How to Vaccinate a Bedouin Village in Israel: A Case Study in Overcoming | Opinion

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"I'm waiting to see if Hassan takes the vaccine." This was the refrain I kept hearing on a recent visit to the Bedouin village of Sa'wa in Southern Israel, a 20-minute drive from the Bedouin town of Hura where I served as Mayor from 2004 to 2018.

Hassan is the village's beloved and trusted Imam, and as the third wave of the pandemic crashed over us, I met him with one goal in mind shared by countless leaders across the world: getting the COVID-19 vaccine into as many arms as possible. At that stage of the vaccine rollout in Israel, a big part of the country was already getting vaccinated and vaccines were readily available. But among the Bedouin community, participation was extremely low.

In my community, the Imam's word carries more weight than any scientist or government official could ever muster. Vaccinating the people of Sa'wa depended on Hassan, and he was eager to lead by

example. But at 46, he was too young to be eligible for a vaccine during this early stage of the rollout, and waiting to vaccinate the Imam meant further excruciating delays in vaccinating vulnerable residents throughout Sa'wa.

I knew my community couldn't afford to wait. Bureaucratic red tape is meant to be cut when you're in a war against a virus and a ticking clock, especially when the common good is on the line. So after calling upon relationships we had developed over the years with various ministries and medical insurance agencies, Hassan's cell phone pinged with a text confirming his appointment later that day.

Word spread rapidly that the Imam had received the vaccine, even more so after he spoke about his vaccination at Friday prayers and encouraged others to make appointments. Over the following days, we saw a steady increase as more and more residents signed up.

It represented crucial momentum in vaccinating the Bedouin community—and it was never guaranteed.

The 270,000 Bedouin of the Negev live at the margins of Israeli society. Muslim Arabs who represent roughly 3.5% of Israel's population, we face a raft of deeply rooted economic and social challenges. The Bedouin towns and villages of the Negev are among the poorest in Israel by almost any measure of economic prosperity or quality of life, and dramatic gaps exist between our communities and the rest of Israeli society, its Jewish and its other Arab communities alike.

We are a people in transition. Our vibrant and traditional community continues to navigate a delicate balance, remaining faithful to our past while embracing critical innovations. It's a process that has strained our economic and social structures and tested the trust between our community and the government.

In many ways, our ongoing efforts to tackle wide scale vaccination are emblematic of the broader battles grassroots leaders in the United States and across the world are facing in the fight against the pandemic. How do we build trust with institutions that have seen us historically as an afterthought—or worse? How do we overcome fear and anxiety within our own communities so that we can fully take advantage of the solutions that can protect us?

There are three guiding principles that have worked for leaders focused on these issues in the Negev Bedouin community, and I share them in the hopes that they can help other marginalized communities facing the same struggles across the globe:

First, trust matters. We do not need to agree on every single issue in order to build trust, but without it, it's hard to accomplish anything.

The low vaccination rates in the Bedouin community reflected the low amounts of trust between the community and the government. Yet we were able to change that, thanks to strong pre-existing relationships between community leaders, the government, and the private sector with access to resources and expertise.

Those relationships were built long before the pandemic, and could only be activated in a crisis effectively because of years of building the infrastructure of trust.

Second, real progress requires tri-sectoral coalitions. Even with all the best ideas and resources, the reality is that no one sector—not the government, NGOs, or the private sector—can solve a challenge of this scope and scale by themselves.

In one case, for example, the public sector launched a solo effort to vaccinate the Bedouin community in the Negev, but despite the best of intentions, it ended up vaccinating only 20 residents, with nearly 1,000 doses going to waste.

By contrast, Yanabia, the organization I lead in the Bedouin community, approaches problem solving by bringing leaders from all three sectors to the table who are focused on the common good to create solutions to our community's challenges.

Lastly, don't talk *about* us, or *to* us, but *with* us. Effectively getting people to receive vaccines in hard-to-reach communities requires bottom-up, grassroots problem-solving generated from within the community itself. We cannot be an afterthought in the creation of a strategy based on what others think they know about us. We know that even the most diligent and well-intentioned government officials have limited understanding of cultural codes and the social landscape within Bedouin towns and villages. Government, NGOs, and the private sector should take on that

outreach at the earliest stages to understand our needs and struggles and complexities, and innovate with us, not around us.

In the days since Hassan's vaccination, our strategy for tri-sectoral cooperative vaccine distribution continues to grow and attack the challenge from all angles. We learned, for example, that many women were uncomfortable attending vaccination clinics with men present. Within days, the women-only clinic we opened with Magen David Adom proved to be a game changer, with over 400 women showing up on its first day of operation, using every available dose.

In my hometown of Hura, we received unprecedented support from the Israeli Home Front Command; a Muslim cleric rode through the town with a bullhorn atop an Israeli military vehicle, shouting vaccine information to passersby.

We still have much work to do, but early data of our efforts shows promise. Just three days after initiating our strategy, the number of people vaccinated in Hura surged from just eight percent to 25.4 percent.

Building trust is always hard. It's even harder amid the backdrop of the pandemic. But within the chaos of this current moment, with the health of our entire community at stake, we have an opportunity to do things differently and solve problems in new ways that center trust to advance the common good.

I can only pray and hope that we will have the wisdom and power to use the lessons learned in this emergency when the immediate crisis of the pandemic passes.

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