

26.03.2020

Prime Minister, Mr. Benjamin Netanyahu
Minister of Health, Rabbi Yaakov Litzman
Director General of the Ministry of Health, Mr. Moshe Bar Siman-Tov

Subject: **Rapid spread of Covid-19 virus in Bedouin villages in the Naqab**

Dear Sirs,

We are sending you this urgent message in light of grave evidence of a mass dissemination of the Covid-19 Coronavirus in the Arab Bedouin villages in the Naqab, to demand immediate action to prevent the spread of the pandemic. A widespread outbreak of the disease in these villages is liable to be swift and overwhelming, and could precipitate the collapse of the health systems and services in the Naqab, especially as the entire southern region of Israel receives those services from just one hospital – the Soroka Hospital in Be'er Sheva.

1) Assessment of needs:

Based on field reports and systematic needs collection, there is evidence of a real and immediate danger of mass infection in the villages of the Neve Midbar and Al-Qassum regional councils, as well as in the unrecognized villages.

- a. The physical conditions of dwellings in villages do not allow real isolation: large families live in densely populated quarters, in houses that are not fully isolated from the outside, and hardly any spaces that could enable the isolation of a patient from his family. In addition, the close family ties among the villagers find their expression in daily contacts between the nuclear family and the extended family.
- b. The sanitary conditions in these communities are dire due to the lack of basic infrastructure, particularly, the lack of running water – resulting in the need to collect water in containers, lack of sewage systems – requiring the excavation of septic tanks in close proximity to dwellings, and more.
- c. The medical services in these villages are gravely lacking, especially in the unrecognized villages, with only four public healthcare clinics to serve them, and those clinics, as far as we know, are **not** fully operated. For most of the population, the clinics are remote and inaccessible. In the absence of public transport, distance is a major obstacle to receiving medical services and as a result many people continue without treatment. **It should be noted that Arab Bedouin women are extremely vulnerable**, and depend on the existence of a family-owned vehicle in order to receive medical services outside of their village.
- d. In continuation of the previous point, our concern is that due to the Ministry of Health's restrictions on freedom of movement and general mobility due to the Coronavirus crisis, that it will be difficult for villagers to reach the healthcare centers in the townships and in Be'er Sheva.

- e. Overall mortality rates in the aforementioned villages are high, and life expectancy is relatively low. Quite a few residents suffer from undiagnosed chronic illnesses that go untreated or partially treated at best. Some suffer from health disorders that put them at risk of death from the Coronavirus.
- f. In most cases, the elderly members of the family do not live separately or far enough from the rest of the family to enable isolation, even when they are not entirely healthy. The elderly live close to the rest of the family and are in close daily contact with them, and there are virtually no assisted living facilities or separate living quarters.
- g. Furthermore, local authorities provide almost no services for the elderly, and there are no services at all for them in the unrecognized villages.
- h. MDA ambulances have recently been instructed to enter the regions of the unrecognized villages to provide urgent patient care (due to the Coronavirus pandemic), but the lack of infrastructure and roads in those villages continues to make accessibility low.
- i. In these villages, the level of education is low relative to the general population (**especially among women**), digital literacy is minimal, and there is very little knowledge concerning health in general and more particularly, concerning the Coronavirus pandemic and the complex guidelines for dealing with it.
- j. The population has little access to the internet, and there are difficulties in connecting due to lack of electricity or lack of convenient wireless connection to the Net. In many communities, access to television is also limited.
- k. Due to a lack of resources needed to deal with public health, local authorities are unable to disseminate information.

2) The need for a comprehensive response:

In view of the above, and in order to prevent mass infection and danger to human life, **a comprehensive and planned emergency response is urgently needed.**

We ask for the establishment, without delay, of an interdepartmental and interagency team, led by the Ministry of Health and financed with a special budget, to deal with the entire range of issues in the Arab Bedouin villages in the Naqab. This team will prepare an urgent strategic plan that will make use of a variety of means.

We need a professional, fast, energetic, multi-resource and unconventional response to prevent widespread mortality. The leaders of this action must be health and social welfare professionals, **not enforcement authorities.**

3) Possible emergency responses for consideration:

- a. Publication of current information in the Arabic language concerning the extent of infection and the number of tests performed to date, especially in the Arab Bedouin villages in the Naqab.
- b. Determination of needs and conducting of an urgent situation assessment of the rate of infection in the villages.

- c. Providing accessibility to health services to the maximum extent, including: the conducting of tests to locate Coronavirus patients in the villages, especially among seniors.
- d. Distribution of disinfectants and materials necessary for isolation, at a minimal cost or for free.
- e. Investigation of the possibility of setting up "isolation tents" in the villages.
- f. Conducting an Arabic-language information program that includes: distribution of informational pamphlets, targeted phone calls, use of social networks, disseminating information on Arab-language radio stations, conducting information tours by health teams in individual homes, a special informational program for senior citizens and low literacy populations, employing education system staff for telephone outreach to students and their families.
- g. Distributing information and providing emotional support using welfare system vehicles.
- h. Extending the hours of operation of the mother and child stations, as well as health clinics, and examining the possibility of implementing these clinics as information centers.
- i. Operation of additional ambulances in the regions of all the villages.
- j. Operation of tailored mobile testing vehicles for outreach tours in the villages. Alternatively, it is possible to arrange regularly scheduled shuttles to the testing centers.
- k. Allocation of protective equipment to health teams, as well as professional training and assistance in the field.
- l. Augmenting the mental health hotlines and the social assistance lines that operate within the community.

I thank you for your urgent response by way of this email: hn@dukium.org

Sincerely,

Haia Noah, CEO Negev Coexistence Forum for Civil Equality*

- Attia Alasam, Chairman Regional Council of Unrecognized Villages in the Negev (RCUV)
- Avi Dabush, CEO Rabbis for Human Rights
- Amal Abu Alqum, Bedouin Women for Themselves Association
- Amal Alnasasrah, Sidreh Association
- Rabi Arik Ascherman, CEO Torat Tzedek
- Dr. Batia Roded, Keshet Arad Association
- Ezri Kedar, CEO Keshet NGO Mitzpe Ramon

- Jamal Jamal Alkirnawi, CEO A New Dawn in the Negev
- Hedva Radovanitz, Bimkom- Planners for Planning Rights**
- Ibrahim Hasanat, CEO Kafa Rahat Association
- Khalil Alamour, Alhuquq Center
- Majed Alkalamat – Step Forward
- Marwan Abu Frieh, Adalah's Naqab Office Coordinator and Field Researcher
- Dr. Naeem Abu Fraiha, Chairman of the Arab Doctors Association in the Naqab
- Raghad Jaraisy and Ella Gil, Sikkuy Association
- Yael Agmon, Good Neighbor Network: Mirkam Yeruham and Good Neighbor Arad
- Yotam Rosner, Physicians for Human Rights - Israel
- Sultan Abu Obaid, Manager Shatil Be'er Sheva

The letter was also addressed to the following relevant decision makers:

- Deputy Prime Minister's Office, Mr. Ronen Peretz
- Deputy Director General of the Ministry of Health, Prof. Itamar Grotto
- Southern District Physician, Dr. Mikhail Gedlewicz
- Minister of Social Affairs and Social Services, Mr. Ophir Akunis
- Director General of the Ministry of Labor and Social Affairs, Dr. Avigdor Kaplan
- Southern District Director, Ministry of Labor and Social Affairs, Mr. Israel Budik
- Minister of Agriculture, Mr. Tzachi Hanegbi
- Southern District Director of the Ministry of Education, Mr. Ram Zahavi
- Head of the Department of Socio-Economic Development, Development Authority, Mr. Yariv Man
- RACHEL Commander, Col. Noah Mendel
- State Comptroller, CPA Matania Engelman
- The heads of the Naqab Bedouin authorities (list)
- Welfare Department managers in the Bedouin authorities in the Naqab (list)
- Director of Soroka Hospital, Dr. Shlomi Kodish
- Southern Health Organizations, Ms. Galit Safadia
- Southern HMO managers and clinics (list)

* In accordance with the law, the Negev Coexistence Forum for Civil Equality is proud to note that as a result of cooperation with friendly countries and international organizations that promote human rights, most of the funding for our activities comes from "foreign entities."

** Bimkom, an independent and professional organization, is grateful to its donors who support the promotion of Human Rights around the world, and who recognize the reliability and importance of Bimkom's work. A majority of its funding is from foreign state entities.