

# Peace (Building) Through Health- Focused on the Israeli- Palestinian Conflict

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June 27, 2019



# Today I will

- Provide general comments on Peace-Building and Health
- Summarize the experiences of Healing Across the Divides over the past 15 years and place it within the context of PtH and the Israeli-Palestinian conflict.
- Specifically highlight our work in chronic disease self-mgmt as it is relevant for this audience and for people throughout the world with a chronic illness

# Difference between Peace-Building and Peace Initiatives

- Health professionals and community groups working in their professional capacity can contribute to **peace-building; as contrasted to an extension of foreign aid of the country where the health professionals work.**
- **Peace** (through health or any other area) is a political process and requires the intervention of individuals/groups that have political standing

The health of the people is really  
the foundation upon which all  
their happiness and all their  
powers as a state depend

Benjamin Disraeli

# Recent trends in the Israeli-Palestinian conflict.

- There is ever decreasing cooperation between Israeli Jews and Palestinians on the West Bank. Where there is cooperation it tends to be either one-sided and/or cooperation between groups that are somewhat marginalized by their own societies. This lack of cooperation can be completely ascribed to the fact that Israeli Jewish NGOs want to focus on health and do not want to take an explicit stand on the Israeli occupation of the West Bank.
- There is an increasing divide between the rich and poor within Israel on all parameters, including health care indicators.
- Currently, both Americans and Europeans are allocating significant resources to improving the capacity of the Palestine Authority, which governs the West Bank.
- Healing Across the Divides currently doesn't work in Gaza but will likely do so within the next year via community groups we fund in the West Bank

# Introductory comments relevant for the Israeli-Palestinian conflict

- Depending on how you count it, the war has gone on for at least 75 years.
- Structural violence is the indirect use of economic, political and social power to disempower others. Inequities in health status are an important indicator of structural violence within a community.
- The human ethic to save life and alleviate suffering as the core of health interventions is a powerful imperative on all sides. This is NOT PtH
- Health provides an avenue through which to address important needs in a context where longer term political resolution will take significantly more time.
- Conflict sensitive health interventions can produce lasting tangible health benefits even when the general political situation generating conflict is not easily solved.

# Today in Israel and the West Bank

- Bedouin living in Israel who have little to no access to health services together with Bedouin women who have high rates of violence perpetrated against them
- Ultra-orthodox Jewish women who have lower mammography rates together with high rates of accidents for their children at home
- Palestinians living in the West Bank near Hebron with post-traumatic stress disorder living under constant fear of attack by settlers living in a nearby new Israeli settlement in the West Bank near Hebron
- Tens of thousands African refugee asylum seekers who are exposed to HIV and do not have access to the prevention and treatment that is needed.
- Palestinians living in the West Bank with high rates of diabetes and obesity and little access to any treatment.

# To be effective beyond direct health benefits one must

- Take the long term perspective and not “just swoop in and be the American expert with money”
- Appreciate continual changes in trends on the ground which make a significant impact on possible PtH initiatives. This could mean:
  - A focus on health improvement for disadvantaged/strengthening health sectors in both societies
  - Facilitating cooperation where realistic and on mutually respectful playing fields.
  - Strengthen the capacity of on the ground community based organizations that are seeking to impact their communities

Peace-Building Through Health:  
Potential Roles of Health  
Professionals

# Communication of Knowledge

- Healing Across the Divides has provided extensive training to community based groups on both sides of the Green Line on
  - evaluation of health care interventions;
  - quality improvement techniques
  - Organizational capacity building .

# Healing of the Individual and Society; Strengthening of Communities

- In peer reviewed publications, community based organizations partially funded by Healing Across the Divides have documented health disparities and programmatic impact on health of Palestinian diabetics, Orthodox Jewish women, and Palestinian women in the West Bank.
- We have made strengthening of community groups and interaction between these groups a centerpiece of our work. We aim to thereby increase the capacity of the leadership of these groups and, of course, strengthen the overall health of the communities

# Personalize the Enemy

- Healing Across the Divides has tried to do this. Largely unsuccessful.

# Mission of Healing Across the Divides, an American 501 c3 not- for-profit

*“Improve the health of marginalized people living in Israel and the Occupied Palestinian Territories via community-based interventions.”*

# Politics, American organizations and the Israeli-Palestinian conflict

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- **Healing Across the Divides takes no political stance on any issues pertaining to the Israeli-Palestinian conflict. But as we all know health is inherently political. We can talk about politics without using the word “politics”.**

It is important for Israeli and Palestinian health professionals with the assistance of outside professionals from outside the Middle East to identify:

- ● concrete societally based health and problems (e.g. diabetes, breast cancer)
- ● research in an applied manner questions that are significant, need resolution, and are
- ● resolvable by the parties coming to the meeting and join forces to form a common strategy to tackle the problems.

# Examples of current grantees

- **Ahli Balatah El-Balad Club – Improved Care for Palestinian Diabetics in the Nablus, Palestinian Authority.** This initiative uses the Stanford Chronic Disease Self-Management Program (CDSMP) to improve the health of diabetics in the Nablus area in the West Bank.
- **The Ma’An Forum for Bedouin Women in the Negev Israel** Ma’an (Arabic for “together”) was established by members of Israeli’s Bedouin community to reduce the alarmingly high rates of gender-based physical and sexual abuse in Bedouin Arab society by providing advocacy, support services such as a hotline and developing rights awareness.
- **ASSAF, TEL AVIV, ISRAEL; AFRICAN REFUGEES ASYLUM SEEKERS LIVING WITH HIV IN ISRAEL** This initiative supports refugees and asylum seekers in Israel who are HIV-positive, many of whom are survivors of torture, rape, and other abuses faced en route to Israel when escaping war and extreme poverty in Africa.

# cont

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- **BETEREM – SAFE KIDS ISRAEL – TURAN, ISRAEL** Working to decrease rates of child accidents and fatalities, which are especially high in Arab and Jewish ultra-orthodox communities. HATD's unique, cross-generational and cross-cultural model trains Jewish and Arab grandmothers to become agents of community change for saving lives. This program has received numerous awards.
- **Yes Theatre Drama Therapy – Southern Hebron Hills – Palestinian Authority** This just begun drama therapy initiative in the Hebron area will contribute to the improvement of the mental health status of Palestinian children, youth and women. The target group 100 10-15 year old children; 100 16-18 year old teens; 100 20-35 year old women. Each person needs to have been in conflict with Israeli law and detained by Israelis; or loved ones whose relative was arrested and/or killed by Israelis; or exposed to diff kinds of violence; daily contact with settlers or soldiers.

## Examples of Cooperation between Grantees

- *In Israel:* Between the *Israel AIDS Task Force*, a national organization dealing with HIV prevention and support of people living with HIV, and *Assaf*, the main organization supporting asylum seekers in Israel – this cooperative effort supports African refugee asylum seekers living with HIV and HIV prevention in Israel.

# Cooperation Continued

- *In the Palestinian Territories:*
- Between *Family Defense Society (FDS)*, an organization that primarily focused on women's health, which supports healthy living to combat obesity in marginalized communities in the Nablus area, and *ABBC*, which supports improving health values for Palestinians living with chronic illness in the Ramallah area. *ABBC* and *FDS* are working together to share knowledge to improve the health of Palestinians living in the West Bank
- In addition, we bring the Israeli groups and Palestinian groups, as desired, together twice a year. We have a rep in Israeli and the West Bank and they communicate regularly.

# Sustainability

- Our grants are three year grants
- By the middle of the second year the community groups need to start to think about an exit strategy
- The initiatives in Israel, a first world country, are sustainable; those in the West Bank – much less so as the Palestinian economy is a donor economy in a territory not a country.

# In this session I attempted to address these fundamental questions

- Realistic objectives of a peace through health initiative beyond health itself? -- increasing cooperation among health professionals and programs? YES If so, how does that advance peace and stability? ONLY IF IT IS DONE ON TERMS ACCEPTABLE TO BOTH SIDES.
- -- Communication/cooperation between the broader societies, based on work via the health sector? YES is this subject to evaluation or assessment? ABSOLUTELY BOTH IN HEALTH OUTCOMES AND QUALITATIVE ASSESSMENTS

# CONT

- -- in what ways if any can we say that health programs --especially quality health programs -- contribute to long term political stability or peace? **INTERVENTIONS THAT FOCUS ON COMMUNITY BASED IMPROVEMENT WORK FROM THE BOTTOM UP AND CAN “MEET” IN A MUTUALLY REINFORCING MANNER POLITICAL CHANGES COMING FROM THE TOP DOWN**
- -- how does this all change in different contexts in this conflict -  
- is political situation now overwhelming the health issues? was there a time when peace through health initiatives had more promise, or is now a time when they're even more important. **NOW IS THE TIME THAT IS EVEN MORE IMPORTANT – WE MUST SEIZE THE MOMENT TO SEE IF THERE ARE ANY MUTUALLY REINFORCING POLITICAL CHANGES THAT MIGHT OCCUR IN THE NEXT TWELVE MONTHS**

# Self-Management: What is It?

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*Self-management* - tasks that individuals must undertake to live with one or more chronic conditions

Tasks include having confidence to deal with medical management, role management, and emotional management of their conditions

This and most of the next few slides are the courtesy of Kate Lorig



*'People looking after themselves and each other'*

# Why should we care?

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Self-management prepares people with Comorbid Chronic Conditions, Diabetes and Pain for the 99% of the time they spend outside of the health care system

As you all know, chronic disease is the most common illness affecting human beings throughout the world.

# Interventions: Chronic Disease, Diabetes Pain

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## Web Based

- Six weeks
- Asynchronous
- 20-30 participants
- 2 peer facilitators
- Interactive (bulletin boards)
- Based on SE theory

## Face to Face groups

- Six weeks
- 2.5 hours/week
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# How Do They Help Patients

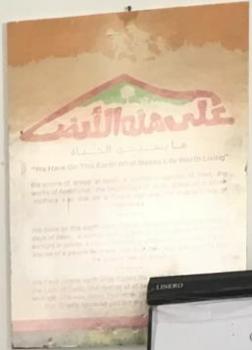
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- Reduced symptoms: Pain, Fatigue, Depression
- Reduced A1c (for those over 9: -1.4 at 1 year)
- May be useful for those using prescription opioids or tapering opioids
- Improved health behaviors, especially exercise
- Improved patient activation (self-efficacy)
- The CDSMP has been translated and validated in Arabic,
- We have implemented the Stanford CDSMP in three sites in the West Bank; presented the work in Israel and about to implement the work in Gaza

# How Do They Help Clinicians

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- Save Clinician Time
- Increase Patient Satisfaction
- Increase Clinician Satisfaction
- Enhancement (not replacement) for clinical care



المصروفات	التواتر
1 غداء	1
2 شرب العتيقة (الكافيه)	2
3 اميلاتيس	3
4 لابينيا وقت الترحيب لاحتواء	4
5 البيكوس	5
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Woman in a purple hijab sitting at a table, looking towards the whiteboard.

Woman in a yellow hijab standing and holding a yellow sticky note, looking at the whiteboard.

Woman in a purple hijab sitting at a table, looking towards the whiteboard.

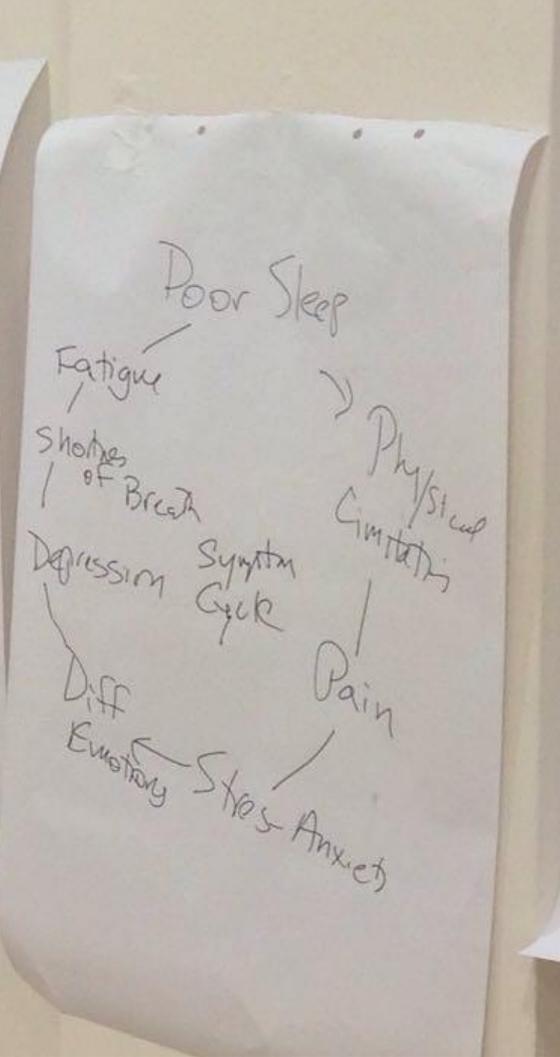


1. Identify the problem  
 2. List the options  
 3. Select one  
 4. Assess the results  
 5. Seek the feedback  
 6. Utilize another resource  
 7. Repeat the process if needed

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- Make better  
 - ↓ complications  
 - Daily Activities  
 - Sleep  
 - Healthy Food  
 - Learn to say No  
 - Paper through Motivation  
 - Positivity  
 - Get knowledge

1. id option  
 2. Write down Pros & cons  
 3. Give Score  
 4. Add cashback  
 5. Meet the gut feel





# Recent trends in the Israeli-Palestinian conflict impacting health.

- There is ever decreasing cooperation between Israeli Jews and Palestinians on the West Bank. *Answer of Healing Across the Divides: Foster cooperation between Palestinians in Israel and the West Bank and, soon, Gaza. Use this as bridge to Israeli Jews*
- There is an increasing divide between the rich and poor within Israel on all parameters, including health care indicators. *Answer of Healing Across the Divides: Provide avenues of cooperation between disadvantaged Israelis: e.g. Ethiopian Jews and Israeli Palestinians AND via this between Israeli Palestinians and Palestinians in the West Bank. Foster MEASURABLY concrete improvements in women's health and common chronic illnesses*
- Currently, both Americans and Europeans are allocating significant resources to improving the capacity of the Palestine Authority, which governs the West Bank. *Answer of Healing Across the Divides: Strengthen the private, secular NGO health sector and encourage transparency between all Palestinian health sectors.*



# Concluding comments in light of Trump election

- *Israelis has decided to maintain on a permanent basis a significant presence in the West Bank. For a variety of reasons the Palestinian Authority is unlikely to successfully make any changes in this current state of affairs...*
- *Looking to the United States for leadership has not been and is will likely not be productive but of course we should always try.*
- *The work of Healing Across the Divides with community based groups results in, at a minimum, improvement in health for many individuals (measurably improved for over 100,000).*
- *My hope is that our work with grantees will result in greater effectiveness on the part of the community groups (and its leadership) that we fund. We can only strive for the day that some of these community group leaders will be tmoro's leaders.*

## #2

- After the election of Trump and what has transpired since 2016, I am all the more convinced of the validity of this assessment.

# #3

- I am all the more convinced that Healing Across the Divides provides one of the few evidence based approaches to, **long term**, modestly assisting in resolving the Israeli-Palestinian conflict.
- I look forward to learning from and interacting with you on how we can improve what we do as measurably improving health is why we are all here together today. Any and all assistance/ engagement from yourselves is welcome
- We have an annual study tour (next one is March 22-April 1 2020) and welcome your participation.