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The Virus, the Settler, and the Siege: Gaza in the Age of Corona

GHASSAN ABU-SITTAH

This essay explores the challenges and opportunities that the Covid-19 pandemic has afforded Israel as it broadens its settler-colonial objectives internally, in Gaza, and elsewhere. In particular, it sheds light on the heightened militaristic and economic approaches taken by Israel to further entrench its siege of Palestinians in Gaza and to export increasingly advanced technologies of surveillance and state control long deployed against the Palestinian people. This investigation thus offers an opportunity to probe settler colonialism's strategic opportunism in the face of the historic pandemic.

The tradition of the oppressed teaches us that the "state of emergency"
in which we live is not the exception but the rule.
—Walter Benjamin

GLOBALLY, THE COVID-19 PANDEMIC has acted as a stressor that has delineated both power structures and the gradients within them, at a national and supranational level. The study of epidemics has always offered insight into "the underlying structures of social relationship within and across group boundaries, including the mechanisms used to sustain complex social architectures of inequality over time."¹ Like the bodies they afflict, these diseases are physical and symbolic artifacts that are "both naturally and culturally produced, and securely anchored in a particular historical moment."² Pandemics can therefore either function socially as events³ or alternatively as crises.⁴ When a pandemic constitutes an event, it is an incident that is "absolutely detached from, or unrelated to, all the rules of the situation" and becomes a radical rupture.⁵ Whereas crisis is experienced as "an intrinsic feature of the disease," an epiphanic process through which "the reality of the disease becom[es] truth."⁶ The pandemic is therefore experienced as a revelatory incident during which what "appeared in its truth"⁷ was not the plague as a bacteriological threat but, instead, as a cultural and political disease.

Historians have explored the ways in which pandemics and quarantines have fostered, challenged, or instituted economic and power relations on the ground.⁸ Roy MacLeod noted, when studying the influenza pandemic in Africa at the turn of the twentieth century, that "epidemics also created conditions favorable to the consolidation of imperial or government rule."⁹ The bubonic plague of 1901 in Cape Town, South Africa, resulted in the quarantine and

forced eviction of most of the city's African population to racially segregated quarantine camps. This experience later became the harbinger of future evictions and a precursor to racial segregation in the form of townships during apartheid.¹⁰

In this essay, I will use what we know about the nature of Israeli settler colonialism and its siege of the Gaza Strip to reflect on how Israel has thus far dealt with the Covid-19 pandemic. I will explore those aspects of settler colonialism that inform Israeli policies and the challenges or opportunities that this pandemic affords the settler-colonial state to further its objectives in Gaza, particularly the seemingly endless siege. By examining the siege of Gaza and its utility to the settler-colonial project, the essay will highlight the dynamics of Israel's actions with regard to the pandemic and probe settler colonialism's strategic versatility in the face of such a historic challenge.

Titration Life: The Siege of Gaza

On 15 August 2005, Israel began its withdrawal from the landmass of the Gaza Strip, which it had occupied since the 1967 war. Over the course of thirty-eight years, it established some twenty-one settlements across the coastal enclave and transferred approximately nine thousand settlers into its territory. By the end of 2007, Israel had completely sealed Gaza's borders,¹¹ and it began what Nurhan Abujidi called a "State of Urbicide that presents the extreme condition of the State of Siege"¹²—a permanent state of invasion, destruction, and extreme strangulation in a landmass designated as a "geography of dispossession" marked by the violent practices of enforced displacement and expropriation.¹³

The siege of Gaza is best understood in terms of a chemical titration reaction wherein the experiment's two components are life and death. In chemical titration reactions, two reagents are mixed until they produce a third reactant of a required acidity. The siege aims to condemn the inhabitants of Gaza to "a kind of premature death, the death of a form of flourishing."¹⁴ Sieges are a form of low-intensity warfare based on persistent pressure.¹⁵ Gaza's small size, population density, and time elapsed under the blockade are all weaponized to produce a baseline of spatial violence¹⁶ onto which different policies can be added to properly titrate people's existence in Gaza between life and death. But even this baseline varies. Siege is a dynamic process that shifts in severity and practice monthly and daily.¹⁷ By adjusting the depth of the so-called buffer zone that runs along the internal perimeter of Gaza, and varying Gaza's maritime boundary, the spatial violence of the siege can be ratcheted up.¹⁸ Both buffer zone and maritime border have the added value of restricting access to farmland and fishing grounds,¹⁹ giving this fine-tuning mechanism a nutritional and economic dimension.

In addition to these spatial or territorial strategies,²⁰ nutrition has also been weaponized as a constituent of the titration reaction. From 2006–10, Israel severely curbed imports of foodstuffs yet claimed to restrict only goods "not vital for the survival of the civilian population."²¹ Released in October 2010, the "Red Lines" document revealed how the Israeli government conducted surveys to calculate a "minimal subsistence basket" for Gaza—a basket of consumer products just shy of producing malnutrition.²² From that minimum, it inferred the maximum number of food trucks to be allowed through the blockade every day.²³ The result is that about two-thirds of the

people living in Gaza are food insecure today.²⁴ As Dov Weisglass, a senior advisor to the Israeli cabinet said in 2006, they are “on a diet” but will not “die of hunger.”²⁵

The same policy applies to other basic needs of the Palestinians in Gaza like electricity, fuel, water, and cement. Power and fuel shortages in turn cripple critical infrastructure, including emergency medical services, garbage collection, and sewage and water treatment. Over time, the technical apparatus employed to channel the circulation of such indispensable supplies has undergone significant upgrades. Then vice prime minister Haim Ramon coined the term “infrastructural oxygen” to describe his new doctrine of cutting off Gaza’s electricity, fuel, and water supply.²⁶ In the aftermath of the 2014 war, the Gaza Reconstruction Mechanism, a data-driven logistical framework regulating the inflow of construction materials, was set up.²⁷ Nothing escapes the burette of this titration reaction. In 2017, only 54 percent of patients from Gaza received a permit in time for their hospital appointment,²⁸ while in January 2020, some 2 percent of Gaza patient applicants who were denied an Israeli permit to get treatment in Jerusalem, the West Bank, or Israeli hospitals had appointments for cancer care.²⁹ Israel’s continuous use of drone strikes allows it to continually top up the titration solution with the necessary level of violence.³⁰

Yet, unlike a carefully executed chemical reaction, this biopolitical experiment still has irregularities that require cyclical resetting. Every few years, the system is reset by what Israeli military leaders call “mowing the lawn.”³¹ Repeated air raids and incursions, in addition to the three wars waged on Palestinians living in the Gaza Strip since 2007, are an integral part of the siege system rather than an abdication of its logic. Lori Allen has warned that acute increases in the concentration of violence over a short period of time have the “paradoxical effect of calling attention to only certain forms and levels of violence in Gaza, while obfuscating and normalizing the ‘everyday’ violence of Israel’s military occupation.”³² By focusing world attention on Gaza for that limited period of time, Israel historically and spatially decontextualizes³³ the violence and creates the impression that it represents a departure from the nonviolent norm. These actions are representative of a form of “scalar politics” that have been a key dynamic of the conflict from the beginning.³⁴

The destruction of Gaza’s infrastructural networks (water treatment plants and electricity generators) during these attacks is an added component of this titration that aims at regulating the siege. Infrastructure is weaponized because of the ways it connects, binds, and enables life.³⁵ Its destruction ensures that Ramon’s “infrastructural oxygen” doctrine would be better titrated during the siege. Leading up to the 2014 war on Gaza, the deterioration of water infrastructure resulted in households receiving only six to eight hours of running water at one time, with 25 percent having access on a daily basis, 40 percent every other day, 20 percent every three days, and the remaining 15 percent only one day out of four.³⁶ Attacks during the war tipped Gaza’s water system and waste treatment services into total collapse leaving raw sewage spewing into streets.³⁷

The Virus, the Settler, and the Native

In a prophetic note written in 2010, the historian David Lloyd observed that since a key part of any colonialism is memory and narration, it becomes the major challenge for the settler colonialist

who is plagued by the insecurity of a never-quite-legitimate possession.³⁸ During the pandemic, this insecurity has manifested itself as a near-compulsion by the Israelis to repeatedly (and thus far falsely) announce that they are on the cusp of discovering a vaccine to Covid-19. As early as 28 February 2020, Israel announced that it was weeks away from developing a vaccine that would “provide a needed response to the grave global COVID-19 threat.”³⁹ When the promised vaccine failed to materialize by 18 March, the Israel Institute for Biological Research (IIBR) stated that its scientists “expected to announce in the coming days that they have completed development of a vaccine.”⁴⁰ Among IIBR’s previous inventions was the poison injected into the Hamas leader Khaled Mashal in Jordan in 1997 by two Mossad agents, and the one used by a Mossad hit team to assassinate Hamas operative Mahmoud al-Mabhouh in Dubai in 2010.⁴¹

IIBR then announced on 2 April that it had tested a Covid-19 vaccine prototype on rodents at its biochemical defense laboratory.⁴² By 20 April, still with no vaccine, scientists at Tel Aviv University announced that they were “two-thirds of the way into developing a vaccine” for Covid-19.⁴³ Israeli settlers’ obsession with discovering the vaccine has exposed how, in the ironic words of Albert Memmi, the Tunisian anticolonial writer-turned-Zionist, “his disquiet and resulting thirst for justification require the usurper to extol himself to the skies and to drive the usurped below the ground at the same time.”⁴⁴

During the pandemic, Palestinian health professionals inside the Green Line were to receive a substantial surprise. Constituting some 17 percent of the Israeli state’s physicians, 24 percent of its nurses, and 48 percent of its pharmacists, these Palestinian medical personnel found themselves overnight acclaimed as “essential foot soldiers and field commanders in the country’s struggle against the virus.”⁴⁵ By virtue of the pandemic, they went from being the victims of a “malicious shell-game of holding formal citizenship (*ezrahut*) while being denied the right to nationality (*le’om*), which is reserved for Jews only and which grants the most substantial rights,”⁴⁶ to being feted by the Israeli establishment.⁴⁷ In the words of journalist Gideon Levy, “Suddenly there are Arabs on the front page of the *Yedioth Ahronoth* daily—and they’re not terrorists.”⁴⁸ Noting that the fight to save lives would be “fatally compromised” without so-called Arab professionals, a policy brief by the Institute for National Security Studies (INSS), a Tel Aviv University think tank led by former military officers, urged the government to create a “positive basis” for the “full integration of Arabs” into Israeli society and for “an end to exclusionary and racist discourse and statements that call into question Arab loyalty.”⁴⁹ As Patrick Wolfe notes, settler colonialism’s strategies of elimination may change from genocide and ethnic cleansing to brute exclusion and controlled inclusion, but when necessary, assimilation can reflect the ideological requirements of settler-colonial societies, which “characteristically cite native advancement to establish their egalitarian credentials.”⁵⁰ In the “Israeli war on coronavirus,” the native Palestinian health-care providers become soldiers who “rush to the front.”⁵¹ Unlike Palestinians in the Gaza Strip and the West Bank, these health professionals are portrayed by the Israeli press as three-dimensional personalities who have names and whose children have names, and one of whom even had a birthday that she missed, “without a hug from her parents,” because of work in the hospital.⁵² The Majadlas, a Palestinian family of five physicians who were celebrated by the Israeli newspaper *Haaretz* for “battling to save lives, Jewish and Arab” during the pandemic, became a household name.⁵³ The Israeli press’s calls for an end to generic “discrimination” become a tactic to maintain

settler authorities' suppressing of Palestinian specificity into the so-called post-racist era, depoliticizing their otherness by rendering it a technical problem for civic administration.⁵⁴ Needless to say, this newfound adoration for its Palestinian health professionals did not extend to the rest of the community in Israel, for which the state refused to provide any testing, and whose protests it met with the usual brutality.⁵⁵

From the beginning, Israel's reading of the challenges posed by the pandemic was tainted by its "idolatry of force," which "normalizes aggressive militarism."⁵⁶ On the home front, an administrative order allowed its internal security agency, Shin Bet, to track Israelis through their phones,⁵⁷ as it routinely does with Palestinians,⁵⁸ to ensure their compliance with social distancing measures. On 16 March, the Knesset intelligence committee approved the use of a hitherto secret national database codenamed "The Tool" and compiled by the Shin Bet since 2002. The database contains the names, addresses, and phone numbers of every Israeli citizen; it also records every phone call made, as well as the recipient of these calls. It uses geolocation to track where one travels within the country and maintains records of all online activity, including internet searches.⁵⁹ While many Israelis were surprised to find out Shin Bet had been collecting their cellphone data since 2002, liberal Zionists were offended at being subjected to the same software as Palestinians. Tehilla Shwartz Altshuler of the Israel Democracy Institute argued, "This is not war or an intifada. It's a civilian event and should be treated like one."⁶⁰

Underscoring the state's militarized approach to the pandemic, Israel went to great lengths to advertise how procurement of medical goods and equipment was assigned to its intelligence agency, the Mossad,⁶¹ rather than to health departments. In an interview broadcast by Channel 12, the head of the Mossad's technology department described to a grateful nation how its covert teams had secured masks, testing kits, and ventilators.⁶² In what can only be described as a celebratory piece, the *New York Times's* Ronen Bergman quoted an Israeli health official boasting, "It is only in Israel that the Sheba hospital could have enlisted the help of the Mossad. . . . Can you imagine Mount Sinai Hospital going to the C.I.A. for help?"⁶³ Hundreds of Israeli soldiers were sent on patrol to enforce the lockdown of Israeli citizens⁶⁴ while for the first time the Border Police, whose main mission is to enforce occupation on West Bank Palestinians and prevent them from entering Israel as illegal workers, was used to enforce the blockade on the ultra-Orthodox (Haredi) city of Bnei Brak.⁶⁵

Israel's verbose publicizing of its cybersecurity software was not only for political consumption. The pandemic has opened up such software, tried and tested on the Palestinians, to potential uses in the realm of biosecurity and public health population management.⁶⁶ Tal Dilian, a former Israeli intelligence officer and now a cochief executive officer of Intellexa, a cyber-surveillance firm that works with intelligence agencies in Southeast Asia and Europe, believes Covid-19 tracking will be just the beginning. Once the pandemic ends, he hopes countries that invested in his mass surveillance tools will adapt them for espionage and security uses.⁶⁷ Many other Israeli companies are also rebranding their data-tracking tools as biosecurity tools critical to pandemic response, including cellphone location information and facial recognition software.⁶⁸ In April, the Israeli company Cellebrite was busy marketing the same capability to help authorities learn whether a person infected with the coronavirus had transmitted it to others. In an email pitch, the Delhi

Police Force were promised that “when someone tests positive,” authorities can siphon up the patient’s location data and contacts, making it easy to “quarantine the right people.”⁶⁹

In the field of population management, an artificial intelligence triage platform, developed by Israel’s Diagnostic Robotics—a security company that was adapted to tackle the current pandemic—produces risk assessment and predictive models giving public health officials continuous monitoring of the patterns by which the virus spreads.⁷⁰ Unable to contain his excitement, *New York Times* journalist David Halbfinger exalted the Israeli Defense Ministry’s research and development arm “best known for pioneering cutting-edge ways to kill people and blow things up” for its latest “lifesaving” mission, as it “spearhead[s] a sprawling, high-speed effort to unleash some of the country’s most advanced technologies against an enemy of another kind: Covid-19.”⁷¹

The Virus and the Siege

On 9 March 1918, Marcel Proust described the effect that living through World War I was having on him: “Just as people used to live in God, so I live in the war.”⁷² Palestinians in Gaza, in turn, live in the siege. In the words of Levy, “In Israel, where the coronavirus has turned everything upside down, only one thing remains as it was, cruel and hermetic: the Gaza blockade. The entire world has changed except for the biggest prison of all.”⁷³ To predict Israel’s actions in the Gaza Strip during this pandemic, we must solve a riddle: what happens during times of “normalized exception”⁷⁴ in a “space of exception” that already lives in a permanent “state of exception”?⁷⁵ And how can the Israeli state turn a pandemic, which the World Health Organization director called an “enemy of humanity,” into being only an enemy of the Palestinians?⁷⁶

When trying to predict Israel’s policies during the pandemic, it is easier to start with what it does not want. On 5 April 2020, a war game held at the INSS simulated a large-scale outbreak of the coronavirus in the Gaza Strip that resulted in hundreds of fatalities. It concluded that the greatest risk, to be prevented at all costs, was that infection would “spill over” into Israel’s “own territory.”⁷⁷ Short of that, Israel will attempt to weaponize the pandemic and use it as another reactant to be added in its titration reaction of life and death in Gaza—or, as the INSS put it, “The corona crisis may prove to be an opportunity for Israel.”⁷⁸ According to the Palestinian Ministry of Health, Israel insisted that the first testing kits allowed into Gaza were to be used to test Gaza’s sewage outflow. Since then, Israel has severely restricted the delivery of testing kits into Gaza to the point that testing had to be suspended on several occasions.⁷⁹ It has prevented international agencies from donating ventilators⁸⁰ (Gaza currently has sixty-five) and has obstructed the importation of personal protective equipment by the Ministry of Health in Gaza.⁸¹ By employing draconian quarantine measures to compensate for the lack of testing capacity, the authorities in Gaza have so far been able to control the pandemic. They established twenty-eight quarantine centers in hotels and schools and a thousand quarantine units in Rafah, in the south, and Bayt Hanun, in the north of Gaza.⁸² The decision to place all Palestinians returning to Gaza into isolation in these centers for a month proved to be the most effective way to prevent the spread of the disease. As one Palestinian official said, “From the beginning we knew that in case of an outbreak, the medical system would collapse, so the

method of immediate isolation for everyone who entered the Gaza Strip was the best.”⁸³ By mid-July, over 6,500 people had been quarantined,⁸⁴ and as a result of these stringent quarantine measures, the total number of reported cases in Gaza totaled seventy-two, with all identified cases being returnees from outside Gaza, including the only fatality (a seventy-five-year-old woman suffering from chronic conditions).⁸⁵

But this lockdown came at a high price. According to HelpAge International, a nongovernmental organization working in Gaza, 73 people died due to lack of health care during the pandemic lockdown, 850 oxygen gas cylinders had to be redistributed to Covid-19 patients from people who need them for other health conditions, and 1,200 patients were unable to access life-saving medical care. The European Hospital effectively closed its doors to all but Covid-19 patients, and 3,500 patients who depended on it for health care had to seek treatment elsewhere.⁸⁶ The severe lockdown has also precipitated an economic downturn in an already crippled economy.⁸⁷

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As early as 25 February 2020, the renowned philosopher Giorgio Agamben published a piece titled “Lo stato d’eccezione provocato da un’emergenza immotivata” (The state of exception provoked by an unmotivated emergency) in *Il Manifesto* in which he criticized the measures Italy had started implementing to stop the spread of the virus.⁸⁸ He warned against accepting measures that severely restrict freedom in the name of security, arguing that the coronavirus response demonstrated a “tendency to use *the state of exception* as a normal governing paradigm.”⁸⁹ It was almost as if, he said, “once terrorism was exhausted as a justification for exceptional measures, the invention of an epidemic could offer the ideal pretext for broadening such measures beyond any limitation.”⁹⁰ Agamben reiterated these ideas in two other texts that appeared on the website of the Italian publishing house Quodlibet in mid-March.⁹¹ Evidently, Agamben has been proven wrong in stating that Covid-19 was “invented,” or that it is hardly different from the normal flu. Whereas patients suffering from flu die in around 0.1 percent of the cases, the mortality rate for Covid-19 is much higher, with recent estimates ranging from 1 to 4 percent.⁹² Yet even those who disagreed with Agamben’s analysis from the start acknowledge that by the end of this crisis the surveillance powers of governments will have increased tenfold.⁹³ Security—the freedom from fear or risk—always suggests an absolute demand. As Foucault reminds us, it has no principle of limitation.⁹⁴

It is obvious that Agamben’s dystopian permanent state of exception, in which digital control and biosurveillance are normalized, closely resembles the regime inflicted on the Palestinians. Israel’s embrace of the opportunities offered by such a crisis results from its ability to furnish that world with the technologies and strategies it needs to flourish. In Gaza, what has been revealed during the pandemic is not the plague as a viral threat but, instead, the cultural and political disease of settler colonialism.

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