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Original Publication Citation

Howard, N., & Schneider, E. (2022). COVID-19 vaccination in Palestine/Israel: Citizenship, capitalism, and the logic of elimination. *Health & Human Rights*, 24(2), 265-279. <https://www.hhrjournal.org/2022/12/covid-19-vaccination-in-palestine-israel-citizenship-capitalism-and-the-logic-of-elimination/>

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COVID-19 Vaccination in Palestine/Israel: Citizenship, Capitalism, and the Logic of Elimination

NICOLAS HOWARD* AND EMILY SCHNEIDER*

Abstract

Despite Israel's responsibility under international law to combat the spread of contagious diseases and epidemics in its occupied territories, Israeli officials have refused to distribute COVID-19 vaccines to Palestinians in the West Bank and Gaza Strip. Through a critical discourse analysis of Israeli officials' statements regarding Israel's COVID-19 vaccination campaign, this paper explores how Israel evades this responsibility while presenting itself as committed to public health and human rights. We find that Israeli officials strategically present Palestinians as an autonomous nation when discussing COVID-19 vaccinations, despite Israel's ongoing attempts to prevent the creation of a Palestinian state. Relatedly, Israel justifies its refusal to vaccinate Palestinians on the grounds of the Palestinian Authority's economic independence, thereby obscuring Israel's control over the Palestinian economy. In this way, Israel relies on citizenship and economic inequality, as internationally sanctioned forms of exclusion, to deny Palestinians their right to health. Drawing on theorists such as Michel Foucault, Achille Mbembe, and Jasbir Puar, we argue that withholding vaccines from Palestinians reveals the ways that Israel furthers its settler-colonial aims under the guise of liberal humanitarianism and economic growth. Instead of directing these conclusions toward Israel as an exceptional case, we contend that these processes reveal how settler-colonial societies use liberal frameworks of citizenship and capitalism to carry out their racialized projects of elimination.

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Competing interests: None declared.

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Introduction

On December 20, 2020, Israeli officials announced that their COVID-19 vaccination campaign was underway. The day before the campaign began, Israeli Ministry of Health Director-General Chezy Levy stated, “It is important for me to stress that we will vaccinate everyone, and there is nothing to worry about.”¹ Attempting to quell fears concerning vaccine access, Levy made Israel’s vaccination goal explicit: *everyone* would receive a vaccine. However, as Israeli medical professionals administered thousands of doses over the next few weeks, it became clear that Levy’s use of the term *everyone* did not include Palestinians living in Israel’s occupied territories. While Israeli officials distributed 14 million vaccines to its nine million citizens, they have not fulfilled their responsibility under international law to vaccinate the 5.3 million Palestinians living under their rule in the occupied Palestinian territories (OPT).² As of August 2022, Palestinians in the OPT have received only three million vaccines for its five million people, primarily from the United Nations’ COVAX program and countries such as Russia, China, the United States, and the United Arab Emirates.³

This study investigates how Israeli officials frame their refusal to vaccinate Palestinians in order to understand how Israel is able to deny Palestinians their right to health while being celebrated as a leader in the fight against COVID-19. Specifically, we use critical discourse analysis (CDA) to analyze how Israel publicly presented its relationship to the OPT throughout the pandemic. Through this focus, we use Israel’s public relations efforts as a lens to examine the types of ideological frameworks that sustain settler colonialism amid rhetorical commitments to equality and health. We argue that despite Israeli officials’ claims of inclusivity and their dedication to public health, Israel’s vaccination campaign, and its corollary refusal to vaccinate Palestinians in the OPT, reflects a form of maiming that advances Israel’s settler-colonial aims.⁴

Through our content analysis, we outline the ways that Israeli officials mask these practices under the guise of a commitment to human rights and equitable health care through a variety of strat-

egies. First, Israel emphasizes values of inclusivity, diversity, and religious tolerance in its approach to vaccinating its citizens, despite the state’s history of systematically discriminating against Palestinian citizens.⁵ Second, Israeli officials present Palestinians in the West Bank as a separate nation-state with economic autonomy, despite Israel’s control over the Palestinian economy and its ongoing attempts to prevent the creation of a Palestinian state.⁶ Israeli officials bolster these claims by selectively invoking the imagery of a national border between Israelis and Palestinians, which functions to mask the racialized (as opposed to territorial) logic that drives Israel’s vaccination campaign. In addition to relying on Western powers’ acceptance of national borders as legitimate modes of exclusion, Israel’s showcasing of its efforts to vaccinate Palestinian laborers reveals its simultaneous reliance on the acceptability of economic discrimination to disguise its project of racial elimination. These findings demonstrate that both capitalism and citizenship function as ideological constructs that aid settler-colonial regimes in their goal of racial elimination.⁷ Because exclusion on the basis of citizenship and economic inequality remain legitimized forms of discrimination among Western states and can be subsumed under the ideological umbrella of human rights, they are used to justify the denial of health care to racialized populations. As a result, our study urges a deeper examination of the ways that settler colonialism and other eliminatory structures mask their projects of death and maiming within global commitments to capitalism and citizenship.

Literature review

Israeli settler colonialism

In “Settler Colonialism and the Elimination of the Native,” Patrick Wolfe defines settler colonialism as a structure whereby settlers invade land to access territory.⁸ Because these invasions are met with resistance from the Indigenous population, Wolfe argues that settler colonialism is inherently eliminatory and relies on dispossession, assimilation, or genocide of the Indigenous population to

secure settlers' access to the land. Racism is central to settler-colonial projects in that it provides the ideological justification for such elimination of the Indigenous population to occur. These racial dynamics are fundamental to Israeli settler colonialism in that Zionism explicitly prioritizes Jewish life over Palestinian life through its commitment to maintaining a Jewish demographic majority.⁹ Like other settler-colonial projects, Zionism justifies such ethnic exclusion through racializing Palestinians as inferior and primitive.¹⁰ One way in which Zionism differs, however, is that it often presents the settler population as *more* Indigenous to the land of Israel so as to fit within the bounds of liberal norms around human rights and inclusivity.¹¹

While the first Zionist settlers arrived in Palestine in the late 1880s, Israel's early settler-colonial activities reached their pinnacle with the 1948 Nakba (referred to by Israel as the War of Independence). In what has been described by both Palestinian and Israeli scholars as a premeditated process of ethnic cleansing, the Nakba resulted in Israel doubling the size of its state while simultaneously displacing approximately 750,000 Palestinians, 80% of the Indigenous population.¹² At the time, the West Bank and the Gaza Strip were under the control of Jordan and Egypt, respectively. However, this changed 19 years following the Nakba, during the Six Day War of 1967. Through a war with Israel's neighboring countries, the Israeli state expanded its territory, claiming Jerusalem, the West Bank from Jordan, the Sinai Peninsula and Gaza Strip from Egypt, and the Golan Heights from Syria.¹³ In the process, Israel displaced another 550,000 Palestinians, marking the official start of Israel's military occupation of the West Bank and Gaza, often referred to today as the OPT.

In the 1990s, the Oslo peace process brought hope to some as the Palestinian Authority assumed semi-control over various health, cultural, and educational institutions, and Palestinians were promised eventual self-determination following an interim period where Israeli control would slowly retreat.¹⁴ In practice, however, the Oslo Accords gave Israel total control over 60% of the West Bank

and semi-control over another 22%, which allowed Israel to continue its territorial expansion, stunting the possibility of a contiguous and independent Palestinian state.¹⁵ Today, Israel continues to dispossess Palestinians in the West Bank through the expansion of Israeli settlements, and to restrict Palestinian mobility through an intricate permit regime made up of militarized checkpoints, walls, fences, and roadblocks.¹⁶ In the Gaza Strip, Palestinians are subject to a military blockade that isolates the region from the rest of the world. Israeli officials limit the people of Gaza to humanitarian minimums of food and energy, which subjects Palestinians to prolonged blackouts and poor diets. Israel also repeatedly launches assaults on Gaza, targeting the infrastructure necessary for protecting Palestinian health and making Gazans into test subjects for the latest military technologies.¹⁷ Despite Israel's presentation of the West Bank and Gaza Strip as autonomous regions, Israel maintains ultimate control over both regions' borders, economies, and populations.¹⁸

Bio/necropolitics, citizenship, and the right to maim

In *Israel's Occupation*, Neve Gordon claims that Israel implemented a biopolitical approach to managing the Palestinian population early in the occupation.¹⁹ Gordon draws from Michel Foucault, who argues that biopolitics concerns the management of biological life at the level of entire populations.²⁰ From a biopolitical perspective, power does not lie in the sovereign capacity to force death on its subjects; instead, power operates through the promotion of life. According to Gordon, Israel's early adoption of this biopolitical approach allowed it to exploit the economic utility of Palestinians while simultaneously suppressing their national identity. Palestinians were granted access to hospitals for childbirth and were actively vaccinated to prevent disease outbreaks, and Palestinian teachers and farmers were taught "proper" curriculum and techniques.²¹

Following the first Intifada, however, Israel reorganized its methods of managing the Pales-

tinian population from what Gordon terms the colonization principle to the separation principle.²² The colonization principle relies on directly controlling resources and people, while the separation principle relinquishes direct control over individuals' lives in order for the sovereign power to enact more collective forms of violence.²³ This change was ushered in through the Oslo peace process, which created greater territorial separation between the two populations so that more destructive forms of violence such as large-scale ground invasions and aerial attacks could be carried out on Palestinian communities. Drawing from the work of Foucault and Mbembe, Gordon argues that this transition represents a shift in Israeli rule from a politics of life (biopolitics) to the politics of death (necropolitics).

In *Necro-politics*, Mbembe argues that every democracy in modern history contains two populations: a solar body and a nocturnal body.²⁴ The solar body consists of the subjects governed by biopolitical management. Conversely, the nocturnal body consists of the non-subjects governed by necropolitics. Mbembe argues that the nocturnal body exists because of structures such as slavery and colonialism that employ racism to reduce entire populations to separation, exclusion, and death. Through this framework, where race is used to justify the sovereign's right to kill, power is not exercised through the management of life, but is instead realized through the facilitation of death. Mbembe sees Israel's rule over Palestinians as an exemplary case of necropolitics, labeling it "the most accomplished form of necropower."²⁵ He argues that Israel renders Palestinian life disposable through territorial fragmentation, mass surveillance, and the militarization of daily life. Advancing Mbembe's framework, scholars such as Gordon, Eyal Weizman, Plasse-Couture François-Xavier, and Noam Leshem assert that the Gaza Strip and some areas of the West Bank now constitute "necropolitical zones," whereby Israel removes itself to inflict violence on Palestinians.²⁶

In *The Right to Maim*, Jasbir Puar complicates the distinctions between biopolitics and necropolitics by identifying maiming as a primary

mechanism of settler-colonial domination.²⁷ As she describes:

*Maiming is a practice that escapes definition within both legal and biopolitical or necropolitical frameworks because it does not proceed through making live, making die, letting live, or letting die ... deliberate maiming ... is not merely another version of slow death or of death-in-life or of a modulation on the spectrum of life to death. Rather, it is a status unto itself, a status that triangulates the hierarchies of living and dying that are standardly deployed in theorizations of biopolitics.*²⁸

Vaccination against COVID-19 occupies a similarly ambiguous status in regard to the binary of life and death. While refusal to vaccinate does not amount to direct killing, it does, like maiming, create conditions that predispose Palestinians to death and elimination.²⁹ Puar argues that Israel's right to "maim" is the fundamental logic of its settler-colonial project, complicating Mbembe's emphasis on killing as well as Wolfe's approach to genocidal and assimilative elimination. As she writes:

*The understanding of maiming as a specific aim of biopolitics tests the framing of settler colonialism as a project of elimination of the indigenous through either genocide or assimilation. It asks us to reevaluate the frame of biopolitics in relation to the forms of maiming ... that have gone on for centuries in settler colonial occupations.*³⁰

Our examination of Israel's public presentation of its COVID-19 vaccination campaign seeks to clarify the ways that bio/necropolitics, settler colonialism/elimination, and maiming inform Israel's approach to Palestinians' health. Specifically, we examine how Israel justifies its disavowal of responsibility to Palestinians' health in order to reveal the mechanisms that Israel uses to mask its colonial aims under the guise of humanitarianism and human rights.

Our findings draw from scholars such as Lana Tatour, who conceptualizes citizenship as "an institution of domination, functioning as a mechanism of elimination, a site of subjectivation, and an instrument of race making."³¹ Beyond affirming

the colonial functions of citizenship, our analysis of Israel's public relations efforts extends this point to demonstrate the ways that Israel employs citizenship as a rhetorical tool to maintain international support. In addition to Israel's reliance on citizenship to mask its colonial objectives, our analysis of Israeli officials' rhetoric also reveals the ways that Israel relies on Western states' acceptance of economic inequality, as a legitimate form of exclusion, to ensure the palatability of its settler-colonial activities. While many scholars have drawn attention to the intersections of capitalism and settler colonialism, our emphasis on Israel's public relations efforts centers the ways that states use the legitimacy of capitalist exploitation as a mechanism to mask the racialized character of settler-colonial projects of elimination. Together, these findings suggest that settler-colonial states, such as Israel, operate under an assumption that the international community accepts racial inequality and uneven practices of death-making when they are presented within the bounds of citizenship and exploitation rather than overt racial bias.

Methods

To reach these conclusions, we conducted a CDA of Israeli officials' language in press releases, news interviews, and social media posts regarding COVID-19 vaccinations. Norman Fairclough, a pioneer in CDA studies, argues that language, especially political discourse, is representative of social practices and structures.³² Furthermore, as Ruth Wodak demonstrates, language is an expression of power that is used to maintain constructed differences in hierarchical relationships within society.³³ Since CDA can be applied in this way to understand how knowledge and ideology operate to uphold power structures in societies organized by political struggles, it is an effective method for analyzing how Israel employs language to maintain its power as a settler-colonial state.³⁴

Data collection

To compile an exhaustive and representative dataset of Israeli officials' public rhetoric regarding

COVID-19 vaccinations, we analyzed all publicly available, English-language items that appeared on Israel's official government website, YouTube, and Twitter from May 2020 to January 2022. We collected items published in English in order to investigate how Israel outwardly presents itself to Western audiences, namely its primary geopolitical ally, the United States. This focus on English-language items, as opposed to Hebrew or Arabic, allowed us to analyze how Israel maintains its international image as a liberal leader in public health among Western powers rather than how Israel communicates its vaccine campaign to its own population. Items from Israel's official government website were identified through the use of a search tool for the terms "vaccine," "vaccinate," and "vaccination." After gathering all press releases containing these terms, we collected all items related to vaccinating the Israeli and Palestinian populations against COVID-19 for analysis. Next, news clips from YouTube featuring Israeli officials discussing Israel's vaccination project were identified by searching for the words "Israel" and "vaccines." Only those clips that featured an Israeli official speaking directly to the audience were included for analysis in order to avoid any misrepresentations of Israeli officials' language by other sources. On Twitter, Israeli officials' Twitter accounts were searched for the words "vaccine," "vaccinate," and "vaccination." Upon conducting this search and selecting cases that matched our inclusion criteria, we reached a final sample that included 77 press releases, 6 interview clips, and 30 Twitter posts.

Data analysis

Before coding, all news interviews were transcribed so that the three types of content, including press releases and Twitter posts, could be analyzed as individual Word documents. Once all the data were transcribed and converted, the items were uploaded to NVivo, a qualitative analysis software program. The coding process first involved initial coding to generate preliminary ideas about the meaning and content of Israeli officials' rhetoric.³⁵ After initial coding was completed, data were analyzed through focused coding. Focused coding

involved conceptualizing data into more concrete categories, moving from line-by-line analysis to developing fewer categories that were more inclusive and responsive to the research question and theoretical areas of inquiry.³⁶ All findings were based on codes that included saturated cases and were not contradicted by any other data.

Data were categorized by population: Israeli citizens, Palestinians authorized to work in Israel, and Palestinians in the OPT. After categorizing Israeli officials' statements this way, a pragmatics examination of the language was implemented. According to Gee and Handford, pragmatics is "the study of contextually specific meanings of language in use."³⁷ In other words, pragmatics locates and analyzes language in its specific context, which was useful to understanding how Israeli officials use particular language to uphold their settler-colonial interests. Through this approach, we were able to analyze Israeli officials' language in order to investigate the underlying structures and ideologies that inform Israel's approach to vaccination.

Findings

Inclusivity, public health, and the tokenization of Palestinian citizens

Since the early days of the pandemic, Israeli officials have presented Israel's vaccination campaign as rooted in equality and democratic principles. On April 2, 2021, Israeli President Reuven Rivlin stated in a press release:

This pandemic has proved that the borders between countries are artificial, as the sickness does not differentiate between nations or between the followers of different religions. I believe this has reinforced our awareness of the importance and values of cooperation, brotherhood, humanity, mutual trust, and help. We are proud that our vaccination operation here in Israel reaches all the residents of our country, followers of all faiths, and members of all communities.³⁸

In this statement, Rivlin claims that the vaccination campaign will reach everyone regardless of their identity. He eschews universalist principles

of cooperation and humanity, clearly positioning Israel's approach to vaccination as rooted in tolerance and inclusivity. Similarly, in a press release from the Prime Minister's Office, Israeli Prime Minister Benjamin Netanyahu stated, "We brought millions of vaccines here, more than any other country in the world relative to its population. We brought them to everyone: Jews and Arabs, religious and secular. Everyone can, and needs to be, vaccinated."³⁹ To reiterate Israel's supposed dedication to equality, Prime Minister Netanyahu continued, "we are all in this together. There is no difference between Jews and Arabs, religious and secular."⁴⁰

On February 21, 2021, after Israel announced that it had vaccinated half of its population, *Saturday Night Live* host Michael Che joked, "and I'm going to guess it's the Jewish half."⁴¹ In response to the segment, Israeli officials vehemently refuted such claims, citing that all citizens were able to receive vaccines regardless of their race or religious beliefs. For instance, Israeli Ambassador to the United Nations, Gilad Erdan, stated in a Twitter post, "your 'joke' is ignorant—the fact is that the success of our vaccination drive is exactly because every citizen of Israel—Jewish, Muslim, Christian—is entitled to it. Apologize!"⁴² In line with such responses, Israeli officials consistently drew attention to the country's efforts to vaccinate its "Arab sector," who make up around 20% of its citizenry. For example, on August 8, 2021, Prime Minister Naftali Bennet stated in a press release:

Dear citizens of Israel from the Arab sector, I am appealing to you with an important personal request. Your lives and those of the members of your families are very important to me ... Unfortunately, the rate of vaccination in the Arab sector is too low. From here, I call on everyone over 60 to get vaccinated with the third dose, the booster. It saves lives.⁴³

By affirming their commitment to vaccinating Palestinian citizens of Israel, Israeli officials attempted to dispute accusations of racial bias or inequality in their vaccination campaign. Such affirmations reflect Israel's efforts to represent

its vaccination campaign as rooted in a humanitarian concern for the lives of people of all races, religions, and communities. What these statements leave out, however, is that because of the Nakba and Israel's ongoing policies of dispossession and discrimination against the Palestinian population, Palestinians have been systemically excluded from Israeli citizenship, so that less than 25% of Palestinians living under Israeli rule currently hold Israeli citizenship. When Palestinians in the diaspora—that is, those expelled during the Nakba and their descendants—are included in the total number of Palestinians, this percentage drops to around 12%. As a result, Israeli citizenship does not represent a race-neutral category, as Israeli officials would lead the public to believe.⁴⁴ Instead, Israeli citizenship serves largely as a proxy for Jewish ethnicity in Israel/Palestine, since only a symbolic minority of Palestinians hold Israeli citizenship, and nearly all Jewish individuals living under Israeli rule are Israeli citizens (or at least have the ability to become Israeli citizens).

Tatour elaborates on this point by explaining how citizenship enables settler colonialism not only through its modes of exclusion, as detailed by Shira Robinson, but also through the ways its “inclusionary” functions reify Israeli domination and subvert Palestinian sovereignty.⁴⁵ Through careful documentation of early Israeli politicians' decision to extend citizenship selectively to some Palestinians, Tatour shows how such calculations were made to ensure the continued disenfranchisement and displacement of Indigenous Palestinians from their land. As she explains, “citizenship has functioned as an instrument of ethnic cleansing, a way of seeking to deny Palestinians the right to return to their land.”⁴⁶ Thus, by presenting citizenship as a neutral category of inclusion, Israeli officials mask the racialized character of their vaccination project and repackage it under the much more tolerable exclusionary rhetoric of citizenship.

In addition to arguing that Israel is a state dedicated to equality and diversity, Israeli officials also repeatedly presented themselves as a leader in public health. From the beginning of Israel's COVID-19

vaccination campaign, Israeli officials aggressively promoted full vaccination for Israeli citizens, and for many months during the pandemic, Israel vaccinated its citizens at a higher per capita rate than any other country in the world. Prime Minister Netanyahu highlighted this point in a press release distributed by the Office of Foreign Affairs when he said:

The State of Israel is an example to the world in exiting from the coronavirus. Yesterday, I saw the various rankings on the foreign networks. We are ahead of all other countries vis-à-vis the rate of fully vaccinating our citizens, and this is very impressive. The people are happy, living their lives, and holding their celebrations with great joy.⁴⁷

In addition to promoting themselves as the nation with the highest per capita vaccination rate, Israel also highlighted that it was the first country to distribute a third dose of the vaccine to its citizens.⁴⁸ As Prime Minister Bennet boasted in a press release from August 2021, “The State of Israel is the only country in the world that is currently providing a third dose of the vaccine.”⁴⁹ As with the overall vaccination rate, these claims depended on the exclusion of Palestinians living in the OPT. By August 2022, 75% of Israeli citizens had received one vaccine dose, 68% had received two doses, and 50% had received three doses.⁵⁰ In contrast, 40% of Palestinians in the OPT (including East Jerusalem) had received one vaccine dose, 35% had two doses, and less than 7% had three doses.⁵¹ Put differently, by August of 2022, more Israelis had received a third dose of the vaccine than Palestinians who had received a first dose. As previously discussed, Palestinians living in the OPT make up the majority of Palestinians living under Israel's rule. Furthermore, Israeli citizenship must be understood to reflect a strategic outcome of a historical process of ethnic cleaning, which has led to only 12% of the Palestinian population actually holding Israeli citizenship. As a result, rather than reflect a commitment to public health, as Israeli officials claim, this distribution of a third vaccine to its citizens, while actively denying a first dose of the vaccine to

Palestinians in the OPT, reflects the extreme levels of racialized inequality that characterize Israel's approach to COVID-19 vaccines.

Palestinians as neighbors

Another way that Israel presented itself as committed to public health and liberal humanitarianism throughout the pandemic was through characterizing Palestinians in the OPT as a separate country. Israeli officials often accomplished this by referring to Palestinians as their “neighbors.” For example, on January 12, 2021, Health Minister Yuli Edelstein stated in a news interview, “I do not think that there is anyone in this country, whatever his or her views might be, that can imagine that I would take a vaccine from the Israeli citizen and, with all the goodwill, give it to our neighbors.”⁵² This reference to Palestinians as neighbors achieves several political functions. First, the term “neighbors” implies that Israel treats Palestinians as a national group, despite its repeated refusal to recognize Palestine as a country. In this way, depicting Palestinians as Israel's “neighbors” is a strategic tool for transferring vaccine responsibility to the Palestinian Authority so that Israel can deny its obligations as an occupying power under international law. As Israeli legal advisor Robert Siebel claims, “We have an agreement with the Palestinians whereby, and if you allow me, I would like to quote it from the Oslo agreement, ‘Powers and responsibilities in the sphere of health in the West Bank and the Gaza Strip will be transferred to the Palestinian side.’”⁵³ By referencing the Oslo Accords as having effectively transferred responsibility for Palestinian health to the Palestinian Authority, Israel rhetorically recognizes Palestinian autonomy as a tactic to deny its responsibilities to Palestinians, despite the ways it prevents Palestinian nationhood in practice. As Gordon demonstrates, the Oslo Accords did not diminish Israel's control over the OPT.⁵⁴ Instead, they established the Palestinian Authority to outsource maintenance of the occupation in order to reduce the political costs of settler colonialism for the state of Israel. Israeli officials' rhetoric of Palestinians as “neighbors” therefore reveals the ways that Israel relied on a symbolic acknowledgment of

Palestinian autonomy throughout the pandemic in order to maintain the international legitimacy of its occupation.

Second, in addition to promoting Israel's relationship with the Palestinians as one of separate countries, the language of “neighbors” characterizes Israel's relationship to Palestinians in the OPT as one of benevolence and friendly relations. Such themes are clear in Edelstein's remarks that Israel is committed to “helping” Palestinians in the OPT. As he explained, “I think we have been helping our Palestinian neighbors from the very early stages of this crisis, including medical equipment, medicine, advice, and supplies.”⁵⁵ By framing Palestinians as a separate national group that Israel “helps,” as if a form of charity, Israeli officials not only obscure the fact that they are legally obligated to provide vaccines to Palestinians, but they also bolster Israel's image of itself as a humanitarian and progressive country. As scholars such as Charles Wells, Puar, and Weizman argue, democratic language is crucial for Israel to continue its rule over the OPT because explicit forms of elimination are now less outwardly accepted as legitimate forms of domination.⁵⁶ In other words, Israeli officials must present Palestinians in the OPT as subjects who maintain their political rights and liberties to conceal the violence Israel produces within its occupation.

Furthermore, such presentations of Israeli benevolence belie the ways that Israel's ability to “give” to the Palestinians is predicated on Israel's domination of them. As Mark Muhannad Ayyash writes:

*Without the exploitation of racialized Palestinian bodies and colonized lands, there does not exist the wealth that Israel then “benevolently bestows” on the Palestinians. Israeli “charity” is not the surplus they present it to be. These crumbs are a meagre amount of the settler colonial loot that was generated from the killing and maiming of the Palestinians, that is then “returned” to the Palestinians under the guise of “charity.”*⁵⁷

Israel's use of the term “neighbors” therefore not only signifies its attempts to obfuscate the racial components of its discrimination as well as its legal obligations as an occupying power, but also oper-

ates as a further attempt to maintain its image as a progressive proponent of public health.

Border ambiguity as a mode of oppression

Despite initially denying all vaccination responsibility toward Palestinians in the OPT, in March 2021, Israeli officials launched a campaign to vaccinate Palestinians who live in the OPT but work in Israel proper. As stated in a press release from the Ministry of Regional Cooperation, “vaccination is provided to Palestinians who are employed in Israel and hold permits to work within the borders of the State of Israel.”⁵⁸ Israeli officials typically present the occupied territories as if they are a part of the state of Israel, even though such borders have never been internationally recognized. In the specific case of distributing COVID-19 vaccines, however, Israeli officials repeatedly referred to the Green Line and de facto barriers existing throughout the West Bank, namely the separation barrier, as Israel’s “border.”⁵⁹ In this way, Israel uses the ambiguity of its disputed borders to justify the denial of vaccines to Palestinians. This strategic use of territorial and jurisdictional ambiguity, alongside a reliance on citizenship as a legitimate means of exclusion, thus becomes a vehicle of settler colonialism.

When asked why Palestinians in the West Bank were not receiving vaccines, Director of Health Sharon Alroy-Preis responded:

So, we started vaccinating the Palestinian population. Part of the difficulty is with the arrangements that we have with Pfizer that state we cannot take the vaccines out of Israel, and so what we have done so far is vaccinate Palestinians on the borders when they come in to work.⁶⁰

While Israel presents the Green Line as a national border in the context of COVID-19, Israelis and Palestinians live on both sides of the line, and Israel exerts ultimate authority across such barriers. Furthermore, Israel operates numerous vaccination sites in the West Bank despite claims of Israel not being able to take the vaccines across such “borders.”⁶¹ These strategic representations of Israel’s borders, combined with fact that Israel readily vaccinates Jews but not Palestinians who

live in the West Bank, demonstrates that race, not borders, determines who Israeli officials consider worthy of health care. In the same way that Israel relies on citizenship and the rhetoric of “neighbors” to portray Palestinians in the OPT as being part of a separate nation-state, Israeli officials’ selective recognition of the Green Line as a “border” allows Israel to present its racialized approach to vaccine inequality as a more palatable form of inequality rooted in the two populations being from separate countries.

In addition to masking this form of elimination within the liberal bounds of citizenship, this characterization of Palestinians in the West Bank as a separate nation also allows Israel to invoke economic justifications for its refusal to vaccinate Palestinians. Israeli officials argue that Palestinians are an economically independent state that is fully capable of purchasing vaccines and administering their distribution. As Israeli Health Minister Edelstein communicated in a news interview, “Palestinians have their health ministry and health minister. They should have been thinking about vaccination half a year ago and eight months ago. Nothing prevented them from doing that.”⁶² Edelstein’s argument that “nothing prevented” Palestinians from vaccinating the OPT population disregards the ways that Israel has manufactured the OPT’s economic and political dependence on it, and how Israel’s control over the OPT cripples Palestinian economic development.⁶³ This control, as well as the damage to the water, energy, and agricultural infrastructure that results from repeated Israeli military invasions, forces Palestinians to rely on foreign aid to meet basic living conditions.⁶⁴ As Puar explains, this reliance on foreign aid then functions to depoliticize Palestinian suffering and allows Israel and other actors to appear as humanitarian saviors despite their complicity in the oppression of Palestinians.⁶⁵ By arguing that Palestinians are capable of vaccinating their population, Israeli officials obscure the OPT’s dependency on Israel and the economic strangulation that Israel’s militarized presence creates.

Even beyond the context of Palestine/Israel, scholars such as Gurminder Bhambra and Ayyash

draw attention to the fact that countries in the Global South cannot afford vaccines because of the ways their economic power has been obliterated through centuries of colonial exploitation and violence.⁶⁶ In this way, Israel's claim that Palestinians should have "planned ahead and bought their own vaccines" operates as a mechanism to obfuscate the eliminatory conditions that both militarism and capitalism foster. Placing responsibility to purchase and distribute vaccines on governments that have no ability to do so allows for the eventual deaths of people in the Global South to appear legitimate and unavoidable. Such justifications and transference of responsibility to populations in exploited positions therefore reflect the prioritization of wealth and power over human life.

Palestinian laborers: Capitalism as a guise for settler colonialism

Neoliberalism in Israel has significantly transformed its economic relationship with the OPT. As scholars such as Andy Clarno argue, technological advancements and free trade agreements with neighboring countries have reduced Israel's reliance on labor from Palestinians in the OPT. These economic changes, compounded by Israel's sustained control over the OPT, have recast Palestinians into a "racialized surplus population."⁶⁷ In contrast to such analyses that dismiss the Palestinians' utility as a labor source, Israeli officials argue that vaccinating Palestinian workers is necessary because their labor is essential to the functioning of the Israeli economy. For instance, as stated by Kamil Abu Rukun, head of the Unit for Coordination of Government Activities in the Territories:

*Today, we opened the vaccination campaign for Palestinian workers who work in Israel, and I commend all those involved for doing so. It is in our common health and economic interest, as we live in a single epidemiological region. We all need to take part in the effort to stop the spread of COVID-19 in the region while preserving public health and the functioning of the economy.*⁶⁸

Rather than discuss their approach to vaccination

as rooted in a humanitarian concern for Palestinians' lives, Israeli officials instead emphasized health and economic interests. As Ayyash explains:

*Only when its safety, security, and economic productivity and generation of wealth is at risk, does Israel inoculate these Palestinians. The calculus here is certainly not driven by ethical, moral, or even political demands, certainly not by a decolonial imperative, but rather an economic-epidemiological demand.*⁶⁹

This point is further illustrated by a statement from the director of the Ministry of Agriculture and Rural Development, Nahum Itzkovich, who commented in a press release on March 11, 2021:

*The various branches of agriculture, together with their entire supply chain and processing systems, are essential to our economy. They ensure that there will be no shortage of fruit, vegetables, eggs, milk and meat on Israeli tables. The decision to vaccinate all workers who participate in securing our food will maintain a stable economy in the industry, prevent a shortage of workers and enable the continued supply of fresh and varied local produce to the entire population.*⁷⁰

As Itzkovich's comments demonstrate, Israel justifies its decision to vaccinate Palestinian workers on account of Israel's reliance on Palestinian labor to maintain a stable economy, prevent a shortage of workers, and supply fresh local produce to the Israeli population. Israel does not try to hide that it vaccinates these particular Palestinians because it wants to exploit them for the benefit of its primarily Jewish citizens.

Such public and blatant prioritizations of Israeli economic interests over Palestinian life demonstrate that capitalist exploitation can serve as a legitimate cover for Israel's settler colonialism. In other words, while Israeli officials cannot discuss their denial of vaccines to Palestinians on the grounds that they do not care whether this population lives or dies, it is acceptable for them to discuss their discriminatory approach in light of whether Palestinians' exploitation serves the interests of the

Israeli state. For example, the Israeli embassy to Canada tweeted:

We are pleased to announce that Israel's campaign to vaccinate Palestinian workers is now underway. These efforts are part of Israel's ongoing fight against COVID-19 and return to health and economic normalcy. Every Palestinian worker in Israel who wishes to be vaccinated will receive a vaccine coordinated through their employer and relevant government authorities.⁷¹

Through such public declarations of Israel's discriminatory approach to vaccinating Palestinians who work in Israel versus those who do not, Israel is open about the fact that it is not motivated by a desire to protect Palestinians' lives. Instead, Israel blatantly reduces Palestinians to their economic utility and frames their vaccination in terms of the benefits that their vaccination provides to Israel's primarily Jewish population. While these findings do not necessarily challenge the validity of scholars' assessments of Palestinians' declining economic utility to Israel, they do reveal that economic exploitation can be folded within the ideological bounds of progressiveness and public health. In other words, the fact that Israel chooses to boast its decision to selectively vaccinate Palestinian laborers does not prove or disprove whether Palestinians have become a surplus population, since such economic calculations extend beyond immediate profits generated by the exploitation of their labor.⁷² What these findings do suggest, however, is that Israel assumes, seemingly correctly, that the exploitation of Palestinians will be accepted by the international community as a legitimate form of domination. While blatant killings of Palestinians are more likely to receive international condemnation, the reduction of Palestinians to their economic utility is accepted by the global community to be within the realm of a commitment to human rights and public health. In this way, Israel's publicization of its decision to vaccinate Palestinian laborers highlights the depths of acceptability that capitalist exploitation enjoys as a form of exclusion in the global community.

Conclusion

Puar describes maiming as a "primary vector through which biopolitical control is deployed in colonized space."⁷³ Maiming encapsulates those practices of domination that fall in between the biopolitical control of life and necropolitical killing. While the denial of COVID-19 vaccines does not reflect a form of direct killing, it creates conditions that make death more likely for Palestinians, while putting strain on life-giving infrastructure such as hospitals. Denial of COVID-19 vaccines can therefore be theorized as a form of maiming that extends Puar's argument into the realm of health. This theoretical framing then allows for clarification as to how Israel pursues its settler-colonial aims while being celebrated as a leader in public health and equality.

Our analysis reveals that Israel uses Western states' investments in two primary ideological structures to secure international condonation for its settler colonialism: citizenship and capitalism. Throughout the pandemic, Israel emphasized its commitment to equality and tolerance by highlighting the vaccination of its entire citizenship. As Tatour incisively demonstrates, however, citizenship is not an antidote to settler colonialism, but instead one of the state's most effective tools of dispossession and ethnic cleansing. With only 12% of the Indigenous Palestinian population holding Israeli citizenship, policies based on equality among Israeli citizens function to conceal the racialized character of Israeli rule. Stated more broadly, citizenship in settler-colonial societies that is granted upon processes of displacement and genocide allows such governments to appear committed to equality while still maintaining racial hierarchies, since citizenship itself is a product of racialized elimination.⁷⁴

Another way that Israeli officials relied on citizenship to mask its settler colonialism was to present Palestinians who live in the OPT as making up a separate country (without of course ever using the word Palestine). Israeli officials developed this narrative through a variety of strategies, such as ex-

ploiting the ambiguity of its borders, mispresenting the Palestinian Authority's (lack of) economic autonomy, and referring to Palestinians as neighbors. Through these mechanisms, Israel relied on the international community's comfort with the denial of health care based on citizenship and borders to excuse Israel's settler-colonial agenda. By denying the majority of Palestinians access to vaccines, while achieving the highest levels of vaccination in the world for its predominately Jewish population, Israel advanced its settler-colonial aim of eliminating the Indigenous population and securing a state with a Jewish demographic majority. All the while, its framing of Palestinians as a separate nation and its commitment to the health of Palestinians with Israeli citizenship allowed Israel to appear to be a proponent of public health and human rights.

Later in the pandemic, Israel announced its decision to begin vaccinating Palestinian laborers who travel from the West Bank to work inside Jewish communities. Again, Israel employed the language of "borders" to solidify its presentation of Palestinians as a separate nation-state. Israeli officials also communicated that Israel was choosing to vaccinate Palestinian workers on account of the economic utility they provided to Israel. Scholars such as Gordon and Clarno have pointed to a shift in Israel's treatment of Palestinians, where they no longer represent a major source of cheap labor and have instead become an expendable racial surplus population. Israel's efforts to publicize its decision to vaccinate workers therefore complicate such analyses as well as the foundational premise of Mbembe's necropolitics and the centrality of elimination in settler colonialism.

In response to this tension, we argue that the decision to vaccinate only Palestinians who work inside Israel and not the majority of Palestinians in the OPT functions to bolster Israel's economic power. Rather than represent two conflicting explanations of Israeli settler colonialism, both humanitarian maiming and biopolitical exploitation serve Israel's colonial aims. As Puar explains, Palestinians' economic profitability to Israel becomes tied to the ways Palestinians' "not dying" allows Israel to maintain its imperial rule. Like maiming,

practices such as denying vaccines allow Israel to keep Palestinians in a state of eventual death that does not resemble killing but also clearly contradicts a biopolitical preservation of life. Rather than diminishing Palestinians' economic utility, this ability to eliminate Palestinians without appearing as if Israel kills them is arguably more profitable to Israel than the exploitation of their labor. Israel's decision to vaccinate only Palestinian workers therefore does not represent a tension between prioritizing economic exploitation over racialized elimination—for as long as Palestinian death and debilitation is perceived to be a matter of unavoidable humanitarian catastrophe that can be solved through "charity," rather than a matter of Israel devaluing Palestinian life, Israel will be able to continue its settler-colonial activities.

As scholars such as Weizman, Wells, and Puar have argued, more explicit forms of state-sanctioned death are no longer accepted as legitimate means for settler-colonial regimes to exterminate racially undesirable populations.⁷⁵ Our analysis clarifies the mechanisms that states use to maintain an appearance of humanitarianism while continuing to carry out projects of elimination—namely relying on the international community's comfort with discrimination on the basis of citizenship and economic inequality. The second major finding of our study demonstrates how Israel's explicit commitment to exploiting Palestinians functions to conceal its project of racial elimination. While Israel invested great effort to present itself as opposed to racism, religious intolerance, and discrimination against its citizens, it publicly celebrated its decision to vaccinate Palestinians only when they provided economic utility to the Jewish state. This finding reveals the extent to which capitalist exploitation has become a normalized form of dehumanization. In other words, the perceived legitimacy of reducing racialized populations to their economic utility has become so ingrained within current liberal thought that it can operate as a cover for settler colonialism.

While other scholars have identified how citizenship and humanitarianism are used to advance Israel's settler-colonial aims, our analysis sheds new light on how Israel's celebration of its

exploitation of Palestinians obscures its eliminatory practices.⁷⁶ Rather than motivate a critique of Israel's exceptionality, these findings should direct attention to how settler-colonial societies, in general, use frameworks of citizenship and capitalism to mask their racialized projects of elimination. As the success of Israel's public relations efforts suggests, the international community is willing to allow ongoing projects of displacement, maiming, and death as long as those projects rely on these internationally sanctioned forms of exclusion. Specifically, reliance on citizenship and economic inequality as modes of exclusion allows countries such as Israel to deny entire populations their human right to health while being celebrated as leaders in public health. Given these conclusions, it is imperative that scholars of settler colonialism expand their focus to those forms of discrimination that are currently condoned by the international community by further addressing the roles of citizenship and capitalism in settler colonialism.

Acknowledgments

We would like to thank Nancy Wonders, Luis Fernandez, and Isaac Avenia-Tapper for their invaluable support and advice throughout this project.

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