



Israel Religious Action Center



Israel Movement for Reform
and Progressive Judaism

Heroes of Health

Israel's Healthcare System as a Model of Jewish-Arab Coexistence

December 2016



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Cover photo: Eli Dadon, "Jews & Arabs Refuse To Be Enemies", employees at "carmel Medical Center", Haifa, October 2015

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Foreward

The Jewish-Arab conflict is at the center of most of the news we read about Jews and Arabs. Most of which include a prominent component of physical or verbal violence. Stories of Jews and Arabs in the media leave us with a feeling of despair.

Like the weather, the conflict dictates our lifestyle, and that of our children. Like the weather, it is not in our hands to do much to change it. It seems that we can only snuggle up to our private air conditioners and stay within our bubble.

The Heroes of Health report before you serves as medicine against the despair and helplessness. Folded within are descriptions of the unique climate that prevails in the Israeli healthcare system. A work environment that provides hope for future coexistence in Israel.

The report discusses the healthcare system in the context of the Israeli world of employment. It is a large and dominant system that is tangible to each of us in our lives daily. The data and statistics were collected systematically via in-depth interviews with dozens of policy makers and ordinary employees who disclose the friendships and personal relationships which inoculate the system against racism.

Analysis of the factors causing the development of such camaraderie between the workers of the healthcare system show that it can also be applicable in other public frameworks. We are convinced that health can also be contagious.

Racism flourishes on a backdrop of fear and ignorance. This report serves as a reminder that every day the number of Arabs who take part in saving lives in Israel is larger than the number of Arabs who have taken part in the harm of Israeli lives from the foundation of the state until today.

We, at the Reform Movement, demand to eliminate the fear and ignorance surrounding us. Imbued with beliefs of equality and tolerance, we say: "Do we not all have one father? Has not one God created us?" (Malachi 2:10).

This report is dedicated with deep respect to the Arab and Jewish workers who have succeeded in creating an inspirational and exciting reality in Israel.

Anat Hoffman

A handwritten signature in black ink that reads "Anat Hoffman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Executive Director of the Israel Religious Action Center

Introduction

Recently the situation between Jews and Arabs in the state of Israel has been dire. The public discourse which accompanies public and security developments has been saturated with hostility and violence, escalating among political and religious leaders, permeating the language of violence prevalent in social media. This discourse is indicative of the intensity of the rift: per a broad survey performed by the Pew Research Institute in 2015¹, almost half of Jewish citizens of Israel (48%) support the expulsion of Arabs, and the vast majority of Jewish-Israelis (79%) believe that it is appropriate to discriminate against Arabs in Israel. The Pew Institute also reported that 79% of Arab citizens who participated in the study attested that they feel discriminated against based on their origins.

The hostility and enmity thrive thanks to the lack of familiarity with the other side. The lives of Jews and Arabs in the state of Israel are carried out, in almost all fields, in complete segregation: separate living areas, separate education systems, and in the area that true encounter could have been created – the world of business – the segregation, for the most part, is clear.

Against this background, the public healthcare system stands out. In hospital hallways, to which many victims of the hate described above are brought, an alternate reality prevails: Arabs and Jews work together for hours and days, during long and exhausting shifts, as one team. They toil towards a shared goal, beyond the sacred work of saving lives, they save Israeli society from a complete dive into the abyss of despair and segregation. Hospital entrance ways in Israel are also the gateways to what could have been here; to what must be here: Christians, Jews and Muslims, religious and non-religious, working together without separation based on nationality or religion.

¹ **Israel's Religiously Divided Society, Pew research center**, 3/8/2016 <http://www.pewforum.org/2016/03/08/israels-religiously-divided-society/>

In this report we would like to shine a spotlight on the unique phenomenon of coexistence between Jews and Arabs found in Israel's healthcare system: we seek to understand how it came to be and how it manifests, in practice, in the daily work of hospital staffs; we will present statistics that confirm the feelings of many from this system, that it is in fact a remarkable model of coexistence; we seek to learn the secret of the success of the healthcare system and to ask how this model can be replicated successfully in additional fields of business.

It should be noted that this report seeks to further understand the prevailing working relations between employees of caregiving teams, and does not refer to issues of racism and discrimination by the healthcare system against patients, or racism against caregivers by patients, if it exists. It is clear to all that the healthcare system is not free of the problems that permeate Israeli society, but this report does not refer to them.

In order to understand the Jewish-Arab coexistence in the healthcare system we carried out in-depth interviews with thirty-two interviewees, Jewish and Arab, Muslim and Christian, representative of the main branches of the healthcare system – medicine, nursing and pharmacy. To get as complete a picture as possible, we chose interviewees who fill managerial positions in the Israeli health world – hospital directors, head nurses, directors of schools of the health professions, and pharmacists in management positions – providing us with an inclusive systemic perspective, based on many years of experience. Additionally, we interviewed workers found 'in the field', who report every day to hospital wards and hallways and can tell of the daily experience of working together, of the thoughts, feelings and challenges.

The interview findings and the data presented in this report give validation to the feeling that the healthcare system is unique and different in the socio-occupational landscape in Israel. Unlike other employment sectors in Israel, this is a system that allows Arab citizens to integrate fully and advance in senior positions. In healthcare institutions, mutual respect, good working

relations and even friendship prevail, stemming from close personal acquaintance and long hours of joint work.

The healthcare system is evidence that places of work are the most important pillar, and possibly the basis, for creating normal coexistence and a healthy society in this complex and conflicted reality. By means of shared work and true encounter, mutual respect can be created, which will bring down walls and build good and trusting relationships in other areas of life. The replication of the model presented in the healthcare system to additional places of work will bring about real change that will allow coexistence beyond work.

We hope that shining a spotlight on the healthcare system will lead to the conclusion that it is not beyond our reach, that coexistence and healthy working relations between Jews and Arabs in other fields of business are achievable.

The Employment of Arabs in the Israeli Economy - An Overview

Arab citizens of Israel account for approximately 20% of the total population. The issue of their integration into the local workforce has been discussed and examined frequently over recent decades, and particularly since the beginning of the 2000s. Studies, reports, position papers, and discussions by parliamentary committees on this subject have sought to examine the subject, professional field, or employment-based parameter that deserve particular attention. The common denominator of most of these efforts is the pessimistic picture they yielded in terms of the integration of Arabs into the Israeli job market – in terms of amount integrated, areas of employment in which Arabs have successfully integrated, positions and levels of seniority they reach, and income level.

Over the past decade, these findings have led to several decisions, steps, and government initiatives, as well as to the definition of quantitative goals for improving the situation.

We present below as up-to-date a picture as possible regarding the integration of Arabs into the Israeli job market, and survey the various steps that have been taken to promote their integration. This review of the whole picture will clarify the unique and distinct nature of the “desert island” that is the healthcare system.

Employment Rates

According to the Central Bureau of Statistics (CBS), there is a significant gap in employment rates between the Arab and Jewish populations – 52.7% and 81.2%, respectively. This gap is due mainly to the low level of Arab women

joining the workforce (31.5%) – a rate that is very low both in comparison to Arab men (74.2%) and Jewish women (79.7%).

Employment Rates in Israel, 2015 (=Percent of employed persons out of total population)				
Age 25-64	Jews		Arabs	
	Men	Women	Men	Women
	82.8%	79.7%	74.2%	31.5%
Total employment rate:	81.2%		52.7%	

However, additional factors are also responsible for this gap, including: early retirement of Arab men by comparison to their Jewish peers² (one possible explanation for this is that many of the professions in which large numbers of Arabs are employed entail physical labor), as well as greater difficulty finding work due to language difficulties, distance from employment centers, and a lack of public transportation to the main Arab communities.³ We should also add to these factors lack of acceptance to work due to discrimination, including: the prioritization of candidates who served in the military and a preference (declared or undeclared) for Jewish workers over Arab workers.⁴

² *Arab Society in Israel: Populations, Society, Economy, 4*, published by the Van Leer Institute in 2011, found that only 18.7% of the workforce are aged 45 and over, and only 4.7% are aged 55 and over. It is interesting to note that according to the Yashiv-Kasir Report (*Employment Market of Israeli Arabs – Review of Characteristics and Policy Alternatives*, p. 3 (in Hebrew), the average retirement age of Arabs in Israel is also unusual by comparison to the norm in Muslim and Arab countries, and even by comparison to Palestinian society.

³ A comprehensive review of the state of transportation is provided in Report No. 3 of the special survey undertaken by the Ministry of the Economy to examine the employment of Arab academics in Israel: *Characteristics of Transportation Arrangements Between the Places of Residence of Arab Academics in Israel and Their Workplace* (in Hebrew). It should be noted that Israel has recognized this problem, and over recent years there has been some improvement in access. See: *Public Transportation for the Arab Population – The Situation in Selected Communities*, Knesset Research and Information Center, June 2014 (in Hebrew): <https://www.knesset.gov.il/mmm/data/pdf/m03412.pdf>. In addition, work has begun to establish industrial centers in Arab communities.

⁴ In this context, it is worth mentioning IRAC’s campaign against calls not to employ Arabs or not to consume services from Arab service providers, as well as explicit calls to employ Jews only. Following IRAC’s request, the Attorney General ordered the

Salary and Educational Gaps

In addition to the gap in employment rates, there is a gap between Jews and Arabs in terms of income levels:⁵

	Jews		Arabs	
	Men	Women	Men	Women
Gross monthly income (NIS)	10,966	5,809	5,894	4,711
Hourly rate	58.2	45.3	31.6	33.5

This gap is primarily due to the fact that many Arab men work in fields situated on the lower part of the salary ladder. In this context, it is important to recall that higher education is one of the most influential factors on participation rates in the job market, and that the proportion of academics among the Arab population is still lower than among the Jewish population (including the Haredi sector). Moreover, the more advanced the degree, the lower the proportion of Arab students,⁶ thereby reducing the probability of securing a high salary.

Even Arabs who have an academic education or strong professional background have problems finding work in their field of training.⁷ This serves

opening of an investigation on suspicion of incitement to racism against the website "Hebrew Work Board," which publishes job advertisements from businesses that employ Jews only. In addition, IRAC and the Mossawa Center submitted a civil suit demanding compensation from the operator of the website due to the discriminatory nature of its service, the suit is pending.

⁵ The figures in this table are taken from the annual reports on the CBS website. For further details, see: Liran Sahar, *Unbelievable: Arab Men Earn 40% Less than Jews* (in Hebrew) <http://www.bizportal.co.il/capitalmarket/news/article/416428>.

⁶ In 2012, for example, 9.6% of undergraduate university students in Israel were Arab, while the proportion of Arabs in doctoral studies was just 3.8% (according to Nohad Ali, *Representation of Arab Citizens in Institutions of Higher Education In Israel*, Report by Sikkuy, October 2013, p. 21).

⁷ There is another important difference between the population of academics: while most Arab graduates (58.9%) live in the Northern region of Israel, the majority (56.5%) of Jewish graduates live in Tel Aviv and the central region. See: Gali Liss, *Employment*

as a “poverty trap”, creating an inhibiting factor for young Arabs considering their employment prospects. Many decide not to seek professional training in fields in which their chances of finding work are low from the outset.⁸

Employment Discrimination

In many areas of the Israeli economy, the number of Arab employees is extremely small. This is often due to the difficulties and barriers presented by employers, which in turn lead to a lower demand to enter these professions in Arab society. Surveys in the Arab sector show that Arab jobseekers experience strong feelings of discrimination: almost two-thirds (29%) reported being rejected for a position because of their origin; and 61% of Arabs believe that there is collective discrimination against Arabs in employment.⁹ These feelings are consistent with the findings of surveys examining discriminatory trends among employers. Thus, for example, 53.5% of employers declared that their business would not function better if they recruited employees from diverse origins and backgrounds.¹⁰

The sector that most clearly illustrates the exclusion of Arabs is Israel’s hi-tech industry, which is considered a global success story and a model for developed and developing countries alike, in which Arab workers

of Arab Academics in Israel: Educational Profile of Arab Academics in Israel, Ministry of Industry, Trade, and Employment, September 2011, p. 8 (in Hebrew).

⁸ Overt confirmation that many Arabs in Israel feel that they face discrimination, and believe that their chances of finding work and securing a good salary are poor, can be found in the findings of a comprehensive study undertaken in 2009 (*Excluded – Academics in Quality Professions in Israeli Society*, Ono Report, 2009 (in Hebrew): <http://www.ono.ac.il/wp-content/uploads/2011/01/OnoReportFull.pdf>).

⁹ Shuki Handles, 2010. *Sense of Discrimination Among Jobseekers and What the Public Thinks About It*, Research and Economics Administration, Ministry of Industry, Trade, and Employment (in Hebrew).

¹⁰ However, 79% agreed with the statement that the Arab population in Israel is entitled to equal treatment in the job market.

are a relatively rare sight.¹¹ In 2015, for example, approximately 200 Arab academics were integrated into hi-tech companies.¹² This figure represents an unprecedented “peak” in Arab employment, raising the proportion of Arab workers in the sector to 3% (one of the explanations for the extremely low proportion of Arab employees is the “word of mouth” recruitment method commonly used in the hi-tech sector which constitutes a significant obstacle to Arabs, who do not belong to the relevant circles of affinity¹³).

The situation in other fields of employment is similar, for example: in the financial services sector the proportion of Arab employees is just 3.4%; in the professional, scientific, and technical services sector (including such professions as accounting, architecture, graphic design and other design fields, software research and development, and others) 5.1% of employees are Arabs; in the information and communications sector (including, for example, computer programmers and computer consultants), just 3.3% of employees are Arab.¹⁴

It is important to note that in recent years significant efforts have been made by various organizations to promote the integration of Arabs into the hi-tech sector (these efforts have included the establishment of technological centers in Arab villages), and in this context, it is important to mention the work of the NGO **Kav Mashve**, the Tsofen organization, and the Nazareth-based **New Technological Center for Promoting Hi-Tech**.

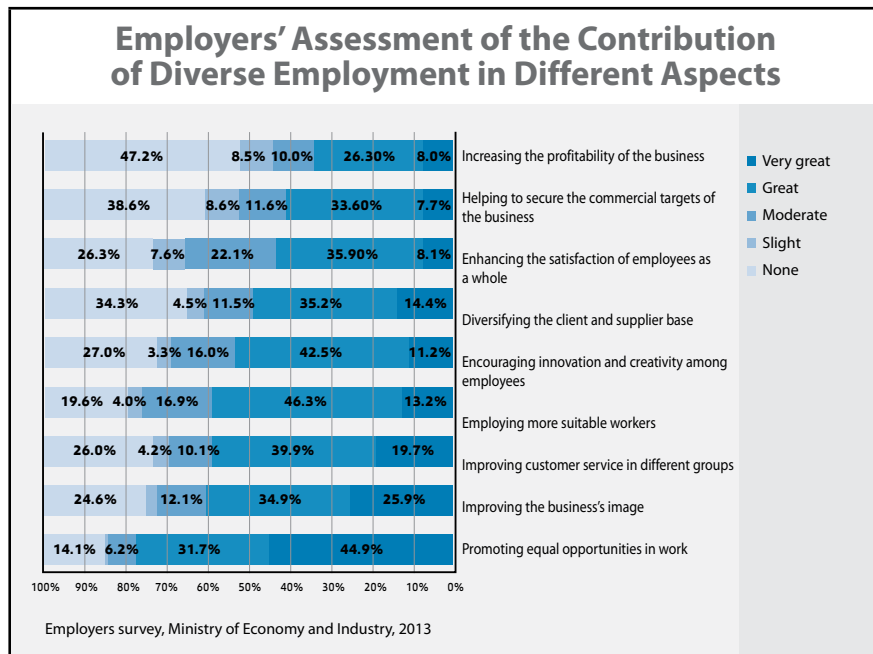
¹¹ For example, see: Dafna Bramley, “An Arab Doctor Can Treat Jews, but an Arab in Hi-Tech is Considered Dangerous,” *Globes*, 3 January 2014 (in Hebrew): <http://www.globes.co.il/news/article.aspx?did=1000906541>

¹² Billy Frankl and Attila Somfalvi, “Arabs and Haredi Women in Hi-Tech: a Tiny Percentage of Hundreds of Thousands of Employees,” *Ynet*, 14 January 2016 (in Hebrew): <http://www.ynet.co.il/articles/0,7340,L-4752289,00.html>

¹³ Orly Chen, “Bring a Friend – Jewish Only,” *TheMarker*, 23 November 2015 (in Hebrew): <http://www.themarker.com/opinion/1.2782897>

¹⁴ According to figures provided by the Equal Opportunity Employment Commission.

A study by the Bank of Israel established that not employing Arabs costs the Israeli economy a loss amounting to 31 billion NIS a year.¹⁵ Most Israeli employers also agree that diverse employment enhances profitability and provides additional benefits to businesses, including securing commercial targets and encouraging innovation and creativity among employees.¹⁶



¹⁵ According to figures from the project Collective Impact – Partnership to Promote Employment in Arab Society; see also Shai Niv, *Globes*, 16 June 2010 (in Hebrew).

¹⁶ According to figures provided by the Equal Opportunity Employment Commission.

Actions Taken to Improve the Situation

Over the past decade, several steps have been taken by governmental bodies and private organizations with the goal of reducing the employment gaps discussed above. Some of these steps have improved the situation to a certain extent, particularly in numerical terms, however, it is doubtful whether they have led to true and full equality. In any case, they do not appear to have generated a profound change in relations between Jews and Arabs in the workplace. The following presents some of the actions initiated over the past decade:¹⁷

1. Establishing the Equal Opportunity Employment Commission

The Equal Opportunity Employment Commission was established in 2008 with the goal of promoting equality in the job market and in Israeli society through broad-based activities in the fields of law, public outreach, and research. The Commission is authorized to file suits against those who violate laws, or add its name as an *amicus curiae* to legal proceedings, and submit opinions.

In 2014, as part of the amendment of the Equal Opportunities in Employment Law (Amendment No. 19), the number of members of the Commission's Advisory Council was increased from 21 to 26, and it was established that Muslim Arab and Christian Arab representatives would be included (alongside representatives of other groups facing

¹⁷ For details about additional activities, see Yashiv-Kasir, *Employment Market of Israeli Arabs*, pp. 41-55. In addition, the government adopted a resolution in December 2015 allocating 15 billion NIS for the development of the Arab sector (see: Stuart Winer, "Israel okays \$4 billion upgrade plan for Arab communities," *Times of Israel*, 30 December 2015, <http://www.timesofisrael.com/government-okays-nis-15b-upgrade-plan-for-arab-communities/>). See also the declaration of Israeli Police Chief Roni Alsheikh regarding the plan for the massive recruitment of Arab police officers (Ahiya Raved, "Police commissioner: Police recruiting massive number of Muslim officers," *Ynet*, 23 February 2016 - <http://www.ynetnews.com/articles/0,7340,L-4769815,00.html>) – an initiative that could also have positive social ramifications.

discrimination and exclusion in the workplace). In addition, a year and a half ago, Equal Opportunity Employment Commissioner, Attorney Mariam Kabha, established the Forum for Enhanced Enforcement regarding the Arab population, with the goal of raising awareness of discrimination and equal opportunities in Arab society, and to enhance the access of Arab employees to relevant information concerning their rights.

However, the Commission's ability to enforce the law in a manner that can significantly change the situation is limited due to a lack of resources, budgets, and personnel. The Commission also has limited power to initiate processes and engage in enforcement and action.

2. Establishing the Authority for the Economic Development of the Arab, Druze, and Circassian Sectors

In 2008, following a government resolution, the Authority for the Economic Development of the Arab, Druze, and Circassian Sectors was established with the goal of encouraging the upgrade and development of the Arab business sector, stimulating initiatives and investment in the Arab population, and encouraging joint economic activities by Arabs and Jews. Iman Saif has headed the Authority since its establishment.

3. Establishing the Inter-Ministerial Team for the Removal of Obstacles to the Integration of Members of the Arab Minority into Civil Service

In 2014, it was decided to establish an inter-ministerial team charged with examining the issue of the proper representation of the Arab population in civil service, and to propose methods for increasing their representation. The inter-ministerial team is headed by the Director-General of the Ministry of Justice, and the Equal Opportunity Employment Commissioner serves as a member of the team.

4. Activities of the Knesset Lobby

The Lobby for the Development and Strengthening of the Arab Economy was established with the goal of reducing gaps and removing obstacles to the Arab economy in various fields. The lobby also seeks to stimulate interest in the Arab economy by establishing dedicated government investment funds and by developing initiatives for the employment of Arab women.

In addition to this lobby, several other Knesset lobbies are active in relevant fields, such as the Lobby for the Promotion of Coexistence between Arabs and Jews.

The establishment of Knesset lobbies seems to be primarily a declarative step highlighting the importance of this issue. In practical terms, most of the lobbies do not change the existing situation.

5. Legislation, regulations, and government resolutions regarding the expansion of employment among Arabs

The following are some of the actions taken in this field:

- Allocating a quota of positions in the civil service intended solely for minority populations.¹⁸
- A government resolution of July 2010 establishes a realistic goal for a higher proportion of Arab employees.¹⁹ The Knesset State Control Committee recently received statistics from the Civil

¹⁸ It is important to note that this type of affirmative action carries the risk of creating new problems while attempting to resolve old ones. See: Yaqub Ibrahim, "When the Lid Becomes a Ceiling in Israeli Civil Service," <http://www.ynet.co.il/articles/0,7340,-4789654,00.html> (in Hebrew).

¹⁹ The goals were set in July 2010 in Government Resolution No. 1994: Establishing Employment Goals for 2010-2020: <http://www.pmo.gov.il/Secretary/GovDecisions/2010/Pages/des1994.aspx> (in Hebrew).

Service Commission showing that it met the goal set for 2016: 10% representation of the Arab population in the civil service.²⁰

- A government resolution (January 2012): increasing the proportion of participation in the workforce and the employment rate, Resolution No. 4193.
- Providing incentives and benefits for employers: the investments center in the Ministry of Trade, Industry, and Employment enables employers to receive a salary subsidy (as part of a competitive allocation) if they employ minority populations (ultra-Orthodox, Arabs, and others).
- **The Five-Year Plan to Increase Access to Higher Education Among Minorities:** in 2011, the Planning and Budget Committee of the Council for Higher Education decided to formulate a five-year plan for increasing access to higher education among minorities. As part of the plan, which was intended to increase the participation of the Arab population in higher education, a series of steps were adopted with the goal of responding to the obstacles facing Arab students, encouraging them to enter academic study, and preventing dropout from studies. Among other measures, the plan provides scholarships for outstanding Arab students studying for advanced degrees; stipends toward tuition fees for undergraduate students; support for Arab students during their studies; and the establishment of a unit in every academic institution responsible for the advancement of students from the Arab sector headed by a senior faculty member (regarding the implementation of the program in the School of Medicine, see p. 30 in Chapter Two).

²⁰ Roe Gerofee, 'The Marker', 10.7.16, <http://www.themarker.com/opinion/1.3002522>. Discussion by the State Control Committee which was held on 6.6.16 on the topic of 'State activities to encourage the integration of the Arab population into the workforce', in response to the State Comptroller's report on the topic.

It should also be noted that the decision the plenum of the Council for Higher Education adopted on December 22, 2015 to issue a call for proposals for the establishment of an academic institution in an Arab locale in the north of Israel reflected an awareness that Arab students from the north of Israel face geographical obstacles of access due to lack of suitable learning frameworks. To respond to the obstacle of access and to improve the correlation between the proportion of the Arab population in Israel and the proportion of Arab students attending institutions of higher education, it was decided to establish an academic institution in an Arab town. Five academic bodies have already submitted bids for a tender that will select the body to be charged with establishing the institution.

- The requirement to publish all civil service tenders in Arabic.

The actions taken by the state have indeed led to an increase in the employment of Arabs, primarily in the public sector. At the end of 2003, the proportion of Arabs in public positions (“civil servants”) was 5% (out of 55,000 employees), and by mid-2016 the Civil Service Commission reported that it had reached the target of 10% representation of the Arab population in Civil Service.²¹

Despite all these efforts, however, the ability of the state to intervene and to influence the employment of Arabs in the private sector is less than in the civil service. Several organizations and NGOs attempt to promote the integration

²¹ This increase was achieved after some government ministries undertook proactive efforts to increase the number of their Arab employees. According to the Civil Service Commissioner, Moshe Dayan, during a limited period every third new employee recruited to the service was Arab. In the Ministry of Justice, for example, 14.5% of new employees absorbed in 2012 were Arab, leading to an increase in the proportion of Arabs in the ministry to 8.5%. (The statistics appear in Minutes No. 2 of a Meeting of the Subcommittee of the Knesset Finance Committee for the Arab Sector, Nineteenth Knesset, Tuesday 26 Sivan 5774 (24 June 2014), p. 5). It was also mentioned in the same discussion that the proportion of Arab employees in the healthcare system is almost 11%, and that the proportion of Arabs in certain units of the Ministry of Health is over 30%.

of Arabs into the workforce in various ways. These organizations include: the **Collective Impact Project – Partnership to Promote Employment in Arab Society**, which was established in 2013 by Attorney Yifat Ovadia and Dr. Sami Qassem. The project seeks to achieve a breakthrough in the level of employment of young Arabs in the private sector in Israel. To date, over one hundred companies have joined the project's coalition of employers. The **Excel HT** program, operated by the NGO **ITWorks** in cooperation with **JDC-Tevet**, has operated in the north since 2009. **Kav Mashve** is an NGO that works to encourage the integration of Arab graduates in the Israeli job market. The **Eshet Chayil / Riyadia** program aims to provide Arab women with skills and self-confidence in order to facilitate their integration into the job market. **Tsofen** encourages the integration of Arab citizens of Israel into hi-tech through employment and the establishment of hi-tech centers in Arab locales. The **Sikkuy** association works to promote equality between Arab and Jewish citizens in all fields of life. The **Abraham Funds Initiatives** is also devoted to promoting equality between Jews and Arabs in Israel. The **Mossawa Center** works to defend the rights of Arab citizens in Israel and to improve their status and living situation.

As noted above, an examination of the overall impact of all these activities, governmental and private, shows that there has been a modest increase in the number of Arab workers employed in the Israeli workforce in recent years. The number of Arab women who work has also increased. However, the number of Arabs in certain sectors remains extremely low. More importantly, the successful integration of Arabs into senior positions in the workforce is still extremely unusual.²² This is illustrated by the fact that when an Arab is appointed to a key position, the appointment receives considerable media attention as an exceptional occurrence.²³

²² According to CBS reports for 2011, approximately 2% of Arab men and 1% of Arab women work in managerial positions.

²³ The recent appointment of the first Muslim-Arab deputy commissioner in the Israeli Police Force was accompanied by a flurry of media reports. Newspaper headlines

Against this background, the healthcare sector stands out as a field that maintains relatively idyllic relations between Jews and Arabs and has managed to establish healthier and more genuine equality.

The Employment of Arabs in the Healthcare System

Overview

As discussed in the previous chapter, Arabs find it extremely difficult to integrate and advance in the Israeli employment market. The healthcare system, by contrast, stands out thanks to the extensive integration of Arabs, including the provision of opportunities for advancement, the acquisition of professional status, and equal opportunity.

A report published by the Civil Service Commission in 2014 about the proper representation of the Arab population²⁴ shows that the number of Arabs (men and women) employed in government ministries in that year was 2,101, representing 6.79% of the total number of employees in government ministries, including within various ancillary units. By contrast,

²⁴ It is important to emphasize that the statistics presented here relate solely to hospitals, healthcare offices, and medical institutions owned by the state, as well as to the district health administrations of the Ministry of Health. They do not include workers employed in hospitals owned by private organizations, but only those defined as “public,” such as the two Hadassah hospitals and Shaare Zedek in Jerusalem, Laniado Hospital in Netanya, Mayanei Hayeshua in Bnei Brak, and so forth. Similarly, these figures do not include the Clalit HMO, which owns almost half of all the hospital beds in Israel and operates thousands of clinics and 14 hospitals, including Beilinson, Soroka, Kaplan, Meir, etc.

According to figures presented to the Knesset in 2011 by the head of the Personnel and Salaries Division in Clalit HMO, 4,000 out of the total of 75,000 Clalit health workers are Arabs, including over 1,000 physicians, 1,400 nurses, and around 500 pharmacists. The head of the department noted that since Clalit has no legal authority to require its employees to state their religion, the figures relate only to those who provided this detail. Based on names and places of residence, he estimated that there were an additional 1,000-1,500 Arabs employed by Clalit health services (*Report of the Civil Service Commission regarding the Proper Representation of Members of the Arab Population, including the Druze and Circassians, in the Civil Service for 2014* (in Hebrew)).

the number of Arab workers in the governmental healthcare system was 3,588, representing 12.39% of all employees in this system – almost double the number of employees in government ministries.

The report also provides statistics regarding the intake of Arab workers into the civil service in 2014. The number of Arabs absorbed in the governmental healthcare system was 618, representing 21.71% of all workers absorbed in that year – a rate that is slightly higher than the proportion of Arabs in the population. The total number of Arabs absorbed in the other government ministries was 230, representing just 6.41% of the total intake into the civil service in that year.²⁵

The data also highlights the variance in the number of Arab workers integrated into the governmental healthcare system in different geographical areas of Israel. The largest number of Arab workers in the governmental healthcare system was found in the north of Israel. In the Northern region, for example, Arabs account for 48.89% of the staff of the healthcare office; in Haifa they account for 23.19%. Similarly, hospitals in the north have a relatively high proportion of Arab workers. At the Galilee Medical Center in Nahariya, directed by Dr. Masad Barhoum (himself an Arab), for example, 24.5% of all employees are Arabs. Arab workers account for 18.16% of the staff at Rambam Hospital in Haifa, 23.46% at Ziv Hospital in Tzfat, 29.41% at Poriya Hospital in Tiberias, and 17.87% at Hillel Yaffe Hospital in Hadera.

In the center and south of Israel, however, the level of employment of Arabs in the healthcare system is much lower. At Sheba Hospital in Tel Hashomer, Arabs account for just 6.99% of the workforce – 309 employees out of a total of 4,635. Nes Ziona Psychiatric Hospital does not employ a single Arab worker, while at Wolfson Hospital in Holon, just 7.55% of the employees are Arabs. The proportion of Arab workers at Lev Hasharon Hospital is 6.68%,

²⁵ From a Meeting of the Parliamentary Inquiry Committee regarding the employment of Arab workers in public service, Minutes 23, 19 December 2011, pp. 13-14.

and at the Mental Health Center in Jaffa only 3.89% (nine employees out of a total of 300) are Arab. At Barzilai Hospital in Ashkelon, Arabs account for 11.08% of all employees. These figures are significant given the large proportion of Arab and Arab-Bedouin citizens who live in the south of Israel.

Arabs account for less than 7% of the employees of the district healthcare offices in Jerusalem and in the central region, while in Tel Aviv the figure is 0.36% – one single Arab employee out of a total of 278 workers.

The clerical level of the healthcare system shows an extremely low level of Arab employment. The Ministry of Health itself employs just 29 Arabs out of a total workforce of 1,131 workers – only 2.83%.

Despite the relatively high proportion of Arab workers in the healthcare system, the number of Arabs in the three most senior levels is extremely small. According to the figures presented by MK Ahmad Tibi to the parliamentary inquiry committee (which he headed), the proportion of Arabs in these most senior echelons is just one-fourth of a percent.²⁶

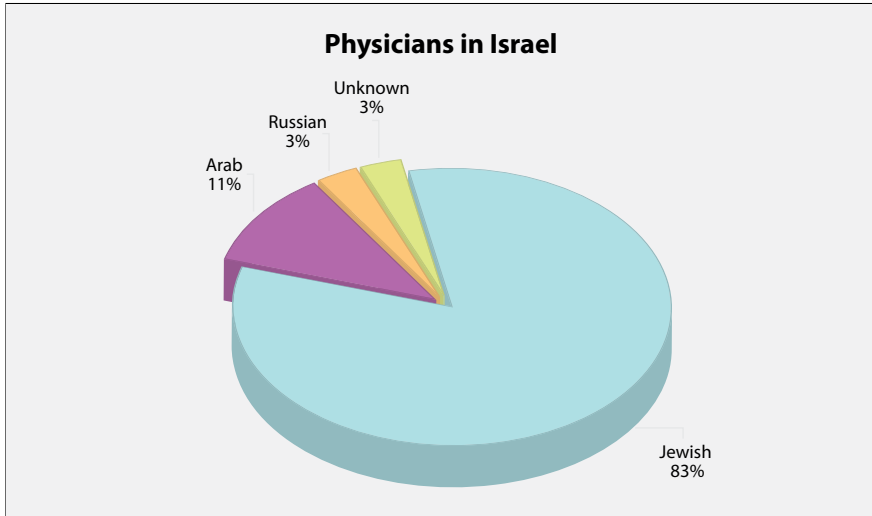
²⁶ Ibid.

Distribution of Arab Civil Service Employees in the Healthcare System (2014)

Office	Druze		Arabs		Total Arabs & Druze	Total in office		Total employees in office	% of Arab and Druze employees
	Men	Women	Men	Women		Men	Women		
Mental Health Center, Beersheva	5	0	22	9	36	167	342	509	7.07%
Abarbanel Hospital	0	0	9	10	19	164	301	465	4.09%
Assaf Harofeh Hospital	2	1	95	53	151	816	1967	2784	5.42%
Beer Yaakov Hospital, Nes Ziona	1	0	7	6	14	228	532	760	1.84%
Hillel Yaffe Hospital, Hadera	1	0	185	120	306	542	1170	1712	17.87%
Ziv Hospital, Tzfat	59	26	122	87	294	478	775	1253	23.46%
Nes Ziona Psych. Hospital	0	0	0	0	0		1	1	0.00%
Wolfson Hospital	5	1	108	49	163	664	1494	2159	7.55%
Fliman Hospital, Haifa	1	3	36	33	73	82	222	304	24.01%
Rambam Hospital, Haifa	39	7	308	226	580	1095	2097	3193	18.16%
Shmuel Harofeh Hospital	0	0	6	5	11	132	415	547	2.01%
Sha'ar Menashe Hospital	6	0	62	20	88	235	338	573	15.36%
Galilee Medical Center	52	25	263	194	534	805	1375	2180	24.50%
Jerusalem Health Office	0	0	7	7	14	29	176	205	6.83%
Southern D. Health Office	0	1	6	32	39	51	301	352	11.08%
Central D. Health Office	0	0	1	34	35	51	452	503	6.96%
Northern D. Health Office	4	23	28	230	285	85	498	583	48.89%
Haifa D. Health Office	1	5	11	98	115	47	449	496	23.19%
Tel Aviv Health Office	0	0	1	0	1	27	251	278	0.36%
Shoham Geriatric Center	0	0	58	56	114	150	545	695	16.40%
Road Safety Institute	0	0	0	0	0	8	39	47	0.00%
Tel Aviv Public Health Labs.	0	0	0	1	1	10	56	66	1.52%
Jerusalem Public Health Labs.	0	0	1	0	1	9	31	40	2.50%
Jaffa Mental Health Center	0	0	5	4	9	56	243	299	3.01%
Netanya Geriatric Center	0	0	16	15	31	115	408	523	5.93%
Rishon Lezion Geriatric Center	0	0	0	0	0	29	173	202	0.00%
Mental Health Center	11	3	33	25	72	176	316	492	14.63%
Jerusalem Mental Health Center	0	1	100	12	113	305	366	671	16.84%
Ma'ale HaCarmel Mental H.C.	1	1	21	11	34	138	246	384	8.85%
Lev Hasharon Medical Center	1	0	25	7	33	193	301	494	6.68%
Barzilai M.C., Ashkelon	2	0	66	9	77	568	1412	1980	3.89%
Baruch Padeh M.C. – Poriya	20	2	177	118	317	397	681	1078	29.41%
Tel Hashomer Sheba M.C.	10	5	209	100	324	1387	3248	4635	6.99%
Ministry of Health	3	0	16	13	32	276	855	1131	2.83%
Total	224	104	2004	1584	3916	9515	22076	31594	12.39%

Medicine

The State of Israel Registry of Physicians includes 35,600 physicians. Of these, 28,061 are Jews and 3,738 are Arabs, accounting for 11% of the total number of physicians in Israel.²⁷



Study of statistics concerning the number of Arabs studying medicine and the paramedical professions show that this is a very popular field of study in Arab society.²⁸ According to the report of the Budget and Planning Committee, the most popular fields of study among Arab students are medicine and the paramedical professions (next to education and teaching).²⁹

In the 2015 academic year, Arab medical students accounted for 16% of medical students enrolled in all Israeli universities: accounting for 38% of

²⁷ Statistics provided by the Ministry of Health by request on 6 December 2015.

²⁸ Statistics provided by the Budget and Planning Committee by request on 12 April 2016.

²⁹ *Pluralism and Equal Opportunities in Higher Education – Expanding the Accessibility of Academia to Arabs, Druze, and Circassians in Israel*, Report of the Professional Team of the Budget and Planning Committee, March 2013 (in Hebrew).

medical students at the Technion; 10% at the Hebrew University of Jerusalem and Tel Aviv University; and 9% at Ben Gurion University.³⁰

Medical Students in 2015

The Hebrew University of Jerusalem	Total students	526
	Arabs	52
	% of Arabs	10%
Technion	Total students	361
	Arabs	138
	% of Arabs	38%
Tel Aviv University	Total students	367
	Arabs	37
	% of Arabs	10%
Ben Gurion University	Total students	342
	Arabs	30
	% of Arabs	9%
Total	Total students	1,596
	Arabs	257
	% of Arabs	16%

The level of demand for the paramedical professions (referring to several related subjects such as nutrition, dental hygiene, x-ray technical work, etc.) is also high in Arab society. In the 2015 academic year, 94% of students in the paramedical professions at the Technion were Arabs; 21% at Tel Aviv University; and 15% at Ben Gurion University and Haifa University. The paramedical professions are also taught in academic colleges, at which the proportion of Arab students is even higher, for example: 35% at Hadassah

³⁰ By way of comparison, in 2013, Arabs accounted for 18% of all medical students in Israel (Technion – 30%, Tel Aviv University – 19%; Hebrew University 13%).

Academic College in Jerusalem, and 27% at Zefat Academic College. By contrast, there is not a single Arab studying the paramedical professions at Ashkelon College, just 1% of paramedical students at Ariel University Center of Samaria are Arab, and only 4% at Peres Academic Center and Kiryat Ono Academic Campus.

Students in the Paramedical Professions, 2014

	Total students	Arab students	% of Arabs
Hebrew University	527	37	7%
Technion	77	72	94%
Tel Aviv University	612	126	21%
Haifa University	512	83	16%
Ben Gurion University of the Negev	328	50	15%
Hadassah Academic College, Jerusalem	266	72	27%
Zefat Academic College	292	101	35%
Tel Hai Academic College	261	30	11%
Ariel University Center	284	3	1%
Ashkelon College	14	-	0%
Peres Academic Center	24	1	4%
Kiryat Ono Academic Center	299	12	4%
Total	3,496	587	17%

It should be noted that the high admissions threshold for medical studies and the high level of demand for these subjects mean that many are not accepted for studies in Israel, leading many Israeli students in general, and many Arab students in particular, to study these subjects abroad. Over the past decade, one of the most popular destinations for Arab students has been

Jordan. In 2008, a total of some 2,600 Arabs from Israel studied medicine, pharmacy, and paramedical professions at universities in Jordan.³¹

According to a Ministry of Health report – of 430 physicians added to the Israel Registry of Physicians in 2014, 70 were graduates of Jordanian universities and 19 of Syrian universities.³²

The strict admission threshold is compounded, in the case of Arab students, by additional obstacles such as the age restriction in certain subjects, the use of Hebrew as the language of instruction and the language of admissions interviews for medical studies, and difficulties adapting to life on Israeli campuses (see below regarding pharmacy studies in Jordan).

As part of the Council for Higher Education's five-year plan to enhance accessibility to higher education for minorities (see Chapter One), a preparatory program called "A Step Ahead of the Rest" has been running for four years within the Faculty of Medicine at Tel Aviv University. The purpose of the program is to prepare Arab medical students for eight hours a day during the month preceding the beginning of their studies. This is essentially a crash course reinforcing knowledge, focusing on strengthening the students' command of Hebrew and English, and acquiring learning skills and an academic orientation in such areas as academic writing,

³¹ From *The "Jordanization" of Higher Education among Arabs in Israel*, Khaled Arar and Kusami Haj Yahya, Floersheimer Studies, Institute for Urban and Regional Studies, Hebrew University, June 2011, p. 40 (in Hebrew).

³² *Report on Personnel in the Health Professions for 2014*, published by the Ministry of Health in December 2015, p. 24 (in Hebrew). Since 2010, there has been a sharp rise in the number of physicians obtaining their license who completed their studies in Jordan: In 2010, 16 graduates of Jordanian universities were added to the registry; in 2011 – 42; in 2012 – 48; in 2013 – 54; and in 2014 – 70.

It is important to note that before Jordan became the preferred alternative destination for studying the health professions for Arab students, many found an alternative in Communist bloc countries, after the Israeli Communist party gave every year, from 1986-1996, fifty to sixty scholarships to Arab students to study in Eastern Europe and in the former Soviet Union. During this period 1096 Arab students from Israel finished their studies in institutions of higher education in Communist countries, around 60% studied medicine.

study techniques for tests, summarizing study material, etc. Participants in the preparatory course also complete introductions to subjects such as chemistry and anatomy. Demand for the preparatory program is high: before the present academic year (2016), 36 out of the 39 Arab students at the School of Medicine and Dentistry participated in the program.

During their studies at the School of Medicine, Arab students receive supplementary reinforcement courses in the core subjects; they can also participate in supplementary reinforcement courses in any subject for a symbolic fee of 10 NIS. Every student receives the guidance of a mentor – a more experienced student in the Faculty of Medicine who provides individual assistance. Groups have also been established to encourage interpersonal interaction and support Arab students. The Faculty of Medicine employs an Arab social worker who is responsible for providing support on personal matters. The faculty also contributes to the cost of psychological treatment, when necessary, and the cost of diagnosing learning disabilities.

The faculty also offers social activities for Arab students in Arabic – including movies, plays, and outings – services that are barely available from any other source. Noga Meiri, coordinator of the program at Tel Aviv University, reports that the response rate for these activities among the Arab students is extremely high.

As part of the five-year plan, it was decided that every academic institution would establish a department for the advancement of students from the Arab sector to be headed by a senior faculty member accountable to the rector of the academic institution. Prof. Riad Agbaria, who currently fills this position at Ben Gurion University and founded and directs the university's School of Pharmacy, offered some insight into some of the cases he has encountered that required his intervention:

“...for example, if a female student works – she receives a higher scholarship than one who doesn't work, and that makes sense.

But we said: female Bedouin students also want to work, but their parents will not permit them, and employers will not hire them either! ... Last year, one student didn't turn up for her examination. She requested to take it at a special sitting. They asked her why, and she said: My brother told me not to go to university.' What would the committee have done? They would have thrown her out and rejected her appeal. What does she mean her brother won't let her come? That's something that doesn't exist on the Jewish side, for a brother to order his sister not to go to university and for her to obey. But for the Bedouins, if he tells her not to go and she goes, he will murder her."

The Affirmative Action Controversy

Israeli academic institutions apply an affirmative action policy set at 5% of applicants for studies in each department in every academic institution. Affirmative action is intended to provide an opportunity for applicants who belong to groups defined as "worthy of advancement," and are accepted for studies at a lower standard than usual in each department. Affirmative action is not provided for Arabs per se, but is based on various socioeconomic parameters, including: the high school attended by the applicant, their family background (including the number of people in their family), their parents' level of education, and area of residence.

The heads of the medical schools who we interviewed stated that their schools do not apply a policy of affirmative action for Arabs. Prof. Moshe Ben-Ami, Deputy Dean of the Galilee Faculty of Medicine at Bar Ilan University, stated that he does not believe that affirmative action is appropriate in admission to medical studies:

"...I think that people should be admitted based on their abilities, regardless of whether we have thirty percent minorities or five percent or ten percent. People must be admitted according to their abilities,

and all this affirmative action, I don't think it's right, but that's my personal opinion... Would I want to be treated by a mediocre doctor who was accepted to the Faculty of Medicine because... Must I be treated by a mediocre doctor just because they live in an underprivileged area?... I think that the requirements for abilities should be the same, because we must maintain a high standard of professionalism. That's my opinion. I was born and live in Afula. I studied in the education system in Afula, which isn't so wonderful. There are also talented people in places like that. So, we must admit them regardless of where they come from. But if someone doesn't have the capabilities, not because they aren't talented, but because they never had the opportunity – well, that's something we can't examine. I think if we really want to change things, then what needs changing isn't the stage of admission to university, but the stage of beginning studies – that's where we should change things and provide equal opportunities. Not when someone is going to be a doctor in four years and will have to treat people, and then we say, 'Well, he's not as good of a doctor because he wasn't given the chance to be talented in high school or elementary school.' That's what I'm talking about. At this level, of making people doctors, I want them to be the best doctor possible."

Conversely, Prof. Riad Agbaria argues that the affirmative action quota is inadequate and should be increased significantly in order to help increase the number of Arab students in the health professions and in general:

"...we must increase it to 20-25%. Because one-third of the population in Israel lives below the poverty line, we must make sure that that 20% of the population is represented in universities. It cannot be that a girl from Rahat or Kiryat Gat must compete with a girl from the Israel Arts and Science Academy in Jerusalem, or from Ra'anana or Herzliya Pituach. Does 5% correct this? Of course not!

...Poor populations such as Arabs, ultra-Orthodox, and Ethiopians can't compete with the children of professors, physicians and deans of medicine. And they don't constitute 5% of the population!... All that affirmative action does is open a gate to let more people through. After that, does anyone receive affirmative action or special privileges during their studies? No way! Only in admission... I sat on the admissions committee once and I said that if a kid comes along whose father works in the market, and another kid whose father works in medicine, with the same profile, I'd take the one from the market. People lashed out at me. Because the kid's father works in the market, he made a much greater effort than the kid whose father is a doctor!... If all the schools in Israel were like the Israel Arts and Science Academy then we wouldn't need to do this. But it cannot be that you have a school in asbestos trailers in Rahat, and a school in Herzliya Pituach that looks like a palace with teachers who all have doctorates, and then when the graduates of these two schools want to study medicine, they face the same threshold conditions."

The director of Shaare Zedek Hospital in Jerusalem, Prof. Jonathan Halevy, shares this position and supports affirmative action:

"...should I demand a score of 760 on the psychometric examination from a kid who grew up in a Bedouin tent encampment to admit him to medical studies? I'll take him even if he gets 720. Because if what we are looking for in medical students is the ability to learn, the motivation, then he made up for those forty points in what he managed to do in that Bedouin encampment up to his matriculation, and he deserves to be admitted."

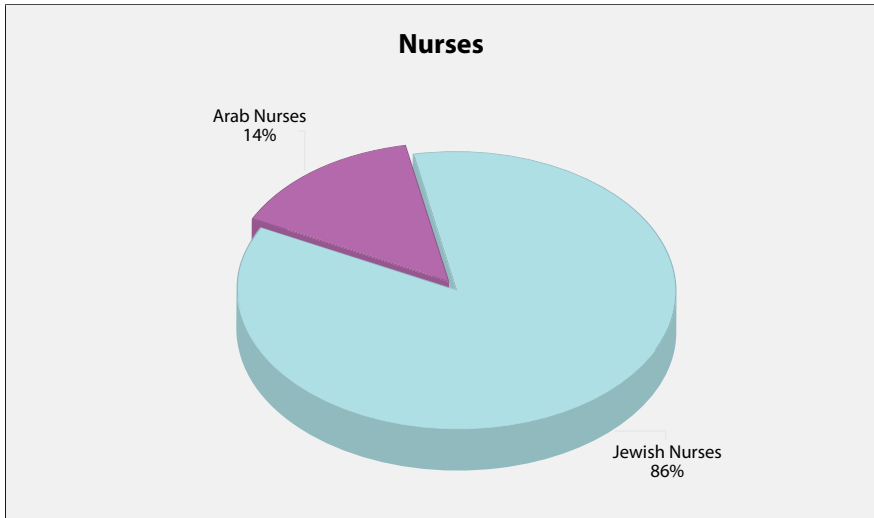
The "Medical Buds" Program

In 1995, in the absence of affirmative action targeting specific sectors, Prof. Riad Agbaria established the "Medical Buds" program to train Bedouin

students for the health professions. Prior to that year, not a single Bedouin student had ever been admitted to study the health professions, due to the high admissions threshold. The “Medical Buds” program pinpoints approximately thirty outstanding students from the 10th-12th grades in the Bedouin sector. The participants go to Ben Gurion University every Friday to study introductory subjects for medicine in Hebrew, and visit hospitals and laboratories. At the end of the program, some of the graduates are admitted to university to study the various health professions, based on their matriculation grades, psychometric examination, and their grades from the program. To date, approximately 120 students have graduated university, thanks to the program, including 15 Bedouin women doctors, one hundred female pharmacists, and 30 male pharmacists (the program has been extended to development towns, and work is also planned with girls from the Haredi sector).

Nursing

Israel's Nursing Registry includes 71,438 nurses, 8,570 – 14% – of whom are Arabs.³³



Nursing is one of the most highly demanded professions in Arab society and the proportion of Arab nursing students is particularly high: 42% of all those studying nursing during the 2015 academic year were Arab. In many of the institutions that offer nursing studies, the proportion of Arab students is dramatically higher than the proportion of the rest of the population.³⁴

Thus, for example, the proportion of Arab nursing students at Haifa University is 69%; 43% at the Hebrew University of Jerusalem and in Tel Aviv; 59% at Zefat Academic College; and nearly half of all nursing students at Rupin Academic Center.

³³ According to statistics provided by the Ministry of Health on 6 December 2015 by request.

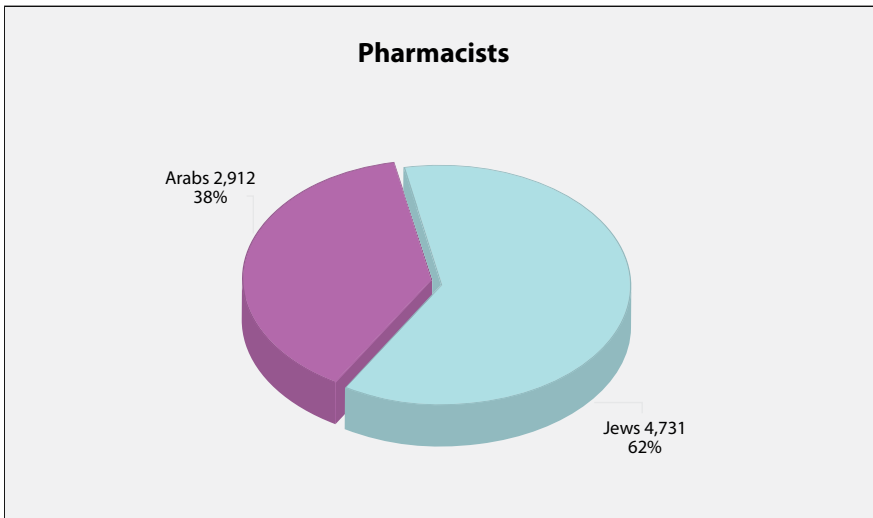
³⁴ Based on statistics from the Budget and Planning Committee.

		Nursing
Hebrew University of Jerusalem	Total students	651
	Arabs	279
	% Arabs	43%
Tel Aviv University	Total students	1,021
	Arabs	444
	% Arabs	43%
University of Haifa	Total students	787
	Arabs	540
	% Arabs	69%
Ben Gurion University of the Negev	Total students	492
	Arabs	39
	% Arabs	8%
Lev Academic College	Total students	735
	Arabs	-
	% Arabs	-
Jezreel Valley Academic College	Total students	482
	Arabs	226
	% Arabs	47%
Tel Aviv – Jaffa Academic College	Total students	315
	Arabs	70
	% Arabs	22%
Zefat Academic College	Total students	239
	Arabs	142
	% Arabs	59%
Ariel University College	Total students	94
	Arabs	10
	% Arabs	11%
Rupin Academic Center	Total students	263
	Arabs	128
	% Arabs	49%
Ashkelon College	Total students	42
	Arabs	3
	% Arabs	7%
Israel Academic College, Ramat Gan	Total students	589
	Arabs	227
	% Arabs	39%
Total	Total students	4,975
	Arabs	2,108
	% Arabs	42%

It is worth noting, unlike the Jewish sector where nursing attracts mainly women, many Arab men choose this profession – a fact that contributes significantly to the number of Arabs in the field. Another factor is that the threshold for admission to nursing studies is not particularly high, unlike medicine and pharmacy, and the large number of institutions that offer nursing studies (unlike medicine and pharmacy, which are available only at the universities, so that the number of faculties is very small). Nursing studies offer diverse options, including retraining courses for those who have a degree in another field.

Pharmacy

Israel's Pharmacy Registry includes a total of 8,190 pharmacists, 2,912 of whom – 38% – are Arabs.³⁵



The proportion of Arab pharmacists is significantly higher than their proportion in the rest of the population – almost double – highlighting the

³⁵ According to statistics provided by the Ministry of Health on 6 December 2015 by request.

popularity of this profession in Arab society, to the point that pharmacy has become identified in Israel as an almost entirely "Arab" profession. In Super-Pharm, which operates dozens of pharmacies, 62% of the pharmacists are Arab.³⁶

The number of Arabs studying pharmacy also reflects the high demand for the profession:³⁷ 43% of all pharmacy students in Israel in the 2015 academic year were Arabs. At the Hebrew University of Jerusalem, Arabs accounted for 48% of those studying pharmacy – almost half; at Ben Gurion University, Arabs accounted for 33% of students. It should be noted that these are the only two institutions in Israel that offer pharmacy studies.

Pharmacy Students in Israel 2015

	Total students	Arabs	% Arabs
Hebrew University of Jerusalem	354	170	48%
Ben Gurion University	208	69	33%
Total	562	239	43%

Many pharmacy students initially attempted to gain admission to medical studies, and after being rejected turned to pharmacy as a subject with an affinity to medicine and a high admissions threshold, requiring a shorter period of study (three years' of study, a six month internship, and a licensing examination). Moreover, while several institutions of learning have imposed a minimum age limit of 20 or 21 on medical studies (meaning that Arabs who do not serve in the military must wait several years after completing high school before beginning their academic studies), there is no such restriction in pharmacy studies.

³⁶ According to statistics provided by the Spokesperson of the Super-Pharm chain on 18 April 2016.

³⁷ According to the statistics of the Budget and Planning Committee.

An additional factor behind the very high demand for pharmacy among Arabs, which has even caused an overflow in the profession and a situation where there are more pharmacists than available positions, is the new option to study the subject in Jordan.³⁸ As a result, the approximately 170 students who complete pharmacy studies in Israel each year have been joined by some 250 who graduate in Jordan and an additional 100 in Eastern Europe.

Until three years ago, only pharmacy graduates who studied abroad were required to take an examination in Israel. According to sources in the field of pharmacy, the examination was very easy and the percentage of those passing was extremely high. Graduates of the Jordanian universities faced a dilemma: many of them found it difficult to find an internship in Israel (the pharmacy market shows a clear and overt preference for graduates of Israeli institutions), and accordingly were unable to take the professional licensing examination. A few years ago, it was decided that graduates of pharmacy school in Israel would also be required to take an examination, causing the examination to become significantly harder. The change led to a sharp fall in the proportion of candidates passing the examination, particularly among graduates of Jordanian universities. Together with the difficulties encountered by those who studied in Jordan in finding an internship, this situation led to a reversal of the previous trend, and in recent years a substantial fall can be seen in the number of those studying pharmacy, particularly in Jordan. At the same time, a fall in numbers has also been seen in the Jewish sector. Pharmacists we spoke to reported a smaller number of

³⁸ Every year some 170 students study pharmacy in Israel, as mentioned above, only two institutions offer this subject. Following the signing of the peace treaty between Jordan and Israel in 1994, Arabs from Israel were able to study in Jordan, where nine universities offer courses in pharmacy. The cost is around \$ 70,000 – much more than the cost of pharmacy studies in Israel. Admission is on the basis of a matriculation certificate, and accordingly is much easier than in Israel. Many Arab students also prefer this option, which allows them to study in a cultural, religious, and social environment they find more comfortable than Israeli campuses (as already noted, by 2008, some 2,600 Arab students had studied pharmacy, medicine, and paramedical professions at Jordanian universities).

pharmacists competing for each internship, and the easing of the bottleneck that had emerged in the field. These sources anticipate that although the job market has now settled down, a new flood will be seen in a few years' time after a shortage of pharmacists emerges, creating a cycle consisting of a large influx of students, difficulties in finding an internship and passing the examination, and the renewed flooding of the market.

Pharmacists and professionals interviewed for this report explained that pharmacy is a respected occupation among Arabs that provides prestigious social status and ensures employment stability, a good income, and diverse possibilities: work in the public service, in the community, in private pharmacies, opening an independent pharmacy, industrial pharmacy, etc. This field also enables graduates to return to their family's area of residence and find work in the vicinity. All the interviewees confirmed that the opening of the major drugstore chains in the 1990s, which include numerous pharmacies employing hundreds of pharmacists, led to the closure of numerous private pharmacies and an erosion of the status of the profession in Arab society. In Umm el-Fahm, for example, where some 18 pharmacies once operated, approximately half closed following the opening of a large drugstore at the entrance to the town. Despite these developments, pharmacy continues to be a dignified vocation in high demand in Arab society.

Despite the high proportion of Arabs in the pharmacy sector, the Ministry of Health itself employs almost no Arabs in executive positions in this field. The Tel Aviv District Pharmacist is Arab – one of six district pharmacists accountable to the director of the ministry's Pharmacy Division. However, senior officials with whom we discussed this matter suggested that within 10 to 15 years, the top echelon of the profession will be dominated by Arabs. They explained that since the high demand for the profession only emerged approximately a decade ago, most of those concerned still do not have the necessary seniority or managerial experience. It is worth noting

that we heard criticism from both Arab and Jewish interviewees that too few Arabs are willing to compete for senior executive positions in the Ministry of Health. Thus, for example, not a single Arab put their name forward last year in a tender for the position of Tel Aviv District Pharmacist.

By contrast, in hospitals and in the field, some Arabs have reached senior positions. These include directors of pharmacies in major hospitals, the chairperson of the Pharmacists' Union in the north of Israel, the founder and director of the School of Pharmacy at Ben Gurion University, and the chief pharmacist of the NewPharm drugstore chain.

Factors Explaining the High Demand for the Health Professions in Arab Society

1. **Stable and secure income:** The health professions are considered stable and it is assumed that they will be consistently vital and in demand, thereby ensuring a livelihood and a regular and stable job for those who work in the field.

"People are following my lead and going to study the profession. Our profession has become very 'in' in the Arab sector. Why? Because it's a good profession, a good living, there's work, you'll never be unemployed, and it's a respectable profession."

(Elias Mazawi, nurse, Shaare Zedek Hospital)

"Nursing is a profession that has financial potential. It's not just about the academic training, the fact that it's interesting, helping people and all that – it's also the fact that you'll always have work. There's no way you won't have work. And one of the things is that you can change your job and your working conditions, choose a specialty or not, there are all kinds of different channels you can choose with

this profession... There are two factors that apply all over the world: minorities in general are attracted to this profession (nursing and health professions in general). Because there's work in the field. That's a factor that's recognized around the world, also in studies. People who are looking for work, and want to make sure that they'll always have a job, this is one of the fields where there will always be work. Today, people have realized that attorneys don't have jobs, or at least find it very hard to get a job. If you study a subject where there isn't work, then you're liable to find yourself in an uncertain situation. These aren't professions that have a permanent infrastructure. If you go into hi-tech – today it's thriving, but tomorrow it might not be. We've seen that..."

(Dr. Miri Rom, Director of the School of Nursing at the Hebrew University, Hadassah Ein Kerem)

"...people tell us that in order to achieve the same things that people from a different background have, we (Arabs) need to stand out more. Hi-tech is generally a very competitive field, it doesn't matter where you come from you have to stand out in order to get the best job. It's not like that in medicine, because there's demand and it's a profession where come what may, if you complete your studies, there's always work. That isn't necessarily the case in hi-tech... And in medicine, generally, once you're in, you're in for life. That's not true of hi-tech, because by a certain age you're already considered old and they start to look for younger brains. Medicine is stable."

(Fadi Mahmid, medical student)

Several interviewees also noted that the health professions offer an opportunity to work in diverse places and tracks, give back to the community and work within it:

“Jews with [a psychometric score of] 740 don’t choose pharmacy. They go into hi-tech, electrical engineering, things like that. But Arabs say, ‘I didn’t get into medicine, so I’m going to study pharmacy.”

Question: Why?

They don’t have a hi-tech park in Umm al-Fahm to work in.

Question: So why don’t they move somewhere else where there is one?

That’s a Jewish way of thinking. I got a job in Herzliya, so I’ll move there with my family. It doesn’t work like that with us. Most Arabs still have their home in Sakhnin or Umm el-Fahm, they have land there to build their home and bring up a family. If someone moves to Herzliya, they start working there for a salary... They rent an apartment, and all the money goes to rent. Secondly, what about children? Where will they go to school? There isn’t an Arab school in Herzliya. My children all went to Jewish schools. And they had mental breakdowns as a result, crises of identity... In hi-tech or engineering, there aren’t any jobs in the Arab sector. Moving to the Jewish sector to work - its problematic. It costs. If they move to Tel Aviv, near their parents, they already have a house ready and a school. If they’re a nurse, doctor or pharmacist – they have a job. In hi-tech, and in the civil service too, a position has to open up. It’s not like medicine.”

(Prof. Riad Agbaria, Founder of the School of Pharmacy at Ben Gurion University)

2. **Status and prestige:** The health professions, especially medicine and pharmacy, enjoy a high social status and professional prestige. Many interviewees mentioned this consideration in their comments, though not as the only factor. In most cases, it was presented as a secondary factor next to the stability and security offered by the health professions.

3. Social labels within the Arab population: Many interviewees mentioned that they chose the health professions because their relatives and acquaintances work in this field. Others explained that they were “pioneers” in this field from their area, the first to study the health professions, and since, the demand for these professions among their neighbors and relatives has risen. A few interviewees mentioned that there is a clear orientation to health professions in Arab society, and they even criticized this tendency:

“As far as medicine and the health professions are concerned, we can see a clear streaming to these professions. Students often come to me who haven’t been through any kind of process with themselves, a process involving free will, of self-exploration, instead they say: that’s what’s expected of me, I have to study that.”

(Noga Meiri, Coordinator of the Five-Year Program for the Integration of Arabs in Institutions of Higher Education, Tel Aviv University)

“Actually, I think this is a disadvantage, something wrong with Arab society, that if you have a high psychometric score and really good achievements, it’s kind of taken for granted that you must study medicine, although you could study something with much lower demands where you could stand out more and do something you feel much more connected to. But the minute you get that grade and you do well in the psychometric exam, they immediately expect you to study medicine. There’s more encouragement for medicine, because of the status and prestige and stability in the job market, that until you retire, you have your place and can always keep on working for a high and regular income, something that’s considered a bonus in life. That’s the way they look at things in Arab society.”

(Fadi Mahmid, medical student, fourth year, Hebrew University of Jerusalem, both of whose parents work in the health system)

4. **An opportunity to find employment outside the confines of Arab society:** While some interviewees mentioned the possibility of working in the health professions inside their community, others pointed out that it allows them to move beyond Arab society: unlike other systems, such as the education system, where Jews and Arabs are segregated, there is no segregation in the healthcare system and thus those who work in the system can find jobs that are not confined solely to Arab society.

"It suits me better to be a nurse in a hospital. That's the only place where I'm allowed to care for people from different religions or backgrounds. They allow it, they don't mind. Anywhere else... for example, I can't be a teacher in the Jewish sector. It would be harder for them to accept me. It wouldn't be appropriate.

Question: But you could have worked in the Arab sector.

Being only in one sector, or only on our side, for me it is impossible to ignore the fact that we live together. I can't live my whole life just with Arabs, or just with Arab children, or as a secretary somewhere where there are only Arabs. This way, we'll also be more open to what's going on around us. There are some people who say 'No, they're alone, and we're alone'. But in the end, we all live together. Our daily lives are together. My uncle, for example, only works in our sector. They don't try to make partnerships. But it's clear to me that they can't really make much progress in the end. If a place is for Arabs only, there isn't really much of a chance to move forward."

(Sanabel Lafi, a nursing assistant at Hadassah Ein Kerem Hospital in Jerusalem; Sanabel is studying medicine in a retraining program for academics)

5. **Rejection of other professions (e.g. hi-tech) on social or security grounds:** Many interviewees mentioned that they work in the health professions due to an inability to integrate into professions that have a security dimension, where candidates who served in the military are given a clear advantage:

“The health professions have become a trend in the Arab sector and the aspiration of Arab students. I guess it’s because it is an open profession where there is no element of security. If someone studies electrical engineering or electronics and then wants to work at some institution that is involved in security, they will find it hard to get a job. Doctors don’t have this problem – they’re welcomed with open arms.”

(Hani Daoud, Pharmacist and Chairperson of the Pharmacists’ Union in the north of Israel, Haifa)

Some of the interviewees added that their choice of the health professions was due to their fear that they would be unable to integrate and make advance in other fields on an even par with their Jewish colleagues.

“In the Arab sector, the medical professions are more valuable than others. We don’t study biology or chemistry, because if you do, then you can only be a school teacher, because if you try to get into industry, no company will hire you, so you’re limited in terms of the subjects you choose to study. So it’s only natural that there are more nurses in the sector – and in the case of Arab society, they’re mainly male nurses, not female. What makes a man choose to study this profession? Because there’s work out there, they accept him.”

(Kamal Amarneh, Director of Pharmacy Services, Hillel Yaffe Hospital, Hadera)

The Healthcare System: Daily Life, Working Together – Experiences, Thoughts and Feelings

The facts and figures presented above highlight the shared work of Jews and Arabs in the healthcare system. In this chapter, we will show that the dry figures relate not only to the high percentage of Arab integration, but also to the quality of their integration. The working relations between Arabs and Jews in the healthcare system appear to be dramatically better than those in the Israeli public domain or in other places of work.

The interviews we conducted paint a picture that goes far beyond the quantitative figures, a picture that expresses the content and characteristics of this integration, and the astonishing way in which shared work is conducted.

A. Times of Crisis

Hospitals throughout Israel, and particularly in mixed Jewish-Arab cities, have experienced a difficult and eventful reality over recent months, as well as during military campaigns and wars over recent years. In our interviews, we asked the respondents about the impact of these events on the function of staffs including Arabs and Jews, and whether any tension was evident within them. Most of the respondents reported that they did not feel any tension against the background of the events, and that work and social ties continued as usual. The picture they described presented the healthcare system as a desert island in a stormy sea, remaining unaffected by the high waves around it. Leah Cohen, the head nurse at Soroka Hospital in Beersheva, described this reality in the following terms:

“I think that relationships within the teams are excellent, people respect each other, there are friendships. Even during some of the tough times that pass – such as Operation Protective Edge and the recent period – there simply isn’t any tension, because employees work together in amazing cooperation and with excellent relations.... The first person who wrote a sad Facebook post about Dafna Meir (a nurse at the hospital who was killed in an attack) who worked here in the department of neurosurgery was an Arab doctor... There is no problem, we live together. And even if someone has slightly different views, they leave it at home. Jews and Arabs. They don’t bring it to work. At work our goal is to treat the patients and we do that together. And we do it in the best possible way.”

Dr. Osnat Levtzion-Korach, Director of Hadassah Mt. Scopus in Jerusalem, says that tension is not even felt in this hospital, which employs thousands of Jewish and Arab employees who provide treatment for all the residents of Jerusalem and the surrounding areas – including terror victims and terrorists:

“It (the recent events) really hasn’t come between the workers. You really can’t see that among the workers, beyond that I really think that we, because of all these terrorist attacks and everything that’s happened here, leave the politics at the door.”

As for the workers themselves, many interviewees told of their deliberate efforts to avoid exposure to news reports during their time at work, in order to prevent the feelings outside from penetrating the various departments. Chani Hinden, a nurse, explained:

“We talk very little about it (the events). For example, if I go into a room now and the television is on – and I should point out that most of our patients are Arabs – then when you walk in and the television is on and it’s an Arab family, and the news is on in Hebrew or Arabic,

then yes – issues are raised. But with a ton of respect. I've never encountered an unpleasant experience...members of the team talk, but not very often. But people aren't afraid to ask questions or raise issues. We don't discuss politics, but if you have a specific question, then it's not surprising that you ask, it isn't unusual or unpleasant. But if it's a day when there's been a big terrorist attack, then no – you won't hear it at that point...both sides try hard to avoid it. We never turn the radio on full volume or anything in the unit, no. There's a television at the end of the unit, and sometimes families turn it on, but staff members don't. In order not to embarrass either side, not to offend."

In other units, the team watches the news during their joint shifts. Nurse Siham Shibli says that this does not influence the team's intensive joint work:

"Most of the time we're busy at work... Look, I'm responsible here. I prefer in the café and in the visitors room, when there are conversations during tense times, ah...it's a pity. Let's not get into that. Let's just do our work. We respect each other, and at home everyone can think what they like and do what they want. So, most of the time, when we're busy, there isn't any (tension). But even if people say things, it doesn't have a lasting impact. We couldn't have a situation where someone sits in the café, in the kitchen, and then later in the middle of treating a patient they will say: 'No, I'm not going to help you, you hate Jews!' No, there's nothing like that, not that I've encountered... And for sure there were times when we sat down to watch the news and we were just laying around and in you think to yourself 'I wonder what she is really thinking', and suddenly there's a problem with the patient in bed 4, who happens to be an Arab, and no one hesitates, everyone jumps up and runs to save him. There wasn't even a question that we're all working together to save a patient."

Siham adds that the events not only do not impair the joint work and the efforts by all the workers to save patients, but they also do not affect the relationships between the team members and the atmosphere of mutual respect:

"We spend more time on shifts than we do with our families, we share all of our experiences. Relationships develop among the staff. All the team knows personal things about me, and I know a lot about the other team members: one has a son who joined the army, another has a kid who just got accepted to university, trips abroad, a new grandchild... they are those kinds of relationships. Now, when something happens nothing changes, you don't suddenly stop being someone's friend. I, Siham, personally feel that people have a lot of respect for me, and are careful with their words, but I don't know what's going on inside... I'd like to believe that it's the same as what I'm feeling. That this (the tense situation) doesn't affect us, it's not part of our landscape, and we all go through this stuff together. If a child is stabbed in the city center, it could just as easily have been my child. After all, no one wears a sign saying 'Jew' or 'Arab.'"

Prof. Raphael Walden, Deputy Director of Sheba Hospital in Tel Hashomer, says that the dissonance between the media reports and articles and what hospital workers see with their own eyes may be the reason why this harmony is not impaired:

"We've been through tougher tests. There were wars. For us, terror attacks aren't a news item on television, they're something that the staff here experiences in the most powerful way. We see the suffering and torment that war causes, not the flags and glory. The impact is tremendous and very painful, but at the same time, it doesn't damage the fabric of life here, with all the challenges we've already faced. So, I'm not worried."

Interviewees in managerial positions also referred to the proactive efforts they make to reduce and prevent tension. For example, Dr. Bishara Bisharat, Director of the English Hospital in Nazareth, tries to avoid any possible tension between workers in advance, he explains that during difficult times, he makes a point of stressing the professional values to the medical staff:

"I haven't been aware of any tension, maybe it just didn't reach me. But on days like these, I go into the different units, and out into the field to see what's going on. I ask the department directors. And I've gotten reports that everything is alright, they're living and working together. Unfortunately, we've been through many wars together, this isn't the first time... During periods of tension, I ask the department directors to pay special attention. To make sure that the argumentative tone doesn't rise, if there is such a tone at all... I didn't want (to send out a letter to the workers on the subject), but I spoke to the department directors. Last year, I sent one out during Operation Protective Edge... I said that I want us to remain committed to our values as physicians and to the hospital's values: love, compassion and giving to all, to anyone who needs help."

In some hospitals, senior executives sent letters to workers in response to the recent events. For example, Amalia Schneider, the head nurse at Hadassah Ein Kerem Hospital, sent the following message to the nursing staff in the hospital:³⁹

³⁹ Another example is a letter sent by Prof. Rafi Beyar, Director of Rambam Hospital in Haifa:

To the Rambam family,

During the difficult days we are currently experiencing, I would like to emphasize that the only obligation that binds us together within the walls of the Medical Center is to treat patients and save lives.

We treat all our patients and those in our care equally and ensure that everyone receives good medical care.

Within the confines of the hospital, there is no room for any political argument or

Dear Hadassah nurses,

We are going through some tough times now on the personal and national levels.

The difficult incidents and sights haunt us as citizens, as the parents of... , children of... wives of.. – and as professionals.

“Hadassah Medical Organization also serves as a bridge for peace, strengthening the ties between people of all nations, races, and religions who come to seek healing within our walls” (from the mission statement).

As nurses, we have dedicated ourselves to advancing and preserving the patients’ health. For us, a patient is anyone who enters our hospitals.

We are also equipped with a set of values that help us perform our mission:

The values of equality, respect and partnership, that guide us during this period, giving us strength and showing us the way forward. Our commitment is to provide nursing care without discrimination or prejudice. To maintain mutual respect and decency toward patients and among the members of staff. Working as a team with our colleagues, the multidisciplinary team, and the administration will enable us to preserve our working environment as an island of sanity.

And as our mission statement says – we are the bridge to peace!

personal opinions. We are engaged in saving lives, and we do that under oath and with love.

*Sincerely,
Prof. Rafi Beyar
Hospital Director*

A high level of sensitivity, along with tolerance, will enable us to continue to focus on providing the same leading, high-quality nursing care we always have.

We will know better days than these...

"Together – all the way

Together – there's no other way

Together let's reach out for good

That will yet come.

Together – all the way

Together – there's no other way" (From a song by the Israeli singer Shimrit Or)

I would like to thank and encourage each one of you!

Sincerely yours,

Amalia

Prof. Jonathan Halevy, Director of Shaare Zedek Hospital, felt that precisely in such difficult times he bore a special duty to make sure that his Arab workers felt comfortable in their place of work:

"I don't think that the situation effects daily life, but I try to make sure to greet everyone in a friendly manner, but, I, feel that I make a special effort with Arabs. Why? Because they are a minority group, it's easy for them to feel that they are being discriminated against, and there is some basis to their sense of discrimination – during times like these, they must feel terrible. Now someone who is extremely right-wing might hear me and ask: do we not need to feel terrible right now? But I don't think that any of the people here are responsible for

these events. On the other hand, it's obvious to me that they have a harder time here in the hospital now with such a large Jewish majority, with those who have been injured by terror. And I imagine that some people can't make that distinction and recognize that each person is an individual, and that there is no reason to make a connection between a 16-year-old (Palestinian) who carries out a knife attack in Gush Etzion and the Arab doctors and nurses who work here. So I feel that I need to be more gentle and warm towards them, especially these days, but also every day."

Halevy adds that he has not even noticed any signs of tension – something he finds difficult to explain:

"If only you could have been a fly on the wall during our morning rounds today and could have seen how a Jewish man, an Arab man, and an Arab woman in a hijab were sitting and discussing Jewish and Arab patients, during such a tense period, with an amazing spirit of fellowship... I've never seen any tension among the staff that directly cares for the patients. And that's something that I find hard to explain. I find it both wonderful and amazing."

Dr. Khaled Azam, Radiology Specialist at Hadassah Mt. Scopus, describes the ironic situation that occurs inside the hospital during tough times, when terror victims and injured soldiers arrive for treatment:

No, there isn't tension at all. Sometimes I'm on orderly duty... if a soldier or Israeli civilian comes in with a trauma injury, they ask the physicians to come to the trauma room, and I'm on duty and have to be there and do my job. Sometimes I look around and see all the Arab physicians (laughs): the chief surgeon is Arab, the anesthesiologist is Arab. Sometimes the doctors, in these situations, are all Arab."

B. Friendships and Personal Relationships

The vast majority of interviewees stated that their relationships with their colleagues are not confined to professional functions, and that working together creates strong friendships between Jews and Arabs that continue outside work hours.

Chani Hinden, a nurse in the Pediatric Oncology Department at Hadassah Ein Kerem in Jerusalem, describes an unusual friendship, which has not only influenced herself, but also others around her:

“Wow, there are some amazing relationships. These are definitely not just work relationships. Over the past few years, we have become a kind of quartet – two Jewish nurses and two Arab nurses from the department. We had already been working together in the same department when one of us went on maternity leave, the four of us met and decided –we would continue the quartet, that this is a very special friendship. Once every six weeks we all take a day off work together and meet up. At first we’d go somewhere different each time: an outing, a nature site, or one of our home’s. Then we decided to get to know the places of our childhoods, that each of us would guide the others around the place we grew up. One of us grew up in Beit Yannai; I grew up in the Jewish Quarter of the Old City; another grew up in Tamra – a month and a half ago we went to her mother’s home and learned to make stuffed vine leaves; the fourth got married almost a year ago. We all spent two days in Sakhnin for the henna ceremony and the wedding, we slept in her parent’s home. The whole village heard about it and came to see us. This is a special friendship and it started in our department. This is the kind of relationship that develops in our department. This week we visited the Ella Valley together. It really symbolizes our department. We have a true friendship... My husband was very right-wing when we got married, he grew up in Hispin and said he had never met a

left-wing religious person until he met me. Now his opinions are slowly starting to change, thanks in no small part to our quartet. Last summer we went together to visit one of my friends from the quartet, and all our kids played together and our daughters went to the same kindergarten when they lived in Jerusalem, so it really makes a difference when you know someone. We're currently discussing having the Passover Seder with them."

Chani was not the only interviewee who discussed an unusual friendship that was possible thanks to the experience of working in the healthcare system. Fadi Mahmid, from Umm el-Fahm, a fourth-year medical student at the Hebrew University, describes a friendship that he never thought would be a part of his studies:

"Usually, we (the students) don't get to choose (their study group). The faculty divides everyone up alphabetically. One time when we got to choose, an Arab friend and I deliberately decided that we'd make a diverse group. So, our group included the two of us, Muslim Arabs, women, someone who used to be a religious Jew, a secular Jew, and a religious Cohen (from priestly lineage). It was the most diverse group you could have made. It really added a lot. For me it did. The Cohen, who came from Bnei Brak told me once: I never imagined that I'd have a friend from Umm el-Fahm, and I told him: 'Believe me, I also never imagined I'd be friends with a Cohen from Bnei Brak'. He got married last summer and invited me to the wedding. Growing up in Arab society, this was not something I ever imagined happening to me... And it was really, there's no way to describe it, it was one of the best experiences I've ever had in my life. It gave me so much."

Also, Sanabal Lafi, who is studying nursing in a retraining course and working as a Sanabel assistant at Hadassah Ein Kerem, describes how her studies for a degree in the health professions led to an unusual friendship:

“My best friend there is this guy serving in the army who comes to class in his uniform, with his gun. We go out to eat together during breaks. I also did my seminar project with a guy who wears a kippah (skullcap). It was so much fun spending time with him, I wanted to learn from other people. If I’d only been with Arabs, we wouldn’t have learned from each other, because we’re on the same level in terms of language and the difficulties we face. So, I wanted to get help from someone else and that’s why I chose him, and it was great. We presented our study together at the end of the seminar and the head of the seminar was delighted to see us together. That was good. I learned a lot from him. Every day I’d go to Ramat Gan to meet up with him from eight in the morning until night. It was good for me.”

Sanabel adds that her friends in the department encouraged her to sign up for the nursing retraining course, and they provide her with support and encouragement. She smiles as she says that they inspire her to believe that one day she will be appointed to a senior management position in the nursing system at the hospital:

“When I began to work, everything was new to me and I didn’t really know anyone in the department. But during every shift we got to know each other better. We go out together for staff meetings – everyone comes along, whether it was a Jewish nurse getting married or an Arab from the north, we’d all go together. There are friendships. Good relationships. We started going out together, the nurses there. It doesn’t matter what’s going on outside the hospital – things are different in our department. In our department, we get a lot of people who’ve been injured in terrorist attacks, and once we had the stabber and the guy he stabbed together here. The nurses deal with it amazingly. There isn’t any racism at all.”

Dr. Abed Halaileh, a senior surgeon at Hadassah Ein Kerem, who grew up in the Jabal Mukaber neighborhood of Jerusalem and now lives in Beit Safafa

in the city, tells that he turned down an offer to serve as a senior physician at a hospital in Ramallah, partly because he feels that his place of work is more like home:

"There's no such thing as bad relations. There really isn't. Our relationships are both working relations and excellent relationships. I mean, we have fun together, we're friends, we chat and invite each other to eat or have coffee, we often go together to weddings and parties, I mean we have great relationships... If someone is sick, then obviously I'll go to visit him, if someone's son is getting married, of course I'll go – there is no question. These are things that are a part of your life... I'll put it in the simplest terms: human beings stay where it's good for them. They can't stay somewhere that isn't good. In my opinion, that's true of everyone in the world. And it's really good for me here. I feel that this is my home. I don't get up in the morning and have any kind of bad feelings when I enter the hospital or any concerns that anyone will make me feel bad. And there are the best relationships here... If you go to a government office, how many Arabs will you see working there? Very few, right? But if you walk around Hadassah and ask how many Arabic speakers there are. I guess a thousand, loads. And it's not just in Hadassah... I serve on student admissions committees. I examine Jewish and Arab students, without any discrimination. The subject doesn't even come up. People come in to see me who have just finished the army, and we ask tough questions... You don't feel that you're not being given a chance, just the opposite."

Dr. Maurit Beerl, Director of Alyn Hospital in Jerusalem, says that the hospital serves as a safe zone for its Arab employees:

"If you ask the staff here, they'll tell you that it's a bubble. They feel protected here. We prepared a questionnaire and checked this. Last

year (Operation Protective Edge) some workers were afraid to take the light rail, so we organized transportation. They feel safe here."

Dr. Khaled Azam, a radiology specialist at Hadassah Ein Kerem, tells how his workplace offers an escape from the reality outside the department. Azam lives in Ramallah, and must cross checkpoints every day on his way to the hospital. On more than one occasion he has been late because he was delayed at the checkpoint, and it has happened several times that on his way to work he is insulted and shouted at by Israeli passersby, who would never imagine that he might end up treating them in hospital one day:

"Here in radiology, everyone is one big family, there is no such thing as a Jew or an Israeli. Really, we work together as a single team, we receive Arab or Israeli patients and treat them just the same. I really feel good at Hadassah. Outside Hadassah, it's a bit... (laughs)... but here I feel totally different, it's another world. My wife calls me: 'You got to Hadassah?'; I tell her 'yes', and she says 'Thank God.' Then she's calm, because she knows I'm at Hadassah. She knows that nothing will happen to me here, they don't treat Arabs badly at Hadassah."

The familial atmosphere was mentioned in several interviews. Many interviewees mentioned that their colleagues know their families and they often meet outside work. For example, Elias Mazawi, a nurse in the Cardiology Department at Shaare Zedek Hospital in Jerusalem, explains:

"...I live in coexistence here with the guys, with my colleagues, everyone – physicians, nurses. I'm a very good example of coexistence because I have friendships here that go beyond work, including our families, trips together, even abroad... everything."

Siham Shibli, head nurse in the catheterization rooms in Hadassah Ein Kerem, also talks about meetings between members of staff during holiday vacations, describing that all the members of staff are considerate of each other's religious sensitivities:

"During some holidays they (her Jewish colleagues) come to visit me and see our customs, and I know all about the customs of the Jewish holidays. During the holidays, I try as hard as possible to let my staff take vacation, and I work... There is no division of Arabs and Jews during breaks. Everyone is together. If someone brings refreshments or we have meals together, then everyone is there. If we have a caterer, then I make sure that everything is kosher, because we have some guys who are religious."

Nurse Chani Hinden says that the festivals highlight the warm and friendly friendships between Arab and Jewish members of staff, who make sure that everyone can celebrate the holiday with their family:

"People are considerate and help each other. During our holidays, they (the Arab staff members) work like crazy so that we won't have to come into work. Really, they work very hard. During Passover they work a double evening and night shift so that we won't have to do those shifts. They work like crazy on Yom Kippur and Rosh Hashanah... all our festivals. Although Ramadan is long, they work during Ramadan. But we try to be considerate, of course. And they don't work on their festivals – that's clear to everyone."

Amal Delasheh, a nurse in the General Surgery and Vascular Surgery Department at Hadassah Ein Kerem, suggests that the good relationships stem from working together, but may also be due to careful thought and guidance from those in charge:

"Relations are great. I really respect them (the Jewish staff members) and they respect me. I don't feel they treat me differently because I am Arab and they are Jewish. Just the opposite: we are a very close team... We have great relationships, not just in terms of work but also social relationships, outside of the department we are very close. There are strong friendships, we even go out sometimes."

During Hanukkah we have parties together, and go out together for birthdays. It's a great staff... the head nurse worked very hard on staff bonding. For example, she doesn't put all of the Jews on one shift and all of the Arabs on another. There's no such thing. She puts together a Jew, an Arab, a Russian – a diverse staff on every shift – and because of that we are even closer."

Dr. Masad Barhoum, Director of the Western Galilee Medical Center in Nahariya, testifies that work relationships quickly become friendships:

"There is really successful coexistence with shared work at the Medical Center, people go down to eat together no matter what, you see Jews and Arabs sitting together. People work together, people eat together, Arab nurses treat Jewish patients and Jewish nurses treat Arab patients. It's a true picture. There are friendships."

Prof. Rafi Beyar, director of Rambam Hospital in Haifa, adds:

"Of course there are professional relations here – respect and all, but it goes way beyond that. Personal relationships develop between people here. How many times have I, as a physician in Cardiology, been invited to visit with the families of other professors and physicians? Relationships develop within the department, both working relationships and personal ones. On the whole, I think the relationships are very good across the board, both professionally and personally."

C. Use of Arabic in the Workplace

Arab staff members are required to speak Hebrew while working, as we were informed by managers and field workers in the healthcare system. The directors – Jewish and Arab alike – explained that this is needed to ensure that everyone involved in providing care understands what is being said, and

to prevent damage to the therapeutic process due to misunderstandings resulting from language barriers. Some hospitals have offered Arabic language courses, in some cases in response to demand from workers. In most cases, the official reason given was to improve communication with patients, but a secondary benefit is a familiarization with the language and culture of their Arab colleagues. Dr. Osnat Levtzion-Korach, Director of Hadassah Mt. Scopus, refers to a clear expectation of workers:

*"We request and insist that Hebrew be spoken, certainly when other people are around. You and I could **speak** Arabic now, when there's no-one else around and we're not near patients. Near patients, we must speak in Hebrew. If the patient himself is an Arab, then we can talk to them in their own language, but they must be careful to make sure that someone who doesn't understand isn't left out of the loop. There won't be a situation where you and I are both Arabs, and someone else is there with us and we're talking to each other (in Arabic) and she feels... it's the same if people are speaking Russian... Some people took an Arabic course of their own accord. In the past the hospital also organized a course, because the interns wanted it so that they could communicate better with the patient population."*

However, the quality of work and ensuring professionalism are not the only considerations that are involved concerning the use of Arabic in hospitals. According to Dr. Masad Barhoum, the use of Arabic constitutes a social and cultural problem. At the hospital he directs, they have begun to resolve the issue:

"...Jews in Israel don't know Arabic. It sounds ridiculous! You have 1,800,000 (Arab citizens of Israel), language is culture. You tell me after, hummus is culture?! Talking to your neighbor – that's culture! The whole Middle East, or most of it, speaks Arabic. You're living in the middle of the Middle East and you don't know the other side."

You know what? When I started working here, my first year during Ramadan everyone said 'happy holiday, happy holiday' to me. I said: but it's Ramadan and I'm a Christian! 'Sorry, we didn't know.' My second year, the same thing. And some people said to me, 'What's the difference? You're all Arabs, right?' Okay, I'm Christian but I don't have a problem. After the third or fourth year, I started saying 'happy holiday' myself. Because if you can't tell the difference between cultures – between different types of Christians is even more complicated, but telling the difference between a Christian and a Muslim! Don't ask: 'Are you Muslim or Catholic or (Christian) Orthodox?' As a minority, I have to know who is Sephardi, who is Ashkenazi, where Ashkenazis come from, jokes about Polish or Hungarian Jews and jokes about Sephardis. What, I don't know? Ask any child, they know! Why? Because I have to. Because I'm forced to. Because I have to be ready for anything. You'll never know what it means to be a minority. You live as the majority. How great for you! I've never known and will never know what it's like to be the majority. But you need to know what the minority means. Get to know them! ...Recently we started a free Arabic language course... So that people will come here and learn about the language and people. The course is too full. Now we're going to open a second course. People want to talk. They want to."

Nurse Chani Hinden mentions a similar initiative to learn Arabic in her department, initiated by the workers themselves:

"To tell the truth, when they (the Arab workers) talk among themselves in Arabic, I get annoyed (laughs), not because it bothers me, but because I can't understand what they're saying and that makes me feel bad. A year ago we had an Arabic course in the department. We really want to learn."

Dr. Michal Lvov, a physician in the Terem emergency aid clinic in Bnei Brak, prefers her Arab colleagues to continue to speak Arabic, even when she's around:

"In terms of a language barrier, it's very rare – it happens, but it's very rare – that I walk into a room and they don't immediately switch from Arabic to Hebrew. Sometimes it annoys me that they switch to Hebrew... I mean sometimes you don't understand us, so why do I always have to understand you? I want to feel their side of things a bit, too. But that's just me."

Nurse Elias Mazawi says that he could use his native Arabic at work after he built closer relationships with his colleagues who do not speak the language:

"I used to do it (speak Arabic when Jewish colleagues were nearby) when I was younger, but not anymore. I didn't get any complaints, but people commented on it. When someone next to you is speaking a different language, you always assume that they're saying something bad about you. Everyone starts to interpret things. So, I refrain from speaking Arabic most of the time because of that... That was before. But now, my relationships with people here are so good that I can talk Arabic without people starting to imagine things... I've been around people here for 10 years, everyone knows me and I know them."

D. The Glass Ceiling

The healthcare system is perceived as one that applies uniform, scientific, and egalitarian standards, which allow for promotion and success based on skill and talent, knowledge supported by professional certificates and experience. Our interviews show that many employees of the healthcare system believe that it indeed allows people to move up regardless of their

nationality or cultural identity. Most of them believe that there is no glass ceiling preventing them from reaching senior positions.

Professor Ahmed Id, Director of the Surgical Department at Hadassah Mt. Scopus, says that his own professional course contradicts the warnings he heard when he was beginning his career about the need for personal connections:

“During my own professional course, I didn’t feel any glass ceiling. Whatever I wanted, I went and got. And I’m not just a physician here, I serve on all kinds of committees, and I don’t think that anyone would ever say, ‘He can’t get to a place like that because he’s X or Y.’ Naturally, we’re working in a competitive society, and there is certainly competition and restrictions, but I don’t think the system tries to stop anyone from advancing. Look, this is something that’s been with me all my life. I remember when people told me: ‘Look, you won’t be accepted into medicine if you don’t have personal contacts.’ I always give that example. Because back then there was the belief that Arabs were only accepted for medical studies if they had the right contacts. I was accepted with no contacts. I looked left and right, but I didn’t have anyone looking out for me. I signed up, they interviewed me, and I was accepted. Then everyone said: ‘Arabs only get accepted for medicine in Jerusalem if they have personal contacts.’ Through this Member of Knesset or that political party, etc. I think it depends on the person – if someone stands out, no one will stop them... So, I can tell you: I was accepted without personal contacts, of course I did well in my studies, and I worked hard, and... as you can see, I got to be a department head. They could have turned me down for this reason easily, they could have said: ‘listen...! But the fact is, I won the tender against several competitors, all of whom were Jewish.”

Dr. Abed Halaileh is confident that it is only a matter of time before he is promoted to a managerial position:

"I think that if someone says 'they stopped me,' in his heart he thinks and knows that he lacks trust and confidence. Really. Because if you're good and you want to aspire to be better, then do what needs doing and don't talk around the issue. I'm not a department head yet, but I'm telling you – let's meet in three years, and I will be. I'm sure they'll let me get where I want to go – why wouldn't they?"

Dr. Bishara Bisharat believes that even the most senior positions, such as Director-General of the Ministry of Health, are not out of reach:

"An Arab director at Rambam Hospital, or a major hospital on that scale, is just a matter of time and finding the right person. Director of a hospital – that ceiling has already been shattered. The top position in the Ministry of Health hasn't been shattered yet. Yes, I wanted to become Director-General of the Ministry of Health, but I haven't gotten around to applying yet. As soon as the new minister came into the position, he appointed someone. That's a position I see as possible."

Prof. Rafi Beyar agrees, and says that he wouldn't rule out the possibility that in the future an Arab will serve as director of the large hospital he currently heads:

"Everyone here is evaluated according to their abilities, achievements, and talents, we don't look at where they came from. If they are suitable – they compete alongside everyone else... In that respect, I'd say that there is full integration. They can get to the highest echelons, managing systems. I'm very proud of what happens here... No, there is no glass ceiling. After all, there is even an Arab hospital director. So, if someone claims that it's impossible to break the glass ceiling of hospital management – it's already been broken. I think there is no glass ceiling. In the medical system and the medical-academic field, the sky's the limit for everyone."

Dr. Masad Barhoum, who himself broke the glass ceiling of managing a large hospital, confirms this approach:

"I don't feel any glass ceiling... I was right for a particular executive position in the healthcare system, so they accepted me... If you're good, they take you, and if you're not good – they don't... It's nonsense, people are accepted on the basis of their abilities in the healthcare system."

The pharmacist Hani Daoud, who heads the Pharmacists' Union in the north of Israel, is also convinced that the question of national identity has not held him back in the various positions he has filled:

"I'm an Arab and I'm head of the Pharmacists' Union. But the people who elected me were Jews, too, because I'm the chairperson for Jews and Arabs. They want me to continue in the position. What, there aren't any good Jewish pharmacists who could fill the position? Yes, there are, but you know, I do my job well, I look after the pharmacies well and try to solve problems that arise... I have a very senior position and I serve on the Central Committee, which deals with all the pharmacies in Israel for the Histadrut... Every year people ask me if I'd like to serve as the national chairperson. And I have a chance. There is no barrier, there has never been discrimination between Jews and Arabs in the pharmacy profession, not in the Histadrut and not in the Ministry of Health... The national issue has never been raised... With my abilities, I will get as far as I want. I can do it. There is no glass ceiling."

Dr. Rania Okaby, the first female Bedouin physician in Israel, says that the fact that she is an Arab has not been an obstacle, but her gender has. She says that it is easier to be an Arab than a woman in the healthcare system. When asked whether she thinks that her national identity could be an obstacle to reaching senior positions, she offers a surprising answer:

“As a woman – maybe, but as a Bedouin – no. I don’t think so. But again, because I’m a woman, then maybe... If I was a Bedouin man, I guess things would be easier for me than as a woman – but that’s another issue.

You’re a woman and you’re a Bedouin. Which is tougher in the healthcare system?

Being a woman. Especially an ambitious woman. Being a woman like that is a bit of a problem in a mainly male world. It’s true that there are more and more women in the world of medicine, but the decision makers are still men.”

Dr. Suheir Assadi, Director of Nephrology at Rambam Hospital, is the first Muslim woman to break through the glass ceiling for Arab women in senior managerial positions in the world of health. Dr. Assadi says that she never felt a glass ceiling, and emphasizes the unusual character of the healthcare system:

“I wasn’t brought up to believe that there is a glass ceiling, so I never felt that. It all comes from inside... I was raised to believe that I must give 100 percent of my abilities. My glass ceiling is not utilizing my capabilities to the maximum. But in principle, I never had a glass ceiling over my head. But you can see the system that I work in – the healthcare system, the medical system – a system based on ideals and the value of every human. I feel free in this system and I feel that I can develop and do anything. I really live in a greenhouse that lets me express myself, do what I like and what I’ve been educated to do, and what I want to pass on to the next generations. But again – we’re in an ideal system.”

E. Initiatives to Encourage Contact

As the testimonies and interviews quoted above have shown, working together leads to friendship and mutual respect. In some places, however, initiative is taken to encourage and strengthen contacts between Jews and Arabs, rather than waiting for things to happen by themselves. These initiatives are mainly made by schools in the health professions. Perhaps such initiatives are needed, because during their studies, before engaging in joint work, people still tend to be divided into groups of Jews and Arabs. These students have not yet experienced the intensity of working together during long shifts, that helps facilitate the strong relationships between Jews and Arabs in hospitals. Therefore, those responsible for their studies are trying to bring the groups together in various ways.

Dr. Miri Rom, Director of the School of Nursing at Hadassah Ein Kerem, says that there is a clear intention in how the faculty divides the students into study groups:

"We run activities to bring people closer together. For example, we run an activity at the beginning of the year based on accepting the other. We divide the students into small groups and let them get to know each other. You aren't just a bunch of people sitting in a classroom who need to succeed in your studies and that's it. It's not like that. You need to work with people, and you first need to know yourself. We have courses here that aren't offered anywhere else, about getting to know yourself. And, of course, the groups are mixed on purpose. And it has results. First, the mutual acquaintance gets rid of all that business of Jews and Arabs in everyday life. It becomes Chana and Muhammad. I call you Chana, and you call me Muhammad, and that's the end of it. Because if you're sitting in a classroom and you're identified as an Arab and I as a Jew, then all the stigmas and fears come out... And I'll sit with my friends, that's how it always works, because people sit with others who are like them.

Where does this get completely broken down? When they begin their clinical work. They begin to do clinical work in small groups, and then the professional challenges they face are so threatening, that the rest doesn't happen there. They are scared of what they are expected to do, of the responsibility that falls on them, of their need to work together... Our work and activities are also very dynamic. It's not just me sitting at home with a history textbook, needing, at most, to revise the material together with friends. The interaction here is endless."

Dr. Rom adds that respect for the other is the central value of the nursing profession:

"There is a tension, because you can't sweep politics under the carpet, you can't just take people's vulnerabilities, because they have been exposed to various things, and sweep them away as if they don't exist. When the injured terrorist and his victim come to the department, and you have to treat them, as a student and as a nurse, it's tough. It's frustrating, it causes distress... But it's not open for discussion at all, because our mission is to treat everyone as human, and during training, that's our motto, that's what we're aiming for, and that's how we function. So apart from the professional message we convey, we also give them (the students) a lot of tools for coping with this reality, and we start from a very early stage. Not necessarily about the Arab-Jewish issue, but the whole question of respect for the other, the way we treat the other – that's a very central value for us... Mutual tolerance, ethics, and morality are a real part of our objectives and the skills we demand."

Dr. Rom adds that the students themselves initiate some activities, reflecting the relationships that develop between Jews and Arabs during their studies:

“They leave here hugging, as good friends. At first, people say that there’s a kind of alienation and even tension... Someone told me: ‘I can see something in his eyes.’ I don’t know what he saw there, but you often bring your subjective feelings from inside yourself and not from any real threat. No one has ever told me of an incident where they felt threatened based on a nationalist context. Absolutely not – that never happened. It’s all a matter of atmosphere, and we try to keep it neutral... Some processes are already happening, sometimes the students themselves initiate things: they initiated a group that they call the ‘Open Classroom,’ to which they invite students who are having problems in certain subjects to come for meetings. This initiative was started by a Jew and an Arab. They started it, all by themselves. A lot of things happen beneath the radar that I don’t even know about. But they take pictures of themselves, and in the pictures they bring at the end of their fourth year, they are hugging, no matter what.”

The Jewish and Arab students in the School of Medicine at Hebrew University also felt a need to do something to help them get to know each other better and to exchange views in a friendly and respectful way. Student Fadi Mahmid explains:

“Two years ago, we launched a discussion group called ‘Area A,’ which is a group where we can express our personal opinions and then start a discussion about them. It began after the Prayer Law concerning the Bedouin residents of the Negev, we have Bedouin students here, and people insulted other people. So, we decided to open a framework where people could express their opinions. It started as a closed Facebook page that was restricted to us (students of the Faculty), and then we started holding meetings every month or two. We tell people the subject in advance. We have discussed the subjects of the Bedouin population outside of recognized towns,

Operation Protective Edge, as well as subjects that don't relate to a specific current event, such as the general situation in Israel, with no reference to specific events of that time. It's important to us to let people know what we think so that people from extremes can understand... And it can help improve the situation if we pass it on to our children and the next generations. Jewish and Arab students are members of the group, including students serving in the military reserves and settlers. Sometimes it leads to confrontation. Some people think it's damaging because there is shouting, but in the end the message gets across. It's good because even if the person who is arguing with you starts to shout, they are still thinking about your point of view. Even if they aren't ready to admit it, it's still there. For example, we once discussed the Nakba versus Independence, which is a very sensitive subject because the discussion took place around Independence Day. And that was one occasion when the discussion got a bit hot...it deviated...but we weren't at each other's throats about it, even during the discussion itself. The discussion was civilized. When we started the group, three students agreed to serve as moderators of the meetings and participated in a course on how to lead discussions in an orderly manner. This is entirely a student initiative. Discussions are held in the library. Anyone who takes part in the discussions can propose a future discussion topic."

Fadi is the only interviewee who stated that he does not separate between medicine and politics. And precisely because of that, he explains, the discussion group that he launched with his friends is so important:

"People think that medicine isn't a political matter, but yes, it is. It's true that we don't let it influence what we do in the end, but what we think is political. I will have to treat soldiers and terrorists, that's something you think about. You'll treat every case, because that's our mission, but politics are still there. We provide a forum for it

so that people can let it out here and not somewhere else, so that it doesn't affect things. But it exists. Politics and medicine can't be separated, in my opinion. During the discussion about the Nakba and Independence, there was someone there who I think has some kind of job in Israeli PR abroad, and it turned into him against everyone else... And the same guy will be in my clinical rotation. We had a few fiery discussions, but we are still friends. I don't let other people's opinions influence the way I act towards them every day. It shouldn't influence that, in my opinion. That's your opinion, as long as it doesn't overtly harm anyone else, you have the right to express it. I can't say anything to you about it, but I won't let it influence our relationship, or our collaboration on medical matters, if the need arises."

F. Changes in Social Status in Jewish and Arab Society

Many Arab members of caregiving teams we spoke to mentioned that the position they fill in the healthcare system – as physicians, nurses, or pharmacists – significantly improves their status and image in the eyes of Jewish society, and that they notice a clear difference between how they are treated when they are in uniform and how they are treated as Arabs in the public domain.

Sanabel Lafi, who works as a nursing assistant at Hadassah Ein Kerem, has felt this difference in attitude, particularly during recent events:

"Elsewhere things aren't like this. Everyone looks at you as if you're either about to blow yourself up or you're about to stab someone. At work, inside the hospital, with your name tag and uniform, you are more valued as a human being. No one looks at me differently or thinks that I'm about to do something because I'm Arab, or asks 'What are you doing here?' You don't get that, they don't give you

that feeling here. But then you finish work and leave, and everyone who sees you on the street starts to look at you differently. And that's tough. On this issue, you can see a difference. In the hospital, I have a kind of authority, I can give people something, help them with something. But on the street, they're afraid of me. Next week I have to take the train and I don't know what I'll do. I thought about wearing my uniform, or maybe putting a sign around my neck saying that I'm not planning to do anything to anyone, so that I can walk along the street. It's hard to move around at the moment, catching a train, or waiting for the bus... People are so suspicious, if I enter the central bus station, they empty out my whole bag. How can I go to the central bus station with a suitcase like this? How can I bring that onto a bus and then have everyone terrified for two hours? Waiting for me to do something. That's why I prefer to be at the hospital, where I have a uniform, authority. Because otherwise, if I go out, everything changes."

Student Fadi Mahmid also speaks of the "turnaround" he experiences when he leaves the Faculty of Medicine:

"The moment I leave campus to go home with my suitcase through the central bus station and they ask where I'm from and I say 'From Umm el-Fahm', the first thing they say is, 'I.D., please.' I immediately go back to being...yes, I'm Arab. I haven't really had a chance yet to feel the difference between wearing a doctor's coat, but when people ask me and realize that I'm a medical student or a physician, they'll treat me differently."

Nurse Amal Delasheh also sees a difference between the way she is treated in hospital and the way people look at her at the bank or supermarket:

"In the hospital everyone recognizes you and knows who you are and what you've done. Everyone knows you and treats you with

respect. As soon as they see that you're a physician or a nurse, that's it – they don't disrespect you, Arab or Jew, it doesn't matter. They have to deal with you because they need you. But outside hospital, why should the checkout girl in the supermarket care who I am? Yes, some people do look at me because I'm Arab. But does the person who's looking at me know that I'm a nurse who works to save lives, who works with Jews? They don't care. The same thing at the bank. What does the clerk care?... From friends of mine, especially women who wear a hijab, I hear disparaging things. In the hospital, they're physicians, but outside – they are nothing. There are lots of people like that who I know, who don't receive the respect they deserve. In the hospital people respect each other, they listen to each other, but outside – the Jewish-Arab thing is much more prominent. I think we need to see each other as human... There are more important things than what 'sector' someone belongs to. And believe me, if we emphasize those things, we'll be a truly successful society."

Nurse Elias Mazawi mentions the positive way he is treated when people recognize him and remember that he helped them while he was on duty:

"I'll give you an example that I think about every time I enter a mall: there's a clothing store there, and every time I go in, the salesman there says: 'Here comes the king!' The first time it happened, I didn't know what he was talking about. We became friendly, and he told me: 'You don't remember me, but you treated my grandmother when she was in the internal ward, you guys were so nice, and you looked after her so well.' So there you have it, a guy who knows me from the hospital and appreciates me... Those who know – know. Those who don't behave like they usually do toward Arabs."

He adds that even at the hospital there are some encounters that remind him that Elias the nurse does not receive the same treatment as other Arabs:

"A new national service girl arrived. It was the first time in her life that she'd encountered Arabs. The first time! On Friday morning, we were all sitting down, eating shakshuka from the kitchen. Next to me sat Dudi, a religious nurse with a kippah, the national service girl, and everyone. We're all talking, and she kept staring at me. I asked her: 'What's up?' She said: 'I didn't think Arabs were like that.' I asked her, 'What did you think?' She replied, 'What they taught us at religious high school.' I asked, 'What did they teach you?' She answered, 'Never mind.' I said to her, 'Here, some things aren't the way they taught you...' For some people, I am different. Elias is someone special, different. 'You don't act Arab'. We talk freely, and they tell me that I have a different character, personality, education... But there are lots of people like me – loads. On the one hand, it's flattering – they think that I'm a good guy. But there's also an unflattering side to it – it's a pity that they don't see me as representative."

Dr. Bishara Bisharat also gives an example of the popular conception among the Jewish public that an Arab serving in a medical role is not just "another Arab." Despite this, he is optimistic:

"Maybe through the healthcare system things will change. Familiarity changes attitudes. My wife, Rada, is a teacher in a Jewish school. During the clashes in 2000, the children got together to shout 'Death to Arabs.' The principal responded: 'What?!' Then they told her: 'Except for Rada.' So she said, 'And what about her husband?' They said, 'Yes, he's a nice guy, he gave us a lecture once.' Then the principal said, 'And what about her children?' They said 'Of course not! Death to the other Arabs – apart from Rada, her husband, her children, her family, her friends, and the friends of her husband the doctor and the Arab doctors.' Slowly the children began to say, 'No, sorry,' and they took down the sign. In that way, they learned a lesson. Getting to know each other can reduce racism and promote

coexistence. I don't know how the principal would have persuaded them to take down the sign if it hadn't been for Rada. Familiarity changes old paradigms and opens people's mind to accept the other, because my own paradigms aren't the same as those I encounter."

Many of the Arab interviewees commented that they also feel a change in the internal social status within the society in which they live. Dr. Rania Okaby says that soon she will be doing something that she would never have imagined she would do if it weren't for her status as a Bedouin physician:

"As hard as this path is, I can't see myself doing anything else. I'd go through it all again and again... People respect and appreciate me. Next week I'll be giving a lecture on monitoring pregnancies to a group of imams. Just imagine – a woman going to give a lecture to male clerics – it's incredible. Even I can't believe it. But because I'm a physician, I'm 'asexual.' I'm a physician, not a woman. It's a separate category. I tell you, one of the things I like to hear most is when one of my patients comes in and says, 'I want my daughter to be a doctor like you.' That's something that really moves me. There are quite a few Bedouin women physicians now, and it's great to see. I feel like their big sister."

However, she tells how her path to receiving a physician's license was not easy, the transition from her traditional Bedouin background to the academic world was hard for her and others around her to accept:

"What I found difficult at medical school wasn't the studies themselves, but the transition between Western and traditional life, which I experienced every day. From eight to four I live in the Western world, I'm an autonomous being, I can make decisions, people trust me, I'm a responsible woman. Then at four I switch to the traditional population. Suddenly I can't make decisions for myself – I need to get approval from my father and my uncle and the whole tribe, that's

what I found hard... In my own family – even my extended family and the whole tribe – there aren't any physicians. Not even men. I'm the only doctor. They were very proud. As long as it's about my career, profession, and studies – great. But when it comes to other things – choosing a partner, where to live, travelling abroad – then there was a lot of opposition. Because some things are allowed and some things aren't, and that transition for me was very hard, it didn't make sense: if you can trust me with your lives, how can you not trust me when I decide to travel abroad? That's what I found hard. The fact is that I did stuff. But I had to be very insistent and explain to my uncle, my brother, my mother, and everyone. Always explaining and insisting. The most serious crisis we had was when I decided to do my internship at Rambam Hospital, it didn't make sense to anyone. Because, you're a single, 24-year-old woman and there's a hospital next door, so why would you choose to go 200 kilometers from home? That was a really serious crisis. We got through it in peace, but it was a turning point. I said: if I give in on this, I can never be a social leader. And I said, if I give up on this, then tomorrow they will decide who I will marry, and the next day they will decide what field I should specialize in. I remember saying this big line, even though I was only 23 or 24 then...I said that I'd rather die free than live like a slave or a servant. Because after all, the cloud of so-called 'honor murders' is always there somewhere...and you need to be extremely strong mentally to overcome that cloud."

At first, Elias Mazawi's parents were far from happy with his decision to study nursing. However, he explains that today they are proud of him and proud that he serves as a role model for many of his friends and relatives:

"You can't imagine the admiration. Three of my male cousins and one female cousin went to study nursing after they saw me making progress in the field. People don't get it until they come and see what

we actually do here. You can't imagine, I managed to get my brother-in-law and my father to come here. Until I finished my studies, my father didn't understand what I was studying. 'He's studying, something.' He's proud at what I've become. They thought I was just going off to play at being a student in Jerusalem for a couple of years, and then I'd come back without a degree. I wanted something far different, to try a new life... And now people are following in my footsteps and going to study the profession."

Sanabel Lafi sums up the issue by saying that the impact of working together can be seen on both sides – Jewish and Arab – and that it's a mutual influence:

"It works both ways. They (the Jews) also change how they see us, just as I changed how I see them. We see things on the news, but at the hospital there is a different reality. There are good relations and that changes everything for the better. Outside people say that we can't live together in the same country, but what happens in the hospital shows that it is possible... I feel that my colleagues want to hear about my culture. They don't have any contact with Arabs and they are unfamiliar with our culture, through my work I change that. People understand each other better when they work together."

G. Intolerance to Racism

The interviews focused on an attempt to understand the nature of the relationship between Arab and Jewish workers in the healthcare system. Accordingly, we did not ask the interviewees about manifestations of racism they experienced from patients and about their relations with patients. However, to provide a complete picture regarding mutual liability and respect, we asked interviewees how the system – their colleagues and supervisors – responded to manifestations of racism by patients.

Nurse Siham Shibli testified that often her colleagues rushed to her defense:

“There is equality and mutual respect and we protect each other. I didn’t get as angry with one patient as one of the physicians did. The patient arrived from the ER and said, ‘I’m warning you, I don’t want any Arab touching me.’ And some physician, who isn’t even Arab, got totally enraged by this comment. And I was the one to calm him down... In the end, before I could even introduce myself, the patient shouted out, ‘I want the head nurse here.’ So I came along and said, ‘Yes, how can I help you?’ And he said, ‘I don’t want any Arab touching me.’ I replied, ‘I guess you’re going to have a problem with that, because I’m the head nurse here, and I’m a Muslim and my name is Siham.’”

Dr. Khaled Azam described an incident when a patient created a disturbance, acting in a racist manner toward the Arab physicians and threatening them:

“They called the police and the whole department – 180 people – got together and decided not to treat this man and not to let him come into Hadassah again. The system offers total support when it comes to racist incidents.”

Nurse Elias Mazawi has also experienced instances of racism from patients. He describes the reactions of his superiors:

“They were furious. I remember going to treat a patient, and he told me that he didn’t want me to treat him. I sent another nurse to treat him instead, and he told her that he didn’t want an Arab to treat him – in those words. She told him that I was the best nurse in the department – ‘what are you talking about?’ The staff absolutely provides support.”

Dr. Michal Lvov says that she is not willing to accept racist behavior at work, and that she won't treat people who express racism:

"I've asked several times at the clinic whether they would support me if I refuse to treat racists, and they do... Once a patient came into the room and said something very unpleasant, and I left without saying a word. 'I'm not examining you,' I said. 'What, it was a joke,' he replied. I said, 'I don't put up with jokes like that,' and walked out. I think that's an inspiration for the whole staff... Another incident happened with a paramedic who I know has different political opinions than me. We'd discussed politics, and I told her at some point, 'Forget it, that's the way you think.' It's one of those pointless conversations – she's not going to convince me and I'm not going to convince her. But as the shift manager, she also supported me strongly on this matter. She agreed that there is no place for racism. Another incident involved a patient who said that she wasn't satisfied with her treatment and that she didn't want to be examined by an Arab physician. I told her, 'Here you don't get to choose who treats you, if you want that then you can get up and leave.' In the end, she happened to be assigned to an English physician, but if she had been assigned to me, I wouldn't have treated her."

H. Reasons for the Success of Joint Work in the Healthcare System

1. Politics are off-limits.

One of the reasons for the pleasant and productive joint work, according to many of the interviewees, is the avoidance of discussing politics and controversial issues on the public and media agenda in Israel within hospital departments. Many described these issues as "taboo" and off-limits, while others noted that political discussions do take place, but do

not influence professional cooperation, and in most cases do not harm the close relationships within the caregiving teams.

Prof. Rafi Beyar clarifies the clear limits he sees as hospital director:

"The guidelines are very simple: we are here to treat people and to save lives, no matter who comes in, whether it's a soldier, a civilian, or a terrorist, or whoever else it might be. Everyone here works to save lives, period. We strongly discourage political discussions in the hospital. It's not the right place, a hospital where we save lives, to have political discussions... Let's say I wouldn't allow someone to launch into a political discussion on the hospital forums or something like that. Our goal is to treat people, to save lives, and this isn't the right time to start collecting opinions... I can't control conversations in the hallways. Sometimes two people talk in the hallway at night. As long as they're just exchanging views, then it's a free country... They can discuss their opinions. But in principle, as a system, we don't allow this to influence people's conduct or the way they treat patients."

The hospital directors we interviewed disclosed a zero tolerance approach to the expression of political opinions by workers in the system. Dr. Masad Barhoum mentioned a case in which one of the workers in the hospital posted a controversial message on a social network during a military campaign:

"We said: anyone who comes through the hospital gate can be one of two things: either a service provider – a physician or nurse, or a patient. Nothing else. You don't come in here in order to write on Facebook that 'Israeli soldiers are slaughtering children in Gaza.' I don't agree to that! During Operation Cast Lead, one of the physicians here wrote something... I called her in and said to her: 'Listen, I'm not interested in your political opinions and neither is

anyone else. You're a civil servant. I expect you to be a physician and a compassionate person. If you have such harsh opinions that you haven't examined, don't put yourself in the position of a judge. If you don't delete it – you are declaring war against me. She deleted the post, and works here to this day."

Prof. Jonathan Halevy, Director of Shaare Zedek Hospital, also had to deal with an incident in which a physician posted some harsh comments on his Facebook page during Operation Protective Edge. The physician was suspended for a month, and then returned to work.⁴⁰ Halevy admits that the hospital is not completely free of politics, but adds that everyone recognizes the potentially disastrous results of mixing politics and work:

"There isn't a taboo, but people don't do it (political discussions). Partly because there isn't time, but also because our goal is far removed from it. Look, it doesn't make sense that there is a workplace in Israel where people don't talk about politics. It's not possible. But I guess it happens less in hospitals, because of the sacred nature of our work, and because we're all here for a cause that is as far away from politics as you can get. Both because there isn't time and because people realize that it could damage the harmony here."

Dr. Suheir Assadi is not interested in experiencing the harmful impact of bringing politics into medical work:

"We've been through wars and incidents here... You see everyone united around a single goal – treating people... There may be arguments here and there, obviously everyone here comes from their own political background, but there is none of that in the working relations here. It would only spoil things. People know what the hospital is here for. There must be a separation. In other circles,

⁴⁰ "Workplaces Discipline Israeli Arabs for Facebook Posts against Gaza Incursion," Haaretz, 23 July 2014: <http://www.haaretz.com/israel-news/1.606681>

people can express their opinions. Politics is a dirty business and I don't want to get dirty... The relationships here are genuine. It can't be that this could change tomorrow because of political tension."

Dr. Miri Rom makes it clear that political discussions are considered inappropriate in the School of Nursing:

"I'll tell you the keywords I say to students when they come through this door: politics stay outside. It isn't that Hadassah or the university don't allow political organizations and political activities and so on, but it doesn't have anything to do with the daily framework of education, study, and work. In no way. We study together, we work together, we live together, we are under one roof, we are first and foremost humans, and nothing else interests me. I will respect you as a human. And that's a message that is conveyed again and again all along the way."

Dr. Khaled Azam mentions that his colleagues are curious to hear his opinions on various thorny issues, particularly as a Palestinian who lives in Ramallah:

"We don't need to discuss politics, because it's a 'hot spot.' As physicians, we treat patients, politics belong at home, outside the hospital. Everyone here has their own opinion. Sometimes some physicians discuss politics, but I don't. If someone wants to know something, for example, then I will answer briefly. I don't like it."

Nurse Elias Mazawi also says that because of the news lately, he has also discussed current affairs with his friends, however, he generally avoids such discussions:

"I try not to discuss politics. As far as I'm concerned, I want to live, work, and advance myself, I want to do my job properly without any bias in any direction. We came here for one purpose – to treat

patients. It doesn't matter who they are, where they come from, or what they've done. We ignore all the rest. We came here to treat patients, and we do it very well. You can't bring politics into a place like this. It's not the main thing for us... Personally, I'm against everything that's happening now, on both sides. And sometimes we talk about how this one stabbed that one and another one stabbed someone else. And sometimes when we talk we agree that we don't accept it and it shouldn't happen. Sometimes people like to try and take the discussion and make you say something that will provoke a negative reaction, but personally I do my best to avoid talking politics and expressing political opinions at work, because I know that it's not the right place or forum."

Nurse Amal Delasheh explains that she'd rather not talk about politics, but sometimes the need arises to share her opinions and thoughts with her colleagues. In this case, the division is clear:

"We have two excellent physicians from the territories who we really like and respect, and when something happens and we come to the department, the atmosphere outside is tense, but as a team we don't usually talk about politics... If a Jew wants to express an opinion, for example, then they won't do it in front of me as an Arab. They can talk to a friend who will understand them better. But I, personally, try as hard as possible to stay away from politics, particularly in the department and at work."

Dr. Rania Okaby explains that she made the decision not to share her political opinions with her work colleagues – unlike her approach when she first entered the profession:

"I'm glad to say that at work I've decided not to talk about three subjects: politics, sex, and religion. So, I don't get into the whole thing about who is right and who is wrong. Sometimes people start

a discussion in front of me, but I choose not to talk about it, because there isn't any right and wrong here – there are two truths and two realities. So, I've simply chosen not to start political discussions at work... When I began my internship, when I was younger, I used to talk about politics, but it just didn't lead anywhere. Not arguing, but... 'Okay, that's how you see it and that's how I see it,' and that's it... In the past, if people said, 'So what are you doing on Independence Day,' I would answer: 'You mean Nakba Day.' And it would create a moment of...oh...okay... And then some of my Jewish friends would ask me, 'What are you doing on Independence/Nakba Day?' So that way we understand that there is history and reality, and we try to work together. You don't always have to be waving and saying we're Jews or we're Arabs. In the end, we're just humans, and we've come to work for a common purpose."

2. A shared and equitable healthcare system that facilitates acquaintanceship and breaks down barriers.

The healthcare system, unlike other fields, such as the education system, is not segregated. It is a system that provides equal care, under one roof, for Jews and Arabs, and employs both Jewish and Arab workers. This facilitates personal and professional acquaintanceship between Jews and Arabs, with the power to remove barriers and break down walls. In other fields, in which there is segregation, this kind of acquaintanceship cannot happen. Additionally, many interviewees noted that promotion in the healthcare system depends on experience, professional knowledge and professional qualifications, permitting full equality between Jewish and Arab professionals and ensuring identical professional advancement, through the most senior echelons.

Dr. Osnat Levtzion-Korach explains that this is the reason for the good relations, both professional and personal, within the system she works:

"I think that once people work and come from an equal place, there will be fewer problems from the outset. Part of it is that really... it isn't that the Jew is the boss and the Arab is the cleaner, but that you really come from an equal place, and deal only with the work itself."

Nurse Chani Hinden also believes that her friendship with her Arab colleagues is based on full equality:

"We ask ourselves this question every day, how it works so well here. There is equality inside the hospital, between all the nurses, whereas outside, in the world, there isn't equality. That's the difference. I think that what happens outside is frustration at the lack of equality. I am equal to any other nurse in the department in terms of my salary, conditions, respect, support. We are equal in everything we do in the department."

Prof. Ronen Beerl, senior cardiologist and director of the Cardiovascular Research Center at Hadassah Mt. Scopus, also stresses the principle of equality in medical work:

"Really, there is joint work here between both sides and with the public from both sides. Secondly, work in medicine, at least as I understand it, and I imagine as most physicians understand it, does not relate to an individual's national, religious, or racial identity. You treat the person, the patient, the injured person – regardless of who and what they are. Anyone who needs help gets it. By definition that creates some kind of inherent equality."

He adds that there are other factors that explain the equality in the healthcare system:

"The white coat or the stethoscope around the neck – which signal members of the medical team – are an equalizing feature that cause the hierarchy to not be based on nationality or gender, but on

professional status. The only place that is similar is the military. The bottom line is that it's an equalizing factor. Two people in uniform speak to each other at the same level. And that's how it works with medical personnel. When you're busy working intensively to care for a patient, you somehow understand the other person's contribution, and it matters much less where he was born or what language he speaks. Your record speaks much more clearly, on that level, and you overcome all of your own prejudices."

Dr. Eyal Schwartzberg, Director of the Pharmacological Division of the Ministry of Health, describes the trust-filled relationships that develop among staff members and the professionalism that erases any national distinctions:

"In the end, the healthcare system deals with the subject that is the most important to any human: their health. Therefore, they can be Chinese, Arab, Japanese, or Turkish – in the end they are only interested in one thing: how I get the care I need... There will always be narrow-minded racists who focus on the nationalist angle. But the issue here is not religion, there is no territorial dispute. We leave all that stuff outside... From the moment people work together and build relationships built on trust, then all the superstitions and prejudices either disappear completely or are very strongly muted. And everyone shares the same goal: the patient. When you have something much more noble than war over territory or religion to work on, something that brings together different sides and opinions, then everyone agrees on one thing: there's someone who needs to be helped. What difference does it make who does it? As long as it gets done. And that's how things move. There's nothing deeper than that here. The system facilitates it. The system doesn't hold anyone back. We believe that anyone who has a license can and should work in their profession... You must evaluate people according to their skills

and nothing else. That's how I chose my deputy at Hillel Yafeh, that's how I chose the people here. I've always chosen the people with the best capabilities and the best grades. I've always worked with Jews and Arabs. The first pharmacist I took on to work in the pharmacy was an Arab woman. It's very possible that in 10 or 20 years an Arab pharmacist will be sitting here instead of me."

Dr. Suheir Assadi says that the joint work creates a more personal acquaintance, removing the fear of the other:

"In a place where there is an overlap in terms of everyday life between the two nations, you feel less extremism because the Arab isn't just an Arab anymore and the Jew isn't just a Jew – they have a name and a face, you know their family, everything. When everyone holes themselves up in their own corner, then the other is... how should I put it? They're the monster, 'the Other.'"

Prof. Raphi Walden agrees that the good relations are due to the opportunities that the health professions create for personal encounters:

"One of the most significant aspects of medicine is that people get to this point. The fact that the same professionals work together in the profession and meet on a personal level, largely removes the sense of alienation, fear of the unfamiliar, and various prejudices. The social mobility in medicine allows Arabs to study medicine and to find work in hospitals – as they are already there. Once they're there, prejudices fade away."

Dr. Bishara Bisharat says that the intensive work and the shared fate, which begin during the demanding period of studies, create special relationships between medical professionals:

"I think that they spend a lot of time together. They spend a lot of time together in medical school, then during their internships – many

of which take between four and seven years – and having shifts together, going into the operating room together, experiencing the pressure of working together, and facing the department director together. Working together for so many years connects people in medical action, which is humanizing... Getting to know each other from the beginning of our studies, and the constant need to cope with life and death, connects us more closely to the wonder of life and the desire to preserve it. Subconsciously we have less desire to be violent, and more desire to act humanely, because we are always coping with others' experiences with death, and the experience of life, which we constantly seek to sanctify."

3. Lofty shared goals, values, and medical ethics.

Many interviewees mentioned that the professional ethics and lofty values that underlie the health professions – saving lives, the sanctity of life, and helping patients with their pain – are what make working together possible, overshadowing any ideological, religious, or national differences.

Prof. Raphi Walden describes the “common enemy” that unites the ranks:

"I may be a bit naïve, but I'd like to believe that there is a special kind of solidarity that is related to the world of medicine, because we are all on the same side, facing a common enemy – death and disease. This enemy is so clear and distinct that it unites us. Ultimately, when you care for the human body, there are no distinctions. When it comes to diseases or accidents or physical injuries, the human body is the same, regardless of the color of its skin or the ideology that motivates the individual... We cope with the human suffering that in front of us, and that unites us and creates a sense of solidarity among those providing care in the face of our common enemy... I'd like to believe that one of the most important factors that encourages people to engage in medicine is the love of people and the desire to improve

them. This is manifested in the fact that before death and disease, the boundaries between patients blur into one shared, united effort.”

Dr. Suheir Assadi agrees that the preoccupation with human life creates a different perspective:

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“The essence of our work is the great value of life. We talk about life, not about death. This is the value of a person... Other problems are dwarfed by the things we treat. That makes you take things into perspective. Unfortunately, this isn’t replicated outside. Valuing what each person has, and why we are alive. Life is short... I remember that people used to say ‘Our grandchildren won’t have to go off to war,’ and now our grandchildren are coming along! What, will they wait for their grandchildren?! Life is short! Life is valuable. Human life, that’s what matters. And that is with no distinction of religion, sex or race. I think that because we care for human life, we take things in proportion. There is disease, so we should appreciate every day that a beautiful flower blooms, that a person recovers from their illness. These are the things that bring me satisfaction, for me and for everyone who works here. We feel good about what we do, we help human life, and that’s why we can take things in proportion.”

Nurse Chani Hinden also uses the word “proportion:”

“We go through such difficult experiences together, which gives us a sense of proportion, I think. When a child dies – and a child dying is the hardest thing in the world, there’s nothing tougher than that – then everything else is dwarfed. We can talk about what’s going on outside, but it isn’t part of us.”

Nurse Siham Shibli makes similar comments:

“I think that it works precisely because we encounter patients, disease. So we see that a person is just a person. What he is worth,

without all his money and status. Take, for instance, a professor who comes in for catheterization, he trembles. For me, he is just like anyone else. It's not about his status, connections, professorship, money, or anything. He's sick. Just like the patient behind the curtain who came in from the street and has no education. Everyone is equal at that moment. You see so much disease, so many sick and fragile people who could die at any moment. So how do all these opinions help you? In the end, we're all people, we were born of the same father and, in the end, we all go through the same things... What are we fighting about? The encounter with the patient, knowing that everything can change in a second, that's what unites us. You could be in the middle of an argument with your fellow workers, and suddenly something happens to one of the patients, everyone jumps up together and you forget what you were just arguing about. So maybe that's what brings us together, the fact that nothing else counts apart from what you experience together... Maybe we need to start with the younger generation. Maybe we should bring them on tours of hospitals, so they can see that all that separates the patients is a curtain, here lies a Jew and here lies an Arab, here could be the CEO of a big company and here could be a cleaner. In the end – there's no difference between them."

Dr. Khaled Azam is convinced that the professional values create a unique system that manages to succeed where other systems have failed:

"Why doesn't it work elsewhere? Because medicine is the treatment of all people. Before they are a Jew or an Arab, a Muslim or a Christian. If I find someone who's injured or feels sick, I don't need to find out whether they are Jewish or Arab, I just need to treat them. That's my job. Maybe because of this perspective, we can successfully make peace between Jews and Arabs in the hospital. We treat people, we don't treat an Arab or a Jew. They are a patient, it doesn't matter

who... It only works in medicine. Other stuff, outside of Hadassah, isn't good."

Nurse Amal Delasheh describes something similar:

"What allows it to work better in the hospital is that we're working with patients... I think that everyone's goal here is the patient. Basically, it doesn't matter if you argue with me, what interests me is my patient. The highest value here in the hospital is the patient. We don't look so much at language or ethnicity – what is important is that your patients are okay. In hospitals – everyone has a common goal, the patient is of the highest value. The patient and their family."

Dr. Rania Okaby agrees that this common goal is what creates cohesion among the employees of the healthcare system, however she seems to be less optimistic regarding the possibility of creating the same unity in other fields:

"In medicine there are common interests and there is no conflict of interests (between Jews and Arabs)... Our aspiration is to provide good care for our patients, and it doesn't matter whether someone is Jewish or Arab, there's no conflict of interests... If you go to engineering or hi-tech, for example, there is this fear of... There's a feeling that we (Arabs) constitute a threat to the existence of the state... 'If we teach them hi-tech then maybe they'll get smart and then they'll attack us and destroy us.' Something like that. There's that fear. And in those places, there is a conflict of interests. But when I have a lot of patients, then the more physicians I have, the better. After all, money means power and strength. If Arabs get stronger economically then they will be more senior, richer, and then they will have more weight and they'll have what to say. And if they have what to say, maybe they'll say things that can threaten

the existence of the state. That's the feeling, why it doesn't work in economics, or in hi-tech. I had a friend in university who studied chemical engineering. Everyone asked him, 'What, no one will let you work in their factory,' and in the end he became a chemistry teacher. Or engineering, there are all kinds of fields where we could develop things that might threaten the state. In medicine, a lot of emphasis goes on ethics, morality, helping, and giving. And giving isn't threatening. It doesn't have the power of decision making. Even if I became Minister of Health, it wouldn't influence the existence of the state. That's how I see it, why it doesn't work elsewhere."

By contrast, Dr. Maurit Beerli is optimistic regarding the healthcare system, and urges other areas to adopt the same professional and ethical norms that overcome personal positions:

"I think that the healthcare system offers a great opportunity, because the consensus is that this is an ethical system that is more meaningful, or competes against the ethos of our national struggle: the point of treating a person as a person. And I don't think that negates racism at all. I think there are lots of physicians and nurses who are racist, they just know to put it to the side when treating patients. But as soon as they're done treating the patient, they don't speak any differently from how they speak on the street. My ears tingle when I hear what people say. But they don't say it in someone's face. And you know what, I don't expect everyone to suddenly make some kind of switch, but they can put it to the side, they put a boundary between their personal space at home and their professional space... we have an ethical system that is strong enough to overcome it... Other systems also have their ethics. And if you manage to enforce these ethics and integrate them into the foundation, between people, then there's a chance that it will outweigh all the hang-ups of the conflict... It would definitely be nice if everything could be resolved, but let's do

what we can to make sure we can work together, provide a service together, and ask each other questions.”

Prof. Ronen Beerli agrees with these comments and suggests that the healthcare system testifies to the fact that it is possible to find a professional ethos that promotes productive joint work:

“There’s an element of education that you are supposed to receive as part of the physician’s ethos, I think the same is true of nurses, of equality in care, of ignoring someone’s national identity when treating a patient or a wounded person. Again, this doesn’t mean that racism doesn’t exist, that the same person who provides care could make very racist statements when they are not in the therapeutic environment, but they will still treat an Arab and a Jewish patient in the same way and with the same level of intensiveness. They will also cooperate efficiently and in the best way possible with any physician, regardless of their national origin. In many ways, I think, pinpointing the common ethos is the right point. It is. the point of connection.”

Challenges and Difficulties

As we have seen, the healthcare system serves as a model for successful coexistence and strong cooperation between Jews and Arabs, but it is not free of problems and challenges. Alongside mutual friendships, admiration and respect, and the sense of equality described by the vast majority of interviewees, a small number mentioned some very different feelings: covert discrimination, frustration, anger, and discomfort. In this chapter, we will describe the difficulties faced by these workers and how they cope with these difficulties.

As discussed above, most of interviewees reported that they do not feel the presence of a glass ceiling as an obstacle towards their promotion. However, some of them shared their feelings that there are various obstacles – sometimes hidden – that they must overcome in order to reach senior positions alongside their Jewish colleagues. Nurse Amal Delasheh says that despite the great appreciation she receives in her work, she is not sure that she will be able to achieve all her professional aspirations:

“Of course there’s a barrier. I mean, I’m one of the best in this department and I know it. But if there’s a position outside, then for sure they look at me differently, including the management. It’s not just a matter of training, skill, and knowledge, there are other things, too... I can go a long way in the department, and I can go a very long way in nursing in terms of degrees, and courses. For sure. I believe in myself, my abilities and my desire to advance. But let’s say that there’s a tender for some position and there are five Jewish candidates and I’m the only Arab. And all of us have the experience, the skills and the training – do you think they’ll pass over them and give me the job?”

I haven't really gotten into all the managerial issues yet, but it's very possible that they do look at this... I have to try harder, I have to learn more from people who don't know me... I need to prove that I'm superior, that I'm perfect. If I compete for a position, I have to be more superior than everyone else."

Student Fadi Mahmid identifies with Amal's comments. Given that both his parents are senior nurses in managerial positions, it is surprising that his parents did not pass on the message that he can conquer any professional goal:

"I didn't get that message. I may have even gotten the opposite message: that there is some kind of ceiling. For example, my father told me once that there are some positions that need security clearance that we can't get, not just in terms of Jewish-Arab, but because of military service. I also got that message from my mother. There is this impression that there is a maximum level you can reach. I feel it... There's a feeling, that we can't go the whole way, to the end. If your abilities match the level that you've reached – that's it, but if your abilities go beyond, you won't be able to achieve that."

Pharmacist Kamal Amarneh, Director of Pharmacy Services at Hillel Yaffe Medical Center, confirms these unpleasant feelings from his own personal experience. He tells how it was far from easy for him to reach the senior position he now occupies:

"The tender was delayed and delayed, it took two years to issue my tender. And by the way, I was the only candidate for my tender. No one can even claim to have competed against me, because everyone in the field knows who they are competing with. It's a very tough thing to say, but you have to be Superman to move forward in this job if you're Arab. If you're not Arab, you don't need to make too much effort. If you're not Arab – just be like everyone else, you'll go

a long way and everything will be fine... But if you're Arab, to get to this chair you have to sweat blood and keep your mouth shut many times and not say a word... The most interesting thing – if an Arab wants to be a department head, he must be the best, not just like everyone else. If you and I are competing for the same job and we have the same skills, the chance that they will choose me is zero. An Arab gets to be director because they are the best. Not because they are as good as the others. You have to be two or three times better. I have to prove that I'm the best. It isn't enough for me to prove that I'm good enough."

Kamal tells how from the beginning of his career in the hospital, he sensed suspicion and a difference in the way he was treated as an Arab:

"When I arrived at the hospital, the deputy director invited me for a chat, 'to get to know me.' People told me 'It's normal, we do this.' But no one else was invited to a chat like that. There was something new here, someone was moving into a strategic position, because drugs are a strategic place – as if a physician isn't, and I don't know, maybe they look at it from a security perspective, I could poison people... There had never been an Arab pharmacist in a full time, senior position in this field here before. There were interns, but not a pharmacist in a senior position. So, I was invited to this introductory chat... And you think: 'Okay, it's normal, everyone gets that.' When you hire other pharmacists and they don't get invited, and another Jew joins the staff and doesn't get an invitation, you start to get the message of who gets invited and who doesn't. Then you realize that you're the only one who got an invitation. You opened the door for other Arabs to enter this field. Because you succeeded in the task, others can now be accepted."

Kamal adds that in the private sector, the position of Arab pharmacists is even more difficult. He claims that there are entire sections of the pharmacy industry where there are no Arabs at all:

“There are some professions where Arabs just don’t exist. Pharmaceutical reps, for example. That’s a huge field, because every pharmaceutical company has dozens of reps (who go to hospitals to give physicians explanations about the drug). These reps must have a bachelor’s degree in biology, chemistry, and pharmacy. Pharmacy is actually a more senior position, because it isn’t the pharmacist’s job to come and explain about a given drug. So, pharmacy is a higher position, like a product manager. I know several Arab pharmacists who couldn’t find a good job in the community, they wanted to work as pharmaceutical reps but weren’t accepted. Why not? People will tell you that language is a barrier. A pharmaceutical rep needs to speak fluently and persuasively. That obstacle may be partly true, some of them don’t speak Hebrew so well. But there are more than a few of them who know how to explain themselves very well... Go look in private companies, no one will force them (to employ Arabs) or ask why they don’t employ Arabs, they’ll just say that no Arabs applied. Once I submitted an application for my wife for vacant positions at Teva, I didn’t get an answer. And I know that Jewish students doing their internships here, before they even graduate, would apply and the companies would call me for a reference... But the reference was never for an Arab. It’s all swept under the carpet, hidden. No one will talk about it.”

Masad Barhoum, Director of the Galilee Medical Center in Nahariya, shattered the glass ceiling for Arabs in management positions. He says that as an Arab he must “stand out”, in his words:

“In any country in the world that has a minority, the minority has to stand out more. What does it mean to stand out? Ten times, a

hundred times, a thousand times! There's no other way... I take it in a positive direction, not a negative one. I say to myself: I'll put in a thousand times more and I'll be worth it. But I'll still have to put in a thousand times more. This hospital, the Ministry of Health – not me – said, has developed over the past few years at a rate that no hospital has ever developed in this country since it was founded... Why? Because I, all the time, all the time, all the time, have to prove myself."

Masad adds that his early days as hospital director were not easy. Some found it difficult to accept an Arab director:

"When I took over, people asked: 'Who are you?'. If I look at it from their standpoint, I say: Wow, they're right! I wasn't a general in the military... They asked the department heads: 'Who is this guy who's coming to direct us?' The first year and a half was tough, some of the physicians didn't accept me. Three or four of them started a riot against me, doing everything in their power, they filed complaints to the office claiming that I wasn't functioning... They also didn't want me in Nahariya. For all kinds of reasons... I have an agenda, and some of it wasn't ready... I wanted to make the hospital into what I imagined in my mind overnight. Some people objected, because it didn't fit in with their own plans, so they took advantage of the fact that I'm Arab... Maybe some of them really did object because I'm Arab, I don't know... I really don't know. Some of them for sure used it as a tool to undermine me. Not directly, but in a roundabout way... They published a story in the newspaper claiming that I had been vindictive toward a physician, department head, who had been a prisoner of war in Egypt. Would they have written that about a general in the IDF? I wanted to get him fired. Why did they write it? Because I'm Arab! ... I had a rough year and a half, they set up a committee against me to examine the hospital. The committee

worked for a whole month. I cooperated, gave them what they wanted, and after a month, they said: Dr. Barhoum can direct, and everyone who complained about me, they found all kinds of complaints against them."

Dr. Barhoum adds that he has since smoothed over his relations with the physicians who opposed him, and today they work in a cooperative and friendly spirit:

"I removed the Jewish-Arab issue from the first day I walked in here. Even when others tried to drag me into it. I believe that I mustn't be there as an Arab, I must be professional. So, I went for the professional side and struggled on that side. Today I can tell you that one of the people who was most strongly opposed to me – and he didn't use the Jewish-Arab thing – one of the people who thought I wasn't working properly, came to see me a year and a half ago and said: 'I didn't know what you were capable of, I take my hat off to you.'"

Sanabel Lafi says that she got a very painful reminded of the fact that, at least during periods of tension, she is seen as different from her Jewish colleagues in the framework of working as a nursing assistant, soon to become a certified nurse:

"The first stabbing occurred in Jerusalem, and the woman who was stabbed was our patient. Lots of media people came and Prime Minister Netanyahu came to visit. That day, when Netanyahu came, he asked all the Arabs to take a break or not to go to that area. I was the only Arab on duty that shift. The security guards came to clear the area, and said: 'Are there any Arabs here?' and they said: 'Yes'. He (the security guard) came over and looked at me, I was in the hallway... He spoke to the head nurse of that shift and asked her to make sure that I wouldn't be there, wouldn't appear, and wouldn't be caught on camera. She didn't know how to tell me this, it was very

hard for her, too. I know it was hard for her to tell me that. And I had nothing to do but to sit in the staffroom. So, I sat there, they asked me to stay there... They (my colleagues) said that it wasn't nice, and the head nurse said that it was hard for her to tell me 'don't be here, go into the staffroom'. I sat there for an hour, even more. It was difficult for me. Because in the end, we work together, and I had also treated the woman who was stabbed, I took her blood pressure and she was very pleasant to me... But when the prime minister came, they didn't want to show that we work together, even though five minutes earlier I was in her room... I had a tough time that day... It was terrible."

Nurse Siham Shibli also says that she felt that the harmony of the department, where she serves as head nurse, was harmed during Operation Protective Edge:

"Between us, I can tell you that I was careful... Look, my husband serves in the Border Patrol. I'm sure that he gives more to the community and to society than a lot of people who work with me and were born Jewish. I don't have any dilemma or conflict about my identity, in my Israeliness... I personally don't have that conflict. But I still questioned – although I didn't share the thought with anyone here – whether because I'm Arab, maybe I'm considered second class. And then, I did share my thoughts with my director... after three weeks of internal struggle, I hadn't wanted to start conversations about it, even though we're all friends, I said to him: 'Listen for a moment, maybe I'm exaggerating, but I feel such-and-such.' I felt very free to have this conversation. He told me that he appreciated my coming to him to discuss my feelings. He said: 'I see the news, I see social media, and I don't envy you. How you manage to smile and to come to work every day.'

After such a warm opening remark on his part, I felt comfortable to say: I don't have any conflict, but why do people, just because they happened to be born Jewish, become first class while we are second class? He told me: 'You don't have to convince me, we know who you are, you already proved yourself twenty years ago.'"

Siham explains that she originally spoke with her director about collecting money from her colleagues at work to buy milk substitutes for children in Gaza during the campaign, but in the end decided not to go ahead with it:

"I said to him: just imagine if I came now and started an initiative to collect money to send Materna to children in Gaza. Now if he did it, then he'd be seen as very compassionate and humane and everyone would congratulate him. If Siham did it – it wouldn't be the same. I'd like it to be the same thing. You have to explain yourself, that it's not what people think... I didn't feel comfortable doing that... It's not a matter of what people will say... It's a matter of... It's better to donate to other places. That's what I told myself. You know, some places accept you as you are. And I was sure that this was one of those places, that they accept you as you are. That you don't have to put energy into explaining yourself."

So you found out that it wasn't like that?

During the war. You constantly have to explain yourself and prove that you're different. I felt it more from the nurses and technicians than from the physicians. You can sit down and talk freely with them."

A large majority of the interviewees expressed full confidence in the strength and resilience of the healthcare system. When asked whether there could be any situation that would destabilize the relationships between Jews and Arabs in the system, or change the successful nature of their joint work, almost all the interviewees responded in the negative.

Dr. Michal Lvov was an exception in this respect. She agrees that the system is stable, but not necessarily for the right reasons. In her words, the calm is a product of suppression:

"It's a naïve bubble. I mean, we work together but we don't really talk. It's like a couple where on the surface everything is going fine, but below the surface things are happening slowly and only in a moment of truth do we really know who the other person is. I'm not saying something is boiling under there, I'm saying that as long as things go on as they are now, we can keep on like this for years. But as soon as something changes, I don't know what will happen: maybe in thirty years there'll be a war, I don't know what... I don't know if it will lead to explosions (in the healthcare system). I remember overhearing conversations at Hadassah a few times over the summer (during Operation Protective Edge). There were some Arab guys who wrote comments on Facebook and it exacerbated their relations, we questioned whether to throw them out of the department. In other words, as long as everything is peaceful and calm then it's fine, but the waters aren't really that calm... The medical system has been through enough changes over the past few years, and it has managed to keep on functioning and to work amazingly well. And I think it will continue to do so. But it isn't so wonderful because it doesn't come from talking and dialogue and opening up to each other. It comes because there are some things we leave at home and some things we leave at work. We bring professionalism to work: I'm a nurse. I'm a physician. That's it, it doesn't matter what my political opinion is. Let's say that I found out that the guy next to me is a follower of Kahane, or that an Arab guy working with me donated money to Hamas. What would that do to me? I really don't know. There's no way of knowing. We are busy with blood and tests... It takes exceptional human capabilities to work together and to talk about deep conflicts with very significant emotional loads. So,

as I see it, for the system to work and function properly it's a good thing that we don't talk about stuff. But I ask myself whether that's ideologically a good thing?

Dr. Bishara Bisharat sees things differently than Dr. Lvov, but he is also concerned about the future of the healthcare system, urging people not to take coexistence for granted:

"I just returned from a conference where hospital directors and mayors discussed coexistence. All the hospital directors and mayors from the north of Israel were there. While they were speaking, I was debating: the director of Nahariya (hospital) said, and he is right, that when patients come in there is no distinction. But I asked myself, how long will this continue to be true. In other words, I'm afraid. The hatred that I've seen recently, I'm afraid it may reach us, and those who work in medicine. When an Arab or a Jewish physician may start to let out their anger. I haven't seen that... I hope the day doesn't come when it happens in hospitals, too. And even now I'm afraid... In Prophets, the Bible speaks of 'The lamb lying with the wolf... and we won't study war anymore.' Why shouldn't we study peace? As I sat in the conference, it occurred to me that we need to teach it, to live peace. Not to take it for granted. Two weeks ago, I gave a lecture at the School of Medicine. I talked for a whole day about cultural adaptation. About the Muslim, Druze, Christian, and Jewish patient – that day was the peak of (security) incidents. I walked around in fear. I feared that one of the students would make a comment. But I didn't start off the lecture as if nothing had happened. I said: 'We are living in a place that can be crazy sometimes, but it's good to live here, better days will come. We have to get through this period. We, as healthcare workers, and you – as students and future healthcare workers, must focus and be optimistic. Because if we aren't optimistic, we don't have any business engaging in medicine. And we must

always remember our mission, keeping the Hippocratic Oath.' I felt that I had to say that... I'm saying that the question mark is there, there is fear that we may have crossed a line. Not in medicine, but in our society. And the field of medicine isn't immune, and we mustn't take it for granted. Even today, in hospitals and among health professionals, we take it for granted."

Dr. Bisharat makes a proposal that may help dissipate the concern that he feels is floating above the system:

"We mustn't assume that it (the healthcare system) is immune and I think we need to teach peace. Maybe we should add a course to the curriculum. I teach about cultural adaptation. Maybe we should expand it beyond that. And maybe hospitals should arrange encounters and not wait for events such as we have seen recently, for there to be noise, to hold conferences to say: we want and like to live together. We must do this, because we can influence those around us. We can reduce the hatred... The healthcare system is a greenhouse for Jewish-Arab coexistence. We mustn't take it for granted, we must invest more in it. Invest more in staff, just as we provide training on other subjects, so we should on this subject. We need to teach how to cope, we need to teach how complex it is. Values can be inculcated and taught."

Conclusions and Recommendations

At the beginning of this document, we mentioned that the issue of the integration of the Arab population into the employment market has been discussed in various frameworks, which have proposed courses of action to increase the integration rates. Some of these proposals have even been translated into practical steps, and in some cases have contributed to improving the situation.

Most of the recommendations and solutions proposed in the past aimed to remove the technical obstacles that prevent the integration of Arabs into the Israeli employment market, such as:

- **The creation of programs and courses for Hebrew-language studies** – from the understanding that narrowing language gaps is the key in integration in workplaces where Hebrew is the dominant language.
- **Improving public transportation** from Arab villages to the center of Israel and/or to regional employment centers, to diversify employment opportunities.
- **Establishing employment centers (such as hi-tech parks) in Arab population centers** with the goal of increasing the supply of jobs for this public. (This solution enables Arabs to find work without leaving their communities, but at the same time it perpetuates segregation and prevents interaction between different populations).
- **Establishing after-school programs and day care centers in Arab communities** with the goal of enabling and encouraging Arab women to work. (This proposal should be complemented by

a change in the paradigm concerning women's work in traditional Arab society).

- **Earmarking and allocating positions in the civil service to be staffed by minorities only.**
- **Providing incentives to independent employers who integrate workers from disadvantaged populations.**
- **Fighting against discrimination on the grounds of religion/race and against racism through legislation and regulations.**

It would be wrong to belittle the importance of implementing these proposals, or to ignore the significant contribution they can make towards improving the situation. However, in order to achieve true change, from the root, in the Israeli job market, such steps are not enough. There is the need to catalyze deeper social processes that will enable the breaking down of preconceptions, impeding paradigms, and social conventions that perpetuate gaps – in both Jewish and Arab society.

This document has attempted to discover the secret behind the success of the healthcare system, which is characterized by genuine and fruitful coexistence. We have analyzed and tried to understand the unique factors that explain the success of this system, and offer new insights and suggestions for the replication of this model in other branches of the Israeli economy. Accordingly, before detailing our new proposals, we will begin by offering some conclusions based on the many interviews we held with healthcare professionals while preparing this document:

1. Arab workers in the healthcare system have a sense of belonging and an affinity to their workplace, they also feel an absence of discrimination and obstacles and believe that they have a genuine chance to advance alongside their Jewish colleagues.

2. The nature of the work and the lofty purpose – attempting to save lives – overshadow cultural differences, and encourage a sense of partnership between Jews and Arabs, and dwarf political tensions so that they become irrelevant, extraneous, and alien.
3. Workers in the healthcare system attempt to avoid discussions on controversial and political issues, from the understanding that such they are liable to provoke tension and damage the existing harmony.
4. The intensive period of study, followed by long hours in hospitals and demanding and stressful work, forces the Arab and Jewish workers to get to know each other more deeply than in other sectors. In this reality, barriers fall and relationships of respect and professional appreciation develop, accompanied in most cases by personal friendships.
5. Work in the healthcare system is considered prestigious and respected among the Arab population, and thus there is a high demand for the medical professions.

All these characteristics suggest that achieving change in other fields of employment could be facilitated by developing similar work frameworks as exist in the healthcare system. Opening the door to Arab workers is only the first step towards integration – in order to get them inside they must be offered appropriate and equal pay, a sense of belonging, and encouraged to get to know workers from different backgrounds. At the same time, an effort must be made to broaden the range of jobs perceived as “respectable” and worthwhile in Arab society.

The following are our recommendations:

- 1. Increasing incentives to ensure due representation of Arabs in the private sector:** The state will provide incentives, benefits, and assistance

to employers in the private sector who allocate positions to members of minorities and work to promote their intake and integration in the business.

In order to facilitate the intake of Arab workers and to enhance the efficiency of their integration into businesses, employers will take various steps that will entitle them to state support. This type of process, which will ultimately lead to the intake of substantial numbers of Arab workers, is likely to take a long time, maybe even years, and is liable to prove unsuccessful due to difficulties in recruiting workers or other reasons that do not depend on the employer. Since such a process – even if it not successful – require the employer to invest considerable resources and to incur numerous expenses (as detailed below), the incentives and benefits will be provided from the start of the process and during its implementation – not only at the end when the employer reaches a given goal. The incentives will be provided in stages, one of the early stages will require each employer who wishes to receive the incentives and benefits to map the obstacles and difficulties facing Arabs who seek employment in their field. The process of mapping and of adapting the business to Arab workers will be accompanied by consultants from the Arab population, among other things. Additional steps the employer will be required to take will include: appointing an official representative responsible for the employment of Arabs who will serve as an address in the event of discrimination, inappropriate treatment, and other problems in the workplace (this mechanism is similar to that for the appointment of a staff member responsible for the Prevention of Sexual Harassment Law). Additionally, every Arab worker who will receive personal mentorship and close supervision, helping them acclimate to their new workplace. These measures will reflect an awareness that Arab workers encounter unique difficulties due to language and cultural barriers requiring an appropriate response (this model is based, in part, on the recommendations of the Council for Higher Education, which

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have already been implemented in institutions of higher education, as detailed in Chapter Two – the appointment of a deputy dean for minority affairs, a preparatory process prior to the opening of the academic year, and individual guidance during their studies).

The provision of these incentives and benefits by the state to employers from the beginning of the process, alongside ongoing supervision, must be accompanied by a broad-based public campaign encouraging the intake of Arab workers and explaining the benefits and advantages for the business. For more on this, see item 8 below.

2. Affirmative action for Arab society in admission to higher education:

Affirmative action in admission to institutions of higher education today is based on socioeconomic and geographical criteria, it does not distinguish between Arabs and the Jewish majority population in Israel, and is inadequate. Based on the recognition that an academic degree is the key to acquiring a profession and social mobility, we propose that specific affirmative action be applied to members of Arab society, who will not be required to compete for the same small quota of places allocated to members of Jewish society. These quotas will be provided in departments in high demand, such as economics, law, business administration, etc. This will open the door to a more significant number of students from Arab society in these departments, whose graduates will be able to integrate into the Israeli job market in influential and prestigious positions and to advance to decision-making echelons.

At the same time, an effort should be made to convince young Arabs to apply to various departments. Interviewees in this document stated that there is a clear tendency in Arab society to choose the healthcare professions. In order to reduce the impact of this tendency, high school students should be exposed to different professions and study subjects by the institutions for higher education themselves and through Arab graduates who have completed their studies in different fields.

It is important to note that the successful coexistence seen in the healthcare system is not the product of laws and regulations imposed on the system from the outside, rather it has developed autonomously and of its own power. Changing the law to adapt it to the desired goal can have a substantial impact on reality, however it will probably not be sufficient to generate real change. In order to create similar models to those found in the healthcare system, a thorough makeover and change in perceptions and prejudices is required among both populations – Jewish and Arab. The goal of the following recommendations is to contribute to this makeover and shift in perceptions.

3. Rescue services: One of the factors explaining the successful integration of Arabs in the healthcare system is the purpose and importance of its work, it seems only natural to expect that such an idyllic reality could also develop in similar fields, such as firefighting and search and rescue services. These systems, like the healthcare system, can easily develop a professional ethos based on lofty values that can overcome disagreements and tension. Firefighters and members of the rescue services, dealing with the saving of lives, address a single goal in their work that is important enough to overcome any conflict. It is hereby proposed that an emphasis be placed on absorbing Arab workers in the search and rescue services, with emphasis placed on the existing professional ethos, and the recruitment of young Arabs into these fields. Successful integration in systems responsible for saving lives could serve as a vanguard in the Israeli employment market regarding the intake of Arab workers.

4. Profound changes in the Israeli Police leading, in the future, to the recruitment of members of the Arab public: Relations between Arab society in Israel and the Israeli Police have traditionally been characterized by mutual mistrust and suspicion. Many Arabs in Israel perceive the police as a hostile agency that should not be called on for help and which

there is no point in contacting, and police officers tend to see the Arab public as an enemy. This reality was noted in the summary report of the official commission of inquiry (the Or Commission) that was established following the events of October 2000, which marked a new low in the relationship between the police and the Arab public in Israel. The report stated: "...systemic realignment is required regarding the police's attitude toward the Arab sector. The police are aware that they are often perceived in the Arab sector as a body that does not provide service, but as a hostile element serving an inconsiderate government..."⁴¹ The commission mentioned the need to change policies regarding the allocation of police resources and budgets in order to ensure equality, and emphasized the need to indoctrinate 'prudent and moderate behavior in relations with the Arab sector:' "The police must teach officers the understanding that the Arab public is not their enemy, and must not to be treated as an enemy." The commission also recommended that police commanders maintain regular contact with the leaders of the Arab public.

The basic function of the police – to enforce the law and ensure the wellbeing and security of the citizens and residents of Israel – can and should be welcomed by all population groups in Israel. If the required "systemic realignment" mentioned in the Or Commission's report is indeed implemented, and if the Israeli Police undergo an in-depth process regarding its relations with Arab society, they may come to see the police as a source of assistance that contributes to their security. This will lead to the development of trusting relationships – making it possible to recruit police officers from among the Arab public, opening an additional professional avenue to Arab society.

5. Pledge for a new culture of respectful discourse in the workplace:

One of the factors hindering the successful integration of Arabs in the

⁴¹ Report of the Commission of Inquiry into the Events of October 2000, Chapter Six – Summary and Conclusions, sections 14-16.

workplace is the prevailing political tension between the Jewish and Arab populations (against the background of the Israeli-Palestinian conflict). This tension overshadows interpersonal relations and creates obstacles and suspicion, sometimes even preventing normal working relations. Many of the interviewees in our study attributed the success of the healthcare system to the absence of political discussions in the workplace, thereby facilitating normal and harmonious relations. Therefore, in order to replicate these conditions of success, it is worth adopting similar norms in all workplaces in Israel by creating an official pledge for respectful communication and discourse in the workplace. The pledge could also include other controversial issues likely to cause discomfort to other minority groups. Business owners who make the pledge and apply its terms will thereby be declaring that they wish to ensure as comfortable and tension-free a working environment as possible. Naturally, employers cannot control the remarks made by their employees during personal conversations or breaks from work, thus the intention is not to impose prohibitions or restrictions on employees' freedom of speech. The act of taking the pledge would constitute a declaration concerning the employer's expectations of their employees, and because of the employer's position of authority, this would influence employees, marking the limits of legitimate and respectful discourse in the workplace.

6. Voluntary ethical code for equality and diversity: The Israel Religious Action Center, in cooperation with Tmura – Israel Anti-Discrimination Legal Center and with the Coalition Against Racism in Israel, is initiating the formulation of a voluntary ethical code for equality and diversity. The commitment to equal employment, non-discrimination in the provision of services and products, and the prohibition against racist incitement have all been introduced in primary legislation in Israel. The relevant acts of legislation prohibit discrimination or offense on the grounds of race, country of origin, nationality, religion, political beliefs, sex, sexual

orientation, and so forth. Although these are natural and commonly-accepted norms in a democratic society, Israel is currently plagued by gross manifestations of racism and discrimination in speech and in action directed against many different groups, some of which are discriminated against more systematically than others, but all protection.

The implementation and assimilation of these norms is not the exclusive responsibility of the state. Beyond the conditions of the law, these are basic social norms that should be universally respected and advanced. A workplace which employs people from different backgrounds equally is not only a law-abiding workplace, but is one that makes the most of the inherent potential of Israel's diverse society, and advances a pluralistic approach that welcomes everyone as they are. A place that offers service without discrimination, and where racist incitement is not legitimate, contributes to the creation of a tolerant society. Diverse employment and the equal provision of service create a common and respectful living space and help reduce the level of racist incitement and intolerance outside of the workplace.

As this report has exhibited, the healthcare system provides a clear example of how to apply these principles in practice that diverse employment and the equal provision of services indeed contribute to creating a tolerant and respectful society that promotes close social and professional ties between different groups.

The ethical code for equality and diversity will help employers and service providers fulfill their legal obligations and beyond, as well as maintain equal work and service environments that welcome everyone. An employer or service provider who adopts the code will be given tools for implementing and reinforcing these norms in the areas under their responsibility, and will receive public recognition for their efforts to apply these values. The code focuses on three main areas:

Equality and diversity in employment.

Providing services and supplying products without discrimination.

Creating respectful environments for work and for the provision of services, including a zero-tolerance policy toward racism and discrimination of any kind.

7. Respecting different religions, holidays, and religious rituals: The desire to bring Jews and Arabs together in the Israeli employment market must include attention and emphasis on the customs and rituals of the non-Jewish population. This is important in order to respect Arab workers and make them feel wanted, as well as to adapt the workplace to their religion and traditions. The Israeli economy, like the education system and government ministries, operates per the Jewish calendar and Jewish holidays when determining vacations, holiday gifts for employees, and so forth. In this way – as emerged in our conversations with the interviewees – a situation was created whereby, for example, Arab workers receive holiday gifts at times of year that “are just regular weekdays”, while during their own holidays, they do not enjoy any similar gesture of recognition. We propose that employers consider this matter and act sensitively toward their employees. By way of example, non-Jewish workers should receive gifts on their religious holidays, separate from their Jewish co-workers. Employers will mark the holidays of their Arab employees in the workplace, allowing them to be absent from work on those days, when possible, even if it requires switching shifts or using additional staff to replace employees celebrating religious holidays. Similarly, workplaces can be considerate toward employees who are observing a religious fast, and avoid serving refreshments at official meetings. The intention here is not to impose such observances on other employees, of course, but rather to show sensitivity and good will in order to create a work environment that respects all religions.

Additionally, many workplaces in Israel have a dedicated room for Jewish prayer, or even a full-fledged synagogue. Similar prayer rooms should also be provided for observant Muslims, who pray five times a day and are often forced to do so in corners or other unsuitable places. Many hospitals already provide prayer rooms for Muslims, and directors who provide this facility report that they have been surprised to find that they are used by their Muslim employees even more than by patients and visitors, despite the fact that the employees did not request such a facility.

8. Special volunteer frameworks for young men and women from Arab

society: Military and/or national service offers young Jews a distinct advantage in acceptance to work. Social networking, experience in various fields, and personal and professional development are fringe benefits of military and national service. Establishing volunteering frameworks targeting Arab youth, to be operated and controlled by local authorities as an alternative to civil or national service, could make an important contribution to creating an affinity between different populations and breaking down barriers, as well as influencing the issue of employment. Accordingly, an effort should be made to arrange such service in a manner that will be acceptable to everyone involved, first and foremost by Arab society and its leaders, and with their full cooperation. It is important to recall that such volunteering is important not only to society, but also to the volunteers themselves, who often gain knowledge and training in their fields of activity, personal development, and recognition constituting an “entry ticket” to society and to the world of employment.

Naturally, such volunteering frameworks will not solve all the problems of Arab employment, such as issues concerning social context and the tendency to appoint jobs on the basis of personal acquaintance. One reason for this is that the Arab volunteers operate in frameworks

within Arab communities (currently approximately 75% of Arabs who volunteer do so in their communities, and do not even meet Jews during training programs and courses). However, if such volunteering becomes more widespread among young Arabs, it is reasonable to assume that it will secure the advantages noted above: experience, personal and professional development, and so forth. This will particularly be true if it includes a component of encounter with Jewish society, in which case it may perhaps help to soften the inherently adversary nature of the relations between the two populations, and will simplify efforts to integrate Arabs in various fields of employment.

9. An in-depth campaign among Jews and Arabs to change attitudes and challenge stereotypes: As noted above, one of the main obstacles to successful joint work by Jews and Arabs are stereotypes and the lack of personal acquaintance. We propose that various players capable of influencing the economy – such as the Ministry of the Economy and the Association of Industrialists – launch a broad-based campaign highlighting the strengths and advantages of joint work, and the benefit it brings for employers, workers, and the economy. The campaign will offer business and factory owners workshops and training courses clarifying these benefits.

10. A. Improving and strengthening the Arab education system: Based on the understanding that school constitutes the entrance ticket to higher education, and thus the creation of employment opportunities, we emphasize the clear need to strengthen the Arab education system, including infrastructures, budgets, and related resources.

B. Coexistence program in the education system: Following the above recommendation, we also propose that compulsory encounters between Arab and Jewish students be included in the official curriculum, both in Jewish and Arab society. The encounters will focus on a common scientific or academic study project, and will not center on political discourse. The

aim is for all graduates of the education system to experience at least a few encounters of this type, beginning in elementary school, with several more over the course of their middle and high school years.

We also propose one hour weekly be devoted to discussing coexistence and to nurturing the values of tolerance and equality. In the framework of this hour, students will learn, among other things, spoken Arabic.

C. Integrating Arab teachers in Jewish schools: The vast majority of Israeli school students attend segregated institutions based on their specific community (secular Jewish, religious Jewish, Haredi, Arab, etc.) While these various frameworks provide a more nuanced approach within the Jewish secular and religious streams, the number of frameworks allowing for joint studies between Jews and Arabs are very limited. The segregation of students by nationality prevents acquaintance between Arabs and Jews and heightens the sense of alienation. When these students become adults, the employment market further perpetuates these divisions and the feeling of alienation is more clearly expressed. The integration of Arab teachers into Jewish schools as teachers of various subjects, including languages and sciences, could help reduce tension and the sense of strangeness, as well as combat stereotypes and open additional professional doors for Arab teachers.

Education and teaching is another field that is in very high demand among Arab students: in 2012, for example, 33.1% of Arab undergraduate students at institutions of higher education in Israel were studying education and teaching, compared to 15.9% among the student population as a whole. The number of certified Arab teachers is much greater than the number of available positions in Arab schools. In the past, it has been estimated that between 7,000 and 12,000 Arabs who trained as teachers are not working in that field.⁴²

⁴² Statistics on the Integration of Arab Teachers in the Education System, Knesset Information and Research Center, Assaf Winniger, December 2012 (in Hebrew).

We propose that the personnel in Jewish schools be diversified by integrating Arab teachers into various subjects. This will encourage personal and professional acquaintance both between Arab teachers and their Jewish colleagues, as well as between Jewish students and Arab teachers – which will lead to mutual appreciation (similar to that seen in the healthcare system), personal and cultural acquaintance, opening professional doors to Arab teachers, and perhaps in the future changing the overall structure of the employment market.⁴³

⁴³ The media recently reported that the principal of Himmelfarb Religious High School in Jerusalem, Rabbi Jeremy Stavisky, invited Shirin Hafi-Natur, an Arab colleague who serves as principal of a high school in Lod, to teach in his school. The initiative was intended as an effort to bring Jews and Arabs closer following the murder of the Dawabsheh family in the village of Duma. As part of the initiative, Rabbi Stavisky has also begun to teach at the school where Hafi-Natur serves as principal. See: <http://www.timesofisrael.com/can-tolerance-be-taught-to-israeli-students/>

Conclusion

In this document, we sought to describe the unique nature of the Israeli healthcare system, where Jews and Arabs work in full cooperation, equally and with positive relations. Such a reality is exceptional in the Israeli landscape. Accordingly, we aimed to draw inspiration from this system and to consider how this model of successful coexistence might be replicated in other fields and workplaces.

Our efforts to unravel the various components that create and maintain this reality identified a number of factors, and that there is no simple magic formula for replicating this model. However, we have formulated several recommendations that can help create as similar conditions as possible, which can encourage the development of trust, mutual respect, and closer cooperation between Jews and Arabs throughout the Israeli workforce.

The process of preparing this document heightened our understanding that laws and regulations alone cannot bring genuine and profound change; they must be accompanied by initiatives and actions in the social and public domain to change the current mindset and collective conscious. At the end of the day, there is no alternative to personal acquaintance, which knocks down walls and removes prejudices. As long as the wall of social, economic, and cultural segregation between Jews and Arabs in Israel remains as high as it is now, recommendations, proposals, and suggestions for improvements will be of little use. Only profound educational and social processes among both Jews and Arabs can promote real coexistence; coexistence that is maintained not only in hospital corridors but on the street, in line at the supermarket, and on the playground. In the words of Dr. Abed Halaileh:

"It all comes back to culture: how much a person is willing to bring it (coexistence) into their home and to their children, from the start. If every once in a while you meet an Arab and you see how nice they are and arrange to meet up in Liberty Bell Park, you will sit together with

your kids and teach them how to live together, from when they are little, and you will tell them 'Look, they are people too, and look what a nice family they are'... If everyone did that in their lives – it would be perfect. If it was like that, on both sides, we would all benefit."

List of Interviewees (in Alphabetical Order)

- **Prof. Riad Agbaria:** Founder and (former) Director of the School of Pharmacy at Ben Gurion University
- **Kamal Amarneh:** Director of Pharmacy Services, Hillel Yaffe Medical Center, Hadera
- **Dr. Suheir Assadi:** Director of Nephrology, Rambam Medical Center
- **Dr. Khaled Azam:** Radiology Specialist, Hadassah Mt. Scopus
- **Dr. Maurit Beeri:** Director of Alyn Hospital
- **Prof. Ronen Beeri:** Senior Cardiologist, Director of the Cardiovascular Research Center, Hadassah Mt. Scopus
- **Prof. Rafael (Rafi) Beyar:** Director of Rambam Medical Center
- **Dr. Masad Barhoum:** Director of the Galilee Medical Center in Nahariya
- **Dr. Bishara Bisharat:** Director of the English Hospital in Nazareth
- **Prof. Moshe Ben-Ami:** Deputy Dean of the Galilee Faculty of Medicine at Bar Ilan University
- **Leah Cohen:** Director of Nursing at Soroka Medical Center
- **Hani Daoud:** Pharmacist and Chairperson of the Pharmacists' Union in Haifa and the North
- **Amal Delasheh:** Nurse in the General Surgical and Vascular Surgery Department, Hadassah Ein Kerem
- **Dr. Abed Halaileh:** Senior Surgeon, Hadassah Ein Kerem
- **Prof. Jonathan Halevy:** Director of Shaare Zedek Medical Center
- **Chani Hinden:** Nurse in the Pediatric Oncology Department, Hadassah Ein Kerem

- **Dr. Ahmed Id:** Director of the Surgical Department, Hadassah Mt. Scopus
- **Jaber:** Pharmacist at a private pharmacy, Jerusalem
- **Hanna Jabur:** Pharmacist, Pharmacy Coordinator of Super-Pharm
- **Sanabel Lafi:** Student of nursing in an academic retraining program, and Nursing Assistant at Hadassah Ein Kerem
- **Dr. Osnat Levtzion-Korach:** Director of Hadassah Mt. Scopus
- **Dr. Michal Lvov:** Physician at the Terem Emergency Clinic in Bnei Brak
- **Fadi Mahmud:** Student of medicine, 4th year, the Faculty of Medicine at Hebrew University
- **Elias Mazawi:** Nurse in the Cardiology Department, Shaare Zedek Medical Center
- **Noga Meiri:** Coordinator of the “Sawa” program at Tel Aviv University
- **Dr. Rania Okaby:** Gynecologist, Soroka Medical Center
- **Dr. Miri Rom:** Director of the School of Nursing at Hebrew University, Hadassah Ein Kerem
- **Dr. Eyal Schwartzberg:** Director of the Pharmacological Division, Ministry of Health
- **Prof. Eliezer Shalev:** Dean of Medicine, Technion, Haifa
- **Siham Shibli:** Head Nurse in the Catheterization Rooms, Hadassah Ein Kerem
- **Prof. Raphael (Raphi) Walden:** Deputy Director of Sheba Hospital
- **Yossi Walnermann:** Director of Pharmacy Services, Super-Pharm

