

Program on Negotiation 2005 Summer Fellowship Report  
**Peace Through Health Initiative, Jerusalem**  
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A small group of Palestinian and Israeli health professionals were preparing to travel to the United States for further training in domestic violence mitigation. I arranged for the delegation to meet with each other before their trip. Over coffee on the terrace of a hotel, the participants talked about their experiences since the *intifada* and how domestic violence work varied in the two communities. At the end of the meeting, one of the participants turned to the others and said she had thought she had known a lot about life in Israeli and Palestinian communities, but she had learned more that day than she had in over twenty years of living in Jerusalem, a city shared by both communities.

The question of what to make of this encounter became the central theme of my summer. Women from opposite sides of the conflict had met and connected with each other on a personal and professional level – no small accomplishment. But are Palestinians and Israelis any closer to peace because of this meeting? How, if at all, do individual peace endeavors affect “peace writ large”? I grappled with these issues throughout my internship working on a “Peace through Health” project in Jerusalem. Below, I describe the project,

highlight a few of the political events which influenced our work during my time there, and explain my role within the project.

### Wye River People-to-People Exchange Program: Peace through Health

Harvard's Institute for International Emergency Medicine and Health (IEMH) implemented a trilateral "Peace through Health" project with a Palestinian hospital in East Jerusalem and an Israeli hospital in West Jerusalem. The original project, funded through the United States State Department's Wye River People-to-People Exchange Program, focused on improving emergency medicine in the Middle East. Emergency medicine is a relatively new field even in the States, where a history of formal training and certification dates back fewer than thirty years. While both Palestinians and Israelis have experience with the practice of responding to emergencies, neither medical community had much experience with formally training medical professionals in emergency medicine.

The State Department later supported expansion of the Peace through Health work in two additional areas: toxicology and domestic violence. The rate of snakebite envenomation in the Middle East is twice that of North America and there are over six times as many fatalities. There is a need to improve both education and management of envenomation injuries in the Middle East. The Domestic Violence Mitigation Project was undertaken in response to the rise in domestic violence since the beginning of the second *intifada* in 2000, in both Palestinian and Israeli communities. The first point of contact between a victim

of domestic violence and the health care system is often an emergency room. This project has sought to improve the level of care offered and to work for prevention of domestic violence.

### Internship Background: Key Political Events

I had read about the Palestinian-Israeli conflict with interest from afar, but upon arrival in Jerusalem, I quickly began to experience the immediate impact those headlines had on my specific project. My internship took place in the context of both communities preparing for the withdrawal of Israelis from the Gaza Strip and parts of the West Bank. Moreover, there were three specific events that directly affected my project. The first was the boycott of Haifa and Bar Ilan Universities by Britain's Association of University Teachers, which voted for the boycott in April 2005 and repealed it the following month.

Second, the boycott served as a catalyst for a Palestinian debate on the issue of joint Palestinian-Israeli projects. In June, twenty Palestinian health organizations signed an Open Letter expressing their "protest and deep concern over the increasing pressure exerted upon us to enter into Palestinian-Israeli cooperation schemes in the sphere of health." As a joint Palestinian-Israeli health project, the reverberations of this were felt strongly. Finally, our Israeli partner hospital was nominated for a Nobel Peace Prize. According to one of their publications, the organization has promoted peace in the region through "its ability to maintain the value of equal treatment for all people despite treating

more terror victims than any other medical center, the model of cooperation and coexistence set by the mixed staff of people of all faiths, and the medical organization's ongoing initiatives in creating bridges for peace even throughout the *intifada*." The Israeli hospital alone was nominated for this work.

### My Role

I worked as a project coordinator with Peace through Health, and worked with Palestinian and Israeli program leaders and participants. I was privy to all program details, and was given program planning duties by the IEMH director and worked under the direction of the Palestinian and Israeli program leadership. While enthusiasm on the part of program participants remained high, there was a general recognition of the need to proceed with sensitivity toward all parties. Technical duties included program logistics, train-the-trainer conference planning, communications facilitation, and program feedback.

Program logistics. A trilateral program which involves international travel requires a great deal of logistical planning. For example, prior to a training trip to the United States, all Palestinian and Israeli participants needed to obtain student visas. I helped collect the necessary paperwork.

Train-the-Trainers conference planning. This winter (2005) there was a Train the Trainers conference on teaching methods and topics in emergency medicine, toxicology, and domestic violence. I organized the initial planning for

this event. I listed all tasks that would need to be agreed upon and executed in order for the conference to take place, and made a timeline.

During this process, I got my first taste of shuttle diplomacy. I would meet with the lead partner from one side to discuss the conference and receive their input. I then would go to the other side to meet with their lead partner. I would summarize partners' areas of agreement and highlight issues that required further discussion. Decisions such as where to hold the conference – Palestinian East Jerusalem or Israeli West Jerusalem – demanded careful attention.

Communication facilitation. I alternated days at the Palestinian and Israeli hospitals and was in frequent email and telephone contact with my supervisor in Boston. Because of the way I physically spent my time, I was able to help relay information between the partner organizations on a regular basis. I wanted to make sure these increasingly open channels of communication remained after I left, so I established a time for a regular weekly conference call between the three lead partners.

Program feedback. This project is several years into its work, so as a relative new-comer, I viewed it in a slightly different light than did those who had been involved from the start. I provided feedback about the project and the relationships as I saw them. While all the lead partners were doctors, my training is in anthropology and international relations, which also positioned me well to reflect on the project in a new way.

## Conclusion

This internship, which provided an opportunity to participate “on the ground” during a period of particular political tension, was a unique opportunity to learn from and contribute to an ongoing program. I built on the theoretical base my studies had provided and am pleased that the partners found my work have contribution to the program. I am very grateful to everyone at PON as well as those at Peace through Health for enabling me to have this experience. I look forward to continuing to explore these issues both in the academic and real world contexts.