

COVID-19 Crisis

In the

Israeli-Arab Society

Kiril Moskalev and Marian Tehawkho*



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This is a short summary, for the full paper (in Hebrew) see
<https://www.idc.ac.il/he/research/aiep/pages/policy-papers.aspx>.

* Dr. Marian Tehawkho is a senior researcher and Head of the Program for Economic Policy for the Israeli Arab Society at the Aaron Institute for Economic Policy. Kiril Moskalev is a researcher at the Aaron Institute for Economic Policy. Special thanks to Abdalla Zoabi, Adv., Director of Human Resources Planning in Health Professions at the Israeli Ministry of Health, for his help in obtaining information and analyzing disease data.

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→ **Contact details:**

The Interdisciplinary Center Herzliya - IDC, P.O. Box 167, Herzliya, ISRAEL 4610101

Phone: 972-9-9602431

Email: aaron.economics@idc.ac.il

Website: <https://www.idc.ac.il/en/research/aiep/pages/main.aspx>

COVID-19 Crisis in the Israeli-Arab Society

At the time of writing this paper, over a month since the onset of the COVID-19 crisis in Israel, the two population groups which were indicated as having the highest risk of an outbreak are located on opposite ends of the spectrum: Haredi (ultra-Orthodox) localities exhibit the highest disease rates, significantly higher than the general population, whereas the Arab (including Muslim, Druze and Christian) localities have the lowest rates. This is because COVID-19 reached the Arab population at a much later stage than the general Israeli population, when awareness of the virus was already high, and the economy was already heading into lockdown. Moreover, contrary to the Haredi society, Arab religious leaders and heads of local authorities were fully cooperative in maintaining procedures and observing instructions. There are a few Arab localities which have high infection rates, where the disease was brought in by local residents who had contracted it in their workplace and then infected their immediate environment, leading to relatively fast outbreaks in these localities.

The severity of the damage inflicted by this crisis on different population groups, both in the short and long terms, is determined to a large extent by the economic and social characteristics of these groups. The economic disparities between Arabs and Jews, which have been wide from the outset, are expected to increase even further as a result of the crisis, due to a higher rise in unemployment rates in the Arab population. To prevent a further widening of these gaps, support policies and measures for lifting the lockdown need to be adapted to the unique characteristics of the Arab population which include: low disease rates; the very low capacity of a relatively weak, impoverished population to endure economic damage; the lower probability of infection and severe disease among workers due to their relatively young age and types of employment; and full cooperation of authorities, religious leaders and the majority of households. At the same time, housing characteristics of families increase the probability of infection of high-risk family members due to potential lack of awareness, and there is also a risk of increased crime rates due to lockdown. On top of all this, it is imperative to consider the crucial challenge in the immediate term, which is the ability to prevent gatherings and to enforce social distancing during the month of Ramadan which commences in a few days. Imposing a full or partial lockdown during this whole month and particularly in the daytime, which will engender unemployment and idleness among the younger population, will make it extremely difficult to enforce lockdown and to prevent gatherings during the evenings and nights.

Considering these social characteristics, the economic cost of "full social distancing" in Arab communities can be higher than the health toll suffered by the Arab sector. And since this sector constitutes 20% of Israeli society, costs will be high for the whole Israeli economy. Therefore, several measures should be taken in the immediate timeframe as part of the lockdown exit strategy for the Arab society, in the context of a "smart social distancing" policy:

1. **Differentiated lockdowns:** low-risk communities and areas can be released, while maintaining rapid monitoring and random testing on as wide a scale as possible, to detect possible outbreaks.
2. **Opening small businesses** in low-risk communities while prescribing clear instructions regarding the required preventative measures, along with a nighttime lockdown during the month of Ramadan and prevention of gatherings.
3. **Enforcement and oversight** of regulations in Arab localities should be handled by the Arab local authorities, who may call on the police for help if necessary, in order to avoid unwanted friction and tension.
4. Due to the expected decline in local government revenue from property tax (which is derived mainly from residential properties) and the need for strong, functioning local authorities which currently constitute the backbone of Israeli-Arab society, **government support and financial aid** are acutely needed to prevent these authorities from collapsing.
5. **Kindergartens and nurseries must resume activity as soon as possible** in Arab communities, to enable mothers of young children to return to work.
6. **Public health information and guidance** must be made available in Arabic, in order to increase regulation compliance and prevent infection of high-risk family members.
7. Government support to workers and businesses affected by the crisis must be adapted to the unique needs and features of Arab society. In this context it is essential to **include Israeli-Arab experts** in forums and public committees which discuss crisis containment policies and exit strategies.