read the book and decided that every Israeli must read it to at least understand what happens in Gaza." From its inception, the play's objective was to make "what happens in Gaza" visible to Jewish-Israeli audiences. Indeed, reflecting on the final product, Shai acknowledged: "it didn't rise to high theatrical standards, but it served the point. I think the story and the actor are the center here." The theater's administration chose to make it an intimate monodrama performed by the well-known actor Ghassan Abbas, a

Palestinian citizen of Israel and directed by Shai Pitowski, a Jewish-Israeli. “It’s an interesting triangle” Shai said, “I, Ghassan who is an Israeli-Arab and [Abuelaish] is Palestinian, it’s like a summit.”

Ghassan told me in an interview (June 2013) that he felt a strong connection to Abuelaish’s story, based on his own childhood, growing up in poverty to a family of refugees. He described the feeling that he was telling the story of every Palestinian. His appearance and his Arab accent contributed to the identification of the actor and the figure of the Palestinian doctor; in fact, Ghassan says that many times after the play people from the audience forget he is an actor, call him ‘doctor’ and express their condolences for his loss. On the other hand, his status as a well-known “Israeli-Arab” also mediates the story of non-citizen Palestinian suffering in Gaza. According to Shai, the advantage of having a Jewish-Israeli director tell Abuelaish’s story was his ability to “anticipate potential mine fields.” In his interesting choice of a military metaphor, Shai referred to his attempt to tell Abuelaish’s story “not from a political place” and to guard against antagonism or rejection from the audience: “it all has to be done in a way that the audience doesn’t feel that they carry blame for Abuelaish’s tragic story.” For Israelis to be able to grasp a Palestinian’s narrative, the ‘political’ has to be bracketed and their own role in Palestinian oppression has to be concealed.

In addition to the work of the Jewish director and Palestinian-citizen actor in making Abuelaish’s story digestible for an Israeli audience, the creators of the play also used his status as a medical doctor to cross the borders of visibility. The play starts with Ghassan saying: “Good evening, I’m Izzeldin Abuelaish, a Palestinian from Jabalia.” The name Jabalia Refugee Camp is familiar to Israeli ears after years of extensive news coverage,

becoming synonymous with Palestinian militant resistance. Thus, from the start this story is presented as a story from the 'inside,' a story of a Palestinian, in a setting that evokes the fears of a violent and dangerous enemy.

Shai told me that as a Palestinian actor performing a Palestinian story to an Israeli audience, he tried to create a connection between Abuelaish's figure and the audience right from the beginning of the play in order to bridge the conflict present in the encounter itself. A minute into the play, after describing the poverty and density of Jabalia Camp, Ghassan says: "I am a physician, a doctor, a specialist in infertility. Was anyone here born in Soroka or Tel-Hashomer [hospitals] by any chance?" In the performance that I watched, a woman from the audience said "I gave birth there" Ghassan answered: "it is possible that I delivered your baby, there was a time that I have delivered more babies than any other doctor." To 'balance' his Palestinian-ness, Ghassan asserted his doctor-ness by presenting Abuelaish as a medical doctor using three titles – physician, doctor and specialist. Moreover, evoking the possibility that people in the audience owe their lives to his medical practice – as quite literally a life-giver, not life-taker – serves as a channel to bridge the divide that, placing his roots in Jabalia, may have created.

Shai's design of the spatial arrangement of the drama played an important role in creating the relationships between Ghassan and the audience. The stage is lower and the audience sits around it and watches the play from above, as Shai explained it: "the audience sits 360 degrees around him. He is one Arab among Jews, sort of like the Israeli siege on Gaza; he tries with all his powers to break it." Ghassan is constantly moving around the stage and his movements become more and more restless – like a gladiator in a Roman spectacle – as the story approaches its tragic climax. Twice during the play Ghassan climbs up to the

audience, out of his cage-like existence, once as a child who is invited to a Sabbath dinner in the home of his Jewish employers and the other as a doctor who is accepted to work in an Israeli hospital.


**Figure 5.5:** Actor Ghassan Abbas, "I Shall Not Hate" Habima

However, the Second Intifada (Palestinian uprising) starts as Abuelaish is working in Israel and Ghassan is standing among the audience. The bridges he was building threaten to fall and the elevated position of medicine comes under question. While Ghassan stands in the audience he defends medicine's neutrality against attacks from both sides: from Palestinians who accuse him of delivering a new generation of Israeli soldiers and from Israeli parents who blame him for killing their baby. By protecting medicine as a haven of life and humanity with the support of the audience, Ghassan's performance reinforces medicine as a common

space for Israelis and Palestinians, a "world unto itself, transcending the two worlds" that lays the ground for creating a border-crossing collectivity.

Time and again as Abuelaish's story encounters and seeks to reconstitute Israeli publics, in television and radio broadcasts, in journalistic accounts, in a memoir and in drama, his position as a medical doctor serves to challenge the impossibility of his testimony as a Palestinian. Invoking biomedicine's claims for political neutrality, universality and unbiased benevolence, Abuelaish can achieve a measure of acceptance and legitimacy among Israeli audiences as a voice of sanity, a rational and responsible witness who does not pose a security threat and brings life to people on either side of the national divide. In the case of Abuelaish, the preexisting forms and channels necessary to circulate texts and form a public were found in the self-proclaimed ethos of biomedicine.

**Speaking Truth to Power**

If we live in "the era of the witness," as Annette Wieviorka (2006:143) posits, then the figure of the witness has become the dominant arbiter of truth and forms a "compassionate pact" with the audience. To achieve this relationship, a testimony has to be heard and be considered credible. Mainstream Jewish-Israelis construe Palestinians as "epistemic others" (Bishara 2013), biased by their very existence, and as a result, severely limited in their ability to forward truth-claims. Their grievances rarely become audible in Israeli publics (Azoulay 2008, Stein 2012).

And yet, one exceptional case stands out in recent years. Theater critic Michael Handelzalts's (2012) review of the drama I Shall Not Hate was subtitled: "If this was a fictional story, it would have been clearly not credible." Abuelaish's story achieved a credible claim on truth and as Handelzalts recounts his deep feelings of helplessness, it

appears that Abuelaish's testimony formed a "compassionate pact" with his Jewish-Israeli audience. His text crossed the otherwise rigid national divide to reach his oppressors' ears. It formed a border-crossing public. As the analysis of the circulation of this text suggested, Abuelaish's position as a physician had an important role in its reception. What made this testimony visible and credible was its ability to negotiate an inside-outside stance. That is, Abuelaish recounted his personal tragedies as a Palestinian under occupation while invoking the social authority and perceived impartiality of his profession.

Anthropologists have demonstrated how medicine's self-proclaimed political neutrality and scientific impartiality often belie the profession's complicity in imperial projects (Comaroff 1993, Keller 2006, Petryna 2009). Some scholars have made this argument in specific relation to the Israeli oppression of Palestinians (Bornstein 2010, Kanaaneh 2002). However, the move from the Red Cross clause of silence to the advocacy of the second age of medical humanitarianism (Fassin 2008) suggests that neutrality can be seen "as much a strategic weapon of the weak as a hegemonic assumption of the powerful" (Redfield 2013:118). Medical humanitarians employ this generative force to bear witness to the suffering of the weak.

Global medical professionals witnessing local suffering do so from within a "humanitarian space" (Redfield 2013) concomitantly mediating the distant suffering of their subjects to their audiences back home. In this process of mediation and the translation of political crises into a language of suffering, Fassin (2008) sees a politics of justice replaced by a politics of compassion. For the compassionate citizen of the Global North, the suffering body is seen as more legitimate than a political recognition of human life itself as universally protected. This humanitarian approach taps into the "common humanity in apolitical

suffering, a universal humanity that exists beyond the specificities of political and social life" (Ticktin 2006:39). Indeed, Abuelaish's reliance on medical professionalism as a vehicle for communicating Palestinian grievances to outside audiences bears the risk that the public it constructs might recognize the human through the doctor, but not the nationalist claims of the Palestinian.

But what if there is no recognized humanitarian space to speak from? And, what if suffering is the only visible possibility to communicate grievances? What if a politics of compassion is the only possible form of politics? For Abuelaish, a Palestinian doctor from Gaza, there is no space that is located "outside conflict," and voicing suffering as a "neutral" physician would seem to be his only recourse. Lori Allen's (2009) work on human rights discourse in Palestine reveals the Palestinians' recognition that their knowledge and experiences are discounted and rendered unreliable on the world stage. Therefore, in their struggle to convey their shared humanity with their interlocutors, they are forced to use the language of raw suffering, to "show that they belong to the same sympathy-deserving category of the human" (Allen 2009:172).

What then, are the political possibilities of this sort of politics of compassion? In Fassin's (2008) and Allen's (2009) accounts, Palestinians are speaking to "the world," voicing their grievances, hoping to recruit allies to end their oppression. In the case of Abuelaish, his act of bearing witness is an explicit cry out to his oppressors. It is the immediate testimony of a Palestinian aimed at overcoming the silencing wall of suspicion and reaching Jewish-Israeli audiences. It is a text that crossed state-imposed social totalities, forming a public in which citizens and non-citizens, occupied and occupiers could enter into conversation. This direct communication is, as Azoulay (2008) posits, a political act, a step in

the restoration of the non-citizen's status. Similar to Azoulay's photographs, when Abuelaish's testimony is performed in the Israeli national theater in front of Jewish-Israeli citizens, the spectators and the enacted non-citizen claimant are citizens of a shared, text-based public. However, the text itself "continues to testify to the enormous inequality that reigns outside. This inequality among equals imposes a common, though not equal, burden of responsibility" (Azoulay 2008:144). For Azoulay, as one enters into a civic contract with the suffering subject, she is called to take part in an action. Becoming citizens of a collectivity entails responsibility and solidarity with fellow citizens and enables "citizens and noncitizens alike to produce grievances and claims that otherwise can't be seen" (Azoulay 2008:192).

In a news report about the play on Channel 2 News (Peled 2012), the political potential of this direct communication was articulated by the drama's critics. It was noted that "the drama just premiered and already harsh critique is sounded on its one-sidedness and the fact that it shows the Palestinian side as the victim. This is a political play, say the critics, unbalanced; it is not clear why it is shown here, in our national theater." The critics considered the performance of a Palestinian testimony of suffering in an Israeli theater as desecration, and attempted to silence it. They objected to Palestinian witnessing as a legitimate truth-claim and portrayed its very presence as a political threat.

And yet Abuelaish's narrative continues to circulate. Jewish-Israelis repeatedly evoke it in reference to Palestinian tragedy. It traverses otherwise strict boundaries that prevent recognition of Palestinian suffering. I suggest that the perceived benevolence and equity of the physician, his reminder to his audience that he is committed to humanitarian, politically 'neutral' goals, enables these grievances to become audible to Jewish-Israelis. As Abuelaish states (2011:92), the "hospital is a place where humanity can be discovered," and, in a way, it

was the place where Palestinians could, for a brief time, become visible as sympathetic fellow humans deserving of a compassionate pact with their Israeli counterparts. I hasten to add, of course, that as unequal sides in this pact, the burden of responsibility lies primarily on the latters' shoulders.

## EPILOGUE

In December 2015 Haydar, Bilal and I went out for a beer in a bar in Jaffa's flea market. It was after a few months of fieldwork in Freund's Internal Care C and Haydar and Bilal became my best friends in the department. Haydar, as one might recall from chapter three, was a prominent resident, and Bilal, a young enthusiastic nurse. When we arrived to Shaffa, an outdoor buzzing bar which is located half a mile away from my Tel Aviv apartment, Haydar and Bilal were hesitant. They both live out of town and I suggested Shaffa to share with them the experience of the Tel Aviv night scene. But when the two Palestinians noticed that the bar's name was written in Hebrew and Arabic, setting the scene for yet an all-Jewish crowd they were noticeably uncomfortable. Shaffa started as a small women's hairdressing salon, and the meaning of the name in Arabic is a good-looking girl. Haydar said: "they're trying to sell an authentic Jaffa experience… something authentically Arab. It's a marketing logic and it seems that it's working out great for them." The place was indeed completely full, with a live band playing Andalusian music that could hardly be heard over the loud bar chattering. Haydar and Bilal quickly sensed that this is a Jewish space. Bilal: "Even if Arabs come here, they're not Jaffa's Arabs." And Haydar added: "look… these people... they were pushed aside, kicked out, so they surly wouldn't be coming back here to hang out."

A major city before 1948, most of Jaffa's residents were expelled during the nakba. The Palestinians that remained were joined by impoverished Jewish immigrants to share the poorest and most neglected quarter of Tel Aviv. In recent years, accelerated gentrification

processes turned Jaffa's flea market area into a posh nightlife center, displacing poor local Arab and Jewish populations (cf. Monterescu 2015). I asked Haydar if this makes him uncomfortable, and he replied: "I usually don't feel comfortable hanging out in such a Jewish place," to which Bilal retorted that he feels perfectly fine, maintaining that he often goes out to Jewish bars with friends. He said that it gives him pleasure to meet Jews in such places and witness their surprise when they find out that he is Arab:

> "The other night, Imad and I went out to a crowded bar in Florentine [a Jewish neighborhood], two girls were sitting next to us and we started talking. One of them asked me what's my name and because of the noise she asked 'Eyal?' I said, no, Bilal – B I L A L, they both immediately turned around and the conversation ended."

This made Haydar very upset: "why do you put yourself in these situations that you feel bad and targeted?" he asked angrily, and Bilal replied: "It is she who had to feel bad! She should be ashamed and realize how racist she is towards Arabs."

Haydar explained that he always tries to avoid such uncomfortable situations, and this is why he wouldn't come with his fiancé to such a place, "I'm not interested in such confrontations and try to avoid becoming a target for racist behavior," he said. But then added, "look… in the hospital I do say that I'm Arab and I even accentuate it, as you noticed [gesturing toward me]. Sometimes, in visitations, I say: I'm Doctor [last name] and the meaning of my name in Arabic." I then said: "You see? You're actually doing exactly what Bilal was doing in the bar." But Haydar retorted:

> "That's not at all the same! In the department I have authority. You can't get more authority than that. The patient's life is in my hands! So when I'm in that position of authority, I don't have a problem getting myself into this vulnerable position of being Arab. But in the bar, you have no authority, you go there with nothing."

For Haydar, being Palestinian in the hospital is nothing like in other Jewish-Israeli spaces. As portrayed in chapters three, four, and five, medicine's ethos of neutrality, problematic and porous as it may be, creates spaces for Palestinians to become visible in Israel's Jewish majority society. Medical expertise serves as an "entry ticket" for young Palestinians as they cross boundaries of suspicion and dismissal to join mixed medical teams and attend to Jewish-Israeli patients (chapter 3). Medical education provides a challenging but attainable path for talented young Palestinians to become highly appreciated professionals and researchers (chapter 4). And, as Abuelaish's case demonstrates, medicine still may, in rare cases, be a path for Palestinian organic intellectuals, disrupting Israeli disregard Palestinian suffering (chapter 5).

Haydar's sense of authority, which he draws from his professional position and power over his patients' dependence upon his care enhances his self-confidence. He then feels safe enough to engage with Jewish-Israelis while acknowledging his "vulnerable position of being Arab." This safety is space-specific. It is the hospital, as an Israeli state institution that bestows upon him the legitimacy and authority that makes room for expressing his Arabness. My work has shown how ideas of political neutrality in the medical sphere erases Palestinians' nationality and silences political dissent. But, shielded within the allegedly neutral space of the hospital, Haydar is given a place to be proudly Arab. Thus, in the context of a marginalized national minority, neutrality can also open a crack to forms of resistance.

**Medicine and the Politics of Neutrality**

On our drive back home from Shaffa bar, in the streets of Jaffa, Haydar and Bilal were suddenly startled. I did not understand what made them bolt and Haydar stopped the car. Bilal pointed at a white GMC Savana that was parked some hundred yards ahead in the

dark. Haydar: “A car like this one… no Arab can avoid noticing it,” and Bilal added “there must be some border police around.” “It was just another parked car to me,” I embarrassingly noted, and Bilal said: “As soon as we spot a Savana, we look around to see where the Yasamniks are,” referring to the notorious agents of the Israeli police’s Special Patrol Unit. I felt bad for picking this gentrified, orientalist place for our beer night, and ashamed for feeling ignorantly safe in one of Palestine’s once glorious cities, turned precarious and alienated for Palestinians.

These moments of tension that are part of everyday life for Palestinian citizens of Israel have become ever more frequent in recent years. My research was conducted in a specific moment in Jewish-Arab relations is Israel when the health system’s efforts to push back against “politics” became most strenuous. The core of my fieldwork started in the summer of 2014, when the IDF dropped tons of explosives on the densely populated Gaza Strip. Jewish masses were raiding the streets of Jerusalem aiming to lynch Arab passersby while three young Jewish-Israelis kidnapped and burnt alive a 16-year-old Palestinian who was on his way to the Ramadan prayer. Almost 70 years of Israeli discriminatory policies, exclusion, and suspicion toward Palestinians citizens, alongside growing national sentiments among Palestinian citizens of Israel and solidarity with their co-nationals in Gaza erupted in a violent turmoil. As common during these tense moments, segregation lines between Jewish and Palestinian citizens hardened. Jews and Palestinians abstained from entering each other’s communities, and, within mixed towns, neighborhood lines became bolder. This perhaps became most apparent when Israel’s foreign minister called on Jews to boycott Arab businesses altogether (Khoury and Lis 2014).

But Israel's public health system, which is not segregated, remained a point of contact. Birthing Jewish and Palestinian women shared maternity wards, and families parted with their loved ones outside operation rooms, in oncology, internal, and in children departments. But also, as in times of war, wounded soldiers who were evacuated from the Gaza front and their families shared emergency rooms and intensive care units with Jewish and Arab victims of violence, and their families. Mixed medical teams provided care to all patients. Jewish and Palestinian physicians, nurses, and hospital staff had to get along as colleagues while also attending to patients and families under great pressure.

In response to this gap between the 'outside' violence in the streets and 'inside' imposition to share the medical space, the push to assert the health system as a space of political neutrality by all stakeholders became ever more present. The 'Heroes in Health' report, which was published just as I completed my fieldwork, reflected administrators', professionals', patients' and families' strategy to manage and cope with this tense moment – claiming (and constructing) the health sphere a politically neutral space. Maintaining the public health sphere as a "desert island," protected from the "stormy sea" of hatred and animosity (Rosner 2016:48). But more than anything, the greater the efforts of medical administrators to stress the uniqueness of the health sphere, the more they reflect their admission that this was their last line of defense.

The guiding assumption of this work, based on extensive research in medical anthropology and the social science of medicine, is that medical spaces are hardly politically neutral, let alone in the volatile context of the Israeli public health system. This study demonstrated how the ethos of a politically neutral health sphere is a 'shared fiction' that is propagated by all parties: policy makers, institutional administrations, hospital ethics

committees, health professionals, patients, political activists and journalists, Jewish-Israelis and Palestinians. The 19th century ideal of medical neutrality that served to protect medical personnel in the battlefields of Europe is hyperbolized in the contemporary Israeli context. It does not apply only to the impartiality and immunity of physicians but attempts to create the entire state-run public Israeli health system as a neutral space, "a space of life" within which all other concerns are suspended (cf. Redfield 2013:163).

But while the ethos of a politically neutral medicine can easily be denounced as empty and misleading, it still functions as a productive framework both in public discourse and in professional and activist circles. This dissertation examined how political neutrality is enacted and articulated in the day-to-day experience of Palestinians in the Israeli health system, as well as how it functions at the institutional level, its broader effects on Palestinian society in Israel, and its role in Palestinians' presence in Jewish-Israeli publics.

Jewish-Israelis accept the neutrality of the medical sphere at face value. As a coherent ethos, an ideal, and an authentic reflection of social reality. Their Palestinian care providers, colleagues and classmates, however, portray an experience of neutrality that is porous and inconsistent. Ideas of the objective nature of medical knowledge and skills allow Palestinians to gain access into the Israeli system, as well as earn their colleagues' and patients' trust and respect. Palestinians take medicine's ethos of neutrality very seriously. As their Jewish colleagues, they are socialized to view political neutrality as an important part of their professional subjectivity. Palestinians thus participate in the constant work that is the reproduction of an ideal that in many ways goes against their personal wellbeing and collective interest.

**What is at Stake: The Consequences of a Selective Neutrality**

Claims of the utopic coexistence between Jews and Arabs in the Israeli health system hinge upon the central role of political neutrality in enabling it. This work, however, shows how neutrality is selectively enforced. The classification of what is considered neutral, and what constitutes polluting 'politics' is unevenly defined when Palestinians and Jewish-Israelis are concerned.

In everyday experience of routine hospital work, as seen in chapter three, Jewish nationalism, militarism, or Zionist history and ideology are expressed casually, even as they erase Palestinians' perspectives and histories. At the same time, Palestinian political subjectivity and aspirations for equal standing as a national minority is deemed out of place, leaving room only to a 'soft' and apolitical folkloristic or religious features of Arabness. Hospital research ethics committees practiced the same logic on the institutional level, as discussed in chapter two. Acting as institutional mechanisms of censorship, and in the name of maintaining the neutral space of the hospital ethics committees defined Palestinian nationality a matter out of place, deeming it 'unethical.' On a national collective level, the appeal of neutrality that draws so many young talented Palestinians is then revealed to be a double-edged sword, as shown in chapter four. Once on the path to a prestigious and rewarding medical career, Palestinian medical students and physician learn that expressing their Palestinian nationality carries a heavy personal price.

Abuelaish's case, which is portrayed in chapter five, provides a fascinating but different angle. Abuelaish is a Palestinian subject of the Israeli state who is employed in Israeli hospitals but is also a non-citizen resident of the Gaza strip. Medicine's ethos of neutrality and Abuelaish's proven record of providing care for Israelis made it possible for

his voice to be heard in Jewish-Israeli publics. In Abuelaish's testimony of suffering, neutrality was the sugar coating of the bitter pill of Palestinian grievances forming channels of communication with indifferent Jewish-Israelis. But, while neutrality enabled for suffering to be communicated, stressing the common humanity of Israelis and Palestinians that is emblemed in the figure of the good doctor, it also obscured the national claim of the Palestinian.

Selective neutrality is an oxymoron. A neutrality that is applied selectively, imposing limitations on some while enabling for others, is a violation of the ideal of neutrality itself. Under the guise of an a-political rational set of rules, the very claim for political neutrality is an effective mechanism of oppression that serves in the Israeli system to suppress Palestinian nationality. But growing pressure 'outside' the system's walls, forces stakeholders to close ranks and stress the case for neutrality. Hence the publication of the Heroes in Health report. The closing of ranks also entails disciplinary actions against Palestinian health professionals and medical students who violate the rules of neutrality and voice national solidarity (Mazori 2014). Such blatant acts of repression only further expose the discriminatory nature of neutrality and the fundamental state of inequality within the system. The core of which is that one community's collective national rights are fulfilled while the other's national aspirations are continually crushed. Both in the OPT and within the Israeli state.

But this inherent contradiction is embedded in Zionist ideology and practice. Selective neutrality is a reflection of the tension between Israel's dichotomous self-definition as Jewish and democratic. Maintaining a façade of a democracy that is impinged upon by the discriminatory principle that Palestinians are devoid of collective rights. As in the case of selective neutrality, this moment of growing tension pushes Jewish-Israelis to make a choice:

either acknowledge Palestinians nationality and grant Palestinian equal standing as a national community. Or acknowledge that Zionism entails forgoing the democratic pretense.

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