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Author
Razon, Na'amah

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ENTANGLED BODIES: JEWS, BEDOUINS, AND THE MAKING OF THE SECULAR ISRAELI

Na'amah Razon

ABSTRACT

Taking Israel's National Health Insurance Law as a point of entry, in this article I probe how notions of equality and citizenship, secularism and religion become entangled in the experience of Negev/Naqab Bedouin, who are Palestinian citizens of Israel. Drawing on ethnographic and archival research, I show how Jewish citizens have come to represent the secular and modern citizens in the region, while Bedouins, although mandated and claimed by policy and providers to be the 'same' and 'equal', are always already imagined and characterized as other. Universal healthcare and the daily manner in which biomedicine is practiced in southern Israel provides an avenue for examining the Jewish valences medicine carries in southern Israel, Israel's boundaries of inclusion, and the connection between biomedicine and secularism.

Keywords: Bedouin, Israel, Jewish, Negev/Naqab, secular

Running title: Secular Israeli

Media teaser: How does the entanglement of religion and politics in Israel enter medicine? How does medical care come to extend the boundaries of national inclusion?

NA'AMAH RAZON received her PhD from the Medical Anthropology program at the University of California, San Francisco and Berkeley. She is now completing her medical studies at UCSF. Her research examines citizenship and health care reform in Israel. Address correspondence to: Na'amah Razon, Department of Anthropology, History, and Social Medicine, 3333 California Street, Suite 485 San Francisco, CA 94143. Email: Naamah.Razon@ucsf.edu

Rim was a regular in the pediatrics department at Southern Hospital.[1] She was diagnosed with thalassemia major when she was a year old, and came to the hospital every month for a blood transfusion. She lived in a government planned Bedouin town, and for the past four years she and her mother, Yusra, had made their way to Southern Hospital for these regular transfusions. I joined Rim and Yusra as they sat waiting for the bag of blood to percolate into Rim's body. We were talking about the recent news of Jews across the country refusing to sell houses to Arabs. "Why do you think they refuse?" I asked.

Yusra: I don't know. They hold something not good against Arabs ...

NR: And does this enter into the health care system?

Y: No, no. Because a doctor, his work is to save people, to help everyone. It doesn't matter if it is an Arab, a Jew, from Gaza, or from there. It doesn't matter. A human is a human. That is in medicine…. Sometimes I feel like they don't treat us well. In stores, you feel like they don't treat us well. In different places. But in the clinic, never.

Rim's mother, like most patients and clinicians I came to know during my fieldwork, insisted that the inequalities faced by non-Jewish citizens in Israel remained outside of medicine. Medical care was declared an exclusive site where providers upheld equality. But as we talked, I learned that Yusra was in the process of suing her local clinic.

When I was pregnant, all my blood work showed that I had thalassemia… After we discovered this disease in my child… I went to the doctors and I said, "Why didn't they tell me I had thalassemia? You could do the blood test and you didn't treat me well."

Yusra believed that this mistreatment occurred specifically because she was Bedouin. The proclaimed equality in medical care and the palpable mistreatment Bedouin families encounter,

as Yusra's experience reflects, is at the center of this article. I seek to understand how claims of equality and marginalization come to sit at times uncomfortably, yet too often remain unnoticed.

Rim and her mother are Negev/Naqab Bedouins,[2] part of the Palestinian Israeli minority who find themselves in the strange position of citizens affirmed universal rights yet marginalized in the country's premise as a Jewish state.[3] For many Israeli citizens, as well as those in the international community, the incomplete divide between religion and politics results in a hierarchy of citizens, limiting Israel's ability to materialize its democratic commitments. For example, Jews have preferential access to land, greater welfare benefits than others, and essentially immediate access to citizenship . But medicine in particular is a site where this dynamic of Israeli citizenship emerges, precisely because, as Yusra claimed, in medicine equality reigns. Since 1995, Israel has a universal health care system that guarantees medical cover to all Israeli residents. Nonetheless, as I discuss below, the politics that marginalize non-Jews outside the medical sphere enter and shape how health care providers and patients interact, and how illness and treatment are understood.

In this article, I examine the work of secularism within a specific location: the Israeli medical regime that is organized around caring for the Naqab/Negev Bedouins in southern Israel. I illustrate how linking modernity with Judaism in Israel has made it possible to claim that equality exists in the medical sphere, but also, how the construction of modernity in Israel as a Jewish entity has excluded non-Jewish citizens like Bedouins. Bedouin patients come to be seen as unhealthy not because they are Bedouin but because they lack the sensibilities of modern patients. The language of modernity becomes a way to disguise how Israel's hierarchy of belonging shapes medical care. Medicine reveals the deeply intertwined trajectory of Israel as

Jewish and democratic. I draw on Talal Asad's (2003) notion of secularism to bring into relief the overlapping nature of religion and politics in Israel in medicine, and the consequences of this for non-Jewish Israelis. Secularism is the logic that makes it possible to claim religion and politics as separate, and informs who is considered a modern-citizen. -

THE POROUS BORDERS OF MEDICINE AND SECULARISM

In arguing that secularism does not indicate the inevitable separation between religion and politics, Talal Asad and a number of his former students reoriented the academic debates on secularism . Asad suggests that secularism— "a modern doctrine of the world in the world"— reflects the assumptions that make it possible to imagine the separation of these domains that signifies the modern (Asad 2003:15). The presumed partition between religion and politics, and kinship and economics, has permitted an evolutionary narrative to be crafted, in which 'tribal' and 'non-modern' communities are claimed to be religious (and kin-based), while modern societies are not . This makes the impact of religion (and, for McKinnon and Cannell, kinship) on modern living invisible, and produces a hierarchy of communities and people; the assumed absence of religion from modern subjects and institutions actively hides the religious affects and sensibilities that shape politics, and distances individuals associated with religion from modernity. Cannell effectively summarizes this understanding of secularism when she writes, "[s]ecularism… has become a hegemonic cluster of projects in the contemporary world. It permits and develops certain ways of being and living, while disdaining, tacitly prohibiting, or stunting others" (90-91). Thus an attention to secularism is not about crafting a distance between religion and politics, but instead examining how these categories are co-constituted, embedded in

particular historical moments, and shape individual practices. As I will show, in Israel, the project of secularism links modernity with Judaism, so changing the typical linkages between modernity and religion; it crafts Bedouins as non-modern because they are not Jewish.

Medicine is a privileged means for the claimed separation between religion and politics. Medical education, humanitarianism, and clinicians traditionally cordoned off medicine from the social, historical, political, and economic contexts in which medical care took place. As Deborah Gordon noted, a powerful scaffold of biomedicine has been its claim to neutrality: "Although biomedicine both constitutes and is constituted by society, this interdependency is nevertheless denied by biomedical theory and ideology which claims neutrality and universality" . Brandt and Sloane noted that while the nineteenth century hospital in the United States served as a "charitable institution dominated by notions of social welfare and moral order, the new hospital of the early twentieth century promised secular redemption from disease itself" (288). This claim is promoted globally by individual medical practitioners and by the international agencies with which they work: Doctors without Borders and the International Committee of the Red Cross, for example, both work on the premise of the isolation of medical services from regional conflict . In Israel, this imagined separation of the hospital from the social and political milieu in which it is located dominates how medicine is practiced and makes it possible to claim a medicalized equality in a landscape of deep discrimination, as I show below.

THE NAQAB/NEGEV BEDOUINS

The Negev/Naqab Bedouins are part of the larger indigenous Arab Palestinian minority in Israel. The marginal position of Bedouins within Israeli society commenced with the founding of the

state in 1948. Prior to the establishment of Israel, Ottoman and British rulers interfered only minimally with Bedouin affairs. At the commencement of what is known as the War of Independence to most Israeli-Jews, and the *nakba* (catastrophe in Arabic) to most Palestinians, approximately 100,000 Bedouins lived in the region . At the conclusion of the hostilities, around 11,000 Bedouins remained within Israel's borders . The remainder were killed, expelled, or fled to neighboring countries . Bedouins who found themselves within the new Jewish state were forcefully relocated into the southern military zone known as the *siyag*, meaning enclosure in Hebrew . The siyag was one of three military zones where most Palestinians remaining within Israel were interned . Bedouins were granted citizenship in the early 1950s, but they remained under military jurisdiction until 1966. From the 1960s, the Israeli government established Bedouin townships in the region to concentrate the Bedouin population, permitting the government to monitor the population. It also removed Bedouins from their land, which government officials expropriated as state land . This unresolved land issue is central to the continued (and growing) tensions between Bedouins and the Israeli government.[4]

Presently, 200,000 Bedouins, some 20 percent of the regional population, reside in southern Israel. Half reside in government planned towns, with the original seven Bedouin towns rank among the poorest locales in Israel . The remaining Bedouins live in unrecognized villages on land that their families historically owned. Since these villages remain outside residential jurisdiction, government officials view them as illegal. As a result, their residents cannot access municipal services such as electricity, water, and sanitation services, and they remain under the threat (and increasingly a reality) of demolition . Government officials' inconsistent, and at times absent, decisions regarding Bedouins' land, combined with the

continued marginalization of the community, has resulted in increased tensions and Bedouin resistance .

Local and international human rights organizations, academics, and Bedouins increasingly challenge the community's long-term marginalization, highlighting discriminatory policies within diverse fields such as education , urban planning , and law . These authors stress the need to understand Bedouins not as an isolated group but as part of the larger population of indigenous Palestinians living in a settler-colonial state . Other non-Jewish residents, such as migrant workers and asylum seekers, face similar discrimination and violence, in addition to the threat of deportation . The result of this differentiated democracy has led scholars to highlight the role Jewish hegemony plays in driving national inequalities, calling Israel an *ethnic democracy* and an *ethnocracy* marked by "creeping apartheid" .[5]

Negev/Naqab Bedouins have been constructed by the Israeli state as non-modern others located at the margins of the country, officially citizens but in practice pushed to its periphery. Medicine in Israel reflects this tension in its commitment to providing equal medical care to all citizens, and yet it is shaped by the project of who gets to be called a modern, proper patient in this setting. Attending to the manner national commitments and secular projects become tied in medicine helps clarify how the health care regime remains part of, and not beyond, these projects.

METHODOLOGY

I base this article on research conducted in Israel over 27 non-consecutive months between 2007-2012. The aim of my research, broadly, was to examine how the National Health Insurance Law

(NHIL), implemented in 1995 and guaranteeing universal health care services to all Israeli citizens residing in the country, intersects with the religious/ethnic politics of Israel and contributes to the marginalization of the Bedouin community in southern Israel. Prior to the NHIL, 95 percent of the Jewish population, yet only 60 percent of Bedouins, had medical insurance . The NHIL changed Bedouins' access to health care services and transformed the demographic makeup of public hospitals and clinics. In my research, involving 12 months in two departments in a regional hospital ('Southern Hospital'), I focused on how health care providers enacted reform and how they came to understand and materialize 'equal' care. My positionality as a Jewish American-Israeli, a student of both medicine and anthropology, facilitated my access into the medical system . I lived in a Bedouin town, and my experience there shaped my understanding of health, politics, and marginality in the region. As an anthropologist in the hospital, I joined the team's daily activities. I also accompanied families as they navigated the medical system. I conducted 32 formal interviews with providers and 22 with Bedouin families.[6] Interview questions focused on how interactions within the hospital related to the larger political dynamics between Bedouins and Jews regionally and nationally. I also conducted archival research in the Tuviyahu Archives of the Negev and the Israel Defense Forces archive.

MODERN MEDICINE IN A JEWISH STATE

The story of citizenship, secular modernity, and the Bedouin in Israel is in part a story of medicine. Medicine was a means by which the Jewish Israeli state crafted and acted on its Arab other. In this article, I turn to the health care services, provided by the Israeli government to

Bedouins during the initial years of the state, as an entry to understand how the relationship between the Negev/Naqab Bedouins and the Israeli government became formalized.

Militarized Medicine

In 1955, the Ministry of Health hired Dr. Binyamin Ben-Assa as the Bedouins' "Minorities' Physician." Born in Holland to a Jewish family, Ben-Assa studied medicine in Amsterdam where he was actively involved in the Zionist Student Organization. Following the Nazi invasion of Holland in 1940, Ben-Assa fled the country. He spent the war in the Dutch Royal Navy, working as a physician in the United Kingdom and Indonesia, then immigrated to Israel in 1950.

When the Ministry of Health employed Ben-Assa, the Bedouin population numbered approximately 12,000 individuals. Yet Ben-Assa remained the sole physician until he left the position in 1965. His work remained intimately tied to the military government and a national agenda to Judaize southern Israel. Correspondences in the Israel Defense Forces' archive document that clinics were located in military representatives' offices, and the military governor dictated when and if Ben-Assa entered the military zone and whether a specific Bedouin received a permit to seek treatment outside the *siyag* .

Ben-Assa was critical of the treatment of Bedouins. Frustrated by the lack of infrastructure, at the conclusion of his first year as Minorities' Physician, he wrote to the Ministry of Health:

> After more than a year of work I need to conclude, sadly, that the level of medical services to the Bedouins is not satisfactory. I am not certain why the Bedouins who are citizens of the country need to receive treatment that is more primitive than the Jews. I

know that there is a lack of physicians but one doctor for 13,000 people in the State of Israel is below the minimum… The lack of transportation and unsuitable buildings make the doctor's work difficult. Of course I cannot continue in these conditions for much longer, and I ask you to give the possibility to develop a better service .

Ben-Assa campaigned unsuccessfully to allow Bedouins to receive medical care in existing Jewish kibbutzim . For Ben-Assa, medical care was a political act and had the possibility of forging important ties between Jews and Arabs in the region. His widow explained to me that her husband was furious about the emphasis on research rather than improved care. "They [the experts] found that they [Bedouins] had diseases we don't have. If you look there is research, research, research and very little services." Thus while Ben-Assa offered a perspective of how the relationship between Bedouins and the government might have been different, the forces in which he worked separated Bedouins physically and ideologically from Jews.

Along with his medical colleagues and the broader public of his time, Ben-Assa viewed the medical establishment as a modernizing force and saw the hospital in particular as a site for transformation. In his 1959 tuberculosis study, he wrote: "In Israel we see a very great civilizing effect of a prolonged sojourn in a Tuberculosis hospital" . Hospitalization was depicted as a means to transform Bedouins into modern subjects through their enclosure in the confined medical space, imagined as clean, hygienic, and modern (in contrast to the mobile, crowded, and unhygienic tents in which Bedouins conventionally lived). The hospital, according to Ben-Assa, "(l)eaves a bold impression on the Bedouin. This is the place the Bedouin learns the Israeli manners [*minhagim*] and loves them" . Bedouin women and children in particular were influenced by medical care. Practitioners discussed the hospital as a place where Bedouin women became liberated—wearing pants, removing their headdress, learning Hebrew, and adopting

modern hygiene. As Ben Assa explained: “Women get accustomed quickly to cleanliness and after long stays in the hospital they always remain cleaner” (1974:75). Medicine was thus portrayed as a way for Bedouins to become Israeli moderns.

The progression of Bedouins towards modernity was not an abstract goal. Rather, the vision of modernity discussed by medical providers overlapped with the characteristics of a specific Jewish-Israeli way of life. According to Ben-Assa, prolonged hospitalizations brought Bedouins “closer to our culture” and access to health care services resulted in them “learn[ing] gradually to behave like a Jewish patient, and use the laboratory services in Beer Sheva” (1974:75). He reflected: “The young Bedouin feels – and justly so – as an Israeli for all things. His access to physicians, his diseases, and his complaints are similar more and more to those of the average Jew” (1974: 73).

Medical personnel like Ben-Assa considered themselves part of the process of modernizing Bedouins toward Jewish-like citizenship. This point was articulated to me by Aviva, a nurse who worked in the southern district starting in the 1960s: “[T]he Bedouins, for thousands of years lived like that, things were good for them. And then we wanted to bring them to civilization and make them like, like Jews.” During the early years of the Jewish state, health care providers were so certain of Bedouins’ inevitable transition into Jewish-like patients that Ben-Assa wrote “(i)n one generation it will be difficult to find” a Bedouin patient .

The Ongoing Transition

Despite Ben Assa’s prophecy, Bedouins have far from disappeared. On the contrary, the persistence of ‘the Bedouin patient’ as a medical entity highlights assumptions of who and what it means to be modern in Israel. Precisely because Jewish and modern became coupled in Israel,

they remain categories exclusive of Bedouins and other non-Jews. 'Jewish' in Israel extends far beyond a bounded religious category. Jewish law permeates daily life in Israel—it informs when buses will run, what foods supermarkets can sell, and who counts as a 'Jew' eligible for citizenship, although Judaism is not a clear category. Researchers document a hierarchy of Jewish identity in Israel that places European non-practicing Jews as the modern norm and Orthodox Jews, Jews from Middle East and North Africa (Mizrachi/Arab Jews), Ethiopian Jews, and Jews from the Former Soviet Union as somehow less modern than this unnamed standard . Even so, secularism's link to Judaism in Israel a priori excludes non-Jews and therefore operates differently in relation to Jews and non-Jews, regardless of their religious subgroup. It is significant that in Hebrew the word for secular, *ḥiloni,* is reserved specifically for non-orthodox Jews.[7] One would not use ḥiloni to describe a Muslim or Christian. Thus the possibility of the secular, modern positionality, even within the hospital, carries a Jewish valence that already excludes non-Jews. Further, although below I focus on Bedouins, the Jewish dominance of medical space emerges for Jewish Israelis as well. Ivry analyzes the route Jewish orthodox couples take in 'koshering' medicine during infertility treatments. The problem that Ivry's informants face is that Israeli medicine is not Jewish enough. As a result, rabbis help couples navigate the medical system, adding a third party in the typical patient-provider dyad.

The modernization urged upon Bedouins in the early years of the state was not just a need for progress, but reflected an Israeli concern that Bedouins advance towards being more like Jews. Transition became the dominant theme characterizing Bedouins, and this included that they become 'proper' patients in the clinical setting. Sammy, a Jewish physician, told me about the challenges he faced in treating Bedouin patients in the hospital.

> In my opinion we are simply in the intermediate generation in terms of the Bedouin generation… This intermediate period will pass only when the emancipation will get to the girls of the Bedouin tribes… And it's advancing. But until the girls will be able to decide for themselves what is good we are still in the previous generation.

Providers like Sammy characterized Bedouins as transitioning, but at a sluggish pace. The frustration Jewish providers had with Bedouin patients' slow progress in becoming modern patients was evident one evening when I joined Jacob in his clinic in a Bedouin town. A Bedouin girl was rushed into the clinic. Jacob, a Jewish pediatrician, ran to the treatment room, but the mother requested that her daughter be seen by a Bedouin, Arabic speaking provider. "I understand what she has, and he [the Bedouin provider] probably doesn't even remember!" Jacob remarked to me in exasperation. Jacob did not view the family's preference for an Arabic speaking physician as a legitimate choice. Instead, he saw the encounter as reflecting Bedouins 'old opinions'. "They don't care that the doctor is a specialist. People come here [to the clinic], but I am telling you, sometimes I feel like I give information, things, for no reason… A generation needs to pass. They are undergoing rapid transition and they can't absorb the changes in such a short period of time."

The Crazy Gap

This narrative of transition places Bedouins and Jews on a continuum of progress, but it also carves a dichotomy between them. This distinction has become so entrenched that it serves as a methodological starting point for researchers. For example, in 1983, southern Israel was characterized by one group of researchers as a region "inhabited by two distinct populations, Jews and Bedouins" :

> The 226,000 Jewish inhabitants represent heterogeneous ethnic origins coming from different parts of the world… and can generally be compared to a low middle-class European population. On the other hand, the 49,000 Bedouin inhabitants of the area are a Muslim population in transition from a semi-nomadic to a settlement state .

By comparing the Jewish population to a "low middle class European population," Jews were cast as a cosmopolitan population, while Bedouins remained in transition. Sheiner and colleagues characterize the regional Jewish population as "Westernized," "urban," "modern," "compared to any developed western culture, socially and economically" . In contrast, the Bedouin population has been described as "resembling a typical developing world population" , "traditional community" , and "in transition to a Western lifestyle" . These authors contribute to a narrative characterizing the two populations as distinct from one another despite inhabiting the same geographic space. The history of segregation is recast as an opportunity—a natural laboratory— to study two different populations using the same hospital and medical services.

The assumed difference between Bedouins and Jews routinely emerged in the hospital where I conducted fieldwork. Dina was one of the veteran nurses in Southern Hospital. When I asked her why health gaps remained between the Jewish and Bedouin populations in the region, she remarked, "They are stuck in tradition:"

> I think that among us [*etslenu*], among everyone, the standard of living changes and it doesn't matter where, those in Yeruham and Dimona [Jewish 'development' towns], regardless we try to raise our standard of living somehow. And for them there is less a desire, maybe because of the traditionalism… They prefer to remain in the traditional life. They prefer to marry another wife, marry within the family, and these are things that

> perpetuate the gaps… And it will be several generations until the tradition calms down and the elders die and then maybe they would advance and maybe move forward.

Jewish health care staff like Dina emphasized Bedouins' marriage and kinship practices—such as polygamy and cross-cousin marriages—as evidence of their non-modernity. Critically, Dina did not state who 'us' referred to. Rather, like other providers, she spoke of 'Jewish' as an unmarked unity in opposition to the Bedouin 'them', although she actively included marginalized Jewish towns and groups into this 'us', marking the boundaries of modernity.

The dichotomy between Bedouin and Jewish patients was discussed by many providers. "There is a crazy gap, like a really, really, really big gap between how we see disease and how we see what is important… and how they see these things. They are completely different things," Mira, a Jewish nurse, explained to me. Hygiene was often discussed as evidence of this:

> I instruct parents about hygiene. What I know as hygiene is washing with soap and water, something basic, every day, every other day, okay. But for them it's once a week and that's okay, because that's how they live and what they know and that's how they are. And we don't understand it because we look at it through our eyes, what we are used to, what we grew up with… And this change will need another hundred years. They need several generations to enter into houses, into how I live. Only then can we really treat them properly.

Like other providers, Mira discussed these patients in a comparative mode, characterizing Bedouins as located in an earlier period than Jews, and needing to transition into how she, a Jewish-Israeli, lives. But precisely because Bedouins can never become Jews in the current "state-run conversation apparatus" , they can never complete their transition to modernity.

The transition narrative that providers employed exonerated them from addressing the inequities they encountered. It was not that health care was unequal, but rather that Bedouins were not yet equal patients in their behaviors and understanding. This transition, for Jewish providers, was essential to be able to treat Bedouin patients successfully. Providers overlooked the fact that the proper patient they imagined was a Jewish, Hebrew speaking one. They considered Bedouins' poor health to be the result of personal choices (missing medication, not keeping clean, not undergoing genetic testing), and they did not acknowledge the political tensions and economic limits that prevented many Bedouins from building permanent homes or having access to running water. The marginalization of Bedouins within Israeli citizenship and medicine, and their distinction from their Jewish counterparts, was discussed as secondary to Bedouins' traditional, pre-modern way of living, not as the result of exclusionary politics.

Medicine is a site and technique through which this secularism is enacted, and the clinic is a space where tensions around the boundaries of inclusion emerge. As we sat waiting for her daughter's x-ray, Samira remarked to me that all the Jewish patients entered first and the Arabs continue to wait. "Maybe these things happen in the bank, in the market, but in the hospital?" When I asked her why she thought this was so, she bluntly responded, "discrimination." Bedouin families therefore actively questioned the distancing work that providers employed to justify inequality. During a busy night in the emergency room, I spoke with Hasan, a Bedouin man, who similarly linked government policies directly to Bedouin marginalization: "They say the Bedouin stink, but it's because there is no electricity or water. They take the Bedouins' land and plant forests. The state [*doula*] decides when to turn on the faucet and when to turn it off." According to Hasan, the reason Bedouins at times lack hygiene is not because they are tied to tradition or resist progress, but that the government maintains Bedouins in pre-modern conditions. These

Bedouin patients highlight that assumptions about Bedouin patients (such as not showering, lacking health literacy) are the result of the exclusionary boundaries and structural inequalities that dictate who gets to be a modern patient in Israel.

In his work on Britain's colonial control in India, despite policies of liberalism at home, Chakrabarty argued that keeping India as inferior required the production of a chasm regarding progress. It meant placing Indians perpetually "not yet" ready to be modern (2000: 9). Bedouins have similarly been placed by an Israeli secularism in a mode prior to modernity, temporally distant from their Jewish compatriots. The 'gap' that providers described between Jews and Bedouins was a means to justify health inequalities and to avoid discussing the role of state in maintaining these inequities. It was, moreover, not religion that staff thought prevented Bedouins from acting as modern patients, but Bedouin culture more broadly. Whereas religion typically serves as a proxy for culture or tradition, in Israel, 'secular' health care practitioners are associated with the Jewish state and so with both religion and modernity.

Crafting Equivalence

Although providers emphasized the distinctiveness of their Bedouin patients and the 'gap' between Jews and Bedouins, they also stressed that within the hospital, all patients were treated equally. Sima, a Jewish nurse, emphasized: "You are required to treat without difference of religion, sex, race, or nation. Someone's background doesn't matter. What the person is or what his political outlook or his religion. It's saving life. A Bedouin mother or a Jewish mother, to me she is a mother. I see everyone the same." This claim to equivalence allowed medicine to be the space for secularism to carry a 'civilizing' project on its others. Salim, a Bedouin physician, saw this emphasis on equivalence as a core component of his work: "[T]he doctors

are actually people who want to help, and we don't have politics in treatment... I don't look at you, I don't look at who he is, and I don't look at anything except that you are sick, and you need help." Salim emphasized that health care was separate from politics, and so allowed providers to embrace equality alongside a discourse of modernity.

While providers made statements such as "I see everyone the same," I have come to understand this sameness as referring to the procedures and medications prescribed to patients. Universal health care in Israel demands equality in medical services for patients, and this equality is instantiated in diagnoses, laboratory tests, and medications. Secularism here is the possibility of equivalence, and the simultaneous tethering of this equivalence to national, religious, and political commitments makes its realization impossible. However, the biomedical paradigm that casts all individuals as equivalent comes into tension with local categories that produce difference, in turn reconfiguring ideas of health and modernity. Medicine therefore has the tricky task of both universalizing lives and dealing with their particularities. This dual work exposes medicine's inability to remain in the abstract plane, repeatedly encountering "local biologies" .The secular is then a contradiction between the commitments to equality and the project of making the Jewish/modern state and citizen. As anthropologists have shown, medicine has staked a claim to be a source of equality, providing access to medications and benefits , legal documentation , and social and medical recognition . As these authors argue, these claims can belie the ways medicine normalizes inequalities, erasing the social and political threads that position particular communities and individuals as vulnerable.

My study of medicine in Israel adds complexity to these narratives as it unhinges the assumed dichotomous relationship between modernity and tradition, secularism and religion.

First, the modern state carries a particular religious identity. Bedouins, discussed as traditional and cultural, remain at a distance from this religion, not because they lack religion, but rather because (a particular) religion and tradition are not seen as linked, and religion is not opposed to modernity. Because modernity is tied to a religious affiliation, the Israeli case pushes us to rethink the articulation between these categories. For what would happen if modern and Jewish did not overlap? What would a modern Bedouin look like if not Jewish? Second, attending to the manner Bedouins are claimed to be non-modern highlights how Jewish privilege has distanced the ability of non-Jewish citizens to access equality within Israel. Finally, uncoupling modernity and Judaism opens the possibility to attend to the non-modern ways of Jewish Israelis. Examining these links and their consequences brings into relief the assumptions about who is allowed to be a modern citizen in Israel.

ACCENTING THE SECULAR BODY

In a chapter entitled "Muslims as a 'Religious Minority' in Europe," Asad puts forth what he calls the "outrageous" claim that there is no manner in which to represent Muslims, *as Muslims*, in Europe . "Why?" he asks. "Because in theory the citizens who constitute a democratic state belong to a class that is defined only by what is common to all its members and its members only. What is common is the abstract equality of individual citizens to one another, so that each counts as one" (2003: 173). Asad argues that the belonging of European Muslims to liberal democracies remains contingent on their identity as citizens and as nationals, but not as Muslims. Muslim identity remains incompatible with the idea of the individual citizen in Europe, even if this is not explicitly marked. Controversies such as Muslim women wearing the veil in France

bring into relief the historical contingencies and contemporary assumptions about what a French citizen looks like. For Asad, such issues are not specific to Muslims, Europe, or the veil itself; rather, they open up a discussion around equality and the limits of this in democratic, modern states.

Asad writes about French Muslims, who can be called 'equal' in the abstract, as citizens and yet not as Muslims. In southern Israel, Bedouins do not have a place *as* Bedouins. They are viewed as equal in terms of patienthood and even, theoretically, as citizens, but as Bedouins they remain incommensurable with their Jewish compatriots. As I have argued above, the category Bedouin was created and maintained in opposition to the category Jewish. To be clear, my claim is not about focusing on the Bedouins as a Muslim minority. While the category of Muslim/Arab/Palestinian raises anxieties for Jewish Israelis and the Jewish state , my claim here is much more to do with how secularism plays out in the medical context. Biomedicine, like secularism, claims a form of transcendence, a capability to abstract individuals from their personal context. Yet my work reveals the simultaneous desire for abstraction and its continuous failure.

Hussein Agrama highlights that secularism's power lies in its ambiguity, holding politics and religion simultaneously and working differently in different locales and times. Like secularism, biomedicine's "power relies crucially upon the precariousness of the categories it establishes" . The discussions of us/them, modern/pre-modern highlight the boundaries of inclusion and exclusion in southern Israel and elsewhere. The ambiguity that Israeli Jews maintain— of equality and prejudice— enables the state to appear democratic while obscuring its discriminatory policies. As Asad emphasizes, the common denominator of citizenship is an

abstract equality, but this is mediated through the boundaries of who is included (and excluded) as modern.

I have examined the entanglement of religion and politics in Israel to offer a perspective of secularism within a Jewish state, so to contribute to a small but needed body of work on secularism outside the Islamic and Christian traditions . I have also illustrated the challenges of implementing national health care and of the obstacles of translating policy into clinical reality. While the idea behind the NHIL was to ameliorate disparities, I suggest the need to attend to the linkages of medicine beyond the clinic. The historical segregation and continued marginalization of Bedouins in Israel penetrates the clinical encounter.

Despite the resonances of this case with other examples, globally, of national health care and secularism, this case is particularly Israeli. Nasasra and colleagues critique the role academics have played in crafting a distinct Bedouin category. I share Nasasra and others' call for Bedouins to be named as part of the larger Palestinian struggle with which they share a history, subjectivity, and experience as marginalized citizens. One aim of this article, therefore, has been to contribute to the literature on the production of what Filc has termed Israel's "circles of exclusion." By showing how othering takes place in Israel, especially in sites where equality is asserted, I highlight the growing place of racism in Israeli society .

Rabinowitz and Abu Baker explore the growing discontent of new generations of Palestinians citizens of Israel, who strongly identity as Palestinian and who remain adamant about their equal rights as Israeli citizens. Their work and my own research have pushed me to ask: What would it mean to make space for Bedouins *as* Bedouins and for Israel to exist as a more inclusive state? Recognizing Bedouins includes but does not end with recognizing their land and rights. Although this certainly needs to occur. Recognition entails the possibility of

Bedouins being Israeli citizens *as* Bedouins and not as individuals meant to become 'like Jews' or 'modern.' Recognition is about relationality; it is the ability to feel another's pain, to recognize that pain, to acknowledge the trauma of the region, and to allow individuals to maintain their own sense of life, memories, histories, traditions, and futures . The inability, or refusal, of Jewish Israelis to acknowledge the specificity of the violence Bedouins experience haunts the conversations and silences in the Negev/Naqab. Striving for a more inclusive space in Israel requires allowing overlapping histories and narratives. It would require not only acknowledging but also permitting the *nakba*, the military rule, the Holocaust, refugees, and Arab-Jewish temporalities and spaces to intersect. It would require the possibility to imagine a national community that does not efface heterogeneity or allow the triumph of a secular equality and citizenship, but rather is about living and practicing an embodied life that carries memories and aspirations, anxieties and hopes. The question remains of what kinds of alliances and conditions need to be brought together to make this possible.

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NOTES

1. Unless otherwise noted, the names of places and people have been changed to protect their identity.
2. Naqab (Arabic) and Negev (Hebrew) refers to the southern region of what is today Israel. Academics, government officials, and Bedouins employ numerous terms to name this area and people (Amara 2013). In this article, I use Bedouin (pl. Bedouins), Naqab/Negev Bedouin, Arabs, and Bedouin Palestinians interchangeably to reflect the emic terms used in the region.
3. In its Declaration of Independence , Israel's founders characterized the state as Jewish, yet they emphasized that it will protect the rights of all citizens. Robinson argues that the inclusion of the egalitarian clause was tied to the nascent country's need for recognition of the international community (pp. 27-28).
4. The issue of land has escalated recently particularly following the passing of the Prawer Bill, the government's strategy to settle the Bedouin land issue. For a discussion of the Prawer Bill and the legal arguments used by the government to dispossess the Bedouins

of their land see Amara , Amara, Abu-Saad, and Yiftachel (2012), Nasasra , and Yiftachel, Keder, Amara . See Goldberg Commission for the government's perspective.

5. My argument is specific to Palestinian citizens of Israel, such as the Bedouins, as they are eligible for national health care. Therefore, when I discuss Bedouins or Palestinians in this article I am referring to Palestinian citizens of Israel and not Palestinians residing in the Occupied Territories or elsewhere or who do not have Israeli citizenship. However, many of the forces I discuss are relevant to other 'Othered' communities in Israel located at the margins of Israel's fragile democracy .
6. While an increasing number of health care providers are Palestinian Arabs, the majority of health care providers in Southern Hospital remain Jewish. Interviews were conducted in Hebrew and Arabic, recorded, and transcribed verbatim.
7. I am indebted to Jennie Doberne for the important insight regarding the usage of ḥiloni.

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