Hamas and the Destruction of Risk Society

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> When faith is lost, there is no security.
>
> Muhammad Iqbal cited in the Hamas Charter[1]

One of the effects of the second Palestinian *Intifada*, which erupted in September 2000, has been the dramatic rise in popular support for Hamas.[2] In January 2000, public opinion polls suggested that 10 percent of Palestinians backed Hamas. Five years later, Hamas won three times more seats than the ruling Fatah Party in the Gaza Strip's municipal elections, making it the number one party in the region. And in May 2005, Hamas won about 45 percent of the vote for local councils in the West Bank, which is considered a Fatah stronghold. A poll conducted before Israel's planned withdrawal from the Gaza Strip revealed that an overwhelming majority of the population (90 percent) support Hamas's participation in the administration of the region following its transfer to Palestinian hands.[3] Considering that Hamas's ultimate objective is the establishment of an Islamic state in Mandatory Palestine and reforming society in the spirit of "true" Islam, the movement's increasing popularity threatens the forces sympathetic to the secular democratic state as well as the two-state solution.

Khaled Hroub suggests that the organization's popularity stems from its being seen as the voice of Palestinian dignity and the symbol of the defense of Palestinian rights at a time of unprecedented hardship, humiliation, and despair, which have followed the historic concessions made by the Palestinian Authority (PA). Surely the relative success of Izzeddin al-Qassam, Hamas's military wing, in attacking Israeli targets has also increased the organization's popularity, as has Hamas's reputation for clean conduct, modesty, and honesty, which have been pointedly contrasted with the conduct and corruption of many PA officials.[4] Shaul Mishal and Avraham Sela add that Hamas's success in winning over the masses has to do with its increasingly pragmatic approach, one characterized by support for the short-term objective of a Palestinian state in the West Bank and Gaza Strip, while still maintaining the long-term goal of establishing an Islamic state that would replace Israel. They propose that "Hamas's decision-making processes have been markedly balanced, combining realistic considerations with traditional beliefs and arguments, emphasizing visionary goals but also immediate needs."[5] Most commentators agree that Hamas has also benefited from the extensive welfare services it offers to all Palestinians regardless of their religious belief or political affiliation.[6]

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While these insights undoubtedly help explain why Hamas has gained massive popular support, they do not address a key social process that has been taking place in the West Bank and Gaza Strip since the outbreak of the second *Intifada*. Employing insights from risk theory, in this paper we argue that Hamas's ascendancy is also informed by the collapse of the system of securities in the Occupied Territories. Using the health system as a case study, we show that endemic uncertainty has taken over Palestinian society. This uncertainty has, in turn, helped undermine the very rationality of risk society – namely, the possibility of calculating risks in order to arm oneself against future ill fortune – thus facilitating the emergence of a different rationality more susceptible to Hamas.

Our findings lend themselves to a number of theoretical inferences. First, by showing how Israel's violent destruction of the Palestinian infrastructure of existence and societal securities has empowered Hamas – Israel's worst enemy – we corroborate Susan Buck-Morss's theoretical claim concerning the "dialectic of power," the notion that power produces its own vulnerability.[7] Second, the destruction of Palestinian risk society actually exposes a social process that has been neglected in the risk literature. While risk scholars emphasize the impossibility of calculating certain risks due to global processes like ecological destruction and the threat of nuclear attacks by state and non-state actors, our case study suggests that an increasing number of local processes are also making it impossible to calculate risks. Moreover, there seem to be numerous differences in the way global and local processes operate. Global processes are more or less indiscriminate regarding the populations they affect, although their consequences are often mediated, at least partially, by an array of social factors. Ecological disasters tend, for example, to affect the population in developed countries less severely than they do in underdeveloped ones. By contrast, local processes that produce endemic uncertainty often "target" particular populations, which are located on the lower end of the social ladder: the poor, women, and certain ethnic, religious or national groups.

Third, these local processes are undermining the very rationality upon which risk society is based. While historically there has been an intentional attempt to make risk calculable in order to advance specific social, economic, and political objectives, our case study suggests that currently risks are intentionally being rendered incalculable in order to advance new objectives, not least of which are the restriction of political action and the dramatic curtailment of the public domain. Finally, the destruction of the rationality of risk that offers securities and in this way ensures social stability makes room for a fundamentalist rationality that in many respects predates risk society. Invoking the insights of Hannah Arendt as a supplement to risk theory, by way of conclusion we examine some of the implications of the local incalculability of risk, focusing on how it affects both the members of society and the political realm.

I. Risk Society – Background

The calculation of risk in many ways characterizes modernity. By risk society we mean a society that develops a system of strategies and technologies to secure and manage the lives of its members. Regardless of whether risks are real or constructed, they are rendered calculable and governable. The calculability of risks has, in turn, become an important element of the rationality through which society and its institutions are organized, monitored, and regulated.[8] Although risk theory has been discussed at length since the early 1980s,[9] much of the current literature suggests that, at least on one level, we are moving "beyond" risk society, in the sense that many of the risks confronting global society can no longer be calculated or controlled.[10] The very idea of controllability, certainty, or security, which is so fundamental to the original concept of risk society, collapses in light of global ecological, genetic, and nuclear risks. Taking into account some of the ideas integral to this literature, in this paper we return to the insights of one particular understanding of risk, the one associated with Michel Foucault's notion of governmentality.[11] We use the term risk in order to denote a certain kind of rationality that had been developed in order to manage and regulate the population and thus guarantee the stability of a specific hegemonic order. Accordingly, the calculability of risks is not only used to control society in a restrictive way but often harnesses human energy to improve people's life conditions and may also help engender a certain kind of solidarity.

François Ewald points out that one of the prominent characteristics of risk society is the development of insurance, whose major objective is to calculate ostensibly unpredictable consequences and to provide a safety net for the members of society against an array of "accidents," ranging from car- and work-related accidents through sickness, infirmity, and old age, and all the way to natural disasters like floods and fires. Considered as separate events, accidents seem random, but, when put in the context of a population, they can be treated as predictable and calculable.[12] One can predict, for example, that next year within a given society a certain number of people will be diagnosed with cancer; the only unknown variable is who will be diagnosed with the disease. All members of society are at risk, and while the level of probability alternates – some have a higher risk (e.g., smokers) and others a lower risk (e.g., athletes) – most people would prefer to have insurance so that if diagnosed with cancer they can receive medical treatment.

Insurance is a contractual agreement. Each member contributes to a common fund and expects to receive support if he or she is subjected to misfortune. This is extremely important because it shows that insurance collectivizes risk and in this way creates a grouping of human interests, constituting a mode of association among the different members of society. This, to be sure, creates a problematic conception of solidarity, one that is based more on egotistical interests than on some form of fraternity in its republican sense. Nonetheless, thanks to insurance,

the members of society can safeguard against the troubles that continually threaten them and in this way they feel that their future is in some way under control. The goal of insurance, Ewald claims, is to discipline the future by providing for it in advance through a series of calculations that arm citizens against ill fortune. Insurance thus replaces the uncertainty characterizing the so-called natural or divine order and introduces some form of stability in its stead.

The notion that modern society responds to the arbitrariness of fate by making the incalculable calculable helps explain certain technologies by which society is managed. Think what would have happened if the US government had not bailed out the insurance companies after 9/11. Without the material compensation dispensed by insurance companies in the aftermath of the horrific events, the outrage of the people who had lost not only their loved ones but also their source of livelihood would have been even more profound, a situation that could very well have threatened the administration in DC. Thus, the government assures the permanence of insurance institutions, and by guaranteeing their security the government also guarantees its own existence. By disciplining the future one disciplines the present.

Whether insurance is provided as a commodity (by private enterprises) or as a right (by the state) makes a significant difference concerning not only ideas about equity and justice, but also the possibility of democratic control. Several scholars make this distinction, describing a process whereby insurance is outsourced to non-state institutions, while social agents are encouraged to manage themselves. Under "new prudentialism," Mitchell Dean explains, the individual is constituted as a free agent, so that "responsibilities for risk minimization become a feature of choices that are made by individuals, households and communities, as consumers, clients and users of services."[13] The state abdicates its responsibility for risk management and this responsibility is assumed by multiple and often competing actors, which offer an array of services – e.g., private health insurance, schools, community policing – to citizens qua consumers and clients (e.g., the privatization of the welfare state). On a deeper level, individuals and communities assume the role of managing their own lives, while the state takes on "less a directive and distributive role, and more a coordinative, arbitratory and preventive one."[14]

In the following pages, we show that the processes taking place in the Palestinian territories are very different from the ones described in risk literature. At this stage we will only say that the possibility of calculating risks – which informs the rationality of risk society – has, in many respects, been undermined. Through our analysis of the Palestinian health system we argue that parallel to global processes that generate the incalculability of risks, one notices local processes that also render it impossible calculate risk. We believe that in other areas around the world, not only in the Occupied Palestinian Territories, these processes are intentionally produced to advance political goals. Their effects, though, are not always controlled by those who produce them. In the territories, the rationality of risk that offered securities and in this way guaranteed political, social, and economic

stability is in retreat and a rationality that in many respects predates risk society is emerging in its place.

The study of risk is consequently crucial for our argument regarding the ascendancy of Hamas. If calculability of risks attempts to discipline the future by arming members of society with a technology that enables them to cope with unexpected hardships, following the breakdown of the system of societal securities one begins living from day to day while tending to resign oneself to the decrees of providence and the blows of fate. In risk society the relationships with nature, the world, and God are transformed so that, even during incidents of misfortune, society retains responsibility for the affairs of its members by possessing the means to repair devastating effects. With the collapse of risk society, however, one is thrown to the mercy of fate, charity, and faith, losing some sense of control.[15] Within this context, the very conception of the individual as a free agent who can both choose among different providers of risk management services, while at the same time managing him- or herself, becomes meaningless. The accentuation of faith becomes commonsensical, and a fundamentalist worldview based on the logic of divine ordinance gains credence.

II. The Palestinian Health System – Background

We focus on the Palestinian health system not only because it is one of the institutions that employs the rationality of risk in a pronounced way, but also since medicine plays a central role in modern governmentality and deals both with the management of populations and the discipline of the body.[16] Moreover, as Bryan Turner points out, in contemporary western societies medicine and public health have in many respects replaced religion as central institutions governing the conduct of human bodies, thus suggesting that their collapse makes room for the resurgence of a religious worldview.[17] Before examining the state of the Palestinian health system following the outbreak of the second *Intifada*, we provide a thumbnail sketch of the period during which Israel had full control over the occupied health system (1967–1994) and the phase following its transfer to the Palestinian Authority (1994–2000). Our objective in these sections is to show how the organization of the health system was informed by the logic of risk.

The Occupied Health System, 1967–1994

Immediately following the 1967 war, Israel took over the administration of all Palestinian civil institutions, including the health system. From the outset, emphasis was placed on public health, yet development of a robust Palestinian health system that could provide services similar to the ones in Israel was never an objective. This policy reflected the entire Israeli colonial project in the Occupied Territories, where investment in infrastructure was, on the whole, for the benefit of the Jewish settlers, and where there was no real intention of giving

anything to the "natives." The Palestinian population in the territories was considered by the occupying power as a "population-at-risk," and those in charge of health produced a great amount of data about it, beginning from a population survey held immediately after the 1967 war and followed by seemingly endless surveys on personal hygiene, sanitary conditions, and diseases.[18] The Israeli authorities prioritized the management of risk at the level of the population, and did not allocate many resources to individual management, which is much more expensive.[19] Thus, among the first priorities were the control of vaccine-preventable diseases, the implementation of a broad immunization program, and the creation of mechanisms of epidemiological surveillance.[20]

Monetary considerations also impeded the promotion of secondary and tertiary care, since these require high capital investments and are expensive to operate. Throughout the 27 years of occupation, the development of these services was extremely slow and consistently lagged far behind those offered within Israel. Many medical areas of expertise were never established in the territories, while other basic medical fields were only semi-functional.[21] The fact that the occupied secondary and tertiary health system remained dependent on Israel and never became self-sufficient was also used to manage the population, since many Palestinian patients had to rely on Israeli medical facilities for ensuring their future.

A recent article written by two doctors, who served as chief medical officers for the Civil Administration in the West Bank and Gaza Strip, affirms that the health system's three major objectives were to provide basic health services at a low price, to help the occupying forces manage the Palestinian population, and to contain epidemics so that they would not pass the checkpoint and threaten Israeli citizens. "It was clear," the doctors write about the health system they directed, "that Israel had to care for the local populations in the territories and ensure high standards of public health and reasonable medical care.… The overall goal was to keep the population satisfied and quiet, and to provide a stable, calm, and reasonable background for future negotiations that would lead to a political solution."[22] Thus, the health system was used as a central instrument of governmentality in the Occupied Territories, as it is in all risk societies.

The occupied health system was, however, also characterized by fragmentation. In addition to the governmental health system run by Israel, there were four additional operators of health services in the West Bank and Gaza Strip: the United Nations Relief and Work Agency (UNRWA), which provides primary health services for all of the Palestinian refugees, the NGOs, charitable organizations, and private providers. These providers helped ensure that the Palestinian health system was maintained at a level that satisfied the goals set by the occupying power. Relatively good primary services were offered, ensuring that communicable and noncommunicable diseases were contained, yet the secondary and tertiary systems remained underdeveloped. This fulfilled at least four objectives. First, it kept the cost of running the occupied health system down, if only because

primary health services are much less expensive than secondary and tertiary care. Second, the establishment of universal primary services helped ensure that there would not be an outbreak of disease that could, in turn, lead to high financial expenditures and to social upheaval. In other words, the primary services helped discipline the future, as much as possible, in order to keep the population quiet and manageable, and expenses affordable. Third, the primary services also ensured that no diseases would spill-over into Israel, suggesting that the services offered in the territories were also important for managing the population inside the Green Line (pre-1967 borders). Finally, Israel maintained the occupied secondary and tertiary services at such a level as to ensure that the Palestinians would continue to be dependent on the services offered in Israel proper.

The Palestinian Health System, 1994–2000

Even though Israel retained extensive economic and military control in the West Bank and Gaza Strip after the transfer of authority to the PA, the latter took upon itself full responsibility for the health of the Palestinian population. According to the Palestinian Ministry of Health's (PMH) 2000 annual report, the routine immunization program was maintained, while the health insurance scheme dramatically expanded, covering around 53 percent of the population.[23] The quality of secondary and particularly tertiary services remained, however, low, and investment in their development actually decreased.

The per capita governmental expenditure for the year 2000 was $30.40, much lower than the expenditure in 1996 of $42.70,[24] and even lower than the Civil Administration per capita expenditure in 1993 of $33.80.[25] According to the Palestinian Center Bureau of Statistics, the total per capita health expenditure (governmental and non-governmental) in 2000 was $121.60, indicating that governmental expenditure comprised less than 30 percent of health expenditure.

The discrepancy between these figures is revealing for a number of reasons that are relevant to us. First, one notices that after a short-term increase in government spending, health expenditure dropped dramatically. Second, in contrast to the Israeli health system, the Palestinian one was totally dependent on the non-governmental sector. This was surely part of the inheritance of the initial years of occupation, since the non-governmental sector was developed by Palestinians in order to fill acute needs that were not satisfied by the Civil Administration and served as a form of resistance to the occupation. Moreover, under the auspices of the World Bank, the Palestinian Authority initiated an aggressive policy of rapid privatization, transforming the West Bank and Gaza into one of the most privatized political entities in the world.[26] The fact that the PA did not increase the government's role in supplying health services had even more serious ramifications once the second *Intifada* erupted, since it became relatively easy for competing forces to gain considerable ground. Finally, the level of health expenditure suggests that while the PA managed to maintain an adequate primary health

system, the Palestinians continued to be dependent on external health systems for advanced services (i.e., on Israel, Egypt, and Jordan). Overall a level of consistency regarding health services was sustained, even though the quality of services was low in comparison to Israel. The Palestinian residents knew more or less which services were available and where and when they could receive them; in this way, the logic of risk society was in fact upheld.

III. The Second *Intifada* and the Palestinian Health System

Perhaps the most devastating consequence of the second *Intifada* has been the destruction of the most vital social securities and the creation of endemic uncertainty in the West Bank and Gaza Strip. Within a very short period Israel imposed harsh restrictions on movement, destroyed the Palestinian infrastructure of existence, and triggered an economic disaster in the territories. All three processes occurred in tandem and for many of the occupied inhabitants their combined effect undermined the very possibility of planning for the future.

Economic Crisis

According to the World Bank, following the outbreak of the *Intifada* an economic crisis erupted in the West Bank and Gaza Strip which "seriously compromised household welfare." If in 1999, per capita gross national income was $1,850, by 2003 it fell to $1,110.[27] Moreover, in 1999 financial aid per capita amounted to $181.60 while in 2002 it was $500.30, almost half the per capita gross national income for that year. Thus, within less than three years, the Palestinian territories had been transformed from a semi-self-sufficient financial entity into a charity-dependant entity. Yet even the impressive amount of financial aid offered to the Palestinians by the international community has not been enough to sustain the population. Using a $2.10 per day poverty line, an estimated 60 percent of the population was poor by December 2002, three times the number documented on the eve of the *Intifada*. It is worth noting that in the Gaza Strip the situation is worse than in the West Bank, with a poverty rate of 75 percent.[28] The 2003 annual government budget for health was $98.4 million, or $26.30 per capita. Taking into account inflation, this amounted to about half the 1996 per capita government health expenditure of $42.70.[29] As the health services deteriorated due to budgetary constraints, there was also a rapid decline in the number of people covered by the governmental health insurance program.

Three major effects resulting from the Palestinian economic crisis are pertinent to this paper. First, the already impoverished health system sustained a major financial blow so that the amount and level of services deteriorated even further. Simultaneously, Palestinians found it more difficult to purchase services due to monetary constraints. Finally, and as we discuss below, the economic crisis had a detrimental impact on the population's health.

Growing Needs

The Palestinian population experienced an exponential growth in health needs during the *Intifada*, but due to space limitations we will only say a few words about the effects of the economic crisis and the ongoing conflict. The World Bank reports that acute malnutrition affects more than 9 percent of Palestinian children in the territories, and child mortality due to poor prenatal care increased substantially in 2002 to become the leading cause of death for children under five, and the second leading cause of death overall.[30] The conflict itself has also had a devastating impact on the provision of health services. According to the Palestinian Red Crescent Society, four years of *Intifada* have left close to 28,000 Palestinians injured.[31] Whereas some of the Palestinians probably suffered minor injuries that necessitated little medical attention, thousands required substantial and prolonged medical treatment. Thus, the already dilapidated Palestinian health services had to cope with a massive influx of additional patients whose medical needs resulted directly from the conflict.

Freedom of Movement

Notwithstanding the importance of the economic crisis and the armed conflict, one cannot understand the situation in the Palestinian territories without taking into account the harsh restrictions on movement. Following the outbreak of the second *Intifada*, Israel implemented a total closure on the West Bank and Gaza Strip, denying Palestinians residing in these regions the right to enter occupied East Jerusalem (the major Palestinian secondary and tertiary medical center) and Israel proper. Simultaneously, Israel also imposed an internal closure, restricting movement within the West Bank and Gaza Strip. According to the United Nations Office for the Coordination of Humanitarian Affairs, as of July 2004 over 700 physical barriers existed within the West Bank – including checkpoints, roadblocks, earth mounds, trenches, and road gates – that divide the region into scores of "clusters," severely curtailing the movement of 2.3 million Palestinians.[32] The Gaza Strip had been periodically cut into three separate regions, with movement from one region to the other denied. The effect of these restrictions on the provision of regular health care services and emergency medical aid, as well as on access to work and school, has been devastating. Moreover, the already deteriorating situation has been constantly aggravated as construction of the separation barrier deep inside Palestinian territory continues.

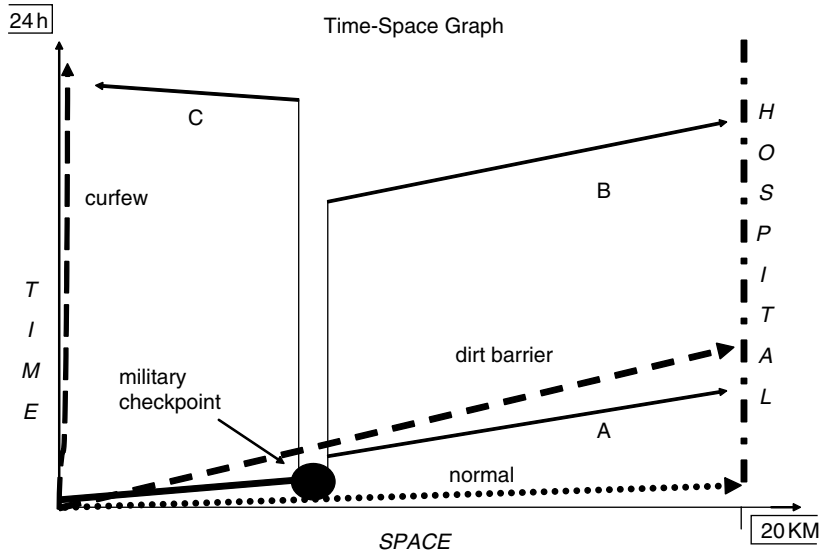
The restriction of movement effectively cuts the majority of the population off from secondary and tertiary health care facilities. A number of incidents of newborns who died because Palestinian women in labor were delayed at checkpoints or prevented from reaching medical facilities have been well documented and publicized, but they represent only a fraction of cases whereby restrictions on access to medical care have led to injury or death.[33] Not surprisingly, hospital

facilities are operating at an extremely low capacity. St Luke's hospital in Nablus reports a 49 percent decline in GP patients, a 73 percent decline in specialty services, and a 53 percent decline in surgery – at a time when needs have actually grown and there is an insufficient number of hospital beds.[34]

The seemingly endless physical barriers have not only violated the rights of Palestinians by impeding their access to medical facilities, but, on a deeper level, these barriers have distorted basic conceptions of time and space.[35] In the Occupied Territories there is no longer any way to calculate the relation between the two, a fact that helps produce widespread uncertainty.

The graph exemplifies how the relationship between time and space has been ruptured. The distance between a patient's house and the hospital is 20km. The dotted line on the bottom of the graph represents how much time it would take to reach the hospital under normal circumstances. The hyphenated line above it takes into account the time it would take to reach the hospital if a physical barrier blocked the way and one had to find an alternative route. The hyphenated line on the far left represents the movement during a curfew, when one is basically confined to the home. The most important line in the context of our discussion is the one that represents the manned military checkpoint, since the checkpoint, more than anything else, shatters the relation between time and space. Even during curfews, when people are confined to their homes, uncertainty is not as potent as it is at the checkpoint.

The black oval represents the manned checkpoint and the black lines connected to it exemplify some of the possible scenarios that could follow once



Palestinians reach the checkpoint. The soldiers might allow the Palestinians to pass and they would then reach the hospital faster than if they came across an unmanned physical barrier (line A); it could be that they have to wait a few hours and are then permitted to pass (line B); it could be that they are made to wait many hours before they are instructed to return home (line C). The crux of the matter is that the whole process is often determined according to the whim of the soldier at the checkpoint, and therefore is totally arbitrary, which enhances, in turn, uncertainty. Moreover, the actual journey to a hospital is frequently more uncertain than this graph indicates since there are often a number of military checkpoints and dirt barriers between a patient's house and the hospital. And while a patient might pass a few barriers and checkpoints, he or she could be instructed to return home at the next checkpoint.

The curfews, barriers, and checkpoints affect everyone, not only the sick. They rupture the connection between time and space, making it virtually impossible to calculate the relationship between the two, a relationship which most people living in the West take for granted. Thus, the restrictions on movement as well as the destruction of the infrastructure of existence create a profound sense of disorientation; the possibility of calculating the future is accordingly undermined, and one tends to lose all sense of control. It is as if one is left at the mercy of fate, charity, and faith.

IV. The Breakdown of Securities and the Rise of Hamas

As a result of the situation just described, four major processes have been unfolding in the territories. First, the conditions that enable the management of risk (some form of predictability) have disappeared. This is extremely important for understanding Hamas's ascendancy, since the ills that befall us lose much of their providential meaning if there is a possibility of calculating the future, and if society can become the general arbiter answerable for the causes of our destiny. In risk society, dialysis patients or pregnant women know that they can reach a hospital and receive treatment within a certain period of time, while healthy people know they will receive medical treatment if diagnosed with cancer. Conversely, when existence becomes totally insecure and uncertain, one often witnesses the de-laicization of the world, a situation where God becomes the ultimate – and sole – guarantee of justice and well-being. Moreover, the conception of the individual as a free agent (which informs the rationality of risk society) who can make plans for the future becomes meaningless when endemic uncertainty reigns, as does the notion of choosing among security providers ('new prudentialism'). Faith can consequently become a source of hope and guarantee, the condition of possibility for envisioning a future.

Second, social calamity produces new populations that need assistance just in order to sustain life. As one member of an Islamic charity stated, "the novelty of this uprising is that it has engendered new types of need, which has increased the

number of eligible beneficiaries and diversified the social groups requiring such assistance."[36] These new groups currently include landowners, shopkeepers, those whose homes have been demolished by Israeli bulldozers; in other words, these new groups are not just the poor. Third, an institutional vacuum is created, making room for institutions that have pre-risk characteristics. Following the eruption of the second *Intifada*, NGOs and charitable organizations rapidly became the major welfare service providers in the territories, reaching about 60 percent of the total number of beneficiaries, followed by UNRWA (more than 34 percent) and the PA (only 6 percent).[37] Finally, the destruction of risk rationality ruptures social cohesion because the general political regulations and institutions that lead to the de-individualization of society through the grouping of human interests (e.g., social security) have disappeared. In other words, solidarity – in its political republican as opposed to ethno-cultural or religious sense – is undermined.

The significant point is that these dire developments can also be conceived as an opportunity, and Hamas knew how to benefit from them. The organization continued its policy of providing assistance on the basis of socio-economic need rather than religious or political criteria, so that families in economic distress did not need to be Hamas members or even practicing Muslims in order to qualify for aid. As a chairman of an Islamic charity noted, "the increase in poverty has vastly increased the pressure upon our organization, because we are receiving many more applications than before."[38]

The charitable organizations associated with Hamas quickly became very prominent in the territories. A report on Islamic Social Welfare Activism suggests that by 2001, Islamic organizations were collectively the largest food donor in the occupied Palestinian territories after UNRWA. Rema Hammami, a sociologist from Bir Zeit University, reports that according to surveys undertaken to assess emergency and relief provisions during the *Intifada*, between 10 and 18 percent (depending on the period) cited *Zakat* or Islamic Charity as the organization which had provided support. The charities associated with Hamas were second only to UNWRA and offered more emergency services and financial relief than the PA. The role of secular NGOs was so minimal that they were presented in the survey under the category of "other."[39] This latter point is crucial, since it indicates that while Hamas's charitable and health-care institutions, which are characterized by the absence of consistent guidelines and standards governing the delivery of services, have grown dramatically, the secular NGOs which were developed according to broad nationwide plans and some form of calculability – the characteristics of risk society – have failed to "benefit" from the situation.

On the one hand, Hamas's network of social welfare and health care facilities resembles pre-risk charity networks; there is no overall program or plan which links the different health providers so as to create an efficient and effective health system. The haphazard and makeshift way the network of charity organizations operates contrasts with the planning and calculability upon which the risk society

is built. On the other hand, they do not totally conform to the pre-risk characteristics since Hamas has not abandoned the notion of solidarity, indicating that the destruction of Palestinian risk society has not entailed a simple return to the past.

In pre-risk societies, as Ewald claims, humans were "juxtaposed alongside one another in society," while in risk societies, insurance substantially contributed to building solidarity, since "reciprocal penetration of souls and interests establishes a close solidarity among [human beings]."[40] Not unlike risk society, solidarity is a central component of Hamas's social welfare network, so central that it is mentioned several times in the organization's Charter.[41] Hamas's conception of solidarity, however, is different from the one that develops in risk society because its production does not rely solely on common institutional interests, but is also formed through faith.

The writers of the report on Islamic Social Welfare Activism conclude that while it is impossible to measure the impact of Hamas's charitable work on its popularity, the organization's positive image is significantly related to the efficiency of its social services, particularly when compared with the PA's weaknesses.[42] Taking into account both the scope of services Hamas offers and the sense of solidarity it provides, this conclusion is surely accurate, yet it substitutes the symptoms for the causes. The question is not whether Hamas's social welfare organizations have helped it garner popular support, but rather why Hamas's charity network has been so successful. The answer to this question becomes apparent once one takes into account the destruction of Palestinian state institutions alongside the collapse of all social securities and the creation of endemic uncertainty. Within this context, the very rationality of risk that informs modern society disappears, and for many people faith, in its fundamentalist form, becomes the only door of hope. Faith, as the Hamas Charter puts it, becomes the condition of possibility of securities.

Hence, the claim that Hamas's popularity results from its charity and healthcare network conceals two key issues. First, it elides the fact that Israel has produced a situation where there is desperate need for charity institutions. On a deeper level, though, it obscures how a complete sense of uncertainty influences the way people think and act. Many secular organizations offer social welfare services, yet unlike Hamas they have not been empowered by the situation. The reason is that the rationality which informs their activities is a modern one, based on the calculation of risk. Hamas, on the other hand, accentuates the importance of faith, fate, and divine ordinance, a worldview that rings true within a context of widespread destruction and absolute uncertainty. Accordingly, Israel's obliteration of the very rationality of risk has not only made life in the Occupied Territories extremely difficult, it has empowered its most lethal enemy, Hamas.

V. Risk Theory Revisited

Our analysis of the health system suggests that Hamas was actually empowered by Israel's destruction of Palestinian risk society, while highlighting a social

process that has not received adequate attention within risk literature. As mentioned, the question we wish to raise has to do with what happens to a population compromised not by the incalculability of risks associated with global processes, but rather due to the endemic uncertainty resulting from local processes. We suggested that while global processes tend to be indiscriminate (although, as mentioned, their effect is often mediated, at least partially, by an array of social factors – thus the effects they produce differ depending on the populations), local processes usually target certain populations positioned on the lower end of a social hierarchy. In other words, these processes engender endemic uncertainty among people living in a given state or even in pockets within that state, rather than the world's population as a whole, creating a situation where it is impossible for them to calculate risks and therefore discipline their future.

Such local processes raise several disturbing questions, four of which we would like to briefly discuss here. First, how do these local processes affect the individual members of society? Second, what are the political ramifications of such processes? Third, what kind of local processes engender endemic uncertainty? And finally, which populations are affected by these processes? While each of these issues deserves to be dealt with at length, here we can only provide some tentative and cursory answers.

In order to address the first two issues we turn Hannah Arendt, whose insights into the human condition are extremely valuable in the context of our discussion. Arendt would have probably claimed that insofar as people cannot plan ahead, they are transformed into *animal laborans*, humans whose activities focus on the biological processes that sustain life. Our findings indeed suggest that many Palestinians are currently driven by the imperative of securing life's necessities – defense, food, shelter, and reproduction – a task that is accomplished on a day-to-day basis by the family, which is frequently aided by charity organizations. The two other forms of human activity, work and action, are, in turn, undermined. While we have not conducted in-depth research in other geographical areas where local processes have produced endemic uncertainty, reports about life in such situations do suggest that the individual is often reduced – to varying degrees – to an *animal laborans*.

According to an Arendtian analysis, such a reduction has far reaching implications for the political realm, since in the Occupied Palestinian Territories little, if any, room is left for political action, the activity in which humans can begin something new through deed and speech. Arendt states that when humans are reduced to *animal laborans*,

> what [is] left [is] a 'natural force,' the force of the life process itself, to which all men and all human activities [are] equally submitted…and whose only aim, if it [has] an aim at all, [is] survival of the animal species man. None of the higher capacities of man [is] any longer necessary to connect individual life with the life of the species; individual life [becomes] part of the life process, and to labor, to assure the continuity of one's own life and the life of his family, [is] all that [is] needed.[43]

Indeed, in *The Human Condition* Arendt decries the ascent of labor, since its domination binds humans to necessity and leads them to lose all sense of what constitutes true freedom and collective public life. One does not need to adopt Arendt's strict dichotomy between the private and public or between the political and economic realms to appreciate that when the members of society are reduced to *animal laborans*, the public domain dramatically shrinks and political action – in the Arendtian sense – is undermined. On the one hand, with the amplification of labor, individuals are isolated because they concentrate on securing life's necessities; therefore their propensity to act politically is greatly reduced. On the other hand, they lose their singularity and become mere particles in a mass. "What makes mass society so difficult to bear," Arendt claims, "is not the number of people involved, or at least not primarily, but the fact that the world between them has lost its power to gather them together, to relate and to separate them."[44]

We disagree with Arendt's assessment that these processes destroy the political or political activity per se, since we believe that the second *Intifada* and Israel's reaction to it are political despite the violent character of events. We do think, however, that the processes we have described point to the dramatic diminishment of the public domain and thus Arendt's insights become useful for understanding how the individual and the political are affected. The existence of the public domain is the condition of possibility for a certain kind of political, one that is informed by open debate and the ability to bring about social change through discussion and persuasion.

So if until now we argued that the destruction of the rationality of risk facilitates the rise of Hamas since it makes room for a pre-risk rationality which emphasizes faith and divine ordinance, here we would like to add that both the individual concentration on securing day-to-day necessities and the consequent shrinking of the public domain, which are the effects of the impossibility of calculating risks, have also contributed to Hamas's ascendancy. Moreover, it appears that while the curtailment of the public domain and decline of political action are direct consequences of the endemic uncertainty, the rise of fundamentalism is actually coincidental. In other words, the diminishment of the public domain makes the adoption of a fundamentalist position that espouses not only a single truth, but also maintains that certain people have access to that truth and can direct all the others towards it more compelling. We do not propose, however, that the destruction of the rationality of risk necessarily leads to the rise of fundamentalism or to the adoption of a pre-risk rationality. This is only one of many possibilities, and the reason it occurred in the West Bank and Gaza Strip is due, at least in great part, to the fact that an already a vibrant fundamentalist movement existed there and was able to take advantage of the situation.

A basic examination suggests that in other areas of the world the reduction of the individual to an *animal laborans* and the shrinking of the public domain are becoming manifest due to context-specific local processes that undermine the possibility to calculate risk. Indeed, parallel processes can, it seems, be identified

in Iraq, Chechnya, Afghanistan, and other conflict-ridden zones, where the local population or sectors within it are subjected to endemic uncertainty. This uncertainty, we maintain, is often intentionally created and used as a weapon to advance political objectives.

But conflict zones are not the only regions where local processes render it impossible to calculate risks. Similar developments are also beginning to unfold – although with less intensity – in several liberal democracies. We are referring specifically to processes relating to the dismantling of the welfare state, which is leaving more and more people without homes, basic health-care, and even food, not to mention pensions and other forms of security. The neoliberal policies that commodify the welfare state and thus engender the dismantling of risk society produce, on the one hand, the entrepreneur, the individual who manages his/her own risk as an enterprise (new prudentialism), and, on the other hand, social groups subjected to endemic uncertainty. Some of the people subjected to this deep-seated uncertainty turn to a pre-risk, fundamentalist organization of political life. In other words, local processes that create uncertainty are not only created by military conflict, but also by economic and social policies that are usually more subtle and less violent. Accordingly, the populations affected are not only national or ethnic groups living in conflict zones, but also refugees, undocumented migrant workers, and the very poor within western democracies. It seems that in the latter context, uncertainty is also intentionally created and specific populations are targeted in order to achieve certain political goals. However, this claim needs further research to be corroborated.

A study comparing the ramifications of widespread uncertainty in different settings is therefore needed. It appears that for large segments of the affected populations, the rationality of risk – even in its reduced and individualized form of 'new prudentialism' – does not exist. Their conduct is not managed by modern forms of governmentality, or by neoliberal technologies of 'enterprising' the self, but by oppression, exclusion, and sheer force accompanied by the suspension of the law.[45] Such a situation, as we have tried to show, creates fertile grounds for fundamentalist groups like Hamas, whose rationality in many respects predates risk society and does not leave much room for the modern republican model of political life. It is therefore crucial to begin thinking of alternative ways of countering the local destruction of risk society, ways that do not have a fundamentalist perspective as their basis.

NOTES

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1. There are several translations of the Hamas Charter; in this paper we use the one which appears in Shaul Mishal, and Avraham Sela, *The Palestinian Hamas: Vision, Violence and Coexistence* (New York: University of Columbia Press, 2000), 175–99.

2. Hamas is an abbreviation of *Harakat al-Muqawama al-Islamiyya*, namely, Islamic Resistance Movement.

3. The first poll cited was conducted between the 27 and 31 of January 2000 by the Palestinian Center for Policy and Survey Research. The second poll cited was conducted between the 24 and 27 of June 2004 by the Palestinian Center for Policy and Survey Research. The different polls appear at http://www.pcpsr.org/.

4. Khaled Hroub, "Hamas After Shaykh Yasin and Rantisi," *Journal of Palestine Studies* XXXIII, no. 4 (Summer 2004): 21–38.

5. Mishal and Sela, *The Palestinian Hamas*, 3.

6. In addition to those cited above see, for example, Khaled Hroub, *Hamas: Political Thought and Practice* (Washington, DC: Institute for Palestine Studies, 2000); International Crisis Group, "Islamic Social Welfare Activism in the Occupied Palestinian Territories: A Legitimate Target?," *Middle East Report* 13, 2 April 2003, online at http://www.crisisweb.org/home/index.cfm?id=1662&l=1; Sara Roy, "Hamas and the Transformation(s) of Political Islam in Palestine," *Current History* 102 (2003): 13–20.

7. Susan Buck-Morss, *Thinking Past Terror* (New York: Verso, 2003).

8. Deborah Lupton, *Risk* (London: Routledge, 1999).

9. Mary Douglas and Adam Wildavsky, *Risk and Culture: An Essay on the Selection of Technological and Environmental Dangers* (Berkeley: University of California Press, 1982).

10. See, for example, Barbara Adam, Ulrich Beck, and Joost Van Loon, eds., *The Risk Society and Beyond* (London: Sage, 2000); Ulrich Beck, *Risk Society: Towards a New Modernity* (London: Sage, 1992); Ulrich Beck, *World Risk Society* (Oxford: Polity, 1999); François Ewald, "Two Infinities of Risk," in Brian Massumi, ed., *The Politics of Everyday Fear* (Minneapolis: University of Minnesota Press, 1993): 221–28.

11. Graham Burchell, Colin Gordon, and Peter Miller, eds., *The Foucault Effect: Studies in Governmentality* (London: Harvester Wheatsheaf, 1991); Mitchell Dean, "Risk, Calculable and Incalculable," in Deborah Lupton, ed., *Risk and Sociocultural Theory: New Directions and Perspectives* (Cambridge: Cambridge University Press, 1999); Paul Higgs, "Risk, Governmentality, and the Reconceptualization of Citizenship," in Scambler Graham and Paul Higgs, eds., *Modernity, Medicine and Health* (London: Routledge, 1998); Deborah Lupton, *The Imperative of Health: Public Health and the Regulated Body* (London: Sage, 1995); Pat O'Malley, "Risk, power and crime prevention," *Economy and Society* 21, no. 3 (1992): 252–75.

12. François Ewald, "Insurance and Risk" in Burchell, Graham, Colin Gordon, and Peter Miller, eds., *The Foucault Effect: Studies in Governmentality* (London: Harvester Wheatsheaf, 1991): 197–210.

13. Mitchell Dean, "Sociology After Society," in David Owen, ed., *Sociology After Postmodernism* (London: Sage, 1997), 218.

14. Ibid., 223.

15. Ewald, "Insurance and Risk," 207.

16. Graham and Higgs, eds., *Modernity, Medicine and Health*; Alan Petersen and Robin Bunton, eds., *Foucault, Health and Medicine* (London: Routledge, 1997).

17. Bryan Turner, "Theoretical Developments in the Sociology of the Body," *Australian Cultural History* 13 (1994): 13–30.

18. Examining reports published by the Israeli Ministry of Health reveals an array of tables and graphs starting from 1970, three years after the occupation. One can observe changes in the "Vaccination of Preventable Diseases in the West Bank and Gaza," the "Introduction of New Vaccines to Routine Immunization Schedules," the "Immunization Program for Infants and Schoolchildren," an "Analysis of Tetanus Cases (adult and neonatal)," as well as graphs describing cases of diphtheria, poliomyelitis, measles, hepatitis, pulmonary tuberculosis, etc. See Tamara Barnea and Rafiq Husseini, eds., *Cooperate and Separate, Separate and Cooperate: The Disengagement of the*

Palestinian Health Care System from Israel and its Emergence as an Independent System (New York: Greenwood, 2002).

19. While within the paradigm of public health the population is at risk, within the paradigm of therapeutic medicine the individual is the one at risk. When population's and individuals' health are constantly at risk, surveillance is essential in order to manage and diminish the risk. The risk of the individual is managed through technologies of control administered by health professionals, and through technologies of the self administered by the individual him- or herself.

20. Barnea and Husseini, *Cooperate and Separate*, 46.

21. Neve Gordon, Rela Mazali, and Nogah Ofer, *The Occupied Health Care System* (Tel-Aviv: Physicians for Human Rights, 1993).

22. Barnea and Husseini, *Cooperate and Separate*, 44–46.

23. The total number of primary health care centers in the West Bank and Gaza Strip increased by about 150 centers (25 percent) while the number of hospital beds increased by 100 percent. Nonetheless, the number of hospital beds per capita (1:744) continued to be lower than the per capita number of beds (1:600) recommended by the World Health Organization (WHO). Palestinian Ministry of Health, *Annual Report* (Ramallah: PMH, 2000), 58.

24. Michaela Pfeiffer, *Vulnerability and the International Health Response in the West Bank and Gaza Strip: An Analysis of Health and the Health Sector* (Jerusalem: WHO, 2001), 16.

25. Barnea and Husseini, *Cooperate and Separate*, 45. Per capita government expenditure was much lower than expenditure in Egypt ($48), Syria ($90), and Jordan ($123). Pfeiffer, *Vulnerability and the International Health Response*, 16.

26. Efraim Davidi, "Globalization and Economy in the Middle East," *Palestine-Israel Journal* VII (2000): 33–38.

27. Human Development Group, "Supplemental Trust Fund Grant to the Second Emergency Services Support Project" (Middle East and North Africa Region: World Bank, 2003), 2.

28. Ibid., 2.

29. Palestinian Ministry of Health, *Annual Report* (Ramallah: PMH, 2003). One notices a similar pattern regarding the budget of health services offered by UNRWA, the second largest health provider in the West Bank and Gaza Strip. If in June 1997 UNRWA's per capita health expenditure was $23.70, by June 2004 it dropped to $15.90 (in 1997 dollars). All numbers are taken from UNRWA's website http://www.un.org/unrwa/.

30. Human Development Group, "Supplemental Trust Fund Grant," 2. Per capita food consumption declined by a quarter since 1998. Almost 13 percent of children under five years old were suffering from short term malnutrition and almost 18 percent had long-term malnutrition. L. Eaton, "Children in the Gaza Strip suffer malnutrition," *British Medical Journal* 325 (2002): 1057.

31. See http://www.palestinercs.org/crisistables/table_of_figures.htm.

32. See http://www.reliefweb.int/hic-opt/

33. For a list of the people who died due to delay at the checkpoint (in Hebrew), see http://www.btselem.org/Hebrew/Statistics/Casualties_Data.asp?Category=21. Since the beginning of the Intifada there is a 29% increase in home deliveries within the West Bank. HDIP, "The Israeli imposed closure: The Effect of Closure on Health Care in the West Bank and Gaza Strip," 2003, http://www.palestinemonitor.org/new_web/pdf/factsheet_health.pdf

34. WHO, "Health situation of Palestinian people living in the occupied Palestinian Territory," 2002, http://www.who.int/mediacentre/news/statements/statement04/en/

35. For a discussion of time and space in the territories, see Ariel Handel, "What Is Left of the Palestinian Territories? A Spatial Look," paper presented at the The Politics of Humanitarianism in the Occupied Territories, April 20–21, 2004.

36. Cited in International Crisis Group, "Islamic Social Welfare Activism," 15.

37. UNSCO and OCHA "Food and Cash Assistance Programmes, October 2000-August 2001: A Brief Overview" (Jerusalem: OCHA, 2001), 18.

38. Cited in International Crisis Group, "Islamic Social Welfare Activism," 15.

39. Rema Hammami, "Palestinian NGOs, the Oslo Transition and the Space of Development," Conference Paper, Birzeit University, February 2002, 23.

40. Ewald, "Insurance and Risk," 207.

41. Mishal and Sela, *The Palestinian Hamas*, 188–89.
42. International Crisis Group, "Islamic Social Welfare Activism," 25.
43. Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1958), 321.
44. Ibid., 52.
45. Georgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford: Stanford University Press, 1998).

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