### Are Groups in Conflict Willing to Help the Other Side Under a Joint External Threat? Lessons from COVID-19 in Israel

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### Abstract

With global changes, large-scale natural disasters become more frequent and intense. Does their shared external threat influence the willingness of groups in conflict to assist their adversaries, and in what ways? The literature produces inconsistent expectations, including increased cooperation, exacerbated animosity, or no impact. We explore this unresolved question in the Israeli-Palestinian conflict amid the COVID-19 pandemic, a salient exogenous threat for both societies. Using multiple surveys and a novel conjoint experiment, we find that COVID-19 threat perceptions do not affect Israeli-Jewish preferences for assisting Palestinians handle the pandemic. Instead, their multidimensional policy priorities reflect the conflict's core divisions by partian ideology and ethnonational concern. These findings outline both constraints and promises for intergroup collaboration in conflicts facing collective challenges.

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### Introduction

The growth of global human connectivity, globalization, and climate change have increased the occurrence and intensity of large-scale hazards such as extreme weather conditions, global pandemics, and various natural disasters. Their implications disregard political boundaries and pose shared indiscriminate threats to neighboring communities. Effective policy responses, accordingly, often depend on intergroup cooperation and assistance. This challenge is particularly weighty in active conflicts, where out-group members are perceived as enemies, intergroup collaboration is uncommon, and power relations are often asymmetric. Do joint external threats change the willingness of in-group members to assist and collaborate with rival groups in conflict, and, if so, in what ways?

The literature provides conflicting and unidimensional answers to this question (Burke, Hsiang, and Miguel 2015; Gleditsch 2012; Ide and Scheffran 2014; Koubi 2019; Meierding 2013; Theisen 2017). Some studies suggest that shared external threats can promote de-escalation, superordinate identities, and intergroup cooperation in active conflicts. Others argue, by contrast, that such threats are likely to deepen ethnocentrism, intergroup tensions, and competition over limited resources. Finally, still others claim that these threats lack discernible impact, neither positive nor negative, on conflicts' long-standing dynamics. This uncertainty is augmented by scholarly inattention to different types of assistance policies that in-group members would be willing to support under a joint outside threat. While past research on such contexts examined the direction of intergroup attitudes or actual violence levels on the ground, we know little about the multidimensional policy priorities and tradeoffs that in-group members are willing to make between their own group's interests and the other side's needs. In this paper, we address these two gaps using original survey data collected in Israel during the first year of the COVID-19 pandemic, a real-world external threat shared by both sides in an active conflict. We focus on Israeli-Jewish public opinion, which offers a particularly useful case study for our purposes: as the stronger group in an asymmetric conflict, Israelis can choose from a large distribution of possible policy options with varying degrees of assistance, use of force, and in-group and out-group costs. We examine two interrelated questions. First, using multiple public opinion surveys, we explore whether higher levels of perceived threat from the pandemic affect general support for active Israeli involvement in the crisis on the Palestinian side.<sup>1</sup> Second, using a conjoint experiment, we study whether and how greater COVID-19 threat perceptions influence multidimensional policy priorities for such interventions. Hence, our goal is to gain a more nuanced view into the types of policies, tradeoffs, and costs that Israeli Jews support when feeling threatened by a salient outside threat shared with the Palestinians.

Our findings show that a greater personal sense of threat from the pandemic has no real effect, positive or negative, on Israeli Jews' preference to assist the Palestinians with COVID-19. Instead, we find that even under a salient mutual danger, support for Israeli involvement is divided along the conflict's traditional ideological lines between left-wing doves and right-wing hawks. This ideological cleavage also shapes concrete policy priorities: left-wing respondents express greater support for medical assistance and for improving Palestinian wellbeing, readiness to bear some costs, and willingness to collaborate with Palestinian authorities regarding the crisis. Right-wing respondents, by contrast, prefer unilateral military interventions that advance Israeli interests more narrowly and forcefully. Hence, our findings support the third explanation in the literature:

<sup>&</sup>lt;sup>1</sup> The paper focuses on the attitudes of Israeli Jews due to their straightforward rivalry with the Palestinians. Non-Jewish minorities in Israel, particularly Arab citizens, have more complex relations with the Palestinians in the West Bank and Gaza, and, therefore, justify separate theoretical and empirical exploration.

support for intergroup assistance and collaboration is dominated by the conflict's long-standing divisions rather than by fear of the joint outside threat. Nevertheless, we also find that leftist and rightist respondents share some priorities: leftists, too, protect the in-group's interests regarding cost-sharing and expected policy outcomes, and rightists, too, reject policies that explicitly worsen the out-group's wellbeing. These findings, therefore, outline the boundaries of out-group solidarity on the Left and out-group resentment on the Right.

The paper contributes to a growing, and hitherto unsettled, debate about conflict and intergroup relations in a world with increasingly frequent large-scale disasters. Our analysis not only tests the literature's primary competing hypotheses in a salient setting but also broadens the discussion by considering their influence on multidimensional public preferences. As such, it outlines both the limitations and the opportunities for intergroup assistance and collaboration when facing shared external threats. On the one hand, contrary to theories predicting de-escalation, we provide a sobering perspective on the expectation that joint exogenous threats would change intergroup dynamics in active conflicts. Instead, past rivalries and partisan identities remain dominant and obstruct cooperative solutions in favor of one-sided, self-interested, and even aggressive policies with suboptimal outcomes. On the other, contrary to pessimist arguments, our findings identify some silver linings. First, the attitudinal barriers for collaboration are not uniform: dovish, and to some extent centrist, in-group members are open to cooperative solutions that promote both sides' interests. Second, even hawkish partisans, who prioritize their group interests more strictly, do not support policies that actively harm the out-group. These patterns leave room, even if limited, for domestic and international actors to tailor nuanced messaging and policies that accommodate these biases and advance better collective outcomes despite existing rivalries.

The paper proceeds as follows. We first outline the three competing explanations suggested in the literature. We then link them to the context of COVID-19 and the Israeli-Palestinian conflict and propose several hypotheses in their light. Next, we introduce our data and research design, discuss our findings, and offer several conclusions and takeaways.

### The Literature: Three Competing Expectations

Intergroup relations in ongoing conflicts are typically analyzed in light of the latter's intrinsic threats and contentions. Yet, in recent years, a large body of work has explored the influence of shared *external* threats—climate anomalies, pandemics, and other natural disasters—on intergroup relations in conflictual settings (Burke, Hsiang, and Miguel 2015; Gleditsch 2012; Ide and Scheffran 2014; Koubi 2019; Meierding 2013; Theisen 2017). These studies provide contradictory expectations and mixed findings, which can be grouped into three primary theories: greater cooperation, greater hostility, and null influence.

The *cooperation theory* posits that shared external threats can lessen existing animosities in conflicts, foster greater intergroup collaboration, and help advance diplomatic initiatives. Several explanatory mechanisms underlie this expectation. First, a shared threat can increase empathy and solidarity with out-group members undergoing similar experiences, anxiety, and negative implications. This sense of shared fate can weaken perceived intergroup divisions and help establish superordinate identities and trust (Flade, Klar, and Imhoff 2019; Giannakakis and Fritsche 2011; Pyszczynski et al. 2012). Second, as shared threats are better addressed collaboratively, intergroup cooperation can also be driven by self-interest (Ker-Lindsay 2000; Kreutz 2012). Moreover, such collaboration can establish longer-term networks and local institutions to regulate recurring problems and common risks (Linke et al. 2018; Long 2011; Tubi and Feitelson 2016). Indeed, empirical works in this vein find that shared threats and natural disasters raise the probability of ceasefires and peace talks and lower the chances of violence in active conflicts (Kelman 2012; Salehyan and Hendrix 2014; Slettebak 2012). Furthermore, such moments can increase popular support for collaboration, particularly when they are considered effective against outside threats and when initial intergroup violence levels are low (Akcinaroglu, DiCicco, and Radziszewski 2011; Halperin, Porat, and Wohl 2013).

Other research, however, points to the opposite implications. The *hostility theory* posits that shared outside threats are likely to worsen intergroup relations, hinder cooperation, and incite greater violence. This expectation relies on several explanations. First, outside threats tend to increase in-group identification as a defense mechanism against uncertainty, loss of control, and fear of death (Fritsche et al. 2013; Greenberg et al. 2016; Wohl, Branscombe, and Reysen 2010). This tendency also projects negatively on the out-group, often amplifying hostility, stereotypical thinking, de-humanization, and blame attribution (Cuddy, Rock, and Norton 2007; Dionne and Turkmen 2020; Greenberg et al. 2016). Second, joint threats frequently deepen intergroup competition over limited resources necessary to deal with the crisis (Brancati 2007; Heslin 2021; Nel and Righarts 2008; Von Uexkull et al. 2016). Such competition further intensifies when the outside damage widens existing economic and political inequalities between rival groups (De Juan, Pierskalla, and Schwarz 2020; Montalvo and Reynal-Querol 2019). Third, shared threats and disasters can weaken state institutions, lowering the cost of violence for challenger groups that seek to change the status quo and recruit new supporters (van Baalen and Mobjörk 2018; Eastin 2016; Heslin 2021; Linke et al. 2018). These explanations are backed by empirical findings at different levels and regions. At the micro-behavior level, experimental and survey analyses find that salient outside threats and disasters increase out-group hostility, reluctance to collaborate, and support for violence (Brewer 2000; Hirschberger, Ein-Dor, and Almakias 2008; Wohl, Branscombe, and Reysen 2010). At the macro-comparative level, several large-n analyses and case studies identify increased violence levels, greater probability for internal and external strife over resources, and aggressive border control measures in existing conflicts (Berrebi and Ostwald 2011; Breckner and Sunde 2019; Eastin 2018; Nel and Righarts 2008; Von Uexkull et al. 2016; van Weezel 2019).

Whereas the first two theories disagree about the direction by which external threats change intergroup relations in conflicts, the *null-effect theory* expects no meaningful influence in either way. According to this perspective, new shared threats typically do not change the deep ethnic, economic, institutional, and ideological divisions through which groups in conflict interact and approach new challenges. Even when shared goals are identified, they are insufficient to establish intergroup trust and superordinate identities (Brewer 2000). The result, according to several empirical analyses, is neither newfound solidarity nor greater hostility but a continuation of the conflict's core divisions and violence levels when dealing with the new threat (Bergholt and Lujala 2012; Omelicheva 2011; Theisen, Gleditsch, and Buhaug 2013; Vergani et al. 2019).

Beyond its inconclusiveness, the current debate is also limited in its dependent variables. Although the literature examines a variety of outcomes, it tends to focus either on conflict-level consequences (e.g., violence levels or peace initiatives) or on broad individual-level attitudes regarding the out-group. This tendency leaves open questions about the exact type and level of collaboration that group members would support or reject under a shared external threat. This issue is particularly important given the various tradeoffs and internal priorities that such policies can have concerning the in-group's and the out-group's interests. Indeed, as comparative studies of redistributive or immigration policy attitudes demonstrate, popular support for public policies often conceals more nuanced multidimensional preferences that are sensitive to different benefits and costs (Busemeyer and Garritzmann 2017; Hainmueller and Hopkins 2015; Häusermann, Kurer, and Traber 2019; Valentino et al. 2019). Hence, we are faced with an even deeper uncertainty: how exactly, if it all, do perceptions of shared external threats affect support for *specific policy priorities* regarding cooperation with the other side? To examine this question, we turn to Israeli public opinion during the COVID-19 pandemic.

### Pandemics, COVID-19, and Conflict

Global pandemics are a clear manifestation of a shared external threat: Pandemics are transmitted indiscriminately across borders and social groups and pose a similar hazard for all within its range. Pandemics, moreover, increase the demand for limited resources, such as protective equipment, medical treatment, and funds for collateral economic damages. They also raise the chances of intergroup scapegoating, especially when popularly associated with particular ethnic or social groups (Dionne and Turkmen 2020; Nelkin and Gilman 1988; Reny and Barreto 2020). Finally, pandemics put greater pressure on state institutions, whose limited powers, resources, and attention are diverted to contain the pandemic's spread and its public health and economic consequences.

The recent global COVID-19 pandemic is a particularly salient case study. The COVID-19 virus, formally known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), was first diagnosed in China in December 2019 (Sun et al. 2020). The virus, which transmits through respiratory droplets and aerosols, is highly infectious and can cause severe respiratory complications, long-term symptoms, and death (He et al. 2020; Rothan and Byrareddy 2020). The virus soon spread globally, infecting, by estimates, more than 175 million people worldwide and causing 3.8 million deaths as of mid-June 2021.<sup>2</sup> To contain the pandemic, many governments implemented strict movement and activity restrictions with severe social and economic ramifications for both domestic markets and the global economy (Bosancianu et al. 2020; Nicola et al. 2020).<sup>3</sup>

Initial studies on the implications of COVID-19 on conflicts echo the literature's contradictory expectations. The preliminary picture that emerges exhibits cross-conflict and regional variation. Some conflicts, for example in the Middle East, experienced increased friction (Mehrl and Thurner 2021). These tensions are attributed to rebel exploitation of weaker state institutions amid insufficient international attention (Ide 2021), intergroup strain due to the pandemic's economic costs and deepening inequalities (Gottlieb and LeBas 2020), and greater xenophobia (Dionne and Turkmen 2020; Reny and Barreto 2020). In other regions, however, such as Europe and East Asia, the pandemic was followed by lower violence rates, mostly explained as a strategic hiatus given fewer opportunities rather than by greater intergroup solidarity (Ide 2021; Mehrl and Thurner 2021). In light of the mixed results, Polo (2020) suggests that the pandemic, despite being a major global event with enormous implications, has not changed existing patterns of violence around the world.

Nevertheless, reactions to the COVID-19 pandemic did have a clearer impact on grouprelated public attitudes. For example, some research documents a rally-'round-the flag effect leading to increased support for and trust in governments immediately after the pandemic's outbreak (Bol et al. 2021; Kritzinger et al. 2021). Others show that information about the pandemic increased anxiety and risk perceptions, and, as a result, deepened hostile attitudes against foreign

<sup>&</sup>lt;sup>2</sup> Data retrieved on June 13, 2021 from the COVID-19 Dashboard, the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (Dong, Du, and Gardner 2020).

<sup>&</sup>lt;sup>3</sup> We examine the pandemic's influence prior to the first FDA approval of vaccines in December 2020.

and minority groups, especially of Asian descent (Ahmed, Chen, and Chib 2021; Reny and Barreto 2020; Sorokowski et al. 2020). At the same time, some studies report a negative effect on nationalism (Hiko and Wang 2021) contingent on prior ideology (Su and Shen 2021). However, to date, few have examined the attitudinal influence of COVID-19 as a shared external threat in ongoing national or ethnic conflicts, particularly popular willingness to collaborate and help rival groups facing the same risk and implications.

### **COVID-19 in Israel and Palestine: Context and Hypotheses**

The COVID-19 pandemic did not spare Israel and Palestine, where the two peoples have been engaged in a century-old violent conflict. The first COVID-19 case was diagnosed in Israel on February 27, 2020, and was followed by an exponential infection rate in the weeks that followed. The Israeli government responded with a state-wide lockdown, in what soon became a recurring pattern of aggressive policies at the national level, including additional state-wide lockdowns, school shutdowns, border closures, and extensive social distancing and citizen tracking measures (Maor, Sulitzeanu-Kenan, and Chinitz 2020).

The first cases of COVID-19 in the Palestinian territories were diagnosed in early March 2020, not long after Israel. Although its initial spread was slower, it gained quicker traction over the summer, particularly when the pandemic reached the denser and poorer Gaza Strip. The Palestinian authorities, too, responded with periodic lockdowns, movement restrictions, and distancing and quarantine measures (AlKhaldi et al. 2020; Qutob and Awartani 2021). All in all, by mid-June 2021, at least 839,653 Israelis and 311,018 Palestinians were infected, 6,428 Israelis and 3,524 Palestinians died of COVID-19, and many more experienced economic losses due to



Figure 1. New Confirmed COVID-19 Cases Per Million (7-Day Smoothed) in Israel and Palestine, February-December 2020

The shaded areas mark the period that each survey was in the field. The striped boxes under the plot mark periods with national stay-at-home lockdowns in Israel. Data source: The Center for Systems Science and Engineering (CSSE) at Johns Hopkins University.

the lockdown measures (Dong, Du, and Gardner 2020). The seven-day rolling averages of daily new infections per million people in both societies throughout 2020 are presented in Figure 1.

The Israeli-Palestinian conflict during COVID-19 offers a particularly fitting case study for the influence of external threat perceptions on the willingness to assist an adversary with the shared danger. The conflict has deep historical roots with recurring violent episodes, intergroup hostility, and strong political salience on both sides. Nevertheless, the global COVID-19 pandemic is exogenous to the conflict's core contentions and geopolitical context. Moreover, the two populations come in regular contact—Israel has settlements and military forces in the West Bank whereas tens of thousands of Palestinian Laborers cross into Israel daily—that increases the collective risk of cross-population transmission. The conflict is also asymmetric: Israel has more resources and military power than the Palestinians, occupies parts of the West Bank and entry points to the Gaza strip, and controls various infrastructural, civil, and economic aspects of Palestinian lives. Yet despite this interconnectedness, the Israeli government did not publicly outline a clear policy regarding COVID-19 in the Palestinian territories. Hence, after the pandemic erupted, Israeli citizens were in a position to imagine a broad menu of plausible interventions, from one-sided military actions to collaborative civic initiatives, by which their government could help contain the shared pandemic risk, if at all. Some might also feel morally responsible to help the Palestinians under their direct and indirect control.

Our research aims to test which of the three theories—greater cooperation, greater hostility, or null effect—best characterizes the influence of COVID-19 threat perceptions on Israeli Jews' support for different types of policies aimed to contain the pandemic on the Palestinian side. Rather than hypothesizing only about the direction of support, we consider the multidimensional nature of these preferences, particularly between the in-group's interests and the out-group's wellbeing.

According to the *cooperation hypothesis*, a greater sense of threat from COVID-19 should de-escalate past tensions and increase support for collaborative policies assisting the Palestinians. Nevertheless, this tendency can stem from two primary motivations with different policy implications. On the one hand, a common threat can increase the sense of shared fate and solidarity, in which case we should see higher support for cooperative policies advancing Palestinian wellbeing as an end in itself, even at some Israeli costs (H1.a). On the other, controlling the pandemic in Palestine may also seem like an effective way to indirectly advance Israel's own interests, especially lower cross-border transmission rates. In this case, we should see greater

support for assistance policies focused on mitigating infections in Palestine but with a lower priority for Palestinian wellbeing (H1.b).

By contrast, the *hostility hypothesis* implies that a greater perceived threat from COVID-19 would increase opposition to out-group assistance, cooperation, and in-group concessions. Instead, Israeli Jews should prefer unilateral policies that advance only Israeli interests while disregarding Palestinian interests altogether. For some people, this tendency might increase objection to any active involvement in the Palestinian territories and preference to focus on Israel's domestic COVID-19 challenges (H2.a). To others, it could lead to greater support for forceful military actions aimed to block transmission into Israel at the cost of Palestinian wellbeing (H2.b).

Finally, the *null hypothesis* suggests that a greater sense of threat from COVID-19 should not have a meaningful effect on preferences for Israeli actions. Instead, policy preferences should reflect the conflict's core division lines. Within Israel, the main ideological and partisan cleavage is set between dovish supporters of territorial compromise on the Left and hawkish opposers of the two-state solution on the Right, with centrist voters in between (Arian and Shamir 2008; Manekin, Grossman, and Mitts 2019; Shamir and Arian 1999). Hence, according to this hypothesis, support or objection for assistance and cooperation with the Palestinians would reflect standard partisan ideologies rather than COVID-19 threat perceptions (H3).

### **Data and Explanatory Variables**

To test which of the three competing hypotheses best explains Israeli Jews' willingness to assist with COVID-19 in the Palestinian territories, we collected original survey data during the first few months of the pandemic. Specifically, we fielded a two-wave online survey of Israeli Jews on July 14-20, 2020 (Wave 1) and October 8-19, 2020 (Wave 2). The first survey wave included both a

questionnaire and a conjoint experiment, on which we elaborate further below, whereas the second wave featured just a standard questionnaire. The two-wave survey was conducted using iPanel, Israel's largest online polling firm, using quota sampling representing Israel's adult Jewish population.<sup>4</sup> Wave 1 comprises a sample of 1,510 respondents out of 7,086 panelists who were initially invited to participate. The second wave revisited 1,033 first-wave respondents using similar quotas to retain representativeness.

In addition to our two surveys, we also analyze data from an earlier poll fielded by the Viterbi Family Center for Public Opinion and Policy Research at the Israel Democracy Institute (IDI). The IDI survey was conducted on April 19-20, 2020, during Israel's first pandemic wave and national lockdown, using a representative sample of 569 Israeli Jews. Hence, we have three representative surveys conducted three months apart during the pandemic's pre-vaccination period. Their timing is set in particularly tense moments: two surveys (April and October) were fielded amid strict national lockdowns during or after pandemic resurgences and the third (July) during a peak in new cases foreshadowing the pandemic's second wave. The periods in which the surveys were in the field are shaded in grey in Figure 1.

We use two sets of explanatory variables corresponding with the three sets of hypotheses: (1) COVID-19 threat perceptions, which may have a positive or negative influence per Hypotheses H1.a through H2.b, and (2) standard ideological positions on the conflict per Hypothesis H3. We measure COVID-19 threat perceptions using both prospective concerns and retrospective harm from the pandemic's health and economic ramifications. To gauge prospective *health concerns*, we ask respondents about the degree to which they are worried that they or their close family

<sup>&</sup>lt;sup>4</sup> We use quotas for gender, age group, religiosity, and geographic region. Section 1 in the Supplementary Index (SI) discusses sampling procedures and compares the data's demographic distributions to the general adult Jewish population in Israel.

members would be harmed by COVID-19 health-wise. We then use a similar question about prospective *economic concerns*, i.e., worry that respondents or their close family members would be hurt economically by the pandemic. We measure retrospective health-related harm by asking respondents whether they, their family members, or their close friends were *diagnosed* with COVID-19 and whether they were placed in home *quarantine* after exposure to a COVID-19 patient. Finally, we examine retrospective *economic loss* by asking whether respondents' economic situation has improved or worsened in the past few months. Unfortunately, the IDI survey does not include questions about retrospective harm, possibly since it was fielded in April, when the pandemic was still in its infancy.

Second, we use several variables to measure respondents' ideological position on the conflict. Since Left and Right are defined in Israel primarily in terms of the conflict—leftists tend to support territorial compromise with the Palestinians and rightists tend to oppose it—we measure standard ideology using *left-right self-identification* on a 7-point scale. Since the IDI poll does not include an ideological self-identification question, we instead recode respondents' *party vote* in the March 2020 election by three ideological blocs: Left, Center, and Right.<sup>5</sup> As a second measure, our survey also asked respondents about their perception of *threat from Palestinian aspirations*.<sup>6</sup> Both ideological questions were asked only on the first wave of our survey, whereas the questions

<sup>&</sup>lt;sup>5</sup> The parties are coded by their ideological positions on the conflict. The Left bloc includes Labor-Gesher-Meretz and the Joint List; the Center bloc includes Blue and White; and the Right bloc includes Likud, Israel Beitenu, Yamina, Shas, United Torah Judaism, and Otzma Yehudit. Since we asked about party voting in July and October as well, we can verify that it strongly correlates with Left-Right self-identification (a Cramér's V score of 0.61).

<sup>&</sup>lt;sup>6</sup> To minimize the risk of priming respondents about the Palestinian ethnonational threat before asking about pandemic assistance, this question was embedded in a longer multi-item battery asking respondents about their level of concern about various factors affecting Israel's long-term future. The items, which were presented in randomized order, included the environment, domestic secular-religious tensions, economic inequalities, Iran's military actions, and, finally, Palestinian aspirations. In addition, since this question was not asked in the second wave, a potential priming effect should have created discernable interwave differences, which we do not find.

about COVID-19 threat perceptions, which are more dynamic, were asked in both. The full questions and their descriptive data can be found in SI Section 2.

### Willingness to Help the Palestinians

We begin our analysis by examining the basic willingness to assist the Palestinians in handling COVID-19 in April, July, and October 2020. We measure this outcome using one of two questions, depending on the survey. The IDI survey (April) includes the following question: "In your opinion, to what extent should Israel assist the Palestinian authorities in the West Bank/Judea and Samaria in dealing with the Coronavirus pandemic in the territories under their control?" Our own two surveys (July and October) ask the following question: "Some think that Israel should refrain from taking any steps regarding the coronavirus situation in the Palestinian territories and focus only on the pandemic within Israel. Do you agree or disagree?" Both questions use a 4-point scale of agreement or disagreement.<sup>7</sup>

The two questions provide slightly different emphases: the IDI poll explicitly asks about assistance and only about the West Bank, whereas our question asks more generally about "taking steps" and contrasts them with focusing on domestic needs. Nevertheless, both gauge a willingness to take action to contain the pandemic on the Palestinian side. This similarity is evident in Table 1, which presents the distribution of positive and negative answers in each survey. Despite their different wording and timing, all polls show a near-identical 50:50 split between supporters and opposers of Israeli involvement. The temporal stability is validated at the individual level: a paired t-test reveals no statistically significant change in this position between July and October among the same respondents.

<sup>&</sup>lt;sup>7</sup> Since the July/October question asks about refrainment from assistance, we reverse the scale such that greater disagreement reflects higher support for involvement.

	April (IDI)	July (Wave 1)	October (Wave 2)
Support	50.6%	49%	49.6%
Opposition	49.4%	51%	50.4%
Observations	569	1,510	1,033

**Table 1.** Distribution of Positive and Negative Willingness to Help with COVID-19 in the Palestinian Territories

The categories combine strong and weak support/opposition in the original 4-point scale.

Which of the three explanations best explains support for Israeli involvement? To examine this question, we regress these measures on (1) respondents' COVID-19 threat perceptions and (2) their Left-Right ideology. We also include sociodemographic controls for sex, age group, income, education (unavailable in the IDI survey), and religiosity.

The results, presented in Table 2, support the null hypothesis (H3). All three polls show a clear positive correlation between more leftist self-identification/voting and willingness to help control COVID-19 in the Palestinian territories. Similarly, a weaker sense of threat from Palestinian aspirations also predicts stronger support at the 95% (July) and 90% (October) levels even when holding Left-Right identification constant. By contrast, differences in the pandemic's threat perceptions, whether related to health or the economy, do not explain respondents' answers. While we do find some relationship with retrospective impact, it is small and inconsistent: having been diagnosed with COVID-19 is associated with slightly lower support for assistance in July but higher support in October. Likewise, economic loss during the pandemic has a statistically significant negative correlation in July but not in October. All in all, the only consistent explanation is standard partisan ideology unrelated to the pandemic.

The insignificant influence of COVID-19 threat perceptions is further corroborated by two additional tests, detailed in SI Section 4. First, we do not find meaningful interaction between COVID-19 threat perceptions and ideological orientation in our models. Hence, threat perceptions do not have a heterogeneous influence by ideological position or vice versa. Second, taking

	(1)	(2)	(3)
	April	July	October
Left-Right (Vote): Left	0.619***		
	(0.169)		
Left-Right (Vote): Right	-0.361***		
	(0.106)		
Left-Right (Self-identification)		-0.133***	-0.172***
		(0.016)	(0.020)
Palestinian Threat		-0.061**	-0.053†
		(0.022)	(0.028)
Health Concern	-0.020	0.021	0.005
	(0.050)	(0.020)	(0.026)
Economic Concern	0.001	-0.019	-0.018
	(0.051)	(0.021)	(0.026)
Diagnosed		-0.147*	0.128*
		(0.064)	(0.063)
Quarantined		0.084	0.089
		(0.057)	(0.061)
Economic Loss		0.054*	0.020
		(0.026)	(0.034)
Demographic Controls	Yes	Yes	Yes
Observations	473	1,476	1,012
$\mathbb{R}^2$	0.155	0.188	0.227

**Table 2.** The Influence of COVID-19 Threat Perceptions and Ideology on the Willingness to Help with COVID-19 in the Palestinian Territories (OLS Regression)

advantage of our panel data, we re-estimated our models using *individual-level change* in COVID-19 threat perceptions and harm between July and October instead of absolute levels. In these models, too, ideology has a significant effect while changes in threat perceptions or harm do not.

### **Policy Priorities**

### Experimental Design

Thus far, we examined respondents' unidimensional support for Israeli involvement. However, such questions tell us very little about the exact policy priorities and tradeoffs that respondents are willing to support when sensing a shared external threat. To unpack these multidimensional

Standard errors in parentheses,  $^{\dagger}p < 0.1$ , \*p < 0.05, \*\*p < 0.01, \*\*\*p < 0.001. The baseline category for Left-Right (Vote) is Center. Demographic controls include sex, age group, income, education (models 2 and 3), and religiosity. A table presenting full controls is available in SI Section 3.1.

preferences, we included a conjoint experiment in the first wave of our survey in July. This experimental technique asks respondents to select their preferred policy from pairs of hypothetical choices with randomly assigned attributes. Using logistic regressions, researchers can leverage the random assignment of attributes to isolate their independent influence on the probability to prefer a policy in which they are featured (Bansak et al. 2021; Hainmueller, Hopkins, and Yamamoto 2014).

Our design asked respondents to choose from pairs of suggested Israeli policies for COVID-19 containment on the Palestinian side. Our prompt noted the concurrent pandemic outbreak in the Palestinian territories and then asked respondents to put themselves in the Israeli government's shoes as it decides on a proper policy.<sup>8</sup> They were subsequently presented with five pairs of policies with randomly assigned components. After each pair, they had to choose their preferred alternative.

The policies vary by five attributes, summarized in Table 3. The first attribute describes the action to be taken, ranging from outward-looking humanitarian aid to self-serving and aggressive military acts. On one side of the spectrum, we offer two inclusive actions with different incorporation of Israeli self-interest. The first provides medical aid for severe Palestinian patients, i.e., pure humanitarian assistance. The second supplies protective equipment to lower infections, which also indirectly benefits Israel's interest in mitigating intergroup transmission. On the other side of the range, we include two exclusive actions that use varying military force to prevent crossborder infections: a milder step banning Palestinian worker entry into Israel and a harsher imposition of a forced military lockdown on Palestinian towns. In between the two poles, we

<sup>&</sup>lt;sup>8</sup> The full prompt and is available in SI Section 2.3.

Attribute	Components
Policy type	1. Providing medical aid for Palestinian COVID-19 patients in critical condition
	2. Supplying protective equipment and disinfectants to the Palestinian public
	3. Establishing a situation room to monitor the pandemic in the Palestinian society
	4. Prohibiting Palestinian worker entry into Israel and reinforcing checkpoints for this purpose
	5. Imposing a full military lockdown to prevent Palestinian movement outside of their towns
Expected impact on	1. Improvement in Palestinian illness
COVID-19 illness in the	2. No effect on Palestinian illness
Palestinian society	3. Deterioration in Palestinian illness
Expected impact on	1. Reduction in infections between Palestinians and Israelis
transmission into Israel	2. No effect on infections between Palestinians and Israelis
Funding source	1. The Israeli government's budget
	2. Deduction from Palestinian income taxes, which Israel collects in their name and is used by the Palestinian government for salaries, welfare, infrastructure, and security
	3. Half from the Israeli government's budget and half from Palestinian tax deduction
Coordination with the Palestinians	1. Ongoing coordination with the Palestinian Authority and with Hamas
	2. Ongoing coordination with the Palestinian Authority but not with Hamas
	3. No ongoing coordination

 Table 3. Conjoint Experiment Attributes

include a passive option of establishing a situation room to monitor the pandemic's status in Palestine from afar.

To further isolate respondents' preferred balance between Palestinian and Israeli interests, the second and third attributes detail each policy's expected impact, which we note was assessed by experts, on Palestinian illness levels (Palestinian wellbeing) and on transmissions into Israel (Israeli interests). The former randomizes whether suggested policies are expected to improve, have no effect, or cause deterioration in COVID-19 illness levels on the Palestinian side, while the latter states whether the policy is expected to mitigate or have no effect on cross-border infections into Israel. We do not include the possibility of worse transmission rates into Israel, which would be an implausible goal for any government. Our design includes two constraints on these attributes. First, we do not allow a contradictory combination of Israeli medical aid and worse Palestinian illness. Second, for similar reasons, we do not allow improvement in Palestinian wellbeing due to passive monitoring by Israel.

The fourth attribute examines the extent to which respondents are willing to bear the policy's economic costs. We include three options. On the one extreme, we suggest that Israel fully fund the policy from its own national budget. On the other, we propose that Israel deduct the policy's full costs from Palestinian tax funds, which are collected regularly by Israel before being transferred to the Palestinian government. Interference in this technical process, which was done before by Israeli governments as a sanction, forces the full costs onto the Palestinians without deliberation. To make sure that Israeli respondents are aware of the implications, we explicitly mention that these are Palestinian tax funds and that they are earmarked for various public services. In between, we include an option that splits the costs half-and-half between the two sides.

Finally, the fifth attribute refers to the level of direct cooperation with the other side's leadership in the policy's implementation. The Palestinian government is currently divided between two rivaling parties. The Palestinian Authority (PA) in the West Bank is headed by Fatah, a more moderate faction that previously engaged in negotiations with Israel and maintains regular coordination with the Israeli Defense Forces. The Gaza Strip, by contrast, is governed by Hamas, an extremist Islamist organization with hostile positions toward Israel and an active military wing.

To test the extent to which respondents are willing to bypass the conflict's regular dynamics, we include three options: full coordination with both the PA and Hamas, partial coordination only with the PA but not with Hamas, and no coordination at all. Taken together, the different policy attributes provide a more nuanced and multidimensional view into the scope of involvement and underlying tradeoffs that different Israeli Jews are willing to support.

### Findings

To analyze our conjoint experiment, we estimate the marginal means (MMs) of each attribute component, which can be interpreted as the probability that respondents would choose a policy with this feature over another policy (Leeper, Hobolt, and Tilley 2020).<sup>9</sup> MM values of 0.5 serve as the baseline null effect since they reflect the grand-mean probability of choosing one of any two options. Accordingly, MMs that are higher or lower than 0.5 indicate a positive or negative probability, respectively, of preferring a policy with that attribute level. This analytical approach is particularly useful when comparing respondent subgroups, as we do further below.

The results for the full sample are presented in Figure 2. In terms of policy type, we can see a slight preference for denying worker entry, but opposition to full military lockdowns and passive monitoring. Positive assistance policies, by contrast, do not have a discernible positive or negative favorability. Additionally, most respondents prefer positive outcomes for both sides: they prioritize policies that improve Palestinian illness and oppose those that lead to its deterioration, and, similarly, prefer policies that lower intergroup infections over those that make no difference. There is a clear objection to funding the policy solely with Israeli funds and a strong preference to

<sup>&</sup>lt;sup>9</sup> The results are available in tabular form in SI Section 3.2. The section also includes a calculation of Average Marginal Component Effects (AMCEs) instead of marginal means. Several diagnostic tests, presented in SI Section 5, verify that our conjoint experiment is sufficiently powered, includes all attributes at similar frequencies, does not exhibit carryover effects by task or profile order, and is properly balanced across different respondents.



**Figure 2.** Marginal Means of Different Policy Attributes, Full Sample The dots and horizontal lines indicate point estimates with 95% confidence intervals. Standard errors are clustered by respondent. Attribute titles are presented in all caps and parentheses.

incur all costs on the Palestinian, and, to a lesser extent, share the costs between the two sides. Finally, on average, most respondents prefer to collaborate only with the PA and tend to reject policies without any coordination. At the aggregate level, therefore, Israeli Jews do not have a strong preference for the exact type of policy Israel should take, so long as it can assist both sides, shift some or all costs to the Palestinians, and avoid coordination with Hamas.

To examine which of our hypotheses best explains these preferences, we compare marginal means by respondent subgroups divided either by COVID-19 threat perceptions (per the



**Figure 3.** Marginal Means of Different Policy Attributes by Political Ideology *The dots and horizontal lines indicate point estimates with 95% confidence intervals. Standard errors clustered by respondent. Attribute titles are presented in all caps and parentheses.* 

Cooperation or Hostility hypotheses) or ideological position (per the Null Hypothesis). Figure 3 shows the marginal means divided by left-right self-identification, which we cluster by Left, Center, and Right based on the original 7-point scale.<sup>10</sup> The results show clear differences in policy preferences between the ideological subgroups, supported statistically by an omnibus F-test (F = 6.96,  $p \le 0.001$ ). Leftist respondents are more likely to prefer humanitarian provision of medical aid and protective equipment, the two inclusive actions, and oppose exclusive policies involving

<sup>&</sup>lt;sup>10</sup> We cluster 1-3 as Left, 4 as Center, and 5-7 as Right.

military lockdowns and worker entry ban. Rightist voters, conversely, are less likely to support medical aid transfer, prefer an entry ban, and have no discernable objection to military lockdowns. Centrists are generally positioned in between and resemble the full sample's aggregate preferences, i.e., support for worker entry ban but also weak opposition to lockdowns.

Similar differences are found in attributes related to Palestinian wellbeing and coordination. Leftists are most likely to support policies that improve Palestinian illness, with greater preference for the most solidary option, and reject policies that make it worse or use military force. They also prefer splitting the costs than imposing them exclusively on the Palestinians and coordination with the PA than not at all. Rightists, by contrast, are indifferent to improvement in Palestinian wellbeing, although they do object to policies that would worsen it. They are also more likely to prefer policies that shift the costs solely to the Palestinians and express a stronger objection to coordination with Hamas. Centrists are again in the middle: they are closer to the left in preference for coordination with the PA, closer to the right in their preference to shift all costs to the Palestinians, and in between regarding the implications for Palestinian illness.

The analysis also reveals aspects on which all ideological subgroups agree, even if at different magnitudes. All groups are likely to reject policies that worsen Palestinian illness, prioritize mitigation of infections into Israel, and prefer to coordinate only with the PA. In addition, all oppose using only Israeli funds. Hence, we can see the boundaries of Israeli Jews' ideological differences: leftists, too, seek to protect Israeli resources, prioritize lowering infections into Israel, and are not excited about collaborating with Hamas; and rightists, too, do not wish to actively worsen the pandemic on the Palestinian side and prefer coordination with the Palestinian Authority over not at all. Nevertheless, overall, their multidimensional policy priorities reflect ideological disagreements on the conflict, corroborating the null hypothesis (H3).



**Figure 4.** Marginal Means of Different Policy Attributes by Health and Economic COVID-19 Threat Perceptions

The dots and horizontal lines indicate point estimates with 95% confidence intervals. Standard errors clustered by respondent. Attribute titles are presented in all caps and parentheses.

This conclusion is further supported by the lack of clear differences by COVID-19 threat perceptions. Figure 4 presents a subgroup analysis of the results by respondents' level of health and economic COVID-19 threat perceptions.<sup>11</sup> Unlike ideological identification, we do not see meaningful subgroup differences in either a positive or a negative direction. Instead, all subgroups tend to cluster together across all attributes. Indeed, an omnibus F-test cannot reject zero subgroup differences in either health (F = 0.8, p = 0.8) or economic (F = 1.34, p = 0.08) threat perceptions

<sup>&</sup>lt;sup>11</sup> Since threat perceptions are measured on a 5-point scale, we cluster 1-2 as Low, 3 as Medium, and 4-5 as High.

at the 95% level. Hence, the conjoint analysis, too, does not support the cooperation hypotheses (H1.a, H1.b) or hostility hypotheses (H2.a, H2.b). Instead, both the general support for Israeli intervention and multidimensional policy preferences corroborate the null hypothesis (H3): greater COVID-19 threat perceptions do not influence Israeli Jews' willingness to assist the Palestinians, which instead reflects the conflict's traditional cleavage lines.

### Conclusion

Large-scale natural threats are becoming more ubiquitous in recent years, raising a greater need for collective action, particularly among rival groups in conflict. Nevertheless, we only have a partial understanding of popular support for intergroup assistance in conflictual settings when faced with such threats. In this paper, we explored this question in the Israeli-Palestinian conflict during the COVID-19 crisis, a case study for a salient external threat shared by both sides in an active conflict. Specifically, we examined whether and how greater concern from COVID-19 affected the willingness of Israeli Jews to assist the Palestinians with the pandemic. Our study finds a null effect: greater threat perceptions do not influence Israeli Jews' support for various policies helping Palestinians contain COVID-19. Instead, when thinking about the pandemic on the Palestinian side, their policy preferences are dominated by partisan worldviews related to the conflict regardless of the shared exogenous threat. This finding is robust to different measures, surveys, and policy dimensions.

Our analysis, importantly, outlines the types of policy priorities and tradeoffs underlying this pattern. We find that Israeli Jews that locate on the ideological Left, which is associated with support for territorial compromise, prefer policies that advance both Israeli and Palestinian wellbeing, share costs, and include collaboration with moderate Palestinian factions. Right-wing respondents, by contrast, disregard Palestinian wellbeing and prefer narrower, self-serving policies. These preferences reveal deeper intragroup heterogeneity in underlying worldviews: whereas the dovish left seeks mutually beneficial solutions, the hawkish right exhibits defensive perceptions of a zero-sum game. Nevertheless, we also find some common ground: leftists remain protective of Israeli interests and rightists do not seek to actively hurt the out-group. These findings indicate that both intergroup solidarity and out-group resentment have limits in such situations.

This insight is particularly important as we face a future with intensifying climate-related disasters and other global crises. These challenges require collective efforts that will inevitably run into political, ethnic, and other active conflicts. The key question, therefore, is how this encounter shapes up. Our research provides a dual answer. On the one hand, it appeases pessimist concerns that these crises will necessarily exacerbate existing tensions and elicit deliberate harm. On the other, we argue that groups in conflict are likely to see such joint threats through deep-rooted conflict-related lenses rather than the immediate needs of the crisis. This tendency can disrupt international and domestic efforts to work together toward mutually beneficial outcomes. Hence, policymakers must be mindful of this challenge in conflictual regions and make additional efforts to work with and around conflict-related worldviews and in-group biases, including among different camps within each side. Accordingly, more research is needed on the type of messaging and policies that can soften these stances, avoid triggering ethnonational threat, and emphasize that collective action and assistance can promote in-group interests, spread the costs, strengthen moderates on the other side, and not legitimize extremist factions.

Our analysis further highlights additional parts of the debate that require additional research. In particular, our findings, and especially our novel focus on multidimensional policy preferences, merit comparison with other threatening and conflictual contexts. First, while our

findings show attitudinal stability at different moments of the COVID-19 crisis, we need more exploration of policy preferences under different threats with varying damage, longevity, and pace. Second, different types of conflicts and political conditions may also trigger different policy preferences. The Israeli-Palestinian conflict is protracted, violent, and asymmetric, yet other cases can include fuller interstate tensions (e.g., Greece and Turkey or India and Pakistan), intrastate civil wars (e.g., areas in Eastern Africa, Southeast Asia, or Eastern India), different violence types (conventional war, terrorism, riots, etc.) and levels (high or low), and varying degrees of state capacity and economic development. These differences are particularly important for the types of available policies against shared threats and the level of involvement by international actors. Third, our paper focuses on the stronger group's willingness to assist a weaker rival. However, it is equally important to examine the types of assistance and collaborative policies that vulnerable groups would be willing to accept in such situations. An incongruence between the multidimensional preferences of high-power and low-power groups can add further constraints when seeking to work together against collective challenges. Indeed, with recent global changes, confronting these problems may prove to be one of the most important political challenges of the next century.

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### Are Groups in Conflict Willing to Help the Other Side Under a Joint External Threat? Lessons from COVID-19 in Israel

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### Supplementary Index

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### 1 Survey Samples

The survey data for the project comes from three separate polls. The first survey was fielded on April 19–20, 2020, by the Viterbi Family Center for Public Opinion and Policy Research at the Israel Democracy Institute (IDI). The poll was conducted online by the Smith Institute and also included complementary phone interviews for populations with lower Internet access, particularly Arab citizens. The survey included a sample of 609 Jews and 152 Arabs, of which we examine 569 eligible answers by Jewish respondents. The survey was analyzed using demographic weights provided with the dataset.

The second and third surveys were fielded by the authors for this project. Both were conducted by iPanel, Israel's largest online polling firm, using quota sampling by gender, age group, religiosity, and region of residence that represent Israel's adult Jewish population. iPanel's respondent pool is recruited via ads on Google, Facebook, and other popular websites. Once registered, The company's panelists are invited to take part in periodic surveys in exchange for gift vouchers. The first of these two surveys (Wave 1) was fielded on July 14–20, 2020, and included both a standard questionnaire and a conjoint experiment. It comprised a sample of 1,510 eligible respondents out of 7,086 panelists who were initially invited to participate (a 21.3% participation rate). The follow-up survey (Wave 2) revisited 1,033 of these respondents (68.4% repeated participation rate) using similar sampling quotas to retain representativeness. It was fielded on October 8–19, 2020, and included a standard questionnaire only.

Table A1 compares the demographic characteristics of each survey sample with the general Jewish population based on the Central Bureau of Statistics' 2019 Social Survey estimations. As the Chi-squared p-values for each attribute indicate, the demographic distributions of the survey samples are largely indistinguishable from the general Jewish population at the 95% level. Nevertheless, there are two exceptions. First, the IDI survey is not weighted by region of residence, leading to a bias in favor of Northerners and Jerusalemites at the expense of respondents from central Israel. However, all else equal, we do not expect geography to have a notable independent effect on our regression results—a premise supported by the comparable patterns we find in the other surveys as well. Second, as expected in online samples, Wave 2 (and, to a lower extent, Wave 1) is more educated than the general population. We deal with this issue by controlling for education, among other demographic traits, in our regressions.

	Jewish Pop.	April (IDI)	July (Wave 1)	October (Wave 2)
Sex				
Female	51.5%	48.6%	51.1%	49.6%
Male	48.5%	51.4%	48.9%	50.4%
Chi-squared p-value		0.562	0.936	0.704
Age Group				
18-24	10.2%	13.4%	8.7%	7.7%
25-34	19.9%	19.1%	23.8%	23.7%
35-44	19.5%	19.4%	19.9%	17.9%
45-54	15.5%	15%	15.6%	16.2%
55-64	14.4%	14.9%	13.4%	14%
65+	20.4%	18.2%	18.4%	20.5%
Chi-squared p-value		0.954	0.945	0.901
Religious Identification				
Non-religious, secular	43.2%	43.2%	43%	45%
Traditional	35.4%	35.9%	35.6%	33.1%
Religious	11.2%	11.1%	11.3%	11.2%
Ultra-Orthodox ( <i>Haredi</i> )	10.1%	9.8%	10.2%	10.7%
Chi-squared p-value		0.999	1.000	0.966
Region of Residence				
Ierusalem and West Bank	14.4%	21.4%	15.4%	15.8%
Tel-Aviv and Central Israel	50.2%	31.4%	43.1%	42 7%
North and Haifa	21.4%	36.5%	28.3%	28.9%
South and Shfela	14.1%	10.7%	13.3%	12 7%
Chi-squared p-value	11.170	0.000*	0.397	0.315
ein squareu p vulue		0.000	0.077	0.010
Education				
Elementary school or less	0.6%	—	1.2%	1.2%
High school, without matriculation	16.8%	—	10.5%	9.8%
High school, with matriculation	23.7%	—	17.5%	16.3%
Non-academic certificate	18.6%	—	24.4%	25.2%
Full academic degree, BA	23.9%	—	31.8%	31.3%
Full academic degree, MA or above	16.5%		14.6%	16.4%
Chi-squared p-value			0.079	0.033*
N	4,416,834	569	1,510	1,033

**Table A1:** Key Sociodemographic Distributions of the Three Surveys and the Israeli-Jewish Population

\* p < 0.05.

### 2 Descriptive Statistics and Instruments

### 2.1 Descriptive Statistics

Variable	Survey	N	Mean	Std. Dev.	Min	Max
Involvement <sup>a</sup>	April	569	2.41169	0.9865029	1	4
	July	1,510	2.435762	0.8704214	1	4
	October	1,033	2.447241	0.9283303	1	4
Left-Right (Vote)	April	520	2.556115	0.6262496	1	3
Left-Right (Self-identification) <sup>b</sup>	July	1,491	4.678739	1.506834	1	7
	October	1,020	4.688235	1.492822	1	7
Palestinian Threat <sup>b</sup>	April	_			_	_
	July	1,509	2.754805	0.9708202	1	4
	October	1,032	2.724806	0.9678864	1	4
Health Concern <sup>a</sup>	April	567	2.720872	0.873113	1	4
	July	1,504	3.819814	1.151287	1	5
	October	1,031	3.873909	1.104979	1	5
Economic Concern <sup>a</sup>	April	563	2.588338	0.8877931	1	4
	July	1,504	3.799202	1.164272	1	5
	October	1,033	3.619555	1.211814	1	5
Diagnosed	April	_	_	_	_	_
	July	1,510	0.1324503	0.339092	0	1
	October	1,033	0.3010649	0.458943	0	1
Quarantined	April	_	_	_	—	_
	July	1,509	0.1643472	0.3707132	0	1
	October	1,033	0.3059051	0.4610129	0	1
Economic Loss	April	_	_	—	_	_
	July	1,504	3.625665	0.8717681	1	5
	October	1,033	3.465634	0.8381816	1	5
Sex <sup>b</sup>	April	569	1.485728	0.500236	1	2
	July	1,510	1.510596	0.5000533	1	2
	October	1,033	1.495644	0.5002232	1	2
Age Group <sup>b</sup>	April	569	3.533675	1.681934	1	6
	July	1,510	3.564238	1.619396	1	6
	October	1,033	3.667957	1.633915	1	6
Income <sup>b</sup>	April	519	2.343089	1.227586	1	5
	July	1,502	2.450067	1.243171	1	5
	October	1,028	2.47179	1.243555	1	5
Religiosity <sup>b</sup>	April	569	3.124719	0.9604485	1	4
	July	1,510	3.113245	0.9685701	1	4
	October	1,033	3.124879	0.9867782	1	4
Education <sup>b</sup>	April	_			_	
	July	1,510	4.188079	1.252852	1	6
	October	1,033	4.246854	1.251376	1	6

Table A2: Descriptive Statistics: OLS Regression Variables

<sup>*a*</sup> Different wording for April vs. July and October (see full question wording below).

<sup>b</sup> Asked only once in July and used again for the same respondents when analyzing October's subsample.

### 2.2 Survey Questions

The following list details the full question wording used for our primary variables. We note under each question whether it was part of the April (IDI) survey and/or in our two-wave survey. If there are wording differences between the surveys, we note both versions. For our panel, we note whether each question was asked only in July (mostly stable issues such as demography or partisan identity) or also asked again in October (dynamic issues such as COVID-19 threat perceptions and economic loss).

### Involvement

Asked in April (IDI), in July (Wave 1), and again in October (Wave 2). April version:

*Q*: "In your opinion, to what extent should Israel assist the Palestinian authorities in the West Bank/Judea and Samaria in dealing with the Coronavirus pandemic in the territories under their control?"

A: (1) Should assist to a very small extent/not at all; (2) Should assist to a small extent;(3) Should assist quite a bit; (4) Should assist extensively.

July/October version:

*Q*: "some think that Israel should refrain from taking any steps regarding the Coronavirus situation in the Palestinian territories and focus only on the pandemic within Israel. Do you agree or disagree?"

A: (1) Strongly agree; (2) somewhat agree; (3) Somewhat disagree; (4) Strongly disagree.

### Left-Right (Vote)

Asked in April (IDI).

Q: "Which party did you vote for in the Knesset elections held in March 2020?"

*A*: (1) Labor-Gesher-Meretz; (2) Likud; (3) Blue and White; (4) Yisrael Beiteinu; (5) Shas; (6) Yamina; (7) United Torah Judaism; (8) Otzma Yehudit; (9) Joint List; (8) Another list; (9) Empty ballot; (10) Did not vote despite being eligible; (11) Did not vote because of ineligibility.

As noted in the paper, we recoded these answers by three blocs based on their ideological positions on the conflict: (1) The Left bloc includes Labor-Gesher-Meretz and the Joint List; (2) the Center bloc includes Blue and White; and (3) the Right bloc includes Likud, Israel Beitenu, Yamina, Shas, United Torah Judaism, and Otzma Yehudit.

### Left-Right (Self-identification)

Asked in July (Wave 1).

*Q*: "There is much talk about Left and Right in politics. Where would you rank yourself along a Left-Right continuum, where 1 is the Left end and 7 is the Right end?" *A*: (1) Left; ...; (7) Right.

### **Palestinian Threat**

Asked in July (Wave 1).

*Q*: "When you think about Israel's situation in the long run, how much are you worried about the following factors?"

The question referred to a battery of separate items, presented in randomized order: the environment, domestic secular-religious tensions, economic inequalities, Iran's military actions, and Palestinian aspirations. We only analyzed answers regarding the latter.

*A*: (1) Not worried at all; (2) A little worried; (3) Pretty worried; (4) Very worried.

### Health Concern

*Asked in April (IDI), in July (Wave 1), and again in October (Wave 2). April version:* 

*Q*: "Are you afraid or not afraid these days that you or any of your family members will be infected with the Coronavirus?"

*A*: (1) Not Afraid at all ; (2) Not so afraid; (3) Pretty afraid; (4) Very afraid. *July/October version:* 

*Q*: "How concerned are you that you or your immediate family members will be harmed health-wise by the Coronavirus?"

*A*: (1) Not worried at all; ...; (5) Very worried.

### **Economic Concern**

Asked in April (IDI), in July (Wave 1), and again in October (Wave 2).

April version:

*Q*: "How afraid or not afraid are you about your economic situation in the foreseeable future?"

A: (1) Not Afraid at all ; (2) Not so afraid; (3) Pretty afraid; (4) Very afraid.

July/October version:

*Q*: "How concerned are you that you or your immediate family members will be harmed economically by the Coronavirus?"

A: (1) Not worried at all; ...; (5) Very worried.

### Diagnosed

Asked in July (Wave 1) and again in October (Wave 2).

*Q*: "In recent months, the State of Israel and the entire world have been dealing with the spread of the Coronavirus epidemic. Have you, anyone from your immediate family, or a close friend been diagnosed with Corona since the outbreak of the epidemic?" *A*: (1) No; (2) Yes.

### Quarantined

Asked in July (Wave 1) and again in October (Wave 2).

*Q*: "Have you been required to quarantine since the outbreak of the epidemic?"

A: (1) No; (2) Yes.

### Economic Loss

Asked in July (Wave 1) and again in October (Wave 2).

*Q*: "Would you say that your financial situation has improved or worsened in recent months?"

*A*: (1) Improved by a lot; (2) Improved slightly; (3) Has not changed; (4) Worsened slightly; (5) Worsened by a lot.

### Sex

Asked in April (IDI) and July (Wave 1). Q: "What is your sex?" A: (1) Male; (2) Female.

### Age Group

Asked in April (IDI) and July (Wave 1).

*Q*: "What is your age?"

*A*: Open answer, later grouped as follows: (1) 18-24; (2) 25-34; (3) 35-44; (4) 45-54; (5) 55-64; (6) 65 and older.

### Income

Asked in April (IDI) and July (Wave 1).

*Q*: "The average monthly income of a family in Israel is about NIS 17,000 net (after income tax deduction). What is your family's total net income per month in relation to this?

*A*: (1) Far below average; (2) Slightly below average; (3) Around average; (4) Slightly above average; (5) Far above average.

### Religiosity

Asked in April (IDI) and July (Wave 1).

Q: "How do you consider yourself?"

*A*: (1) Ultra-Orthodox (*Haredi*); (2) Religious; (3) Traditional-religious; (4) Traditionalnot so religious; (5) Secular.

### Education

Asked in July (Wave 1).

*Q*: "What is your education level?"

*A*: (1) Elementary school or lower; (2) High School without matriculation; (3) High school with matriculation; (4) Post-secondary non-academic (teachers seminar, nursing certificate, Practical Engineer, religious studies); (5) Academic BA; (6) Academic MA or higher.

### 2.3 Conjoint Experiment Prompt

The conjoint experiment was presented using the following prompt:

"Alongside Israel, Palestinian society, too, has experienced a Coronavirus outbreak in recent months. Similar to Israel, the pandemic in the territories has been characterized by a first large-scale illness wave in the spring and another growing wave these days. In light of this, some argue that Israel should formulate a clear policy regarding the pandemic's situation in the territories.

We now ask you to put yourself in the Israeli government's shoes when deciding on such a possible policy. We will present you with several pairs of policy proposals for dealing with the plague in Palestinian society. Each proposal details the type of proposed Israeli action, its characteristics, and its estimated outcomes.

After reviewing each pair of policy proposals, we will ask you to choose the policy proposal that you best prefer."

This prompt was followed by a narrated visual example of two policy proposals presented side by side. Respondents were then asked to press a button in order to continue to the actual policy pairs from which they would have to choose.

The full list of policy attributes and components included in the conjoint design is presented in the paper.

### 3 Full Estimation Tables

### 3.1 Full OLS Regression Table

*Table A3:* Full OLS Regression Results: The Influence of COVID-19 Threat Perceptions and Ideology on the Willingness to Help with COVID-19 in the Palestinian Territories

	(1)	(2)	(3)
	April	July	October
Left-Right (Vote): Left	0.619***	-	
	(0.169)		
Left-Right (Vote): Right	-0.361***		
	(0.106)		
Left-Right (Self-identification)		-0.133***	-0.172***
		(0.016)	(0.020)
Palestinian Threat		-0.061**	$-0.053^{\dagger}$
		(0.022)	(0.028)
Health Concern	-0.020	0.021	0.005
	(0.050)	(0.020)	(0.026)
Economic Concern	0.001	-0.019	-0.018
	(0.051)	(0.021)	(0.026)
Diagnosed		-0.147*	$0.128^{*}$
		(0.064)	(0.063)
Quarantined		0.084	0.089
		(0.057)	(0.061)
Economic Loss		$0.054^{*}$	0.020
		(0.026)	(0.034)
Sex: Female	-0.033	$0.078^{\dagger}$	0.072
	(0.087)	(0.042)	(0.053)
Age Group	0.128***	0.096***	0.121***
	(0.026)	(0.014)	(0.018)
Income	-0.028	0.045*	0.023
	(0.037)	(0.018)	(0.023)
Religiosity: Ultra-Orthodox	-0.112	-0.050	-0.330**
	(0.166)	(0.081)	(0.105)
Religiosity: Orthodox	-0.073	-0.036	-0.094
	(0.151)	(0.075)	(0.095)
Religiosity: Traditional	-0.117	-0.127*	-0.196**
<b>-</b> 1	(0.100)	(0.051)	(0.066)
Education		0.063***	0.040
	<b>0 0 (</b> 0****	(0.018)	(0.023)
Constant	2.360***	2.253***	2.643***
- <b>N</b> T	(0.274)	(0.188)	(0.239)
$N$ $D^2$	473	1,4/6	1,012
$R^2$	0.155	0.188	0.227

Standard errors in parentheses,  $^{\dagger} p < 0.1$ ,  $^{*} p < 0.05$ ,  $^{**} p < 0.01$ ,  $^{***} p < 0.001$ .

The baseline category for Left-Right (Vote) is Center.

The baseline category for Religiosity is Secular.

### 3.2 Conjoint Analyses in Tabular Form, MMs and AMCEs

### 3.2.1 Full Sample

Feature	Level	Estimate	S.E.
Policy Type	Lockdown	0.470	0.008
Policy Type	Worker Ban	0.525	0.008
Policy Type	Monitor	0.476	0.010
Policy Type	Protective Equipment	0.509	0.008
Policy Type	Medical Aid	0.519	0.010
Palestinian Illness	Deterioration	0.440	0.006
Palestinian Illness	No Effect	0.515	0.005
Palestinian Illness	Improvement	0.543	0.006
Cross-Infections	Fewer Infections	0.535	0.004
Cross-Infections	No Change	0.464	0.004
Funding Source	Palestinian Taxes	0.575	0.006
Funding Source	Half-And-Half	0.521	0.006
Funding Source	Israeli Budget	0.402	0.006
Coordination	No Coordination	0.459	0.006
Coordination	Only With Pa	0.551	0.006
Coordination	With Pa And Hamas	0.488	0.006

Table A4: Marginal Means (MMs) for Full Sample

Standard errors clustered by individual respondents. N = 15,222.

 Table A5: Average Marginal Component Effects (AMCEs) for Full Sample

Feature	Level	Estimate	S.E.
Policy Type	Lockdown	0	
Policy Type	Worker Ban	0.057	0.012
Policy Type	Monitor	0.027	0.015
Policy Type	Protective Equipment	0.040	0.013
Policy Type	Medical Aid	0.023	0.015
Palestinian Illness	Deterioration	0	
Palestinian Illness	No Effect	0.074	0.011
Palestinian Illness	Improvement	0.104	0.012
Cross-Infections	Fewer Infections	0	
Cross-Infections	No Change	-0.071	0.008
Funding Source	Palestinian Taxes	0	
Funding Source	Half-and-Half	-0.053	0.010
Funding Source	Israeli Budget	-0.173	0.011
Coordination	No Coordination	0	
Coordination	Only With PA	0.094	0.010
Coordination	With PA and Hamas	0.031	0.011

### 3.2.2 Split by Political Ideology

Feature	Level	Estimate	S.E.
Right			
Policy Type	Lockdown	0.518	0.011
Policy Type	Worker Ban	0.543	0.011
Policy Type	Monitor	0.476	0.014
Policy Type	Protective Equipment	0.486	0.011
Policy Type	Medical Aid	0.456	0.014
Palestinian Illness	Deterioration	0.453	0.008
Palestinian Illness	No Effect	0.521	0.007
Palestinian Illness	Improvement	0.523	0.009
Cross-Infections	Fewer Infections	0.534	0.006
Cross-Infections	No Change	0.466	0.006
Funding Source	Palestinian Taxes	0.610	0.009
Funding Source	Half-and-Half	0.509	0.008
Funding Source	Israeli Budget	0.383	0.009
Coordination	No Coordination	0.493	0.009
Coordination	Only With PA	0.539	0.008
Coordination	With PA and Hamas	0.469	0.008
Center			
Policy Type	Lockdown	0.438	0.016
Policy Type	Worker Ban	0.540	0.014
Policy Type	Monitor	0.471	0.019
Policy Type	Protective Equipment	0.516	0.015
Policy Type	Medical Aid	0.532	0.019
Palestinian Illness	Deterioration	0.439	0.012
Palestinian Illness	No Effect	0.513	0.010
Palestinian Illness	Improvement	0.545	0.012
Cross-Infections	Fewer Infections	0.531	0.008
Cross-Infections	No Change	0.469	0.008
Funding Source	Palestinian Taxes	0.565	0.012
Funding Source	Half-and-Half	0.522	0.011
Funding Source	Israeli Budget	0.406	0.013
Coordination	No Coordination	0.428	0.011
Coordination	Only With PA	0.567	0.011
Coordination	With PA and Hamas	0.507	0.011
Left			
Policy Type	Lockdown	0.391	0.016
Policy Type	Worker Ban	0.460	0.018
Policy Type	Monitor	0.488	0.022
Policy Type	Protective Equipment	0.558	0.016
Policy Type	Medical Aid	0.658	0.021
Palestinian Illness	Deterioration	0.394	0.014
Palestinian Illness	No Effect	0.508	0.011
Palestinian Illness	Improvement	0.595	0.013
Cross-Infections	Fewer Infections	0.543	0.008
Cross-Infections	No Change	0.455	0.009
Funding Source	Palestinian Taxes	0.507	0.014
Funding Source	Half-and-Half	0.549	0.013
Funding Source	Israeli Budget	0.445	0.013
Coordination	No Coordination	0.408	0.014
Coordination	Only With PA	0.565	0.012
Coordination	With PA and Hamas	0.515	0.014

Table A6: Marginal Means (MMs) by Political Ideology

Feature	Level	Estimate	S.E.
Right			_
Policy Type	Lockdown	0	
Policy Type	Worker Ban	0.029	0.017
Policy Type	Monitor	-0.024	0.021
Policy Type	Protective Equipment	-0.031	0.018
Policy Type	Medical Aid	-0.093	0.021
Palestinian Illness	Deterioration	0	
Palestinian Illness	No Effect	0.087	0.015
Palestinian Illness	Improvement	0.093	0.016
Cross-Infections	Fewer Infections	0	
Cross-Infections	No Change	-0.067	0.011
Funding Source	Palestinian Taxes	0	
Funding Source	Half-and-Half	-0.101	0.014
Funding Source	Israeli Budget	-0.226	0.015
Coordination	No Coordination	0	
Coordination	Only With PA	0.047	0.014
Coordination	With PA and Hamas	-0.022	0.015
Center			
Policy Type	Lockdown	0	
Policy Type	Worker Ban	0.104	0.023
Policy Type	Monitor	0.061	0.030
Policy Type	Protective Equipment	0.074	0.025
Policy Type	Medical Aid	0.065	0.028
Palestinian Illness	Deterioration	0	
Palestinian Illness	No Effect	0.071	0.021
Palestinian Illness	Improvement	0.097	0.023
Cross-Infections	Fewer Infections	0	
Cross-Infections	No Change	-0.065	0.015
Funding Source	Palestinian Taxes	0	
Funding Source	Half-and-Half	-0.040	0.020
Funding Source	Israeli Budget	-0.156	0.022
Coordination	No Coordination	0	
Coordination	Only With PA	0.143	0.019
Coordination	With PA and Hamas	0.079	0.020
Left			
Policy Type	Lockdown	0	_
Policy Type	Worker Ban	0.075	0.027
Policy Type	Monitor	0.126	0.034
Policy Type	Protective Equipment	0.168	0.026
Policy Type	Medical Aid	0.244	0.032
Palestinian Illness	Deterioration	0	
Palestinian Illness	No Effect	0.066	0.024
Palestinian Illness	Improvement	0.163	0.027
Cross-Infections	Fewer Infections	0	
Cross-Infections	No Change	-0.093	0.016
Funding Source	Palestinian Taxes	0	
Funding Source	Half-and-Half	0.040	0.023
Funding Source	Israeli Budget	-0.063	0.023
Coordination	No Coordination	0	
Coordination	Only With PA	0.160	0.021
Coordination	With PA and Hamas	0.107	0.022

 Table A7: Average Marginal Component Effects (AMCEs) by Political Ideology

### 3.2.3 Split by Health Concern

Feature	Level	Estimate	S.E.
Low			
Policy Type	Lockdown	0.471	0.021
Policy Type	Worker Ban	0.505	0.021
Policy Type	Monitor	0.455	0.027
Policy Type	Protective Equipment	0.508	0.019
Policy Type	Medical Aid	0.574	0.030
Palestinian Illness	Deterioration	0.427	0.016
Palestinian Illness	No Effect	0.535	0.014
Palestinian Illness	Improvement	0.534	0.016
Cross-Infections	Fewer Infections	0.532	0.011
Cross-Infections	No Change	0.469	0.011
Funding Source	Palestinian Taxes	0.543	0.016
Funding Source	Half-and-Half	0.535	0.016
Funding Source	Israeli Budget	0.419	0.018
Coordination	No Coordination	0.477	0.017
Coordination	Only With PA	0.531	0.014
Coordination	With PA and Hamas	0.493	0.015
Medium			
Policy Type	Lockdown	0.444	0.017
Policy Type	Worker Ban	0.512	0.016
Policy Type	Monitor	0.487	0.022
Policy Type	Protective Equipment	0.539	0.017
Policy Type	Medical Aid	0.517	0.020
Palestinian Illness	Deterioration	0.470	0.013
Palestinian Illness	No Effect	0.502	0.011
Palestinian Illness	Improvement	0.529	0.014
Cross-Infections	Fewer Infections	0.537	0.009
Cross-Infections	No Change	0.461	0.009
Funding Source	Palestinian Taxes	0.579	0.014
Funding Source	Half-and-Half	0.527	0.013
Funding Source	Israeli Budget	0.401	0.014
Coordination	No Coordination	0.452	0.013
Coordination	Only With PA	0.562	0.012
Coordination	With PA and Hamas	0.482	0.013
High			
Policy Type	Lockdown	0.478	0.010
Policy Type	Worker Ban	0.533	0.010
Policy Type	Monitor	0.475	0.012
Policy Type	Protective Equipment	0.500	0.010
Policy Type	Medical Aid	0.510	0.013
Palestinian Illness	Deterioration	0.430	0.008
Palestinian Illness	No Effect	0.516	0.006
Palestinian Illness	Improvement	0.550	0.008
Cross-Infections	Fewer Infections	0.534	0.005
Cross-Infections	No Change	0.465	0.005
Funding Source	Palestinian Taxes	0.582	0.008
Funding Source	Half-and-Half	0.516	0.007
Funding Source	Israeli Budget	0.398	0.008
Coordination	No Coordination	0.456	0.008
Coordination	Only With PA	0.554	0.007
Coordination	With PA and Hamas	0.488	0.008

Table A8: Marginal Means (MMs) by Health Concern

FeatureLevelEstimateS.E.LowPolicy TypeLockdown0Policy TypeWorker Ban0.0320.032Policy TypeMonitor-0.0090.041Policy TypeProtective Equipment0.0410.033Policy TypeProtective Equipment0.0410.033Policy TypeMedical Aid0.0940.043Palestinian IllnessDeterioration0Palestinian IllnessImprovement0.0990.031Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0620.022Funding SourcePalestinian Taxes0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationOnly With PA0.0630.027CoordinationWith PA and Hamas0.0270.028MediumPolicy TypeMonitor0.050Policy TypeLockdown0Policy TypeMonitor0.0500.032Policy TypeMonitor0.0500.032Policy TypeMonitor0.0730.026Policy TypeMonitor0.0500.032Policy TypeMonitor0.0500.032Policy TypeMonitor0.0500.032Policy TypeMonitor0.0500.032Policy TypeMonitor0.0500.032Palestinian Illness				
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Policy TypeLockdown0Policy TypeWorker Ban0.0320.032Policy TypeMonitor-0.0090.041Policy TypeProtective Equipment0.0410.033Policy TypeMedical Aid0.0940.043Palestinian IllnessDeterioration0Palestinian IllnessImprovement0.0990.031Cross-InfectionsNo Effect0.0860.029Palestinian IllnessImprovement0.0990.031Cross-InfectionsNo Change-0.0620.022Funding SourcePalestinian Taxes0CordinationNo Coordination0CoordinationNo Coordination0CoordinationOnly With PA0.0630.027CoordinationOnly With PA0.0630.027CoordinationOnly With PA0.0500.033Policy TypeLockdown0Policy TypeWorker Ban0.0710.026Policy TypeMedical Aid0.0560.032Palestinian IllnessImprovement0.0730.026Policy TypeMedical Aid0.0430.022Palestinian IllnessImprovement0.0730.026Cross-InfectionsFewer Infections0Cross-InfectionsFewer Infections0Funding SourceFalselinian Taxes0Funding SourceIsraeli Budget-0.1770.024<	Low			
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Policy TypeMonitor $-0.009$ $0.041$ Policy TypeProtective Equipment $0.041$ $0.033$ Policy TypeMedical Aid $0.094$ $0.043$ Palestinian IllnessDeterioration $0$ $$ Palestinian IllnessImprovement $0.099$ $0.031$ Cross-InfectionsFewer Infections $0$ $$ Cross-InfectionsNo Effect $0.062$ $0.022$ Funding SourcePalestinian Taxes $0$ $$ Funding SourceHalf-and-Half $-0.009$ $0.027$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination $0$ $$ CoordinationNo Coordination $0$ $$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationWorker Ban $0.071$ $0.028$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeModical Aid $0.056$ $0.032$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessNo Effect $0.043$ $0.022$ Cross-InfectionsFewer Infections $0$ $$ Palestinian IllnessNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $$ Palestinian IllnessNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding Source <td< td=""><td>Policy Type</td><td>Worker Ban</td><td>0.032</td><td>0.032</td></td<>	Policy Type	Worker Ban	0.032	0.032
Policy TypeProtective Equipment $0.041$ $0.033$ Policy TypeMedical Aid $0.094$ $0.043$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.099$ $0.031$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceHalf-and-Half $-0.009$ $0.027$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationWorker Ban $0.071$ $0.028$ MediumPolicy TypeMonitor $0.050$ $0.033$ Policy TypeModical Aid $0.056$ $0.032$ Policy TypeMedical Aid $0.056$ $0.032$ Policy TypeMedical Aid $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $-$ Cross-InfectionsNo Coordination $0$ $-$ Cross-InfectionsNo Coordination $0$ $-$ CoordinationOnly With PA $0.111$ $0.022$ Funding Source <t< td=""><td>Policy Type</td><td>Monitor</td><td>-0.009</td><td>0.041</td></t<>	Policy Type	Monitor	-0.009	0.041
Policy TypeMedical Aid $0.094$ $0.043$ Palestinian IllnessDeterioration0Palestinian IllnessNo Effect $0.086$ $0.029$ Palestinian IllnessImprovement $0.099$ $0.031$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ Policy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMonitor $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Punding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Change $-0.077$ $0.018$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0Cross-InfectionsNo Change $-0.077$ <t< td=""><td>Policy Type</td><td>Protective Equipment</td><td>0.041</td><td>0.033</td></t<>	Policy Type	Protective Equipment	0.041	0.033
Palestinian IllnessDeterioration0Palestinian IllnessNo Effect $0.086$ $0.029$ Palestinian IllnessImprovement $0.099$ $0.031$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ Policy TypeLockdown0Policy TypeMonitor $0.050$ $0.033$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ Punding SourcePalestinian Taxes $0$ Funding SourcePalestinian Taxes $0$ Funding SourceIraeli Budget $-0.177$ $0.024$ CoordinationNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ Funding SourceIraeli Budget $-0.177$ $0.024$ CoordinationNo Change $-0.070$ $0.015$	Policy Type	Medical Aid	0.094	0.043
Palestinian IllnessNo Effect $0.086$ $0.029$ Palestinian IllnessImprovement $0.099$ $0.031$ Cross-InfectionsFewer Infections $0$ $$ Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes $0$ $$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination $0$ $$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ <i>Medium</i> Policy TypeLockdown $0$ $$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration $0$ $$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $$ Funding SourcePalestinian Taxes $0$ $$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ $$ Funding SourceIsraeli Budget $-0.039$ $0.015$ Folicy TypeMonitor $0.028$ $0.019$ Fundin	Palestinian Illness	Deterioration	0	
Palestinian IllnessImprovement $0.099$ $0.031$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ Medium $-$ Policy TypePolicy TypeLockdown $0$ $-$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeMonitor $0.050$ $0.032$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessNo Effect $0.043$ $0.022$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsFewer Infections $0$ $-$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceIsraeli Budget $-0.077$ $0.018$ Funding SourceIsraeli Budget $-0.0177$ $0.024$ CoordinationOn Coordination $0$ $-$ Folicy TypeMonitor $0.028$ <td>Palestinian Illness</td> <td>No Effect</td> <td>0.086</td> <td>0.029</td>	Palestinian Illness	No Effect	0.086	0.029
Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes0Funding SourceHalf-and-Half $-0.009$ $0.027$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0CoordinationNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.0177$ $0.024$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationNo Coordination0Funding SourceIsraeli Budget $-0.0777$ $0.018$ Funding SourceIsraeli Budget $-0.0777$ $0.024$ CoordinationOnly W	Palestinian Illness	Improvement	0.099	0.031
Cross-InfectionsNo Change $-0.062$ $0.022$ Funding SourcePalestinian Taxes0 $-$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0 $-$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown0 $-$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0 $-$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0 $-$ Funding SourcePalestinian Taxes0 $-$ Funding SourceIsraeli Budget $-0.077$ $0.024$ CoordinationNo Coordination0 $-$ CoordinationNo Coordination0 $-$ CoordinationNo Coordination0 $-$ Funding SourceIsraeli Budget $-0.077$ $0.024$ CoordinationNo Coordination0 $-$ Cross-InfectionsNo Coordination0 $-$ Policy TypeLockdown0 $-$ Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeNockdown0 $-$ <td>Cross-Infections</td> <td>Fewer Infections</td> <td>0</td> <td></td>	Cross-Infections	Fewer Infections	0	
Funding SourcePalestinian Taxes0Funding SourceHalf-and-Half $-0.009$ $0.027$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationOnly With PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourceIslestinian Taxes0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0 </td <td>Cross-Infections</td> <td>No Change</td> <td>-0.062</td> <td>0.022</td>	Cross-Infections	No Change	-0.062	0.022
Funding SourceHalf-and-Half $-0.009$ $0.027$ Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationNo Coordination0Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationOnly With PA $0.1111$ $0.022$ CoordinationOnly With PA $0.0111$ $0.022$ Funding PypeMonitor $0.028$ $0.019$ Policy TypeKorker Ban $0.020$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.021$ $0.016$ </td <td>Funding Source</td> <td>Palestinian Taxes</td> <td>0</td> <td></td>	Funding Source	Palestinian Taxes	0	
Funding SourceIsraeli Budget $-0.127$ $0.030$ CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationOnly With PA $0.111$ $0.022$ Funding SourceIsraeli Budget $-0.070$ $0.015$ Policy TypeLockdown0Policy TypeMonitor $0.028$ $0.019$ Policy	Funding Source	Half-and-Half	-0.009	0.027
CoordinationNo Coordination0CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ <i>Medium</i> 0Policy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Funding SourceFaaeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationNo Coordination0CoordinationNo Coordination0Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeVorker Ban $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ <td< td=""><td>Funding Source</td><td>Israeli Budget</td><td>-0.127</td><td>0.030</td></td<>	Funding Source	Israeli Budget	-0.127	0.030
CoordinationOnly With PA $0.063$ $0.027$ CoordinationWith PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown $0$ $-$ Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA $0.111$ $0.022$ Dolicy TypeWorker Ban $0.059$ $0.015$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ Policy TypeMedical Aid $-0.003$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMedical Aid $-0.003$ $0.019$ Policy TypeMedical Aid<	Coordination	No Coordination	0	
CoordinationWith PA and Hamas $0.027$ $0.028$ MediumPolicy TypeLockdown0-Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0-Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0-Cross-InfectionsFewer Infections0-Funding SourcePalestinian Taxes0-Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0-CoordinationOnly With PA $0.111$ $0.022$ HighPolicy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeLockdown0-Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.021$ $0.016$ <td>Coordination</td> <td>Only With PA</td> <td>0.063</td> <td>0.027</td>	Coordination	Only With PA	0.063	0.027
MediumPolicy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0-Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0-Cross-InfectionsFewer Infections0-Funding SourcePalestinian Taxes0-Funding SourcePalestinian Taxes0-Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0-CoordinationOnly With PA $0.111$ $0.022$ HighPolicy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor <t< td=""><td>Coordination</td><td>With PA and Hamas</td><td>0.027</td><td>0.028</td></t<>	Coordination	With PA and Hamas	0.027	0.028
Policy TypeLockdown0Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.077$ $0.018$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationOnly With PA $0.1111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Palestinian IllnessDeterioration $0$ Policy TypeMedical Aid $-0.003$ $0.019$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessNo	Medium			
Policy TypeWorker Ban $0.071$ $0.026$ Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsFewer Infections $0$ $-$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceIsraeli Budget $-0.077$ $0.018$ Funding SourceIsraeli Budget $-0.077$ $0.024$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA $0.111$ $0.022$ High $  -$ Policy TypeLockdown $0$ $-$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-Infections<	Policy Type	Lockdown	0	_
Policy TypeMonitor $0.050$ $0.033$ Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.111$ $0.022$ HighPolicy TypeLockdown $0$ $-$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeLockdown $0$ $-$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ <td>Policy Type</td> <td>Worker Ban</td> <td>0.071</td> <td>0.026</td>	Policy Type	Worker Ban	0.071	0.026
Policy TypeProtective Equipment $0.097$ $0.028$ Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessNo Effect $0.043$ $0.022$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.111$ $0.022$ Lockdown $0$ $ -$ Policy TypeLockdown $0$ $-$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessNo Effect $0.087$ $0.014$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsNo Effect $0.087$ $0.014$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes	Policy Type	Monitor	0.050	0.033
Policy TypeMedical Aid $0.056$ $0.032$ Palestinian IllnessDeterioration $0$ $$ Palestinian IllnessNo Effect $0.043$ $0.022$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $$ Funding SourcePalestinian Taxes $0$ $$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ $$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown $0$ $$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections $0$ $$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections $0$ $$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ $$ <tr< td=""><td>Policy Type</td><td>Protective Equipment</td><td>0.097</td><td>0.028</td></tr<>	Policy Type	Protective Equipment	0.097	0.028
Palestinian IllnessDeterioration0Palestinian IllnessNo Effect $0.043$ $0.022$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown0Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid0.003 $0.019$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsFewer Infections0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes0Cross-InfectionsNo Change $-0.070$ $0.010$ <td>Policy Type</td> <td>Medical Aid</td> <td>0.056</td> <td>0.032</td>	Policy Type	Medical Aid	0.056	0.032
Palestinian IllnessNo Effect $0.043$ $0.022$ Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ $-$ Funding SourceHalf-and-Half $-0.046$ $0.022$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ $-$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown $0$ $-$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ $-$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ $-$ Coss-InfectionsNo Change $-0.070$ $0.010$	Palestinian Illness	Deterioration	0	
Palestinian IllnessImprovement $0.073$ $0.026$ Cross-InfectionsFewer Infections $0$ Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes $0$ Funding SourceHalf-and-Half $-0.046$ $0.022$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination $0$ CoordinationNo Coordination $0$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown $0$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid0.003 $0.019$ Palestinian IllnessDeterioration $0$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections $0$ Cross-InfectionsFewer Infections $0$ Falestinian IllnessNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ Funding SourcePalestinian Taxes $0$ Funding SourcePalestinian Taxes $0$ <	Palestinian Illness	No Effect	0.043	0.022
Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes0Funding SourceHalf-and-Half $-0.046$ $0.022$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown0Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Funding SourcePales	Palestinian Illness	Improvement	0.073	0.026
Cross-InfectionsNo Change $-0.077$ $0.018$ Funding SourcePalestinian Taxes0Funding SourceHalf-and-Half $-0.046$ $0.022$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown0Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Cross-Infections	Fewer Infections	0	
Funding SourcePalestinian Taxes0Funding SourceHalf-and-Half $-0.046$ $0.022$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationOnly With PA $0.111$ $0.022$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown0Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeMedical Aid0.003 $0.019$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Cross-Infections	No Change	-0.077	0.018
Funding SourceHalf-and-Half $-0.046$ $0.022$ Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0 $-$ CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ <b>High</b> $-$ Policy TypeLockdown0 $-$ Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration0 $-$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0 $-$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes0 $-$	Funding Source	Palestinian Taxes	0	
Funding SourceIsraeli Budget $-0.177$ $0.024$ CoordinationNo Coordination0CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown0Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Funding Source	Half-and-Half	-0.046	0.022
CoordinationNo Coordination0CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown0Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections0Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Funding Source	Israeli Budget	-0.177	0.024
CoordinationOnly With PA $0.111$ $0.022$ CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown $0$ $-$ Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ $-$	Coordination	No Coordination	0	
CoordinationWith PA and Hamas $0.030$ $0.022$ HighPolicy TypeLockdown $0$ $-$ Policy TypeWorker Ban $0.059$ $0.015$ Policy TypeMonitor $0.028$ $0.019$ Policy TypeProtective Equipment $0.021$ $0.016$ Policy TypeMedical Aid $-0.003$ $0.019$ Palestinian IllnessDeterioration $0$ $-$ Palestinian IllnessImprovement $0.119$ $0.015$ Cross-InfectionsFewer Infections $0$ $-$ Cross-InfectionsNo Change $-0.070$ $0.010$ Funding SourcePalestinian Taxes $0$ $-$	Coordination	Only With PA	0.111	0.022
HighPolicy TypeLockdown0Policy TypeWorker Ban $0.059$ Policy TypeMonitor $0.028$ Policy TypeProtective Equipment $0.021$ Policy TypeProtective Equipment $0.021$ Policy TypeMedical Aid $-0.003$ Policy TypeMedical Aid $-0.003$ Palestinian IllnessDeterioration0Palestinian IllnessImprovement $0.119$ Palestinian IllnessFewer Infections0Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Panding SourcePalestinian Taxes0	Coordination	With PA and Hamas	0.030	0.022
Policy TypeLockdown0Policy TypeWorker Ban0.0590.015Policy TypeMonitor0.0280.019Policy TypeProtective Equipment0.0210.016Policy TypeMedical Aid-0.0030.019Palestinian IllnessDeterioration0Palestinian IllnessNo Effect0.0870.014Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	High			
Policy TypeWorker Ban0.0590.015Policy TypeMonitor0.0280.019Policy TypeProtective Equipment0.0210.016Policy TypeMedical Aid-0.0030.019Palestinian IllnessDeterioration0Palestinian IllnessImprovement0.0190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0	Policy Type	Lockdown	0	_
Policy TypeMonitor0.0280.019Policy TypeProtective Equipment0.0210.016Policy TypeMedical Aid-0.0030.019Palestinian IllnessDeterioration0Palestinian IllnessImprovement0.0190.014Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0	Policy Type	Worker Ban	0.059	0.015
Policy TypeProtective Equipment0.0210.016Policy TypeMedical Aid-0.0030.019Palestinian IllnessDeterioration0Palestinian IllnessNo Effect0.0870.014Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0	Policy Type	Monitor	0.028	0.019
Policy TypeMedical Aid-0.0030.019Palestinian IllnessDeterioration0Palestinian IllnessNo Effect0.0870.014Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0	Policy Type	Protective Equipment	0.021	0.016
Palestinian IllnessDeterioration0Palestinian IllnessNo Effect0.0870.014Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Policy Type	Medical Aid	-0.003	0.019
Palestinian IllnessNo Effect0.0870.014Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Palestinian Illness	Deterioration	0	_
Palestinian IllnessImprovement0.1190.015Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0Funding SourcePalestinian Taxes0	Palestinian Illness	No Effect	0.087	0.014
Cross-InfectionsFewer Infections0Cross-InfectionsNo Change-0.070Funding SourcePalestinian Taxes0Funding SourceUtil for all Util for	Palestinian Illness	Improvement	0.119	0.015
Cross-InfectionsNo Change-0.0700.010Funding SourcePalestinian Taxes0-Funding SourceUtility of the second	Cross-Infections	Fewer Infections	0	_
Funding Source Palestinian Taxes 0 —	Cross-Infections	No Change	-0.070	0.010
$\mathbf{E}_{\text{res}} \mathbf{I}_{\text{res}} \mathbf{C}_{\text{res}} \mathbf{I}_{\text{res}} $	Funding Source	Palestinian Taxes	0	
Funding Source Hair-and-Hair $-0.000 - 0.013$	Funding Source	Half-and-Half	-0.066	0.013
Funding Source Israeli Budget -0.182 0.014	Funding Source	Israeli Budget	-0.182	0.014
Coordination No Coordination 0 —	Coordination	No Coordination	0	
Coordination Only With PA 0.098 0.013	Coordination	Only With PA	0.098	0.013
Coordination With PA and Hamas 0.033 0.013	Coordination	With PA and Hamas	0.033	0.013

 Table A9: Average Marginal Component Effects (AMCEs) by Health Concern

### 3.2.4 Split by Economic Concern

	- 1		
Feature	Level	Estimate	S.E.
Low			
Policy Type	Lockdown	0.483	0.020
Policy Type	Worker Ban	0.503	0.021
Policy Type	Monitor	0.464	0.025
Policy Type	Protective Equipment	0.507	0.021
Policy Type	Medical Aid	0.551	0.027
Palestinian Illness	Deterioration	0.448	0.016
Palestinian Illness	No Effect	0.505	0.013
Palestinian Illness	Improvement	0.546	0.017
Cross-Infections	Fewer Infections	0.550	0.011
Cross-Infections	No Change	0.450	0.011
Funding Source	Palestinian Taxes	0.550	0.016
Funding Source	Half-and-Half	0.521	0.016
Funding Source	Israeli Budget	0.428	0.016
Coordination	No Coordination	0.455	0.015
Coordination	Only With PA	0.540	0.014
Coordination	With PA and Hamas	0.507	0.015
Medium			
Policy Type	Lockdown	0.455	0.017
Policy Type	Worker Ban	0.531	0.016
Policy Type	Monitor	0.480	0.022
Policy Type	Protective Equipment	0.515	0.018
Policy Type	Medical Aid	0.516	0.021
Palestinian Illness	Deterioration	0.437	0.014
Palestinian Illness	No Effect	0.522	0.011
Palestinian Illness	Improvement	0.538	0.014
Cross-Infections	Fewer Infections	0.539	0.009
Cross-Infections	No Change	0.459	0.009
Funding Source	Palestinian Taxes	0.592	0.014
Funding Source	Half-and-Half	0.515	0.012
Funding Source	Israeli Budget	0.392	0.014
Coordination	No Coordination	0.472	0.013
Coordination	Only With PA	0.544	0.013
Coordination	With PA and Hamas	0.481	0.013
High			
Policy Type	Lockdown	0.471	0.010
Policy Type	Worker Ban	0.527	0.010
Policy Type	Monitor	0.476	0.012
Policy Type	Protective Equipment	0.508	0.010
Policy Type	Medical Aid	0.514	0.013
Palestinian Illness	Deterioration	0.438	0.008
Palestinian Illness	No Effect	0.515	0.006
Palestinian Illness	Improvement	0.544	0.008
Cross-Infections	Fewer Infections	0.529	0.005
Cross-Infections	No Change	0.470	0.005
Funding Source	Palestinian Taxes	0.576	0.008
Funding Source	Half-and-Half	0.523	0.008
Funding Source	Israeli Budget	0.399	0.008
Coordination	No Coordination	0.454	0.008
Coordination	Only With PA	0.558	0.007
Coordination	With PA and Hamas	0.485	0.008

Table A10: Marginal Means (MMs) by Economic Concern

Feature	Level	Estimate	S.E.
Low			
Policy Type	Lockdown	0	_
Policy Type	Worker Ban	0.027	0.031
Policy Type	Monitor	0.011	0.040
Policy Type	Protective Equipment	0.027	0.032
Policy Type	Medical Aid	0.054	0.041
Palestinian Illness	Deterioration	0	
Palestinian Illness	No Effect	0.052	0.028
Palestinian Illness	Improvement	0.086	0.031
Cross-Infections	Fewer Infections	0	
Cross-Infections	No Change	-0.096	0.022
Funding Source	Palestinian Taxes	0	
Funding Source	Half-and-Half	-0.027	0.027
Funding Source	Israeli Budget	-0.121	0.021
Coordination	No Coordination	0.121	0.020
Coordination	Only With PA	0 081	0.026
Coordination	With DA and Hamas	0.081	0.020
	WITT FA and Flamas	0.052	0.027
Niedium Policy Type	Lockdown	0	
Policy Type	Worker Ban	0 064	0.026
Policy Type	Worker ban	0.004	0.020
Policy Type	Monitor	0.030	0.033
Policy Type	Protective Equipment	0.050	0.028
Policy Type	Medical Aid	0.020	0.032
Palestinian Illness	Deterioration	0	
Palestinian Illness	No Effect	0.084	0.023
Palestinian Illness	Improvement	0.096	0.026
Cross-Infections	Fewer Infections	0	
Cross-Intections	No Change	-0.079	0.017
Funding Source	Palestinian Taxes	0	
Funding Source	Half-and-Half	-0.071	0.022
Funding Source	Israeli Budget	-0.195	0.025
Coordination	No Coordination	0	—
Coordination	Only With PA	0.070	0.022
Coordination	With PA and Hamas	0.010	0.022
High			
Policy Type	Lockdown	0	
Policy Type	Worker Ban	0.061	0.015
Policy Type	Monitor	0.030	0.019
Policy Type	Protective Equipment	0.038	0.016
Policy Type	Medical Aid	0.016	0.019
Palestinian Illness	Deterioration	0	_
Palestinian Illness	No Effect	0.077	0.013
Palestinian Illness	Improvement	0.112	0.015
Cross-Infections	Fewer Infections	0	_
Cross-Infections	No Change	-0.062	0.010
Funding Source	Palestinian Taxes	0	_
Funding Source	Half-and-Half	-0.052	0.013
Funding Source	Israeli Budget	-0.177	0.014
Coordination	No Coordination	0	_
Coordination	Only With PA	0.108	0.013
Coordination	With PA and Hamas	0.034	0.013

 Table A11: Average Marginal Component Effects (AMCEs) by Economic Concern

### 4 Additional Robustness Tests

### 4.1 Interaction of Ideology and Threat Perceptions

we ran several tests to make sure that our two competing hypotheses—political ideology and COVID-19 threat perceptions—do not operate in interaction. First, we reestimated our OLS regression models while interacting partisan ideology (vote or selfidentification) with health and economic concerns. Table A12 summarizes the results. For ease of presentation, we show estimations that interact ideology with both health and economic threat perceptions in the same models; nevertheless, we find substantively similar results when we interact ideology with each type of threat perception separately.

The results do not find meaningful interactive relationships between ideology and threat perceptions. Most interaction terms are statistically indistinguishable from zero. The two interaction terms that do cross the 95% significance threshold, meanwhile, do not reflect meaningful interactive effects. The first exhibits a statistically significant interaction coefficient for greater health and leftist voting (compared to centrist voting) in the April survey (Model 1). However, the average marginal effect plot, shown in Figure A1, finds no real difference between the different ideological blocs at the 95% level. Second, in the July survey (Model 2), we find a statistically significant interaction between greater health concern and more rightist self-identification. In this case too, nevertheless, the marginal effect plot, displayed in Figure A2, showcases a substantively minuscule difference only at extreme-right values. Hence, it does not seem that threat perceptions and political ideology have a notable combined influence on the basic willingness to become involved and help the Palestinians.

Second, we also rule out a similar combined effect on the multidimensional policy reference estimated by the conjoined analysis. To do so, we split our samples twice: first, we separated respondents by their political self-identification (Right, Center, Left), and, second, we split them again by their level of health and economic threats (Low, Medium, High). Should there be a combined effect, we would expect to find different preferences by threat-perception levels that vary between ideological camps. The results, plotted in Figure A3 and Figure A4, fail to find such a pattern. While we continue to see differences by political ideology (i.e., between each subgraph in each figure), different threat perceptions move together within each camp, indicating few differences along this dimension even when split by political ideology.

Table A12: OLS Regression Results: The Interactive Effect of Political Ideology and COVID-
19 Threat Perceptions on the Willingness to Help with COVID-19 in the Palestinian Territo-
ries

	(1)	(2)	(3)
	April	July	October
Left-Right (Vote): Left	-0.427		
-	(0.524)		
Left-Right (Vote): Right	-0.388		
	(0.302)		
Left-Right (Self-identification)		-0.287***	-0.164*
		(0.054)	(0.071)
Palestinian Threat		-0.060**	-0.053†
		(0.022)	(0.028)
Health Concern	-0.092	-0.131*	-0.017
	(0.299)	(0.062)	(0.083)
Economic Concern	0.039	-0.062	0.005
	(0.675)	(0.061)	(0.077)
Diagnosed	. ,	-0.151*	$0.121^{+}$
0		(0.064)	(0.063)
Quarantined		0.090	0.092
		(0.057)	(0.061)
Economic Loss		0.055*	0.052
		(0.026)	(0.033)
L-R (Vote L) $\times$ Heal. Conc.	0.437*	× ,	
、 <i>、</i> /	(0.036)		
L-R (Vote R) $\times$ Heal. Conc.	0.069		
	(0.531)		
L-R (Vote L) $\times$ Econ. Conc.	-0.036		
× /	(0.857)		
L-R (Vote R) $\times$ Econ. Conc.	-0.060		
	(0.587)		
L-R (Self-id.) $\times$ Heal. Conc.		0.032*	0.004
× ,		(0.013)	(0.016)
L-R (Self-id.) $\times$ Econ. Conc.		0.008	-0.006
× ,		(0.012)	(0.016)
Demographic Controls	Yes	Yes	Yes
<u></u> <u>N</u>	473	1,480	1,012
$R^2$	0.156	0.190	0.226

Standard errors in parentheses, <sup>†</sup> p < 0.1, \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001. The baseline category for Left-Right (Vote) is Center.

*Figure A1:* Average Marginal Effect of Health Concerns Given Different Ideological Voting, *April (95% Confidence Intervals)* 



*Figure A2:* Average Marginal Effect of Health Concerns Given Different Ideological Selfidentification, July (95% Confidence Intervals)



Figure A3: Marginal Means of Different Policy Attributes by Health Threat Perceptions, Split by Political Ideology. The Dots and Horizontal Lines Indicate Point Estimates With 95% Confidence Intervals. Standard Errors Are Clustered by Respondent. Attribute Titles Are Presented in All Caps and Parentheses.



## Health Concerns by Left-Right Identification

Lines Indicate Point Estimates With 95% Confidence Intervals. Standard Errors Are Clustered by Respondent. Attribute Titles Are Presented in Figure A4: Marginal Means of Different Policy Attributes by Economic Threat Perceptions, Split by Political Ideology. The Dots and Horizontal All Caps and Parentheses.



# Economic Concerns by Left–Right Identification

## 4.2 OLS Regression of Individual-Level Change in Threat Perceptions

As another robustness test, we also examine whether an individual-level change in threat perceptions between July and October, as the pandemic intensified, did have a notable influence on the willingness to assist the Palestinians. To do so, we exploited our panel design and re-estimated our OLS regression model for October while substituting absolute levels of threat perceptions with their level of change from July  $(\frac{X_{Oct}-X_{Jul}}{X_{Jul}})$ .

The results, presented in Table A13, fail to find a meaningful relationship. Neither a change in health concerns nor in economic concerns has any influence on support for Israeli involvement. Models 3 and 4 show that there is also no correlation when the dependent variable is the relative change in support for involvement rather than absolute levels. Similarly, we do not see any influence for changes in COVID-19 diag-

	(1)	(2)	(3)	(4)
	Involvement	Involvement	Involvement	Involvement
			(Change)	(Change)
Left-Right (Self-identification)	-0.172***	-0.174***	$0.020^{+}$	0.020
	(0.020)	(0.020)	(0.012)	(0.012)
Palestinian Threat	-0.054*	-0.054*	-0.014	-0.015
	(0.028)	(0.028)	(0.017)	(0.017)
Health Concern (Change)	-0.049	-0.050	0.030	0.031
	(0.057)	(0.056)	(0.034)	(0.034)
Economic Concern (Change)	0.016	0.010	0.054	0.051
	(0.069)	(0.069)	(0.042)	(0.042)
Diagnosed	$0.127^{*}$		-0.025	
	(0.063)		(0.038)	
Diagnosed (Change)		$0.113^{\dagger}$		0.018
		(0.058)		(0.035)
Quarantined	0.090		0.021	
	(0.061)		(0.037)	
Quarantined (Change)		0.077		0.003
		(0.062)		(0.037)
Economic Loss	0.013		-0.006	
	(0.032)		(0.019)	
Economic Loss (Change)		0.071		0.046
		(0.082)		(0.049)
Demographic Controls	Yes	Yes	Yes	Yes
N	1,012	1,010	1,012	1,010
$R^2$	0.227	0.227	0.012	0.013

**Table A13:** OLS Regression Results: The Influence of Individual-Level Change in COVID-19 Threat Perceptions and Ideology on the Willingness to Help with COVID-19 in the Palestinian Territories

Standard errors in parentheses, <sup>†</sup> p < 0.1, \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001.

The baseline category for Left-Right (Vote) is Center.

nosis or quarantine between July and October or in economic loss (models 2 and 4). Meanwhile, political ideology and a greater sense of ethnonational threat retain their influence on support levels for Israeli involvement in these models, too.

### 5 Conjoint Analysis Diagnostics

### 5.1 Conjoint Power Calculation

To verify that our conjoint analysis is sufficiently powered to identify meaningful effect sizes, we conducted a post-hoc power analysis using a simulation-based online tool developed by Lukac and Stefanelli (2020).<sup>1</sup> According to Lukac and Stefanelli's power simulation, our conjoint design—1,510 respondents that filled 5 tasks with 5 attribute levels (set by the attribute with the largest number of levels)—is highly powered. Specifically, the predicted statistical power for our design is 97% for an effect size of 0.05, with a type S error (an incorrect sign) probability of 0% and a Type M error (exaggeration ratio) of 1.11.

### 5.2 Attribute Display Frequencies

Figure A5 summarizes the frequencies by which different policy attributes were displayed to respondents during the experiment. The results confirm that all attributes were displayed at an equal frequency, with expected minor exceptions for attribute levels that were logically constrained in some combinations. As noted in the paper, we did not allow for a policy to (1) worsen Palestinian illness if provided with medical aid, or (2) improve Palestinian illness if Israel only passively monitors the situation without further actions.

### 5.3 Task and Profile Order Neutrality

Another potential risk in conjoint designs is carryover effects by task or profile order. First, since all respondents were shown five successive pairs of policies, the analysis may be biased if they adjusted their answers as more pairs were shown based on earlier choices. If this was the case, we would expect to find different policy choices depending on the order of the task in which they were presented. To rule out this possibility, the left-hand panel in Figure A6 breaks down each policy attribute's average marginal component effect by task order. The results do not exhibit meaningful heterogeneity by task order, implying no such bias.

Similarly, conjoint experiments also assume that there is no systematic bias by profile order, which, in our case, means whether a certain policy was presented on the left-hand or right-hand side of the screen. To corroborate this assumption, the righthand panel of Figure A6 shows a similar estimation broken down by profile order. Here, too, we do not see notable heterogeneity.

<sup>&</sup>lt;sup>1</sup>Lukac, Martin and Alberto Stefanelli, (2020). *Conjoint Experiments: Power Analysis Tool*. Retrieved from https://mblukac.shinyapps.io/conjoints-power-shiny/.



Figure A5: Conjoint Attributes Display Frequencies

### 5.4 Balance Testing

To ensure that the policy attributes were distributed randomly across different types of respondents, we estimated the conjoint's marginal means using various respondent characteristics as the dependent variable instead of their policy choice. If our data have proper balance, we should see all the conjoint's attributes converge similarly around each covariate's grand mean rather than on less common values.<sup>2</sup>

This is indeed what we find. Figure A7 displays this analysis using respondents' key demographic characteristics as the dependent variable, including sex, age, education, religiosity, income, and region. Figure A8 showcases a similar analysis using our key explanatory attributes—left-right self-identification, health concerns, and economic concerns—as the dependent variables. In all panels, the vertical lines indicate each covariate's grand mean. As we expect, all attribute levels converge to these values, implying proper balance.

<sup>&</sup>lt;sup>2</sup>This method follows a suggestion made in the **cregg** R package documentation, written by Thomas J. Leeper. See: https://thomasleeper.com/cregg/reference/index.html.

*Figure A6:* Marginal Means of Different Policy Attributes by Task Order. The Dots and Horizontal Lines Indicate Point Estimates With 95% Confidence Intervals. Standard Errors Are Clustered by Respondent. Attribute Titles Are Presented in All Caps and Parentheses.



Figure A7: Conjoint Attributes Balance on Demographic Characteristics. The Dots and Horizontal Lines Indicate Point Estimates With 95% Confidence Intervals. Standard Errors Are Clustered by Respondent. Attribute Titles Are Presented in All Caps and Parentheses.



Figure A8: Conjoint Attributes Balance on Political Ideology and Health and Economic Concerns. The Dots and Horizontal Lines Indicate Point Estimates With 95% Confidence Intervals. Standard Errors Are Clustered by Respondent. Attribute Titles Are Presented in All Caps and Parentheses.

