

Blame Avoidance, Crisis Exploitation, and COVID-19 Governance Response in Israel

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Abstract

Surprisingly, although the Israeli government adopted unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements during the first wave of COVID-19, the public health outcome was successful, a paradox that this theoretically informed article seeks to explain. Drawing on insights from blame avoidance literature, it develops and applies an analytical framework that focuses on how allegations of policy underreaction in times of crisis pose a threat to elected executives' reputations and how these politicians can derive opportunities for crisis exploitation from governance choices, especially at politically sensitive junctures. Based on a historical-institutional analysis combined with elite interviews, it finds that the implementation of one of the most aggressive policy alternatives on the policy menu at the beginning of the COVID-19 crisis (i.e., a shutdown of society and the economy), and the subsequent consistent adoption of the aforementioned governance arrangements constituted a politically well-calibrated and effective short-term strategy for Prime Minister Netanyahu.

Keywords: allegations, blame avoidance, COVID-19, crisis exploitation, disproportionate policy, political executives.

The Israeli government succeeded in curbing the spread of the first wave of the novel coronavirus (COVID-19). As of 31 May 2020, the number of deaths stood at 285, compared to 4722 deaths on 31 January 2021, in a country with a population of 9.13 million (MoH 2021). This was facilitated by governmental decisiveness during the early phase of the outbreak, which led to the adoption of policy measures that included shutting down society and the economy, leaving no more than 15% of the workforce active. However, although the public health outcome during the first wave of the coronavirus was a relative success, this was achieved despite the government's selection of unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements.

Drawing on blame avoidance and crisis exploitation literatures, the analytical framework developed herein focuses on how blame avoidance strategies and crisis governance are connected to the level of uncertainty within which elected executives operate; how allegations of policy underreaction pose a threat to elected executives' reputations; and how these representatives can derive opportunities for crisis exploitation from governance choices, especially at politically

sensitive junctures. Underlying the analytical framework applied herein lies the premise that allegations of policy underreaction, rather than policy overreaction, pose a very significant threat to elected executives' reputations, especially at times of crisis. Indeed, such allegations imply a failure to accomplish the distinct core mandate for protecting human life with which they are tasked, suggesting that these executives are captive to certain political, economic, or social actors to the detriment of the public at large (Gilad et al. 2015). Political executives wishing to avoid such allegations can, for example, implement aggressive policy solutions at the beginning of a crisis.

The claim advanced here is that opting for one of the most aggressive crisis response strategies on the policy menu effectively 'protects' elected executives from future blame games and official inquiries. Thereafter, and especially when crises occur at politically sensitive junctures, the window widens for crisis exploitation, which can be achieved by adopting certain governance arrangements to obtain short-term political benefits (e.g., gaining more power, public support, and legitimacy). Unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements may ensure that political executives retain complete control over strategic and operational crisis management, safeguarding their ability to shape the psychological and emotional context of the crisis, and protecting them from future audits and the ensuing blame games. To examine the plausibility of this claim, the article employs a historical-institutional analysis accompanied by interviews with elected executives, analyzing the governance choices made by the Israeli government in response to the first wave of COVID-19 during the period February–May 2020.

We find that, at an early stage of the outbreak, Prime Minister Benjamin Netanyahu employed one of the most aggressive control measures on the policy 'menu' — namely, a

shutdown of society and the economy — in order to contain the spread of the virus and ‘flatten the curve.’ However, he thereafter consistently adopted unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements. We likewise find that these arrangements enabled him to retain complete control over the strategic and operational management of the crisis, thereby casting his leadership abilities in a positive light. Consequently, he enjoyed high levels of public support during the period under examination, and this helped him to form an emergency unity government. Regarding personal benefits, Netanyahu was able to delay his trial proceedings. For Benjamin Netanyahu, the adoption of these blame avoidance and crisis exploitation strategies therefore constituted a *politically* well-calibrated and highly effective short-term strategy.

The article is structured as follows. The first section elaborates on blame avoidance and crisis exploitation literatures. The second section presents the analytical framework, and the third details the methodological considerations underlying the case selection and research method. The fourth section analyzes the Israeli case during the period February–May 2020. The article concludes by elaborating on avenues for future research.

Relevant literature

Since the 1980s, public administration and policy scholars have generated a wealth of literature regarding blame avoidance and self-preservation in government (e.g., Weaver 1986; Hood 2011; Hood et al. 2016; Hinterleitner and Sager 2015; Wenzelburger 2014; Leong and Howlett 2017; Vis 2016). Weaver (1986), for example, has argued that political executives seek to avoid blame vis-à-vis their policy decisions because being the focus of blame may diminish voter support at the next elections. Drawing on this insight, Hood (2011) claimed that blame avoidance should be

regarded as a “political and bureaucratic imperative” (p. 24) that guides the behavior of officeholders at all levels of government. Blame avoidance may be seen as an accountability-enhancing strategy (Hood 2014) and as a legitimacy-enhancing strategy (Leong and Howlett 2017). Unsurprisingly, blame avoidance behavior has implications for political reactions to policy problems (Maor 2017a, 2017b, 2019, 2021).

Political scientists who have studied blame avoidance in government from a public administration perspective (e.g., Hinterleitner 2015) have focused on defensive elite decision-making in the face of reputational risks, such as crises and public scandals (e.g., Boin et al. 2009; Hood 2011). This perspective distinguishes between three blame avoidance strategies — *agency strategies* (e.g., delegation of responsibility, defensive reorganization, and staff rotation); *policy strategies* (e.g., abstinence, protocolization, individualization); and *presentational strategies* (e.g., keeping a low profile, changing the subject) (Hood 2011) — the implementation of which can lead to forms of organizational architecture and behavior that reduce policy effectiveness and efficiency, thereby running against the public interest.

In the broader context of public administration, scholars of regulatory communication have found that agency’s choice between silence, problem denial and problem admission is shaped by the content of the allegations that it faces. Specifically, “when audiences claim that regulation is overly lenient (namely, underregulation), the regulator is relatively inclined to admit a problem, yet shift blame to others, rather than either keeping silent or denying the alleged harm. Conversely, when audiences claim that regulation is excessive, the regulator is inclined to deny the significance of the alleged harm and justify the public value of regulatory intervention” (Gilad et al. 2015: 452-453). These findings highlight the agency’s *differential* response (i.e., a choice between types of responses) to particular reputational threats (see also Maor and Sulitzeanu-Kenan 2013, 2016).

The rationale is clearly straightforward as claims of underregulation pose a greater threat to regulatory reputation because they imply an agency's failure "to accomplish its distinct core mandate for protecting a specific public value [...]" (Gilad et al. 2015: 452). This intriguing rationale is applied here in an attempt to conceptualize crisis governance in an environment of profound uncertainty. Governance is viewed here as a synonym for government, providing society with direction (e.g., Lynn 2012: 49; see also Peters 2019). This governance perspective was selected because severe crises — such as the COVID-19 crisis (Ansell et al. 2010; Boin et al. 2020) — highlight the central role that the government plays in governance (Capano et al. 2020; Hale et al. 2020; Weible et al. 2020).

Importantly, crises are political in nature and contain a dimension of opportunity, making them vulnerable to exploitation by politicians (e.g., Birkland 2004; Boin et al. 2018; Boin et al. 2016; Kamkhaji and Radaelli 2017; 't Hart and Boin 2001). Indeed, specialized literature addresses how actors strategically exploit crises and the ensuing framing contests (e.g., 't Hart 1993; Boin et al. 2009). In addition, the coupling between substantiality and symbolism during a crisis and the subsequent crisis management response is reminiscent of Tilly's (1982) conception of the state's protection racket, defining a danger or threat that strengthens its hold over territory. This article therefore sits squarely within a growing body of work, such as Agamben's (2005) study regarding a 'state of exception'; Roitman's (2014) work concerning crisis as a 'blind spot' in the production of knowledge; Adey et al.'s (2015) study of moments of emergency as creating new modalities of governing; and Aradau and Van Munster's (2009) work on the institutionalization of fear of the enemy as the constitutive principle of society.

The analytical framework

The conceptual link between blame avoidance strategies and crisis governance response is fundamentally connected to the level of uncertainty within which key elected executives operate. In times of crisis, these executives may operate in the domain of uncertainty rather than risk, in the sense that “they are able to identify the worst outcomes without being able to specify the likelihood that they will occur” (Sunstein 2007: 26). Crises thus represent a potentially catastrophic threat, the probability of which cannot be predicted with great confidence. Likewise, if the worst-case scenarios indeed transpire, they are likely to affect many people at the same time.

An additional source of uncertainty — a political one — may stem from the inability to form a viable government following indecisive election results or from perceived election fraud. A national election that fails to produce a viable government, let alone a few consecutive such elections, creates a great deal of uncertainty. This type of political uncertainty may lead to a deep injection of electoral and campaigning politics into strategic crisis management. In addition, once elected executives’ political fortunes are dependent on other coalition partners to maintain their (caretaker) hold on power, the potential and actual responses of these coalition partners provide a political reference point for the formation and implementation of state crisis response. Consequently, elected executives cannot adjust their crisis management decisions solely based on crisis-relevant information (e.g., public health information in the case of a public health crisis). The unique intersection between the aforementioned two sources of uncertainty facilitates genuine opportunities for blame avoidance considerations that intermingle with the policy and governance choices made by elected executives.

Underlying the analytical framework developed herein is the idea that in crisis situations, especially those that occur in politically sensitive junctures, chief elected executives are likely to opt for one of the most aggressive crisis response strategies in the relevant crisis policy “menu” as

a means of political protection, rather than producing a cautious policy response to minimize political exposure while trying to share potential blame by creating “political targets” that the opposition can attack. The rationale underlying this argument is that allegations of policy underreaction pose a very significant threat to elected executives’ reputations. They imply a failure to accomplish their distinct core mandate for protecting human life (Gilad et al. 2015) and insinuate that the said elected executive is the captive of certain political, economic, or social actors to the detriment of the public at large. Hence, the greater the overlap between different dimensions of uncertainty, the stronger the incentives motivating elected executives to opt for the most aggressive policy alternative on the policy menu, thereby effectively ‘protecting’ themselves from future blame games and official inquiries. In these circumstances, the window to politicize governance response widens.

Thereafter, particularly when crises are global in scope and are accompanied by deep global anxiety, elected executives have greater opportunities for crisis exploitation which can be harnessed by adopting governance arrangements that yield short-term political benefits (e.g., gaining more power, public support, and legitimacy). In addition, they face mounting incentives to pursue such arrangements in politically sensitive junctures. Indeed, the use of unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements may enable political executives to maintain complete power over the strategic and operational management of the crisis. For example, they may allow chief elected executives to include in the core executive trusted public officials who endorse ‘worst-case scenario’ policy preferences (Sunstein 2007) and whose advice corresponds with the prime minister’s political interests insofar as the manipulation of the public mood is concerned. Such governance arrangements may also enable elected executives to safeguard their ability to shape the psychological and emotional context of the crisis

(Maor and Gross 2015), and to protect them from future audits and the ensuing blame games. Overall, one may reasonably expect that, during a crisis occurring at a politically sensitive juncture, the implementation of an extreme policy response at the beginning of the crisis, together with the consistent adoption of unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements thereafter, will constitute a politically well-calibrated and highly effective short-term strategy for (chief) elected executives. Before examining this claim, attention turns to elaborating the research strategy.

Methodology

The next section probes the ‘plausibility’ of the claim advanced herein, establishing that it is worth considering — that is, empirical instances of it exist (Eckstein 1992). It analyzes policy and governance decisions made by the Israeli government in response to the first wave of COVID-19 during the period February–May 2020. This case was chosen mainly due to the overlap between a serious national crisis and politically sensitive circumstances. We employ a historical-institutional analysis alongside an examination of interviews with key elected executives that were published in the Israeli media. Governance decisions are analyzed over five governance dimensions — namely, efficiency, organization, coordination, regulation, and information. These dimensions were selected because they correspond to the set of principles associated with how government’s crisis response is directed and controlled, namely *accountability and equity* (read, organization and efficiency); arrangements for *the exercise of legitimate authority* through regulation, standards, and targets (read, regulation); and *processes for ensuring accountability and managing risk within organizations* (read, coordination and information) (Marks 2014).

All written and broadcast media outlets were searched for interviews with government ministers and the prime minister during the period under investigation, and quotes were selected based on relevancy to decision-making processes and atmosphere, as well as policy justification. For our analysis, it is not relevant whether the case in question yielded the expected public health outcomes, because the focus here is not on these outcomes but rather on the various governance arrangements implemented during the said crisis, their internal logic, and their short-term political and personal consequences for the prime minister.

The Israeli case

As the Israeli government began implementing measures against COVID-19 in late January 2020, it was in the midst of a constitutional crisis exacerbated by a yearlong electoral impasse (Maor et al. 2020). Indeed, following two consecutive elections before the pandemic and a third that was held immediately after its initial outbreak, the government — comprised of right-wing and ultra-Orthodox religious parties — fell short of winning the majority it needed to form a new coalition government. This unique situation, which occurred amid deep global anxiety regarding the spread of the coronavirus, resulted in great uncertainty, and the situation was further aggravated by the fact that the head of the Israeli care-taker government, Benjamin Netanyahu, was scheduled to appear in court on March 17, 2020, on charges of fraud, bribery, and breach of trust. Thus, the conditions were ripe for political considerations to intermingle with governance choices in the fight against COVID-19.

Although Israel has faced serious emergency management challenges in the past, including wars and major terrorist attacks, its healthcare system was not adequately prepared for an epidemic. A state audit report published on March 23, 2020, concluded that the MoH, the Health

Management Organizations (*Kupot Holim*), and the hospital system were not fully prepared for a pandemic flu outbreak, despite a 2005 government decision that ordered such preparations to be made. It also highlighted the shortage of hospital beds, isolation rooms, staffing, and medications, in addition to ill-equipped intensive care units and a lack of cooperation between the MoH and the Ministry of Defense (MoD) (Office of the State Comptroller and Ombudsman of Israel 2020: 518).

The coronavirus outbreak began in China at some point between late November and early December 2019. The first case of coronavirus in Israel was confirmed on February 27, 2020. Subsequently, on March 9 (44 confirmed cases),¹ home quarantine became mandatory for anyone returning from abroad, and on March 14 (183 confirmed cases), the government ordered the closure of all educational institutions as well as recreational and entertainment sites. In addition to recommending that people maintain a distance of two meters from others, it used the cellphones of confirmed and suspected COVID-19 patients to warn further potentially infected people and to enforce quarantine orders. On March 20 (813 confirmed cases), Israel registered the first death due to the novel coronavirus, and on March 25 (5 deaths; 2462 confirmed cases) new regulations forbidding people to move more than 100 meters from their homes, apart from shopping for food and medicine, were instituted for a period of one week. Throughout this period, in a unique program run by the Israel Defense Forces (IDF) in order to relieve overcrowded hospitals, confirmed COVID-19 cases suffering from mild symptoms were transferred to “corona hotels,” and Israeli residents returning from abroad and requiring quarantine were transferred to other hotels. As indicated in Figure 1, at the beginning of April there were signs that the rate of infection was slowing, and during that month full lockdowns were imposed on the first and last days of the Passover holiday and on Independence Day, in addition to travel limitations on Memorial Day. By

mid-May it was clear that Israel had succeeded in curbing the first wave of the coronavirus outbreak. Attention now turns to the government's COVID-19 governance response.

FIGURE 1 ABOUT HERE

Unregulated decision environment

Prime Minister Netanyahu understood relatively quickly that the outbreak of the coronavirus in Israel constituted a national emergency. The centralized decision-making he employed stemmed from the nature of this crisis as well as from a clear-cut policy orientation at this strategic juncture. As Netanyahu himself clearly stated, “I instructed [health officials] to overreact rather than underreact.”² Due to the prime minister's insistence on managing the coronavirus crisis singlehandedly, this instruction gave him and his trusted advisors complete freedom vis-à-vis policy and governance choices. At the same time, he intensified existential warnings, arguing that the pandemic may prove to be the biggest threat to humanity since the Middle Ages (interview on Channel 12, 21 March 2020), that “we could reach a million infected within a month,” and that “there could also be 10,000 dead Israelis” (March 25, interview on Channel 12 news).

Consequently, aggressive steps, designed to minimize the death rate and the rate of infection and to prevent hospitals from being overwhelmed by patients in need of ventilation, were implemented at a relatively early stage. These policies were guided by models, formulated by physicists and mathematicians, which projected between 8,600 and 21,600 Israeli fatalities from COVID-19 and thus recommended these uncompromising moves (Arlosoroff 2020). Netanyahu found an ally in the MoH, which predicted 10,000 deaths. According to Health Minister Yaakov Litzman, who had served in this role almost continuously since 2009, “the ministry did not twist

and turn. It went in one direction all the time, towards an excessive response.”³ Thus, decision-making during the crisis was largely based on exaggerated public health predictions and was not balanced by financial and economic concerns. As the health minister noted when asked about the damage that these aggressive steps caused to the economy: “You’re talking about money, I’m not interested in money. I’m interested in health, [in] human life.”⁴ However, although the prime minister accepted the apocalyptic scenarios presented by the MoH and the derived policy solutions, the decisiveness that characterized the steps implemented at the start of the pandemic was not followed by the adoption of similarly decisive governance response.

Chaotic decision-making

A further result of the prime minister’s insistence on managing the coronavirus crisis alone was his decision not to activate the national crisis management strategy for pandemics that had been compiled in 2007 — ‘A Healthy Wave’ (*Nachshol Bari*) (Health Ministry and National Emergency Authority 2007). At the heart of this strategy is the declaration of a state of emergency and the transfer of responsibility for managing the crisis to the National Emergency Authority (NEA). The sole purpose of this body, which operates within the MoD, is to manage states of emergency on the home front. Its duties include ensuring functional continuity, determining priorities, coordinating activities with government offices, and managing the entire national system in an emergency. The NEA has been trained precisely for such an event, while simultaneously guiding, coordinating, and preparing local governments.

Alternatively, responsibility for crisis management could have been transferred to the Home Front Command, that is, to the IDF. Netanyahu may have decided against these governance alternatives because both the NEA and the Home Front Command were under the authority of Defense Minister Naftali Bennet, Prime Minister Netanyahu’s bitter political rival. This may also

explain why Netanyahu decided not to assign the MoD, which has global purchasing abilities, the task of purchasing testing kits, ventilators, and other medical equipment.

Following the same line of reasoning, and with an eye to avoiding other loci of crisis management decision-making, Netanyahu decided not to appoint a national project coordinator for the fight against the virus or, alternatively, to create an executive body that would ensure organized, timely, and coordinated decision-making. He also decided not to open the command bunker for emergency situations located in the Prime Minister's Office, the purpose of which is to serve as the professional headquarters during a crisis (Eiland 2020). There was therefore no system of command and control, such as a small forum of cabinet members responsible for managing the fight against COVID-19, supported by a special situation room on the national level. The consequent extreme centralization left the prime minister as the sole decision-maker, assisted by the director general of the MoH, with the health minister "updated here and there,"⁵ although he later contracted coronavirus and was thus confined to home quarantine.

Meetings were held at the Prime Minister's Office and attended by representatives of government ministries. These included the Mossad, Israel's mythical secret service agency; the Home Front Command; the Ministry of Defense's Research and Development Agency (*Mafaat*); the 8200 unit — the central intelligence gathering unit in the IDF; an ultra-elite reconnaissance unit (*Sayeret Matkal*); the Weizmann Institute, and others. The complexity of the decisions, on the one hand, and the lack of relevant preparatory work supporting the prime minister's decision-making, on the other, generated a chaotic decision-making process that manifested in frequent changes to the regulations and guidance given to the public. It also generated a lack of timetables for changes in these regulations and guidance; the absence of clear justifications for some aspects

of the guidance, combined with ambiguity of COVID-19 regulations; a lack of a coherent enforcement policy; and last minute decision-making.

An example of the chaotic decision-making was recorded on March 9, when a regulation was introduced requiring anyone returning from abroad to enter home quarantine. However, it was not decided which body would be responsible for enforcing this decision. Finance Minister Moshe Kahlon gave another example of the chaotic decision-making: “We have sacrificed the economy on the altar of health [...] when we begin to feel that this group [the leaders of the MoH] is exaggerating a bit, I give an instruction that contradicts what they requested.”⁶

Inefficient governance arrangements

As a result of the decision not to activate the 2007 plan for a state of emergency, most of the burden in tackling the crisis fell on the MoH, a ministry that is usually occupied with regulatory activities and therefore lacks skills in operating logistical systems, managing states of emergency, and overseeing situations of uncertainty. The MoH is also weak politically, with a low capacity for strategic planning (Tshernichovksy 2020). Instead of limiting the responsibility of the MoH as far as possible to fields in which its expertise is unparalleled, during the fight against COVID-19 the MoH made all decisions in a centralized fashion, enjoying the prime minister’s support. These included matters outside the ministry’s expertise, among them logistical decisions and equipment purchases, even though the MoD has proven abilities in purchasing and transportation. During the crisis, the MoH did not succeed in establishing a clear policy due to its weak strategic capacity. In addition, it did not involve the Health Management Organizations, which constitute the operational arm of the ministry, in community testing. Thus, unsurprisingly, the ministry failed to organize mass coronavirus testing and was far from meeting the prime minister’s pledge of 30,000 tests per

day. Likewise, its testing system was neither sufficiently fast nor extensive enough to provide an accurate picture of how the virus was spreading. Such an accurate picture could have facilitated the implementation of a differential policy, hastening the reopening of the economy. For example, Israel has 27 laboratories capable of testing for the coronavirus, yet for two months only one such laboratory processed the tests. Other laboratories were introduced into the testing system only when some of the staff at this laboratory were quarantined after becoming infected with coronavirus or exposed to infected patients. Moreover, the MoH battled against hospital directors who proposed alternative plans and acted in opposition to the MoH's stance on testing, mainly in an effort to protect their medical staffs and, at a later stage, workers in essential industries (Zeev Rotstein, quoted in Magen 2020).

An allocation of responsibilities according to agencies' relative operative advantages should have resulted in the MoH concentrating on improving health services, leaving other tasks to ministries and government agencies with the appropriate skills and expertise (Eiland 2020). Instead, political considerations largely determined governance choices. At the prime minister's request, the Mossad, which specializes in espionage, not in purchasing and logistics, established and led a dedicated procurement war room at Sheba Hospital, under the administration of the Mossad director. This control center was responsible, among other things, for purchasing emergency medical supplies, such as ventilators, masks, gloves, test kits, and personal protective equipment. The fact that the Mossad is under the direct authority of the prime minister and that most of its activity is not subject to scrutiny by the State Comptroller whose results are fully disclosed to the public constituted a relative political advantage rather than a relative operational advantage in a time of national crisis. The same consideration also applied to the use of the Shin Bet, Israel's internal secret service, in tracking coronavirus patients, with the aim of sending SMS

messages to warn people who had been in contact with them. In addition, the task of collecting samples from suspected cases, including the operation of testing stations, was assigned to *Magen David Adom*, Israel's National Emergency Pre-Hospital Medical and Blood Services Organization, rather than to the Health Management Organizations, which have a strong presence at the community level. In so doing, the MoH retained complete control over the testing operation and, more importantly, the derived testing results.

Uncoordinated decision-making

The control center established by the Mossad included task forces that were comprised, among others, of representatives from the IDF, volunteer organizations, hi-tech entrepreneurs, academics, and other volunteers. These taskforces were assigned to oversee various matters, including testing for coronavirus (identifying bottle necks and suggesting operative solutions), the revamping of medical equipment, geriatric institutes, data science, data gathering and analysis, and more. Lacking a central coordinating entity, decision-making remained in the hands of the prime minister and the director general of the MoH, while the role of the government was restricted to a discussion forum. According to the health minister: "Government sessions [operated as] the corona cabinet. The ministers discussed the matter. Each one voiced his opinion, all the opinions were heard, a variety of opinions."⁷ This corona cabinet, however, had little influence on policy decisions related to the fight against COVID-19.

By adopting unorganized and uncoordinated modes of governance at the operative level, the prime minister was able to distance his political opponents, even though some of them should have assumed central roles in the fight against COVID-19. The MoD is one such example. In addition, the Gertner Institute for Epidemiology and Health Policy Research (which is run by the

MoH), private entrepreneurs, and university institutes played a role in the control center. These bodies acted without any direction from above that would outline main priorities and secondary goals and without a managerial hierarchy. The coordination was managed by the Council for National Security, which is an advisory body operating under the responsibility of the prime minister, without any experience in managing and coordinating national crises.

Uninformed decision-making

The strategic crisis decision-making in regard to COVID-19 therefore lacked a comprehensive governance perspective and an organized process (Eiland 2020). The outputs of the task forces, mainly public health reports and operative recommendations, were for the most part not implemented, knowledge was not accumulated, and lessons were not learned in an optimal manner. The information arriving from other countries battling the coronavirus, especially regarding the great risk to elderly populations, did not lead to the design and implementation of a national strategy for the protection of the elderly or to the establishment of a general system for preventative medical care, targeting particularly those living in nursing homes for the elderly. Information concerning the importance of the testing system did not lead to the expansion of this system, its increased efficiency, or focus, or a preference for serological tests.

The level of political flexibility was amplified by the decision of the government to classify all transcripts of cabinet discussions concerning COVID-19 for a period of 30 years. The involvement of the Mossad and Shin Bet in operational matters furthermore ensured that information is withheld from the public. This is because the most stringent agency in a network, in terms of information access, tends to govern the extent of access that any associated agency can

offer (Roberts 2006). This, in turn, may also have made it difficult for government agencies to share information.

Adding to the secrecy surrounding the decision process, Netanyahu also increased his political flexibility by denying decision-makers and the public access to epidemiological data (for example, regarding the rate of infection in the camps run by state hospitals to look after the children of doctors and nurses). Access was also denied to the findings of epidemiological investigations (for example, information about the work places of coronavirus patients), and to peer criticism of the models used by the MoH in managing the fight against COVID-19 and the exit strategy. The MoH also failed to utilize the 22 councils for public health — specialist professional mechanisms that discuss and offer advice in their respective fields of expertise (e.g., the National Council for Geriatrics, the National Council for Health in the Community, and the National Council for Workers' Health). Likewise, no information was gathered concerning the cost of the steps taken in terms of health, and mainly the effect of policies such as lockdowns or the closure of kindergartens on health indexes, illness, and death from illnesses other than coronavirus. In addition, the lack of information made it difficult to compile a picture of the local or regional situation, enabling the prime minister to adopt policy solutions that sometimes intermingled with political considerations (Maor et al. 2020).

Selecting an uninformed mode of decision-making served the MoH, and indirectly also the prime minister, because it was not necessary to obligate to action/inaction thresholds and deadlines, thus allowing the prime minister to make decisions as he pleased. In reality, no government agency challenged the prime minister and the director general of MoH. Likewise, very few commentators did so, and most of those who did were rapidly coopted. During a zoom meeting with the external team of experts on March 29, Prime Minister Netanyahu explained his strategy

as follows: “The only thing that wins is results, winning results. But we don’t know the results. This [will last] a long time. We don’t know what will happen. Therefore, I would bring them [the critics of the government] into this discussion immediately. First, we need to change the direction of the discourse and certainly the intensity of the disagreement. It’s not good for us because we can’t rally the public if the disagreement is [too] intense.”⁸ Overall, uninformed decision making has imposed little transparency burden on elected executives and senior civil servants.

Political and policy outcomes

The aforementioned analysis of COVID-19 governance arrangements raises the question of whether the implementation of an extreme crisis policy response at the beginning of the crisis and the consistent adoption of unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements afterwards, constituted a *politically* well-calibrated and effective short-term strategy for Prime Minister Benjamin Netanyahu. Indeed, we can discern a political rationale behind every step analyzed here and uncover their favorable effects.

First, the decision not to implement the 2007 national emergency plan, which was designed to tackle a pandemic, and the failure to establish a professional body to manage the fight against COVID-19 or to appoint a national project coordinator enabled the prime minister to retain complete control over the strategic and operational management of the crisis.

Second, the classification of the COVID-19 cabinet discussions for 30 years, and the fact that the central bodies on which the chosen strategy relied — the *Mossad* and the *Shin Bet* — are not subject to scrutiny by the State Comptroller whose results are fully disclosed to the public, provided the prime minister with relatively solid protection against blame games during the period under examination.

Third, the decision not to limit the authority of the MoH to areas in which it possesses a relative advantage, while transferring other tasks to agencies with the necessary expertise, as well as the decision not to establish a public health intelligence body separate from the MoH, gave the MoH complete power over the advice presented to the prime minister. This enabled the prime minister to exploit the ministry's tendency towards an excessive response, creating an atmosphere that suited his calls for the creation of a unity government under his leadership.

Fourth, while strategic decisions were made at an early stage of the outbreak, the adoption of unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements generated tensions and arguments between the ministries, largely concerning operative issues. These were subsequently resolved by the prime minister, casting his leadership abilities in a positive light.

Fifth, uncertainty in the domain of governance, in addition to the uncertainty caused by the spread of coronavirus, created the perfect setting for the implementation of deliberate disproportionate policy responses, which are detailed elsewhere (Maor et al. 2020). For example, a *deliberate policy underreaction* was recorded when returning travelers from the U.S. — including infected ultra-Orthodox passengers arriving from the New York area — were exempted from the quarantine restrictions imposed on travelers returning from Europe between February 26 and March 4, 2020;⁹ a *deliberate policy overreaction* was recorded when a national curfew was enforced during the Passover holiday, while epidemiological data indicated that a differential response, covering in particular ultra-Orthodox localities, which were hotspots for the spread of the virus, should have been selected;¹⁰ and a *deliberate policy overreaction* was recorded when a “Coronavirus grant” was paid to all families with up to four children aged 0–17, even though

income inequality data supported means-testing to target those most in need of this grant (Maor et al. 2020).

This selection of unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements generated immediate political benefits. Both Netanyahu and the Director General of MoH enjoyed high levels of public support during the first wave of COVID-19, with Netanyahu's job approval rating reaching 60%.¹¹ Perhaps most importantly, a coalition agreement was signed on April 20 (14,123 confirmed cases, 178 deaths), and the coalition was finally sworn in by the Knesset on May 17 (16,557 confirmed cases, 272 deaths). In addition, the shutdown of the justice system due to the coronavirus led to a delay in Netanyahu's court appearance, which was rescheduled to take place on January 13, 2021.

Conclusion

This article explains a paradox: although the Israeli government consistently adopted unregulated, unorganized, inefficient, uncoordinated, and uninformed governance arrangements during the first wave of COVID-19, the public health outcome was relatively successful. Drawing on insights from blame avoidance and crisis exploitation literatures, the article explores policy and governance responses during a unique intersection of two sources of uncertainty, namely a serious national crisis and a deep political crisis. We find that at an early stage of the outbreak, Prime Minister Benjamin Netanyahu employed a complete shutdown of society and the economy in order to contain the spread of the virus and 'flatten the curve.' However, he thereafter consistently adopted the aforementioned governance arrangements, results of which were evident at multiple levels and in general favored Netanyahu both politically and personally. Throughout the first wave of COVID-19, he enjoyed high levels of public support, and this helped him to form an emergency

unity government. In addition, he was able to delay his trial proceedings. For Prime Minister Benjamin Netanyahu, the adoption of these policy and governance strategies constituted a politically well-calibrated and highly effective short-term strategy.

To what extent can these findings be applied to other countries? The unique context clearly undermines the possibility of transferring the findings. Indeed, the political context examined herein is too unique to be comparable, and hence the theoretical significance of this article is rather limited. Still, even the cruel, petty, and cynical political considerations of elected executives tackling a crisis while their political and personal futures are hanging in the balance should be tackled both conceptually and empirically.

Finally, historians may consider the time frames of the analysis undertaken here too short to capture any deeper shifts or continuity insofar as the governance arrangements adopted by the Israeli government are concerned (Neustadt and May 1988). Future studies should address these questions by focusing, for example, on the kind of political calculations carried out by elected executives operating under varying levels of extreme uncertainty analyzed here, and on the timing, actors, and mechanisms via which these calculations are undertaken. In addition, blame avoidance scholars may subject the premise underlying the theoretical framework advanced here — that the implementation of an aggressive policy response at the beginning of a crisis can be considered part of the distinctive set of policy strategies pursued by politicians motivated primarily by a desire to avoid blame for unpopular actions — to rigorous empirical tests.

Biographical Note

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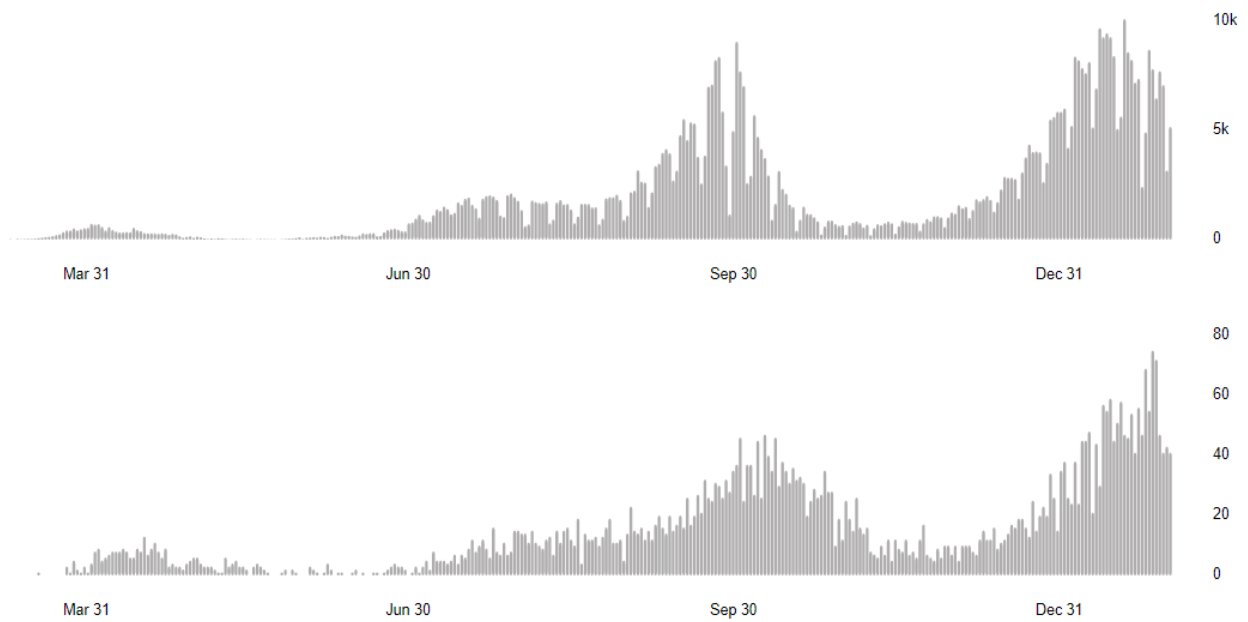
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Figure 1. The Number of Confirmed Cases of COVID-19 by Date (Upper Chart) and Deaths from COVID-19 (Lower Chart) in Israel, February 2020 – January 2021



Source: WHO Health Emergency Dashboard, WHO (COVID-19) Homepage

¹ For detailed historical data, see: <https://govextra.gov.il/ministry-of-health/corona/corona-virus/>

² Benjamin Netanyahu, quoted in *Israel Hayom*, March 5, 2020, p. 4.

³ Yaakov Litzman, quoted in *Israel Hayom*, May 1, 2020, pp. 14–15.

⁴ Yaakov Litzman, *Israel Hayom*, May 1, 2020, p. 14.

⁵ Yaakov Litzman, Interview with Israel's Public Broadcasting Corporation (Kan), 19.5.2020.

Available online at: kan.org.il/radio/player.aspx?ItemId=131558

⁶ Moshe Kahlon, quoted in: *Israel Hayom*, May 14, 2020, p. 9.

⁷ Yaakov Litzman, quoted in *Israel Hayom*, May 1, 2020, pp. 14–15.

⁸ Channel 13 News, 23.5.2020. <https://13news.co.il/item/news/domestic/health/ministry-of-health-coronavirus-1065246/>

⁹ There was therefore a gap in policy from February 26 until March 9, when Israel sealed itself off from international travel, which “contributed substantially more to the spread of the virus in Israel than would be proportionally expected” (Miller et al. 2020). This gap, according to Minister of Tourism Yariv Levin, resulted from Israel's desire to maintain good relations with the United States. It may also have been due to the pressure exerted by ultra-Orthodox politicians to allow hundreds of infected yeshiva students from New York unregulated access to Israel (Harel 2020).

¹⁰ In those localities, for example, the doubling time of the number of infected persons ranged from 3.9 to 2.5 days (National Center for Information and Knowledge for the Fight against Corona 2020, 3). This policy overreaction was probably employed in order to avoid stigmatizing the ultra-Orthodox community and to avoid angering its representatives in the government.

¹¹ Ma'ariv, April 4, 2020, <https://www.maariv.co.il/news/politics/Article-761729>; Israel

Democracy Institute, February 27, 2020, <https://www.idi.org.il/articles/30883>; Israel Democracy Institute, March 30, 2020, <https://www.idi.org.il/articles/31153>

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