

INTEGRATING ISRAEL'S ARAB CITIZENS IN THE WORKFORCE

Integrating Israel's Arab Citizens in the Healthcare System

A SUCCESS STORY?



APRIL 2011



יוזמות קרן אברהם
مبادرات صندوق إبراهيم

The Abraham Fund Initiatives

**Integrating Israel's Arab
Citizens in the Workforce**

Integrating Israel's Arab Citizens in the Healthcare System

A SUCCESS STORY?



Ran Reznik

Editor: **Roni Schocken**

April 2011

The Abraham Fund Initiatives – Building a Shared Future for Jewish and Arab Citizens of Israel

The Abraham Fund Initiatives is a non-profit organization that has been working since 1989 to promote coexistence and equality among Israel's Jewish and Arab citizens. Named for the common ancestor of both Jews and Arabs, The Abraham Fund Initiatives advances a cohesive, secure and just Israeli society by promoting policies based on innovative social models, and by conducting large-scale social change initiatives, advocacy and public education.

The Abraham Fund Initiatives' staff is composed of approximately 25 individuals, Arabs and Jews, and is managed jointly by Amnon Be'eri-Sulitzeanu and Mohammad Darawshe.

Publications Editor: Maya Popper

Translation: Renee Hochman

Graphic design and production:
Etty Azulay, Tchelet

Photos courtesy of the Nahariya and
Western Galilee Hospital

ISBN 978-965-7543-01-6

To order a copy of this publication:

The Abraham Fund Initiatives
Communications Center Neve Ilan
Harey Yehuda, Israel 90850
Tel: 02-3733000 Fax: 02-3733001
Email: info@abrahamfund.org.il
Website: www.abrahamfund.org

© The Abraham Fund Initiatives, 2011

The publisher grants permission to duplicate and cite from this publication, making specific mention of the source

This publication was made possible due to the generous support of
Greg Rosshandler
The Frankel Family Foundation
The Howard and Geraldine Polinger Family Foundation

Other publications by The Abraham Fund Initiatives:

- *Governmental Responsibility for Social Inclusion and Jewish-Arab Equality in Israel* (2008).
- *The Economic Benefits of Jewish-Arab Social Inclusion & Equality* (2008) [Hebrew].
- *Mixed Cities and Regions: The Future Face of Israel* (2009).
- *Arab Society in Israel – An Information Manual for Policy Makers* (2009) [Hebrew].
- *Economic Benefits of Social Inclusion and Arab-Jewish Equality* (2009) [Hebrew with executive summary in English and in Arabic].
- *Survey of Environmental Hazards in Jewish and Arab Municipalities in Central Galilee* (2010) [Hebrew with summary in English and in Arabic].
- *Policing in Divided Societies* (2010).
- *Sharikat Haya – Intervention Model for Promoting Arab Women's Employment* (2011).

The Abraham Fund Initiatives' publications can be downloaded from www.abrahamfund.org

Introduction

Addressing the relations between Jewish and Arab citizens of Israel in the specific context of equal occupational opportunities and integration invites us to examine the healthcare system, because an overall view creates the impression that Arab integration in the healthcare system is more extensive than in other fields of employment.

This is an intuitive, relatively widespread feeling shared by citizens and patients as well as by many inside the healthcare system itself, both Jews and Arabs. There is a general impression that many Arabs are integrated in this system, in different roles, ranging from janitorial and administrative workers to nurses and senior physicians.

Therefore, as part of our efforts to promote integration and equality of Arab citizens in the labor force, we examined the accuracy of these impressions in an attempt to identify the "success factors" of the healthcare system (that is, the factors that facilitate integration). We further sought to investigate, insofar as such success factors can be identified, whether they may be applied to other occupational fields in order to increase integration of Arab citizens in those fields.

A mixed picture, described in this document, emerges from a closer look at this situation. This picture may disappoint those who believe that integration of Arab citizens in the healthcare system constitutes a major success. The proportion of Arabs in the healthcare system is indeed significantly greater than the proportion of Arabs employed in other state institutions. It approaches 10%, in contrast to the average proportion of Arabs in the civil service, which is a mere 6.5%. Several Arab healthcare employees even hold senior positions as directors of hospital wards and professional units and in one case (Nahariya Hospital), an Arab physician is the hospital director.

Nonetheless, even 10% still constitute dramatic under-representation compared to Arabs' share in the general population, which approaches 20%. Furthermore, Arab employment rates in various units and in different areas of the country show enormous variance. For example, 47% of all Ministry of Health Northern District Bureau employees are Arabs, but the Ministry of Health (MOH) head office in Jerusalem employs no Arabs. While Arabs constitute 21% of all employees of Poriya Hospital in Tiberias, Arabs constitute only 3.5% of all employees of the Sheba Medical Center in Tel Hashomer, one of the country's largest public hospitals, which brands itself as "the nation's hospital".

Still, compared to other sectors, the healthcare sector seems to have specific features and factors that enhance integration of Arabs. Something there is working right.

Several hypotheses emerged from the attempt to identify this sector's unique features. Since medicine is a universal, well-defined profession with recognized international standards, grounded in the exact sciences, greater weight is given in employment and promotion decisions, or at least ostensibly so, to the purely professional aspects of the performance of a healthcare employee or job applicant. This leaves less room for interpretations concerning other aspects.

This feature is related to the widespread opinion that medicine is a popular profession among minorities (including Jews in the Diaspora). It may also be linked to the fact that entire fields of occupation are closed off to members of the Arab minority, under the pretext of "security considerations". Since the defense portion of the public sector is so immense, a civilian profession that permits integration in the government sector becomes all the more attractive.

Additionally, the fundamentally humane ethos of medicine calls for a view of individuals as human beings. Many healthcare employees state repeatedly that a patient's identity and cause of illness or injury are of no relevance in the ER or on the operating table, and the caretaker's identity or ethnic origin are similarly irrelevant.

Israel's healthcare system is a single joint, integrated system, in contrast to other public systems that are segregated (by design or in effect), such as the education system. This fact allows a relatively high level of employee mobility inside the system. Moreover, in the education system, for example, Arab teachers serve Arab "consumers" while Jewish employees service Jewish "consumers". The relatively smaller number of Arab consumers significantly limits the demand for Arab employees. In the healthcare system, Arab employees provide services to both Arabs and Jews, a fact that almost entirely prevents unemployment among Arab healthcare employees.

Another hypothesis concerns the fact that medical professionals are required to make a huge investment in their lengthy training, only after which they begin to enter into a slow process of advancement in stature and salary. In a society that reveres "get-rich-quick" schemes, it is conceivable that the demand for medical studies among members of the Jewish majority is dropping. Now that the last of the physicians who immigrated to Israel from former Soviet Union countries has found employment, there is a greater opportunity than ever to hire and promote Arabs in the healthcare system.

The data and recommendations contained in this paper are the result of preliminary work; further investigation is advised. Among other things we should examine what the Ministry of Health and the Sick Funds are doing to achieve truly fair representation: What is the extent of awareness of the obstacles to the integration of Arabs in the system, and, is affirmative

action being used? Even after such an investigation, we have yet to address the broad issue of adapting the healthcare system (including its hospitals and clinics) to Arab consumers of its services. Adaptation entails aspects such as language, translation, signage, services that are adapted to the culture or religion of Arab citizens, etc.

The impression that the healthcare system is a case of relative success of Arab occupational integration is not entirely an illusion; Apparently it contains a kernel of truth. We hope that this paper contributes to and promotes discourse on equal opportunities in the labor market for Israel's Arab citizens, in all sectors of the market in general, and in the healthcare system, in particular.

Mohammad Darawshe Amnon Be'eri-Sulitzeanu
Co-Executive Directors, The Abraham Fund Initiatives

Executive Summary

The share of Arab Israeli citizens of all Israeli healthcare system employees in general – and especially in the north – is significantly greater than their proportion of the total number of employees in Israel's civil service and public sector. Several Arabs hold senior, influential positions in the healthcare system, including department directors and directors of professional units in public hospitals. Dr. Masad Barhoum is the first, and currently only, Arab director of a public hospital (the Nahariya and Western Galilee Hospital).

These figures are extremely significant for public and educational reasons, among others, as the presence of Arab employee (especially physicians and nurses) is prominent and evident to the patient population. On the other hand, this may also be the reason that the general public overestimates the extent of integration of Arab employees in Israel's medical system.

The findings in this review are based on statistics of the Civil Service Commission, including data from all government-owned hospitals (employees in these hospitals are government employees subject to the Civil Service Regulations) and unofficial statistics of Clalit Sick Fund, Israel's largest and most important healthcare provider, which owns one-half of all hospitals in Israel and whose membership covers 60% of the country's citizens, including most Arab citizens and the majority of severe and chronic patients.

Findings of the 2010 Ono Report examining the integration of excluded social groups in the labor market support the favorable statistics of the Civil Service Commission. According to the Ono Report, "In general, it is possible to see that the integration of Arabs in healthcare professions is very prominent," and the administrators interviewed for the report stated, "There is a group of Arab physicians who do very good work, and some are among the top physicians." The authors of the Ono report also emphasized that the public image of healthcare workers "is considered significantly higher than might be reflected by the financial remuneration of these employees. Affiliation with the profession affects employees in the field by enhancing their status, and the field attracts male and female applicants of the highest caliber. These occupations may represent an occupational leap forward for excluded groups and provide an opportunity for them to improve the quality of their life and the quality of life of the population receiving the services."

Discussions with senior employees in hospitals, the Civil Service Commission, and Clalit Sick Fund gave rise to a series of hypotheses, reflections, and conclusions concerning the causes and factors underlying these relatively encouraging statistics. These hypotheses and thoughts, which require examination by experts in the fields of sociology and employment, may be the foundation for action by additional government ministries and in additional areas of public enterprise.

Nonetheless it is very important to note that the healthcare system is still far from achieving the goal of fair representation for Arabs. There are enormous (and aggravating) differences between the various healthcare institutions in terms of Arab employment. For example, see the difference between the share of Arabs employees in government-owned Poriya Hospital in Tiberias (21%), and in Sheba Tel Hashomer Hospital. In Sheba Hospital, which employs 4,300 employees, is considered the largest hospital in Israel and is called by its directors "the country's hospital", the employment rate of Arabs is merely 3.5%.

Another significant blemish is the Ministry of Health itself (in contrast to the situation in the hospitals that are directly owned and administered by the MOH, and the Ministry's regional healthcare bureaus), where the employment rate of Arab is a mere 1.7%. MOH officials find it difficult to remember an Arab who held a senior position in the MOH in the last two decades. This is also true for senior Clalit Sick Fund officials.

According to our investigations, there is no comprehensive organizational effort by Clalit to employ Arabs, in contrast to the situation in the public healthcare system which at least has made a public declaration to work toward this goal. We were told by Clalit's spokesperson that the Sick Fund has no precise statistics on the number of its Arab employees and that "labeling an employee's nationality is inappropriate." In other words, Clalit Sick Fund evades the issue under the guise of liberalism and progressivism. When we tried to explain that an examination of the data may specifically help promote fair representation of Arab employees, we encountered a fundamental lack of understanding of the issue. It was our impression that the country's largest and most important healthcare organization fails to recognize, much less adopt, the national goal of increasing the integration of Arabs in the labor force and promoting their fair representation.

Israel's Healthcare System

Background

Virtually the entire healthcare system in Israel – approximately 95% of all hospital beds – is publicly owned. The state owns the majority of the country's healthcare institutions and government-owned hospitals such as Sheba Hospital in Tel Hashomer, Asaf Harofeh Hospital in Zrifim, Wolfson Hospital in Holon, Rambam Hospital in Haifa, Poriya Hospital in Tiberias, Ziv Hospital in Zfat, Barzilai Hospital in Ashkelon, and others, accounting for a total of 40% of all hospital beds. Two hospitals are jointly owned by the MOH and the relevant municipalities: Ichilov Hospital in Tel Aviv and Bnei Zion Hospital (formerly, Rothschild Hospital).

An additional 40% of the hospital beds are owned by Clalit Sick Fund. These include Belinson Hospital, Hasharon Hospital, Shneider Hospital, and Gehah Hospital, all in Petah Tikva, Carmel Hospital in Haifa, He'emek Hospital in Afula, Soroka Hospital in Be'er Sheva, and Yoseftal Hospital in Eilat.

The remaining hospital beds are owned by public non-profit associations, subject to the provisions of the law and the MOH, and operate as public hospitals. This group includes the two Hadassah hospitals in Jerusalem, Sha'arei Zedek and Bikur Holim hospitals in Jerusalem, Ma'ayanei Hayeshu'a in Bnei Braq, and Laniado Hospital in Netanya. Assuta Hospital in Tel Aviv (including its extensions) shares many prominent features of a private hospital yet is wholly owned by Maccabi Sick Fund, which is the country's second largest Sick Fund. Medical Center Hospital in Herzliya, which operates in a semi-private format, is partially owned (though strongly influenced) by the Clalit Sick Fund.

This review is based primarily on Civil Service Commission statistics, which include all government-owned hospitals, and on unofficial statistics of Clalit Sick Fund.

Before presenting the statistics it is important to note that according to the Public Health Insurance Law 5754-1994, every citizen of the state must be a member of one of four public Sick Funds that provide all healthcare services included in the Healthcare Basket, including medications, surgical procedures, hospitalization, and other services.

The Statistics

According to Civil Service Commission statistics, in 2009 Arabs accounted for a mere 6.97% of the total 60,000 government employees (excluding teachers and policemen), reflecting a slight increase from 2008 (6.67%) and 2007 (6.17%). Figures also indicate that the share of Arabs among newly hired employees is greater: 9.3% in 2009 and 11.6% in 2008.

In the healthcare system, Arabs account for a greater share of the employees: Of 28,635 employees in the public healthcare system, which includes the MOH, regional-district healthcare bureaus, and government owned hospitals (general, psychiatric, and geriatric hospitals), 2,721 are Arabs (9.5%), a certain improvement over 2008, when 2,458 Arab employees accounted for 8.67% of all 28,344 healthcare system employees.

Drilling down into these data also indicates a very high degree of variance in Arab employment rates in different hospitals and different districts: Arab employment rates are highest in northern Israel: In the Northern District Healthcare Bureau located in Nazareth, 47.16% of the employees are Arabs; in the Haifa District Healthcare Bureau 21.8% are Arabs; in Poriya Hospital in Tiberias Arabs constitute 21% of the employees; in the hospital in Nahariya the rate is 17.57%; in the Sha'arei Menashe Psychiatric Hospital in the area of Hadera-Pardess Hana the rate is 17.16%; in Ziv Hospital in Zfat the rate is 15.5%; and in Rambam Hospital located in Haifa (the largest and major hospital serving the north) the rate is 14.18%. Additional institutions where Arab employees account for more than 10% of all employees include the Mental Health Center in Jerusalem (which includes Eitanim and Kfar Shaul), Hilel Yaffe Hospital in Hadera, the Pardess Hana Geriatric Hospital, and Mizra, which is a psychiatric hospital located in Acre.

In the south the situation is less favorable: Only 7.4% (less than the national average) of all employees of the Southern Healthcare Bureau located in Be'er Sheva are Arabs, and only 3.44% of the employees in the Government Psychiatric Hospital in Be'er Sheva are Arabs.

In the central region, the rate of Arab employees is considerably lower: only 151 of the 4,317 employees of Sheba Hospital are Arabs (3.5%); only 16 of the 446 employees of Abarbanel Psychiatric Hospital are Arabs (3.59%); only 64 of the 2,518 employees of government-owned Asaf Harofeh Hospital in Zrifin are Arabs (2.54%); and only one employee(!) of the 273 employees of the District Healthcare Bureau in Tel Aviv is an Arab (0.37%).

Specifically for the purpose of this document, the Civil Service Commission conducted the first survey of its kind on Arab employment in government-owned healthcare institutions, by occupation and rank. This entails not merely a quantitative examination of employment rates of Arab citizens, but also a qualitative examination. The survey indicates that Arabs

constitute 12% of the employees in medical occupations that involve direct contact with patients and require an education in medicine, nursing, pharmacy, radiologic technology, or physical therapy: 2,265 of 18,788 employees. Segmentation by occupation indicates that the highest rate of Arab employment is found among public healthcare nurses in Tipat Halav (Infant and Child) clinics and district healthcare bureaus (26.93%), followed by pharmacists (20%), physical therapists (17.04%), radiologic technologists (15.84%), physicians (12.46%), and nurses (11.3%).

ARAB EMPLOYMENT RATE IN THE HEALTHCARE SYSTEM

Occupation	Total Number of Employees	Arab Employees	Arab Employees (%)
Nurses	9,362	1,058	11.30%
Public health nurses	1,296	349	26.93%
Biochemists and microbiologists	868	82	9.45%
Radiologic technologists	322	51	15.84%
Technicians	345	14	4.06%
Occupational therapists	172	15	8.72%
Legal professionals	41	4	9.76%
Social workers	712	39	5.48%
Para-medical	410	42	10.24%
Physical therapists	311	53	17.04%
Psychologists	698	18	2.58%
Physicians	4,116	513	12.46%
Pharmacists	135	27	20.00%
Total	18,788	2,265	12.06%
Total employees in the public healthcare service (including other employees)	28,635	2,721	9.50%

ARAB EMPLOYMENT RATE IN THE HEALTHCARE SYSTEM BY GENDER

Occupation	Total Number of Employees	Total Number of Employees by Gender		Arab Employees by Gender		Arab Employees by Gender (%)	
		Male	Female	Male	Female	Male	Female
Nurses	9,362	1,540	7,822	596	462	38.70%	5.91%
Public health nurses	1,296	14	1,282	6	343	42.86%	26.76%
Biochemists and microbiologists	868	131	737	43	39	32.82%	5.29%
Radiologic technologists	322	181	141	46	5	25.41%	3.55%
Technicians	345	284	61	12	2	4.23%	3.28%
Occupational therapists	172	8	164	3	12	37.50%	7.32%
Legal professionals	41	12	29	1	3	8.33%	10.34%
Social workers	712	63	649	6	33	9.52%	5.08%
Para-medical	410	49	361	14	28	28.57%	7.76%
Physical therapists	311	62	249	34	19	54.84%	7.63%
Psychologists	698	158	540	8	10	5.06%	1.85%
Physicians	4,116	2,648	1,468	424	89	16.01%	6.06%
Pharmacists	135	33	102	16	11	48.48%	10.78%
Total	18,788	5,183	13,605	1,209	1,056	23.33%	7.76%

This survey was conducted by Yossi Kiner, Deputy Commissioner of the Civil Service in charge of the healthcare system. According to Mr. Kiner, "In contrast to the high rate of employment of Arabs in several fields, including radiology, physical therapy, pharmacy, and public healthcare nursing, there is a conspicuously low rate of Arab representation in occupations such as psychology (only 18 of the 698 employees are Arabs, or 2.58%) and social work (39 of 712 employees, or 5.48%), despite the importance of having caretakers whose culture is identical to that of the patients." Kiner's recommendation to the Civil Service Commission is to conduct a multi-annual follow-up study of the development of representation rates.

Another review conducted by the Civil Service Commission for the purpose of this document concerns salary levels and ranks.¹ This survey was conducted in order to examine the hypothesis that even if the overall rate of representation of Arabs in the healthcare system is relatively high compared to other government ministries, a survey by rank would show a high rate of representation in junior ranks and a low rate of representation in more senior ranks. On this survey, Kiner noted, "The hypothesis was confirmed beyond our expectations. It was found that, with the exception of radiologic technologists, representation in senior ranks was significantly lower than in junior ranks."

The most interesting and perhaps most important occupation is that of physicians: Of 4,116 physicians in the civil service, 513 are Arabs (12.46%). While 22.52% of all interns (the lowest rank) are Arabs, only 3.76% of all senior ranking physicians are Arabs (5 of 133 physicians in senior managerial ranks).

Representation is similarly unequal among various ranks of nurses: While 11.87% of the junior-ranking nurses are Arabs (869 of 7,322), only 5.75% of the nurses in senior managerial ranks are Arabs (5 of 87).

An examination of the special ranks provides an even clearer illustration of the under-representation of Arabs in senior ranking positions in the public healthcare system: 15 employees in the healthcare system are employed under a "Senior Contract" that offers special (and high) salary and rank terms. There is not a single Arab in this group. Six employees are employed under a "Special Contract" and an additional six are employed under special contracts signed with ministerial bureaus (in our case, the bureau of the Deputy Minister of Health). Both these groups contain no Arabs.

¹ Since this review was conducted several weeks after Kiner's survey, data may slightly differ.

ARAB EMPLOYMENT RATE IN THE HEALTHCARE SYSTEM BY SALARY LEVELS AND RANKS

Occupation	Rank	Total Number of Employees	Arab Employees	Arab Employees (%)
Administration, Engineers, Technicians, Social Sciences and Humanities graduates	Up to +16 (+37 MAHAR rank ²)	5,134	336	6.54%
	Up to +20 (+41 MAHAR rank)	4,382	110	2.51%
	Up to +24 (+45 MAHAR rank)	290	7	2.41%
	Total	9,806	453	4.62%
Radiologic technologists	Up to +10	131	22	16.79%
	Up to +13	121	20	16.53%
	Up to +16	71	9	12.68%
	Total	323	51	15.79%
Psychologists	Up to +40	437	18	4.12%
	Up to +42	173	0	0.00%
	Up to +45	87	0	0.00%
	Total	697	18	2.58%

² MAHAR – Social Sciences and Humanities Rank

Occupation	Rank	Total Number of Employees	Arab Employees	Arab Employees (%)
Physical therapists	1–4	228	51	22.37%
	5–7	74	2	2.70%
	8–10	9	0	0.00%
	Total	311	53	17.04%
Legal Professionals	Up to +2A	14	3	21.43%
	+2A and higher	9	0	0.00%
	Total	23	3	13.04%
Social workers	From 11 to 7	407	30	7.37%
	From 6 to 3	296	9	3.04%
	2 and higher	8	0	0.00%
	Total	711	39	5.49%
Physicians	Interns up to +3	1,328	299	22.52%
	Up to +6, various specialists	1,370	121	8.83%
	Up to +9, directors of departments and units	1,285	88	6.85%
	10–+12 senior directors	133	5	3.76%
	Total	4,116	513	12.46%

Occupation	Rank	Total Number of Employees	Arab Employees	Arab Employees (%)
Biochemists and microbiologists	Up to +2A	502	69	13.75%
	3A and higher	368	13	3.53%
	Total	870	82	9.43%
Pharmacists	Up to +2A	78	23	29.49%
	3A and higher	57	4	7.02%
	Total	135	27	20.00%
Public healthcare nurses	Up to 12	678	191	28.17%
	13–16	570	156	27.37%
	17–21	48	2	4.17%
	Total	1,296	349	26.93%
Nurses	Up to 12	7,322	869	11.87%
	13–16	1,956	185	9.46%
	17–21	87	5	5.75%
	Total	9,365	1,059	11.31%
Para-medical	1–4	314	39	12.42%
	5–7	92	3	3.26%
	8–10	5	0	0.00%
	Total	411	42	10.22%

Occupation	Rank	Total Number of Employees	Arab Employees	Arab Employees (%)
Occupational therapists	1–4	128	15	11.72%
	5–7	30	0	0.00%
	8–10	14	0	0.00%
	Total	172	15	8.72%
Salary contract including administration and housekeeping	Up to +37	12	1	8.33%
	Up to +41	75	8	10.67%
	Up to +45	19	3	15.79%
	Total	106	12	11.32%

ARAB EMPLOYMENT RATE IN THE HEALTHCARE SYSTEM BY RANKS AND CONTRACTS

Other Ranks and Contracts	Total Employees	Arab Employees
Senior contract	15	0
Veterinarians	12	1
Scholarship students	74	0
Teachers	27	0
Students, hourly rate	1	0
Strategic employees	44	0
Special contracts	6	0
Selected contracts	28	0
Ministerial bureaus	6	0
Pollsters	18	3
Ministerial drivers – total contracted salary	2	0
Experts total contracted salary	39	0
Legal professionals total contracted salary	21	1
Total	293	5

Clalit Sick Fund commented that "labeling employees' nationality is inappropriate", yet unofficial statistics show that Arabs account for 10% of the 35,000 Sick Fund employees, including physicians, nurses, pharmacists, radiologic technologists, and physical therapists. According to Clalit's spokesperson, the Sick Fund estimates that the highest employment rate of Arabs is in Ha'emek Hospital in Afula and Soroka Hospital in Be'er Sheva.

Explaining the Figures

What are the explanations for the relatively high representation of the Arab population in the healthcare system compared to other sectors? This chapter is based on conversations with Dr. Masad Barhoum, Director of the Nahariya Hospital; Arab hospital department directors; nurses in charge of wards; and other senior healthcare officials who are now or were in the past hospital directors.

MEDICAL ETHICS AND THE ETHOS OF THE HIPPOCRATIC OATH

Medical ethics and the Patient's Rights Law include an obligation to treat equally, fairly, and decently all persons who require care. This apparently has a significant impact on the atmosphere in the healthcare system and the attitude of its employees. Of course, not all medical practitioners abide by medical ethics (and needless to say there are examples from history of physicians who committed crimes against humanity), but from conversations on this issue, it emerges that medical ethics nonetheless has a deep influence on willingness to hire Arab employees, and may even contribute to the desire to be "pioneers" in the broader context of fair employment practices.

It should also be stressed that the frequent encounters between the Jewish and Arab populations have a positive implication on Jewish-Arab relations. The (typically positive) encounters take place in situations in which Arab healthcare workers are responsible for the bodies and lives of Jewish patients.

A SINGLE, STRONG PUBLIC MEDICAL SYSTEM FOR JEWS AND ARABS

Israel's healthcare system is primarily a public system (its institutions are owned by the government, Sick Funds, and public non-profit associations such as Hadassah) and is grounded in a historical ethos of equality. Clalit Sick Fund was a partner in the development of this ethos, by establishing the foundation for public medicine in Israel, based on socialist ideological elements.

Furthermore, in contrast to other public systems (the most prominent of which is the education system), the healthcare system is only minimally segregated into institutions for Jews and Arabs (or institutions for secular and religious individuals). Jews and Arabs are treated at all hospitals, and this fact also affects the hiring practices of these institutions. Although several hospitals in Israel are Haredi-owned or have a Haredi orientation (Ma'ayanei Hayeshua in Bnei Brak, Laniado Hospital in Netanya, and Bikur Holim Hospital in Jerusalem), and others

have a majority of Arab patients (three small hospitals in Nazareth), these hospitals care for a tiny fraction of the country's citizens, and the law and medical ethics demand that these institutions admit any individual seeking treatment.

HISTORICAL REASONS

Many interviewees mentioned historical reasons for the relatively successful integration of Arabs in the healthcare system, referring to the scholarships and grants awarded to Arab Israeli citizens to study medicine in the communist states of Eastern Europe and Soviet Russia between the 1950s and the 1980s. Interviewees also noted the certification awarded in recent years to medical schools in Jordan, primarily schools of dentistry and pharmacy.

Senior healthcare officials stated that the positive historical impact of students who studied in Eastern Europe is gradually dissipating and the pool of Arab physicians has declined in the past several decades. They stated that this fact further underlines the need to expand government efforts to increase the number of Arab employees in the healthcare system and their representation among all workers, with an emphasis on managerial ranks.

SOCIAL-STRUCTURAL FACTORS

Jews and Arabs have significantly different images of certain medical occupations, which are reflected in their willingness to work in these occupations. The most prominent example is nursing: In Arab society, there are more male nurses than female nurses (596 male nurses and 462 female nurses). In Jewish society, in contrast, women have a strong numerical advantage (7,360 female nurses compared to 908 male nurses). It is conceivable that Arab men in effect compete with Jewish women for jobs in these occupations and benefit from advantages that men have over women in general in the job market.

GEOGRAPHIC FACTORS

The highest employment rate of Arab Israeli citizens in the healthcare system is in the north. Among other reasons, this stems from the fact that the majority of the country's Arab population resides in this region. Nonetheless, there is a high variability among healthcare institutions in the north, which indicates possible differences in the managerial policies of these institutions. Nonetheless, the need to increase advocacy efforts and to enforce arrangements that promote fair representation of the Arab population is apparently needed even among senior ranking healthcare officials in the north.

In the south, underrepresentation of Arab employees in the healthcare system is conspicuous, especially if we take into account the high demand of the Bedouin population for public healthcare services such as Tipat Halav, healthcare services for schoolchildren, services of government healthcare bureaus, and for other public services such as treatments administered at Soroka Hospital in Be'er Sheva. This demand stems from failures of the healthcare system itself, including a shortage of community-based medical services offered by the Sick Funds and the MOH (especially in unrecognized Bedouin villages) and other factors, including a high rate of household accidents, language and communication barriers with the medical staff, and a high birth rate.

Afterword

In this document we sought to highlight the situation in the Israeli healthcare system, in view of the prevalent impression of the public and in the healthcare system that integration of Arab citizens has been more successful in this system than in other areas. Based on the findings and their interpretation, we sought to demonstrate that it is possible to promote a policy that increases the integration of the Arab population in the labor force.

We believe that this modest attempt demonstrates that a data collection methodology, based on existing and available data, and the organization thereof, guided by a clear official goal of increasing the integration of the Arab population in the labor force, offers decision makers a significant tool to achieve this aim. We believe that while impressions and intuition undoubtedly evoke important questions and issues, the answers to these questions must be grounded in data that are as relevant and up-to-date as possible, and in the informed analysis thereof.

Furthermore, we believe that one of the important means of increasing the integration of the Arab population in the labor force is to identify "success factors" and replicate them – as far as possible, with the necessary changes – in other sectors.

Regarding the healthcare system itself, we were pleased to discover that there is some truth in the feeling that the healthcare system represents a relative success. We will continue to monitor the occupational developments in this system, with the hope (accompanied by the necessary action) that the success will be even more significant in the future.

