Health Inequality Between Jewish and Arab Israelis

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The inequality in Israel can be seen as easily as looking at the differences in the physical communities where Arabs and Jews live. The distinctions in the layout of the streets, the traffic patterns and the general density of the towns is clear to any outsider. In taking a closer look at the area of health, paying specific attention to the health care system and the cultural differences between the communities, I found a variety of explanations for the inequality. The problems stem from causes as distant from health as the electoral system and as broad as the general inequality in Israel aside from health. Not only were the difference in the health status and the reasons for this gap important, but the opportunity that solving this problem provides for producing higher levels of social capital in the state and a more unified society is of the utmost importance in creating peace. I will continue by looking at the general situation in Israel, the various explanations for this disparity, and conclude with my own explanation of how decreasing the health disparity can be a positive step toward a peaceful resolution of the current situation.

In beginning to understand the situation in Israel, there must be a realization of the major characteristics and goals of the state. Israel defines itself as a Jewish democracy, which has often created controversy in that the non-Jewish population of the country is growing in size and does not see itself being treated equally. In addition, Israel's priorities lie in its identity as a Jewish state, its Zionist ideology, and the priority it places on its nation's security. These three main concerns of the state are a direct result of the original arguments for the founding of the nation and its history as a nation constantly fighting for its survival. Israel was created as a homeland for the Jewish people after the Holocaust. It was meant as a place of refuge for the Jews from anti-Semitism, based on the Zionist belief that the Jews could never be fully assimilated into other states as a result of these anti-Semitic attitudes. From its formation, Israel has faced hostilities from its Arab neighbors and from the Palestinians who lived in Israel before the Jewish people were given the land for their own state.

Today, Israel continues to face both an internal and an external conflict.
The internal conflict is against the Arab Israelis who are fighting for equal rights and a role in the government and who are fundamentally opposed to the State of Israel. The external conflict is with the Arabs living outside of Israel, many of whom are fighting to destroy the nation. As a result of the external conflict, internal tensions between Jewish and Arab Israelis are extremely high. Arab Israelis tend to support the Arabs outside the state, which makes them Israeli citizens who support outsiders seeking to destroy Israel. Assad Ghanem, the former director of Sikkuy: The Association for the Advancement of Civic Equality in Israel and a professor at the University of Haifa, stated that “Palestinian Israelis are seen as a security threat because they reject the Jewish state,” which results in low levels of trust between the two groups. This low level of trust has a multitude of effects on the Arab Israeli population, from discriminatory laws to difficulty in obtaining outside funds. These issues will be addressed in greater detail later.

As a result of the state’s fundamental preference for its Jewish citizens that comes from defining itself as a Jewish state and the view of the Arab Israelis as a security threat, the State of Israel has had a large inequality between these two groups. This inequality has grown over time. The Gini coefficient for Israel in 1982 was .222. This increased to .327 in 1985 and to .369 in 2002. In addition, the percentage of Israelis living below the poverty line “grew to 21.1 percent” during this time, and within this population of individuals living below the poverty line, 50 percent of them were Arab, a highly disproportionate number given that the percentage of the total Israeli population that is Arab is approximately 20 percent.

Sikkuy created The Equality Index as a means to measure the inequality in Israel. The overall Equality Index for 2006 was 0.2845. This number is on a scale from negative one to one, where zero is perfect equality. Numbers closer to negative one show preference for Arab Israelis, while those numbers closer to one represent a preference for Jewish Israelis. Therefore, a number of 0.2845 “points to a clear and salient gap in favor of the Jewish public.” This aggregate Equality Index is a result of “assigning a weight to the five aggregate indexes in the field of education, health, social welfare, employment and housing.” The largest of these five indexes is the Social Welfare Index, which is valued at 0.4418 for 2006. This number is calculated by taking into account the expenditure on social welfare for each group, the workforce and employment of both Arab and Jewish Israelis, and the poverty rates for both groups. This value for the Social Welfare Index “expresses substantial inequality between Jews and Arabs.” These indexes, along with the Gini coefficient, appear to show a society where inequality is clear to all of the citizens. However, when asked if there was a general realization of
the inequality within the state, Dr. Itzhak Zaidise, a practicing physician and professor at the University of Haifa, replied that “some [Israeli citizens] don’t see it.”

There are a variety of explanations for the inequality within the nation. Ilan Saban, a professor of congressional law at the University of Haifa, described three main reasons: discrimination, differences in the economic power of local authorities, and family resources and the ability to provide for oneself or one’s family. He stated that there is governmental discrimination in the allocation of funds and the provision of services, which can begin to be seen in looking at the previously mentioned Social Welfare Index. Inequality is seen in a variety of sectors in Israeli society, including the division of land, the educational system and the electoral system. I focused on the inequality in the health system. The persistent inequality in the health care system and in access to care in Israel is especially concerning because of the implementation of the National Health Insurance Law in 1995, which was meant to increase equality between Arab and Jewish Israelis by providing universal health insurance to the citizens of the state. There are a variety of explanations for the continuation of health disparities within the nation even after the law was enacted.

One of the recurring arguments for the disparities between Arab and Jewish Israelis in their health statuses is that Arab Israelis tend to live in rural areas while Jewish Israelis are more heavily concentrated in cities. “Nearly half of Israeli Arabs live in rural areas,”11 which has a number of adverse consequences on the health of Arab Israelis. The first problem that living in rural areas causes is that there is less access to medical services. There are fewer health clinics and specialists in rural areas because the demand for the services is significantly lower, given the smaller population size. In an interview with Ronit Endevelt, a professor at the University of Haifa who also works with Maccabi Healthcare Services, she explained that while Maccabi will have health clinics in small villages, they will not provide the same services as those in larger cities because the people do not demand these services of the health provider at a high enough rate.

In addition, she argued that Arabs in rural areas still have a more traditional view of what is aesthetically attractive in a woman’s physical appearance. This traditional idea of beauty favors more robust women than does the modern view. Professor Endevelt argued that Arab Israelis living in cities are more heavily influenced by the modern desire for slimmer women and as a result Arab Israelis in more densely populated areas are more likely to be concerned about their weight. They are then more inclined to eat healthier foods and to exercise as a means to maintain a slimmer figure. These result
in positive health outcomes. This also applies in the opposite direction, so that Arab Israelis in rural areas are more likely to prefer heavier-set women, and so the obesity rates in these areas are higher. Because of the disparity in the number of Arab Israelis living in rural areas, the overall obesity rates for this sector of the population are higher.

The higher obesity rate is also the result of differences in eating and exercise separate from the personal desire to be a certain weight. Arab Israelis tend to eat sweeter foods, especially sweet desserts, and to eat foods with more fats. Professor Endevelt added that the Arab Israeli community has recently worked to be modernized and, as a result, they have started to eat fattier foods and to drink sweeter fruit drinks that come from the modern society. She argued that they did not always understand the health implications of these modern treats. Mohammed Badarni, the director of the Arab Children Friends Association, a non-profit organization focused on increasing the education of Palestinian youth in Israel and the Occupied Territories, said that Arab Israelis know which foods are healthier and what they should eat, but that they cannot afford the more expensive, healthier foods.

He stated in our interview that the differences in nutrition are a “matter of financial ability, not education.” The nutritional differences have created high rates of obesity in the Arab Israeli community. However, it is important to note that the educational attainment of women in a community has a direct effect on the health of the women themselves and the children they raise. Miri Cohen, a professor in the Faculty of Social Welfare and Health Services at Haifa University, explained in an interview that within the group of Arab Israeli women she studied, she found a higher attendance rate in health programs for women that had higher levels of education.

Ruth Katz, a member of the Department of Human Services and a professor in the Faculty of Social Welfare and Health Studies, both at Haifa University, stated in an interview that another implication of Arab Israelis living in towns with Jews, thus tending to be more modern, is that the women are more likely to receive higher levels of education. This would have a direct impact on their health status and could be another argument for how the segregation of the two populations has created inequality in their health statuses. In addition, Arab Israeli women exercise less than their Jewish counterparts. Professor

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Endevelt’s explanation for this is that because of traditional Muslim values, Arab women are not allowed to go out by themselves at night and so cannot walk around their neighborhoods the same way that the Jewish women can. This limits their ability for physical activity.

The issue of traditional values in the Arab community has been a common argument for the disparity between the two groups. It has caused some of the previously mentioned differences between Arab and Jewish Israelis, such as lower levels of education and less freedom to walk around their neighborhoods in order to increase levels of physical activity, as well as making it harder for Arab Israeli women to visit doctors. Because Arab Israeli women cannot travel on their own and many Arab Israelis live in rural areas, Arab Israeli women have less access to health clinics than Jewish Israeli women. Professor Saban argued that there are things that can, and should, be done by the country to better accommodate the cultural problems that Arab Israelis face. He said that the “government needs to understand the situation” in order to provide more assistance.

Additionally, women have high levels of modesty as a result of their traditional values, and this is a possible issue in their ability to visit male doctors. It is unclear whether this has a significant impact on the number of doctor visits that Arab Israeli women have. Dr. Zaidise argued that modesty issues are no different in the Arab Israeli community than in the Orthodox Jewish community, and that the number of female Arab doctors is increasing, which will provide Arab Israeli women with doctors they would be comfortable seeing. He continued by explaining that not only are the number of female Arab doctors increasing, but that over 50 percent of all medical students are now women. Professor Cohen made the case that in times of important medical conditions, having to go to a male doctor would not inhibit an Arab Israeli woman from seeing a doctor.

She did, however, argue that traditional views of diseases caused a difference in the two groups. Professor Cohen conducted her own research on breast cancer screening differences between Arab and Jewish Israeli women and found that many Arab Israeli women feared breast cancer screenings because they did not think there was a cure for the disease, and they thought that if they found out they had cancer, their husbands would no longer love them or take care of them. This is resulting in later detection of breast cancer in Arab Israeli women, making it harder to treat and lowering survival rates. She did argue that these views were in the process of changing. Professor Endevelt expressed a similar opinion in looking at why some Arab patients do not get treatment for health problems. Part of the reason for this was a fear that people will view them differently if they have a disease. It is bad for
the family if a member has a disease, and because many Arabs live in small communities, all of the community members will know if an individual goes to the doctor frequently, which would be a possible sign of being unhealthy. Professor Endevelt also reiterated Professor Cohen's point in saying that by the time the Arab citizens see a doctor, it is too late and the disease can no longer be treated or the survival rate is lower.

An important and unique aspect of the Arab Israeli situation is that Arab Israelis do not serve in the country's military, while their Jewish counterparts are required to participate. This can result in differences in income between otherwise equally productive workers that are Jewish and Arab because "military service is still an important requisite for many positions of power and importance in Israeli life, as well as for certain welfare benefits, and non-Jews are effectively shut out from them."\(^{12}\) Professor Saban explained that military service allows Jewish Israelis to receive better jobs because it provides an opportunity for networking and is also an important life experience that can show positive personal characteristics. If Jewish Israelis spend time in the military, they learn lessons that will help them to be more productive employees, such as organization or leadership, and so are more likely to be hired.

There are a variety of other reasons that Arab Israelis tend to be poorer than their Jewish counterparts. Sandy Kedar, a professor at the University of Haifa who has focused his research on property rights, explained that in 1948, when Israel was founded, there were still many Palestinians living on the land; those Palestinians who left were the richest, and, in general, those who remained in the state tended to be part of the rural, poorer population of Palestinians. This means that the group of Arab Israelis in the nation today descended from the Palestinians that had received less education and had acquired fewer resources to pass on to their children.

In addition, the women in Arab Israeli communities tend to work less than Jewish Israeli women because of cultural norms. Vered Kraus, a professor in the sociology department at the University of Haifa whose focus has been on educational and occupational mobility among women in the labor market, stated in an interview that in her research, she found a low labor force participation rate for Israeli Palestinian women – approximately 20 percent.

The difference in the economic statuses of Arab and Jewish Israelis is an important factor in the health disparities between the two communities. As previously mentioned, Arabs represent 20 percent of the Israeli population, but make up over 50 percent of those Israelis living under the poverty line.\(^{13}\) Their lower economic standing forces them to purchase cheaper, less nutritious foods, the argument made by Badarni. In addition, it makes it
harder for them to pay for the travel expenses to go to a health clinic or hospital, especially based on their concentration in rural areas. Poorer individuals live in worse housing, whether it is located in an area where there is a higher risk of disease, or if the houses themselves are decrepit and create an increased danger for the people living in them. The current co-executive director of Sikkuy, Ali Haider, said that cell phone towers, which can cause cancer, tend to be located in Arab communities, thereby increasing the risk of Arab citizens having health problems. Dr. Zaidise supported this argument, saying that Arabs do live in riskier areas. Lower economic status also means lower educational attainment, the health implications of which were discussed earlier.

The connection between income and health is not unique to Israel or the Arab population in Israel. Dr. Zaidise was sure to note that throughout the world, one can see that a lower income produces a lower health status because poorer individuals tend to be less well-educated and have more children. This can be seen in Israel, where Arab Israelis have one of the highest birth rates in the world. In the 1990s, “Muslim women in Israel [gave] birth to an average of 4.7 children, compared with an average of 2.7 children for Jewish women.”

Professor Katz explained that the larger families come from lower educational levels (especially for the women), more traditional values and possibly the fear of losing a child as a result of the conflict. As previously mentioned, the connection between lower income and poorer health is not unique to Arab Israelis, but common to all groups with lower economic standing. However, in Israel this connection between health and wealth is exacerbated by the National Health Insurance Law.

The National Health Insurance Law, according to Dr. Zaidise and Professor Cohen, is not discriminatory. Professor Cohen explained that the law is equal for all. She added that the way the services are given and the treatments are also equal between Arab and Jewish Israelis. Professor Saban went so far as to say that the National Health Insurance Law is “one of the good things in Israeli society.” The inspiration for the law came from the socialist foundation of the Israeli nation, which had communal living environments. Jonathon Yovel, a professor at the University of Haifa who focuses on human, economic and cultural rights, made a point of discussing the socialist past of the nation. He stated that overcoming inequality was an impetus for the state. This desire to “overcome inequality” can clearly be seen in the basic principal of the National Health Insurance Law.

Ariel Bendor, a professor in the Faculty of Law at the University of Haifa who specializes in constitutional law, argued in an interview that the discrimination is “not from a legal view,” but that the main reason for the
disparity between the two groups is a result of the “gap between law and practice.” Ghanem agreed that the “question is not just formal law, but how it is implemented.” Professor Bendor supported the previously mentioned view that because of the current state of war, many Jewish Israelis suspect Arabs as not being good citizens. A main reason for this suspicion is that Arab Israelis do not have the animosity towards Israel’s enemy, namely the Palestinians, that is expected of Israeli patriots. Haider expanded upon this belief by saying that “Arabs always need to prove themselves as honest” and as “part of the country.” As a result of this common perception of the Arab Israelis, when laws are put into practice, they are not done so equally because Arab Israelis are not seen as equal citizens.

Ephraim Sneh, the former minister of health who established the National Health Insurance Law, frequently noted that the problem is not the law, but rather the decrease in public spending for the law that has occurred since 1996. This decline in spending caused an increase in the private spending of individuals from 24 to 33 percent. Dr. Zaidise also made a point of discussing the increase in private spending in the health care system. He stated that the new rate of private spending, 33 percent, is one of the highest in the Western world. This increased cost for obtaining services disproportionately harms the Arab Israeli community because of Arab Israelis’s lower incomes. This makes receiving health services more expensive, and has created a larger gap between the health statuses of Arab and Jewish Israelis.

It is interesting to note that while the majority of the preparatory research I conducted faulted the National Health Insurance Law with increasing the disparities between Arab and Jewish Israelis in terms of their health status, this was not necessarily the view of all of the individuals I interviewed. The most interesting case where a group’s literature countered this argument was in Sikkuy’s 2006 Equality Index report. In the health section of the report, it is written: “The value of the Health Index of 2006 is 0.2076, thus indicating inequality between Jews and Arabs, in favor of Jews. The Health Index is lower than the indexes of education, employment and social welfare. It can be assumed that national health insurance for all citizens of the State of Israel constitutes an important factor in reducing the disparity.” This is especially notable because Sikkuy’s specific mission is for the “advancement of civic equality” and they work to produce an unbiased viewed of the situation by including two co-directors, one Jewish and the other Arab. However, Sikkuy did not do any research into how the National Health Insurance Law could possibly be changing the disparities between the two groups. This statement is made, but not backed by any evidence other than the fact that the Health Index is lower than all other indexes they calculated in 2006.
Part of the reason for the large effect of the change in the funding of the National Health Insurance Law is that the Arab Israeli community tends to be more dependent on the Israeli government for public services than the Jewish Israeli community. Haider stated in an interview that it was the responsibility of Arab Israelis, as a minority in the state, to liberate themselves by working together for dialogue in the state. He said that the younger Arab population has this new attitude. He continued by saying that the Arab Israelis must rely on themselves and “must know and understand their rights and viable strategies to receive these rights.” Haider said that this will be the only way that the Arab Israelis will have the ability to define the problem and suggest solutions. Professor Cohen argues that some of the difference in educational attainment between Arab and Jewish Israelis is a result of the fact that Jewish Israelis will invest their own money into education, while Arab Israelis expect the government to provide these services for them.

There are a number of possible explanations for why Jewish Israelis are more likely to provide personal funding for public services. Part of this can be that Jewish Israelis tend to have a higher economic status, making it possible for them to donate more money for these goods. In addition, Israel was founded under the principal of auto-emancipation with an emphasis on the need of the Jewish people to not depend on others for services but to support themselves. This concept can still be seen in the State of Israel today, as Israel is unwilling to depend on others for matters regarding its security. This philosophy created a sense of necessity in providing all public services within the Jewish community instead of depending on outside funding. Finally, Jewish Israelis receive large amounts of funding from outside organizations, such as the Jewish National Fund, which can go to providing better schooling and opportunities to Jewish Israelis. In contrast, Arab Israelis do not receive the same outside assistance because it is harder for Arab Israelis to receive money from Arab countries because of the security concerns of the State of Israel of terrorist funding from Arab countries.

There is also less funding that goes to Arab Israelis from Arab countries because Arab Israelis are well-off relative to their Arab counterparts in other countries, so the funding is more likely to go to Palestinians in the Occupied Territories or refugees in Jordan, according to Haider. As was previously mentioned, the Jewish and Arab Israelis are highly segregated, so when Jewish communities acquire funding for health or educational facilities, these do not spill over to Arab Israelis. The majority of the residential and social segregation is due to desire and consent from both sides, according to Professor Moshe Semyonov, who teaches at Tel Aviv University in the Department of Sociology and the Department of Labor Studies, and even
the seven integrated communities in Israel are actually segregated within the cities. This high level of segregation creates even higher disparities between the services available to the Jewish Israelis who are more self-reliant and the Arab Israelis who depend more heavily on the Israeli government.

However, in declaring that Arab Israelis are more dependent on the Israeli government and that they need to become more self-reliant, it is important to note the differences between the two communities. Professor Saban explained in an interview some of the distinctions that must be made between the two. One of the most important distinctions has already been mentioned: Arab Israelis have a lower economic status than Jewish Israelis so they do not have the funding to provide for their own communities in order to have better public goods. Professor Saban also mentioned that the Arabs are not as unified as the Jewish people because the Arabs distinguish between the Palestinian Israelis, the Palestinians in the Occupied Territories and the Palestinians in Jordan. In contrast, there is a stronger connection between Jewish Israelis and Jews living outside of Israel because they “see themselves as one people.” Because of these reasons, it is not fair to argue that Arab Israelis should be able to support themselves in the same way that Jewish Israelis can.

Not only are Arab Israelis argued to be more dependent on the Israeli government, but because of the electoral system in Israel, Arab Israelis have less power in determining the policies of the nation. In the Israeli system, every citizen votes for a party list. All party lists that obtain at least two percent of the ballots are given seats in the Knesset, the Israeli parliament. The number of seats a party receives is proportional to the number of votes it receives. Because Arab Israelis now make up over 20 percent of the population of Israel, it would be expected that they would have a proportional number of representatives in the Knesset. However, “the Arab public is politically fragmented and has consistently failed to unite behind a single list,” making it harder for Arab parties to receive the necessary percentage of the vote to receive seats in the Knesset. There are also a number of Arab Israelis who refuse to vote because of their resentment of the state, which can be seen in the difference in voter turnout. Arab Israelis have had an average voter turnout around 70 percent, while Jewish turnout is approximately 10 percent higher.

The result has been few Arab Israeli representatives in the Knesset. Proof of this can be seen “in the 1996 elections [where] only eleven Arabs were elected to the Knesset, as opposed to the fifteen to sixteen that could have been elected if Arab voters all mobilized behind Arab lists.” In addition, “no Arab has ever served as a cabinet minister … there are no Arab members
of the Israeli Supreme Court or the Security and Foreign Affairs Committee, and no Arab has ever chaired any Knesset committee, directed any state-owned enterprise, or directed a government bureau – including the branch of the ministry of Religious Affairs that handles Arab communal and religious interests.” Without political power to make policies that are favorable to their cause, Arab Israelis are unable to have a substantial effect on the policies of the state. This means that they are unable to put pressure on other parties to form a health system that would be favorable to Arab Israelis. Arab Israelis have not been able to take advantage of their growing numbers to pressure the government for equal rights because they are not unified behind parties and so do not have proportional representation in the Knesset.

This lack of representation in government bodies is just one factor that has created an Arab Israeli population that does not see itself as a part of the greater Israeli nation. The national identity found in almost all other countries is not present in Israel. Ghanem explained in an interview that in Israel, there is no civic nationality. There is no common feeling about the citizens of Israel that “we are the Israelis.” A clear representation of this is that “there is no ‘Israeli’ nationality. On ID cards, nationality is defined as either ‘Jewish’ or ‘Arab.” Arab Israelis feel excluded from the nation because of the Jewish symbols that represent Israel. These include the Israeli flag, which has the Star of David on it, and the fact that all Jewish holidays are national holidays. Don Pertz and Gideon Doron write in their book The Government and Politics of Israel that “Arabs feel like outsiders. Little in the Israeli collective and symbolic memory is Arab; there are no new street names, postage stamps, monuments, national holidays, or heros, and there is very little common history. The state is Jewish, built by Jews for Jews.”

In speaking with Arab Israelis while in Israel, each defined him or herself differently, but all saw their Arab or Palestinian background as superior to their position as citizens of Israel, and not one of them declared themselves as simply “an Israeli.” Haider gave a number of examples of the terminology used to describe this group. He included in this list the Arab minority, the Palestinian minority, and Israeli Arabs.

An important reason for why Arab Israelis do not define themselves as primarily Israeli citizens is not just the Jewish ideology and beliefs seen in the Israeli government, but the fact that the Arabs in Israel see themselves as marginalized and second-class citizens. Professor Saban elaborated on this issue in saying that Jewish Israelis tend to be monolingual, whereas Arab Israelis tend to be bilingual, speaking both Arabic and Hebrew. During the British Mandate, both Arabic and Hebrew were formally declared as the national languages of the state. It was stated that “any statement or
inscription in Arabic on stamps or money … shall be repeated in Hebrew and any statements or inscriptions in Hebrew shall be repeated in Arabic;” however, in Israel today, not all written materials are in both languages. Haider stated that in hospitals, some of the information is written only in Hebrew, and not in Arabic; this can inhibit Arab Israelis from receiving important information.

One of the major issues in the Israeli legal system is that there is no Israeli constitution, which means there is not a set document to explain the rights of the citizens. In place of a constitution are a set of what are called Basic Laws. The only Basic Law that even possibly addresses the social rights of individuals is the Basic Law: Human Dignity and Liberty. Dr. Amnon Reichman, a professor in the Faculty of Law at the University of Haifa whose specialization is in constitutional law, explained in an interview that the Basic Law: Human Dignity and Liberty leaves a lot of gray area in terms of what rights should be granted to citizens. Professor Bendor agreed with this point and added that there is debate about whether social rights are even included in this law. The law states, “The purpose of this Basic Law is to protect human dignity and liberty, in order to establish in a Basic Law the values of the State of Israel as a Jewish and democratic state.” It is unclear which social rights fall under the umbrella term of “human dignity,” and there is no definition as to what constitutes a violation of the right to human dignity. The lack of clarity makes it possible for social rights to be under provided to certain groups, specifically the Arab Israelis. Professor Bendor said that he was unsure whether the inclusion of social rights in a written constitution would even help the situation. In addition, he was skeptical of whether social rights would be included by the Knesset in a new constitution if and when it would be written.

Arab Israelis do not receive equal treatment compared to Jewish Israelis both in laws and in social and economic rights. Professor Jonathon Yovel explained in an interview that Israel has actually put into place a law through which Palestinians from the Occupied Territories that marry Arab or Jewish Israelis cannot move to Israel. Either the Israeli who has married the Palestinian from the Occupied Territories must move into the Occupied Territories, where the living standard is significantly lower and there are fewer job opportunities, or the married couple cannot live together. This law was put into place due to “security” concerns, according to Professor Yovel, but it “crosses the line for democracy” in defining separate rules for Arab and Jewish Israelis and in separating these families.

This law is exacerbated by the Law of Return, which allows any Jewish person in the world the right to become a citizen of Israel, without knowing
Hebrew or having any real connection to the state. In addition, the family member of any Jewish Israeli is given the right to become a full citizen of Israel (excluding a family member that is a Palestinian living in the Occupied Territories, as described by the aforementioned law). This means that the Israeli laws fundamentally allow Jewish Israeli families to be unified as Israeli citizens, while Arab Israeli families, who would be more likely to have family members in the Occupied Territories, are not given this same right. It is the combination of these laws and unequal social and economic rights that create a feeling of marginalization in the Arab community.

From my research, I would argue that the key to creating a more united Israel and a decrease in the resentment of Arab Israelis toward the nation is to improve the social and economic rights of Arab citizens – specifically the access to health care. As the size of the Arab population is continuously growing, due to high birth rates, the Israeli government will be forced to deal with the issue of being a Jewish democracy where a growing minority, which could possibly become the majority, is not Jewish. Equality in rights that are the most basic to human beings, such as health, would be a means of increasing the unity in the country without forcing the Israeli state to give up its identity as a Jewish democracy. Haider said that for those Palestinians that became Israeli citizens and are currently living in Israel, their main goal is to remain in the state and receive equal treatment. He finished the interview by declaring, “We are customers and this is our right as customers for equal treatment.”

This argument for social and economic rights producing unity was backed by Professor Saban. He stated that increasing social rights will increase trust between the two groups. He added that in order for the “collective Palestinian minority to take [its] Israeli identity seriously, [it has] to be provided with [a] manifestation of ability to achieve dignity in the state.” The Arab Israelis need to feel as though they are a part of the country, not second-class citizens. Social rights will produce the sense of belonging within the state without producing resentment within the Jewish community.

Because of the structure of the electoral system in Israel, the provision of rights to Arab Israelis is hard to come by. However, social rights, especially access to health services, do not threaten the state or cause Israel to go against its basic value of security. Rather, the provision of health services will improve the security of the nation because it will decrease the internal resentment of Arab Israelis. Professor Saban showed support for this view. He stated that providing rights does not have to result in the destruction of the Jewish democratic paradigm of the state.

Arab Israelis do not wish to leave Israel to live in an Arab country or a
Palestinian nation if it were established in the future. Most of the explanation for this is that the economic opportunities and public goods in Israel are superior to those in the surrounding Arab countries. Professor Alan Dershowitz of Harvard Law School writes in his book, *The Case for Israel*, that “opponents of Israel tend to emphasize the disparity between Israeli Arabs and Jews, while hardly mentioning how much better Israeli Arabs fare than their counterparts in the Arab states.”\(^{24}\) He continues by specifically looking at the Israeli health care system, which he says “dwarfs that of its neighbors,”\(^ {25}\) and that the National Health Insurance Law, in providing universal health insurance to all citizens, has “helped to raise the life expectancy of Israeli Arabs to well above that of Arab neighbors and to drive their infant mortality rates to well below.”\(^ {26}\) However, although the Israeli system has improved the Arab Israelis to a health status above their Arab neighbors, the disparity within the state is still an important issue. Because Arab Israelis do not wish to leave the nation, they must be treated as permanent residents who deserve equal rights. The Arab Israelis are not an issue that will disappear, even if there is a Palestinian state to which they can move, and the greater the disparity between Arab and Jewish Israelis, the more tension there will be between the two groups.

An important issue in determining the means of decreasing resentment by increasing equality is in the definition of equality. Professor Bendor said that a written “constitution would not be able to clear up the gray area in terms of what equality is” because equality cannot be defined. However, Dr. Reichman explained that it is possible to define equality in three different ways. Equality can be equality based on need, equality based on giving each person the same amount (every person gets $1 and so the system is equal), and equality with respect to contribution (so that the more funds a community raises, the larger the amount of government funding that community receives). Dr. Reichman argues that the Israeli system is based on this second definition of equality where each citizen receives the same amount.

The problem with this current system is that not all of Israel’s citizens need the same amount of care. As I have already argued, the Arab Israeli community has a greater need for health services as their life expectancy is lower than that of their Jewish counterparts, and they have cultural norms that inhibit their ability to achieve a higher health status. In order to create a more peaceful community, equality in Israel should be based on providing each individual with the means to reach an equal health status. This will make the citizens feel as though they are equally respected and cared for because they will see their current health status as equal to that of all other citizens. Providing the same governmental funding when the Jewish Israelis
have a higher health status and are receiving more outside funding than the Arab Israelis means that the Arab Israelis will continue to lag behind in health indicators. Equality in governmental funding will not produce the desired result of creating a more peaceful society.

I strongly support equality in health services and access to care as a means to create a more peaceful, united society in Israel. Arab Israelis should receive more funding than their Jewish counterparts because they receive less outside funding than their Jewish counterparts and have more health issues as a result of their cultural and educational differences. Health education should be a main goal of the Israeli government, in order to provide information about healthy eating habits and the importance of exercise. In addition, the public spending for the National Health Insurance Law must be increased back to its original level in order to make the National Health Insurance Law more effective in creating an equal system. The foundation for health equality has been set out through the National Health Insurance Law; now, the government must follow through by making it possible for the law to be effective. This means building more clinics in rural areas to treat Arab Israelis who live in these locations. A new effort has been made to reach citizens living in these areas. The Israel Council Society has created mobile clinics which travel through the locations that have less access to health services. Professor Cohen explained this new program and stated that it is a growing trend in Israel. These are the types of services that must begin to be provided at a higher rate.

An equal health status in both groups will create the ability for a variety of other forms of equality. Equal health with allow both groups to be equally productive. This could potentially open new opportunities for employment. In addition, increasing the life expectancy of Arab Israelis could provide them with the ability to pass on more wealth between generations. Professor Semyonov explained in an interview that the lower life expectancy of Arab Israelis means that they have less time to accumulate wealth over their lives, which results in a smaller inheritance for their children. This is exacerbated by the larger family sizes in Arab communities, which cause the inheritance to be divided into more parts, providing each child with even less.

The reverse is also true, that equality in other areas will result in greater equality in health. Equal levels and quality of education will result in better
eating habits and a lower smoking rate in Arab communities. I would argue that a decrease in the physical segregation of the two populations would also have a strong impact on the health disparities. Arab Israelis that live in mixed cities tend to be healthier because they are influenced by the more modern lifestyle and the popular desire to be healthier. In addition, the increased funding for Jewish Israelis from outside sources creates better health facilities in Jewish towns; however, towns with Arab and Jewish Israelis would also be able to benefit from this additional funding. This will create access to better care for Arab Israelis. And not only will a decrease in social and economic disparities result in a more unified community with less violence, but Dr. Zaidise also argued that peace would be an important step toward creating more equality within Israeli society.

As a result of the knowledge I gained by interviewing a variety of individuals in Israel who had a diverse set of opinions on the topic, I have come to the conclusion that equality in health is an important stepping stone for equality in a variety of other areas and for a more united society. Because health issues do not force the Israeli governmental to begin to tackle the larger issues of the state’s identity as a Jewish democracy, it is a less controversial way to begin to move the Arab community forward. Any type of equality will have the effect of making the Arab citizens feel as though they are a respected and important part of Israeli society. Once they no longer see themselves as second-class citizens within Israel, Arab Israelis will begin to identify themselves as “Israelis”, not just “Arabs in Israel”. Arab Israelis self-identifying as Israeli citizens is a necessary step in creating a united Israel that works toward peace.

2 Ibid.
3 Ibid.
4 Ibid.
5 Sikkuy, The Equality Index of Jewish and Arab Citizens in Israel (Haifa, Israel, 2007), 18.
6 Ibid.
7 Ibid., 17
8 Ibid., 68
9 Ibid., 69
10 Ibid., 70
12 Arian, Politics in Israel: The Second Republic, 326.
13 Ibid., 80
18 Ibid., 60
19 Ibid., 276.
20 Ibid., 31.
22 Ibid., 31.
24 Alan Dershowitz, The Case For Israel (Hoboken, New Jersey: John Wiley and Son, 2003), 223.