



PHYSICIANS FOR
HUMAN RIGHTS
ישראלים ופסיכיאטרים
לזכויות אדם

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POSITION PAPER

THE COST OF A WEAKENED PUBLIC HEALTHCARE SYSTEM:

RESPONSES SINCE OCTOBER 7 AND REQUIRED STEPS
FOR ITS RECOVERY

JANUARY 2024

Introduction

This position paper examines the ways the Israeli public healthcare system has responded to the challenges posed by the October 7 Hamas-led attacks and the war that has followed. It reviews Israel's policy failures, which have harmed its healthcare system's capacity to function, and suggests necessary steps to ensure adequate responses for the victims of the massacre and the war, as well as the overall traumatized Israeli public.¹

For years, Israeli governments and their ministries of finance have implemented policies aiming to deplete the public healthcare system of its resources. To justify this, officials have argued that cutting budgets would encourage greater efficiency, prevent overstaffing and excessive salaries, and avoid overtreatment of patients. Such policies aligned with broader neoliberal trends towards defunding public services and promoting greater reliance on the private sector.²

The Israeli government continued underfunding services despite repeated warnings by public and economic health experts, as well as civil society organizations, regarding the concerning expansion of health disparities, the growth of private medicine at the expense of public healthcare, and the severe shortage of personnel and services throughout Israel and peripheral regions in particular. These experts persistently cited studies showing that public healthcare is more efficient than privatized healthcare and offers higher quality care, that private medicine cannot provide a reliable alternative to address long wait times, and that the depletion of resources will inevitably cause severe damage to Israel's public healthcare system.³ However, these warnings continued to be blatantly ignored. Even as the health and finance ministries began

¹ This position paper focuses on the health system. It does not examine how other public services, such as the welfare and education systems or the Institute of Forensic Medicine, performed on and after October 7.

² Baruch Levi, Gabi Ben Nun, and Nadav Davidovich. "An Examination of the Cost Update Mechanism for the Healthcare Services Basket Between 1995 and 2020," Policy Paper No. 10.2002. Taub Center for Social Policy Studies in Israel, October 2022.

³ Filc D, Davidovitch N. Rethinking the private – public mix in health care: analysis of health reforms in Israel during the last three decades. *Journal of Health Services Research & Policy*. 2016;21(4):249–256. doi:10.1177/1355819616650470

to acknowledge that the expansion of private medicine should be prevented, the appropriate resources were still not allocated, nor were the necessary steps taken to address the urgent challenges faced by the public healthcare system. Even after a moderate increase in public healthcare funding during the COVID-19 pandemic – when the value of a robust public healthcare system was amply demonstrated around the globe – spending was eventually once again lowered.⁴

The October 7 events and the ensuing war broke out amid these circumstances, unequivocally and tragically proving that there are no adequate alternatives to a strong public healthcare system. While Israel's healthcare system did not immediately collapse thanks to the solidarity and volunteering efforts of health workers – and because the war did not expand to northern Israel and the West Bank – it became more apparent than ever that Israel's healthcare system is unprepared to offer medium- and long-term responses to the challenges posed by the massacre and the war. These circumstances directly result from draining the public healthcare system and promoting privatized health services. While the health and finance ministries are now scrambling to offer ad-hoc budgetary solutions, many of these will require years to prove effective – including training additional healthcare workers. As such, we cannot help but wonder: Where would we have been – now and back on October 7 – if the public healthcare system had been adequately funded and staffed, and who paid (and continues to pay) the price for this?

Israel's public healthcare system on the eve of October 7

When the October 7 events erupted, Israel's public services, including its healthcare system, had already endured years of defunding. The ongoing draining of public resources was a deliberate government strategy, as reflected in Prime Minister Benjamin Netanyahu's 2003 "Fat

⁴ In 2022, the national expenditure on health was 7.3% of the GDP, compared to an OECD average of 9.3%. For more, see the Central Bureau of Statistics press release, "National expenditure on health in 2022 at 7.6% of GDP", July 20, 2023 [Hebrew]

Man and Thin Man” speech.⁵ Prominently advocated within civil society by the Kohelet Forum, this approach favors a profit-driven private sector over a public system perceived as cumbersome and wasteful – and that public services should accordingly be defunded and privatized.

For years, Israeli government policies have eroded the resources of the Ministry of Health and the HMOs and slashed public spending on health-related issues.⁶ This has led to an accelerated privatization process, pushing wealthier Israelis to increasingly rely on private medicine. While private expenditure on healthcare in 1995 amounted to 25% of the total national spending, by 2019, it reached a record 36%. This number dropped somewhat in the years immediately after due to national expenditure relating to the COVID-19 crisis. According to recent data, private healthcare spending in 2021 amounted to 32%⁷ – and 33.9%⁸ by 2022. In comparison, the average private healthcare expenditure among OECD nations in 2021 amounted to 27%.⁹

Prior to the COVID-19 pandemic, PHRI estimated that Israel’s public healthcare system required NIS 14 billion to overcome its disparities.¹⁰ While the pandemic temporarily led to increased funding, partially curbing the healthcare system’s erosion, the budgets were utilized primarily for emergency needs and did little to alleviate long-term concerns. A 2022 Taub Center report estimated that the depletion of the Healthcare Services Basket has left the Israeli healthcare system roughly NIS 20 billion underfunded (calculated according to demographics and cost of healthcare.)¹¹

⁵ See <https://www.youtube.com/watch?v=QFnDXXjo594>

⁶ Among the causes of the erosion and reduction of public spending: the cancellation of the Parallel Tax, imposed on employers and self-employed and which served as a source of financing for the National Healthcare Basket, in addition to the health tax; A reformed calculation method for updates to the Healthcare Basket that did not account for the growth and aging of the population, despite age being the most influential factor on health expenditure (especially in a country with a high population growth rate); and the added payments for physician visits and increased deductibles for medicines since 1998.

⁷ Central Bureau of Statistics press release, “National expenditure on health in 2021 at 8.1% of GDP”, August 1, 2023 [Hebrew]

⁸ Central Bureau of Statistics press release, July 2023 [Hebrew]

⁹ Health at a Glance 2023: OECD Indicators, OECD Publishing, 2023, p. 154-155.

¹⁰ PHRI, “Economic analysis: Underfunding in Israel’s public healthcare system.”

¹¹ Levi et al., p. 4.

Among the consequences of the budgetary erosion and reduction of public health expenditure is the expansion of health-related disparities, particularly in the geographical and social periphery.¹² This is evident primarily in southern and northern Israel, where there are higher concentrations of disadvantaged populations. These regions lack many medical services and face a medical and paramedical personnel shortage. The absence of health services and professionals is most salient concerning the fields of mental health and rehabilitation, which have been neglected for years and have led to substantial gaps between public needs and existing services.¹³ As a result, these health fields have faced a severe crisis, as patients are forced to accept impossibly long wait times across Israel and in its periphery in particular. As will be elaborated later, this crisis may severely impact the care provided to the victims of the October 7 attacks and the war among both peripheral residents and the general population.

The neglect of healthcare in southern Israel is evident in additional ways. For example, though rocket launches from the Gaza Strip have become an inseparable aspect of daily life in southern Israel in the past twenty years – and despite countless Knesset discussions on the matter – hospital structures in the line of fire (including Soroka Hospital in Be'er Sheva and Barzilai Hospital in Ashkelon) remain inadequately reinforced.¹⁴ Furthermore, the construction of an additional hospital in Be'er Sheva has continuously been delayed despite receiving government approval back in 2014. After dragging out the issue for

¹² For data on inequalities in the healthcare system, see the Ministry of Health's report "Health Inequalities and Responses 2021", September 2022, and the interim report of the Committee for the Development of Strategies to Reduce Health Disparities in the Next Decade, November 2022. [Hebrew]

¹³ A reform in the field of mental health included the transfer of responsibility from the state to the HMOs in 2015. Due to insufficient funding and oversight, the reform further worsened the already severe circumstances.

¹⁴ At Soroka Hospital, half of the operating rooms, over 200 hospital beds, catheterization rooms, and the imaging institute are located in structures that are not reinforced. At Barzilai Hospital, which has suffered at least three direct rock hits since the start of the war, four hospitalization floors are not reinforced, nor is much of the hospital's critical infrastructure, including its pharmacy and blood bank. See: Adi Cohen, "Choosing between the lives of patients and the lives of employees: the state did not invest in the reinforcement of hospitals," *The Marker*, 22.10.23; Adir Yanko, "The state promised a budget years ago: Why are the hospitals in the south still not reinforced?" *Ynet*, 24.8.22; Adir Yanko, "The failure to reinforce Israel's hospitals: Only 12 of 30 neonatal ICUs are reinforced," *Ynet*, 16.11.23. [Hebrew sources]

years, the government declared in 2022 that it would publish a tender for the hospital's construction by November of that year – though this has still not occurred.¹⁵ Consequently, a new hospital in the Negev, necessary both in routine times and during emergencies, will not open in the coming years.

Despite the ongoing depletion of resources, Israel's public healthcare system is still considered excellent according to various parameters. However, cutting public spending and expanding privatization comes at a high cost, leading to staff attrition, growing health inequalities and disparities, and unpreparedness for future challenges. The October 7 events and the war exposed the vulnerabilities of Israel's healthcare system, proving yet again - as already made clear during the COVID-19 pandemic - that in times of emergency, there are no adequate alternatives to robust and well-funded public medicine. The private sector is unable to support or replace public healthcare even in times of routine – and all the more so during emergencies. Accordingly, a nation like Israel, which perpetually faces emergency circumstances, cannot afford to weaken its public healthcare system.

The healthcare system's response on October 7 and in the first weeks of the war

The October 7 massacre posed an unprecedented challenge to the Israeli healthcare system, particularly to its emergency services and hospitals in the southern region. On the first day of the war, an unparalleled 1,450 wounded people arrived at Israeli hospitals. Soroka Hospital admitted an astonishing 700 patients, 120 of whom arrived in serious condition.¹⁶ To put that in perspective, Soroka's last training exercise for a mass casualty event prepared them for treating 100-200 wounded people.

¹⁵ Government Resolution 1564 on the establishment of a new hospital in Beer Sheva, June 2, 2022; Ministry of Health Statement on the opening of two new hospitals in Be'er Sheva and Kiryat Ata, June 14, 2023. [Hebrew]

¹⁶ "The October War and Its Impact on Israel's Society and Economy," Taub Center for Social Policy Studies in Israel, Policy Paper No. 11.2023, December 2023.

Barzilai Hospital is far smaller than Soroka. 370 wounded people arrived at the hospital on October 7, a number far greater than it had ever prepared itself to receive.¹⁷ In an interview, the hospital's director of orthopedics, Dr. Omri Lubovsky, said: "In the first hours of the war, a soldier with a bleeding artery urgently required surgery, but we had no available operating rooms. We also didn't have enough X-ray technicians, anesthesiologists, or beds. This critical lack of resources is impacting our work and preventing surgeries from being carried out. I'm very frustrated, and this terrible event should be investigated at the national level... It's time they start considering the hospitals in the periphery."¹⁸

Despite the unprecedented dimensions of the crisis and the ongoing rocket fire, both hospitals were able to function relatively well. This was possible primarily due to the immediate mobilization of healthcare workers. However, the lack of structural reinforcement of the hospitals significantly hindered their capacity to provide care amid the constant rockets from Gaza. At Soroka, for example, only 10 of the 20 operating rooms are reinforced, meaning that on October 7, only half of the hospital's operating rooms could be used. Consequently, surgeries for gunshot wounds of the chest were being carried out in reinforced delivery rooms.¹⁹

It has been widely indicated that the primary mistake was failing to disperse the wounded among more hospitals in Israel, leaving Soroka and Barzilai to cope alone with a staggering number of patients.²⁰ Although no official data has been released to indicate that this resulted in the worsening of patients' conditions, various reports suggest that the medical treatment was negatively impacted and may have even led to the loss of lives. For example, there were reported cases in which medical teams carried out amputations because tourniquets were left

¹⁷ Ariela Ayalon. "Bullets in Stretchers, Full Pathology Fridges: Barzilai, a War Diary," Ynet, December 12, 2023. [Hebrew]

¹⁸ Ibid.

¹⁹ Letter to the Prime Minister, "Swords of Iron War: Central Failures in Responding to Home Front Needs as Disclosed During the State Comptroller and Ombudsman Visits and in Public Complaints," November 13, 2023, 17(8), [Hebrew]

²⁰ "Special Monitoring Report: Iron Swords - the Healthcare System during the War" The Citizens' Empowerment Center in Israel (CECI), November 2023. [Hebrew]

on too long.²¹ In other instances, severely wounded patients waited in ambulances for over 90 minutes while being resuscitated because Barzilai Hospital was unable to admit them, and the Ministry of Health failed to coordinate their transfer to other hospitals.²²

A report by the National Trauma Council, an advisory body to the Ministry of Health, identified failures in the triage and transfer of patients on October 7. The council also called for establishing clear procedures for future emergency cases. Dr. Yoram Klein, a council member and the director of Sheba Hospital's Trauma and Acute Care Surgery Department, described the impossible circumstances imposed on Soroka and Barzilai that day, noting that they "faced the inconceivable overload of patients as best they could and that no other hospitals would have dealt with it better. Yet, can such masses of wounded persons be optimally treated? The answer is no."²³

The Ministry of Health was quick to reject the criticism echoed in the report, going so far as to reprimand the council's members by suggesting that "those who were not present in the situation room that day and who did not speak to hospital physicians and directors should not be offering criticism."²⁴ In response, the National Trauma Council head, Prof. Meir Oren, resigned to protest the ministry's unwillingness to accept criticism.²⁵

A few weeks later, the Ministry of Health formed a review committee on the October 7 evacuation efforts. The appointment of former Health Ministry Director Prof. Nachman Ash as head of the committee has since been criticized, given his ties to ministry officials.²⁶ No additional information has been released regarding the committee since the

²¹ Ido Efrati, "The Ministry of Health dismissed the National Trauma Council following its criticism of the ministry's performance in the war," Haaretz, November 13, 2023. [Hebrew]

²² Liat Ron, "A failure that cost lives: wounded weren't evacuated to hospitals in central Israel due to Health Ministry chaos," Walla News, October 9, 2023. [Hebrew]

²³ See Ido Efrati, "The Ministry of Health dismissed..."

²⁴ Meital Yassur Beit-Or, "Report: Failures in evacuating wounded to central Israel on October 7", Israel Hayom, November 4, 2023. [Hebrew]

²⁵ Meital Yassur Beit-Or, "Following the failures in evacuating the wounded: Trauma Council head resigns; 'The Ministry of Health is not open to criticism'," Israel Hayom, November 12, 2023. [Hebrew]

²⁶ Merav Cohen, ">The Ministry of Health did not operate properly on October 7->: a committee will investigate the evacuation of the wounded," Walla News, December 12, 2023. [Hebrew]

announcement of its formation. It remains unclear whether committee members have been appointed and who they are, whether the committee has already been convened, which procedures it includes, and who is expected to appear before it. There has also been no call to collect information from the public - particularly from the wounded and their families who were directly affected by the events. As such, the Health Ministry's initial response and the ongoing ambiguities raise concerns that the committee will lack transparency and seek to protect officials.

In terms of community care in the days following the attacks, Israeli HMOs faced complex challenges attempting to treat 150,000-200,000 evacuees across several locations (according to some estimates, the number is closer to 300,000²⁷). In addition, the HMOs continued to provide healthcare services in combat zones for those unable or unwilling to evacuate. Concurrently, they attempted to treat the severely traumatized communities while also providing care to the massacre victims after being discharged from the hospitals.

The HMOs managed to rise to these challenges and operate effectively by combining their resources, opening joint clinics in and near evacuee complexes, and enabling patients to receive care regardless of their affiliation to particular HMOs or physicians. However, since the HMOs do not usually operate joint clinics, the coordination efforts took over a week, and the administrative and bureaucratic hurdles sometimes prevented the provision of care. For example, patients' medical files were not accessible to physicians of other HMOs, and patients who purchased medications in pharmacies outside their HMOs were forced to pay full price and later apply for reimbursement. These were all avoidable bureaucratic complications.

In addition to the HMOs, local municipalities played an essential role in supporting both evacuated and remaining residents while also helping

²⁷ According to the State Comptroller's letter to the Prime Minister, an estimated 150,000 conflict area residents are not included in the evacuation plan, in addition to the number of residents included in the plan. See footnote 19. According to the Israel Democracy Institute, the figure is approximately 330,000 residents. See: Dafna Aviram-Nitzan, Roy Kenneth Portal. "Approximately 330,000 Israelis were evacuated or left their homes following the <Iron Swords> war," Israel Democracy Institute, October 19, 2023. [Hebrew]

those who were resettled in their regions. Another unique aspect of the war's first weeks was the civil society response to the gaps left by the state's failure to act. Various civic arrays operated on a massive scale in terms of volunteers and donations. PHRI took part in these efforts by helping operate a medical clinic for the evacuees of Kibbutz Be'eri until the HMOs established their clinics, as well as assisting in the supply of medication. This civilian mobilization was central to the public healthcare system's ability to continue operating.

The ongoing gaps in terms of mental health services grew more apparent amid the severe traumas and diverse needs of so many patients. Consequently, many mental health practitioners stepped in and volunteered during the first weeks of the war.²⁸ While some volunteered through independent initiatives, in many cases, the Ministry of Health and various public health institutions called for volunteer support. The Ministry of Health recruited some 50 volunteer social workers to support families in the casualty identification center at the Shura camp.²⁹ Clalit HMO, the healthcare provider for most of the wounded and evacuees in northern and southern Israel,³⁰ as well as the owner of the Soroka and Yoseftal hospitals, relied extensively on volunteers in the weeks after October 7 - including physicians, social workers, and occupational therapists.³¹

As the October 7 events exposed the price of Israel's failed mental healthcare policies, rather than urgently moving to provide adequate financial resources, public health institutions and the Ministry of Health instead expected health professionals (predominantly female professionals) to work without pay.³² The severe negligence and audacity of this response cannot be overemphasized. Furthermore, relying on volunteer efforts is professionally problematic, given the lack

²⁸ Or Kashti, "The state's plan for mental health services for evacuees relies on volunteers," Haaretz, October 19, 2023. [Hebrew]

²⁹ See Special Monitoring Report, p. 11.

³⁰ Clalit HMO is the healthcare provider for 70-95% of residents in the evacuated areas in southern and northern Israel. See Adrian Pilot, "Clalit CEO: 'I asked the Ministry of Health for NIS 2 billion and received NIS 75 million. It's a joke,'" Calcalist, December 7, 2023. [Hebrew]

³¹ Minutes of the Knesset Health Committee discussion on the war's impact on the financial stability of the HMOs, October 30, 2023, p. 3. [Hebrew]

³² Lee Naim, "The Ministry of Health is recruiting professionals to support the evacuees, but does not want to pay them", N12, October 19, 2023. [Hebrew]

of oversight over the identity and quality of the care providers and the inability to ensure proper documentation and continuity of care.

On November 13, 2023, the State Comptroller of Israel sent the Prime Minister a letter reviewing the main home front failures, noting that "the public mental health services failed to treat evacuees due to an overwhelming reliance on volunteer efforts... Mismanaged emergency mental health services were carried out in parallel to local volunteer initiatives, while documentation and continuity of care practices were ignored."³³ Notably, the first few days following a traumatic event are critical for treatment and escalation prevention - making these failures all the more severe.

In addition to the overreliance on volunteers, the public healthcare system also sought donations of hospital equipment. Absurdly, Ashdod's Assuta Hospital even raised funds to purchase essential supplies that should not be donation-dependent, including "emergency supplies, respiratory equipment, monitors, stretchers, mattresses, hospital beds, orthopedic equipment, blankets, and defibrillators."³⁴ The Ministry of Health published a form for donating medical equipment to hospitals, yet claimed that "the healthcare system is fully prepared and has all necessary supplies."³⁵

As far as we know, in contrast to the many independent volunteer initiatives, the private medicine sector did not make its resources available to the public healthcare system – not in terms of personnel, equipment, medical instruments, or operating and hospital rooms - nor was it requested or obligated to do so by the Ministry of Health. This is particularly jarring given the national state of emergency and the acute overload faced by the public healthcare system.

³³ State Comptroller Letter to the Prime Minister.

³⁴ Liat Ron, "The healthcare system is facing collapse: from hospitals to military physicians in the battlefield," Walla, October 9, 2023. [Hebrew]

³⁵ Ministry of Health statement, "The Ministry of Health is receiving thousands of requests from Israel and abroad to donate medical equipment to the healthcare system," October 18, 2023. [Hebrew]

Medium- and long-term consequences

Israel's healthcare system is facing unprecedented medium- and long-term challenges due to the severe overload and added costs of the October 7 events, especially in the fields of mental health and rehabilitation. According to Health Ministry data, 12,597 civilians and soldiers have been hospitalized since October 7, of whom 562 were in serious condition and 1,057 in moderate condition.³⁶ Unfortunately, this data is not conclusive, and more injured people continue to arrive daily at the already overloaded hospitals.

Addressing these challenges is particularly complex, given that even before October 7, Israel's healthcare system faced a severe and sometimes dangerous shortage of resources and personnel. A May 2023 OECD report warned of a critical lack of medical personnel in Israel in the coming years.³⁷ The Ministry of Health was aware of these concerns and was beginning to promote potential solutions, but these were too little and too late. The exasperation of an already overloaded healthcare system amid the many wounded people and the scale of the collective trauma require increased spending and innovative responses.

In light of these concerns and in a rare move, the Health Ministry proposed new regulations allowing the provision of medical services from abroad – by Israeli and foreign physicians – as part of the Healthcare Services Basket. This includes health services in psychiatry, imaging, pathology, nuclear medicine, dermatology, and genetics. The ministry justified this step, which was announced days after October 7, by arguing that it was necessary "given Israel's current state of emergency and the heavy burden on the healthcare system... And due to the shortage of care providers and medical technologies."³⁸ This was the first time the Ministry of Health proposed comprehensive privatization and outsourcing of medical fields that are included in the Healthcare Services Basket – indicating the scale of the crisis triggered

³⁶ As of January 2, 2024. The data is extracted from the Ministry of Health website.

³⁷ "OECD report on medical education and training in Israel: towards a better governance structure for health workforce planning and policy-making in Israel," May 2023.

³⁸ "Draft public health insurance regulations (health services in foreign countries) (temporary ordinance)," 2023.

by defunding the public healthcare system. Carrying out such a step may result in various adverse consequences, including harming the quality of medical care and professionalism in the fields slated to be outsourced.³⁹ In addition, utilizing these "emergency" regulations may pave the way for their long-term adoption as a permanent solution to the ongoing staffing shortage.

The October 7 events are perceived as a national mental health crisis. In addition to the wounded and the survivors of the massacre, tens of thousands were directly exposed to traumatic events, while many care and service providers suffered secondary trauma. Furthermore, the attacks carry mental health consequences for the country's entire population.⁴⁰ In reviewing the performance of Israel's mental health services during the war, the State Comptroller noted that "the state's failure to provide adequate mental health responses to the general public is alarmingly clear."⁴¹ The directors of Israel's psychiatric hospitals expect hundreds of thousands of new patients following the massacre and the war, warning that an emergency mental health program is needed.⁴²

On November 11, 2023, the Ministry of Health handed responsibility for evacuees' mental healthcare to the HMOs.⁴³ Consequently, the HMOs are now rushing to recruit care providers without being able to offer them any improvements to their employment conditions (other than a widely criticized one-time annual grant.)⁴⁴ Accordingly, the public mental health services available to evacuees and other impacted groups remain entirely insufficient. Recent reports indicate the continued distress and suffering of evacuees, especially children and teenagers.⁴⁵ Other reports suggest high rates of depression, anxiety, suicidal ideation, and forced hospitalizations among the survivors of the Nova massacre.⁴⁶

³⁹ Adi Cohen, "The latest healthcare shortage bandage: appointments with physicians abroad – covered by health insurance," *The Marker*, December 11, 2023. [Hebrew]

⁴⁰ See Special Monitoring Report, p. 10.

⁴¹ State Comptroller Letter to the Prime Minister.

⁴² Ketti Dor, "Psychiatric hospital directors warn: hundreds of thousands of citizens will need mental health support due to the war," *Kan11*, November 20, 2023. [Hebrew]

⁴³ Ido Efrati, "Responsibility for mental healthcare for evacuees transferred from Health Ministry to HMOs," *Haaretz*, November 15, 2023. [Hebrew]

⁴⁴ Ido Efrati and Or Kashti, "Therapists: The grant for public sector workers will not attract more therapists," *Haaretz*, December 17, 2023. [Hebrew]

⁴⁵ Dor Zomer, "Neglected on all fronts: sex offenders volunteer at hotels with evacuee children," *The Hottest Place in Hell*, November 21, 2023. [Hebrew]

⁴⁶ Avichai Chaim, "More party massacre survivors forcibly hospitalized," *Shavim*, November 13, 2023. [Hebrew]

The city of Ofakim, which was brutally attacked on October 7 as fifty of its residents were murdered, was not evacuated.⁴⁷ Many residents continue to suffer from severe mental distress and are not receiving adequate care due to the acute shortage of care providers. The Hosen Resilience Centers struggle to contain the heavy load because "they are few, and their resources are extremely limited."⁴⁸ Even before October 7, the mental health impact of the COVID-19 pandemic was significant, and the demand for mental health services has only grown since. As a result, in addition to those requiring care following October 7, the treatment of those already receiving care is now in jeopardy. In addition, the personnel shortage places a severe burden on the few therapists operating in the region, leading to burnout and negative mental health consequences. This may impair their performance and even push them to seek employment in other fields.

On November 29, 2023, the Director General of the Ministry of Health, Moshe Bar Siman Tov, presented a national mental health plan. The proposed NIS 2 billion program will recruit additional healthcare professionals by bringing private sector therapists into the public system, along with the development of new mental health professions. However, this is currently only a theoretical plan, and whether it will be realized and sufficiently funded remains to be seen.

The public healthcare system will also need to develop medium- and long-term responses in the area of rehabilitation. As previously cited, current Health Ministry data indicates some 1,600 severe and moderately wounded patients.⁴⁹ Many of them will require physical and mental rehabilitation and, in some cases, long-term rehabilitation and support, including adapted housing and employment. A recent Knesset Health Committee discussion revealed a shortage of 500 rehabilitation beds, mainly in Israel's periphery and in Jerusalem. The field also has a personnel shortage, including physical therapists, occupational therapists, speech therapists, rehabilitation physicians, and nurses.⁵⁰

⁴⁷ Eden Solomon. ">My heart beats until I suffocate>: Ofakim residents who survived the massacre live amid anxiety and neglect," Haaretz, December 3, 2023. [Hebrew]

⁴⁸ State Comptroller Letter to the Prime Minister.

⁴⁹ According to the data on the website of the Ministry of Health, as of January 2, 2024.

⁵⁰ Avichai Chaim, "Due to the war: 500 beds missing in the rehabilitation units," Shavim, November 28, 2023. [Hebrew]

These problems in the field of rehabilitation existed before October 7, especially in Israel's periphery. Following the October 7 events, many patients lost access to rehabilitative care, as the scarce resources were diverted towards more severe cases.

Another negative outcome of the October 7 events is the cancellation and rescheduling of elective treatments.⁵¹ In a system already dealing with insufficient resources and in which waiting times for elective treatments can be very lengthy, cancellation or postponement for an unknown time length can result in distress, suffering, and even adverse health consequences. Beyond the severe impact on patients, this may further escalate the burden on the healthcare system.

Recommendations

Addressing the overload in hospitals and HMOs and the disparities in mental health and rehabilitation will require substantial funding. In addition, financial resources are needed to reinforce hospital structures – according to current estimates, the reinforcement of all hospitals in Israel will cost about NIS 4.5 billion.⁵² The overall cost of addressing these various concerns may reach NIS 10 billion.⁵³ Given the inadequate funding in the past despite repeated warnings regarding the severe public health consequences, there is concern that, even now, sufficient budgets will not be allocated. Israeli policymakers must realize that their decision to fund a war requires them also to fund the costs of treating the wounded and civilians.

It seems that since October 7, the health and finance ministries, along with the entire Israeli government, have been failing to grasp the magnitude of the events or the drastic changes required in their actions. The Ministry of Health's efforts and its staff's dedication to responding to the diverse and urgent on-the-ground needs are noteworthy. In addition, officials have been working to identify long-term responses. Yet, the sluggish

⁵¹ State Comptroller Letter to the Prime Minister.

⁵² Adi Cohen, "A bandage for the hospitals? State to allocate NIS 200 million for urgent reinforcement solutions," *The Marker*, November 12, 2023. [Hebrew]

⁵³ *Special Monitoring Report*, p. 17.

implementation of these sometimes questionable responses does not bode well, given the urgency of the challenges at hand.

Furthermore, Israel's 2023 budget continues to serve sectoral political interests through the large-scale utilization of coalition funds, indicating a disregard for the country's emergency needs and the needs of the public healthcare system.⁵⁴ An urgent shift in priorities is necessary, along with policy reforms emphasizing the rehabilitation of Israeli society and its social and economic structures.

Short- and medium-term steps

- **Utilizing private-sector medicine resources:** As discussed, the Health Ministry's outsourcing of specific healthcare fields to cope with staff shortages presents various problems. Instead, local health professionals working in the private sector must be utilized. The Ministry of Health must enforce emergency responses that oblige private-sector physicians and hospitals to support the public healthcare system in the coming months. Physicians must be incentivized to work more hours in public hospitals rather than practicing private medicine. This should be implemented in non-emergency times, but all the more so amid the current emergency.
- **Urgent investment in mental health and rehabilitation:** These fields have long been neglected, resulting in inadequate responses even before October 7. Spending must be significantly expanded to avoid collapse amidst the massive demand for mental health and rehabilitation services.
- **Strengthening healthcare services in the periphery:** The widening health disparities between Israel's social and geographical center and its periphery must be urgently addressed, particularly in the South. Accordingly, the construction of a second hospital in the Negev must be expedited. In addition, the pilot program for municipal health units

⁵⁴ Nati Tucker. "Hundreds of millions for ultra-Orthodox institutions and more Judaism: what the coalition funds are being used for," The Marker, November 27, 2023. [Hebrew]

in the periphery, the planning of which began before the war, must be promoted. Various assessments indicate this could significantly help municipalities cope with the healthcare needs of residents, both in times of emergency and routine.

- **Reinforcing medical structures, particularly in northern and southern Israel:** It is crucial to ensure the urgent and complete reinforcement of hospital structures in the line of fire, including the Soroka and Barzilai hospitals and hospitals in northern Israel. In addition, a plan must be developed to reinforce all hospital structures in Israel in the coming years.
- **Greater cooperation and pooling of resources among the HMOs:** The collaboration between the HMOs in the immediate aftermath of the October 7 events was essential to coping with the challenges of treating evacuees. However, its implementation was accompanied by many technical difficulties due to logistics systems unsuited for collaborative efforts. Such cooperation should be expanded, particularly in medical areas suffering from staffing shortages⁵⁵ and in Israel's peripheral regions, where inter-HMO collaboration can improve the quality of care. To facilitate this, logistical responses must be enhanced to prevent unnecessary bureaucratic hurdles for patients.
- **Establishing an independent and transparent review committee:** An independent and exhaustive investigation must be conducted into the responses of the healthcare system and the emergency services during the October 7 events. The failures in evacuating and treating patients must be mapped out and learned, along with their causes and the costs these failures exacted on the victims. This will ensure mistakes are corrected and not repeated in future emergencies.

⁵⁵ See, for example, statements by the Deputy Director of HMOs at the Ministry of Health, Lior Barak, during the Knesset Health Committee discussion on Mental Health on October 30, 2023: "The mental health field is already struggling in terms of personnel. Therefore, the various responses should be unified to optimize the use of therapists' time." (p. 13 of the discussion protocol) [Hebrew]

Long-term steps

- **Adequate funding of the entire public healthcare system:** Even before October 7, it was blatantly clear that the public healthcare system was being drained of its resources and desperately required greater investment. This is all the more apparent now. The health and finance ministries promised to secure the budget needed to fund the increased spending following the war – and we remain hopeful this will be the case.⁵⁶ But that is far from enough. The budgetary allocation must also cover adequate responses to the deeper systemic concerns mentioned earlier. Without sufficient investment, it will be impossible to carry out the necessary steps to prevent the collapse of the entire healthcare system when the next catastrophe occurs.
- **Expanding the medical, nursing, and paramedical workforce:** The impact of the shortage of physicians, nurses, and paramedical care providers is already being felt and will only worsen in coming years if adequate measures are not taken. Israel should adopt the OECD's recommendations on the matter, which include increasing the number of medical students in the existing schools, opening a new, publicly-funded school, and establishing branches of the existing medical schools, mainly in peripheral regions; funding medical studies in recognized institutions abroad in exchange for a commitment to work in peripheral areas; increasing the number of clinical fields; and allocating a dedicated budget at the Ministry of Health for residencies in hospitals and the community.
- **Strengthening public healthcare by separating it from private healthcare:** Given the security challenges it is facing, Israel cannot afford to continue expanding private healthcare at the expense of the public healthcare system. Therefore, it must take action to separate public and private healthcare at all levels. This includes preventing physicians employed within the public healthcare system from simultaneously working in the private sector, abolishing supplementary healthcare schemes, and integrating the essential services they offer into the Healthcare Services Basket to ensure equal access.

⁵⁶ Protocol of the Knesset Health Committee discussion on Mental Health, October 30, 2023. [Hebrew]

Conclusion

Much like Israeli society, including its citizens and institutions, the public healthcare system is facing a trying time that will inevitably shape its future and impact every one of us - and our capacity to realize our right to health. Since October 7, healthcare professionals, including physicians, nurses, therapists, and paramedics, have worked and volunteered with commendable dedication. Yet, commitment and professionalism cannot rectify long-standing policies of neglect, underfunding, and hurting disadvantaged populations. Given the immense challenges at hand, it is simply not enough. The communities harmed by the unprecedented security failures of October 7 must not be neglected again. Those who survived the massacre, who fled their homes in southern and northern Israel, who were forced to remain in the line of fire in cities like Ofakim, Sderot, and Ashkelon, who were physically and mentally wounded, and who did not receive the care they needed because the system was drained of its resources – must all be offered acceptable and accessible public healthcare services.

The past cannot be mended, but its lessons must be learned. After the war ends, in parallel to the immediate steps that must be taken to ensure the adequate treatment and rehabilitation of the victims, it is vital to comprehensively examine the policies that have led us here. Faced with a government with distorted priorities, it is our duty as civil society to demand fundamental policy reforms and the establishment of new priorities. We can no longer accept the claims that there are insufficient resources available. Just as enough resources were gathered to be able to launch a war, so must resources be identified to ensure robust public healthcare - as a fundamental building block of a resilient society. It is time to acknowledge that a strong and adequately funded public healthcare system is both necessary to ensure health equality and a valuable social asset - both in times of emergency and routine.

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