Healthy Encounters:

Jerusalem Hospitals as Shared Spaces for Jews and Arabs

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I heard a patient complain to her friend
"All these doctors are Arabs; this is our end!"
And I wanted to whisper: you have reason to dread
One of our "cousins" is even the department head (Greenberg, 2016)

Most of us encounter hospitals when we are in a state of vulnerability – either as patients or as relatives of patients. Moreover, the hospital setting itself entails an encounter with Israeli society in all its diversity. Throughout Israel, and in Jerusalem in particular, Jews and Arabs, secular, religious, and Haredi (ultra-Orthodox) patients and healthcare providers lie in hospital beds or work side by side in such a way that the familiar balance of power is often transposed. This creates a shared space, and although most of its occupants did not arrive by choice, it has tremendous potential – for both negative frictions and positive encounters.

The Arab community accounts for 21% of Israel's total population (Central Bureau of Statistics (CBS), 2018). Relations between Arab residents and the Jewish majority are characterized by socio-economic gaps, physical and geographical separation, and national and political confrontations stemming from their minority status. Another segregated population group is the Haredi community, which accounts for 12% of the total population (Malach, Choshen & Kahaner, 2018). Although Haredim constitute a portion of the Jewish majority, most reside in separate cities and neighborhoods and maintain a culturally insular lifestyle. These two minority population groups have high fertility rates, and their relative proportion of the total population is expected to continue increasing. In the past decade there have emerged a range of public spaces and commercial spheres in which members of these communities encounter the majority population. As a public service that is generally accessible to all, healthcare services, and hospitals in particular, serve as a primary public space for encounters between population groups that do not interact regularly in their areas of residence. Accordingly, it embodies the complexities that characterize social relations in Israel, including hostility and fear, alongside mutual respect, tolerance, and curiosity.

This paper addresses hospitals in Jerusalem, Israel's most diverse and culturally multifaceted city, as a shared space for Jews and Arabs. The paper will present relevant studies in this field, with attention to reciprocal relations within the shared space. It will demonstrate that in the absence of professional intervention,

some encounters are likely to generate conflict within the medical facility, while others actually produce positive experiences. The paper concludes with a number of policy recommendations for promoting tolerance and inclusion in hospitals.

Encounters may generally be classified into four categories:

1. An encounter between Jewish and Arab co-workers on the medical and administrative staff;
2. An encounter between Arab patients and Jewish medical staff;
3. An encounter between Jewish patients and Arab medical staff;
4. An encounter between Jewish and Arab patients.

The numerous intergroup relations that take place at hospitals make them a complex, interactive space that can be quite challenging to manage. Each type of encounter embodies a different social and cultural context and poses different power dynamics, some of which, as noted, represent a reversal of typical daily relations in the public space. The multiple types of encounters also have cross-dimensional ramifications: the nature of encounters between patients has an impact on relations among staff members, and vice versa. Accordingly, any study or policymaking process must take into account the stratification and reciprocal impact inherent in these encounters. Among our recommendations, we propose that a more in-depth study be conducted, differentiating among the various types of interactions in hospitals.

Background: Reciprocal Relations between Ethnic Groups in the Urban Space and the Workplace

In the 1950s, psychologist Gordon Allport researched the effects that an encounter between a majority group (inner group) and minority group (outer group) has on mutual perceptions and positions between members of the two groups (Allport, 1958). His basic premise was that lack of contact between two rival groups exacerbates fear and mistrust, while controlled contact can reduce fear, build trust, and abolish stereotypes and prejudices. On the basis of these foundations, Allport formulated the contact hypothesis, according to which an intergroup encounter can have a positive effect on reciprocal opinions and perspectives if it meets four conditions:

1. There must be frequent contact to ensure personal interaction;
2. The contact must be based on cooperation to promote common goals;
3. There is a supportive institution;
4. The contact takes place between participants of equal status.

Allport's research inspired additional studies during the late 1950s, which explored a variety of spaces for contact: educational institutions, open spaces, consumer spaces, and workplaces. Most of these validated the contact hypothesis (Pettigrew & Tropp, 2006). Others argued, however, that the preconditions were unrealistic and did not represent typical daily encounters, particularly under conditions of ethnic and political conflict. Yehuda Amir further observed that when the conditions are not fully met, encounters can have a negative impact, reinforcing stereotypes and increasing mistrust (Amir, 1969).

During the 1980s and 1990s, a number of comprehensive geographic studies conducted by Michael Romann and Alex Weingrod examined daily interaction between Jews and Arabs in Jerusalem (Romann, 1984; Romann, 1992; Romann & Weingrod, 1991). They demonstrated how the ethno-political conflict affects almost all aspects of reciprocal relations in the city, and how the two groups maneuver to create interaction only in areas where national identity is a minimal and instrumental element. Thus, segregation is generally maintained with respect to residence and to communal, cultural, and educational institutions, while extensive reciprocal relations take place in areas related to the city's economy – employment, business, and consumption. Romann identified the latter type of relationship as asymmetrical and subject to the direct influence of majority-minority

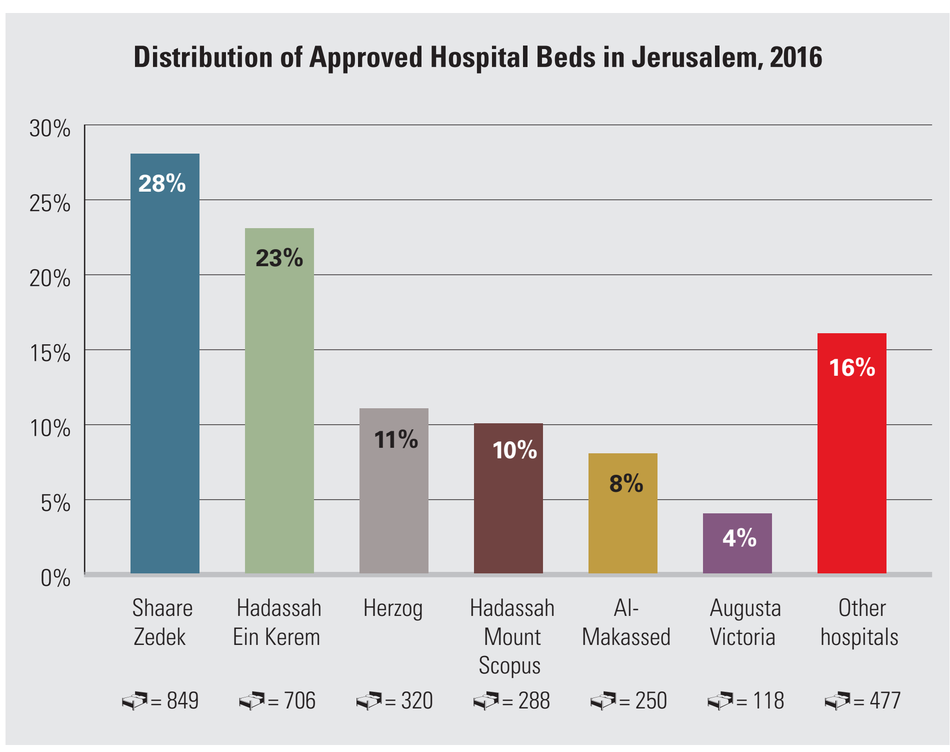
relations, selective allocation of financial resources, and dominating political control by the city's Jewish sector. These conditions tend to keep integration to a minimal level and generate short-term relations devoid of significant cultural or social aspects. This is a type of integration based on separation, with the Jewish majority having a much larger range of options regarding daily interaction, including its scope, type, and location.

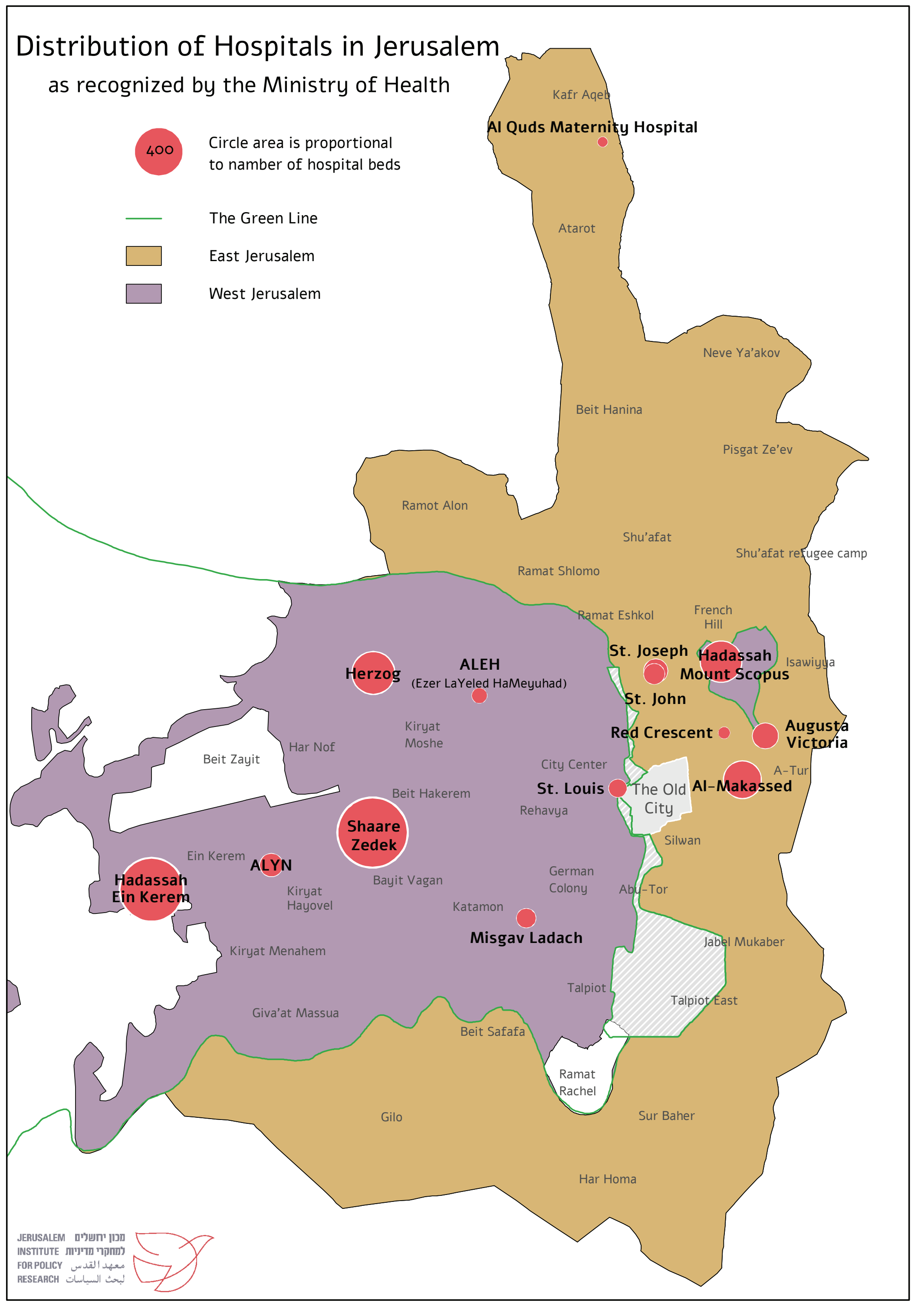
Recent decades have seen many types of changes with respect to patterns of integration and separation between the city's population groups. In the 1990s, early 2000s, and summers of 2014 and 2015, ethno-national violence escalated dramatically. At the same time, other forces were also at work: for the first time ever, Israel and the Palestinian Authority held direct negotiations on the issue of divided sovereignty in the city; the collapse of the Oslo Accords led to political despair and loss of faith in the leadership; construction of the separation fence physically and increasingly disconnected East Jerusalem from the West Bank; and the city entered an era of globalization and neoliberal economics. These developments contributed to changes in residents' perceptions of national and individual identity (Shtern, 2016) and to "Israelization" in many spheres of life. The presence of East Jerusalem residents in West Jerusalem increased significantly, as did the range of shared spaces in the city. The consequent patterns of intergroup encounters that developed in the spheres of commerce, employment, and residence in West Jerusalem have been explored by Marik Shtern, Ahmed Asmar, and others (Shtern, 2010; Shtern, 2016; Shtern, 2017; Shtern & Asmar, 2017; Shtern & Yacobi, 2018). These studies reveal the importance of local economy as a factor that drives spatial and employment integration, as well as the central role of global consumer culture and social class as a factor that creates a space for temporary encounters bridging across national and religious identities.

The Unique Interaction among Hospital Employees in Jerusalem

Jerusalem is Israel's most populous city, with nearly 900,000 residents, 38% of whom are Arab. Among the Jewish population, about 40% are Haredim (approximately a quarter of the city's total population). The city's large and diverse population make it a "crystal ball" of sorts in the sense that it experiences certain trends before they affect Israel as a whole. There is constant tension between non-Haredi and Haredi Jews, which manifests in struggles over the character of public spaces and residential neighborhoods. The deepest and most significant divide, however, is between the Jewish population as a whole and the Arab population, most of whom reside in East Jerusalem.

Jerusalem serves as a regional and countrywide center for healthcare services. The number of suitable hospital beds in the Jerusalem District – that is, the number of beds approved by the Ministry of Health – totals 2.152 per 1,000 individuals, which is higher than




Distribution of Hospitals in Jerusalem
as recognized by the Ministry of Health
400
Circle area is proportional to namber of hospital beds
The Green Line
East Jerusalem
West Jerusalem
Kafr Aqeb
Al Quds Maternity Hospital
Atarot
Neve Ya'akov
Beit Hanina
Pisgat Ze'ev
Ramot Alon
Shu'afat
Shu'afat refugee camp
Ramat Shlomo
Ramat Eshkol
French Hill
St. Joseph
Hadassah Mount Scopus
Isawiyya
Herzog
ALEH
(Ezer LaYeled HaMeyuhad)
St. John
Red Crescent
Augusta Victoria
Kiryat Moshe
Har Nof
Beit Zayit
City Center
A-Tur
St. Louis
The Old City
Al-Makassed
Beit Hakerem
Rehavya
Shaare Zedek
Silwan
Ein Kerem
ALYN
Hadassah Ein Kerem
Bayit Vagan
German Colony
Abu-Tor
Kiryat Hayovel
Katamon
Misgav Ladach
Jabel Mukaber
Kiryat Menahem
Talpiot
Talpiot East
Giva'at Massua
Beit Safafa
Ramat Rachel
Gilo
Sur Baher
Har Homa
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معهد القدس لبحث السياسات

the average for Israel (1.8) but lower than the figures for Haifa (2.45) and Tel Aviv (2.43) (Ministry of Health, 2017). Most of Jerusalem's hospital beds are located in general hospitals in the western part of the city: Shaare Zedek (849 beds) and Hadassah Ein Kerem (706 beds), accounting for 52% of the 3,008 hospital beds in the city.[1] Al-Makassed Hospital, which is located in the neighborhood of A-Tor and contains 250 beds, is the largest hospital in East Jerusalem. For the most part, Jews receive care and work only in West Jerusalem hospitals (and in Hadassah Mount Scopus, adjacent to Al-Makassed), while Arabs receive care and work in both East Jerusalem and West Jerusalem hospitals (Shtern, 2017). Hospital encounters between Jews and Arabs therefore take place only in hospitals located in what both sides perceive as "Israeli-Jewish" territory.

An analysis of CBS data reveals that Jerusalem hospital employees account for 3.6% of all employees in the city, which is higher than the average for Israel (2.6%).

[1] This figure includes the beds in Bikur Holim Hospital. Since 2013 the activities of Bikur Holim Hospital have been categorized as part of the activities of Sha'arei Tzedek Hospital.

Only 16% of Jerusalem's employees in this sector are Arab, among whom women constitute a minority, at 41%, compared with 77% of the Jewish employees in Jerusalem's hospitals. At the same time, human health and social work services constitute a main employment sector for Arab women in Jerusalem, accounting for 23.8% of all employed Arab women (*Statistical Yearbook of Jerusalem*, 2018). Among all the physicians in metropolitan Jerusalem, 22% are Arab. Among all health support services employees, 13% are Arab, a decisive majority of whom (71%) are women. From interviews conducted with hospital directors in Jerusalem in the context of Shtern and Asmar's study, it emerges that, in addition to substantial employment integration of medical staff at all levels, a decisive majority of maintenance staff at these institutions are Arab employees. The data reveal that West Jerusalem hospitals indeed constitute a space for meaningful encounters between Jewish and Arab employees of various ranks. Although this is an exceptional example of the integration of professional Arab personnel, the division of labor at these hospitals still reflects the social hierarchy between the population groups.

The data reveal that West Jerusalem hospitals indeed constitute a space for meaningful encounters between Jewish and Arab employees of various ranks.

The report *Heroes of Health: Israel's Healthcare System as a Model of Jewish-Arab Coexistence*, prepared by Tal Rosner for the Israel Movement for Reform and Progressive Judaism, examines relations among medical staff and presents a positive picture (Rosner, 2016). The director of Shaare Zedek Hospital, Prof. Jonathan Halevy, related that during times of tension he felt a greater responsibility to make his Arab employees feel comfortable at their workplace: "I don't think that the situation affects daily life, but I try to make sure to greet everyone in a friendly manner. . . . Here in the hospital now with such a large Jewish majority, with those who have been injured by terror. . . 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."

Arab medical staff members reported that the role they play in the healthcare system significantly enhances their status and image in the eyes of Jewish society. Nonetheless, they sense a clear difference between the way they are treated when in uniform and the way they are treated as Arabs in the public sphere. For example, according to Sanabel Lafi, a nursing assistant at Hadassah Ein Kerem, "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 am about to do something because I'm Arab. . . . 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." The difference described here between what happens in the hospital and the speaker's

"I don't think that the situation affects daily life, but I try to make sure to greet everyone in a friendly manner. . . . Here in the hospital now with such a large Jewish majority, with those who have been injured by terror. . . 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."

feelings outside of the hospital attest to its place as a safe space and even a source of empowerment for the medical staff.

> “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 am about to do something because I’m Arab. . . . 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.”

Shtern and Asmar present a more complex picture of relations between Jewish and Arab employees in shared workplaces in Jerusalem. They argue that this encounter is usually confined to the professional sphere. This confinement of relations primarily to the workplace, maintenance of strictly professional relations, and avoidance of political discussions serve as mechanisms for the preservation of working relations. Many Jewish employees see the workplace encounter as an opportunity to promote normal relations between Jerusalem’s population groups. Among Arab employees, however, such relations are sometimes interpreted as a means of entrenching their status at the bottom of the pyramid in the professional sense as well, given that most hold lower-ranking positions than their Jewish colleagues. The study finds that when an encounter takes place between colleagues of a comparable rank and between employees with professional or academic training, they describe their relations in a more positive light, and their initial perceptions of one another can even improve significantly as a result of the workplace encounter (Shtern and Asmar, 2017). In Jerusalem hospitals, where many Arabs are employed not only in the service and cleaning sector but also as mid- or high-level medical staff, there emerges an exceptional situation in which Jewish and Arab colleagues have equal rank. For this reason, as a space for encounters between colleagues, this is a shared space with positive potential.

Hospitals as a Shared Space for Patients

Beyond these findings, which frame hospitals as shared spaces, there is the question of perceptions among patients from the different population groups. Among Jews there was a correlation between a high degree of religious observance, a low level of education, and residence in areas of conflict, on the one hand, and agreement that segregated hospitalization should be an option, on the other; among Arabs there was a correlation between a high degree of religious observance and agreement regarding this option.

The study noted that nursing and medical support staff often, from the outset, separate hospitalized patients from different groups, whether for reasons of cultural compatibility, a "calm" working environment, or, less often, discriminatory factors. Very few of the professionals interviewed described refusing requests for separation.
The interviews further revealed that directors and senior physicians are unaware of this phenomenon or deny its existence. Possibly they do not encounter it because junior staff are more exposed to conflicts with patients.

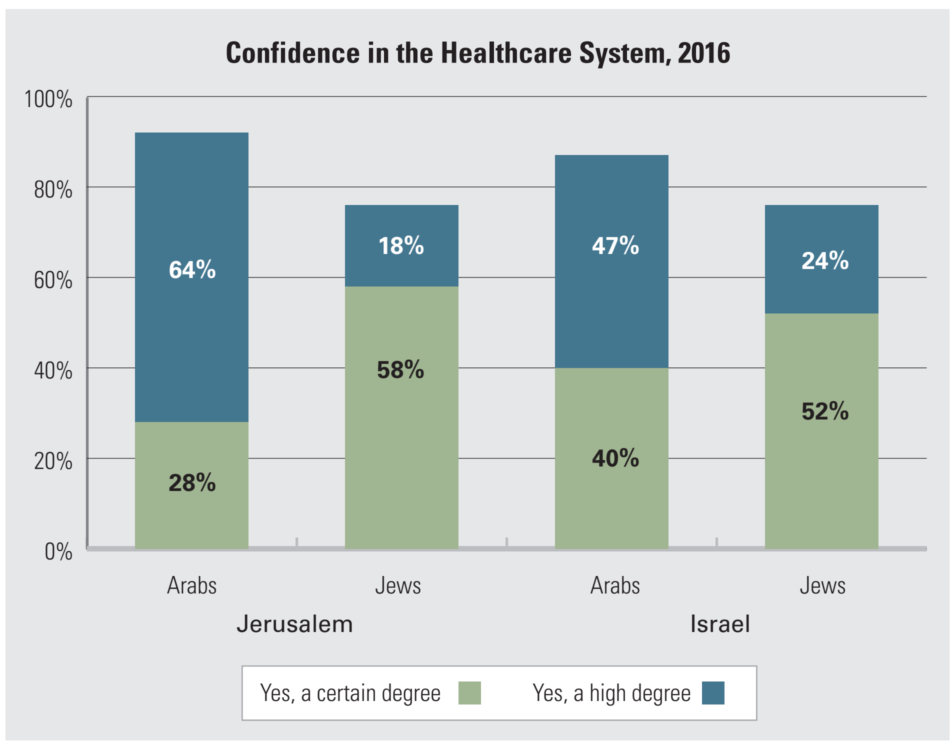
Instances in which a patient refused treatment on the basis of the healthcare provider's ethnicity, as described in interviews, mostly entailed a Jewish patient and Arab healthcare provider. These usually occurred with junior nursing or medical staff, particularly when it was possible to identify the healthcare provider's ethnicity on the basis of external factors such as clothing. Often it was the patient's relatives who voiced an objection, and such objections occur more frequently during times of tension stemming from ethno-national factors. In 2006 the newspaper *Haaretz* revealed that a number of hospitals had a practice of separating birthing mothers (Ashknazi, 2006). Knesset member Bezalel Smotrich (HaBait HaYehudi party) voiced an extremist position on the matter in April 2016: "My wife will not lie next to a mother whose son might murder my baby in 20 years" (Liss, 2016).

> A study by Popper-Givon and Keshet [...] found that Jews, more than Arabs, agree that hospitalized patients should be able to choose whether to share a room only with members of their own ethnic group: 30% of Jews "agree" or "strongly agree" that there should be such an option, compared with 21% of Arabs.

The study found that as a rule, Jewish patients are more concerned than Arab patients about being in a hospital with members of the other group, be they patients or hospital staff members. Presumably these countrywide dilemmas and trends are more evident, and perhaps more intense, in Jerusalem's hospitals, given the tension and security concerns in the city and the presence of religious and politically conservative population groups.

Confidence in the System's Egalitarianism

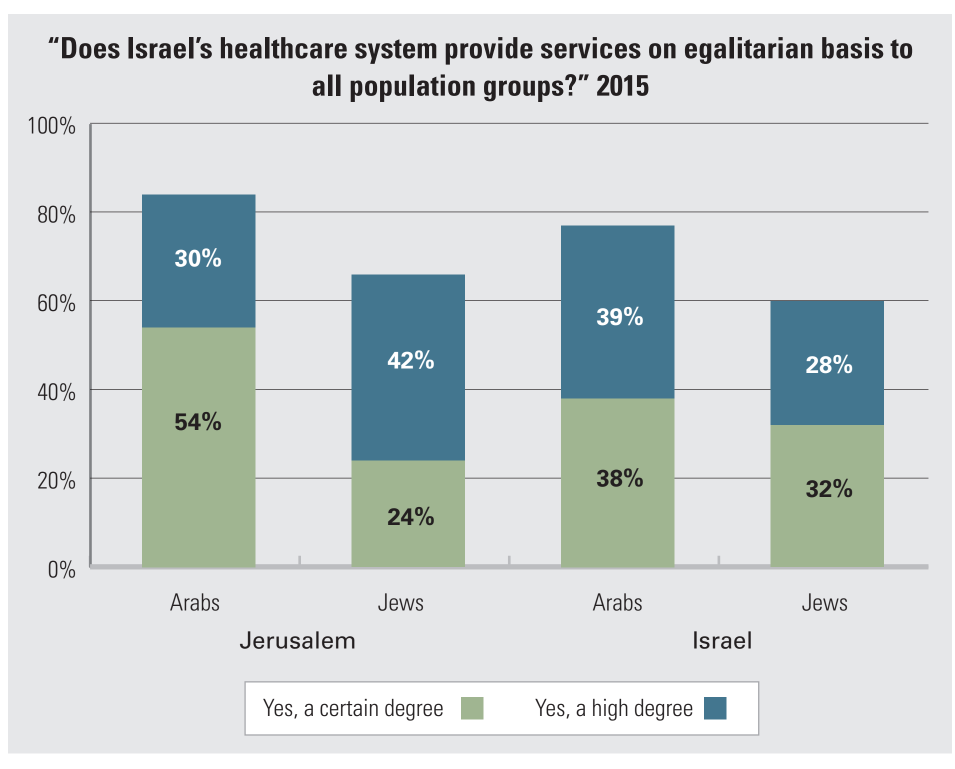
Our argument that hospitals have the potential to serve as a positive shared space is also based on the positive attitude of the city's residents, Jews as well as Arabs, towards the healthcare system. Studies indicate that Jerusalem's healthcare system enjoys a high degree of trust among residents, who also view it as providing services on an egalitarian basis. These views are even stronger among the city's Arab residents. The 2016 Social Survey of the CBS found that Jerusalem's Arab residents expressed a "high degree" of confidence in the healthcare system



to a larger extent (64%) than Jerusalem's Jewish residents (18%). The same pattern holds throughout the country (47% compared with 24%). Overall, more than 75% of the Israeli public has confidence in the healthcare system, and this trend is even stronger in Jerusalem (CBS, 2016).

The 2015 Social Survey examined attitudes towards government ministries in Israel. Respondents were asked whether in their view the healthcare system provides services "on an egalitarian basis, without discriminating on the basis of sex, age, or sector among all population groups." Among Jerusalem's Arab residents, 30% responded positively, indicating a "high degree" of agreement, and 54% expressed a "certain degree" of agreement; among Jewish residents, 42% voiced a "high degree" and 24% indicated a "certain degree" of agreement. In both the country as a whole and its capital, Arabs are more likely than Jews to view the healthcare system as egalitarian (CBS, 2015).

Confidence in the healthcare system, as expressed by both population groups, provide another affirmative basis for the promotion of hospitals as space for positive encounters between the city's communities.



Conclusion and Recommendations

Like other shared spaces in Israel, hospitals are by necessity a shared space. The study finds, however, that hospitals in Israel generally and in Jerusalem specifically, excluding those that serve only the Arab population, constitute a shared space with the potential for positive encounters as well as negative friction. Two types of interaction – between colleagues on the medical staff and between Arab patients and Jewish healthcare providers – generally entail a productive and positive encounter, while most of the reported confrontations or objections to integration relate to the two other types: encounters between Jewish patients and Arab healthcare providers, and encounters between patients from the two population groups. This hypothesis requires further in-depth research for the sake of validation and substantiation.

Allport's contact hypothesis and Shtern and Asmar's conclusions regarding workplace interactions in Jerusalem suggest that encounters between co-workers are relatively successful at creating a workspace for professionals of equal rank and position that can overcome divides in the public sphere more effectively than other shares spaces. The second type of encounter, between Arab patients and Jewish medical staff, does not pose a challenge to the existing order or to the power balance in the public sphere, and therefore it does not trigger opposition or confrontation based on national or religious differences. On the other hand, encounters between Arab healthcare providers and Jewish patients represent a reversal of the prevailing power balance, and thus confrontation, opposition, and concerns about receiving treatment were reported in this regard. Likewise, encounters between Jewish and Arab patients, which often take place in an intimate setting, challenge the prevalent social and geographic separation and can generate opposition and confrontation.

It is important to bear in mind that the above analysis describes the present situation, in which there is no external intervention aimed at improving interaction between the two groups during encounters in hospitals. It should also be kept in mind that there is a positive potential in all types of encounters in the shared space of hospitals and among all those who pass through: patients, families, medical staff, and administrative staff, in cafeterias, in waiting rooms, and in the corridors. In instances involving potential confrontation, professional intervention and cultural sensitivity are required in order to address the inter-cultural encounter and create conditions that bridge divides and promote tolerance.

Despite media reports about racism and violence resulting from Jewish-Arab interactions at hospitals, we conclude that compared with other workplaces and meeting places, Israel's healthcare system provides a relatively positive space for encounters. The qualitative integration of Arab employees in a range of positions at various levels provides the basis for a rare type of encounter between Jews and Arabs of equal status, even if it is temporary. Moreover, healthcare is perceived as a humanitarian field that crosses political divides, an extra-territorial space of sorts in which there is greater tolerance and inclusion. Although the prevailing conflict often permeates the hospital setting and manifests in the form of racism or even violence, nonetheless, hospitals are by and large a success story in this regard.

We recommend reinforcing the role of hospitals as a safe and shared space for all population groups by enhancing Arabic-language accessibility; providing cultural sensitivity training for staff who treat different population groups, as already practiced by a number of hospitals in Israel; enhancing patients' sense of security; and creating educational programs to promote tolerance and prevent instances of racism in shared spaces.

There is a great deal of potential for supplementary research and the formulation of additional policy tools to improve the current situation and perhaps even leverage the hospital experience in order to improve relations between population groups in everyday life in the public sphere. A quantitative study is needed to identify the positions and perspectives of patients and staff members regarding the role of hospitals as a shared space, particularly in Jerusalem. The studies presented in this paper were either qualitative or too general, spanning geographically diverse hospitals. Encounters between Jews and Arabs in Jerusalem are quite different from hospital interactions in other parts of the country, each of which has different population characteristics that shape patterns of interaction. Therefore future research should examine hospitals, as well as emergency clinics and Kupot Holim (healthcare network facilities), with attention to the specific geographic setting.

In closing, it should be noted that there is insufficient information regarding the Haredi population and its perceptions of the hospital environment, whether as patients or as healthcare providers. It would be instructive if research were undertaken on the impact of integration of Haredi nurses, who have increasingly been joining the healthcare system, as well as the perceptions of Haredi patients regarding Jerusalem hospitals as a shared space. Inclusion of the Haredi community in the overall "equation" would produce a more complex and interesting picture, which also must be taken into account when exploring this issue.

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