

# SCOTTISH PALESTINIAN HEALTH FACULTY



## NEWSLETTER NO 3

Welcome to the third newsletter of the Scottish Palestinian Health Faculty, continuing to share experience and views between Scottish and Palestinian health professionals.

Everyone is concerned about Covid, horrified by the recent attacks on Gaza and uncertain what the post-Netanyahu period will bring, but none of this detracts from our long-term purpose – providing support and solidarity for the Palestinian people, building for the future and adding to their existential presence.

On page 5 Andy Ferguson, MAP's Director of Programmes, describes recent activity in responding to the Covid pandemic. (For recent activity in Gaza see [www.map-uk.org](http://www.map-uk.org)).

Gerry O'Hare (p 6) and Mohammed Alazraq (p 9) reflect on the heroic life of their Palestinian colleague, the late Salah Al-Ajarma. Many will recall this gentle giant of a man on his visits to Scotland on behalf of the Lajee Centre at Aida Refugee Camp in Bethlehem.

In the news section (p 2) it is a pleasure to report that the first Runa Mackay Lecture will be given on Thursday 14<sup>th</sup> October by Philippa Whitford MP at an Edinburgh University venue (still to be finalised) at an event organised by Medical Aid for Palestinians (MAP).

Readers may be interested to see the programme of the 11<sup>th</sup> annual scientific conference of the Lancet Palestinian Health Alliance, (LPHA) being held virtually on 12-15<sup>th</sup> July (p 13).

Finally, there are accounts of personal journeys by Rami Idkedek and Yousef Asmar (p 17) and Leslie Scarth (p 19).

The two previous newsletters can be accessed on the Scottish Palestinian Forum website at <http://www.scottishpalestinianforum.org.uk/scottish-palestinian-health-faculty-newsletters>

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## CONTENTS

Introduction	1
News	2
The power of networking	3
News from MAP	5
In memoriam – Salah Al-Ajarma	
Mohammed Alazraq	6
Gerry O'Hare	9
Lajee Visit to Glasgow	12
Lancet Palestinian Health Alliance	13
Personal journeys	
Rami Idkedek and Yousef Asmar	17
Leslie Carth	19
Fake News	21
About the SPHF	24

## NEWS

### Re-scheduled Palestinian History Tapestry Exhibition

The PHT will be shown in Edinburgh from 9-16th October 2021 at St Columba's by the Castle. We will release details of the venue when we have sorted out some other events that we hope will happen in that period, but not necessarily at the same venue.

**Colin Cooper**

### Runa Mackay Lecture

Following informal discussions between Runa Mackay's former colleagues, including Liz Grant, Lesley Morrison and Graham Watt, MAP UK has agreed to host the first Runa Mackay Lecture. It is hoped to establish the lecture on an annual basis with the following aims:-

- continuing to honour and celebrate Runa Mackay's life and work
- showcasing and sharing current examples of Scottish health professionals working for Palestine
- highlighting the Palestinian narrative within Scottish society and culture
- connecting people in Scotland who are interested in the Palestine issue
- linking Runa as an alumni of Edinburgh University and the power and reach of the University family to make the world a better place and contribute to the 2030 agenda

The first lecture will be given on the evening of Thursday 14<sup>th</sup> October at an Edinburgh University venue (still to be decided) and will be preceded by an hour of reminiscences and reflections by Runa's friends and colleagues. More details later.

### **New CEO for MAP**

Following Aimee Shalan's standing down after 4 years as MAP's CEO for health reasons, MAP's new CEO is Tina Bajec, originally from Slovenia. Aimee Shalan's leadership is a hard act to follow but Tina Bajec has already had a hugely successful and productive period as MAP's Director of Fundraising.

### **New Fellow of the Royal Society of Edinburgh**

Congratulations to Dr Mhoira Leng, featured in the last SPHF Newsletter, on her election as a Corresponding Fellow of the Royal Society of Edinburgh.

## **THE POWER OF NETWORK**

In February 2021 the steering group of the Lancet Palestinian Health Alliance (LPHA) wrote a letter to the Lancet about vaccine supplies for the Palestinian population. (See overleaf) It was an unusual step as the LPHA only "speaks" through its scientific findings and doesn't take part in public discourse. But on this occasion the steering group felt justified in making two points based on ten years of research activity: first, that as a result of occupation, siege and de-development, the weakness of the health care system in the OPT renders the Palestinian population especially vulnerable to a surge of clinical cases; and second, that whatever legal and technical arguments are used to avoid the responsibilities of an occupying power, the occupation is a fact, as demonstrated by numerous types of evidence. The letter called for pressure to be put on Israel to accept its moral responsibility to provide vaccine supplies for the Palestinian population.

## COVID-19 vaccines for Palestinians

The *Lancet* Palestinian Health Alliance (LPHA), established in 2009, following the *Lancet* Series on health and health care in the occupied Palestinian territory, is an informal network of Palestinian, regional, and international colleagues researching the health of Palestinians. Ten annual scientific conferences have been held, with 748 research presentations involving more than 1000 coauthors. The LPHA has no representative or political purpose and prefers to speak only via the evidence presented in research studies. In the current COVID-19 vaccination crisis, however, we, the Steering Group of the LPHA, feel obliged to speak out.

Primary prevention of COVID-19 is crucial in all countries, but especially in the occupied Palestinian territory, including the West Bank and Gaza Strip, with its limited ability to cope with a surge of clinical cases. The Gaza Strip in particular has been under intensified blockade by Israel since 2007, resulting in shortages in medical supplies and clinical capacity.

Israel has denied its status and role as an occupier of the West Bank and the attendant responsibilities for the health of the occupied population, as laid down in the Geneva Convention and highlighted by the UN and 18 human rights organisations.<sup>1,2</sup> This denial is grossly at odds with facts on the ground, including: the limited control of the Palestinian Authority, involving only 38% of the West Bank, with the other 62% under Israeli military control; the building of 125 settlements on Palestinian land and about 100 outposts, with their associated infrastructure, including separate roads to Israel; the demolition of Palestinian buildings and destruction of agricultural land; the discriminatory nature of water management, favouring settlement communities and undermining Palestinian communities; and the

impunity of settler violence. These are the hallmarks of an occupying presence, with implications for the health-care system and the health, livelihoods, and prospects of Palestinians.

Israel is complicit in the increased vulnerability of the Palestinian population to COVID-19. Israel has not only a legal but a moral responsibility to secure the urgent availability of approved vaccines. We call on physicians and other health professionals to raise their voices and put pressure on the Israeli Government to provide vaccines to Palestinians, including Palestine refugees on the West Bank and Gaza Strip.

The views expressed in this Correspondence are those of the authors and do not necessarily reflect the position of their institutions. The authors are members of the Steering Group of LPHA and committed to supporting the development of research on the health and health care of Palestinians. GW is a Trustee of the UK charity Medical Aid for Palestinians.

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1 UN Human Rights Council. Israel/OPT: UN experts call on Israel to ensure equal access to COVID-19 vaccines for Palestinians. Jan 14, 2021. <https://reliefweb.int/report/occupied-palestinian-territory/israelopt-un-experts-call-israel-ensure-equal-access-covid-19> (accessed Jan 25, 2021).

2 Human Rights Watch. Joint statement on Israel's obligation vis-a-vis West Bank and Gaza in face of coronavirus pandemic. April 7, 2020. <https://www.hrw.org/news/2020/04/07/joint-statement-israels-obligation-vis-vis-west-bank-and-gaza-face-coronavirus> (accessed Jan 25, 2021).



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For the *Lancet* Series on the occupied Palestinian territory see <https://www.thelancet.com/series/health-in-the-occupied-palestinian-territory>

## COVID-19 in Brazil: far beyond biopolitics

Richard Horton<sup>1</sup> proposed the importance of Foucault's biopolitics as a concept for understanding COVID-19. While praising his commentary, we would add that in countries like Brazil, COVID-19 is not only about the politics of the body, but about the politics of death.

In the midst of a crisis that is not only economic, but also political and ethical, Brazil has stood out for its disastrous governmental actions in the battle against COVID-19: a frustrated attempt to privatise primary health care during the pandemic, the absence of a thorough national response plan, serious logistical failures in the vaccination campaign, and the strong scientific negationism in senior government administration.

Achille Mbembe's *Necropolitics* explains what is happening in Brazil.<sup>2</sup> The idea of necropolitics, which describes how risk, illness, and death conditions selectively operate in favour of neoliberal economic policies, reflects the nurtured narratives that have predominantly affected poor, Black, and Indigenous populations.<sup>3</sup> In the world's periphery, COVID-19 has especially amplified the deleterious consequences of austerity policies.<sup>4</sup> While the USA, the UK, and other countries increased social spending in response to the pandemic,<sup>5</sup> the Brazilian Government opted to strengthen economic policies that made it impossible for a large part of the population to adequately isolate from physical contact—40% of Brazil's workforce is employed in the informal sector. In Brazil, monetary policies directed



Pedro Velazquez Images

When the letter was published, the *Lancet* editor Richard Horton almost immediately received a large number of emails criticising the *Lancet* for publishing the letter. During the

following week a similarly large number of emails were received supporting the Lancet and its editor. The controversy fizzled out.

A consequence of the informal network that is the Scottish Palestinian Health Faculty, is that about a dozen members of the network contributed to this correspondence and did so quickly, helping to neutralize the attack on the journal.

## **MAP'S RESPONSE TO THE COVID-19 EMERGENCY IN THE OCCUPIED PALESTINIAN TERRITORY (OPT) AND LEBANON; AS OF MAY 2021**

### **Context**

In the oPt and Palestinian refugee camps in Lebanon the threat of COVID-19 has presented monumental challenges due to overcrowding, inadequate clean water/hygiene facilities and vulnerable populations. The occupation, displacement and funding limitations have left health systems woefully unprepared for the emergency, with the surge in case numbers in Lebanon and the oPt associated with the arrival of COVID-19 variants from the United Kingdom and South Africa placing intolerable pressure on those systems and critical care services in particular. Health facilities lack the infrastructure, skilled workforce, essential equipment, drugs and supplies needed to manage the pandemic, and vaccination programmes in the region are proceeding slowly with wholly inadequate vaccine supplies.

### **MAP's response**

We have focused on supporting the major providers of quarantine and hospital services in our areas of operation, strengthening their response to the crisis: Ministries of Health in Gaza and the West Bank; the network of NGO-managed hospitals in East Jerusalem; and the network of Palestinian Red Crescent Society (PRCS) hospitals in Lebanon. There have been different phases to our response as the pandemic has evolved in the region:

- Initially we focused on the procurement of hygiene kits, antiseptics, disinfectants and personal protective equipment (PPE) for frontline health workers, aiming to control transmission of the virus and protect those health workers and the patients they cared for. This remains a hugely important component of the COVID-19 response but, as transmission increased and health workers became more protected through natural infection and, more recently, vaccination, we expanded our focus.
- We then procured large volumes of the essential drugs and consumables needed to care for patients with severe COVID-19 disease, including antibiotics, steroids, fluids, clot prevention/treatment drugs, sedatives and anaesthetic agents. We will continue to work closely with the World Health Organization (WHO) and health providers to identify and procure the items most urgently needed, but this is a perpetual battle as

so many vital items are always at zero-stock (less than one month's supply in the central warehouses).

- Globally the prognosis for those COVID-19 patients requiring mechanical ventilation is very poor, and in oPt the mortality has approached 100%; as a result of all the limitations within the health system highlighted above. We have tried to optimize the care provided for hospitalized patients through training workshops for key medical and nursing staff, delivered by respiratory and critical care specialists from the United Kingdom. We have also provided alternative care pathways for patients struggling to breathe through the procurement of large numbers of Continuous Positive Airway Pressure (CPAP) devices and breathing circuits; these enable very ill patients to receive and tolerate high flow oxygen and hopefully avoid the need for mechanical ventilation.
- The one intervention that all hospitalized COVID-19 patients require is oxygen, and the sicker they get the more oxygen they need. The problem is that just a small number of patients on high-flow oxygen therapy place huge demands on a hospital's capacity to generate and deliver that oxygen. This has become a critical factor in many countries, including oPt. We have responded to this need in Gaza by procuring oxygen generators for Shifa and Nasser hospitals (doubling oxygen capacity) and oxygen cylinders (for use when transferring patients between wards and hospitals and when the generators are overwhelmed by demand or shut-down for repair/maintenance).

**Andy Ferguson**



## REMEMBERING SALAH AL-JARMA - 1



Salah Al-Jarma was a Palestinian refugee originally from Ajur, a Palestinian village which was destroyed by Zionist militia groups in 1948. Salah's family were forced out of their home and village and became refugees in Aida Refugee Camp, where Salah was born and raised. From an early age, Salah joined the Palestinian struggle for liberation and took a leading role in the first Palestinian Intifada.

The Occupation forces arrested Salah at 14 years old for organising and participating in demonstrations against the colonisation and occupation of Palestinian land and people. This did not deter Salah from continuing the fight for justice for his people and a free Palestine. Once released from prison, Salah continued his struggle in Aida refugee camp, where he worked alongside his people and built his dreams and images of the future. Salah was always an active individual not only in Aida camp but across Palestine. He campaigned for Palestinian political prisoners and helped to establish the Palestinian Political Prisoners Club. He was also an active member of the student movement while he was studying.

In early 2000, alongside his friends and colleagues Salah founded Lajee Center, a cultural arts centre for children and youth at the heart of Aida refugee camp. Lajee is Salah's dream and, as he used to say, his other child. It is his hope for the future and remains his ongoing struggle for a free Palestine. When the Second Palestinian Intifada started, Salah felt it was his duty to maintain the struggle. He worked to organise and support his community and the city of Bethlehem, to face the Occupation's violence which threatened to take away his dreams and hope. He ended up captive for 40 days during the Occupation's siege of the Church of Nativity. He helped the bleeding and comforted those who lost beloved ones.





“another group of people held captive in the Church” of the Nativity during the siege

After the siege, Salah worked tirelessly in building up Lajee Center. Salah saw in each child his 14-year-old self in political prison, and this encouraged him to find the means of a better future for Aida’s children and all Palestinian children, with no occupation, prison, checkpoints, tanks or bullets. He supported generations of children and inspired them to express their love for Palestine and to create together the future they hope to see and live. Salah expanded his struggle internationally and built an extensive international solidarity network for Palestine. He travelled many times with Lajee’s children and youth, sharing the stories of Palestine, of its struggle and resilience. Salah was truly a unique Palestinian leader who contributed to the internationalism of the Palestinian struggle.

Salah has left us too soon, but he has shone a light within all of our hearts that continues to guide us. His work, legacy, dreams, friendship and love can never be forgotten. He remains with us, always, like the roots of an olive tree he planted his dreams and love inside us, and we will continue his struggle, until freedom.

**Mohammad Alazraq**



## REMEMBERING SALAH AL-AJARMA – 2

On the morning of 14<sup>th</sup> April this year I was informed of Salah Al-Jarma's death by my Palestinian friends Tamer Al Jafari a cancer nurse, and Mohammad Alazraq a lifelong friend of Salah's. Salah was being successfully treated for cancer when he died suddenly with his family in Aida refugee camp Bethlehem.

I am an oncology nurse and have visited Palestine frequently for over ten years helping develop cancer nursing in Palestine. Salah was a regular visitor to Glasgow coordinating the Lajee Centre's cultural tours of the UK and Europe. Salah credits the links between Glasgow and the Lajee centre to my son Liam who a number of years ago spent time in Aida camp, Bethlehem.

Meeting many times over the years when he visited Glasgow and when I visited Bethlehem I was fortunate to become good friends with Salah. A challenging teaching visit to Bethlehem University was rewarded with an opportunity to spend time with Salah, his family and the young performers and volunteers at the Lajee Centre Aida camp.



Salah filming with Liam O'Hare outside Celtic Park

Spending time with Salah in Bethlehem I witnessed how pivotal he was to the running of the Lajee centre. His influence went beyond Lajee, he was a major figure in Aida camp and

beyond. He often asked me to accompany him when “fixing” misunderstandings between people and smoothing friction that arose between his friends and acquaintances.

When visiting Glasgow with the young Lajee performers, Salah’s expectations of the performers was something to behold. When being hosted by Glasgow families Salah would emphasise to the young visitors their role as ambassadors for Palestine. They should show respect, offer to help with duties, be friendly, above all share with the hosts and other Glaswegians the values of Palestinians. Share the injustices they have to endure and make a lasting positive impression. Needless to say, the young visitors always informed, charmed and entertained the host families.

It’s an enormous task to manage a group of young exuberant young adults, Salah could have a light touch when needed, but was stern when required. I recall one incident when a young dancer lost her Palestinian passport. The young woman was distraught, I asked her what concerned her most, that she could not leave the UK and travel home with the rest of the group, or have problems getting a replacement passport. No she said I am fine with all that but.... “Salah will kill me !!!” Fortunately, a kind Glaswegian found the passport.

A cultural trip to Orkney for the Lajee group proved both worrying and exciting. Salah’s daughter developed acute appendicitis and needed to be airlifted off the island to a mainland hospital in Aberdeen. Salah gave me permission to speak to the medics and management at Orkney hospital and I somehow managed to persuade them to helicopter his daughter to the Sick Kids hospital in Glasgow rather than Aberdeen.

Fortunately ,Salah’s daughter’s condition stabilised and the pilot took Salah and his daughter on the scenic route to Glasgow via the Lochs and Glens! Salah’s daughter recovered, however the story continued when my manager informed me that Highland Health Board, had presented her for a bill for £18,000 as I had authorized the re-route from Aberdeen to Glasgow! This story was retold by Salah on many occasions.

A trip to Glasgow was never complete for Salah without a visit to Celtic Park where Salah would meet up with the Green Brigade Celtic supporters who showed great solidarity to Palestine. It was truly magnificent to watch Salah and Graham Watt accept a donation of £176,000 shared between MAP and the Lajee centre donated by football supporters worldwide. An act of Palestinian solidarity inspired by the Green Brigade Celtic support. The Green Brigade mourned the passing of Salah.



Salah was diagnosed with advanced bowel cancer 12 months ago. I was privileged to be able to support and advise Salah throughout this period of his illness and somehow repay some of the richness that he added to my life and that of many Glasgow citizens.

Salah received excellent cancer treatment in Palestine. It was pleasing that Salah felt he received great support from Tamer, a cancer nurse who I had taught at Bethlehem University and who spent time on clinical placement in Glasgow.

Visits to Bethlehem without an opportunity to meet my friend Salah will never be the same. However, Salah's impact on people he met and institutions he set up will have a lasting legacy. Those from Glasgow who got to meet and know Salah are very fortunate.

**Gerry O Hare**



## LAJEE VISITS TO GLASGOW

In August 2018 my wife and I had the good fortune to host two of Salah's young group of musicians and dancers during their visit to Glasgow. The two young women were perfect guests, making us a Palestinian breakfast on several days. Providing evening entertainment for nearly 20 young visitors was a challenge. As we have a ceiling projector at home with an 18 foot white wall as a screen, we offered to put on a "film night", that was so successful it was repeated on two occasions.

Although our visitors were familiar with cinema films, few of them had seen them projected on a large screen, as most films are intended to be seen. They also had little experience of watching films in a group. For the second evening we put on "Avatar", which I chose on the basis of its spectacular computer graphics and sound. What I hadn't anticipated was the resonance of the film for a Palestinian audience. In short, the plot involves a peace-loving and environmentally-tuned indigenous population fighting off a brutal occupying force seeking to exploit mineral resources. On this occasion, the indigenous population won, to the accompaniment of our audience standing up and chanting "Free Palestine! Free Palestine!" for several minutes – an outcome which the film director James Cameron could not have anticipated.

**Graham Watt**



**Film night**



## THE LANCET PALESTINIAN HEALTH ALLIANCE

Following the Lancet series of articles in 2009 on Health in the Occupied Palestinian Territory, it was decided to keep the informal network of authors connected via an annual scientific conference.

Ten years later, a conference had been held every year with over 700 research abstracts presented either orally or as posters and over 50% of abstracts published subsequently on the Lancet website. 50% of first authors have been female and 30% have been aged under 30.

The 2020 conference had to be postponed on account of the Covid pandemic but has been re-scheduled as a virtual event to be held on 12-15<sup>th</sup> July 2021. For information, and an indication of the range of topics being covered, the conference programme is shown below. 40 poster presentations can already be viewed on the website of the Institute of Community and Public Health (ICPH) at Birzeit University. Recordings of the actual conference will be viewable on the ICPH You Tube channel after the event.



Opening session of the LPHA conference at Birzeit University, 2017

**Lancet Palestinian Health Alliance (LPHA) 11th Conference**  
**Health of Palestinians inside and outside the occupied Palestinian territory**  
**Birzeit University, oPt**

Organized on behalf of the LPHA by

The Institute of Community and Public Health (ICPH) at Birzeit University (BZU), in collaboration with the Faculty of Health Sciences (FHS) at the American University of Beirut (AUB)

**Agenda**

<b>Day 1 – Monday 12 July 2021</b>		
<b>13:00 – 16:40</b>	<b>Session I: Opening Remarks</b> <b>Moderator: Iman Nuwayhid, American University of Beirut, Lebanon</b>	
13:00 – 13:05	Welcoming note	<b>Abdullatif Abu Hijleh</b> President, BZU, oPt
13:05 – 13:10	The Palestinian Ministry of Health, research, and policy relevance	<b>Mai Alkaila</b> Palestinian Minister of Health, oPt
13:10 – 13:20	Celebration of the solidarity and collegiality of the LPHA network	<b>Graham Watt</b> Glasgow University, UK
13:20 – 13:40	"Epidemics represent great warning signs: How pandemics reveal profound fissures in the social contract"	<b>Jennifer Leaning</b> Harvard University, USA
13:40 – 13:55	COVID-19 in the occupied Palestinian territory: an overview	<b>Abdullatif Hussein</b> Institute of Community and Public Health, Birzeit University, West Bank, oPt
<b>13:55 – 14:45</b>	<b>Session II: The Great March of Return – Gaza Strip</b> <b>Moderator: Khamis Essi, The Islamic University of Gaza, Gaza Strip, oPt</b>	
13:55 – 14:10	Pin tract infection of external fixators among great march of return patient in the Gaza-Strip, Palestine: Incidence, risk factors and prevention strategies: A Cross-Sectional Study.	<b>Najlaa M. Abu Jamie</b> Ministry of Health, Gaza Strip, oPt
14:10 – 14:25	A retrospective study, antimicrobial resistance of bacteria isolated before and after the Great Return March from the European Gaza Hospital.	<b>Ayah Kamal Abu Qamar</b> The Islamic University of Gaza, Gaza Strip, oPt
14:25 – 14:45	Discussion	
<b>14:45 – 15:00</b>	<b>Break</b>	
<b>15:00 – 15:50</b>	<b>Session III: Political Violence</b> <b>Moderator: Nihaya Daoud, Green Line</b>	
15:00 – 15:15	Homicide among Palestinians in Israel: An unrecognized public health crisis.	<b>Mohammad Khatib</b> The Galilee Society, the Green Line
15:15 – 15:30	Precarity and health: a mixed methods study into households affected by displacements and demolitions in East Jerusalem.	<b>Benjamin Bouquet</b> World Health Organization, oPt
15:30 – 15:50	Discussion	
<b>15:50 – 16:40</b>	<b>Session IV: Political Violence and Mental Health</b> <b>Moderator: Nihaya Daoud, Green Line</b>	
15:50 – 16:05	A quantitative study describing the 10-year clinical records of adults seeking individual therapy/counseling in a non-profit center in the West Bank.	<b>Layaly Hamayel</b> Palestinian Counseling Center, oPt
16:05 – 16:20	The protective role of children's agency. Towards a critical understanding of agency amongst children living in context of armed conflict and political violence.	<b>Federica Cavazzoni</b> University of Milano-Bicocca, Italy
16:20 – 16:40	Discussion	



<b>Day 2 – Tuesday 13 July 2021</b>		
<b>13:00 – 14:15</b>	<b>Session V: Women's Health</b> <b>Moderator: Hala Ghattas, American University of Beirut, Lebanon</b>	
13:00 – 13:15	Barriers to disclose of domestic violence in health services: A qualitative interview-based study.	Amira Shaheen An-Najah National University, West Bank, oPt
13:15 – 13:30	Women's perceptions of intimate partner violence and barriers to help-seeking in the Gaza Strip.	Meghan Fitzgerald Oregon State University, Oregon, US
13:30 – 13:45	Ethical, legal and socio-cultural challenges of genomic research in a developing country: The King Hussein Cancer Center (KHCC) Experience.	Amal Al-Omari King Hussein Cancer Center, Jordan
13:45 – 14:15	Discussion	
<b>14:15 – 15:05</b>	<b>Session VI : Children and Adolescents</b> <b>Moderator: Hanan Abdul Rahim, Qatar University, Qatar</b>	
14:15 – 14:30	Risk factors of hearing impairment among infants and toddlers in the Gaza Governorates: A case control study.	Randa Zaqqout UNRWA, Gaza Strip, oPt
14:30 – 14:45	Fieldwork opportunities and challenges in Palestinian refugee camps in the West Bank (WB) of Palestine and Jordan: Lessons learned from the Palestinian Adolescents' Reproductive Health Study.	Rula Ghandour Institute of Community and Public Health, Birzeit University, West Bank, oPt
14:45 – 15:05	Discussion	
<b>15:05 – 15:20</b>	<b>Break</b>	
<b>15:20 – 16:10</b>	<b>Session VI: Environmental Health</b> <b>Moderator: Rima Habib, American University of Beirut, Lebanon</b>	
15:20 – 15:35	Morbidity and mortality of road traffic accidents in Gaza, Palestine: Using a Capture-Recapture statistical model.	Mahmoud Radwan National Institute of Public Health, WHO, Gaza Strip, oPt
15:35 – 15:50	Health of female farmers in the Jordan Valley: An exploration of the effects of broader environmental transformations.	Maysaa Nemer Institute of Community and Public Health, Birzeit University, West Bank, oPt
15:50 – 16:10	Discussion	
<b>Day 3 – Wednesday 14 July 2021</b>		
<b>13:00 – 14:40</b>	<b>Session VIII: Diabetes Mellitus and Complications</b> <b>Moderator: Abdullatif Hussein, Birzeit University, West Bank, oPt</b>	
13:00 – 13:15	First national survey of diabetic retinopathy in Palestine: a cross-national study.	Nahed Mikki Saint John Eye Hospital Group, East Jerusalem, oPt
13:15 – 13:30	Prevalence and risk factors of chronic kidney disease among Palestinian diabetic patients: A cross sectional study.	Zaher Nazzal An-Najah National University, West Bank, oPt
13:30 – 13:45	Oral health problems among Type 2 diabetic patients attending UNRWA health centers in the Gaza Governorates.	Emad Alqedra UNRWA, Gaza Strip, oPt
13:45 – 14:00	Implementation and pilot outcomes of a community health worker type 2 diabetes program in West Bank refugee camps: a retrospective cohort study.	Asmaa Rimawi Harvard Medical School / Harvard T.H. Chan School of Public Health, Massachusetts, USA
14:00 – 14:40	Discussion	
<b>14:40 – 14:55</b>	<b>Break</b>	

14:55 – 15:45	<b>Session IX: NCDs and Older Age Health Conditions</b> <b>Moderator: Niveen Abu Rmeileh, Birzeit University, West Bank, oPt</b>	
14:55 – 15:10	Awareness of Cardiovascular Diseases in Gaza Strip: A cross-sectional study.	Asma'a Anan Islamic University of Gaza, Gaza Strip, oPt
15:10 – 15:25	Will the use of mobile phone application improve adherence to treatment regimen among hypertensive patients: A clinical trial study.	Nasser Ibrahim Abu-El-Noor Islamic University of Gaza, Gaza Strip, oPt
15:25 – 15:45	Discussion	
<b>Day 4 – Thursday 15 July 2021</b>		
13:00 – 13:50	<b>Session X: Communicable Diseases</b> <b>Moderator: Yusuf Khader, Jordan University of Science and Technology, Jordan</b>	
13:00 – 13:15	Detection and molecular characterization of Human Brucellosis in southern West-Bank, 2015-2017.	Bessan Aljanazreh Palestine Korea Biotechnology Center, Palestine Polytechnic University, West Bank, oPt
13:15 – 13:30	Adherence to CDC infection control guidelines in Hemodialysis care unit at shifa' medical complex, Gaza strip.	Mohammed Lubbad Islamic University Of Gaza, oPt
13:30 – 13:50	Discussion	
13:50 – 14:40	<b>Session XI: Effectiveness of Medical Procedures</b> <b>Moderator: Yusuf Khader, Jordan University of Science and Technology, Jordan</b>	
13:50 – 14:05	First complex maxillofacial reconstruction with free flaps in Gaza strip, Palestine: Cases series from a place under conflict environment.	Wafaa AlZaanin Palestine Children's Relief Fund, Gaza Strip, oPt
14:05 – 14:20	Ondansetron for prevention of post-caesarean nausea and vomiting with spinal anaesthesia: a randomized-controlled trial.	Raed Tafish Palestinian Ministry of Health, Gaza Strip, oPt
14:20 – 14:40	Discussion	
14:40 – 14:55	<b>Break</b>	
14:55 – 16:00	<b>Session XII: Health Economics and System</b> <b>Moderator: Motasem Hamdan, Al-Quds University, oPt</b>	
14:55 – 15:10	Attaining universal health coverage in Palestine: Is informality an irreversible hurdle for universality?	Mohammad Abu-zaineh Aix-Marseille University, France
15:10 – 15:25	Economic evaluation of consultative palliative care model for cancer in-patients in Palestine.	Mohamad Khleif ALSadeel Society for Palliative Care, West Bank, oPt
15:25 – 15:40	Assessment of the health workforce accreditation and regulation in Palestine (qualitative study design): A call for immediate policy actions.	Mohammed AlKhaldi Swiss Tropical and Public Health Institute, Switzerland, University of Basel, Switzerland
15:40 – 16:00	Discussion	
16:00 – 16:30	<b>Session X: Closing Session</b> <b>Moderator: Mamdouh Aker, Birzeit University's Board of Trustees, West Bank, oPt</b>	
16:00 – 16:30	Closing remarks	Richard Horton The Lancet, UK



## PERSONAL JOURNEYS -1

### THE EXPERIENCE OF TWO PALESTINIAN HEALTH PROFFESIONALS VISITING GLASGOW

Our names are Rami Idkedek and Yousef Asmar. We are graduates of the Nursing Department at Bethlehem University. We were the lucky ones chosen to visit Glasgow for two weeks in 2019 to study palliative care for terminal cancer patients and to learn how nurses work in Glasgow, it was really the safest place in our lives.

All of that began on 13<sup>th</sup> September 2019 when we landed at Edinburgh Airport. We were welcomed by such a nice Palestinian guy who was a friend of Gerry, he drove us to Gerry's home, we met Gerry and his adorable wife and they welcomed us warmly and with excitement on their faces.



Rami and Yousef with Gerry O'Hare and Roseann Maguire

We stayed for two weeks as guests of Gerry O'Hare, an oncology nurse with NHS Greater Glasgow and Clyde, who had previously been to Gaza to share his experience of treating breast cancer with specialists in the Al-Shifa hospital.

The two of us had a lot of passion and excitement to explore new places, cultures and meet new people. We visited three places, which were the Marie Curie Hospice, Glasgow Royal Infirmary and lastly the Vale of Leven Hospital. We were very fortunate to visit such great

places in this short period of time. The period may sound short but for us it was a valuable and life enhancing experience.

We went to Glasgow with a goal, which was to gain knowledge and new ways to try to improve Nursing in Palestine. We were able to see everything in the hospice and the hospitals and how the nurses deal with the end stage for patients, and how they talk with them, and the home care and the families' involvement. Here we don't have anything like that. It was a very interesting trip for our work.

The multidisciplinary teams in all the places we visited were very cooperative and kind, making every effort to benefit us and give us some precious information from their long experience and they were giving all of that from the bottom of their hearts. To be honest, we never felt like guests.



Rami and Yousef meet David Hayman (left) and John Stuart, Chief Nurse, Glasgow North (right)

One of the most beautiful days we had was when we went with the nurses in their cars for oncology patients' home care. We shall never forget how they were dealing with patients and how they involved their families in the care. We were amazed by the capabilities that the nurses have in home care; they were able to prescribe medications and follow all the care that the patient is getting; they listened to patients with all ears and helped in enhancing the patients' coping mechanisms, involving them in choosing the best plan of care that suited them. We really wish that the nursing sector in our country would consider this method of care.

We considered Glasgow as the safest place we have been to because here in Palestine we can't go out alone, and not in the night, because it's not safe. In Glasgow we went out without worrying about anything.

Gerry and his family were the best people we met in our lives, we never felt that we were far away from our country and families, they were soft, good hearted people and they dealt with us as their sons. They introduced us to a lot of people even celebrities in Glasgow and took us to many beautiful places that we had never seen. To mention, Gerry works in the Vale of Leven Hospital, one of the hospitals that we visited and learned a lot from.

Today, both of us are working in an Emergency Center in Palestine and we try each day to apply everything we benefited from in Glasgow in our work, we look forward to continue our studies and improve our skills and knowledge despite all the difficulties we are facing in our country.

We hope that we can one day visit again that outstanding city, Glasgow!

**Rami Idkedek and Yousef Asmar**

## **PERSONAL JOURNEYS - 2**

### **OPENING UP HORIZONS – EVEN AT AGE 80**

My route to involvement in Palestine is a unusual one.

In 2012, I was a member of the Iraqi Subcommittee of the Royal College of Psychiatrists. Another member of this group recommended me to the redoubtable Dr Colin Green, then chairman of the medical education charity, IMET 2000. They had become interested in promoting Child Mental Health in Palestine and so, in 2013, I undertook a teaching visit to Ramallah and Bethlehem.

In 2015, I went back with a party of medical students from Oxford for further teaching in Ramallah and Jerusalem including a visit to Hebron. In parallel I acted as a liaison for short placements of 3 Palestinian junior doctors in Dundee. Later we began medical student placements in Edinburgh. Each of these were for 1 month. The enthusiasm of my clinical colleagues during the first 2 visits made these popular placements.

In 2020, we had 6 requests which, of course, ran into Covid restrictions and did not happen. As the result of the lockdown, I maintain links with Al Quds students as a kind of mentor/honorary grandfather.

All of these contacts have been a learning experience for me during my retirement. As I no longer have formal academic links, I have been in the role of go-between and aged learner about Palestinian student issues.

My colleagues in Child Mental Health in Scotland have ensured that the students had an excellent experience which they valued and spread the good word of the experiences of the service and the country.

I have learned much and gained valuable new friends, opening up new horizons even at age 80.

It has been an honour to meet and support such enthusiastic young people in hard circumstances.

**Les Scarth**  
**Retired Child Psychiatrist.**



The following item is included as a tribute to the former President of the United States.

# FAKE NEWS

## **GOLFING DIPLOMACY : TRUMP SETS A NEW COURSE IN THE MIDDLE EAST**



The inaugural tournament for the Kushner Cup has taken place at President Donald Trump's new Middle East golf course. Named after the President's son-in-law and special envoy in the Middle East, the new event involves Israeli and Palestinian teams and is modelled on the successful Ryder Cup matches between teams from the USA and Europe.

Following Israel's success in the tournament, and its previous involvement in many European ventures, such as the UEFA Champion's League and Eurovision Song Contest, Israel hopes that prowess in the world of golf may lead to inclusion of its players in the European Ryder Cup team.

With no golfing tradition in the West Bank or Gaza, the Palestinian team prepared on a new 9-hole course specially constructed in the Jericho Valley with funding from the European Union. In an initial setback, the new club house was immediately demolished by a bulldozer from the Israel Defence Force (IDF) on grounds that the building lacked legal documentation and planning permission.

The lack of grass was also a problem, as water had been diverted to serve a plantation of date palms owned by Jewish settlers in the area.

During their preparation the Palestinian team practised with traditional hickory shafted clubs. Metal clubs had been ordered but were retained at the border by Israeli authorities because of their “potential use for military purposes”.

The 4<sup>th</sup> green and 5<sup>th</sup> tee, being set on the crest of a hill, became inaccessible overnight due to a surrounding fence having been built and guarded by soldiers from the IDF. Building foundations and basic utilities were then established, followed by luxury bungalows, a Californian-type swimming pool and an exclusive access road to Tel Aviv. In a short time the hilltop became the home of an enclave of Jewish settlers, some of whom were armed and took pot shots at Palestinian golfers. These developments turned an easy par 3 into a somewhat challenging par 5.

The opening ceremony of the Kushner Cup was attended by numerous politicians, diplomats and celebrity visitors to Israel, all staying at the new 5 star luxury Trump Tower Hotel. Due to travel restrictions, Palestinians were unable to attend a concert in Tel Aviv including return performances in Israel by Madonna, Lady Gaga, Rod Stewart, Justin Bieber, Nick Cave, Britney Spears, Cliff Richard, Celine Dion, Robbie Williams and Paul McCartney.

The eligibility criteria for membership of the competing teams differed between the two sides. Members of the Israeli team were required to be of Jewish persuasion, however tenuous, including recent converts from far-off countries. Members of the Palestinian team had to provide land documents proving that their family had been resident in the West Bank or Gaza for several generations.

By special dispensation, about 6,000 Palestinian political prisoners in Israeli jails were allowed to watch the tournament on television.

In keeping with the specific cultural and political context of the event, the tournament involved some local rules in addition to the basic rules of golf, including separate tee positions for Israeli and Palestinian golfers.

Due to a special system of handicapping which was pioneered at the tournament, Israeli tee positions were placed next to fairways, while Palestinian tee positions were 100 yards further back, facing 90 degrees to the direction of the hole and with a more circuitous route to the green. On some holes accessing greens via the Palestinian route was complicated by 15 foot concrete walls. A novel feature was the use of watch towers instead of grandstands, allowing spectators to observe the play.

As Palestinian men aged 15-50 were refused permits to attend the tournament, the Palestinian team were denied the use of caddies and had to carry their own clubs.

Several Palestinian golfers were penalised for slow play, as a result of flying checkpoints on the course.

Most of the Palestinian team were still out on the course, therefore, when the Israeli team had completed their rounds, been awarded the trophy and were celebrating their success.

An unpleasant moment occurred when a fan watching the tournament, thought to be an Israeli Arab (i.e. a Palestinian living in Israel and able to attend as a spectator) stabbed an Israeli supporter. The attacker was shot dead immediately.

Later that evening, the homes of the attacker's relatives were demolished, 20 Palestinians were killed in street disturbances and a full scale military invasion of Gaza was launched.

A spokesman confirmed that this was "par for the course".

## ABOUT THE SCOTTISH PALESTINIAN HEALTH FACULTY

The SPHF is not a formal organisation, but an informal network of colleagues willing to share their experiences, information and news, including :-

- Palestinian health professionals and health researchers who have trained or studied in Scotland
- Palestinian health professionals and health researchers currently working and living in Scotland
- Scottish health professionals and health researchers, at home or abroad, with links and activities in Palestine

The terms “Scottish” and “Palestinian” are considered broadly in terms of having family or residential connections with either Scotland or Palestinian communities in the OPT (the State of Palestine), Lebanon or elsewhere. Our aims are :-

- To promote Scottish Palestinian health collaboration
- To support the development of health and health care in Palestine

which we hope to achieve by :-

- connecting Scottish and Palestinian colleagues working in the health field
- sharing experience, information, evidence, views and plans
- developing new activities involving Scottish Palestinian health collaboration
- supporting Palestinian health professionals and researchers visiting Scotland
- raising the profile and impact of Scottish Palestinian health collaboration

Apart from the above aims, the SPHF does not have a representative function or collective view. The views expressed in this newsletter are those of individual contributors.

## SCOTTISH PALESTINIAN HEALTH FACULTY



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