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Objectivity as a Bureaucratic Virtue:
The Lived Experience of Objectivity
in an Israeli Medical Bureaucracy

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requirements for the degree Doctor of Philosophy
in Anthropology

by

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ABSTRACT OF THE DISSERTATION

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by

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Professor Christopher Jason Throop, Chair

Across bureaucratic contexts, “working in an objective manner” is a dominant ethical conception of appropriate bureaucratic conduct (e.g. Hoag 2011), constituting “objectivity” as a desired bureaucratic virtue. While anthropologists have examined local interpretations of objectivity and the implications of upholding objectivity as a virtue (e.g. Ferguson 1990; Herzfeld 1992), less is known about how bureaucrats themselves engage or negotiate this virtue in their everyday work. My dissertation directly addresses this lacuna through an ethnographic inquiry into how a group of Israeli medical bureaucrats cultivate an “objective disposition” when preparing data about medical treatments for the Israeli Medical Basket Committee (thereafter the Sal Committee, following its most known Israeli reference).

The Sal Committee meets annually to prioritize which new medical treatments will receive state subsidies as part of Israel's public, universal healthcare system. Since Sal Committee's decisions bear high stakes for patients and pharmaceutical companies, its work is executed amidst intense pressures. In response to these pressures, Sal Committee's bureaucratic staff, who prepares information upon which the committee deliberates, stress their commitment to working "objectively." Based on 16 months of participant-observation and interviews with staff members, I identified four central meanings they give to "working objectively:" (1) providing truthful data; (2) strictly following their bureaucratic timetable; (3) providing an authorless overview; (4) taking a non-emotional stance. My dissertation considers how these conceptions shape the staff's behaviors and affect the entire decision-making process. Situated at the intersection of anthropological scholarship on bureaucracy, ethics, and healthcare, and in conversation with scholarship in phenomenological philosophy and science and technology studies, this study shows how "objective" conduct is a product of a complex array of subjective experience, context-specific notions of "objectivity," and dynamics of social power.

The dissertation of Yael Assor is approved.

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To Savta Yael and Saba Max, Savta Yehudit and Saba Yehoshua,

Who, despite everything, kept their belief in human spirit.

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Introduction

Figure 1.1: Eli Kobelon barging into Sal Committee discussions
(Photo by Yuval Kariv)



With quick, decisive steps, Eli made his way to the center of the room (see Figure 1.1).¹ It was a florescent-lit, stuffy meeting room at the upper floor of a coastline hotel in a suburb near Tel Aviv, Israel. The tables in the room were arranged in a double U shape, with an inner U-shaped table formation enveloped by an outer U-shape formation. First Eli passed by the few journalists who were sitting near the room's entrance, in the central part of the outer U structure. Then he moved through the side of the outer tables, where Keren, Miriam, and the rest of the committee's bureaucratic staff were sitting. Taking three more steps, Eli quickly passed several committee members who were sitting in the inner U, turned to the committee's chairman who stood right beside him, and began to speak:

¹ This case of Eli Kobelon is an outstanding exception in which I refer to a person by his real name. I do so since what I describe here is a scene that was broadcasted in all major Israeli media sources. Except for Eli's name in this above vignette, all other names used in this dissertation are pseudonyms.

Chairman of the committee, I heard that you have decided to leave my medication, Gattex, outside of the subsidy list for this upcoming year. From here I have nowhere to go. You are killing me. I had an MRI today. My condition is deteriorating. I weigh less than 50 Kilos [110 pounds, YA]. My life is in your hands, and the hands of all committee members. You are sentencing people to death. People just like you, who want to live a full life, who want to have children. Let us live. Think twice about the decisions you make.

After delivering this message, a security man who was hovering over Eli, yet at the chairmen's indication was careful not to touch him, escorted him out of the room (see Figure 5.1). The committee took a break to recuperate from this exceptional event, the first of its kind in its 20 years of operation. After the break, they continued to discuss which of approximately 500 new medical treatments and services will be dispensed to Israeli citizens at subsidized cost as part of the country's universal, public healthcare system.² Every year, this committee, formally called the Committee for the Enhancement of the Medical Services Basket, but more commonly known as the Sal Committee (*sal* being the Hebrew word for "basket"), convenes to make this determination.

While this event was unprecedented and remained such ever since its occurrence in December 2014, it speaks to the stakes of Sal Committee's work. Because of medical treatments' rising prices, most Israeli patients rely on Sal Committee's subsidy allocation for receiving life-improving or life-saving treatments. Thus, when patient Eli Kobelon, who was suffering from a rare gastrointestinal syndrome, learned that his medication is not going to be selected for subsidy, he

² Palestinians living in the occupied territories, under Palestinian civil administration, are not considered Israeli citizens and therefore are not entitled to this health insurance.

decided to barge into committee discussions; the last resort of a patient with nothing to lose.

But for the people who were in that room, Eli's act was one step too much. During my fieldwork with Sal Committee (2015 through 2018), I had often heard committee members and staff recount that event as a still vivid memory. One of the people who spoke with me about it was Miriam, a member of the committee's bureaucratic staff that assembles the information upon which the Sal Committee grounds its deliberations. Recalling this incident, Miriam told me,

It was a difficult sight. I had to work on myself so that it would not affect me, it would be unfair to other patients if it did. Indeed, all the committee tried to redirect itself to an objective position.

For Miriam, striving for fair resource allocation in the committee's pressure-laden environment entailed an effort to maintain an objective disposition. Such was the case for all other Sal Committee staff members, a ten-person team of Ministry of Health (thereafter, MoH) employees, all Jewish women between their mid-thirties to mid-forties, biologists and pharmacists in training (save for one physician), who prepare informational portfolios about each nominated treatment. For all my interlocutors at this team, working “objectively” (Hebrew: *Obyektiviti*) was key for conducting a fair decision-making process. Thus, while I had originally planned to study how ethical ideals brought about Sal Committee's high public legitimacy, as I entered this field and spent time with my interlocutors, I noticed the strong emphasis they all put on working “objectively.” I, therefore, reframed my research emphasis accordingly.

“Objectivity” is a concept laden with various meanings throughout the course of history, different contexts, and various disciplines (e.g. Daston and Galison 2007; Haraway 1988; Weber 1949). Social studies of bureaucracy most often refer to

“objectivity” as an etic analytic category that relates to qualities of indifference (Graham 2003; Herzfeld 1992; Stevenson 2014), impersonality (Porter 1996), following pre-determined guidelines (Berg et al 2000), taking an apolitical stance (Ferguson 1990; Ticktin 2011), detachment (Candea et al. 2015), and disinterestedness or passionless conduct (Bourdieu 1998; Furglerud 2004). Here, however, I look at “objectivity” as an emic concept for committee staff members: what “objectivity” means for them. At the core of this dissertation research are thus two questions: *What does it mean for Sal Committee staff members to "work objectively"? And what are the consequences of upholding this ideal?*

Throughout my 16 months of ethnographic research of and with the Sal Committee, the issue of working objectively came up now and then, mostly in the context of staff members' concern with ensuring the committee's fairness, either as a spontaneous remark by my interlocutors or following my prompts. My interlocutors talked about "objectivity" in relation to various qualities, markers, and meanings, which I have summed up to four major themes: (1) providing truthful data; (2) following strict timetables; (3) providing an authorless overview; (4) taking a non-emotional stance. Each dissertation chapter takes up one of those meanings, considers the cultural (including political and historical) contexts through which this specific meaning of objectivity emerged, discerns how it orients staff members towards a certain experience of their everyday work and practices, and attends to the structural implications of these practices on Sal Committee's work and beyond.

Staff members' interpretations of working objectively directly affect the committee's decisions and the quadruple power relations between patients, medical providers (somewhat equivalent to American HMOs), the state, and pharmaceutical companies. At some points, their attempt to work objectively carries even broader

implications and affects the normalization of Israel's governance over Palestinians (see Chapter 3), and the patriarchal nature of Israeli bureaucracy (see Chapter 4).

Considering the magnitude and effect of these structural implications reveals the high stakes involved in taking working "objectively" as an ideal disposition. In this sense, examining the practical meanings of working objectively extends beyond a theoretical attempt to trouble one of the leading ideals of bureaucratic, scientific, and medical practice, as it points at the very real effects of upholding this ideal.

However, before I plunge into the deep waters of exploring staff members' view of objectivity, I turn to discuss objectivity as an ideal for bureaucratic practice and in the particular context of Sal Committee, how to conduct such an inquiry, and the setting within which this investigation takes place. I do this in the remaining sections of this Introduction, followed by a brief outline of the chapters.

Objectivity as bureaucratic virtue

Two months before I left the field, I met with Vered, another Sal Committee staff member, for our fourth interview. I shared with her my desire to complete fieldwork, following the recent death of a sick child I came to know during fieldwork who had died while the committee was deliberating about the life-saving medication she needed (see Chapter 4). In my conversation with Vered, I told her that through experiencing the pain of this loss, as with the loss of other patients I met during fieldwork, I had come to understand why the staff would want to distance themselves from patients when writing the portfolios. Vered responded by saying, "I don't think any of us know the patients we write about. If we knew them, they would run an advocacy campaign on us, and we cannot work like that. It is against our objectivity." "But why is it important for you to maintain your objectivity?" I asked.

"So that this would be a fair process. " Vered responded. Thinking I had understood the underlying logic of her assertion, I countered, "Because without fairness this process would not be publicly legitimate?"

Vered answered decisively in the negative, "No. Because Israel is a welfare country, not like the United States. We aspire for this process to be fair because this is the right thing to do, ethically speaking."

Just like Eli Kobelon who barged into committee discussions, the life of the child patient child I knew depended on the Sal Committee's decisions. Thinking about the potential significance of gaining legitimacy from the Israeli public to make these high-stakes decisions, I suggested to Vered that the emphasis she put on fairness was related to issues of political legitimation. Vered firmly rejected my view. To her, Sal Committee's fairness was a matter of ethics that was tied directly to what it means to live in a welfare state that is supposed to take care of its citizens (cf. Rawls 2009[1971]).³

Just like Vered, other staff members also referred to the committee's fair process as an ethical matter and to working objectively as a means for reaching this goal.⁴ As Rachel once told me, "our objectivity emanates from the set of values upon which I think this country is predicated. Yes, there is corruption and some messiness within the government. But there could also be fairness. We are trying to create here

³ In Israeli public discourse, it is common to address Israel as a "welfare state," a shorthand for its social care bureaucracy. While Israel's welfare state model draws upon universalistic and humanistic notions of equity, it is deeply shaped by nationalistic and gendered bureaucratic logics giving preferences to the country's Jewish, Ashkenazi male citizens (e.g. Handelman 2004; Lavie 2014).

⁴ Whether fairness is a distinctly ethical or political matter or both is the subject of ongoing philosophical debate (Miller 2017). Rather than taking a side in this debate, here, I bring my interlocutors' emic understanding of fairness as an ethical concern that emanates from Israel's political setting as a "welfare state."

an equitable and just society." Accordingly, Rachel, as well as Miriam, oftentimes depicted to me their work at the staff as a nation-building mission (cf. Assor and Goodman 2020). Reluctant as one can be about the possibility of Israeli bureaucrats to promote an equitable and just society while this same bureaucratic apparatus facilitates the domination over Palestinians' lives and lands (and I sure am), to Rachel and Miriam, and presumably also to other staff members as well, this was no contradiction. That is, to them, the Israeli occupation was overall disparate from their efforts of promoting an equitable and just Israeli society through working objectively and promoting a fair decision-making process (cf. Wright 2018).

The staff's notion that one needs to cultivate an objective disposition in order to realize the ethical goal of fairness, and the grander ethical goal of a more just Israeli society, can be analytically illuminated through a virtue ethical approach. Of particular significance in this regard are Aristotelian insights that the cultivation of virtue is an ongoing process of becoming that is orientated towards a certain telos, which has been further detailed in contemporary philosophical elaborations of "target-centered" virtue ethics that emphasize the goals a virtue is designated to achieve as what defines a disposition as virtuous (Swanton 2003).⁵

As part of the recent ethical turn in anthropology, which attends to ethics and morality as a distinct analytic dimension, anthropologists draw upon virtue ethics to reveal moral aspects of human sociality (Hirschkind 2006; Throop 2010) as well as provide new insights about core concepts in social theory (e.g. Mahmood 2005).

⁵ Swanton (2003) offers a fourfold definition of virtue through 1) its field, 2) its basis of moral acknowledgment, 3) its mode of responsiveness, and 4) its target. Sal Committee staff members touch all these points. To them, "objectivity" concerns the field of decision-making, its basis is the need to allocate scarce medical resources, the mode of responsiveness is the emphasis on bureaucrats' conduct, and the target is fair resource allocation.

Foregrounding the virtue-ethical dynamic of Sal Committee staff's everyday work illuminates how knowledge production in governmental policy-making endeavors relates to individuals' ongoing projects of moral becoming (e.g. Mattingly 2014) and provides a way to re-conceptualize "objectivity" as situated knowledge (cf. Haraway 1988).

Notwithstanding important differences in the approaches to virtue ethics that recent studies draw upon (cf. Hirschkind 2006; Mahmood 2005; Mattingly 2014; Throop 2010), they all "contend that the moral in any society is dependent upon the cultivation of virtues that are developed in and through social practices" (Mattingly 2012, 164). That is, scholars regard constituting the moral through the cultivation of a virtuous character as an inherently social process that gains its specific understandings of morality through context-specific normative conceptions.

For Sal Committee staff members, the committee's decision-making process was thought to be moral to the extent that it was fair. However, as reflected in Vered's and Miriam's references to fairness, staff members never spoke in detail about what exactly they meant by conducting a fair process. Rather, they generally (and at times rather vaguely) related fairness to a just distribution of resources, as Vered did. What concerned the staff members in their day-to-day work was not so much the definition of fairness itself but their ongoing efforts to remain objective as a means for reaching this goal. Echoing Alasdair MacIntyre's (1988) assertion that in contemporary society conceptions of justice emanate from idiosyncratic forms of practical rationality, here, fairness as telos only gained specificity through its linkage with a particular notion of objectivity as the virtue through which it should be attained.

I thus refer to objectivity as a "bureaucratic virtue," a morally desired quality for appropriate bureaucratic conduct, through which they sought to achieve the telos

of fairness. The staff's understanding of objectivity as bureaucratic virtue is in line with Weber's emphasis on objectivity as a central feature of ideal-type bureaucracy. Throughout the past century, this ideal type has often been taken as a real representation of how bureaucracies should work (cf. Herzfeld 1992; Hoag 2011). Although anthropologists have not explicitly addressed objectivity as a bureaucratic virtue, many studies addressed qualities ascribed to "objectivity" in different bureaucratic settings and described their implications for bureaucratic organizations (e.g. Albrow 1997; Feldman 2008), their subjects (e.g. Gupta 2012; Berg et al 2000), and society at large (e.g. Ferguson 1990; Herzfeld 1992). While these studies importantly acknowledge that such effects are facilitated by the ways bureaucrats engage these notions of "objectivity" in their everyday work, they scarcely address the ways this process occurs from the bureaucrats' point of view; how they attempt to cultivate the virtuous "objective" disposition "in and through social practice," to use Mattingly's words (2012,164).

Examining the making of an "objective" social disposition corresponds with feminist scholars' call to trouble the hegemonic understanding of "objectivity" as a disembodied gaze that eliminates any subjective idiosyncrasies (Daston and Galison 2007), which often marginalizes women and non-white people who are inherently linked to their bodies in Euro-American hegemonic culture (e.g. Haraway 1988; Longino 1990). One of the prominent suggestions in this discussion is to re-conceptualize "objectivity" as situated knowledge, a view engaged by an experiencing subject emplaced within various power structures (e.g. Haraway 1988; Harding 1992).

Although they do not explicitly address this suggestion, studies by Fuglerud (2004) and Graham (2003) offer a resonate approach. In his study of Norwegian immigration officers, Fuglerud (2004) recounts officers' tactics for maintaining a

disinterested position, one of the most discussed qualities ascribed to bureaucratic objectivity, when processing refugees' immigration applications. Graham's (2003) study of Swedish welfare bureaucrats similarly unpacks what he terms the "emotional contrast" (Graham 2003, 213) between bureaucrats' attempts to maintain an indifferent position, another quality ascribed to bureaucratic objectivity, and their clients' emotional appeals. While both of Fuglerud's (2004) and Graham's (2003) studies have importantly expanded discussions about the emotional labor involved in assuming bureaucratic objectivity, they do not elaborate on how bureaucrats engage this labor in everyday situations, but rather present a general sketch of the desired "objective" emotional state and the social practices utilized to achieve it. Taking a virtue-ethical phenomenological perspective that focuses on Israeli bureaucrats' lived experience of attempting to work "objectively" delves deeper into the everyday dynamics and difficulties of cultivating bureaucratic objectivity. But before I turn to discuss this study's phenomenological perspective, a few words are in order about the particular nature of objectivity as bureaucratic virtue in the Israeli Sal Committee.

Objectivity at the Israeli Sal Committee

I arrive at 11:30 am to the staff's office, a little before my scheduled meeting with Rachel. I didn't even have a chance to inform her of my arrival, as I was too wrapped up in going through all the security procedures for getting into this compound. Never mind. Rachel is in her office and I join her there. She is seated near her desk, which faces the room entrance. Behind her, there is a big window, and underneath it, a bookshelf clamped with folders. To her right, where the wall meets her desk, there is a whiteboard fully packed with children's photos and some drawings. To her left, in the small space between the desk and the other wall, there are two carton boxes with folders. These are new treatment applications she was just assigned

to handle. She will start working on them shortly. I pull up a chair and sit across from her.

As we're getting ready to start our official interview, two of Rachel's colleagues pop their heads in the office and say hi. Rachel introduces me to them, "This is Yael, our anthropologist." I laugh, amused at this title. I like that she presented me in this way. One of Rachel's colleagues asks, "Our psychologist?" "No, I said our anthropologist," Rachel responds, but then adds, laughingly, "Well maybe she's also our psychologist." They exchange a couple more words with Rachel and then leave. We begin our interview.

... At a certain point in our interview, I share with her my thoughts about the centrality of working objectively at the Sal Committee. She listens attentively and then notes back to our conversation a couple of moments earlier when she characterized the staff as "an island of innocence" [Eee shel t'mimut, YA]. She tells me that to her, being objective primarily means maintaining an ethical standard of T'mimut, innocence. I find her description of the staff as innocent [T'mimot] concise. Indeed, they were T'mimot in all respects of this Hebrew word: clean, innocent (of crimes, interests), honest, but also upright and naïve, as this word is interpreted in the Talmudic (Jewish law) jargon. I asked her why did she use this description and in what way were they T'mimot. She said that in the sense that they had no interests or biases. [Field note, March 2018]

Rachel was not the only staff member who characterized the staff to me as *T'mimot*. Dana, Miriam, and Keren referred to themselves as *T'mimot* as well. While I am not sure that all of their colleagues would agree with this word choice, they have all expressed to me the same idea that came up in Rachel's characterization of them as *T'mimot*, that working objectively means having no interests; a radical lack of bias. Indeed, if there was one common ground to all of the different interpretations of working objectively that will be examined in this dissertation, it is the notion of

objectivity as none-bias. In other words, objectivity as non-bias was for staff members the static imaginary that oriented their different attempts in cultivating this bureaucratic virtue.

As aforementioned, staff members gave four major interpretations to objectivity. While each of these interpretations has somewhat different roots and brings about different sets of world experiences and practices, they all feed back to the same core imaginary of objectivity as non- bias. The interpretation of objectivity as a truthful overview relies on the notion of a dichotomous difference between truthfulness and bias, which is perceived as a distortion of the truth to fulfill certain interests. Following strict timetables stems from staff members' understanding that in this way they prevent any potential acting upon a bias in favor of a treatment. The same notion underlies the interpretation of objectivity as maintaining a non-emotional stance. Addressing objectivity as an authorless overview relates to the notion of bias as an expression of a certain situated subjectivity, which leans towards a certain aspect to which it is biased.

The understanding of objectivity as none-bias that is fundamental to all of staff members' interpretations of working objectively relates to the core opposition of objectivity and subjectivity. As historians of science Lauren Daston and George Galison note, from the first documented emergence of the word "objectivity" in the fourteenth century, it was paired with "subjectivity" as its opposition (Daston and Galison 2007, 29-33), such that "objectivity and subjectivity define each other" (Daston and Galison 2007, 36). The specific meaning attached to this word pair changed over the years until it assumed its current known form of an opposition between universal and particular; an orientation towards the external object and inner self-experience (Daston and Galison 2007, 31). Put another way, if subjectivity

pertains to the self, objectivity pertains to what lies beyond the self, to things as they are in their external essence (Daston and Galison 2007, 37).

Emanating from this opposition is the understanding of objectivity as non-bias. This is because the whole concept of "bias" means the deployment of an inclination such that things are not taken "as they are" but according to a particular worldview. In this sense, objectivity as non-bias is a rendering of the objectivity-subjectivity opposition that relies on the epistemological presupposition that things have a certain essence that defines them above and beyond a particular person's view. In the context of the Sal Committee's work, such pre-supposition means a belief that there is such a thing as "objective" data that reflects the true, essential, nature of those treatments.

At Sal Committee, taking objectivity as non-bias, therefore, inculcates the portfolios as "facts that can be relied upon by all people everywhere regardless of their cultural affiliations or interests," as Sheila Jasanoff writes (2014, 1738). Establishing the credibility of portfolios' data as objective, i.e. truthful, in this manner is crucial, as Jasanoff and Porter argue, because it is what qualifies policymakers' decisions as legitimate. In a committee that determines people's lives and deaths, gaining such legitimacy is certainly no small matter (Assor, Unpublished data A.; Assor and Greenberg, 2020).

With this, we reveal another crucial, even if implicit and presumably unacknowledged, motivation for deploying objectivity as bureaucratic virtue. Notwithstanding staff members' sense of justice that led them to see fairness as a primary ethical goal that required the cultivation of objectivity, there was also this political reason to push them in the same direction. Invoking credibility in this way,

objectivity is thus a mechanism for substantiating authority to make difficult decisions. This is particularly pertinent to civil administrators, argue both Jasanoff (2011) and historian Theodore Porter (1996), since, as Weber noted, their authority does not rely upon any personal or inherited traits, but rather on their bureaucratic procedures. In Porter's words, "Objectivity lends authority to officials who have very little of their own" (1996, 10).

Along with establishing authority, since the data that is produced in an objective, non-biased manner is data in which an individual bureaucrats' discretion carries no relevance, no bureaucrat carries accountability for a particular action (see Chapter 4). In this sense, espousing objectivity as bureaucratic virtue is a worthwhile thing for bureaucrats, as it not only establishes their authority but also resigns them from any personal accountability for their work, except for the accountability to cultivate such objective disposition.

But how, exactly, do bureaucrats cultivate objectivity as bureaucratic virtue? And how can we study this? I discuss this in the next section.

A phenomenological inquiry of objectivity- some presuppositions

If there is one single moment that best captures my realization of what my research project is all about, it is the moment when I searched my computer files for a photo of a billboard to prove that I was not imagining it and it indeed existed. It was a billboard situated right across from the entrance to one of the two locations in which Sal Committee staff had their offices (see Figure 1.2). During the months of committee discussions in 2018, the billboard featured a campaign by the Israeli Cystic Fibrosis patient organization, appealing Sal Committee to include a new CF medication in the subsidy list. During these months, every time I crossed the billboard my eyes were fixated on it. So I took a photo of it, just as an example of the kind of campaigns

patient organizations run, and how these campaigns can permeate staff members' work environment.

Figure 1.2 - CF campaign ad

(Photo by Yael Assor)



Some months after the CF ad went down, I made a casual reference to it during lunch with Dana, one of the staff members. To my astonishment, she had no idea that the ad was there, despite passing this billboard at least twice a day, going in and out of work. Dana's strong sense of having no recollection of this ad threw me off. I began doubting my recollection of it. But I wrote about it in my field notes. And I had taken its photo. I was not imagining it. How is it, then, that something so present in my experience of Sal Committee's surroundings was completely absent from hers?

Then I realized that we were directed towards different things. As I recount in greater detail in Chapter 4, I was directed towards, or preoccupied, with potential interfaces between the committee and the public it serves, and therefore gave particular attention to this ad, which constituted such an interface. At the same time, Dana was preoccupied with maintaining an objective disposition, which for her meant disengaging from patients' suffering, which surfaced loud and clear in that ad. Working objectively for her meant, among other things, not to notice this billboard.

Moments like this one disclose what this research project is all about, as they exemplify what we can notice when studying how individuals' attempt to cultivate a virtuous objective disposition affects the ways they see the world and act within it. In this study, I thus examine the lived experience of bureaucrats who strive for an “objective” disposition. Addressing “objectivity” as an experiential dynamic entails an important epistemological change in the object of inquiry. Rather than objectivity as a static imaginary that has certain qualities and carries implications, it posits objectivity as a subjective and intersubjective process that is always in the making; a continuous process of attempting to cultivate this desired virtuous disposition.

My inquiry, then, relies upon the key phenomenological notion that one’s directedness or ways of referring to the world shape one’s ways of perceiving and engaging with the world (cf. Brentano 1973). This is what phenomenologists call intentionality. Anthropological studies have been long influenced by this notion, from seminal works by scholars such as Geertz (1973) and Bourdieu (1977) to contemporary contributions to inquiries in topics such as religious experience (e.g. Csordas 1997), illness (e.g. Good 1994), empathy (e.g. Throop and Zahavi 2020), and ethics (e.g. Kleinman 1999; Zigon 2019).

Of particular centrality in my study is the concept of orientation that emerges from this phenomenological tradition. Orientation pertains to how we apprehend and engage with the world; how our intentionality directs our emotional states, modes of perception, and sensibilities. According to Husserl, orientation is the point from which one views the world; which defines our relation to the world surrounding us (Husserl 1989, 166). Dana did not notice that CF advertisement, because her attempt to cultivate objectivity as bureaucratic virtue orientated her away from any manifestations of patients' experiences of suffering. On the other hand, my own

orientation emanated from the opposite point of preoccupation with such interfaces, and therefore for me, this billboard took up a heightened presence in that space. I just could not ignore it.

In her book "Queer Phenomenology," Sara Ahmed takes up the concept of orientation as the "site of an encounter" between phenomenological thought and gendered, classed, and racialized predispositions (2006, 5). She discusses, for instance, Husserl's known example of being oriented to his writing-table as an encounter of classed and patriarchal conceptions. Ahmed attends to what was left outside of Husserl's orientation to the table. She accounts for the classed and gendered background of his wife doing all the housework and the workers building his table, which had all brought him to sitting by this table and writing about it, but that he does not acknowledge in his writing.

As Ahmed notes (but resonates many before her, including de-Beauvoir 2010[1949]; Fannon1952; Young 2005[1980]), every orientation is a point from which one sees the world that is conditioned by its positioning within a web of social power structure(s). This argument is a central ontological presupposition of my research. Thus, attending to Sal Committee staff members' orientation towards working objectively requires noticing the power structures that constitute their social surroundings. Sal Committee staff members worked within a patriarchal bureaucracy that was formed on the residues of the British colonial mandate bureaucracy with an explicit mission of promoting the Zionist nation-building project (Berda 2017; Lavie 2014). As a bureaucracy that assesses biomedical technologies, it draws heavily on hegemonic medical and scientific discourses, including the positivistic belief that study data reflects treatments' true nature, as aforementioned. Throughout the different dissertation chapters, I address the ways these social surroundings affect how

staff members interpret the meaning of "working objectively" and, in turn, how their practices of objectivity then feed into these power dynamics.

Examining how the cultivation of a virtuous objective disposition orientates staff members' everyday work as this study does relies upon the growing anthropological scholarship on moral experience. Differently from a focus on ordinary, everyday practices (e.g. Das 2007, 2015; Lambek 2010, 2015) or on moments that are extraneous to one's everyday life (Robbins 2016) as a locus of ethical life, moral experience addresses how moral aspects (including moral positions, legacies, and debates) are entangled with the pragmatics of moments and situations of one's life (see Mattingly and Throop 2018; Zigon and Throop 2014 for a more extensive account on moral experience).

This approach constitutes one of the two prominent anthropological approaches to virtue ethics, which foregrounds individuals' lived experience as an analytic lens to attend to processes of moral becoming and cultivation of a virtuous disposition. As opposed to a Foucauldian-inspired approach that considers moral becoming as primarily a disciplinary process of *askesis*, ethical training, as denoted by the governing ethical regime (cf. Foucault 1985; Hirschkind 2006; Mahmood 2005, Pandian 2009), this Aristotelian-inspired approach considers moral becoming as primarily a subjective process of moral experience, deliberation, and practice (Mattingly 2012).

This approach thus postulates the subject as an agent, insofar as we understand agency as a capacity to pursue projects (Ortner 2006). It is particularly developed through phenomenologically inspired anthropological studies who examine what it means for the subject to pursue projects of ethical cultivation (cf. Mattingly 2014; Throop 2010; Zigon 2011). Nonetheless, as discussed concerning the

phenomenological concept of orientation, these two approaches are not necessarily dichotomous, since external discursive and disciplinary powers inevitably shape subjects' ways of pursuing projects of ethical cultivation (Laidlaw 2013; Ortner 2006).

Stemming from this last point is another important presupposition for this study. Insofar as we understand politics as "practices by which order is created and maintained" (Ticktin 2011, 19) and governing moral regimes as such form of politics, politics is thus inherent to the cultivation of a virtuous disposition. Thus, contra conceptions of ethics and politics as distinct realms (cf. Brown 1995; Mouffe 2005), this study presupposes ethics and politics as inherently entangled (Zigon 2018, 2019).

But this presupposition does not only rely on the workings of power relations in the Foucauldian sense. In its core, it relies on the phenomenological understanding of the human experience as an inherently relational one (Heidegger 2010[1927]; in anthropology, see Zigon Forthcoming). To some phenomenologists, such as Levinas, this point denotes the grounds of ethics altogether (Levinas 1979[1961]). An ethics of relationality, such as the Levinasian one, is ethics that postulates our being in the world with others as the primal condition from which notions of good, bad, and worthy emanate. But this is also the primal condition of politics, insofar as people's existence in the world together brings about some engagement with social order. If we are to uphold a notion of ethics as foundationally relational, we then need to uphold a notion of ethics as foundationally political (see Zigon 2018).

Lastly, another important presupposition that stems from all the presuppositions so far is that bureaucratic systems are always already imbued with ethics and politics. Indeed, numerous studies have shown how bureaucratic systems advance certain ethical and political goals, oftentimes exactly because they are

considered as an a-political and ethically neutral technical machine (e.g. Ferguson 1990; Gupta 2012; Stevenson 2012). However, bureaucracies are also imbued with ethics and politics on another level, that of the individuals who work within these systems. Taking bureaucracies as mechanisms that are continuously constituted by bureaucrats' everyday practices (e.g. Gupta 2012; Hull 2012; Lipsky 1980), means that these bodies are constituted through the ethical and political lived experience of these bureaucrats. Michael Herzfeld's (1992) seminal study of Greek bureaucrats' views on ethnicity and nationality is an example of this dynamic, where their perspectives become central to the ways they operate this bureaucracy altogether. Here, I follow this direction as I address staff members' moral experience and its structural effects on Sal Committee's bureaucracy.

The Sal Committee- Background and Research Methods

Until 1995, Israeli citizens and residents could privately purchase health care through designated providers. In 1995, following a financial breakdown of Israel's major medical provider, *Clalit*, Prime Minister Yitzhak Rabin instituted a comprehensive health reform that promised compulsory, universal healthcare for all citizens and residents. In 1999, the MoH established the Sal Committee to address a central problem that was initially left unaccounted for in the new reform: how to keep Israeli healthcare up-to-date with the rapidly advancing biomedical field (see Chapter 3 for further historical detail).

Each year, the Ministry of Treasury, which is in charge of the State Budget, allocates a budget for including new medical technologies in Israel's universal healthcare program. Currently, the budget stands on 500 million Israeli Shekels (about 120 million USD), which are added to a national healthcare budget of 23 billion Shekels (about 7 billion USD). Sal Committees' budget increased only mildly in the

20 years that had passed from the committee's inception, and in no way suffices even for treatments deemed as relevant at the highest degree. In these conditions, Sal Committee convenes to determine which of those most-needed technologies will be included in the new budget.⁶

Once the Sal committee makes its determination, the Ministry of Treasury dispenses Sal Committee's budget to Israel's four healthcare providers according to their proportional size. Israeli medical providers are somewhat similar to American HMOs. They are privately owned bodies through which citizens receive healthcare services. The main difference is that in Israel, the country pays these providers for each insured person, and citizens are not required to pay any amount to receive basic-level, high-quality healthcare. Much of this funding that medical providers receive from the government comes from Sal Committee's budget. This denotes medical providers' vested interests in Sal Committee's decisions, as shall be recounted in Chapter 2.

With all this background in hand, let us return to Sal Committee itself. The Sal Committee includes three components: the committee itself, a sub-committee, and the committee's administrative staff. The committee itself is comprised of 20 members, about half of whom are physicians (expert physicians, medical providers' representatives, and the committee chair, who is usually a hospital CEO). The remaining committee members are "public representatives" (scholars, clergy, and NGO representatives) and MoH and Ministry of Treasury representatives. The committee convenes by the end of every calendar year for about ten discussion sessions and presents its decisions by the end of December. During the months of

⁶ Even though the Israeli law allows for outdated or disputed technologies to be pulled out of this budget this has never been done in the committee's history, mainly because MoH lawyers estimate it will be impossible to defend this decision in court if even one Israeli patient petitions against it.

committee discussions, a sub-committee comprised of MoH and Israeli medical providers' representatives convenes to determine treatment pricing and patient population estimations (see Chapter 2). The third component of the Sal Committee is its administrative staff, to which Miriam and Vered belong. The staff works yearlong to prepare informational portfolios about each treatment.

To protect my interlocutors' privacy—a significant challenge when conducting fieldwork with Sal Committee staff's small, identifiable group—I will refrain from providing any personal identifiers. Therefore, instead of drawing a lively and nuanced picture of each of my interlocutors from the committee's staff, I provide a broad-brush depiction of their figures through relevant general characteristics.⁷

The staff conducts its everyday work from two MoH compounds, one in Jerusalem, and another near Tel Aviv. Their everyday routine throughout most of the year is similar to that of many other government officers: they come to work early in the morning, work separately on their computers until each decides to take a lunch break, which they usually take separately, and then they return to work for several more hours. During the months of committee discussions, a different schedule takes place, as they juggle between attendance at committee discussion sessions and quickly preparing supplemental information upon the committee's request. Although their work is solitary, staff members have friendly relationships with one another, which at times extends beyond work.

All staff members spent most of their careers working for the Sal Committee, with the most experienced working there for more than fifteen years and the least

⁷ As another precaution to protect interlocutors' anonymity, throughout this text, I sometimes switch between interlocutors' names, such that a story I attribute here to an interlocutor I call Miriam might have in fact occurred to Rachel. Additionally, at certain points which I think might be particularly compromising for my interlocutors, I will call them by a new, different name, or perhaps break out a story into two different segments, each attributed to a different interlocutor (cf. Ortner 2003).

working for five years. Each staff member prepares portfolios in several medical fields she is assigned to (i.e. one member prepares all portfolios in cardiology, etc.), writing a total of 25 to 50 portfolios yearly. Considering their extended work experience at the committee, this means that altogether, each staff member prepared hundreds, and in some cases thousands, of treatment portfolios (a point to which I shall return in Chapter 4).

All treatment portfolios follow the same template, which was Composed by the staff leader in the mid-2000s. The portfolio template is a six pages'-long document, divided into five sections. The first section, titled "Technology Description" (Hebrew: *Te'ur HaTechnologia*), includes sickness and treatment descriptions (Hebrew: *Te'ur Mahala ve Technologia*) and reviews of scientific studies about the treatment, the treatment's relative advantages compared to alternatives, safety information, experience with the treatment in Israel and abroad, and clinical treatment protocols. The second section, "Epidemiology" (Hebrew: *Epidemiologia*), contains approximations of the relevant patient community in Israel, and projections of treatment use. The third section, "Costs" (Hebrew: *Aluyot*), includes the treatment's yearly cost-per-patient. The fourth section, "Treatment Characteristics Summary According to Criteria" (Hebrew: *Sikum Me'afyeney HaTechnologia Lefi Kriteryonim*), contains a table listing ten criteria, such as "side effects" and "quality of life improvement measurements," which staff members fill according to data in the previous sections. The fifth and last section, "Recommendations" (Hebrew: *Hamlatzot*), contains a ranking of the treatment vis-à-vis other nominated treatments in the same field filed by physician unions in relevant medical fields and expert physicians' reviews of the treatment.

During committee discussions, staff members present a summary of each portfolio to the committee. At times, committee members will ask the staff for some clarifications or request that they conduct a further inquiry on a certain topic. However, for the most part, staff members sit at Sal Committee discussions as silent observers. They spend most of this time conducting those requested inquiries, checking for new updates for their portfolios, or preparing for a presentation that is coming up. Amidst this ongoing work, there are also many moments of joking in their WhatsApp groups, helping each other when one of them has too little time to complete an inquiry by herself, or solemnly knitting while discussions go on and on and all the work they had to do was completed.

My first interactions with Sal Committee staff members came through some mutual friends. Staff members and I share a rather similar milieu of Jewish Israeli women with academic degrees who live in Jerusalem. While Jerusalem is Israel's largest city, this specific milieu hosts only several thousands of people, and therefore it was not too difficult to find connections to Sal Committee staff members.⁸ Staff members received clearance from their direct supervisor, the staff's leader, before talking with me. As well, I met with the leader and gained her permission to conduct interviews with the staff. At the same time, upon her request, I emailed the leader's boss, the committee's head coordinator, a formal request to conduct full fieldwork with the staff and attend committee discussions. This letter received no response, and so I re-sent it after several weeks. Again, no response. Overall, I have re-sent this letter in different mediums five times throughout several months. To this day, I have not received any formal response.⁹

⁸ I do not elaborate here on the specific ways through which I managed to initiate contact with staff members in fear of compromising their identities.

⁹ See Shalev, Unpublished data. on the Israeli MoH's strategies of preventing researchers from studying MoH bodies.

At the same time, equipped with my permission to still conduct interviews with staff members, I continued to visit them in their offices and conduct person-centered interviews with them. However, around my second round of interviews with staff members, it was insinuated to me that the higher powers that be are not content with my presence there. Fueled by a dynamic of suspicion of any "foreign intruders," not unlike the Romanian Securitate's suspicion of anthropologist Kathryn Verdery when she conducted her fieldwork in Ceaușescu's Romania (2018), I was seen as a threat to Sal Committee's objectivity. This suspicion is not unsubstantiated, as indeed Sal Committee had known its fair share of researchers, journalists, lobbyists, and patients who had taken use of their closer view of the committee's workings to pass information to stakeholders, namely to pharmaceutical companies.

With access denied to conducting fieldwork in the offices and committee discussions, I had to figure out a different way to follow my field site. Inspired by Ortner's notion of "interface ethnography," i.e. ethnographic work conducted at locations where the researcher has better access and where interlocutors are nevertheless present (2010), I started to conduct participant observations in public events that staff members attended: parliament hearings, court hearings, public conferences, and public lectures they gave, mainly in academic courses. Inspired by Gupta's account of his interactions with Indian bureaucrats outside of their immediate scene of work (2005; 2012), I had transitioned to making many of my interactions with staff members outside of their work. These included numerous lunch breaks and some afternoons and weekend meet-ups. What this fieldwork did not include is shadowing staff members while they prepare portfolios, or –of course- making ones myself.

Around the same time that I was advised to refrain from regular attendance in the staff's offices, some staff members suggested to me that I should go to talk with patient organizations who were rallying-up for advocacy campaigns to include their medication in the subsidy list. This was during the summer, and the pressure had already started to build towards the committee's meetings in late September. Upon staff members' advice, I indeed contacted some patient organizations, and soon enough started to conduct participant observation with one particular group of parents to children suffering from a terminal muscular dystrophy syndrome called SMA. I closely followed their campaign activities, which included setting up a protest tent outside of the Prime Minister's Office and filing a court appeal against the Sal Committee and the MoH. I elaborate on my fieldwork with this patient group in Chapter 3.

On top of this fieldwork with the SMA patient group, I also conducted additional field research in a different yet related setting of a patients' campaign against an expected closure of a children's cancer ward in one of Israel's largest hospitals. While that campaign had no explicit connection to Sal Committee, conducting this fieldwork relied on a twofold rationale. First, ultimately, this campaign related to the same core issues as patients' campaigns directed towards Sal Committee- a demand from MoH to take responsibility and do everything in its power to save their children's lives. Second, and perhaps most importantly, some of the main protagonists in this ordeal, namely from within the medical institution and MoH, were also central figures at Sal Committee. Therefore, what happened in this campaign carried implications for the Sal Committee's work in that year both in terms of the committee's membership and its decisions. In this sense, in order to understand my main field site, it was somewhat pertinent for me to understand this secondary site.

Eventually, within this dissertation, I did not address this secondary fieldwork.

However, my time there enabled some of my connections with several key Sal Committee interlocutors, as well as brought me to develop some of my most central insights about Sal Committee's work.

Altogether, I spent dozens of hours of deep-hanging-out with my interlocutors at the staff, as well as conducted person-centered interview (PCI) series with seven of them (Levy and Hollan 2014). Additionally, I conducted 61 semi-structured interviews with former and acting committee members, journalists covering the committee, officials at pharmaceutical companies, patients and patient organization representatives, lobbyists representing the two latter groups, and politicians who addressed the committee's work in the Israeli parliament (fought for the committee's funding, required committee representatives for responses on certain issues, or joined a patients' advocacy campaign). The reason for conducting so many semi-structured interviews largely pertained to my efforts to protect my interlocutors' privacy and anonymity. In a small society like the Israeli one, most people occupying the same professional niche know each other. Therefore, I realized that if I want to maintain my interlocutors' anonymity, I must interview almost all interlocutors in this field, to avoid a situation in which a certain person gets singled out as my interlocutor.

Most PCI series included four interviews, each of them about two-hour long. I chose this intimate, nondirective interviewing technique for its ability to provide extensive contextualization of my interlocutors' moral worlds through the narratives they tell about themselves and others (Hollan 2001). However, conducting PCI in the Sal Committee is crucially different from its common depictions in anthropological literature (e.g. Csordas 1994; Hollan and Wellenkamp 1994; Lester 2011; Levy 1973; Throop 2010,). Classically, interlocutors were approached for PCI in the context of

their home/community environment. At the Sal Committee, they were approached in the context of their work environment. Since they were always very busy handling their extensive workload, staff members were hardly even in a complaisant, contemplative mood for an open-ended interview. For most staff members, conducting the interviews in a less pressured setting was an impossibility, since on top of their work they functioned as the main caretakers for their young children, leaving them with no spare time for spending a leisurely afternoon with a curious anthropologist (see Chapter 4 on staff members' gendered work-life).

In addition to participant observations and interviews, this research also draws extensively on written texts of several forms. Most centrally, I rely upon bureaucratic documents produced by Sal Committee itself, namely a 2010 MoH memorandum which is the only written document specifying the committee's procedures and Sal Committee's portfolio template, which structures the data staff members comprise.

Another central data source is media reports about Sal Committee's work, which I address as a cultural artifact through which I can learn about perspectives on Sal Committee's work. For instance, in chapter 4 I discuss the media's lack of attention to Sal Committee's staff, which I consider as an expression of a broader tendency to minimize their presence and effect on the committee's decision-making process. In Chapter 3 I also draw heavily on another data source, a court appeal filed against the committee, which reflects a deep-seated moral objection to the notion of working objectively as maintaining the timetables that draw on the collective traumatic memory of the Holocaust.

Two other textual sources that are less explicitly present in this project yet were crucial for the research are minutes of Sal Committee discussions, which are published at the MoH website (but see Assor 2020 for a discussion on the partial,

strategic "transparency" reflected in this practice), and academic articles written by committee members, through which I became better acquainted to their intellectual worlds. One textual source which I, unfortunately, was unable to access were treatment portfolios written during my stay. In the dynamic of suspicion overcasting the staff's work, I was not granted permission to view these files in fear I would leak their content. At some point, I was able to read some old treatment portfolios, which were publicly distributed to students in university courses.

As I mentioned concerning my initial access to this field, what made it possible for me to be there was my identity as a native anthropologist. This identity also allowed me a certain "insider's views" on this site, a certain shared cultural world that was crucial for establishing rapport and for analyzing this field later on. For instance, it allowed me to detect the subtle reference to Eichmann's trial in patients' statements that "we know what happens when bureaucrats follow orders," which I depict in Chapter 3. These subtle insinuations might have gone unnoticed if one is unacquainted with this very particular Jewish-Israeli trope.

I was a native anthropologist in this field site also in another way, as a subject of this bureaucracy. Like any other Israeli citizen, I too depend on my life and my health on Sal Committee's decisions. This became most conspicuous to me when at some point during fieldwork I stumbled upon information that a certain medical provider was withholding information from patients about a certain medical treatment recently selected for subsidy by Sal Committee. The providers' interest in doing so was clear: they receive money from the MoH for dispensing this treatment either way, whether the patients demand it or not. So what better way to create a budget surplus than to simply withhold information about this medication? It so happened that one of

my closest family members needed this medication. And so, due to my research, this person demanded to receive this treatment.

In this most visceral sense, I have stakes in my research project. Or as a colleague, an Israeli sociologist, once remarked to me, "How can you perform this research when you are so un-objective?" Indeed, in the positivistic sense of "objectivity" as a "view from nowhere" that is detached from the person's subjective standpoint (Nagel 1986; see also Daston 1992), I am not objective. I have failed to cultivate objectivity as a scientific virtue as Weber postulated it (Weber 1958).

However, this depends on how one is to understand "objectivity." In anthropology, a whole different concept of objectivity seems to be governing in the past several decades. Following the 1980's Crisis of Representation and its reckonings (e.g. Clifford and Marcus 1986; Marcus and Fischer 1986), anthropologists have become acutely aware of the effects of their own positionalities on their fieldwork and writing practices. A different notion of research objectivity then arose; a concept more akin to the notion of objectivity that stems from acknowledging one's situated perspectives, commitments, and biases, espoused by feminist philosophers of science (e.g. Haraway 1988; Harding 1991; Longino 1990). It is an approach according to which "knowledge that is worth working for must be mediated by experience" and thus "autobiography is a *condition* of ethnographic objectivity," as Johannes Fabian once wrote in an essay about objectivity in fieldwork (1994, 82, emphasis in original text).

So what is my situated perspective, from which I conducted this study? It is a perspective of somebody that shares much of the cultural background with most staff members: an Israeli Jewish woman who lives in Jerusalem, who is of Ashkenazi origin like most of my interlocutors, and who has obtained undergraduate and masters'

level education in Israel. What largely differentiates me from my interlocutors are my political tendencies, which lean more to left than all of them, and our professional training. While I was trained in social sciences and humanities scholarship, my interlocutors are fluent in bio-medical research. In this very important sense, I am far from being a native anthropologist, and this research has required me to take up a whole new language and become acquainted with the different culture of the medical-scientific world (cf. Latour and Woolgar 1979). I am grateful to all my interlocutors who were patient enough with me as I learned this field and explained to me the difference between Phase 2 and Phase 3 experiments, QALY and DALY, 6 Minute Walk Test vs. alternative assessment methods, to name only several examples.

Another important difference between myself and my interlocutors was that I had never worked in a government bureaucracy. Before this research, I had no knowledge of this bureaucratic culture with its own set of norms and terminology. This distance I had from staff members' medical-scientific-bureaucratic culture was what enabled me to address their preoccupation with working objectively not as a taken for granted aspect of their work (as I elaborate throughout the chapters), but as a phenomenon worthwhile of scrutiny.

Chapter review and structure of the dissertation

Each of the following chapters focuses on a specific meaning Sal Committee staff members gave to working objectively. It considers this meaning in its broader cultural context, how it orientates staff members' experience of their everyday life and work and the structural consequences of this dynamic. At the same time, each chapter turns the spotlight to different ethnographic and phenomenological dimensions of staff members' attempt to cultivate a virtuous objective disposition.

In chapter 2, we begin with attending to the portfolio data, which is the focus of staff members' work. To the staff, working objectively means striving to provide truthful data. However, reaching this goal is not necessarily easy, since much of this data arrives from bodies with vested interests in the committee's work, namely pharmaceutical companies and medical providers, who may choose to present data in a manner that best serves their interests. Suspicious of such occurrences of "data manipulations," as staff members call them, the staff consider their task of seeking truthful data as detective-work. Understanding working objectively as conducting detective work orients staff members towards approaching their various data providers as either suspects or trusted allies. Accordingly, they engage in detective investigations to uncover the truthful data and any "manipulation" executed upon it. Another crucial element in this detective-work is the practice of telling detective stories about staff members' successful "catches" of data manipulation.

This chapter, however, does not end here. A second reading of Sal Committee staff members' detective work through the eyes of an Israeli pharmaceutical company executive reveals a different perspective on what is considered as data "manipulations" and points to a loophole in staff members' self-proclaimed successful detective stories. Through this story, I discuss how staff members' ethical ideal of working objectively as striving for truthful data serves to maintain a biomedical hegemonic discourse that prioritizes life prolongation over improving patients' quality of life.

Through this chapter, I thus discuss the epistemological grounds of staff members' ethical effort to cultivate objectivity as bureaucratic virtue. To attend to the dynamic of trust and suspicion that propels staff members' detective-work, this

chapter engages the phenomenological literature on humans' effort to understand other people and postulate their intentions.

In Chapter 3, we address the temporal dimension of Sal Committee's work, and how it delineates another concept of working objectively as adhering to the committee's pre-set timetable. This concept, which may seem a rather trivial bureaucratic practice, is nothing but trivial in a bureaucratic system that is far from abiding to the Weberian rational bureaucracy. Even the Sal Committee itself, as I recount in this chapter, was erected without any planning, and its practices and regulations were never officially instituted. Nonetheless, as part of an attempt to make it a more rational bureaucracy, a strict timetable was instituted as a means for the temporal organization of Sal Committee's work. Entrenched in a pre-existing orientation to keep bureaucratic timetables that has its roots in British colonial and later Israeli colonial practices of population governance, staff members abide to the committee timetable with no hesitation. Even when subjects of their bureaucracy, i.e. patients, die preventable deaths while waiting for events to occur according to the time table, staff members keep considering their adherence to the timetable as a necessary aspect of working objectively.

This paradoxical position became particularly clear during a first-of-its-kind court appeal against the Sal Committee's adherence to the timetable by a group of parents who had children with terminal muscular dystrophy, and who depended on the committee to fund a new lifesaving treatment. If the committee's firm hold of its timetables has its roots in past bureaucratic practices, so did the parents' pleas against it. Here, their arguments carried the ghosts of Jewish Israelis' trauma of the Holocaust, and particularly of the role of bureaucrats in enabling this genocide, as depicted by Arendt and Bauman.

Addressing this dynamic sharpens the extent to which Sal Committee's temporality has become naturalized and unquestioned. It also points towards an important structural effect of the strict adherence to the Sal Committee's timetable on Israeli bureaucracy as a whole. Through upholding this timetable at all costs, a message is sent that everyone is equally subjected to waiting for the Israeli bureaucracy, Israelis and Non-Israelis, namely Palestinians (but not just, see Willen 2019), alike. This is a falsified message, however, considering that while the Sal Committee has an orderly, publicly known timetable, this is largely untrue for the bureaucracy of the occupation (see Berda 2017).

Thematically, this chapter engages the temporal dimension of "working objectively" at the committee, which requires close attention to the various pasts still resonating in this bureaucracy. Phenomenologically, this chapter attends to the concepts of "lifeworld" and "common sense," two key concepts for the understanding of how humans go about experiencing the worlds in which they live.

In Chapter 4, I turn to staff members' understanding of working objectively as maintaining an authorless overview. Grounded in a hegemonic notion of objectivity as a view from nowhere, the staff considered working objectively as requiring them to withhold any expression of their views and positions, i.e. an expression of themselves as authors. For the staff, this conception intersected with their gendered predisposition towards minimizing their presence at the committee, which presumably emanated from the patriarchal gendered hegemony (Ortner 1989) that is so prominent in Israeli Government bureaucracy, including the MoH. This conjunction orientated staff members to achieve authorless objectivity by engaging practices aimed at minimizing their presence in Sal Committee's discussions.

Drawing upon Iris Young's "Throwing Like a Girl" (2005), I thus argue that Sal Committee staff members "bureaucratize like girls." Bureaucratizing like a girl can bring about a reaffirmation of a patriarchal division of labor. Nonetheless, it also brought the staff to constitute a model of bureaucratic work that resembles the alternative, feminist model of bureaucracy offered by feminist scholar Kathy Ferguson (1984). In its whole, this chapter thus raises the question, can there be a way to engage a feminist approach to bureaucracy from within the current hegemonic, patriarchal bureaucratic structure?

While it is my categorical position that gender, just like race or ethnicity, can and should serve as a central thematic for any ethnographic investigation, this chapter's focus on gender relates to its particular resonance in staff members' understanding of working objectively. To the phenomenological discussion, this chapter adds a consideration of the notion of "immanence," particularly in its rendering in de-Beauvoir's philosophy as a mode of "stagnation" that runs contrary to humans' need for self-expression.

In the fifth and last body chapter, I continue to dwell upon staff members' understanding of working objectively as withholding one's views and opinions but focus on one particular articulation of it that was exceptionally predominant. Grounded in scientific, medical, and bureaucratic discourses that consider emotionality as antithetical to objectivity, staff members considered working objectively as requiring them to maintain an un-emotional stance. To reach this stance, staff members cultivate what I call a moral sensibility for un-emotionality, a tendency to avert attention from the possibility of interacting with emotional triggers (i.e., patients) and learning about their illness experience.

Staff members' cultivation of this sensibility incorporates the workings of an intricate disciplinary apparatus and modes of self-experience as shaped through their years of subjectivization to this apparatus. Cultivating this sensibility is not merely a manner of how staff members perceive their world. Rather, it has concrete effects on Sal Committee's decisions and patients' place in medical decision-making.

Thematically, this chapter engages the place of emotions in the continuous making of objectivity. Emotions, considered as a central expression of one's subjectivity in Euro-American culture, thus hold a particular place in constituting "objectivity," its mirror image. To address the way this process occurs, this chapter engages the concept of "sensibility," which attends to the cultural organization of how we experience our world (e.g. Csordas 1993; Hirschkind 2006; Throop 2010).

In the concluding chapter, I reflect on what we can learn about objectivity from all the chapters as a whole, and discuss this study in the context of Joel Robbins' call for an "anthropology of the good" (2013).

Chapter 2: The Detective-Bureaucrat

Figure 2.1: Treatment portfolios
(Photo by Sal Committee staff)



In my first interview with Rachel, one of Sal Committee's staff members, I asked her to describe the process of writing a new treatment portfolio:

It begins when we receive treatment applications. We receive about 600 applications annually. These are applications filed by pharmaceutical companies, individuals, or physician unions. Once the applications arrive I start working on each one of them from scratch, and research the area: articles, studies, everything there is in scientific journals. We receive lots of data from various newsletters that we get and then also the application includes data, in case it was submitted by the pharmaceutical company.

Indeed, as Rachel depicted, for each of the 25-70 treatment portfolios staff members prepare annually, they go through this process where they conduct their own research of studies conducted about the treatment. As Rachel noted, they do so despite the fact that the majority of treatment applications are made by pharmaceutical companies, who include in them much information about the treatments. Just imagine the amount

of time staff members would save if they would have simply relied on the data pharmaceutical companies provide in their treatment applications.

While in this interview Rachel did not explain to me the rationale behind their avoidance from using information provided by pharmaceutical companies, it did come up in a following interview. We were discussing the process of updating a portfolio for a treatment that is re-nominated after a previous unsuccessful round. Rachel told me that what is particularly important in these portfolios is to keep track of any new studies. I asked her how does she do it, and then we went into the following dialogue:

Rachel: I receive all these electronic journals; we have a subscription to all of them. At the same time, pharmaceutical companies will also be sure to send us updates if there is anything of relevance. They will not miss the opportunity to inform us about it.

Yael: Well, but some things can fall in between the cracks, mainly things that are

Rachel: Negative. Yes. So I am supposed to see these things in the journals we receive, or through research I myself conduct. Not all the time, but usually I can detect this.

In this dialogue's recording, one can clearly hear Rachel cutting into my sentence, and completing it herself. For Rachel, it was so clear where my sentence was going, or where she thought it was going; that she did not need to wait for me to finish.

Rachel's reference to this issue echoes a well-known global problem pertaining to pharmaceutical companies' control over the publication of their clinical trials (cf. Kaufman 2015; Petryna 2009; Rajan 2017). In attempt to address this problem, in many global settings, including Israel, governments instituted regulations to ensure the reporting of unfavorable trial results, which should create some documentation

about problematic treatments. However, control over the publishing of such results to the broad scientific community largely remains an issue in pharmaceutical companies' hands. Trying to address this difficulty, Rachel talks about conducting her own "research" (*hakira*), through which she can "detect" (*la'alot al*) such cases of omitted data.

Referring to detective-work was not unique to Rachel at the Sal Committee's staff. Like Rachel, Miriam often talked about the need to conduct their own "investigation" about each treatment, and Vered and Dana referred to their work as "detective work" (*balashut*). To them, this was a crucial aspect of what it means to work objectively when preparing the portfolios. As argued in the Introduction, staff members mainly took "objectivity" to mean non-bias, a notion that relied on the presupposition that there is such a thing as data that reflects the true, essential, nature of those treatments. In accordance with that, to the staff, working objectively meant striving to provide truthful data about the treatments. Vered had once explicitly addressed this matter. Following up on an earlier remark she made about how some portfolios are better than others, I asked her what makes a treatment portfolio a "good" one. To this, Vered responded that, "A good portfolio is a completely objective one; a portfolio with data that is as truthful and as accurate as possible."

This is where staff members' detective-work reference comes in. It is, they suggest, their job to search for the truth through conducting an investigation. Just like in detective fiction, they narrate their successful detective stories, which then sustain their apprehension of detective-work as a potent means for creating objective portfolios. However, as I show in the last part of this chapter, flipping the script to consider such efforts from a pharmaceutical company executive's perspective reveals not only some blind spots afforded by the utilization of detective-work as an

organizing framework, but also how their notion of truthful vs. "manipulated" data serves to maintain a hegemonic epistemological framework.

Portfolio-making as detective work

Not long ago, about the closing in of an evening in autumn, I sat at the large bow window of the D Coffee-House in London... With a cigar in my mouth and a newspaper in my lap, I had been amusing myself for the greater part of the afternoon, now in poring over advertisements, now in observing the promiscuous company in the room, and now in peering through the smoky panes into the street... At first my observations took an abstract and generalizing turn. I looked at the passengers in masses, and thought of them in their aggregate relations. Soon, however, I descended to details, and regarded with minute interest the innumerable varieties of figure, dress, air, gait, visage, and expression of countenance.

... With my brow to the glass, I was thus occupied in scrutinizing the mob, when suddenly there came into view a countenance (that of a decrepit old man, some sixty-five or seventy years of age,) -a countenance which at once arrested and absorbed my whole attention, on account of the absolute idiosyncrasy of its expression. Anything even remotely resembling that expression I had never seen before.

(Edgar Allan Poe, 1845, *Man of the Crowd*)

The narrator in Poe's *Man of the Crowd* is a person who decides to pay attention to passers-by near the coffee shop where he went to drink some coffee. At a certain point, one person catches his eye and he decides to follow him. From here, this detective story begins, and along with it, a whole cultural genre of detective fiction that this story was among its most influential forerunners (Gurevitz 2013). Nowadays, the popular cultural imagination of the detective and her/his work holds traction in many life realms. Among these realms is the Israeli Sal Committee, whose staff

members, like the narrator in Poe's story, attentively observe their surroundings and consequently embark upon their investigations in an effort to reach the truth.

But let us first return to staff members' deployment of this cultural imagination of detective-work, as reflected in Poe's stories. Importantly, staff members' references to “detective work” are not metaphors. A metaphor is the usage of a representation from a certain world of context in a different world of context in a way that evokes the imagination concerning how these two worlds come together. Contrastingly, “detective work” was for staff members a straightforward description of what they were doing, and one that draws upon similar conceptual and practical origins.

The detective genre has much in common with modern bureaucracy and statistics, the pillar of modern science and medicine. All three of these fields became dominant in Euro-America during the second half of the nineteenth century as part of attempts to make sense of life in new urban settings. The new conditions of living within a massive crowd of strangers had brought to the development of bureaucracy and statistics as a means of gaining a comprehensive view and managing populations in sizes well beyond those fathomable through personal acquaintance (Porter 1995, Scott 1998).¹⁰ At the same time, the public's difficulties with their new living conditions amidst a group of strangers, including a rise (imagined and documented) in crime, found expression in popular culture, among which is the emergence of detective fiction (Thompson 1993). Quite like statistics and bureaucracy, this new literary genre reflected the enlightenment era ideals of dependence on humans' rational action and of the autonomous individual who does not necessarily need social relationships to succeed in his activities. These ideals were embodied in the

¹⁰ But see Foucault (1979) for a different periodization of bureaucratic statistics arising from the first efforts to manage populations in the 16th century.

detective's deductive capabilities, through which it could make sense of conditions brought by living in a large alienated crowd (Benjamin 1997, Thompson 1993) and restore order in a place and time in which social order gets disrupted (Gurevitz 2013).

Considering this emphasis on rational action in detective fiction, it is perhaps no surprise that to this day “detective work” is a key narrative in the medical world, which similarly relies on the ethos of rationality (e.g. Garro 1998; Good 1993). Most prominently, or at least most noted in medical anthropological literature, detective work comes up in the process of medical diagnosis. In some cases, medical personnel explicitly reference it (Mattingly 1998; Saunders 2008). In other cases, the anthropologist makes this reference as a hermeneutic means (e.g. Csordas 1988; Sinclair 2000). In both cases, the linkage between medical practitioners and detectives usually focuses on the deductive process of uncovering the hidden truth: who committed the crime for detectives, and what is the medical condition that causes the patients' predicament for medical practitioners.

Albeit less discussed explicitly in anthropological studies, references to detective work also emerge in bureaucratic settings, particularly concerning processes of investigation, audits, and data corroboration. As with medical anthropology, here, too, in some cases bureaucrats explicitly refer to their work as detective work, sometimes even carrying titles marking this affinity such as asylum application “investigators” (e.g. Graham 2003; Shore 2018), while in other cases anthropologists are the ones to make this linkage (e.g. Chelcea 2016). However, this linkage between bureaucrats and detectives has a different focus from that of the medical world. Here, it focuses on bureaucrats' detective work practices as they attempt to determine whether claims and applications for government funds and benefits are truthful or fraudulent (e.g. Chelcea 2016; Kelly 2016). In this regard, bureaucracy's detective

work is not so much about the detective's ability to decipher clues but on its functioning as a gatekeeper of its society's normative values concerning the usage and dispensation of public goods (cf. Bear and Mathur 2015). Importantly, such gatekeeping is not just against individuals, but also against bodies whom bureaucrats suspect of making fraudulent claims, thus engaging in what their society considers as corruption that can result in an unfair dispensation of public goods (cf. Muir and Gupta 2018). In this regard, we can think of bureaucrats-detectives as anti-corruption agents.

Not a metaphor or a narrative, staff members' reference to "detective work" seems more befitting, then, with what philosopher Arthur C. Danto called a project-verb. In his book *Analytic Philosophy of History* (1965), Danto introduces this term, which Ricoeur then takes up in his discussion of narrative and history. According to Ricoeur, project-verbs are verbs "that cover many detailed actions, which may be totally discontinuous and implicate numerous individuals in a temporal structure for which the narrator carries the responsibility" (Ricoeur 1984, 146-147). Project verbs, like Ricoeur's example of "doing homework," and like "detective work" in this case, do not describe one particular action, but rather "organize numerous micro actions into one unique overall action" (Ricoeur 1984, 147). Indeed, for my interlocutors, detective-work was an expression that organized their various activities and framed their lived experience when preparing portfolios. As Throop notes in his own discussion of a Yapese expression he considers as a project-verb, project-verbs extend beyond the organization of an overall activity to denote an experiential frame that orientates the individual's manner of engaging a situation (Throop 2010, 261).

As Throop further comments, while project verbs are not themselves narratives, they can "serve as potential entry points into narrativized temporal

structure” (Throop 2010, p.261) by constituting an overall framework that puts actions, events, and intentions into a certain order. For Sal Committee staff members, detective work served as an entry point to the narrativized (temporal, spatial, and otherwise) structure of the detective genre.

The detective genre is known for its rather rigid elements, which one can find in almost any mainstream detective story (Gurevitz 2013, 29-40). To varying degrees, staff members’ frame of experience when preparing portfolios was indeed shaped by these features of the detective story, which all appear already in Poe’s *Man of the Crowd* (1845). Like Poe’s story, what propels the staff’s detective work is not the explicit and known occurrence of a crime, but rather the possibility it had occurred. In Poe’s story, the detective, who is also the narrator, follows a man he finds suspicious, without knowing whether he indeed committed a crime. In the Sal Committee, staff members focus on suspicious data providers, whom they believe are inclined to “manipulate,” as they say, the data they submit to the committee. Furthermore, similar to Poe’s detective, who relies on his scrutinizing observation and deductive abilities when following the suspect in order to get to the truth of the matter, staff members rely on their deductive abilities and their scrutinizing eye when examining data related to those suspicious providers as they assess whether a manipulation or conciliation occurred. Lastly, just as Poe’s detective narrates his detective story to us, the readers, staff members narrated their detective stories to me and among themselves. In the three following sections, I expand on each of these occurrences.

Crime and suspects

Then came a craving desire to keep the man in view -to know more of him. Hurriedly putting on an overcoat, and seizing my hat and

cane, I made my way into the street, and pushed through the crowd in the direction which I had seen him take; for he had already disappeared. With some little difficulty I at length came within sight of him, approached, and followed him closely, yet cautiously, so as not to attract his attention.

... I had now a good opportunity of examining this person... My vision deceived me, or, through a rent in a closely-buttoned and evidently second-handed roquelaire which enveloped him, I caught a glimpse both of a diamond and of a dagger.

(Edgar Allan Poe, 1845, *Man of the Crowd*)

Whether or not the person Poe's narrator followed carried a dagger, we do not know. But the possible presence of the dagger, coupled with the narrator's account of the person's strange behavior, suffices to raise suspicion about the person's ill intentions. Indeed, suspicion of a person's ill intentions is the foundational element of any detective story. This is true also for the Sal Committee.

In the Sal Committee, what propels detective work is the possible occurrence of the crime that staff member call "data manipulation," (*Manipulatziot beme'yda*) by which they mean forms of data presentation that may diverge from their conception of truthful data: conciliation of certain information, underscoring certain results even if they do not necessarily carry more importance than others, and reliance on certain calculations that are not necessarily relevant or considered as mainstream forms of calculation. All these forms of data manipulation will be exemplified within this chapter. In any case, following staff members' lived experience, I will thus refer to such acts here by "data manipulations," albeit their designation as "manipulations" greatly depends on the epistemological presupposition that there is such a thing as "truthful" knowledge and that this knowledge is indeed the one staff members have in mind, as I elaborate later in this chapter (cf. Shapin 1994).

Echoing the conception of the bureaucrat-detective as gatekeeper (e.g. Chalcea 2106; Kelly 2012; Shore 2018), data manipulation is a crime primarily in the sense that it prevents the staff from getting truthful data. In so doing, it obstructs what staff, committee members, and Israeli public culture at large consider as a proper decision-making process for a fair allocation of resources (see Introduction).

In some cases, state authorities may indeed address such acts through the legal realm, as a crime. For instance, on August 2019 the American FDA announced it was considering pursuing legal processes against the pharmaceutical giant Novartis after learning it withheld data about one of its new medications. In their announcement, the FDA notes that Novartis' deeds contradict FDA's mission of making decisions based on truthful data (Marks 2019). Sal Committee staff members, who have been following this ordeal closely, have voiced to me their agreement with FDA's position of viewing this as a potential crime, in its legal meaning.

More than this legal aspect of terming acts of data manipulation as crimes, staff members have often referred to these acts, particularly when performed by pharmaceutical companies, as morally corrupt. For instance, once, during a conversation with Sigal, one of the staff members, we talked about pharmaceutical companies' liaisons to the committee, companies' employees whose job it is to submit treatment applications and supplementary data to the committee. I mentioned that these liaisons have the hypothetical possibility of not including in the submission data that does not support their medication. Sigal then looked at me and said, very earnestly, "Well this is utter corruption. We will not tolerate it." To staff members such as Sigal, acts of data manipulation and conciliations were corrupt in the sense that they involved fraudulent activity and transgressed ethical norms (cf. Tidy 2018).

The ethical transgression that staff members saw in such acts was not just a matter of obstructing a fair process, however. To them, it was also a transgression of interpersonal and societal norms. On the societal level, they saw these acts as transgressions because of their potential impact on patients, who may be deceived to believe a certain treatment is more efficacious than was indeed proven in research. Staff members felt very strongly about this, and would sometimes bring it up in conversation. One such example is Batya, another staff member, who had once told me, “it [the pharmaceutical industry, YA] is an industry of illusions. I tell this to parents of children with cancer, ‘Don’t sell your house for this medication. Somebody is making a profit on selling you an illusion.’”

On a more personal level, some staff members also saw such acts as an interpersonal transgression, when the antagonist who committed the act is somebody with which they have a collegial relationship. As Dana told me, during a conversation about data manipulations conducted by pharmaceutical companies:

Such instances concern me because I feel they offend me professionally, because you cannot believe what they [pharmaceuticals’ liaisons, YA] send you to read. As well, you are afraid to provide them with information because you do not know how they will use it. These are my personal sensitivities.

Dana explains that her reason for feeling offended lies in the manner in which such acts of data manipulation damage her ability to develop a trusting relationship with the liaisons who manipulated or concealed data from her. This includes both an inability to trust the data she receives from them, to “believe what they bring you to read,” in her words, and to share with them information, which she then suspects they will use to further manipulate the data. Dana's comment underscores the ways

“crimes” of data manipulation, like all crimes, incorporate a dynamic of trust and suspicion.

In this case, Dana depicts a transition from a trusting relationship to one that is based on suspicion; one in which she is unable to believe those she suspects. With this, Dana underscored what lies at the core of modes of trust and suspicion: they are not about *knowing* that something is true, but about *believing or disbelieving* it (Shapin 1994). As Tobias Kelly astutely noted, “What distinguishes belief from more definitive forms of knowledge is that it is not immediately susceptible to positivistic proof” (Kelly 2012, p.759). Rather, it operates within the realm of uncertainty, such that one must perform a leap of faith to find something as trustworthy.

As elicited from staff members' suspect of pharmaceutical companies, they did not make this leap of faith for most data providers. Once, during a public lecture about Sal Committee's work, Batya addressed this dynamic of suspicion as she depicted the staff's work process:

On March, we start to work on treatment applications. Now, it is clear to me that the pharmaceutical company shares with me only the studies they think are the best for them. For our kind of work, one needs some clinical knowledge, but most of the work is reading scientific information, critically reading articles, collecting information from many sources and integrating it. We ask for expert opinions in relevant fields, see what countries provide this treatment through public funding... We approach the medical union. At this point, we sense how various interests imbue their work, in the sense of their bias for or against a certain treatment.

Batya's description of her work starts with naming her primary suspects in data manipulation, pharmaceutical companies. She refers to them with regard to the portfolios' “scientific evidence” portion, which she, like all other staff members and

practically everyone involved in the committee's work, see as the most crucial information in the portfolio. She then notes the most important quality for a staff member in her view, an ability to read studies critically, as will be discussed in the following sub-section. Batya then mentions other activities related to two portfolio portions, asking expert opinions and checking for global precedents for state funding, before moving to another portfolio portion, physician unions' rankings. Each specialized physician union, the cardiologists' union, the oncologists' union, etc., rank all nominated treatments pertaining to their field of expertise from most to least recommended for Sal Committee funding. Batya marks this part as suspicious by noting that these rankings may be biased.

Batya's assertion that pharmaceutical companies only send her studies that benefit them echoes Rachel. Such comments pertain to what lies at the core of the mode of suspicion, the belief in hidden intentions that lead people to present inauthentic and untruthful information (Kuntsman and Stein 2015; Kelly 2012). Suspicion is thus not just about disbelief in the data's credibility, but also about belief in the existence of ill intentions, as defined by a given society's norms. Such belief pertains to the ways in which one is always already engaged with figuring a sense of the other co-inhibiting the world (cf. Husserl 1989; Heidegger 2010).

As phenomenologist Alfred Schutz asserted, "Since I live in the same world as you, I live *in* the acts of understanding you" (Schutz 1967, 140). Schutz himself, and more elaborately contemporary anthropologists drawing upon his work such as Duranti (2015), Throop (2010), and Jackson (1998) stress the ways in which such acts of understanding, including ascribing intentions to others, are shaped in relation to one's culture and society and "the economy of power relations in a given community" (Duranti 2015, 121). In the Sal Committee's staff's case, this background includes

their social knowledge of pharmaceutical companies and medical providers as big neoliberally-managed corporations centrally (albeit not necessarily solely) concerned with financial profit, which then orients their ill intentions to commit morally corrupt acts of data manipulation and conciliation.

In her lecture, Batya did not expand on what brings her to see the physician unions as suspects of providing biased information. However, during one of my interviews with Dana she filled this gap, and explained those presumable intentions in detail:

We are all aware that the physician unions have interests. Let's put it this way, something that the physicians rate low, we will take attention of that. We will not approve something that the professionals say they do not want. For the treatments highly rated, we take this as added information, but we take it with a grain of salt because of the lobbyists.

Dana articulates here a strong rationale for incorporating the union rankings: if the physicians do not want the medication, why should the committee prioritize it? However, at the same time, she articulates a rationale for suspecting these rankings. There is a potentiality, she argues, that pharmaceutical companies' lobbyists will influence these rankings. Indeed, during my fieldwork, I have often noted interactions between such lobbyists and expert physicians holding union positions, in which lobbyists would approach physicians directly or through patient organizations to update them about new developments or to promote a medication. To Dana and the staff, these interactions presented a potential risk that union rankings will be impacted by lobbyists' commercial interests, which they see as foreign to physicians' professional considerations, thus affecting these rankings' credibility.

While Dana's rational focuses on the rankings, in fact, interactions between lobbyists and expert physicians extend in their influence also to expert physician reviews, another portfolio portion (see Introduction). While Batya does not mention this element as a suspicious one in her lecture, in many of our other interactions, she referred to it explicitly. So did my other interlocutors at the staff, who shared with me stories of how they noticed the same typos on review letters from several different experts, indicating that presumably the same person wrote the same letter and then distributed it among several physicians. Another staff member once told me how she realized an expert's review letter was a verbatim copy of a slide presentation the pharmaceutical company sent her just the week before. Through all these stories, staff members cemented the view of expert physicians and the unions they lead were untrustworthy.

Lastly, another data element Batya did not mention in her lecture but did mention in other conversations was patient population estimations. Knowing how many patients will use the nominated treatment is crucial for figuring out its total cost, and therefore what portion of the overall budget the treatment will take up, should it be approved. The problem is that for most medical conditions Israel has no central database containing patient numbers. Instead, each of the four private medical providers with which Israelis receive health services (similar to American HMOs) have their own databases. In order to make patient population estimations, staff members thus have to rely upon those medical providers, who had big stakes in committee decisions (see Introduction). As Vered once described to me, "Providers' interest may be for instance to show an overestimation in order to receive extra funding for the treatment. Our role is to show the truthful numbers, which accurately mirror reality. So sometimes we run into conflict with them." Positioning herself and

the staff as gatekeepers of truthful data, Vered here depicts the medical providers as ill-intentioned bodies whose main concern is not to provide truthful data but to gain more funding.

Along with this broad range of suspects (see summary in Figure 2.2), there were some information providers in which staff members trusted. Just like the classic detective fiction, in which the detective usually trusts information from the police or other institutions in charge of the investigation, staff members trust reports by North American and European medical bureaucracies equivalent to theirs. In particular, they relied upon reports produced by the American Food and Drug Administration (FDA) and the British National Institute for Health and Care Excellence (peculiarly termed NICE), two leading institutions in the field of medical treatments' assessment, although each with a different focus. I came to realize exactly how high staff members' trust was in these reports during one afternoon conversation I had with Rotem, another staff member. We were talking about data she had just received from a pharmaceutical company. She had serious doubts about its credibility. I asked whether it would have made a difference if this kind of information came from patients or pharmaceutical companies as opposed to a NICE report. Rotem responded that if the information would have arrived from NICE, it would have made all the difference. "Patients and pharmaceutical companies I cannot trust, but in NICE I can trust," she told me.

Figure 2.2: Suspected and trusted data providers

Data Provider	Portions of the portfolio to which it provides data	Trusted/suspected by the staff
Pharmaceutical companies	Scientific articles, safety, epidemiology, treatment alternatives	Suspects
Physician unions	Treatment rankings	Suspects
Expert physicians	Treatment reviews	Suspects
Medical providers	Patient population estimations	Suspects
Equivalent institutions to Sal Committee (primarily FDA, NICE)	Scientific articles, safety and epidemiological information, data on treatment alternatives	Trusted sources

Rotem’s trust in NICE, a trust given by benefit of institutional affiliation rather than personal acquaintance, resonates the dominant modernist trend in which people and societies trust information by merit of the institution producing the data, rather than a researchers’ personal credibility (Shapin 1994). However, in the context of the committee’s work, such trust presumably also originates from what Kelly (2012) calls “imagined identification.” Imagined identification, a term he draws from Hume’s theorization of sympathy, is the manner in which we infer about another person’s experience and become sympathetic to it through imagining our own experience of the same situation (Hume 2003[1740], 205). In his article about assessment of claims about torture in the British asylum process, Kelly (2012) argues that trust and suspicion in these claims are grounded in processes of imagined identification.

Here, I would like to build upon Kelly’s argument to offer that a similar process of imagined identification brings staff members to believe in NICE staff’s well intentions and thus to trust their reports. NICE carried special meaning for the

staff as their explicit role model for operation from the committee's establishment to present. Some staff members have even visited NICE, and were in occasional contact with its staff. Sal Committee staff members have thus developed an imagined sense (informed in some cases by their direct experience of the institution) of what working at NICE would be like. In their estimation, this is an experience rather akin to their own. Similar to their own efforts to create truthful data (efforts based in their good intentions), through imagined identification, they presumably ascribed similar intentions to NICE staff, which then leads them to trust their reports as credible.

Staff members' ways of addressing their data providers as either suspicious or trustworthy as described here so far elicits some insights about these modes' phenomenological nature, which I now turn to summarize. As modes pertaining to belief and disbelief rather than an experience of having substantiated knowledge, trust and suspicion operate within the realm of uncertainty (cf. Kelly 2012). Without certain knowledge upon which to make judgement about someone's or something's credibility (and by proxy, in the Sal Committee's case, about the data it produces), one must decide whether to perform a leap of faith to find it as trustworthy.

Such a leap of faith, or one's unwillingness to take it, relates to the intentions one attributes to those it suspects or trusts. While suspect pertains to a belief in ill intentions that propel the suspect to create (what the suspecting person sees as) a misrepresentation of reality in favor of promoting personal interests, trust pertains to belief in intentions to provide a correct representation of reality (from the trusting persons' viewpoint). In some cases, as in the Sal Committee's staff's case, this process of attributing intentions and therefore trusting or suspecting occurs through the experiencer's (i.e. staff members) imagined identification.

In his collection of essays about the anthropology of intentions, Alessandro Duranti asserts that, “[T]he very ability to imagine or predict what the Other perceives, wishes, or fears creates the conditions for the Other's social and emotional vulnerability” (Duranti 2015, 424). Considering suspicion as involving the attribution of intentions, we may then say that by suspecting data providers, staff members indeed create the conditions for these providers’ vulnerability. In a way, this is what also occurs in detective stories; when the detectives start searching suspects’ motives, they uncover their vulnerabilities and are able to catch them. In the Sal Committee, attributing intentions to suspected data providers uncovers their vulnerability through two practices such suspicion delineates: the detective investigation and telling detective stories, as I elaborate in the following sections.

The detective: Or, practices of investigation

Long and swiftly he fled, while I followed him in the wildest amazement, resolute not to abandon a scrutiny in which I now felt an interest all-absorbing. The sun arose while we proceeded, and, when we had once again reached that most thronged mart of the populous town, the street of the D Hotel, it presented an appearance of human bustle and activity scarcely inferior to what I had seen on the evening before. And here, long, amid the momentarily increasing confusion, did I persist in my pursuit of the stranger.

(Edgar Allan Poe, 1845, Man of the Crowd)

Suspicious of the old man with the presumable dagger in his cloak, Poe's narrator embarks on an investigation, determined to get to the bottom of this man's story and figure out the truth about him. For the narrator, the investigation takes the form of a

persistent pursuit of the man, following his footsteps for a full night and day. For Sal Committee staff members, the investigation does not require physical pursuit in someone's footstep, but it does require a pursuit for available treatment data.

Differently from Poe's detective, who follows one suspect, staff members follow several suspicious data providers. However, suspicion has its own gradations; not everything that is suspicious is necessarily significant in the same extent. Indeed, to the staff members, there are two data elements in the portfolios that are particularly influential on the committee's decision-making, and therefore these should gain their investigative attention: scientific studies of the treatment and estimations of its patient population.¹¹ The main data sources of these two portfolio elements are pharmaceutical companies and medical providers (respectively), two of the most suspicious sources in staff members' view.

To investigate the data these companies and providers send to the committee, staff members engage in two main practices: creating their own alternative data set, and critical reading. Creating an alternative data set is a central part of staff members' detective-work. Through comparing this alternative data to the one received from pharmaceutical companies and medical providers, staff members could trace incongruences that may suggest the existence of data manipulations. Critical reading of scientific studies and reports is crucial in order to detect any odd details about the studies conducted or their results.

¹¹ My interviews with former and acting Sal Committee members indeed support staff members' view, as all of these interviewees argued that the most crucial data elements in the portfolios are the scientific studies and patient population estimations. Most committee members also held a similar position to Batya's (and other staff members) concerning the more marginal role of experts' reviews and union rankings.

Let us first turn to staff members' manners of comprising alternative data sets. This practice is particularly prominent concerning patient population estimations. Making these estimations, particularly those of a specific patient sub-population, requires staff members to think creatively about ways to infer this data without reliance on medical providers' databases. Vered explained to me how this works during one of our interviews:

There are various ways to do it. You can approach somebody at the MoH who is in charge of all databases, and ask her to see if there is a record of how many people used a certain technology in a given year. Also, I often use information from the Central Bureau of Statistics. For instance, what is the population percentage of a certain age group? If I already know that there is a certain statistical percentage of patients with that disease, this can help me figure out statistically, how many of the patients are of a certain age group. I use so many sources; it is a lot of detective-work.

Vered describes a way to circumvent staff's reliance on medical providers' database through turning to data produced by two government bodies that she considers as trusted sources: her own institution, the MoH, and the Central Bureau of Statistics. Through this alternative data set, she creates her own patient estimation, which the sub-committee will later compare against the numbers providers present. While this information requires her to make several deductive and computational steps to reach an approximation of the desired number, she prefers this method to relying on providers' information, which should hypothetically give an exact number, or a more accurate estimation.

As Vered's reference to this work as detective-work implies, sometimes they indeed catch data manipulations in this way. Dana once told me about such a case:

Dana: When I have no information, it is a problem. For instance, I worked on a medication that was nominated for a certain patient group, while it was already funded for a different patient group. We had information on the group for which it was already funded, but not for the new one. I knew that the new patient group must receive the medication in the hospital, while the one already funded receives it at home. I took from one of the medical providers the total number of patients and information about how many patients use it at home, and I calculated the difference. Then, I wanted to check it all comes down to reasonable numbers, so I checked the ratio between total patient number and medication administered for home use, according to the medication's daily dosage. Now, here I think it was not a manipulation but an honest mistake, but when I checked this, it came out as if there are 1237 days in a year. I told it to the medical provider's liaison. He went to check his patient numbers, the ones he gave me, and indeed, he found a mistake.

Yael: It is good you double-checked it

Dana: Yes. I do not think he did it in purpose, but with these things, you never know.

Dana depicts a situation in which she had no choice but to rely upon patient estimations conducted by a medical provider. Still, even then, she worked to make her own data and calculations, just to double check the provider's numbers. Indeed, this led her to detect a critical miscalculation in the provider's estimations. Eventually, thanks to Dana's work, it turned out that there were significantly less patients than initially thought, which critically lowered the total cost of this treatment.

Interestingly, Dana is reluctant to call the health provider's mistake a data manipulation, and prefers to see it as an honest mistake. Presumably, this preference is not so much a result of any proof that this was indeed a mistake, but rather of her personal relationship with the particular medical provider's representative, whom she

knows for many years. Based on this relationship, Dana might have found it difficult to attribute ill intentions to him. Nonetheless, she still found it relevant to share this story with me.

As opposed to the deductive work that formed the core of constructing an alternative patient population estimation, making an alternative data set for scientific evidence of a treatment's efficacy and safety required a process of searching and reading scientific studies. Searching for such data includes three central activities. One is searching internet databases, mainly PubMed and Google Scholar, for any publications on the treatment. Second, as Rachel mentioned, the staff has a subscription for all major medical journals, such as the New England Journal of Medicine, as well as to relevant newsletters from Israel and abroad. The staff's secretary, who receives all the journals and newsletters, sends each staff member articles and news items pertaining to the topics under her charge. Third, staff members search for institutional reports produced in other countries, namely those written in English by the FDA, NICE, and European Medical Agency (EMA), through which they seek further references to more studies on the treatment.

After gathering articles through all these methods, they turn to critically reading them. Staff members read these articles very carefully. Doing this requires some "mental prepping," as Keren once told me, "Because it is the most difficult part of our work, the one which takes longest and requires our utmost attention." While staff members have their individual ways of reading the articles, most of them described similar practices. Here is Keren again:

Keren: I begin from the abstract, but usually it is not enough. We have our very orderly tables, in the portfolio. I input information about each article in the table, all the technical details of the study's

duration, number of patients and their characteristics. Then I focus on the results, this is what is most important. The methods are also important but not as much.

Yael: And then, you paste the results in the table?

Keren: No, you really need to understand them. What they check, what was the primary end-point, what was the result, the statistical significance. If it is a bad study, it is important to note it. However, usually studies tied to pharmaceuticals are very neat. I know the committee will dig into this portfolio part, I know that this is what they are most interested in.

In a description that again gives away Keren's suspicious attitude towards pharmaceutical companies, as expressed in her remark that their studies are usually "neat," Keren depicts a process comprising of two major parts. At first, after reading the abstract to get a general idea about the article, she inputs technical descriptive information about the study into the portfolio. Then, she scrutinizes the study's results.

Drawing on other conversations I had with her, this scrutiny primarily includes an examination of what exactly the results indicate about the treatment's efficacy; for which patient groups is it particularly helpful; and how the results fit with other studies of the treatment. In the next step, staff members consider a study's results in comparison with other studies of the same treatment to learn about the consistency of efficacy findings across studies.

To understand how this close scrutiny is crucial for their investigative work, consider the following story that Rotem, another staff member, shared with me. Several weeks before Sal Committee's discussions were about to begin, as she was working on last-minute updates for one of her treatment portfolios, she found a new article on the treatment. As she read this article, she noted it mentioned three other

studies of the treatment's efficacy, which she did not know about, and which have found it to be ineffective. The pharmaceutical company did not include any of these studies in their treatment application.

Shocked by this information, Rotem tried to figure out what studies was this article talking about, and searched for them. Eventually, after “some detective work,” as she said, she managed to find traces of two of the studies in a conference program. The program included the articles' abstracts, but when she searched for the full papers, she realized they were never published. Still, somehow, after some more searching, she managed to get a hold of these studies' presentation slides. Judging by the slides, she said, these studies seemed to meet high scientific standards and show convincing results. There seemed to be no substantial reason for why they were never published except for the fact that they questioned the treatment's efficacy. While there were no articles to cite on this point in the portfolios, Rotem incorporated this new information in the treatment presentation she gave to the committee.¹²

Rotem's story, which had left me quite overwhelmed at the time, demonstrated how staff members' practices of comprising an alternative data set and carefully reading articles can eventually lead to a “catch” and uncover a pharmaceutical company's data manipulation. It thus demonstrates the potency of “detective work.” Rotem's story, just like Dana's one about catching the patient number manipulation, was a classic detective story. As I show in the next sub-section, along with detective practices of suspicion and investigation, telling these stories is an important part of the lived experience of doing detective-work at the committee staff.

¹² At Rotem's request, I deliberately avoid from sharing further details about this case and what happened with it.

The narrative: Or, the multiple potency of telling detective stories

And, as the shades of the second evening came on, I grew wearied unto death, and, stopping fully in front of the wanderer, gazed at him steadfastly in the face. He noticed me not, but resumed his solemn walk, while I, ceasing to follow, remained absorbed in contemplation. "This old man," I said at length, "is the type and the genius of deep crime. He refuses to be alone. He is the man of the crowd.

(Edgar Allan Poe, 1845, Man of the Crowd)

With this observation, Poe's narrator concludes his story; a story of suspicion and investigation told in the first person. A story, that despite having no climactic moment of revelation, as had become common in later detective stories, planted the seed for this literary genre: a detective, the story's protagonist, who conducts an investigation to reveal the truth. The stories Dana and Rotem told me about their catches followed this narrative quite closely.¹³ In their stories, Dana and Rotem conducted an investigation using their cognitive abilities of scrutiny and deduction to reach what they considered as truthful data. This process, just like the classic detective narrative, culminated in a rather moralistic ending when they uncovered the occurrence of data manipulation "crimes," and the antagonists (medical providers, pharmaceutical companies) were confronted with their wrongdoings and put in place.

¹³My use of the terms "stories" and "narratives" follows Arthur Frank's differentiation between "story" as the "actual tales people tell," and "narrative" as the structural type comprising various stories (Frank 1995, 188 n.5).

Staff members told such stories only occasionally, but when they were told, they quickly circulated among all of them and their immediate surroundings (but not further than that). Sometimes, one staff member would tell me about a story that happened to one of their colleagues, while I had already heard this story from other staff members as well. In this sense, these stories were part of the ethos of working at the Sal Committee staff. As the classic anthropological insight goes, a society's ethos is central to the preservation of its functioning (Durkheim 1995[1912]). Here, I argue, telling detective stories is indeed central to the preservation of the notion that the staff can produce "objective" data.

Paraphrasing Capps and Ochs' argument concerning the role of panic stories in constructing the experience of agoraphobia, I thus argue that staff members' manner of working objectively as detectives occurs through telling those detective stories (Capps and Ochs 1995, 26; see also Garro and Mattingly 2000, 26). That is, to sustain the detective-work experiential frame of the truth-seeking bureaucrat, it is not enough to suspect and investigate. Rather, one must recount past events in a manner that creates a sense that the history experienced supports the ongoing engagement with these practices (cf. Capps and Ochs 1995).

For staff members, telling their detective stories sustains the notion of producing truthful data through detective work in three main ways. First, these stories, which always end up with revealing that indeed a "crime" was committed, show that there was a good reason to suspect pharmaceutical companies and medical providers in manipulating data. Second, recounting detective stories about their successful catches (re)affirms staff members' investigative practices of building alternative data sets and critical reading as effective ones. Third, telling these stories supports staff members' moral motivation for engaging in their detective practices. As discussed in

the Introduction, staff members saw themselves as government agents who guard and cultivate the public good of state healthcare, and protect it against corporate interests of pharmaceutical companies and medical providers. Like detectives in classic detective fiction, when staff members tell their detective stories, they cast themselves as protagonists whom are capable and responsible to stop these wrongdoings (Gurevitch 2013; Thompson 1993).

In this regard, detective stories are for staff members narratives of moral success. Similar to the ways stories of problematic events are central in the construction of the experience of anxiety in Capps and Ochs' analysis (1995, 40), here stories of moral success are central in the construction of the experience of taking the detective disposition. However, constituting these experiences of detective-work as moral success is not just about the narrative itself, but also about the ways these stories are taken up by their listeners; the kind of contract there is between them and staff members telling these stories (Garro and Mattingly 2000, 11). As aforementioned, the audience for these stories was limited to other staff members and their immediate surroundings, including myself, as staff members' work does not include much interaction with broader crowds (see Chapter 4). This overall supportive and sympathetic audience tended to take these stories without defiance or skepticism, thus enabling their moral message to resonate within the staff's echo chamber, constituting and sustaining its moral ethos.

To sum this section, it seems befitting to consider the following argument by Garro and Mattingly: "[A] story, an effective one at least, not only is about something but also *does* something" (2000, 11). In this case, detective stories did something rather important; they provided the backbone that enabled the sustainment of suspicion and detective-work as an experiential frame that supports staff members'

efforts to work objectively by seeking truthful data. Still, as with any story, detective stories only present reality from the perspective of its narrators, the staff members.

What happens when changing perspective to that of their antagonists?

A second look at the staff's detective stories

At first my observations took an abstract and generalizing turn. I looked at the passengers in masses, and thought of them in their aggregate relations. Soon, however, I descended to details, and regarded with minute interest the innumerable varieties of figure, dress, air, gait, visage, and expression of countenance.

(Edgar Allan Poe, 1845, *Man of the Crowd*)

Back to the beginning of Poe's story.

In his essay, "Can One Read the Same Detective Story Twice", detective fiction researcher and novelist Dror Mishani makes the following argument (Mishani 2007, 114, my translation):

What gives the 'detective' quality to detective fiction is the possibility to read the plot twice: once through acceptance of the detective's authority as an observer and an interpreter, and once through a doubtful, distant observation at the detective himself.

Taking staff members' reference to this genre as a central experiential frame for preparing treatment portfolios, we can then presumably attempt to read their detective work twice. It is a motion not unlike the narrator's in Poe's story: at first, we address their detective work as passive observers, but then, upon a second reading, the abstract gaze transforms into attentive scrutiny. While this chapter so far primarily engaged staff members' first-person perspective on their experience, here I wish to

temporarily draw away from this view in favor of a second reading of their detective-work from the scrutinizing, doubtful position Mishani mentions.

This position considers other viewpoints on the situation, namely those of the antagonists. Accordingly, in this section, I offer another reading of staff members' detective work through the eyes of their antagonists, the pharmaceutical companies. In this reading I - the narrator of this dissertation and the audience of staff members' detective stories- become what Jorge Luis Borges termed the suspicious "detective reader." For, as Borges observed, detective fiction did not just invent a new kind of protagonist, but also this new kind of reader (Borges 1998[1995]).

I start this second reading with an interview I held with an Israeli pharmaceutical company executive, one of several executives I interviewed for my research. After an hour and something of conversation, the executive commented that an important part of working with the Sal committee is to know how "to provide them with the correct message within the legitimate framework." He then continued to describe what he meant by this through an example of something he did several years ago concerning a medication I will call Taraza for a condition I will call CRH. For the sake of this discussion, let us assume that CRH is a condition in which liver functions slowly deteriorate until they eventually bring to a lethal system failure. People with CRH thus tend to have a shorter-than-normal life span. Talking about Taraza, the executive shared with me the following story:

Our medication Taraza did not make it into the subsidy list. I analyzed what I can do to improve its chances in the following year, given that I will not completely fool the committee. The problem I identified was that the data showed 2.7% EEV improvement [a

2.7% improvement in patients' liver functions, YA]¹⁴. It may seem like a small number, but for these patients it is a huge improvement, a revolution.

However, the doctors did not get it. They see all sorts of diseases, and to them 2.7% is not a lot. I found a sentence in a central review document by NICE, stating that this EEV improvement can be likened to extending patients' lives in 6 years. The NICE said it, not me. I told the patient organization that re-submitted the medication for the committee's consideration to highlight this sentence.

It caught like fire. All the physicians started saying 'Yes Taraza prolongs patients' lives in six years.' It brought the medication to be included in the subsidy budget. Now, we did this without lying. We just took a scientifically validated indicator and explained that its expression is six more years, and it worked. Many such manipulations are done in the committee. You just need to know how to do the correct manipulation.

There is much to unpack in this short interview excerpt, such as the implied relationship between patient organizations and pharmaceutical companies, and the power dynamic between these two and the Sal Committee more generally. Here, however, I want to focus on what the executive referred to as the "data manipulation" he admits he performed in order to improve the medication's chances. The executive argued that he did not fabricate any data, but merely made central a marginal remark in a NICE report. In so doing, he reframed the main efficiency measurement for this medication, patients' liver functions, in terms of life expectancy; he converted a "quality of life" measurement into a more dramatic "life prolongation" measurement.

¹⁴ EEV is not a real medical measurement. For the sake of my interlocutors' confidentiality, I did not refer to any real medical measurements.

The executive attempted to plant the idea that Taraza's meaning was not just in patient's "quality of life," but also in the ability to extend their lives, even though life prolongation was not one of the measurements used in its scientific studies. Reframing Taraza's efficacy in this way was particularly meaningful considering the background the executive mentioned about the difficulty of raising enthusiasm about it among expert physicians. This difficulty, he argues, emanates from the matter that while a 2.7% improvement in a patient's liver functions may be significant for this particular condition, when juxtaposed to clinical results of treatments for other liver diseases it does not seem dramatic enough.

Receiving expert physician's support is particularly crucial for advancing a treatment's inclusion in the Sal Committee, because of the physician unions' rankings and the expert review portfolio parts. As Dana's aforementioned comment explained, if a union rates Taraza poorly, it is unlikely that the committee will select it for subsidy. Reframing the results to speak about "life prolongation" thus affords Taraza a better union ranking and physician reviews, since arguing that a medication can prolong a patient's life in six years is a dramatic result by any standard.

This change of meaning indeed seemed to have done the trick. As the executive argued, it indeed "caught like fire." Patients, journalists, and physicians have all addressed Taraza as a life prolonging medication, both publicly and in intimate conversations with me, and the committee decided to allocate several millions of its budget for its subsidy. What is more, Neta, the committee staff member in charge of Taraza's portfolio, also subscribed to this interpretation. During one of our conversations, she mentioned Taraza, and characterized it to me as an important medication that prolongs patients' lives by six years. Neta's subscription to this notion is particularly striking when juxtaposed with an interview we held several months

earlier, while she was about to begin Taraza's portfolio. During that interview, while we were talking about her current concerns at work, she made the following comment:

For one of the medications, there is an article, I am not sure I can even call it an article. Someone tried to show that the medication is life prolonging, but I am not about to include it in the portfolio because it is nothing, really. He simply took the results and said that if there is a 2% improvement in liver functions then it adds six more years to a man's life. Now, both the company and the medical experts are raving about this, but I told them I would not include it. This is not a research result; it is nothing. There is no evidence here, only an unsubstantiated hypothesis.

Clearly, several months before Neta referred to Taraza as prolonging patients' lives, she did not buy into this notion. Neta's radical switch from clear-cut refusal to take the "life prolonging" perspective in this earlier interview and her later subscription to this perspective is still perplexing to me. Because of my obligation to keep the details of my interview with the executive confidential, I was never able to open up this matter with her and directly ask her about her change of views.

Still, perhaps one clue for what happened that made her change her view is found in one of our later interviews, in which she mentioned that she usually trusts information from NICE, including theoretical models that may be presented in their reports, echoing what Rotem told me about her trust in NICE reports. Neta's initial ambivalent reference to the measurement conversion occurred when she just started to work on this portfolio, presumably before she had a chance to see that the comment about that potential measurement conversion appeared in NICE's report. Perhaps her change of view occurred once she realized the one body she actually trusted presented this argument. Neta's change of view about Taraza thus demonstrates how the staff

members' modes of suspicion and trust not only allow for some detective work and successful catches, but also enable data manipulation "crimes" through utilizing the trust in institutional providers; a trust that had become a blind spot.

I realized exactly how blind this spot was in Taraza's case when I embarked upon my own detective work by reading NICE's report on Taraza. Taking the role of "detective reader," whom engages the detective story using its own detective skills to try to solve the conundrum, (Mishani 2007), I wanted to see for myself what was, in fact, written in that report that served as the basis of the executive's manipulation. I quickly found the (supposedly confidential) report fully available online, and began reading its 400 pages. The first out of its ten sections, which included reviews submitted by the company, physicians, and patients, was NICE's original appraisal report on Taraza. The appraisal report opened with information about the medication's efficacy, centrally quoting that 2.7% EEV improvement in liver functions.

I kept on reading through the appraisal report, in search of that comment about the possible conversion of EEV measurement to a life prolongation measurement. Finally, I found what seemed to be the smoking gun under the reports' last section, presenting cost-effectiveness information. There, in one of several cost-effectiveness tables, one of the rows listed "projected survival rate" with Taraza, with the writing "6 years."

Medications' cost-effectiveness is a field at the intersection of economics and medicine, in which experts determine medication's financial worth with regard to its expected benefit. Central among the various approaches to theorizing and measuring expected benefit are life expectancy measurements, sometimes known as "survival rates." While for terminal conditions this measurement is empirically substantiated,

for life threatening, yet non-terminal conditions in which patients die after many years of receiving treatment, there is a tendency to utilize “projected” survival rates, which are, essentially, statistical projection models.

As I was looking at that cost-effectiveness table indicating Taraza’s projected survival rate, and this report section more generally, I noticed that in this part of the report, NICE authors brought the company’s own cost effectiveness calculation, which they prefaced by a note stating that overall, the data upon which the company based its calculations seems valid. I further noticed that the company based its calculation on a well-known statistical survival rates projection model for the general CRH patients’ population. The company then inputted their EEV measurement into this model, and received the result that Taraza is projected to extend patients’ lives by six years. As marked in a note from by NICE staff, one issue to keep in mind with this result was that while the projection model was based on statistical data concerning all CRH patients, Taraza applied only to a specific CRH patient group. That is, the entire projection was based on very rough, and presumably inaccurate statistics.

All this seemed to have been missed during the Israeli Sal Committee discussions. There, committee members, reading Taraza’s portfolio, explicitly refer to it as the medication that prolongs patients’ lives by six years, just as Neta did. The CRH patient organization with which I was in contact subscribed to this notion as well. What was initially a speculative projection with no grounding in empirical data, has become a well-known objective truth.

As I realized all this, I found myself contemplating why did the executive choose to share this story with me? The executive knew very well that I was recording him. During our interview, I had obtained his informed consent for voice recording the interview, and as he was recounting Taraza’s data manipulation story to me, I

made sure to touch the voice recorder that was placed between us several times, to ensure he was aware of the recording. Still, the executive carried on. I find it hard to believe that he shared this story with me naively, without understanding that it may find its way into my published research. I knew very well that this executive, like most of his peers, was an extremely astute and strategic person. Was it possible, then, that he made a deliberate choice to share this story with me?

One possibility that seems particularly feasible to me is that the executive knew I would find it difficult to ignore this story, and it would find its way into my dissertation and presumably later publications. Maybe he also assumed there is some likelihood that people at the committee, including staff members, might read some of this published work. If so, what would this published story convey to them?

As I had noted, this story illuminates staff members' blind spots, despite their best efforts to engage in detective work that would uncover and prevent data manipulation or conciliation. Perhaps, through my engagement with their blind spot in this story, the executive conveys to them that he is still able to subvert the committee's prioritization of life prolongation over life quality.

Perhaps the executive's story was, then, a story about Sal Committee's hegemonic epistemological framework, which prioritizes life extension over quality of life, similar to an overall trend in the medical world (cf. Kaufman 2015; Gawande 2014. In the Sal Committee, see: Assor 2019; Erez 2019). It is impossible to measure how many quality of life versus life prolonging treatments Sal Committee funded throughout the years, since there are no agreed criteria to determine whether a treatment belongs to one group or another. Still, there seemed to be a broad agreement among everybody involved with the committee's work that it tended to prefer life prolongation to life quality. The executive's explanation that the expert physicians,

whom are part of the committee's apparatus, were initially unenthusiastic about Taraza echoes this tendency. By sharing with me Taraza's story, the executive was thus presumably sending a message about the problematic nature of the committee's hegemonic notion of medical prioritization, and about its absurdity: not only that it neglects some important medications, but in fact, it may be rather easily circumvented through data manipulation, as he did.

The executive's act of data manipulation fits rather perfectly into staff members' view of a morally corrupt act. It was an act that prevented the committee of truthful data about Taraza, deceived patients to thinking Taraza will prolong their lives, and utilized Neta's trust in NICE to make this manipulation possible. However, rethinking this story with regard to the committee's hegemonic notion of medical prioritization reveals another layer of addressing such an act as morally corrupt. Through relating to the executive's manipulation as a transgression of ethical norms, the committee manages to maintain its hegemonic approach against attempts to subvert it.

As is the case with any hegemonic ideology, directly contesting it is mostly unproductive, since it is too strongly positioned as superior to alternative ideologies. Trying to subvert it is thus of the main possibilities to counter hegemony (Gramsci 1992). In a way, this is what the executive did. However, deeming his act as morally corrupt meant that it will most likely be treated as worthy of moral condemnation, a predominant affect taking primacy to other modes of engagement (Harrison 2004; Pardo 2004; 2018; Parry 2000). Moral condemnation thus suppresses any consideration of why this act was in fact done which could invoke a re-assessment of Sal Committee's approach.

Notwithstanding the moral questionability of embezzling staff members' trust and deceiving patients to believe a medication will prolong their lives, we must note, then, that labeling the act as morally corrupt, preserves a biomedical power structure through the invocation of ethical norms.

So what kind of data is there in the portfolios? Concluding notes

Taraza's story highlights one more important thing. To everyone involved with the Israeli Sal Committee's work, Taraza's ability to prolong patients' lives in six years was a matter of fact. Once it appeared in the portfolio, it was not "just" a notion espoused by physicians and the pharmaceutical company, both of which suspicious parties in staff members' eyes. Once in the portfolio, this piece of information was considered as truthful, and in this sense as objective knowledge.

In this chapter, I described what it means for staff members to deploy a notion of working objectively as searching for truthful knowledge. I showed how staff members consider data manipulation as a crime, and how this leads them to consider some of their data providers as suspicious of conducting such crimes, while considering institutional bodies similar to themselves as trustworthy. I then showed how staff members' suspicion of certain data providers, namely pharmaceutical companies and medical providers, brings them to utilize investigative practices, through which they can get to the bottom of their suspicion and corroborate any actual wrongdoing. Another aspect of engaging in this detective-work experiential framework is the recounting of their own detective stories. Through this practice, they sustain the staff's ethos of detective-work as a good way to prevent corruption and produce objective portfolios.

Nevertheless, as I have shown in the last section, even detective work has its own shortcomings, through which data manipulations can occur. Even though such

manipulations can deceive patients and make use of staff members' good will, at times, they may be the only way to subvert the Sal Committee's hegemonic approach to medical prioritization. In this regard, considering data manipulation acts as morally corrupt and objectivity as a search for truth as staff members do serves to maintain biomedical hegemony.

Chapter 3: Objectivity as Temporal Common Sense

Figure 2.1: SMA protest tent in front of the Israeli Prime Minister's Office

(Photo by Yael Assor)



In fact, this entire committee has no written procedures. Who determined how it should work? Why are our medications subsidized only through the committee, who determined this? Why was it determined that we must wait until January for its decisions? There is no sanctity in this date, they just arbitrarily set it, and so they can set it otherwise. (Tal, October 31, 2017)

Tal and I were sitting next to each other, passing time while she was doing her last shift in the protest tent she had established three weeks earlier, along with several dozens of parents, in front of the Prime Minister's Office in Jerusalem (see Figure 3.1). The protest tent was part of the groups' months' long campaign to secure funding for Spinraza, a new, cutting-edge medication for their children, who suffered from SMA, Spinal Muscular Atrophy, a rare disease affecting the motor nerve cells in the spinal cord. According to SMA Foundation statistics, about 60% of infants with SMA will die before they are 2 years old, and about 30% will die by their twenties. Spinraza's approval delivered a promise to change these statistics. Its clinical trial

results have demonstrated not only its capability in stopping muscular deterioration, but also in reinstating lost abilities.

Recognizing the usual fast-pace of muscular deterioration characterizing this disease, which put their children in greater lethal risk, the parents were eager to give this medication to their children as soon as possible. However, this long-awaited medication, which was the product of many years of costly research and served a relatively small patient population worldwide, carried an expensive price tag of \$500,000 per year, per patient, for the rest of the patients' life. The parents thus had to rely on Israel's universal healthcare system to subsidize these costs, pending the Sal Committee's approval of its inclusion in the annual additional budget for subsidies of new medical treatments. The committee, however, works according to a set annual cycle, delivering its decisions by the end of December, or even early January. Therefore, while Spinraza gained FDA approval already in January 2017 and its Israeli importer immediately submitted it for the Sal Committee's consideration, Israeli children had to wait at least 12 more months, until January 2018, to learn whether the country will subsidize Spinraza. If the committee decides not to approve Spinraza, the application will have to be re-submitted in the following year, thus extending the overall wait time in 20 to two years. What is more, in both scenarios, the wait extends into the winter, a particularly dangerous period for these children, due to the increased risk of death by suffocation following an inability to clear the lungs through coughs if contracting a regular winter cold.

Aware of the conflict between the urgency of providing their children with Spinraza and the committee's strict, pre-given timetable, SMA parents embarked on a campaign to provide their children with Spinraza before the committee's January deadline. They first conducted a protest march to Jerusalem. Then, they established

the protest tent in which I was sitting with Tal. A few days prior to that October morning when I was sitting there with her, they decided to dismantle the tent and to file a petition to the Israeli Supreme Court against the Sal Committee. In the petition, they requested that the committee would be obligated to cut the wait and facilitate Spinraza's dispensation before January. While patient groups often petition against the Sal Committee, this was the first time in which the petition concerned an ongoing decision-making process, and contested one of the committee's core procedures, its timetable.

As we were sitting together on that late October morning, Tal and I were discussing the petition. I commented that I found it interesting that they chose to take this measure. Tal then made the comment quoted in the opening. This comment revealed something to me that I had not considered before, and so I immediately wrote it on my phone, in bold letters. Tal made me think about the centrality of the Sal Committee's timetable in their everyday work, something I completely took for granted up until that moment. As I show in this chapter, Tal was right. The committee's timetable was not a legally binding procedure, and they could change it if so willing. In other words, Sal Committee's determination to follow their timetable and have patients wait for their decisions until January was not the only option for how to organize this bureaucracy's timetable.

However, as I have come to learn throughout the SMA ordeal, to Sal Committee staff members, not keeping to the timetable was not only an inconceivable option, but also one that goes against their moral project of cultivating an objective disposition. In this chapter, I examine the temporal dimension of cultivating objectivity as bureaucratic virtue, as revealed in the SMA parents' court appeal and the staff's reaction to it. This inquiry will eventually lead to one possible answer to

the question, why do bureaucrats adhere to bureaucratic timelines, even when they know that doing so may kill the subjects of their bureaucratic endeavor?

On bureaucracies' temporality

In an entry about bureaucracy in the *Cambridge Encyclopedia of Anthropology*, anthropologist Nayanika Mathur discusses the relative neglect of the study of bureaucratic practices, up until recently. She states, "Perhaps it is not boredom or an absence of things to say, as much as the difficulty in the crafting of a language to capture the banality and to express the everyday operations of bureaucracies" (Mathur 2017). In recent years, as part of the rising interest in the workings of bureaucracies in anthropological scholarship, there are various considerations of bureaucracies' temporality. In line with Mathur's observation about the difficulty of capturing the banality of everyday operations, in most cases, these considerations pertain to moments and situations in which a bureaucracies' temporality becomes conspicuous.

We can broadly differentiate between two central orientations in such studies. The first includes considerations of the ways in which specific temporal landmarks, such as deadlines (e.g. Riles 2006) or events (e.g. Handelman 2004), structure bureaucracies' work. The second includes considerations of clashes between a bureaucracy's temporality and other temporalities, whether of a different bureaucratic body (e.g. Mathur 2014) or the temporalities of individuals' lived time (e.g. Abram and Weszkalnys 2011, 14; Auyero 2012). The of case SMA parents' contestation of the Sal Committee's timetable belongs to this latter kind.

In many of the cases of clashes between bureaucratic time and other temporalities recounted in the literature, such clashes occur because of the rigidity of bureaucratic temporality. Bureaucracies, as these studies indicate, have a tendency to maintain their own temporal rhythm rather than adjusting to the temporal needs and

constraints of their subjects, even when such rigidity carries deleterious results for these subjects (e.g. Auyero 2012; Berda 2017; Biehl 2005; Gutkowski 2018; Mathur 2016).¹⁵ In so doing, they establish their authority over the individual and discipline it to subordinate itself to bureaucratic power (cf. Foucault 1995, 141-156).

Indeed, echoing, and most often directly drawing upon this Foucauldian point, scholarship engaged with bureaucracies' rigid adherence to their temporal rhythms offer some consideration of the reasons for this adherence (e.g. Auyero 2012; Berda 2017; Grinberg 2018). However, these considerations largely pertain to structural forces and motivations, and are less concerned with a first -person perspective (cf. Mattingly 2012) of the bureaucrats facilitating this dynamic; those whose job it is to adhere to the timeline. In this chapter, I turn to examine this topic. In order to do so, I engage in an inquiry of the banality of "the everyday operations of bureaucracies" (Mathur 2017); the taken for granted temporality of the Sal Committee, that was revealed when it clashed with SMA children's temporality. Utilizing a phenomenological perspective that attends to what subjects take as common sense aspects of their everyday and to how subjects cultivate ethical projects provides a way to understand how bureaucrats facilitate certain procedures and events, which others may consider as ethically ambiguous (cf. Arendt 1963).

When politics and economics meet: The timetable's past and present

When Tal, the parent, said that Sal Committee has no written procedure, she was referring to the fact that the committee is not a statutory entity and so there is no formal law that determines its jurisdiction or procedures. Indeed, this central bureaucracy was not the result of carefully planned legislation but of an overnight

¹⁵ Most anthropological scholarship on this topic examines modes of "waiting." Waiting, as broadly argued in most of this literature, disciplines bureaucracies' subjects to act as "passive patients" rather than active agents (Auyero 2012).

political improvisation. As Avraham, one of the committee's founders, shared with me:

In 1995, upon the nationalization of Israeli healthcare, medical subsidies were based on the list of medical subsidies provided by Clalit in 1994 [Clalit was, and still is, the largest medical provider in Israel, YA]. In the three following years, medical subsidies were not updated to include new treatments. The first update occurred one day, when the Health Minister at the time, Matza, said 'Provide me within two hours a list of 16 medications we want to add to the subsidy list.' Why 16? Because this is what the minister determined. It was a quick and brief job. Very problematic. However, it was the first time an update occurred so people were happy. Later we convened for a two-day discussion along with medical providers' representatives and public representatives and then we first spoke about the mechanism of the Sal Committee... which drew upon a preliminary model Shuki worked on.

Indeed, as Avraham told me, MoH established this important government medical bureaucracy following the events of one night in 1998, in which the Health Minister decided to allocate funding for subsidizing new medical treatments as part of Israel's recently-made universal healthcare insurance. Since nationalizing healthcare ran contrary to Ministry of Treasury's Chicago-school educated clerks, Rabin's social-democratic government tried to appease their objection by making certain compromises to the healthcare plan and by intentionally leaving undetermined some issues, which the administration expected would be particularly volatile. One of the central issues that remained undetermined was how to keep up to date the medical treatments and technologies it provided to Israeli citizens (Cohen 2012).

By 1997, new, groundbreaking treatments emerged for HIV, cancer, and Multiple Sclerosis, but since there was no update mechanism, they could not be added

to the list of subsidized treatments. A 17-year-old cancer patient then embarked upon a high-profile campaign, calling the Israeli government to find a way to fund new medical treatments. Following the public and political pressure caused by this campaign, Yehoshua Matza, the Minister of Health, managed to strike a deal with the Minister of Treasury to allocate an emergency 150 million Israeli Shekels budget (about 42 million USD) for subsidies to new medical treatments. In what seemed to many of the people I spoke with more like an attempt to subdue the patients' vocal campaign than to seriously improve the Israeli healthcare infrastructure, Matza made the call to Avraham and his colleagues, and ordered them to quickly consolidate a list of treatments that will gain state subsidy. Avraham and his colleagues stayed up all night, and in the following morning they presented Matza with the requested list (indeed, they failed to meet his two-hour deadline).

Far from the Weberian ideal-type model of modern bureaucracies, which stresses their operation under a clear set of laws and procedures (Weber 1958, 96), Sal Committee's establishment story resembles what postcolonial sociologists Yehuda Shenhav and Yael Berda call a Cromerian ideal-type modern bureaucracy (Shenhav and Berda 2009). Lord Cromer, the British Controller-General in Egypt in the turn of the 19th and 20th centuries, developed his own philosophy of colonial administration (The Earl of Cromer 1908). His philosophy denoted an intentional absence of laws and procedures to regulate the British bureaucracy in Egypt that would maintain the colonized subjects' dependence on the graces of British administration.

As Berda shows, these administrative logics spread across the region, and still shape Israel's bureaucracy of the Palestinian occupation (cf. Berda 2017). Sal Committee's inception story suggests a similar dynamic. However, while Israeli bureaucracy of the occupation continues to function according to this Cromerian

model (a point to which I shall return in this chapter's Epilogue), in the period following Sal Committee's inception there was an attempt to codify and routinize its activity. Amidst public and domestic critique about the impromptu list of 16 medications to receive state subsidy, MoH administration convened the heads of Israel's healthcare system for the two-day discussion Avraham mentioned. Yehoshua Shemer, or Shuki, as Avraham called him, then MoH's powerful CEO, pushed the adoption of an innovative medical treatments' assessment model he developed two years earlier with his colleague, Miriam Siebzehner (Shemer and Siebzehner 1995). A year later, in 1998, the first committee convened, roughly based on this model, which did not include a specified decision-making timetable.

What ended up delineating a timetable for Sal Committee was the Israeli Annual State Budget, which includes the Sal Committee's budget. This budget comes into effect every January 1st, but in most years, its value remains unknown up until the very last months, or even weeks before its start date.¹⁶ This political-economic reality obliged the Sal Committee to develop an annual temporal rhythm rather than a multi-year process and to set the culmination of this annual process at the last months of the calendar year, when the government already approves the budget (hopefully), rather than earlier on.¹⁷ This schedule, in turn, delineated an entire timeline of things that must occur before committee deliberations, which includes four distinct time-periods. While there are no affixed internal deadlines differentiating between these periods,

¹⁶ Continuing the government's and MoT's historical avoidance from instituting an update mechanism of subsidies on new medical treatments, to this day, the government and MoT obstruct attempts by parliament members and the MoH to institute a set determination mechanism for the annual enhancement budget for medical subsidies.

¹⁷ There were several instances in which due to political turbulences (such as the September 2019 surprise elections) and geopolitical conflicts (such as the 2006 war) the government did not manage to pass in parliament the State National Budget, including the healthcare enhancement budget, before the next calendar year commenced.

they are somewhat structured by the Jewish lunar calendar and the holiday breaks it prescribes throughout the year.

The Sal Committee's timetable begins with a two- to three-month period during January-March, in which the committee staff concludes the previous year's cycle and accepts new treatment subsidy applications. After the long, strenuous months that have preceded this period, in these months, there is not much to do, and the day-to-day carries a mooded atmosphere of recuperation and reinvigoration. Concluding the previous years' cycle usually includes writing memos to medical providers and other MoH officials about entitlements the committee determined for treatments that have just been approved for subsidy, and a lot of physical and electronic clean-up work. Staff members will spend most days of this time period sorting out physical and electronic portfolios for treatments that have been approved, and whose portfolios can be archived (physically and electronically), and treatments which have been declined and are likely to be re-submitted, which will likely remain in a more accessible location. Staff members will tend to be more social with each other during this period, and spend more time in the kitchen preparing a joint lunch, or in morning conversations about recent matters of the day. During this time-period they were also more available for spending time with me in lunchtime conversations, work breaks, and long person centered interview sessions.

During March-April, either just before or right after the two-week-long Passover break, the staff process new treatment applications and conducts an initial vetting of all applications according to several criteria (see Figure 3.2).¹⁸ While staff

¹⁸ The three criteria are as follows: 1. Whether medications have gained FDA and EMA (the European FDA) approval. 2. Whether treatments (medications and other medical technologies) are within the Sal Committee's jurisdiction (which excludes hospital infrastructure and antibiotic medications). 3.

members are more busy in this period than the previous one, it is still overall rather relaxed. Staff members will usually manage to do all their work within their regular work hours, perhaps on the expense of shorter morning-time chitchats and lunchtime breaks. During my fieldwork, in this time-period it was still possible for me to spend extended time with them, informally hanging out or conducting interviews.

Figure 3.2: New treatment applications (in boxes).

(Photo by committee staff)



Around April-May, shortly after Passover, and all throughout the summer, the staff will start preparing portfolios for nominated treatments (see Chapter 2). These portfolios should be ready for the Sal Committee's deliberations, which usually begin after the long fall break of the Jewish High Holidays (Rosh Hashanah, Yom Kippur, and Sukkot). While the first months in this period are usually still somewhat relaxed, as committee discussions approach, things become more hectic, as the staff must submit the portfolios, no matter what. Throughout the years, it had thus become a common sight to see committee staff members working overtime, often without even stopping for a lunch break. All this occurs during August and September, when most Israeli workers take their summer vacations or otherwise spend time in the office

That the applied treatments are completely new medications or technologies rather than different formats of already subsidized ones (in which case, the applied treatments automatically gain funding).

without much to do. Accordingly, during these months of my fieldwork, it gradually became more difficult for me to spend time with the staff, as they were technically and mentally unavailable for making conversation.

The staff's workload, and respectively, their exhaustion and tenseness, culminates during October-December, when the Health Minister appoints this cycle's committee members, the government approves the Sal Committee's budget, and the committee convenes for its discussions. Before Sal Committee meetings, staff members check for updates on the treatments up for discussion in the meeting. For instance, whether somebody published a new study since the staff member made the portfolio (see Chapter 2). During the meeting, they briefly present each portfolio to committee members, and answer clarification questions (see Chapter 4). After the meeting, they conduct further research on queries posed by committee members in the meeting. Due to the committee's packed meeting schedule (about ten meetings in 10 weeks), staff members will have very brief time for all this work. Often, in order to meet these deadlines, they will have to continue working from their homes, late at night, after their kids have gone to sleep. As Dana once told me, during this time-period, it would be a rare occasion for her to sleep more than 4 hours a night. Indeed, by the time the committee reaches its final discussion round in late December, staff members (and committee members as well) are usually so exhausted and stressed for time that it might be impossible to make a brief phone conversation with them.

When January comes and a new cycle commences, it is no wonder they take the following time-period to recuperate from the past months and reinvigorate in the face of the upcoming cycle, with its growing workload and the shift it brings from a relaxed to an exhausted mooded atmosphere.

This gradual change in workload and moods elicits a fundamental fact about Sal Committee's timetable: it is a timetable that is built in a brick-by-brick manner, such that the activities of one time-period crucially rely on its preceding period. At the Sal Committee, then, each time of the year has its tasks that must be done. Not performing these tasks in time or simply skipping them will collapse the entire system. Nevertheless, throughout the first decade of the committee's existence, this timetable remained an unwritten convention. Only following a 2010 court appeal about Sal Committee's lack of written procedures it was put into writing and published in the MoH website (HCI 10469/09 Israeli Medical Association vs. Deputy Minister of Health 2010).

The timetable as temporal common sense

From the Sal Committee's first years to present day, there have been some changes and additions to each of the timetable's time-periods, but the timetable itself remained the same. It became a natural aspect of the Sal Committee's work, rather than a temporality structured by political and economic powers and the schedule of Jewish holidays, which constitute a shared Israeli schedule (Kaplan 2009). For the staff members, as I show in this section, this timetable constituted what I call a *temporal common sense*. In the context of this study, I use common sense as an analytic informed by Husserl's (2012[1962]), Geertz's (1983), Bourdieu's (1977, 199), Schutz's (1967[1932]), and Arendt's (1961, 1963, 1982) theorizations of common sense. Taken together, these insights do not crystalize into a coherent and consistent concept of "common sense." Rather, they underscore different facets of the nature of common sense and its workings, quite like the inconsistencies and multiple facets within common sense itself (cf. Geertz 1983, 90).

Common sense is a central concern for anthropology from the early days of the discipline (cf. Evans Pritchard 1932). One of the prominent theorizations of common sense draws upon Husserl's concept of the "natural attitude," the taken for granted aspects of one's experience of everyday life (2012[1962]). In his project of theorizing social action through phenomenological theory, Alfred Schutz offers an elaboration of common sense as the unquestioned interpretative background that constitutes the attentional configuration that gives meaning to experience (e.g. Schutz 1962, 1967[1932]). Critically building upon these conceptions, Geertz theorized common sense as "an interpretation of the immediacies of experience... subjected to historically defined standards of judgment," (1983, 76).¹⁹ Geertz further notes that common sense is "a relatively organized body of considered thought" that has been "systematized" so deeply that it "is not usually considered as forming an ordered realm" (1983, 74-75). In this regard, he argues, attending to common sense discloses otherwise undetectable aspects of a society's cultural life (1983, 75-76), and their manner of shaping individuals' lives, we may add. Attending to staff member's temporal common sense, so systematized into the committee's everyday work that it became part of the banality of this bureaucracy's "everyday operations" (Mathur 2017), discloses the relationship between staff members' ethical cultivation of objectivity as bureaucratic virtue and their relentless adherence to the committee's timetable.

Indeed, for staff members, the timetable was a deep-seated organizing principle of their everyday work. However, it was a principle they did not explicitly

¹⁹ Geertz's critique of Husserl and Schutz's concept of "common sense" pertains to phenomenology's emphasis on the primacy of everyday lived experience. To Geertz, such emphasis obliges an empirically based theorization of "common sense," which attends to the complexities disclosed in everyday life. Accordingly, he considers his theorization of common sense as responding to this lacuna (cf. Geertz 1983, 77-8).

reflect about in our conversations. As opposed to my many conversations with them about other guidelines and procedures shaping their work, such as the portfolio template, up until the SMA ordeal, they never talked about the timetable, how it structures their work, and whether it could be organized differently (cf. Bourdieu 1977 on heterodoxy).

One manifestation for how the timetable was an unquestioned common sense comes from my own experience. As aforementioned, I also took it as a taken for granted aspect of Sal Committee's work until that late October morning with Tal, the SMA parent. Yet, in retrospect, my field notes disclose the timetable's foundational presence as an “unspoken premise” (Geertz 1983, 76), a temporal common sense shaping staff member’s world. Reflecting on my first interview with Batya I wrote the following note:

First interview with Batya. Like my first meeting with Sigal and Dana, here, again, we spent a big portion of the conversation’s beginning on Batya’s explanation of the committee’s schedule: they first take in new applications, then prepare portfolios, then the committee convenes for discussion, and then all over again. I wish I could tell them to skip it; that I have heard this timeline so many times by now that I already know it by heart, but I guess this too, is part of the data. (June 2017)

Even though at the time I wished to avoid repeated information in my brief first interviews, this repetition was, indeed, a crucial “part of the data.” As this field note discloses, most staff members chose to respond to one of my first prompts, “Please describe to me how does the committee work,” by recounting the committee’s timetable. Addressing this prompt in such way reveals the significance they all attributed to the timetable as an organizing principle of their everyday work. As

Bourdieu observed, temporal rhythms are a crucial aspect for the constitution of social groups, exactly because it organizes their collective practices into a structured form (1977, 163).

To Bourdieu, groups' collective temporality is a crucial part of *Doxa*, the taken for granted, naturalized, beliefs about the social structure of a certain field (1977, 164-168) a concept formulated as part of his critical dialogue with the phenomenological notion of "common sense" (e.g. Bourdieu 1977, 233 n.15; Throop and Murphy 2002). Temporality is crucial to *Doxa* because it delineates a "sense of limits" (Bourdieu 1977, 164) between the group's temporality as an inner sense of logic, and the arbitrariness of other social orders, which group members do not take as "natural" in the same sense. In other words, temporal common sense, or the temporal features of a *Doxa*, affords and sustains the functioning of social groups by providing a taken for granted order that allows its members to act and interact according to the shared, taken for granted notion of what activities, sociability, and moods we are in right now, and what should come next.

As a fundamental part of their common sense, the timetable was unlike other guidelines and procedures. This tendency presumably gained support from the ongoing emphasis on maintaining bureaucratic temporality among the Israeli governmental bureaucracies, a central aspect of staff members' "lifeworld." Lifeworld is the pre-given, familiar, and largely un-reflected world of people's everyday lives, which underlies people's unquestioned attitude toward their experience ("natural attitude," in Husserlian terminology,) i.e., their common sense.

One's lifeworld is a dynamic, intersubjectively constituted reality that is culturally and historically conditioned. Scholars engaging in social theory,

anthropologists in particular, have utilized the concept of lifeworld to inquire about the historical and cultural conditioning of subjects' experiences and practices (Throop and Desjarlais 2011, 92). Among these inquiries is Sara Ahmed's discussion about the inherited orientation towards orientalism that shapes contemporary racialized bodies. In this context, Ahmed notes that one's "point of entry" into a pre-given world is the map of things it resembles ("likeness," in Ahmed's terms), which serves as "a form of inheritance" (Ahmed 2006, 123). Following this line of thought, we may address the Sal Committee's relatively young bureaucracy as carrying a likeness to older and more established aspects of Israeli bureaucracy.

There is a relative abundance of studies of Israeli governmental bureaucracy. Many of these studies investigate various aspects of Israel's governance over its racialized subordinates, including Palestinians in Israel and Palestine (e.g. Berda 2017; Gutkowski 2018), Jewish Mizrahi single mothers who receive support from Israel's welfare system (Lavie 2017), and non-Jewish women who seek to convert to Judaism, a process that goes through Israel's governmental religious apparatus (Krael Tovi 2017). Notwithstanding important differences between these bureaucratic realms, all of these bureaucracies subordinate their subjects' temporalities to bureaucratic time as a technique of governmentality that manufactures subdued and submissive subjects. For example, Gutkowski's (2018) study of agricultural planning processes in one of Israel's largely Palestinian-populated regions shows how the perpetual delays in introducing a plan for sustainable agriculture serves as a "procedural strategy" to conserve Palestinians' de-development and dependency in government institutions. In this way, Israeli government bureaucracy manages to maintain the primacy of Jewish –Zionist

development of agricultural lands, a central historical aspect of Zionist nation building.

In this regard, while the MoH bureaucracy within which staff members work does not focus on the management of racialized populations as those bureaucracies do, staff members' "point of entry" into their bureaucratic body is a pre-given world in which a bureaucracy's temporality is a central element of its functioning. Being part of this world thus orientates them towards the timetable as a central aspect of bureaucratic life.²⁰ Taking the timetable as the Sal Committee's temporal common sense thus has at least some of its roots in the ethical-political project of Israeli governance over racialized subjects.

Considering this ethical-political context as well as the politics and economics shaping Sal Committee's timetable illuminates the ways in which the staff's temporal common sense was (and is) always already ethical and political (see Introduction). However, temporality as common sense not only orients one's attention (cf. Schutz 1967) and organizes social practice (cf. Bourdieu 1990). Above all this, and relatedly, it also serves as a ground for ethical judgment and political action, as I discuss next.

Sticking to the timetable- when ethical and temporal common sense meet

The SMA petition was perhaps the most powerful and conspicuous contestation against the Sal Committee's temporal common sense in its 20 years of existence (see Figure 3.3). For the first time, a petition carried a real potential to interfere with the committee's adherence to its timetable in case it is accepted. As such, staff members followed it with particular attention.

²⁰ As Ahmed notes, this dynamic of inheritance situates the subjects, committee staff members in this case, midway between active agents who chose to take this orientation to passive subjects who simply receive this view. It is a "passed down" attitude that one must actively make one's own, even though one did not choose it (Ahmed 2006, 125).

Figure 3.3: SMA patient and her parents exiting the Israeli Supreme Court after filing their petition.

(Photo by Yael Assor)



The petition opens with the following statement, a request from the court to order the committee, the Health Minister, and the Treasury Minister to explain three issues (SMA Families Organization, 2017, 1):

- 1) Why they will not immediately provide children suffering from SMA life-saving treatment at the state's expense?
- 2) If the above is denied, why will they not carry out the abbreviated procedures required for delivering a decision in the request to provide the medication to the children within 30 days from today at most, before the cold winter months, in a manner that will prevent death, suffering, and irreversible damage to the children.
- 3) Why will they not establish an exception mechanism, which allows additions to the medical subsidies budget (Sal Habri'ut) within the same calendar year, without waiting an overall decision concerning the full range of medications that will be added to the medical subsidies budget in a certain year, according to section 8 to the national health insurance law, year 5755-1994. [Year 5755 is the year number according to the Hebrew calendar, used on all official matters alongside the Gregorian calendar, YA].

In a funnel-like structure, from the most ideal scenario (in their view) to the least ideal one, these three issues present three different possibilities for deviating from Sal Committee's timetable and reaching a decision about Spinraza in the immediate future. Phrasing the three possibilities in a negating language through the "why not" structure indicates the petitioners' unwillingness to accept the committee's adherence to its timetable as a common sense, and their requirement that the court, and the committee itself, will morally judge this strict adherence.

In the following pages, the petition presents three central contestations against the committee's unyielding adherence to the timeline as a natural, and thus inevitable, temporal common sense. The first argument is a review of expedited procedures to approve subsidies to Spinraza in North American and European countries with bureaucratic mechanisms reminiscent of the Sal Committee. This argument then concludes with the following statement: "The fact that countries similar to Israel in their values and resources have all strived to provide the medication in an urgent manner, teaches us about Israel's duty to take similar measures" (SMA Families Organization, 2017, 8). This sentence's logical inference about Israel's duty to immediately provide Spinraza because other countries have done so seems to rely upon the unstated assumption that if other countries with comparable bureaucratic mechanisms have deviated from their temporal procedures so can the Israeli committee.

A second contestation against the Sal Committee's adherence to the timetable argues for a legal obligation to "act in appropriate speed" when there are life-threatening circumstances at stake (SMA Families Organization, 2017, 18). The petition thus introduces a consequentialist view of the potentially lethal results of adhering to the timetable as a legal-ethical consideration for the moral judgment of

this practice. To support this argument, the petition cites the following quote from a previous Supreme Court ruling (HCI 10469/09 Israeli Medical Association vs. Deputy Minister of Health 2010):

If indeed the committee's decisions are crucial and carry life and death stakes, as argued in the petitions, a question arises why the committee did not conduct its sessions in a more frequent manner, day after day.

This short quote reflects the court's own position that indeed, MoH should take into account the lethal consequences of the Sal Committee's timetable and rethink it in order to facilitate a quicker decision-making process. Moreover, it indicates that SMA parents were not the only ones who did not take the committee's timetable as an unquestionable, inevitable reality.²¹

The petitioners request what should be common sense; that the authorities in charge of their children's health and well-being will take whatever means necessary, will sit and think inside and outside of the box until "white smoke" comes out, and find a way to provide the children with this medication. This solution will ensure that no child will lose its life because of bureaucratic procedures- because the committee will make its decisions only in several months and not in an immediate and urgent manner as required by the circumstances of these children's disease.

This concluding statement continues the aforementioned consequentialist consideration and juxtaposes it with the committee's adherence to the timetable in a manner that situates the latter as the cause of the former, of children's deaths. It thus calls upon a reconsideration of the committee's adherence to the timetable, a bureaucratic procedure, as an ethically appropriate practice. This argument, as

²¹ In fact, some former committee officials have also voiced similar contestations (see Elizera 2019).

powerful as it is by itself, gains added strength through its resonance with Arendt's (1963) and Bauman's (1989) post-Holocaust ethics of bureaucracy, which denotes that bureaucrats morally judge their actions from different perspectives and by the consequences of their actions, as shall be elaborated in the following section.

This petition, which SMA parents filed several days before my conversation at the protest tent with Tal, served as the basis for their lawyer's arguments in court about three weeks later, on November 16, 2017. By the time the court discussion started, the courtroom, a mid-sized room with an architecture that curiously resembles a church chapel, was nearly full (see Figure 3.4). In a rather uncommon sight, the first row was completely full with SMA children, in their wheelchairs. Few of which, in a more deteriorated condition, were connected to various breathing and communication devices that blurted paced suction and exhaustion noises and occasional beeps. Without Spinraza, almost all of the children who were sitting there would soon end up like this latter group. Most of those in the latter group, in turn, would probably die in a matter of months or years. Behind the children sat their families, mostly in extended forums. At the far end rows, where I sat, were MoT and MoH legal representatives.

Figure 3.4: SMA petition Supreme Court discussion

(Photo by Yael Assor)



A few moments before the discussion started, several committee staff members, who were obligated to attend the discussion as Sal Committee representatives, entered the room. By that point, there was no seating space, and most of them had to stand in the side path, only few feet from the children. Because of court procedures, they were not allowed to talk to the families, and so they only nodded briefly at some of the parents with whom they had previous interactions when the parents consulted with them about how to submit Spinraza's application.

The hearing began with a short petitioners' statement. After several minutes in which the parent's lawyer summarized the petition's arguments, as he was moving to a close, he added that the parents have great appreciation to the Sal Committee's professional and empathetic conduct, and that the petition does not ask to dismantle the committee, but only to find an urgent solution to the children's plight. The three supreme justices then posed a series of questions to the lawyer, mainly concerning whether waiting for another 6 weeks for the committee's decision is considered waiting a long time, to which the lawyer responded by eliciting the increasing danger of the forthcoming winter.

Only at this point, about halfway through the discussion, the justices turned to the Attorney General lawyer representing the committee and asked for his response to all the arguments brought so far. The committee's lawyer stated that, "The committee is a professional bureau that must take decisions from a holistic perspective and in attendance to all patient groups," reminding the court of all the other patients' groups who are eagerly waiting Sal Committee's decisions. The justices then turned to inquire about "mercy treatments" the medications' pharmaceutical company provided free of charge to ten of the most severely ill SMA children. After some back and forth on this

topic, the justices turned again to the parent's lawyer for his closing statement. He said:

The state's response here means that we are left with adherence to the same timetables despite our warning that the children may die this winter... This appeal is not about asking of pity, but for what these children justly deserve. What we need is that the committee will think outside of the box to provide a solution.

The justice leading the discussion then concluded it, saying, "In such cases, the court recognizes the urgency and sensitivity of the matter." He then dictated the court's decision to the clerk, a request from the MoH to provide further clarifications concerning the mercy treatments offered to 10 of the children within the next 7 days. With this, the justices went out of the courtroom, and shortly after, the hectic hustle of bustle of conversation, phone signals, and journalists' flashing cameras at the children returned to dominate the room, covering the suction, exhaustion and beeping sounds of the children's machines.

As people were leaving the courtroom, I approached the Sal Committee staff and exchanged a couple of words with them. Instead of the regular smiley hellos, this was a much more solemn and tense exchange. During the entire hearing, staff members seemed particularly tense. While indeed a court hearing may be stressful, their seriousness struck me as particularly strange. Appearing as respondent representatives in such emotionally intense court cases against the Sal Committee is a common experience for the staff. Oftentimes, patient organizations appeal to the Supreme Court when the committee decides not to include their medication in the subsidy list. Something about their seriousness caught my attention.

Several weeks after the court hearing, I mentioned to Dana my impression of how serious they looked at the hearing. She agreed with me that they were, indeed, more serious than they usually were when appearing in court. She then explained that the reason for this seriousness was that they were afraid of the possibility that the court will in fact force the committee to change its manner of work while it was still deliberating.

When I asked Sigal about this same topic, she responded that to her, the SMA hearing was indeed a particularly difficult experience because she was frustrated the lawyer forbade her to interact with the parents. The conversation then took a different turn, and we did not return to this topic. However, several months later, in a different context, the SMA ordeal came up again in our conversation. I was sitting with the staff outside the Supreme Court courtroom, waiting for a discussion in another petition submitted against the committee. This time, it was a more “usual” case, a petition against an already-made decision. Whereas in the SMA trial everything about the staff was tense; short sentences, contracted movement and facial expressions, no smiling, this time, they sat in a reclined position, chitchatting and making jokes about the nearby market and shopping. At some point, I commented to Sigal that they seem much more relaxed than their previous Supreme Court experience of the SMA trial. She agreed and said that the SMA hearing was a heartbreaking experience for her. She then took a long pause and added that the SMA hearing occurred right during committee discussions, whereas this current discussion is about something that had already occurred, so the court cannot intervene now with the timetable, as it could at the SMA case.

The same issue of a potential real-time intervention of the court with the committee’s work also came up in my conversation with Keren. Having no previous

acquaintance with the method of participant observation, Keren asked me why I found it important to attend the court discussion. I responded that the parents' decision to petition to the Supreme Court intrigued me. Keren then said:

Yes, honestly, I do not fully understand this choice as well. Why? Why did they do such a thing while the decision-making process was underway? ...The parents made us feel we were their true partners, and then they go and file a petition against us. This is not a collegial thing to do. At some level, the petition really stressed me out. It was such a difficult situation. I was concerned about what will be the court's decision. I remember that after the hearing one of the mothers, a nice person, approached us and said that she is hopeful the court accepts their petition and they will begin treatment shortly. I was hopeful for her that it would, but at the same time, hopeful for us that it will not... but I have no complaints to the parents. They did everything they could for their children and I find them amazing.

In her response, Keren expresses an ambivalent view, hoping that the parents will both win and not win the case. Keren's dual hope captures what I had heard from all other staff members with whom I talked about this event: a genuine, deep empathy for patients alongside an equally strong concern about the possibility the court will accept their petition. As the parents' lawyer stated in the court discussion, and as I witnessed in my conversations with SMA parents, all parties recognized and acknowledged staff members' empathetic approach to SMA children's plight (cf. Noddings 2013).

Viewing their work as a central avenue for promoting social welfare to Israeli citizens (see Introduction), staff members yearned for a good ending for SMA kids, as they did for all patients. They found this current situation, in which children may die while waiting for committee decision, "heartbreaking," as Sigal said. They saw the parents as laudable fighters, and highly respected their efforts, as evident in Keren's quote.

They longed for the parents to receive what they were hoping for, that would end the unbearable, risky period of waiting, as Keren further noted.

Yet, at the same time, they dreaded this possibility. This dread runs through Dana's, Sigal's, and Keren's responses as a discernible thread that connects them all together. This thread addresses the timing of the appeal, while the committee was still in process, and the potential that the court will order the committee to withhold its adherence to its regular timetable. As opposed to all previous appeals, this one carried the possibility of disrupting their temporal common sense by obligating the committee to take some form of "emergency measures" that will deviate from its fixed timeline.

I want to suggest that staff member's dread of this possibility relied on the constitutive meaning the committee's timetable had for their everyday experience as their temporal common sense. As noted in the previous sections, forcing staff members not to follow the timeline was not merely a change of timing, but a fundamental change in their work life, as it affects their moods, their work hours, and their sociality. Perhaps this backdrop explains Keren's way of addressing the petition as directed "against us," and her following statement that she was "hopeful for us" that the court would reject it. As a formative aspect of their subjective experience, an attack against the timetable was an attack against her, against the staff itself.

Relatedly, the manner in which the Sal Committee's timetable constituted for staff members a temporal common sense may also explain why even though the petition clearly marked alternatives to a strict adherence to it, staff members did not take these alternatives as viable ones. Keren expressed this view several minutes into that same conversation, as she was reflecting on the feasibility of making an immediate decision about Spinraza. She said, "We were very preoccupied with

hypothesizing how it could be done. To all intents and purposes, it could not be done."

Dana expressed a very similar view in a conversation we had around the same time. She said, "We had no idea what we were going to do if indeed such a measure will be taken. There was no way we could actually do that." To both Keren and Dana, then, the possibility of not following the Committee's timetable was simply unimaginable. As their temporal common sense, they took the timetable as a natural, and thus inevitable, reality. Even when they started to reflect about its centrality, they still saw it as an inevitable reality to which they must adhere, one that the suggested alternatives of "emergency measures" cannot feasibly accommodate.

To use Bourdieu's terminology, in imagining no otherwise to following the timetable, staff members misrecognized the arbitrariness of its temporal rhythm, and maintained their orthodox relation to temporal common sense (Bourdieu 1977, 164-168). That is, while they were reflective of the timetable's existence as a central organizing principle of their work life, they still saw it as the only possible reality for them. Since to them there was no feasible otherwise to following the timetable, they had to adhere to it, even if one potential consequence of doing so is patients' deaths (see Raschig 2017; Zigon 2018).

Along with staff members' deliberation over the formative meaning of keeping the timetable, it also turned staff members' attention to the centrality of keeping the timetable for cultivating objectivity as bureaucratic virtue.²² In Keren's statement cited above, she obliquely states that making an immediate decision about Spinraza "cannot be done." In following conversations, she elaborated on this topic,

²² We can refer to this attentional pull as a "phenomenological modification," a change in their attentional configuration that occurred due to the SMA court petition (cf. Throop 2015).

stating that she was particularly afraid of setting a precedent that will obligate them to take a similar practice with other medical treatments. In such case, she argued, a problem arises as to how to determine which treatments should gain this kind of expedited track and which should wait through the regular timeline, a particularly grave problem considering that many of the treatments discussed supported people in life threatening situations.

I had heard similar articulations from all staff members with which I have been in touch. During one of our conversations, Batya addressed this point and told me:

Well, just imagine what happens if we do not follow the timetable, and decide to make an exception for this one group of SMA children. Other groups would demand a similar approach, and we will not be able to maintain our objectivity.

Keeping the timetable was, then, a matter of objectivity. The direct link between keeping the timetable and objectivity that Batya drew in her comment made explicit the tacit dynamic described in this chapter; that the temporal common sense of the timetable largely related to an ethical common sense of cultivating a virtuous objective disposition. Whereas before the SMA case staff members spoke generally about “following procedures” as an aspect of cultivating an objective disposition, this ordeal revealed the practice of keeping the timetable as one central and specific meaning of this dynamic. Thus, when staff members noticed this temporal common sense, this linkage served to maintain the timetable as an orthodox worldview (cf. Bourdieu 1977, 170) through constituting adherence to the timetable as part of the moral cultivation of bureaucratic virtue.

Historical invocations, moral judgments, and common sense

As aforementioned, the SMA petition's concluding statement carried a resonance to Arendt's and Bauman's post-Holocaust ethics of bureaucracy. From my own perspective, this resonance seemed particularly conspicuous, since by the time of the court discussion, I was already pre-disposed to notice such connections.

The roots of my pre-disposition begin several years earlier, during my first rounds of fieldwork with Sal Committee. One of my central interlocutors at the time was a chronically ill patient I will call Eva. Eva was part of a group that tried to promote the inclusion of a new medication for her condition in the annual subsidy budget. One November afternoon, a month prior to the committee's decisions, we talked on the phone. At some point in our conversation, Eva told me that she was particularly frustrated with the Sal Committee's staff. She felt that they did not appropriately prepare the data about her medication. When she confronted them with this accusation, they responded that their data preparation process followed standard procedures, and they are obligated to stick to regulations. Fueled by her frustration with the staff and her fear of the harsh implications of not receiving her desired medication, she then concluded this topic by saying that the staff was a group of bureaucrats who followed orders (Hebrew: *Memal'im pkudot*) without consideration whether it may facilitate people's deaths, just as we have seen happening in our people's history.

Eva's remark referred to the line of defense many Nazi leaders, including Adolf Eichmann, took when facing trial for their deeds: that they were merely following orders. More specifically, Eva's reference echoes the view that this line of defense represented an ethical transgression since the Nazis did not make any moral judgment about following orders. Hanna Arendt (1963) centrally drafted this argument, with important later additions by Zygmunt Bauman (1989). While Israelis

still mostly contest Arendt's view of the Eichmann trial, in the past decades, this argument has become a deep-seated part of invocations of collective memory of the Holocaust that permeates, and oftentimes shapes, many realms of Israeli public culture (Aharoni 2019; Aschheim 2001; Zertal 2004).²³ Thus, one may find it invoked in various, sometimes-conflicting realms of Israeli public culture. For instance, this argument is common among anti-occupation activists accusing the Israeli government of "following orders" without judgment in their treatment of Palestinians (Seymour 2007), as well as among Jewish-Israelis making such accusations against forced evictions of Israeli settlements in the occupied west bank (e.g. Ha'aretz Information Service 2004).

Nonetheless, despite its prevalence in Israeli public culture, in the Sal Committee's context, Eva's remark was rather extraordinary. She did not repeat it in any of our future conversations, and I never heard similar accusations from any other patient, up until the SMA ordeal. As part of my fieldwork, I spent many hours of informal conversations with the parents who came to the SMA protest tent. Among the parents I have met in the tent, who were mostly Jewish, there was an overall sense of appreciation for the Sal Committee, and particularly its staff. However, now and then, a parent from the periphery of this group would comment that the committee is a bureaucratic body that unquestioningly "follows orders" and stick to the timeline even when doing so kills people.²⁴

²³ On collective memory of the Holocaust in Israeli public culture, see for instance Klar et. al. 2013; Ofer 2009.

²⁴ Despite the fact that some of the Israeli SMA patients were members of Israel's non-Jewish, Arabic-speaking minority (Palestinians, Druze, and Circassians), none of these families attended the tent or took part in the entire campaign; presumably another instantiation of the well-documented absence, and often exclusion, of non-Jews from Israeli civil society (e.g. Jamal 2009; Payes 2005; Yiftachel 2009).

While it may be that parents innocuously made these remarks, predisposed as I was from Eva's earlier comment and from my acquaintance as an Israeli with the "following orders" trope, I am inclined to consider these parents' statements as further invocation of it. In the context of the Sal Committee's main mission of saving lives through subsidized medical treatment, invoking this trope carries a certain ethical and political potency. To many of Sal Committee members and staff, the committee's main mission of saving lives was a "Zionist mission of supporting a central mechanism for the State of Israel," as Miriam once told me, or "an aspect of our Jewish solidarity, of supporting our people," as Rachel once told me (see Introduction). Referring to the committee's main mission as pertaining to Jewish solidarity and Zionist nation building recasts it as oriented towards sustaining the existence of Israel's Jewish majority.²⁵ Invoking a resemblance between committee staff and Nazi bureaucrats as Eva and those parents did is thus a direct contestation of this ethical mission, as it implies that the committee takes Jewish lives rather than saves them.

Against this backdrop, when SMA parents filed their petition, I could not help but observe the resonances between the petition's concluding argument and Arendt's (1963) and Bauman's (1989) view of the ethical transgression of Nazi bureaucrats. In what follows, I analyze the parents' petition from this hermeneutic disposition, which may provide further insight on staff members' adherence to the timetable, even once made aware by the SMA campaign to the potentially lethal consequences of doing so.

²⁵ Importantly, none of the staff or committee members had objected to saving non-Jewish lives or referred to Jewish lives as being more valuable than any other lives. Their articulations of the Sal Committee's mission in relation to an exclusively Jewish and Zionist endeavor was reflective of the hegemonic tendency of equating Jewish-Zionist perspectives with the concept of "Israeliness," which functions as a central marginalizing mechanism for the country's non-Jewish, primarily Palestinian minority (Schweid 2002).

Contra Eichmann's depiction by the Israeli prosecution as a monstrous mastermind motivated by deep anti-Semitic sentiments, Arendt saw Eichmann as a not-particularly-bright bureaucrat whose main aspiration was to climb up the bureaucratic hierarchy. She writes, "The longer one listens to him, the more obvious it became that his inability to speak was closely connected with an inability to think, namely to think from the standpoint of somebody else" (1963, 43). As this quote reflects, for Arendt, the significance of thinking centrally lies in the ability for perspective taking, which can uncover aspects that are not seen from one's particular point of view (but see Borren 2013).

In Arendt's theorizations of judgment as a central human activity, she underscores the relation between thinking, in its meaning as perspective taking, and judging (cf. Arendt 1978). From Arendt's viewpoint, Eichmann's inability to think about his way of following orders, his inability to take others' perspectives (Arendt 1963, 43) was his major moral transgression. Building upon this insight, Bauman offered that this inability to think, which enabled Nazi atrocities, was largely a result of the distance between bureaucratic procedures and their consequences, which he saw as a central characteristic of modern bureaucracies (Bauman 1989). To Bauman, such distancing operates as a "moral sleeping pill" (Bauman 1989, 26), which makes invisible morally questionable consequence and focuses bureaucrats' moral concerns on "the good performance of the job at hand" (Bauman 1989, 102).

Arendt's and Bauman's writings thus present an analysis of how Germany's rational-instrumental bureaucracy facilitated Nazi atrocities, which we can read as a *prescriptive* view of ethical bureaucratic conduct. For Arendt and Bauman, a post-holocaust ethics of bureaucratic conduct is an ethics grounded in practices of perspective taking and consideration of the consequences of bureaucratic procedures,

which in turn facilitate a practical judgement of the moral appropriateness of “following bureaucratic procedures.”

The SMA parents’ court petition echoed this model. In the arguments presented in the petition, which epitomized in the concluding section, they called upon the committee and the court to consider the potentially lethal consequences of following procedures and adhering to the timetable. This call includes a request to take SMA patients’ temporal perspective, the temporality of a rapidly spreading disease that requires Spinraza’s dispensation “in an immediate and urgent manner,” as written in the petition. Furthermore, interestingly, the most prominent appeal in the petition is that the court ensures that the Sal Committee will “think” about a solution to this predicament. This appeal appears twice in different petition sections, the opening statement and the concluding statement cited above, in the statement that the committee should “think inside and outside the box” to find a solution to this predicament. “Thinking” in the petition is thus postulated as the central requirement from the Sal Committee. Its meaning is not identical to that found in Arendt’s theorization, but does speak to the same set of practices. In the petition, thinking presupposes an already made process of moral judgment of the practice of keeping the timetable, conducted by the court and by people at the committee, which have found this practice as problematic and as requiring a solution.

As I elaborate in the following section, the court did not make any moral judgment about the committee’s strict adherence to its timetable, but the staff members did. The ambivalent hope that the parents will both win and not win the petition that Keren expressed in our conversation following the SMA court discussion was such moment. The essence of her ambivalent hope was, in fact, her ability to take SMA parent’s perspective and hope along with them for the court’s help. Like Sigal's

acknowledgement that the SMA children's plight was "heartbreaking," Keren's hope relied upon an understanding of the difficult consequences keeping the timetable may have for SMA children.

However, staff members did not only consider the lethal consequences of keeping the timetable, as urged by the petition. In their deliberation about the ethical meaning of keeping the timetable, they elicited a different set of consequences, which pertain to this bureaucracy's ethics of fairness. As Keren and Batya argued, diverting from the timetable for the sake of SMA children can affect their ability to maintain their objective disposition, as it will require them to make further exceptions for other petitions for an expedited decision, which will surely follow an SMA precedent.

The staff's deliberation about the lethal consequences of keeping the timetable versus the potential perils of making an immediate decision about Spinraza shows that they were indeed engaged in moral judgment of their practice of following the timetable. Staff members thus carried out all the practices ethical bureaucrats should do according to Arendt and Bauman's conceptions, which resonated the practices the parents' petition was asking for: they took SMA patient' perspective, considered the lethal consequences waiting to the committee's decision may have, and morally judged their practices. However, contrary to "what should be common sense, that the authorities in charge of the children's' health and well-being will take whatever means necessary," as the SMA petition argues, this moral judgment led staff members to reaffirm their strict adherence to the timetable rather than to think about a solution. In other words, despite engaging in all the practices, and after conducting moral judgment, staff members continued to see their adherence to the timetable as an inevitable and ethical practice, even if it carries some grave consequences.

According to Arendt's later theorization of human judgment,²⁶ a valid moral judgment is one that transcends one's subjective view and fits with its community's common sense (Arendt 1982). In this way, the ethical judgement speaks to the ways individuals' actions relate to the lives of others sharing the world with them and co-constituting their society's common sense (cf. Borren 2013). The validity of moral judgment is a crucial point for its acceptability among the subject itself and the community to which it belongs (Arendt 1982). Taking Arendt's approach, we can thus say that from SMA patients' perspective, staff members' moral judgment was not a valid one, due to its incongruence with their stated common sense (Assor unpublished data). However, the staff's ethical common sense pertained to the primacy of maintaining an objective procedure as means of ensuring fair decision-making (see Introduction). From this perspective, the staff's moral judgment was valid, since it was in complete congruence with their common sense.²⁷

In the previous section, I discussed the tacit dynamic that linked a temporal common sense of the timetable with an ethical common sense of cultivating a virtuous objective disposition to create an ethical motivation for keeping the timetable even when staff members became aware of the consequences of doing so. In this section, we see that even when required to make a moral judgment about their adherence to

²⁶ Some scholars argue that this later theorization of moral judgment offers a distinct model from the earlier model, which stresses judgment from the spectator position, as opposed to earlier iterations, which stresses judgment from actor position and underscore the relation between thinking and judgment (Bilsky 1996; d'Entreves 2019; Yar 2000). Nonetheless, as Borren (2013) points out, this division into two model seems to rest in part on a misunderstanding of Arendt's "phenomenological anthropology," which considers humans as both actors and spectators who participate in the making of the common sense they draw upon (Borren 2013).

²⁷ Here it is important to note to Arendt these is a distinct difference between common sense in a democratic society and the "Sense of the real" under totalitarian ideology (1973[1951]), which is not a shared common sense. While patients invoked the trope of Nazi bureaucracy concerning the Sal Committee, it would be a stretch to argue that they consider committee bureaucrats' common sense as a worldview oriented by totalitarian ideology, and therefore within this Arendt-inspired analytic framework we can still address committee staff members' unquestioned worldviews as "common sense."

the timetable, staff members re-affirm this practice, drawing upon the same ethical and temporal common senses as their judgment's source of validity. In time, with the return to an un-questioned work routine, staff members can presumably return to follow the timetable as an un-questioned common sense, until the next time somebody will question it.

The workings of common sense and moral judgment in this case are thus similar to a spiral structure (much like the structure of this chapter). This structure resembles a Hegelian feedback loop that re-affirms itself without returning to the same place, which maintains the bureaucratic practice of keeping the timetable through the conjunction of an ethical and temporal common sense, and through their re-affirmation when put under moral judgement. At the Sal Committee, so far, no contestation has been able to break this spiral; not even SMA children's "heartbreaking" plight.

Epilogues

Part I

The MoH, which was supposed to deliver clarifications to the court about SMA children receiving "mercy treatments" within a week's time of the court discussion, did not meet this deadline. The court granted the MoH a two weeks' extension, thus pushing the deadline to mid-December, only two weeks before the Sal Committee was due to submit its decisions. While the clarifications requested by the court seemed rather tangential to the case, all parties involved were unsurprised by this request. Apparently, asking for such clarifications was a well-known tactic used by the Israeli court when there is an interest in stalling a decision (cf. Berda 2017). In this case, this interest was quite explicit, as either accepting or declining the parents' petition in mid-November, while the Sal Committee was still deliberating, may carry broad

implications across the healthcare and judicial system. When the court ruling finally arrived on December 14, nobody was thus surprised it had rejected the petition, on the grounds that the Sal Committee's decision is due to be given in a matter of days, thus making the petition unnecessary.

Two weeks later, on December 29, the Sal Committee decided to subsidize Spinraza. It was a moment of joyful relief, but that joy did not last for long. In mid-January, while the medication was being transported from the US, one of the SMA girls died of suffocation. Ironically, it was the same girl that appeared in most of the press coverage of the court petition (see Figure 3.3). Many of the SMA parents believed that if the girl would have already received Spinraza, her life would have been saved.

Staff members were unaware of this sad result. However, rooted in their ethical-temporal common sense as staff members were, I am doubtful that this tragic consequence would have changed their view that waiting is an unfortunate, yet inevitable result of working objectively by keeping the timetable.

Part II

The court's decision not to decide in the SMA case presumably carried another set of large-scale consequences for the interface between Israeli bureaucracy and its subjects. The SMA parents' group was led by a group of upper middle class Jewish Israelis (of both Middle Eastern and Ashkenazi origins), some of them living in settlements in the occupied territories. This classed and raced identity was presumably a key point in the parents' choice to contest the Sal Committee's timetable, and to do so through the court, another central Israeli bureaucracy. As expressed by the parent's lawyer in the court discussion, the parents saw themselves as claiming what they were entitled for; "what these children justly deserve," in the lawyer's words. They filed

the petition as fully entitled participants of Israeli bureaucracy, and demanded such treatment.

This stands in stark contrast to Israel's racialized Jewish and non-Jewish subjects (mainly, but not only, Palestinians), who have largely subjectivized a sense of unworthiness and a lack of entitlement to make claims against Israeli governmental bureaucracy (e.g. Berda 2017; Bishara 2015; Freeman-Maloy 2011; Lavie 2017; Willen 2019). Relatedly, for these racialized subjects, even when they do wish to make such official claims, they are unable to. Palestinians in the occupied territories, who live under a combination of Israeli military regime and limited Palestinian sovereignty, are ineligible to submit petitions to the Israeli court (Berda 2017), and in any case, submitting such petitions requires financial and cultural capital many Israeli citizens of the lowest social rungs lack (Lavie 2017).

The Supreme Court's refusal to make any judgment in the SMA parents' petition de-facto worked to affirm the Sal Committee's temporal sovereignty and to subordinated SMA children (and families) to its timetable. That is, it subordinated to bureaucratic power even its most privileged citizens who dared resist this bureaucracy's temporal sovereignty. In so doing, it conveyed a message that no group is above bureaucratic temporality.

In the context of Israel's racialized governance over its own citizens and over Palestinians in the occupied territories, making this message serves as a means for maintaining a sense that all subjects of Israeli bureaucracy are equally subjected to bureaucratic time, even its most privileged ones. In many ways, this message is far from being accurate. As aforementioned, while the Sal Committee's bureaucracy did develop from its initial Cromerian bureaucracy form and created a clear timetable, in

which subjects know when to expect decisions, these other bureaucratic realms, particularly that of the occupation, still maintain their Cromerian model (cf. Berda 2017; Shenhav and Berda 2009). Adopting a type of “effective un-effectivity” (Berda 2017), these bureaucracies engage temporal ambiguousness and inconsistency as a means to maintain maximal control over Palestinians’ lives and mobility.

The message conveyed in the Supreme Court’s de-facto rejection of the SMA petition thus functioned to subdue its most racialized citizens, while obscuring the crucially important difference between the Sal Committee’s temporality and the temporality of other realms of Israeli bureaucracy handling its racialized subjects, namely the bureaucracy of the occupation. As these two epilogues show, then, the Supreme Courts’ decision not to decide in the SMA case certainly carried its own consequences for SMA patients and presumably for the subjects of Israeli bureaucracy at large. However, as disturbing as this case may be, one must also remember that overall, the parents’ campaign was a successful one, and SMA children do currently receive Spinraza, which leads me to one last anecdote.

Several months ago, I met again with Keren. It was almost a year after the whole SMA ordeal occurred. Shortly before our meeting, by mere coincidence, I heard from Tal, who told me excitedly about the astonishing improvement in her daughter’s condition. Only a year ago, Tal’s daughter, who was unable to hold a quarter-full plastic water cup. Now, Tal said exuberantly, she could hold by herself a completely full cup! Excited as I was about this news, I shared them with Keren. She smiled and said, “Yes, it’s too bad we never get to hear about the consequences of what we’re doing here.”

Chapter 4: Bureaucratizing Like a Girl

Figure 4.1: Sal Committee discussion.

The back rows of a Sal Committee discussion.
(Photo by Yuval Kariv)



At the Sal Committee, we are pretty generic. That is, it does not really matter to the committee if I am Miriam or Dana or Keren. It does not matter to them who we are. We are Osnat's team, this is how they address us. (Keren, 3rd interview)

Rather than simply beginning in immanence, feminine bodily existence remains in immanence or, better, is overlaid with immanence, even as it moves out toward the world (Iris Young, 2005, 36)

On my first interview with Keren, I discussed with her the stark gendered difference between the majority White-Ashkenazi male committee membership and their all-female staff. I asked her about it, and how she thinks these committee members perceive her and her colleagues. The above quote is part of her reply. "Generic," a common Hebrew slang for characterizing something as none-unique and interchangeable, was her response. Indeed, this was also my impression. Throughout my 59 interviews with former and acting committee members, only three of them remembered staff members' names. This is despite the fact that staff members sit in all

committee discussions and give a brief presentation about every treatment discussed.

How is it, then, that committee members still see them as "generic"?

In this chapter, I argue that this all-too-known patriarchic reality in which women carry out necessary preparatory labor that remains unacknowledged is largely a result of a notion of objectivity as an authorless view that intersected with staff members' predisposition towards immanence. This conjunction orientated staff members to achieve authorless objectivity by engaging practices aimed at maintaining their immanence and minimizing their presence in Sal Committee's discussions.

Drawing upon Iris Young's "Throwing Like a Girl" (2005), I thus argue that Sal Committee staff members "bureaucratize like girls." As the opening vignette alludes, bureaucratizing like a girl can bring about a reaffirmation of a patriarchal division of labor. Nonetheless, it also brought the staff to constitute a model of bureaucratic work that resembles the alternative, feminist model of bureaucracy offered by feminist scholar Kathy Ferguson (1984). Thus, in its whole, this chapter raises the following question: can there be a way to engage a feminist approach to bureaucracy from within the current hegemonic, patriarchal bureaucratic structure?

Authorless objectivity in a feminine bureaucracy

During my fourth interview with Miriam, I asked her how she came to the understanding that she needs to be objective in her work. In response, she said:

Nobody told me I should be objective. Our team created this convention, according to which we do not mention any opinion. This is something we are very careful about. When I present to the committee, right after my presentation there is a discussion, and I do not intervene in it. Throughout the entire process, we really try not to voice our opinion.

Even though the staff had no explicit instruction to be "objective," let alone no articulation of what "objectivity" means, Miriam and her colleagues strongly pursued this ideal and developed their own understanding of it. In our conversation, Miriam addressed one of these central meanings, "not mentioning any opinion," when telling me about the emergence of objectivity as a convention among the staff. Like Miriam, all other staff members talked about being objective as excluding their opinions and views from the data they compose. Or in Batya's words, "as a staff member I am withheld from expressing my opinions."

To the staff, a good portfolio was thus a portfolio bearing no marks of its author's unique viewpoint. Accordingly, the data is presented in such a way that a reader is able to assume that it could have been assembled by anyone with sufficient training. Indeed, their work was generally perceived as such. As one pharmaceutical company's lobbyist once told me, "Their work is so professional that regardless of the staff member, it is like a machine that always produces the same output." Relating this observation in an appreciative tone, this lobbyist captured in his words the same ideal articulated by Miriam and Batya, the ideal of the authorless data file.

This notion of objectivity as an authorless view relates, and presumably draws upon, western scientific hegemonic discourse on objectivity as a-perspectival view – the so-called “view from nowhere” as Nagel termed it (1986). An a-perspectival view is a view that eliminates “individual (or occasionally group) idiosyncrasies” (Daston 1992), meaning any hints of subjective perspective that implies the presence of personal judgment in the creation of data. A-perspectival objectivity has become the dominant interpretation of objectivity in contemporary science and presumably beyond (Jasanoff 2011). It is perhaps most notably manifested in scientific publications' writing style norm of avoidance of the first person singular.

This concept of objectivity resonates closely with the Weberian ideal-type of bureaucracy. To Weber, objectivity in bureaucracy means following pre-set procedures in a manner that nullifies any subjective discretion. According to this ideal, bureaucrats should work in a mechanical, non-subjective way, and therefore there should be no personal mark on their work (Weber 1978, 975). It is this ideal against which Arendt wrote in her coverage of the Eichmann trial, as I discuss in Chapter 3.

The ideal of authorless objectivity in bureaucracy is important to the sustainment of the bureaucratic system, as it diffuses contestations to it in a twofold manner. First, as historian Theodor Porter shows (1995), it presents the bureaucracy's functioning as a natural order of things rather than a contingent result of personal discretion. Second, and relatedly, when the identity of the specific bureaucrat who carries out actions remains unknown, it is more difficult to petition against these activities. This point, which Weber himself stated as a rationale for bureaucracy's impersonal objectivity (1978, 992), has been noted by anthropological studies of various bureaucracies around the world (Berda 2017; Feldman 2008; Gupta 2012; Herzfeld 1992; Hull 2012). As these anthropologists show, maintaining a bureaucracy as an ambiguous body with no specific persons to attach to its activities is a central mechanism for sustaining that regime's power.

While staff members never explicitly told me that striving for authorless objectivity was motivated by such considerations, they often expressed to me their desire to keep away from the public eye and from potential probing and contestations of their work. For instance, most of them have told me that they were reluctant about disclosing their workplace when asked what they do for a living. Their rationale for that was rather uniform, and can be summed in Keren's words, who told me that she

prefers "not to give away this detail and simply state that I work for the MoH," because "people often have some favors to ask or something to say about our work." Keren told me this in response to my question about the feedback she receives when starting to work for the committee. Following up on her response, I asked whether there were indeed such cases. She said that this had not yet happened to her personally, but she cautioned that "people file this information in their memory, so they would know they could approach me in a time of need."²⁸

However, authorless objectivity is about more than simply giving one's name as the author. Rather, it is mostly about eliminating any traces of authorship, of any personal voice, from the documents that are created. Since one is always already situated in a certain position, with a certain perspective, striving towards this ideal can be rather tricky. Staff members were very aware of this, as evident in the following reflections that Batya shared with me during that same interview in which she argued they "withheld" from expressing their opinion:

What is "objectivity?" There is no such thing as objectivity. It is getting as close as one can to things as they are, to the scientific evidence. But overall, I am a human being and as such I am influenced by everything: by my set of values, the people I know, the things I believe in. We are not the same people. I also have my views and motivations and they trickle into everything that I do.

Batya was not naïve about the notion of objectivity or that it was possible to simply withhold her opinions. Neither were any of the other staff members. They all at one

²⁸ At the same time, it should be mentioned that contrary to this tendency, Keren herself stressed the importance of giving her contact information to patient organizations involved with the treatments they wrote about would be able to approach them. "It is important to me that they would now there is some address, that they can talk with us, as long as they know I don't make the decisions" was how she phrased it to me.

point or another clearly stated that there is no way to completely separate their views and positions (see Conclusion) so as to address "things as they are" and present data that reflects the treatment's true nature (see Chapter 2). Nonetheless, they still saw this conception of objectivity as an ideal they should strive to achieve, or as Rachel put it, "We are human beings. There will always be our human mark on the data, but we really aspire for the portfolios to be clean of our views."

Caught in a position in which they seek to fulfil an ideal they know is beyond their reach, staff members chose a particular path of doing so; a path of inhibiting themselves from activities that would put them in the spotlight as the data's authors. In Miriam's words in this section's opening quote, "[w]hen I present to the committee, right after my presentation there is a discussion, and I do not intervene in it."

This specific path that staff members chose for cultivating authorless objectivity may have to do with a gendered predisposition toward self-inhibition that is prominent within this staff. This tendency, which is often linked in philosophical and empirical literature to a feminine gender role, was particularly prominent in this all-female staff. In fact, this tendency was central in the constitution of this staff as an all-female team.

For as long as the committee had existed, its bureaucratic staff was an all-female staff. This is not an intended agenda, but the result of its employment conditions and of Israel's patriarchal gendered hegemony (Ortner 1996) at large. As mid-level bureaucrats, staff members earn a government-regulated salary that is approximately 40% of the salary they could have achieved in the private market. However, in this government job, they enjoy shorter work hours (except during committee discussions) and job security that make it particularly appealing for young

parents, which most staff members are. Finally, as most staff members related to me, what drew them to this job and made them stay there was a sense of interest and self-fulfillment in being able to partake in one of the most important healthcare initiatives in Israel.

While all this in itself could be equally appealing for fathers, in a reality in which the wage gap between men and women is 32% (Dagan-Buzaglo & Hasson 2020), if a heteronormative family seeks to maximize its earning potential it would not make sense to have the father work as a mid-level government bureaucrat. Indeed, there was a man who was supposed to take up a staff position, but upon realizing his expected paycheck, he left. In fact, even the several HoH junior employees who were part of Sal Committee's founding team shortly worked their way up the administrative ranks and then secured executive positions at pharmaceutical companies. None of the women working in similar MoH positions, let alone staff members, had a similar fate. They all stayed in their mid-level positions, despite having propositions from the private market.²⁹

This difference between the staff and their male parallels can be considered through de Beauvoir's notion of immanence. De Beauvoir characterized immanence as a mode of "stagnation" that runs contrary to the human "undefined need" for self-expression, which she defines as transcendence (2010, 28). Drawing upon the Hegelian master-slave dialectic, she argues that this mode is particularly characteristic

²⁹ Even though at the Sal Committee the reality was such that all the men involved with the committee had advanced to higher positions while none of the women similarly advanced, we must be careful from committing what Ortner calls the "big man bias," in which we assume that all men have similar chances of advancing, disregarding other structural impediments (Ortner 1996). That is, I am not suggesting here that any men involved with Sal Committee will necessarily have better job mobility possibilities than the women at the staff.

of women, who are subjected to the master's consciousness that takes women as objects and seeks to maintain them in this position by not allowing them to fulfill themselves as subjects who "engage in freely chosen projects" (2010, 28). Thus, women are taught to constrain themselves by limiting their engagements with goal-oriented activities that create something in the world that was not there already (2010, 141). This is an enduring, often implicit process that occurs through diverse realms of life through which women learn that it might be best for them to inhibit their actions (de-Beauvoir 2010), their intentions (Young 1980), and their wills (Ahmed 2017).

Accordingly, above and beyond the material conditions contributing to the all-female composition of Sal Committee's staff lied a gendered hegemonic discourse encouraging women to engage an orientation towards immanence. Predicated on the premises of this discourse were "a whole range of on-the-ground practices" (Ortner 1996, 172) aimed at maintaining their mode of immanence, including inhibiting themselves from demanding better employment conditions and having no professional advancement aspirations.

Staff members were painfully aware of their relatively low salary and resented this reality. However, none of them ever officially demanded an improvement to their conditions. For the most part, they argued that there is no point for doing this since the conditions were un-changeable, and therefore why should they go through all the trouble of "going out of character" in making this demand, as Rachel put this in one of our conversations.

In a different conversation with Rachel, I asked her about that peculiar situation in which all the men who worked with them advanced to higher ranking positions while they all stayed in the same place. This was our dialogue:

Yael: An interesting phenomenon I have noticed is that all the men from the MOH who were involved with the committee's work have advanced to major positions at pharmaceutical companies. This is an option that also exists for you at the staff but somehow it never happened with any of you.

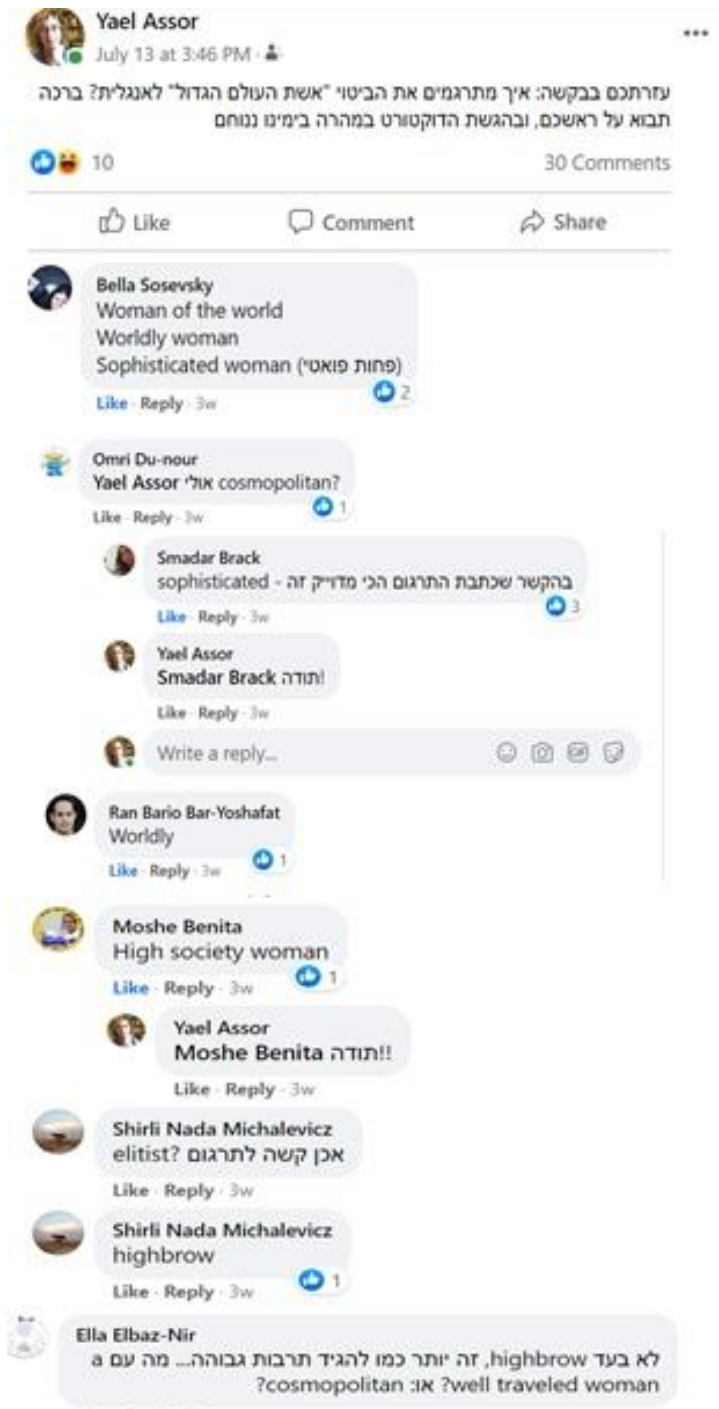
Rachel: We are simply not this kind of people. We are not "women of the grand world" and they are. Our profile at the staff is different, we are not that career oriented. We only focus on our work, we are not interested in climbing up the position ladder.

To Rachel, the men who once worked at MoH and left for higher positions were of a different "kind" from them at the staff. The idiom she used in Hebrew, literally translated as "women of the grand world" (*Neshot hha'olam hagadol*), was particularly telling. This old Hebrew idiom refers to well-traveled, cosmopolitan men, who traveled by benefit of their financial or political status or their sought-after talents (see Figure 4.2 for an account of possible English translations of this idiom suggested over a long Facebook thread). To Rachel, these characteristics were a mirror-image of the staff. Rather than being women of the grand world who are well-networked and politically savvy, they were women of immanence, who were content with staying put in the same position of conducting their bureaucratic work. Indeed, de Beauvoir explicitly mentions bureaucratic practice as one central form of immanent action, (de Beauvoir 2010, 257).

However, as I show next, this orientation to immanence was not just reserved for such matters of employment conditions or professional advancement. It also shaped how staff members tried to assume the ideal of authorless objectivity.

Figure 4.2: Screen shot from my Facebook post.

In the post, I request assistance in translating the idiom "women of the grand world" and the various translation suggestions (overall nine different suggestions).



Making authorless objectivity

Vered, one of the staff members, engaged in many after-work intellectual and academic activities. During the time of my fieldwork, she pursued an intensive study

of Jewish bioethics. As part of these studies, she created a short children's book explaining to children about Jewish ethics. We had often talked about her studies and about this book project, in which she put much effort and thought. After some months, Vered proudly shared with me that the book was finally finished. She arranged for its printing and even created a nice cover for it. She then quickly went to her office, and returned with a copy of the book she handed to me as a present.

Excitedly, I took the book, skimmed through it, and asked her for the meaning of its title. Then, I noticed that in fact, other than the title name, there was no other writing on the cover page. No author name appeared there. I asked Vered how come there is no author name listed. She looked at me and said that up until this moment when I asked her about it, she did not notice it. "I am too used to not even thinking about taking credit, that it never even crossed my mind," she told me.

Writing this book and publishing it is exactly the kind of activities de Beauvoir considers as "transcendence." De Beauvoir defines the mode of transcendence as intentionally reaching out towards an end that is beyond oneself (2010), i.e. the intentional constitution of something in the world (see also Veltman 2006). However, it is an inhibited action, since Vered herself ensures that this activity will not be attributed to her. In this sense, Vered's book is similar to Young's example of the common depiction of women's manner of throwing a ball: a movement that is inherently curtailed as they do not utilize all the space and energy available at the dispensation in order to exert their best possible throw. Similarly, Vered's book was an activity of transcendence that does not reach its full potential.

While Vered's book had nothing to do with her work at the committee, as she said, omitting the author's name in its cover was a result of her long-time habit of not

taking credit on the portfolios. In his discussion on Bourdieu's concept of habitus Gassan Hage described the manner in which a social disposition developed as part of a certain habitus can transpose to different life contexts (2014, 146, see also Bourdieu 1977, 72). Presumably this is what happened with Vered, when she omitted her name as the book's author. Indeed, as Vered mentioned briefly, the staff was very used to minimizing or omitting their presence as those who composed treatment portfolios. This happened for the staff through a combination of a disciplinary apparatus aimed at manufacturing standardized data that bears no authors' marks, and of personal practices aimed at avoiding spotlight to them as authors of these documents.

In this chapter, I focus on the latter aspect of personal practices, which tell the story of how objectivity as bureaucratic virtue conjoins with a feminine predisposition for immanence to create the certain comportment of the female bureaucrat. However, before I turn to do this, I briefly sketch the disciplinary apparatus through which Sal Committee sustains authorless objectivity. This apparatus, mainly the product of emerging conventions among staff members, includes three features. First, a rotation of assigned fields between staff members every several years. Notwithstanding its explicit function as articulated by the staff as a means for diversifying their work, the rotation also ensures that they will not develop a unique style of preparing its files.

The second feature of this apparatus is the portfolio template that staff members fill for each treatment. The document indicates for staff members the information they should include about each treatment, and what should be left out. Some of the sections in the template are made as tables with empty cells for the members to input specific data. Other sections include “fill in the blanks” sentences, where the staff needs to input particular numeric values. Yet other parts offer space for textual summaries. Using the template ensures that all portfolios have a unified

structure and style, with very little room for staff members to coin their own mark on these documents.

One of the few places where staff members can still make their mark is with the language they use in the open text sections. To address this issue, the third disciplinary apparatus feature is the use of standardized language. Staff members' portfolio vocabulary includes standard phrases and forms of expression through which they describe each treatment. This vocabulary mainly consists of statistical terms such as "significance" (*Muvhakut*) and "statistical power" (*Otzman statistit*), which, in line with hegemonic scientific discourse, the staff considers as "value free" (Porter 1995).

While all these disciplinary means do ensure that the portfolios create a semblance of authorless objectivity to some degree, reaching this goal also depends on the activities of staff members themselves. On top of researching and writing the portfolios, they also participate in committee discussions, and give brief oral presentations of the portfolios. Maintaining authorless objectivity in this situation depends on how staff members behave during these discussions.

The challenge of maintaining authorless objectivity in the discussions begins with the fact that staff members briefly present the portfolios to the committee, an act that inherently draws attention to their presence as authors. For Keren, Rachel, and Miriam this was not a welcomed kind of attention. They were all reluctant about public speaking and drawing attention to themselves in general. Speaking in front of the committee was to them even more scary than other crowds, as they may be required to answer questions on top of giving their scripted presentation. During Sal Committee's first years, the staff did not present at committee discussions. Keren recounted this history to me during our first interview, when I asked her how she feels about presenting the portfolios to the committee:

I do not like it, but it does give us our spot as those who made the data. I mean, I became accustomed to it, but at first we had objected to it. Historically, the head of our staff made all the presentations to the committee. We would sit in the back and say "Oh they are talking about my treatment now." But then she got pregnant and we had to make the presentations ourselves and it has been like that ever since.

As Keren said, up until nine years ago, staff members did not present their portfolios themselves. The change came out of necessity, when their team head was pregnant and it was unsure that she would be able to attend all committee discussions. Staff members were then pushed into presenting, against their inclination, and the situation had remained such ever since, even though Keren makes clear that she still does not like giving these presentations.

However, Keren here does not only express her reluctance from presenting; she also acknowledges that these presentations highlight her place as the portfolios' author. In this remark, Keren speaks to an important ambivalence I had heard among all staff members about the minimization of their place as authors. On the one hand, they firmly believed in the ideal of authorless objectivity and pursued it within the portfolios. On the other hand, that did not mean they were fine with a complete erasure of their existence as creators of the data. If authorless objectivity is indeed achieved, this could lead to an alienation between the author and its work, in the Marxist sense of the concept. Keren relates to this mode of alienation in her description of how they initially used to sit in the back and watch the committee discuss their portfolios (see Figure 4.1).

Still, even with experiencing this ambivalence, Keren noted to me several times that her own preference is to speak as little as possible in committee

discussions. A bit earlier in that same interview, we talked about this issue, right after she told me that she thinks the committee sees the staff as "generic," as brought in the opening quote. Immediately after saying that they were generic to the committee, Keren said the following:

We are there in the discussion and we can be part of it, although most of us choose not to intervene. But if there are inaccuracies in the data, I try to offer a correction. If it is about a treatment that in any case will not be selected, then I just let them keep talking and I'm there at the backdrop. If it is something more substantial I do say my opinion. Often I whisper it to Osnat [the committee coordinator, YA] and she says it to the entire committee. It is not always public. So to the committee it really does not matter who I am. To them we are Osnat's team.

In the discussion that follows each staff member's presentation, committee members usually discuss the data just presented to them. As Keren noted, staff members are present during this discussion, and therefore they can partake in it if a committee member misunderstands some of the data. However, Keren does not tend to do this. She prefers to remain in the background as much as she can, to the point that she prefers to let the committee discuss incorrect data if she thinks it is not crucial enough to alter the discussion. Even when she does find it crucial, however, Keren prefers not to speak up in front of the committee and let her words be mediated through the committee coordinator.

Keren's description fits rather perfectly with Iris Young's depiction of inhibited movement (2005). In Keren's case, the movement that is inhibited is her activity as the document's author. As the author, she wants to correct committee members who cite the document inaccurately. For this, she needs to speak up. But

instead of doing so, she curtails her action and whispers to the committee coordinator what she wanted to say, or in some cases gives up completely on speaking.

Taking de Beauvoir's assertion that women remain in a mode of immanence as her starting point, Young critiques de Beauvoir for giving an impression that women's immanence is a result of their anatomy and physiology (Young 2005, 29). Instead, she draws on Merleau-Ponty to argue that women's mode of immanence is a result of their socialization and social situatedness. Taking Merleau-Ponty's notion that one's approach to the world relates to its bodily ability to project an aim and accomplish it (Merleau-Ponty 2012[1945], 110-112), she argues that women's mode of immanence is centrally a result of internalizing a social gaze that views women who fully assume their bodily capacities as not feminine (Young 2005, 44). Concerned with how others view their bodies *in* action than *with* the action, women thus learn to inhibit their actions and reach their full potential. Immanence, then, occurs because of a patriarchal gender hegemony that espouses feminine inhibition. This is what Young gets at when arguing that the feminine body "is overlaid with immanence even when it moves out toward the world," as brought in the opening quote (Young 2005, 36).

In Keren's case, her inhibited action served to promote the ideal of authorless objectivity. Even throughout the discussions, when the portfolios' author's input was required, she remained in the backdrop, allowing the data to appear as authorless. Similar to Keren were Rachel, Dana, and Vered, who all shared with me their reluctance to intervene in committee discussions. Like Keren, they sought to minimize their active participation, even when they witnessed some misunderstandings.

Dana shared with me another moment of this sort. We were talking about a portfolio she was writing on a medication in which there was scarce research. Dana said that "even the studies that were published, none of them was relevant. It has the wrong research population, the wrong research outline." Nevertheless, because this was the only information about the medication, Dana included the data in the portfolio. Relating to this decision, she then said that she trusted the committee chair's "bullshit detector," in her words. She then added that in a preparatory meeting with the medical providers, who also have representatives at the committee, she did voice her reservations from this research, and she hopes that in this way the information will pass to those committee representatives.

Dana knew that the committee will be presented with problematic data, but nevertheless preferred not to speak up during their discussion and say this. Rather, she "trusted" and "hoped" that some committee members would notice and address it. That is, she preferred to take the risk that the committee will make decisions according to problematic data over getting out of her backseat position and speaking up in front of them.

Since Dana did not share with me any identifying details about this case, I was unable to trace what ended up happening with it in committee discussions, whether indeed a committee member did speak up and question the data. However, in another case that Dana shared with me a while later, in which she similarly hoped that committee members will speak up and question the data, I was able to trace the specific discussion in the committee's protocol. In that case, Dana did not speak up and neither did any committee member, and the treatment was selected for subsidy at a presumed cost of 70 million Israeli Shekels (about twenty million Dollars). As this

case exemplifies, staff member's manner of inhibiting their participation in committee discussions can carry a very real cost.

A feminist ideal(?)

The dynamic recounted so far presents what happens when striving towards authorless objectivity conjoins with a predisposition towards immanence that orients women's activities towards inhibited action. As I show next, one direct result of this dynamic has been the reaffirmation of the classic model of bureaucracy; a patriarchal, hierarchical model in which women conduct unacknowledged preparatory work upon which higher ranking men build themselves. However, at the same time, something else also happened here. Within the staff itself, this dynamic brought about a different manner of work; one that could be described as an alternative feminist model of bureaucracy.

During my fieldwork, I interviewed former and acting committee members. In those interviews, I asked them about their interface with the committee's staff. After a while of asking committee members about "the staff" (Hebrew: *hatzevet*), I realized that almost all my interviewees used a different term when addressing them. Almost all of them referred to the staff as "Osnat's girls" (Hebrew: *habanot shel Osnat*), mentioning the committee coordinator's name. Except for three committee members, all women, none of the committee members referred to the staff by name when talking about them. Some confessed to me, apologetically, that in fact most staff members look quite the same to them.

What Keren told me, that the committee sees them as "pretty generic," was thus very accurate, with one nuance: they were not "Osnat's team," as Keren said to me, but rather "Osnat's *girls*." Addressing the staff as girls rather than as "team" is in line with a well-documented patriarchal tendency to minimize the professional stance

of women by reducing their being into their gendered body and infantilizing them (Code 1991). However, this does not mean that committee members used this term with an explicit intent of minimizing the staff. Referring to women as "girls" is a common inclination in Jewish-Israeli organizational culture, which is overall a patriarchal one (Karazi-Presler 2020), and thus it is likely that committee members used this term offhandedly, without consideration of its meaning and effects.

Nonetheless, in doing so, they reaffirmed the patriarchal structure of Sal Committee's bureaucracy as a hierarchical construct in which the lower tier does necessary yet unrecognized groundwork for those in the higher tiers. In the early modern bureaucracies, but to some extent even to this day, those lower tiers were mostly women, who worked as secretaries, phone operators, and mailroom clerks. Female bureaucrats can also be understood as holding a position similar to women who do housework: they were conducting work that is considered as necessary for allowing men to do their jobs, but also as not requiring any particular acknowledgment (Folbre 1991; Weeks 2011). By calling staff members "girls" and not being able to account for their specific contribution, this same pattern was repeated and reproduced.

Even though Keren did not discuss the practice of being referred to as "girls," the staff was overall very aware of it. In fact, this was a constant source of frustration to them. Many of the staff members considered themselves as feminists and were very attentive to gendered dynamics at the committee, including the gender imbalance among committee members and how it reflected in their decisions. Thus, it was not surprising to me to often hear them complain about committee members' "girls" reference, which they found minimizing and dismissive of their experience and knowledge.

From my own feminist standpoint, I was also quite upset when hearing somebody calling them "girls." Therefore, when I was asked to write a commentary about the Sal Committee to an Israeli medical journal, I decided to address this issue. Written in the form of a direct appeal to committee members, I wrote an essay that offered recommendations for how they can strive for more equitable committee decisions. In the essay's concluding section, I made the following appeal (Assor 2019):

Sal Committee's work relies not just on committee members' hard work, but also on the preparatory work conducted by the committee's staff. Committee members ought to treat them with honor and respect. When appealing to the staff or talking about them, it is particularly advisable to avoid terms such as "girls" that minimize these professionals, who hold academic degrees and have invaluable experience at the committee, into their gendered identity.

When the commentary was published, I sent it to my interlocutors at the committee staff. Two of them wrote back to me that they were particularly moved by that last section. They thanked me for making this appeal and expressed their hope that it would indeed help in eliminating the habit of referring to them in this way.

Despite their overall feminist attentiveness, however, staff members themselves never explicitly talked about the connection between their preference to minimize their presence as portfolio authors and being called "girls." Still, drawing upon my conversation with Keren, in which she made connections between the way the committee sees them as "generic" and their manner of staying in the background, suggests that to some extent they did understand that those immanence-oriented practices affirmed the practice of calling them "girls." In this sense, staff members

were faced with a difficult position: in order to strive for objectivity as bureaucratic virtue, they had to compromise their feminist worldview.

However, looked at from a different perspective, we may argue that staff members' immanence-oriented practices nevertheless promoted a feminist agenda. Within the staff itself, the effects of cultivating this authorless objectivity created a work model that resembles what radical feminist scholar Kathy Ferguson postulated as the feminist alternative to contemporary bureaucratic organizations (1984).

In the 1980s, there has been a turn in organization studies towards noticing the gendered aspects of organizational structure and everyday life. This turn included diverse approaches to critiquing bureaucratic institutions from a feminist perspective (Witz and Savage 1992). In the more radical end of these approaches was Kathy Ferguson's "The Feminist Case Against Bureaucracy" (1984), a book that read more like a manifesto than an empirically substantiated and robust argument (see Billing 1994 for feminist critique of the book). In this book, Ferguson argues that bureaucratic discourse and structure are masculinist and antithetical to feminist modes of organization. She advocates for the constitution of an alternative, feminist model of bureaucratic organization, which she envisions as a model grounded on relations of friendship, reciprocity, and on the lack of hierarchy.

Ferguson's ideal feminist alternative for how bureaucracies should work resembles to a great extent Sal Committee staff's work dynamic. Among the staff, there was no explicit hierarchy. Although some staff members were formally ranked as "managers," a result of their accumulated educational and work experience, there was no hierarchical difference in practice between all staff members. In fact, the only reason that I know of this difference in official ranking is because I once saw some of

them attend an obligatory MoH workshop for employees in the "manager" degree rank. Later on that day, Dana laughingly shared with me that to her attending that workshop was mainly meaningful because they had good catering, not because this is in any way relevant to her work. She said that at the staff, there are no managers, and since she has no aspirations to advance to an actual managerial position this workshop was unmeaningful to her.

Receiving no credit for the portfolios further advanced this a-hierarchical mode of work. Since no specific staff member was singled out as author of the portfolios, there was no pressure to make one's work more conspicuous than others', as often is the tendency when people receive individual credit for their work. As one former MOH employee who worked with the committee once noted to me, "they work without ego. This is why they produce such good portfolios, because they are not afraid to consult with each other to make the best possible product."

Instead of a hierarchical model, there was indeed reciprocity among the staff. This was expressed most centrally in their manner of consulting with one another on any questions or hesitations they had when writing portfolios. This habit of consulting one another was afforded by the same disciplinary apparatus that espoused authorless objectivity. Working on the same portfolio template meant they had a shared work routine and source of reference. Their periodical rotation of assigned fields meant that in most cases, there was at least one other staff member, if not more, with some knowledge in the specific field about which a staff member wrote.

Over and above these work consultations, staff members were in close friendly relations with one another, which often extended beyond their work lives. They would often take work breaks together, connect with their colleagues after work hours

through text messaging, and attend each other's events. One of the features that contributed to staff members' friendship was the sense of solidarity that emanated from their shared experience as women in a patriarchal system. The committee's gender imbalance was a topic they often discussed among themselves. For instance, they had a habit of texting each other during committee discussions with cheers for female committee members who spoke up against misogynistic or patriarchal comments.

In a way, then, along with contributing to the reaffirmation of patriarchal hegemony, authorless objectivity contributed to the constitution of a certain feminist alternative to it. Importantly, this alternative differs from Ferguson's own model of the feminist alternative bureaucracy in that her model speaks about substituting the entire bureaucratic system as a whole (1984). However, as some of the feminist discussions following Ferguson argue (Billing 1994; Witz and Savage 1992), her model for an overall change is not a feasible reality but more of a utopian vision that provides orientation for feminist efforts in reshaping bureaucracy. If that is indeed the case, then the dynamic at Sal Committee's staff can be seen as indeed such a step in the feminist direction. Understood this way, the staff's work climate offers a view of what it might mean to promote an alternative feminist model of bureaucracy within a system that is still overall patriarchal.

An interim summary

In this chapter, I examined staff members' views that cultivating objectivity as bureaucratic virtue means striving for a disposition of authorless objectivity. For the staff members, cultivating authorless objectivity centrally occurred through an orientation to immanence that withheld them from drawing attention to themselves as the portfolios' authors. This manner of pursuing authorless objectivity is predisposed

on a patriarchal hegemonic discourse that orients women to inhibit their movements and remain in immanence (de Beauvoir 2010; Young 2005). Similar to Young's description of how women tend to internalize this discourse and curtail their movement, staff members tended to curtail their activities that would promote their presence as the portfolios' authors. Using Young's words, we can then say that even as staff members were "moving toward the world" by producing new knowledge, their activity was "overlaid with immanence" (Young 2005, 36).

As I have shown in this chapter, engaging in these practices have brought about a situation in which committee members do not recognize staff members and thus acknowledge their unique contribution to the portfolios. While this condition thus (re)produces Sal Committee as a classic patriarchal bureaucracy, it also constitutes the staff's workspace as a feminist alternative to this model.

This case thus offers a complex response to the question: Can there be a way to engage a feminist approach to bureaucracy from within its current structure? It suggests that engaging an alternative, feminist bureaucratic model within an overall patriarchal bureaucracy is to some extent possible, but it comes with a price. Here, the price is the reaffirmation of patriarchal bureaucracy rather than its dismantling. Still this does not mean that patriarchy won, but that promoting a feminist transformation of bureaucratic structure is a long process, and presumably a decentralized one.

What I am offering here is that we understand dynamics such as the one depicted at the Sal Committee staff as a pocket of a feminist change, a demonstration of what an otherwise can look like. In so doing, they provide a vision of a different world that can mobilize others for action (Raschig 2017; Zigon 2019). Indeed, as James Scott has shown, pockets of resistance to existing order may seem insignificant,

and at times even counterproductive, as their feebleness may seem to reaffirm the hegemonic power. However, at some point, these acts and the otherwise they offer can accumulate, gain popular support, and resistance takes on a fuller form (Scott 1985).

Still, having said all that does not exempt us from noticing other aspects in which staff members' manner of striving to authorless objectivity through an orientation to immanence reaffirms the current power structure. Most centrally, the staff's manner of minimizing their presence in committee discussions, which are covered by journalists, created a reality in which their role in this decision-making process remained unknown to the Israeli public. As some journalists confessed to me, since they did not notice staff members in action during committee discussions, it had never occurred to them to report about staff members' role. Thus, in the two decades of the committee's work, and despite numerous media reports about its activity and its members, there was only one profile article about the staff (Amsterdamski 2012). In fact, even this article focused on the committee coordinator and only briefly described the staff's work. In the context of Sal Committee's policy work, the structural meaning of this lack of journalistic exposure means that the staff remained publicly unaccountable for its activities, just like the Weberian ideal model depicts.

Considering this implication, it may be implied that staff members should let go of the constraints that inhibit their movement and claim their authorship. Indeed, if staff members will do this, most likely that they will not be considered as "generic," and they will be held publicly accountable to their actions. However, we should ask ourselves whether in such case the staff bureaucracy will continue to be the feminist alternative that it is today? While it is impossible to provide a definite answer to this

question, dwelling on it does elicit the potentialities that could be in bureaucratizing like a girl.

Chapter 5: The Un-Emotional Bureaucrat

Figure 5.1: Eli Kobelon barging to committee discussion II

Screen shot of report on Eli Kobelon Barging to Sal Committee meeting at Israel Today news website.
(Photo by Yuval Kariv)



In the Introduction, I offered a segment from an interview I made with Miriam, in which she recounts her experience of the incident in which patient Eli Kobelon barged into a Sal Committee discussion to plead that they include his medication in the subsidy list (see Figure 5.1). Here, again, is what she said:

It was a difficult sight. I had to work on myself so that it would not affect me, it would be unfair to other patients if it did. Indeed, all the committee tried to redirect itself to an objective, un-emotional position.

In the Introduction, I focused on this quote with regard to Miriam's view that staff members must maintain an objective disposition in order to conduct a fair decision-making process. here, I want to address another aspect that comes up in her quote, her understanding of working objectively as maintaining an un-emotional position.

As portrayed in Miriam's quote, Sal Committee staff members interpreted objectivity as realized through acting in what they called an “un-emotional” manner

(Hebrew: *Lo-Rigshi*), echoing common conceptions among Euro-American societies about emotionality as an expression of subjectivity (cf. Lutz 1988). As I show in this chapter, in order to reach this un-emotional stance staff members cultivate what I call a moral sensibility for un-emotionality. Cultivating this sensibility is not merely a manner of how staff members perceive their world. Rather, it has concrete effects on Sal Committee's decisions and patients' place in medical decision-making.

“Objectivity” as un-emotionality

Thirty minutes into our first interview, Keren and I were talking about an incident in which an expert physician she was consulting with expected her to deliver to the committee a protest letter about one of their decisions. Keren decided not to deliver the letter herself but rather forwarded it to her boss, who circulated it to the entire Sal Committee, as is commonly done in such cases. I commented that it seemed like the physician expected Keren to function as his proxy at the committee. To this, Keren responded as follows:

I think he did. It would have been better if he spoke to the committee himself but this creates a bias among committee members. This is why we forward the letters. We at the staff try to be as objective as possible. I do not think it is our place to get into all these emotions.

Note the distinction Keren makes between objectivity and emotionality. To Keren, being “as objective as possible” means not getting into “all these emotions.” Considering emotionality as antithetical to objectivity resonates with conceptions of “objectivity” emerging from an assemblage of globally hegemonic scientific, bureaucratic and medical discourses. These discourses, which delineate the meaning of “professionalism” in these fields, govern the social terrain of the staff's workplace

and Israeli medical bureaucracies in general (e.g. Assor and Goodman 2020; Hashiloni-Dolev 2007).

As mentioned in the previous chapter, hegemonic scientific discourse predominantly takes the professional, “objective” scientist as engaging an “a-perspectival view,” a view that eliminates “individual (or occasionally group) idiosyncrasies” (Daston 1992). This view includes the general notion of objectivity as an authorless view, i.e. that working objectively means withholding any expression of one's personal viewpoint or opinion. As shown in the previous chapter, staff members firmly upheld this notion, which orientated them to minimize their presence in Sal Committee's discussions. However, along with this dynamic was this other manner, of being un-emotional, in which staff members understood objectivity as an a-perspectival view.

Staff members' particular attention to emotionality as an aspect of expressing one's subjectivity is perhaps not too surprising. As noted by Catherine Lutz (1988), in Euro-American societies, emotionality is commonly considered as the ultimate expression of one's subjectivity. As such, it is thus in a particularly pronounced contradiction with the notion of a-perspectival objectivity. In bureaucratic discourse, this contradiction gains further strength from Weber's characterization of ideal type bureaucracy as “eliminating from official business love, hatred, and all purely personal, irrational, and emotional elements which escape calculation” (Weber 1978, 975). In the hegemonic medical discourse, an understanding of emotionality as opposed to objectivity emerges from the dominant imaginary of “affective neutrality” (Parsons 1951) or “detached concern” (Fox and Lief 1963) as central traits of medical competence. In light of this model, students in the medical professions are socialized into a commonsense view of medical competence as including a continuous effort to

distance themselves from potential or existing strong emotional investments (e.g. McDonald 2015).

Similar to the emphasis on distancing oneself from emotional investment in the medical competence discourse, for staff members, “objectivity” as un-emotionality prescribes a continuous effort “not to get into all these emotions,” in Keren’s words.” In anthropological terms, we may say that it was an effort to not be a vulnerable observer, of the sort Ruth Behar called anthropologists to be (1996), and of the sort I indeed was. Miriam referred to this effort more explicitly during our third interview, in which I asked her about dilemmas she had over writing information in the portfolio. In response, she said, "Ultimately, I know that how I write portfolios is influenced by my approach, and I think that the correct way for me to write portfolios is to be as objective as possible." I then asked her to explain what this means, and she responded,

[It means] to try not to press on a certain point or emphasize it too much just because you might have a friend that has this predicament, or because you received a letter from a patient...During my academic training, I became used to taking a step back from patients’ experience. I try not to experience it all. That training still helps me today.

To Miriam, being objective means that the way she writes portfolios should not be affected by any emotional investment, whether it is a friend suffering from a predicament she is writing about or a touching letter. She describes this mode as an effortful process of trying “not to experience it all,” that requires some training in learning how to take “a step back from patients’ experience.” Miriam’s description of the effortful training required to assume this position illuminates how for her un-emotionality, as a mode in which one aspires towards detachment, is an ongoing

dynamic rather than a stable position (cf. DeLVecchio Good 1995; Cook 2015). That is, since one is always already emotionally invested in various things in her world, cultivating an un-emotional attitude is an ongoing labor of adjusting one's responses to ongoing events and situations. The question is, then, how do staff members cultivate this attitude in their everyday work?

How to reach an un-emotional disposition

When clarifying the meaning of “objectivity” to me, Miriam does not only tie objectivity to an aversion from emotional investments but also glosses this notion as “taking a step back from patients’ experience” – avoiding exposure to patients’ subjective illness experience. All staff members often voiced similar understandings, whether to me, among themselves, or in public forums (e.g. lectures, media interviews). To them, reaching an “objective” un-emotional disposition means distancing themselves from personal acquaintances with individual patients who will be assisted by the medical treatment they are writing about. Keren explained to me this practice and its rationale in one of our interviews, in response to a comment I made concerning her remark in one of our previous interviews about “not getting into all these emotions”:

When I prepare the data, I must disconnect from the identifiable patient. I cannot get emotional and imagine how the patient and his parents will react if the treatment is not subsidized. It is better for me not to know him so that I do not over-emphasize something for or against this treatment.

To Keren, knowing individual patients and imagining their reactions means potentially developing an empathetic attunement to them (Throop 2008), which means getting “emotional.” Indeed, this is what happened to me when I came to know that little girl who died from SMA-related suffocation, which then led me to feel that I

want to finish fieldwork when she died (see Introduction, Chapter 3). To Keren, the problem with this mode also pertained to her ability to do her work, albeit in a different manner. Keren feared that getting emotional may bring her to over-emphasize something about the treatment in order for it to have a better or lesser chance in committee discussions.

The same notion resonates throughout conversations with all my Sal Committee staff interlocutors. To them, being exposed to patients' illness experience can bring about an emotional response that may affect their ability to prepare the portfolios "objectively," and thus impair the committee's fair process. While they never attributed this position to any specific source of inspiration, staff members' view was in complete agreement with a leading principle in the hegemonic bioethical discourse, which significantly informed the social terrain of their workplace, termed "Rule of Rescue." According to the "Rule of Rescue," there is a "powerful human proclivity to rescue a single identified endangered life, regardless of cost, at the expense of any nameless faces who will therefore be denied health care" (Osborne and Evans 1994, 779).

Just as the "Rule of Rescue" discusses "identified" life, Keren refers to individual patients as "identifiable patients" (Hebrew: *Hole Mezuhe*). Staff members often used this known bioethical term to refer to individual patients and contrast it with what they called, following hegemonic bioethical discourse, "statistical patients" (Hebrew: *Hole Statisti*) – numbers, charts, and technical descriptions indicating patients' symptoms, reactions to treatments, and epidemiology. While seeking to avoid identifiable patients, staff members took the statistical patient as their object of care.

Maintaining an un-emotional mode by avoiding encounters with identifiable patients is not an easy task. On top of the always already existing emotional investment of individuals in their world, given Israel's small population, one's chances of having an everyday, personal acquaintance with patients is relatively high. Nevertheless, the staff still sought to fulfill this task by adhering to the convention of reporting personal relations with patients needing a treatment they were supposed to write about, and consequently being removed from writing these portfolios. However, even when taking these precautions, there was still the possibility of encountering identifiable patients. As time went by, I realized that an important element in avoiding identifiable patients pertained to how staff members oriented to their everyday work and how they experienced it even before making conscious efforts like reporting acquaintances with patients. I noticed that most of the time, the possibility of having such interactions escaped their attention.

For instance, consider my interaction with Sigal, one of the most experienced staff members. The Sal Committee's annual cycle was about to end, and we were discussing my research. I remarked that the staff's attempt to maintain a mode of un-emotionality brings about their avoidance of patients' illness experience, which may then result in under-privileging treatments for diseases that are centrally characterized by non-quantifiable or communicable experiences of suffering (see below). Sigal listened attentively. When I was done, she commented hastily that she does not know what "patient experience" means. I was rather surprised by this, considering Sigal's lifeworld, which, I assumed, would have exposed her to the concept of "patients' illness experience" (e.g., Kleinman 1988). After I quickly explained this concept, she paused and said that this is the first time she ever thought about incorporating

patients' perspectives in this way (in more than 10 years of work) and thanked me for this insight.

The staff's avoidance of patients' illness experience was not overlooked by some patients' organizations. As one organization representative once told me, "the problem is that they do not understand what it means to experience Multiple Sclerosis, to experience cancer. This is a bunch of healthy, young people who serve the system, not the patients." To this representative, staff members' avoidance of patients' experience meant that they were more committed to the needs of the governmental system than to the patients who were the subjects of this committee's deliberations. It meant that the Sal Committee was not conducting a process that would be fair towards patients, and therefore not publicly legitimate (see Assor, Unpublished data). As another patient organization representative told me, "if they do not hear the patients they are supposed to help, something in this entire process is flawed."

Sara Ahmed reminds us that becoming a member of a certain community may mean following a particular orientation; what amounts in many cases to a "political requirement that we turn some ways and not others" (Ahmed 2006, 15). Working as Sal Committee staff meant embracing an orientation to objectivity as un-emotionality that, on top of intentionally-cultivated practices like reporting their acquaintance with identifiable patients, included a preliminary, pre-cognitive requirement to turn attention towards statistical patients, and away from identifiable ones. In order to maintain this orientation, the staff cultivated what I call a *moral sensibility for un-emotionality*.

Sensibilities are the culturally organized perceptual, embodied attunements to particular aspects of reality, that shapes the way our attention is deployed. For instance, if a woman lives in a big city, her sensibilities may guide her to be attuned to

a helicopter sound, bringing to her attention the possibility of irregular police activity (cf. Hirschkind 2006). Several anthropological studies illuminate the significance of ethical orientations in shaping human sensibilities (e.g. Csordas 1993; Hirschkind 2006; Throop 2010). A recent contribution to this discussion is Jason Throop's concept of "moral sensibilities," which addresses the ways in which ethical orientations undergirding sensibilities guide one's attentional attunements. According to Throop, moral sensibilities direct one's attention to aspects of a situation or interaction considered as morally relevant for one's mode of engagement with her world (Throop 2012, 159).

The staff's effort to reach the virtuous un-emotional "objective" disposition entailed developing and cultivating a moral sensibility that oriented their attention to aspects they deem morally relevant for maintaining un-emotionality, i.e., statistical patients, and away from morally problematic aspects, i.e. identifiable patients. Cultivating this sensibility is an ongoing process of ethical training, which is shaped and maintained through an intricate disciplinary apparatus. For staff members, this apparatus included the social and physical architecture of their workplace and the inscription practices of their everyday work. Another central element in the cultivation of this sensibility concerns how staff members handle moments of disorientation, in which the possibility of interacting with identifiable patients nevertheless comes to their attention. I turn now to describe these processes.

A. Social and physical architecture

The social architecture of the staff's work process, namely, who partakes in this process, and the physical architecture of their workplace, or the arrangement of their built environment, were both designed to help staff members avoid contact with

identifiable patients. These architectures orientated the staff's attention away from even considering the possibility of engaging in such interactions.

From the portfolio preparation process to attendance in committee discussions, the social architecture of the staff's work process militates against the staff's engaging directly with identifiable patients. Throughout the year, the staff's work process, which was shaped by their bosses and other MoH high-ranking officials, obliges them to interact with various others: committee members, medical providers' (Hebrew: *Kupot Holim*) representatives, other MoH employees, pharmaceutical companies' representatives, expert physicians, and physician union representatives (see Chapter 2). And yet, in accordance with the cultivation of un-emotionality through the avoidance of contact with identifiable patients' illness experience, portfolios do not include any consideration of illness experience. Since patients were broadly considered by staff and committee members as "great experts about their experience of their medical condition, but not of other aspects of this predicament," as Batya once put it, the absence of an "Illness Experience" section in the portfolio obviated interactions with patients during portfolio preparation.

During committee sessions, staff members also do not interact with identifiable patients since the latter are not part of the committee's membership. The rationale for their exclusion, as explained to me by all committee members and staff whom I met, was that a patient organization representative is not able to represent the entire patient body, but only the medical condition that concerns its organization. Patient organizations largely reject this view and continue to demand their inclusion in the committee. Several years ago, a patient advocacy organization petitioned the Israeli Supreme Court about this topic (HJI 9370/07 Keren Dolav for Medical Justice vs. Ministry of Health and Israeli Government 2009). The court ruled against them,

arguing that an MoH oversight committee, in which patient organizations are represented, approves the Committee's decisions and therefore patients do have some say in Sal Committee's decisions. In actuality, the oversight Committee automatically approves the Committee's decisions without any discussion. In any case, with an overarching agreement within the committee that patient organizations should not be part of the committee, and a Supreme Court ruling to support this practice, patient organizations' exclusion has become an undisputed reality, which is unlikely to change.

Another important element in minimizing the possibility of interaction with identifiable patients is the physical architecture of the staff's workplace. In the two locations from which staff members work (see Introduction), access to the staff's offices is by permit only. In one of the compounds, armed guards ensure one does not enter without solicitation. In the other, a secured metal door differentiates the staff's section from all other parts of the building, which are publicly accessible (see Figure 5.2).

Figure 5.2: Entrance to staff members' offices

(Photo by Yael Assor)



This disciplinary arrangement extends to committee discussions. Oftentimes, patients demonstrate outside of committee discussions, but committee members and

staff usually do not notice these demonstrations since the staff close the windows and pull the curtains to block any noise or image from the demonstrations. Here, then, we see that even when a place is not intentionally designed to minimize the presence of unwanted company, the arrangement of windows and curtains can be used for these purposes.

This social and physical architecture of the staff's workplace serves as a disciplinary apparatus that orientates the staff's attention away from the possibility of interacting with identifiable patients. Perhaps the most remarkable example of this dynamic that I encountered during fieldwork concerned the Cystic Fibrosis campaign billboard mentioned in the Introduction (see Figure 1.2). This billboard, strategically positioned outside of the main entrance to one of the staff's offices, featured a photo of a little girl holding a balloon, and next to her, white over black, appeared the statement, "Members of the MoH Sal Committee, **Do Not Put a Price Tag on Our Lives**" (emphasis in original text). Beneath this statement, in smaller writing, was written, "Help us convince committee members to include Orkambi in the subsidy list. Sign our petition. #We_want_to_breathe." To me, the billboard appeared as a conspicuous, unavoidable encounter with identifiable patients' experience, as mediated through a compelling graphic representation.

Several weeks after Sal Committee concluded its discussions, I talked to Dana, one of the staff members. Dana told me that she was busy collecting photos for a presentation about the committee's work and that she was particularly looking for photos of the campaign to include Orkambi, the CF medication, in the subsidy list. I responded that there was that billboard campaign right outside their offices, and she can use its images. Dana, who passes by this billboard at least twice a day, did not

know what I was talking about. She said she had never noticed the CF ad for the entire month it was there.

Ghassan Hage notes that ‘becoming part of any social space involves the transformation of biological capacities into social disposition’ (2014, 146). As briefly noted in the previous chapter, Hage further emphasizes that from a Bourdieusian perspective, developing a social disposition as part of one’s habitus means one is able to transpose the developed capacity to other contexts (see also Bourdieu 1977, 72). In Dana’s case, it seems that becoming part of the Sal Committee staff involved the transformation of her attentional capacity into a social disposition of pushing potential exposures to identifiable patients to her attentional background. This capacity was then transposed into settings beyond her immediate work environment. In this sense, the power of the Sal Committee’s social and physical architecture is not just in creating immediate restrictions on the possibility of interacting with identifiable patients, but also in orientating the staff’s sensibility for un-emotionality throughout contexts and situations (cf. Ahmed 2006).

B. Inscription practices

Another aspect of the disciplinary apparatus orientating staff members’ sensibility for un-emotionality pertains to their ordinary work of portfolio-preparation (cf. Lambek 2010). All portfolios follow the uniform template described in previous chapters. As the staff fills the template for each treatment, their attention is oriented away from the possibility of interacting with identifiable patients and learning about their illness experience.

Staff members fill this template hundreds of times throughout a staff member’s career. Through this repetitive inscription practice, the template functions

as a central feature in the organization of the staff's attention (cf. Throop and Duranti 2015). Organizing the staff's attention through repetition in such a way "*orients the body in some ways rather than others,*" as Sara Ahmed reminds us (2006, 33, emphasis in original), following Butler and Merleau-Ponty. In this case, it orients them away from addressing the patients' experience. As depicted in the Introduction, the template contains five sections, each addressing a different aspect of the treatment. Curiously, throughout all these sections, the template does not include any reference to patients' illness or treatment experience.

Furthermore, since the template outlines the boundaries of knowledge that should be part of the portfolios, it marks any independent additions of other knowledge as a transgression, thus operating as a monitoring tool for maintaining this attentional organization. Through these processes of attentional organization and continuous monitoring, template-filling functions as a technique of the self (Foucault 1985), through which staff members self-discipline their attention to orient towards aspects of the treatment's assessment that are represented in the template, and away from other aspects that are unrepresented in it, centrally including patients' illness and treatment experience.

I noticed such attentional pushes and pulls at work during one of my conversations with Miriam. We were talking about the last template section, "Recommendations," and Miriam told me that at times, she might include opinions by non-physician experts, such as physical therapists. In the following interview, I returned to this topic and asked about other perspectives that could be incorporated in this section of the portfolio. When I asked specifically about patients' perspectives, Miriam responded, "I never even thought of doing this." After a short pause, she added, "There are certain patients that understand their predicament even better than

physicians do, but you can never tell. It goes without saying that we approach physicians and not patients.”

Other than Miriam’s straightforward dismissal of including patients’ perspectives, which had only then surfaced to her attention, what is particularly noteworthy here is her rationale for this dismissal. Miriam argues that she cannot know patients’ level of “understanding” of their predicament, a vague term that seems to refer here to their knowledge about their medical condition and treatment options. What Miriam leaves completely outside of consideration is the possibility of contacting patients to learn about their illness experience; how living with the medical condition and receiving treatment affects patients’ everyday life (cf. Kleinman 1988).

Here, then, not only has deviating from the orientation outlined by the template and contacting identifiable patients emerged as an inadmissible possibility; learning about their illness experience remained a complete non-possibility. I had remarkably similar interactions with all other staff interlocutors, who were surprised or somewhat irritated by my question about contacting patients for the “Recommendations” section, indicating to me that this is not a possibility for them or a topic for nice, friendly, conversation. In other words, it seems that the portfolio template did not just orientate the staff toward the limits of relevant knowledge, but of what they consider as possible knowledge in the first place. Nevertheless, on some rare occasions, some staff members did consider learning about identifiable patients’ illness experience, as I describe next.

C. Overcoming disorientations

Despite the pervasive disciplinary apparatus orienting staff members’ attention, there were rare moments in which they became aware of the possibility of interacting with

identifiable patients and learning about their illness experience. These moments disoriented staff members' attunement to a moral sensibility for un-emotionality. Staff members' ways of getting re-orientated once these moments occur is a significant aspect of their cultivation of what they considered to be the virtuous objective, un-emotional disposition (cf. Ahmed 2006; Merleau-Ponty 2012, p.253-265 on disorientation). Such moments occurred either when staff members spontaneously became aware of this possibility, or when they were forced to become aware of it.

Becoming spontaneously aware of the possibility of contacting identifiable patients and learning of their illness experience was not common, yet I did witness two such situations, which occurred during formal interviews with Miriam and Keren. I focus here on what occurred with Miriam. During one of our first interactions, as we were talking about mundane house maintenance concerns, I mentioned the "bigger" concerns she probably has with all the responsibility they have as Sal Committee staff. Miriam responded that she does indeed feel some responsibility, but that she feels some distance from the discussed medical predicaments. She then added that while it is important to maintain such distance, sometimes she does wonder whether it is not too far from patients' experiences.

At the time that this conversation occurred, I did not know what to make of that remark but made sure to document it in detail in my field notes. However, several months later, as the topic emerged in its centrality, I asked Miriam specifically about this disclosure. We were talking about the portfolio's structure and Miriam mentioned she can add to it information that she sees as necessary. I responded by saying, "this reminds me of a conversation we had a while back, in which you deliberated whether or not to approach patients and include information from them." Miriam quickly replied, "We never spoke about that." She then added that she has no recollection of

ever deliberating about this topic, even to herself. She suggested that I might be referring to the possibility of interacting with patient organizations, which she said were "welcome to write to the committee letter of appeals later in the process."

We have no way of knowing whether Miriam negated that memory of our previous conversation because this is what she thought she should say when interviewed in the context of her professional persona (cf. Assor and Goodman 2020) or because she genuinely forgot about this incident. Either way, attending to the possibility of encountering identifiable patients had no room in her recollection. If she indeed genuinely forgot about that incident, and I have no reason to assume otherwise, this incident teaches us something important about the intricate temporal dynamics at play in maintaining one's orientation toward a moral sensibility. It demonstrates how a moral sensibility for un-emotionality shapes not only one's experience of present moments but also the ongoing (re)constitution of recollections (cf. Husserl 1964).

Another mode of disorientation in the staff's attunement to a moral sensibility for un-emotionality occurred when staff members were forced to interact with identifiable patients and learn about their illness experience. Throughout the years of my research, this occurred only once, when patient Eli Kobelon barged into a committee meeting. While I was not present at this event, I often heard about it from my interlocutors. Quite frequently, the staff would bring this event up in conversation, depicting it as a frightening situation. For all of them, the event raised fears that other patients would follow this practice and barge into committee meetings.

Resonating the bioethical principle of the "Rule of Rescue," they feared it might create a bias about these patients among committee members, thus jeopardizing the committee's "objectivity." For some of them, an added sense of fear pertained to

their feeling during the event that Kobelon may physically assault them. While the possibility that he could muster powers to commit an assault is not beyond potentiality, it seemed to me rather unlikely; his body was feeble and sick, and Israeli gun laws made it very unlikely that he would carry a gun. Yet, even years after the event, some of the staff kept referring to it as a moment of viable physical threat. As a direct result of the twofold sense of fear this event invoked, in the following years, when the Sal Committee was about to discuss a matter they thought might attract similar barging attempts, they would hire security guards to stand outside the discussion room. So far, I know of no reoccurrence of such an event.

The strong sense of fear this event elicited among staff members can be understood as an “affective fact” that grants reality to an imagined threat (Massumi 2010). In this case, fear made real a sense of threat from what may come about when identifiable patients disturb the political order and force staff members to pay attention to them (cf. Gould 2009): an imagined threat of un-objective decision-making process and a physical assault. When Miriam discussed this event with me, she often referred to that sense of threat. In fact, this is how we wound up talking about this topic in the opening excerpt. I had asked her whether she ever felt afraid in the context of her work. Miriam responded with a description of Kobelon's incident, and after depicting how threatened she felt for her physical well-being, concluded with the statement quoted in the opening, about how after the event, "all the committee tried to redirect itself to an objective, un-emotional position." Presumably, experiencing fear as an affective fact was a central means of such re-orientation to un-emotionality. Experiencing that fear drew their attention to this threat, signaling and making present the danger in interactions with identifiable patients, and encouraging them to avoid such interactions.

The dynamics of fear accompanying the staff's depictions of this event illuminate the potential significance of affect for overcoming moments of disorientation to the moral cultivation of an objective, un-emotional disposition. Just like staff members' irritation when I asked about contacting patients for recommendations, which signaled to me not to pursue this path any further, in this case, affect, here of fear, played a central role in maintaining a moral sensibility for un-emotionality. It reinforced a social order that follows the hegemonic discourse of objectivity as contrasting with emotionality (cf. Gould 2009).

Furthermore, this illustrates how un-emotionality, perhaps like any other attitude, is always already affect-laden, and thus always-already relational. This runs quite contrary to a well-documented tendency to view objectivity and un-emotionality as modes of detachment (Candea et al. 2015), which resonate in staff members' notions of an objective, un-emotional disposition as a mode of "not experiencing it all," as Keren said. Their efforts of reaching this disposition and re-orienting towards it are, nonetheless, imbued within the relational realm, suggesting that objectivity as detachment may be the desired ideal, but in practice, objectivity remains within the relational realm.

Merleau-Ponty argues that the subject gains a capacity to act through overcoming moments of disorientation, in which other possible perspectives interfere with its everyday, taken-for-granted perspective of the world. In such moments, the subject who wishes to reinstate its usual perspective develops a capacity to act since it must actively work to weaken the interfering perspectives (Merleau-Ponty, 2012, 256). In the moments of disorientation recounted above, the staff's response was indeed to weaken the perspective that interrupted their attunement to a moral

sensibility for un-emotionality, whether through the work of recollections or through experiencing an affect of fear.

Engaging in this response is an important part of cultivating an “objective” un-emotional disposition, as it bolsters the ability to face challenges to this moral project. Importantly, staff members’ ways of overcoming moments of disorientation did not directly rely on the external force of a disciplinary apparatus, but rather on modes of self-experience, as shaped through their years of working in the committee and internalizing its disciplinary apparatus. It thus stresses the ways in which cultivating a virtue involves not just complex disciplinary mechanisms, but also modes of (inter)subjective experience (Mattingly 2012; Zigon 2011; but see Mahmood 2005).

The (un)intended consequences of un-emotionality

To staff members, working objectively centrally meant taking an un-emotional attitude when preparing treatment portfolios, which they translated into a practice of avoiding exposure to identifiable patients’ illness experience. Reaching this position involved both conscious activities alongside a more preliminary mode of attunement to it, through what I call a *moral sensibility for un-emotionality*, a tendency to avert attention from the possibility of interacting with emotional triggers (i.e., patients) and learning about their illness experience. Staff members’ cultivation of this sensibility incorporates the workings of an intricate disciplinary apparatus and modes of self-experience as shaped through their years of subjectivization to this apparatus.

Addressing the disposition of “objectivity” in this way casts the knowledge produced through such conduct as necessarily limited to the subjective, positioned perspective of those who make it. Far from offering “a view from nowhere” (Nagel 1986), the portfolios staff members prepare cannot – and will never be able to – encompass all the knowledge that could be in them. Pushing to their attentional

background the possibility of interacting with identifiable patients about their illness experience brings about the exclusion of this information from the portfolios and results in two major unintended consequences.

First, it re-affirms patients' structural positioning as passive subjects of a medical gaze that addresses them as fractured elements – organs, chemicals, bio-physio-psychological symptoms – rather than active participants in the constitution of medical knowledge (cf. Mol 2002). Not only that Patients do not get to voice their views on the data they see as important for the portfolios, but that even their representation within the portfolios is a fragmented one: instead of experiencing humans there are reduces to numbers and symptoms. Indeed, in the name of objectivity, patients are fixated as "objects."

Secondly, it means that the portfolios do not include potentially significant aspects of predicaments that are not easily communicable to medical professionals or translatable into quantifiable measures. Such aspects include the various implications of living with a predicament – financially, relationally and otherwise (e.g. Jenkins and Barrett 2004), the subjective experience of pain (e.g. Good 1994), or the sensory and emotional experience of going through treatment (e.g. Kleinman 1988). The potential result of this is an under privileging of treatments for predicaments prominently characterized by these aspects, such as Fibromyalgia or depression.

Considering these potential implications foregrounds the stakes of cultivating a certain moral sensibility: in this case, lives, deaths, and patients' agency. Additionally, patient organizations' view that excluding illness experience from the portfolios harms the fairness of the committee's decision-making process puts at stake Sal Committee's public legitimacy. While a moral sensibility for un-emotionality may

assist staff members to "redirect themselves to an objective position," as Miriam said, it never does just that. It also (re)creates a whole order of things in the world.

Conclusion: Is There Such a Thing as "Objectivity?"

In the last few months of my fieldwork, when it became clear to me that I will be writing about the meanings staff members give to "working objectively," I shared this with my interlocutors at the staff. Although they often talked about the importance of working objectively, when I said to them that this is what I intend to write about, they all responded by saying something like "Well, there isn't really such a thing as being objective," to cite Miriam's response.³⁰

This is exactly the complexity with "objectivity." On the one hand, in the Western hegemonic discourse, it is a much-revered ethical ideal of bureaucratic practice (cf. Weber 1978, 795). However, as an ideal, it is largely considered as something beyond one's feasible reach (cf. Porter 1995), bringing about responses that there is no such thing as objectivity, as my interlocutors told me. But this is only if we take "objectivity" as a fixed imaginary of a purely rational, a-perspectival, view from nowhere (Daston and Galison 2007; Nagel 1986). However, if we take objectivity as a desired virtue, then we can attend to how people try to assume it in their everyday lives. While the fixed imaginary of objectivity may lie beyond one's reach, its presence and effects on everyday lives, as people try to *be* objective, are very real.

Examining objectivity in the making denotes a phenomenological inquiry into the interpretations subjects give to "objectivity" as a virtuous disposition, and how these interpretations orient their everyday experience. For the bureaucratic staff of the Israeli Committee for the Enhancement of Medical Services (the Sal Committee), assuming an objective disposition was a central means for ensuring the committee's

³⁰ See also Batya's quote in Chapter 4: "What is 'objectivity?' There is no such thing as objectivity."

fairness, their major ethical concern, which for some of them related to the grander mission of sustaining a Zionist welfare state.

As mentioned in the Introduction, staff members' various interpretations of what it means to work objectively stem from an imaginary of objectivity as non-bias. While this imaginary is a rather universal one, those different interpretations they gave to how to achieve it were context- and subject- specific. To them, working objectively carried four major meanings, each one discussed in a chapter of this dissertation: a detective's quest for the truth, a firm adherence to timetables, the minimization of one's presence, and the development of an un-emotional attitude.

These various interpretations illuminate how what individuals consider as an “objective” disposition is, in fact, a certain orientation to one’s engagement with the world. It also illuminates the context-specific nature of what individuals take an “objective” disposition to be. For instance, staff members' understanding of working objectively as following timetables was inextricably tied to the historical roots of this bureaucratic system in British colonial rule and to the bureaucratic apparatus of Israel's governance over Palestinians, where sticking to timetables is a significant mode of manifesting its governing power.

Tracing how Sal Committee staff members attempt to achieve an objective disposition thus sheds new light on the well-known observation that an “objective” gaze or conduct occurs through one’s subjectivity (cf. Haraway 1988; Nagel 1986). Indeed, responding to Haraway’s (1988) call to re-conceptualize “objectivity,” I suggest that we re-think objectivity as a *disposition that is a subjectively and intersubjectively constituted sedimentation that operates in light of context-specific interpretations of ideal forms of “objectivity.”*

This conceptualization resonates Sandra Harding's concept of "strong objectivity" (Harding 1991, 2015). According to Harding, objectivity occurs *through* one's reflection on its positionality, biases, presuppositions, and commitments. Harding's objectivity thus resembles the notion of objectivity suggested here in that it re-incorporates individuals' subjectivity into the making of objectivity. However, they importantly differ in two central manners. First, Harding discusses objectivity as a static imaginary, an end-goal, while I offer to consider objectivity as an ongoing process. In this sense, we are not talking about the same epistemological objects. Secondly, Harding addresses objectivity as the product of conscious self-reflection. Through the ethnography presented in this dissertation, I wish to claim that objectivity can involve various realms of individuals' subjectivity, not just reflective thinking.

Under the conceptualization of objectivity that I offer here, an objective disposition necessarily encapsulates a certain selectivity. In Sal Committee's case, it includes data that could not enter the portfolios (Chapters 2,5), patients that cannot be saved (Chapter 3), or even re-affirming, to some degree, the very patriarchal system one is critical of (Chapter 4). Indeed, like any other social action, the effort to work objectively carries intended and unintended consequences. Importantly, however, these are all consequences of bureaucrats who are trying to live up to their ethical ideals, who are trying to do good.

Addressing bureaucrats' moral experience in this research thus hopefully shows what could be gained when we take seriously people's attempts to live up to their ethical ideals. This is, then, an engagement with Joel Robbins' call for an Anthropology of the Good, an anthropology that is "attentive to the way people orientate to... their ideals" (Robbins 2013, p. 457). While Robbins does not make this point particularly clear in his original article, an anthropology of the good of this sort

does not necessarily delineate a "positive" anthropology that explores practices of goodness, happiness, and well-being without attending to their broader political context (Laidlaw 2016). That is, it is not necessarily a mirror image of what Ortner terms "dark anthropology," which is engaged with the workings of power, inequality, and violence (Ortner 2016). Rather, as I hope to have shown here, an anthropology of the good can be another way to study the workings of power and politics.

If I am indeed attending in this dissertation to the effects of social actions on power structures, then before I conclude, one last note is due on one presumed effect of this dissertation on the power structure it studies, the Sal Committee bureaucracy. If indeed cultivating objectivity as bureaucratic virtue is a subjective and intersubjective process, and if indeed it requires acknowledging one's positionality as Harding suggests (1991), then this entire dissertation research is, actually, conducive of staff members' attempts to be objective. After all, this whole study has been a scrutiny of their positions, perspectives, and commitments. In this sense, the staff's objectivity as explored in this dissertation strengthens their effort to objectivity, although not in the sense they thought about this concept. Perhaps this study itself is, in fact, a practice of cultivating objectivity as bureaucratic virtue.

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