

Gaza Doctor's Elusive Quest for Peace Amid Personal Tragedy

MARY KORR
RIMJ MANAGING EDITOR



BROWN UNIVERSITY

IZZELDIN ABUELAISH, MD, MPH

About the author

Izzeldin Abuelaish, MD, MPH, was the first Palestinian physician to work in an Israeli hospital, at the Sheba Medical Center in Tel Aviv. He earned his medical degree in Cairo, Egypt, and then received a diploma from the Institute of Obstetrics and Gynecology at the University of London. He completed an ob-gyn residency at Soroka Hospital in Israel, and earned his MPH at Harvard University.

He now lives in Toronto, Canada, where he is an associate professor at the Dalla Lana School of Public Health at the University of Toronto.

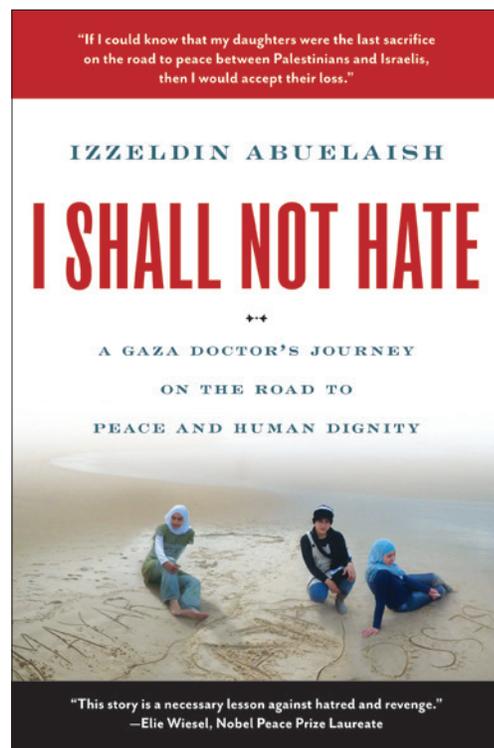
PROVIDENCE – Within the misery of the Jabalia Palestinian refugee camp in the Gaza Strip, Izzeldin Abuelaish dreamed of one day becoming a doctor. “I never tasted childhood. Life was a misery, surrounded by war, fighting to survive,” the author and infertility specialist said at a recent talk at Brown University.

As the eldest of nine children, he was responsible for helping to support the family, and worked as a laborer before and after school. One day in the eighth grade, while walking the four miles to work, he fell and couldn't get up. “All the walking back and forth was hard on my arthritic legs,” he said.

He was admitted to a hospital in Gaza City. “The doctors and nurses were Palestinians like me. I knew one of the doctors had running water in his house and a special room called a sitting room where people gathered just to visit,” he said.

But what most impressed him was the medical treatment he received. “That was when and where my dream about becoming a doctor began.”

After graduating from high school in 1974, he earned a scholarship to study



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I SHALL NOT HATE

A Gaza Doctor's Journey on the Road to Peace and Human Dignity

by Izzeldin Abuelaish, MD, MPH
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medicine in Egypt. “For me, medicine became the human face to save lives. I desperately wanted to save lives in Gaza.” He chose to subspecialize in obstetrics and infertility. “The cry of the newborn baby is a cry of hope,” he said.

He began his career in a Gaza hospital and then worked for the Ministry of Health in Saudi Arabia for three years. Dr. Abuelaish continued his studies in London, and then returned to Gaza and opened up a private evening clinic for the poor. He also worked with a UN relief agency as a field ob-gyn specialist. Eventually he became the first Palestinian doctor to practice medicine in Israel.

At Brown, he spoke with a forceful eloquence and plea for peace that belied the Armageddon of personal tragedy. He described the day three of his daughters died, during a 23-day incursion into the Gaza Strip by the Israeli Army, in an attempt to stop the Hamas rocket launchings into Sderot, the Israeli town closest to the Strip:

“Sixteenth of January, 2009, quarter to 5 p.m. is the day when an Israeli tank shelled my house...the explosion came from my daughters’ bedroom... the sight in front of me was something I hope no other person has to witness... the attack killed three of my daughters and my niece...

“They were girls armed with love and education and dreams. Mayar was the top math student in her school in grade nine. She wanted to become a doctor, like me. Aya wanted to be a journalist

and was the poet of the family. And Bessan, at 21, had almost completed her business degree. She took care of her younger siblings after my wife, Nadia, died in 2008 of acute leukemia.”

Another daughter, Shatha, was severely wounded in the shelling, and it was feared she would lose sight in her right eye, which had been dislodged. “If I can’t see with my right eye, I have the use of my left,” she told her father from her hospital bed, where she would remain for four months. “I have to go on, for my sisters.”

She is now studying computer engineering in Toronto, where Dr. Abuelaish moved with his remaining five children after the tragedy.

“As a doctor I will never lose hope as long as the patient is alive. If we can defeat cancer, and HIV/AIDS, we can defeat violence,” he said. “In saving a life

we save the world. In killing a life we kill the world. Life has taught me that our enemies are ignorance, greed, fear, violence and hatred. No one is born violent. Violence is a disease. If we want to treat the disease, we need to treat the causes.”

In honor of his lost daughters, Dr. Abuelaish has founded Daughters for Life, a foundation headquartered in Toronto (www.daughtersforlife.com). He said its aim is to empower women and girls through health and education programs in order to promote change for them in the Middle East.

His book, *I SHALL NOT HATE*, is a powerful memoir of both harmony and dissonance, the title of the lecture sponsored by the Cogut Center for the Humanities. ❖



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A Further Look at some *Ped-* Words

STANLEY M. ARONSON, MD

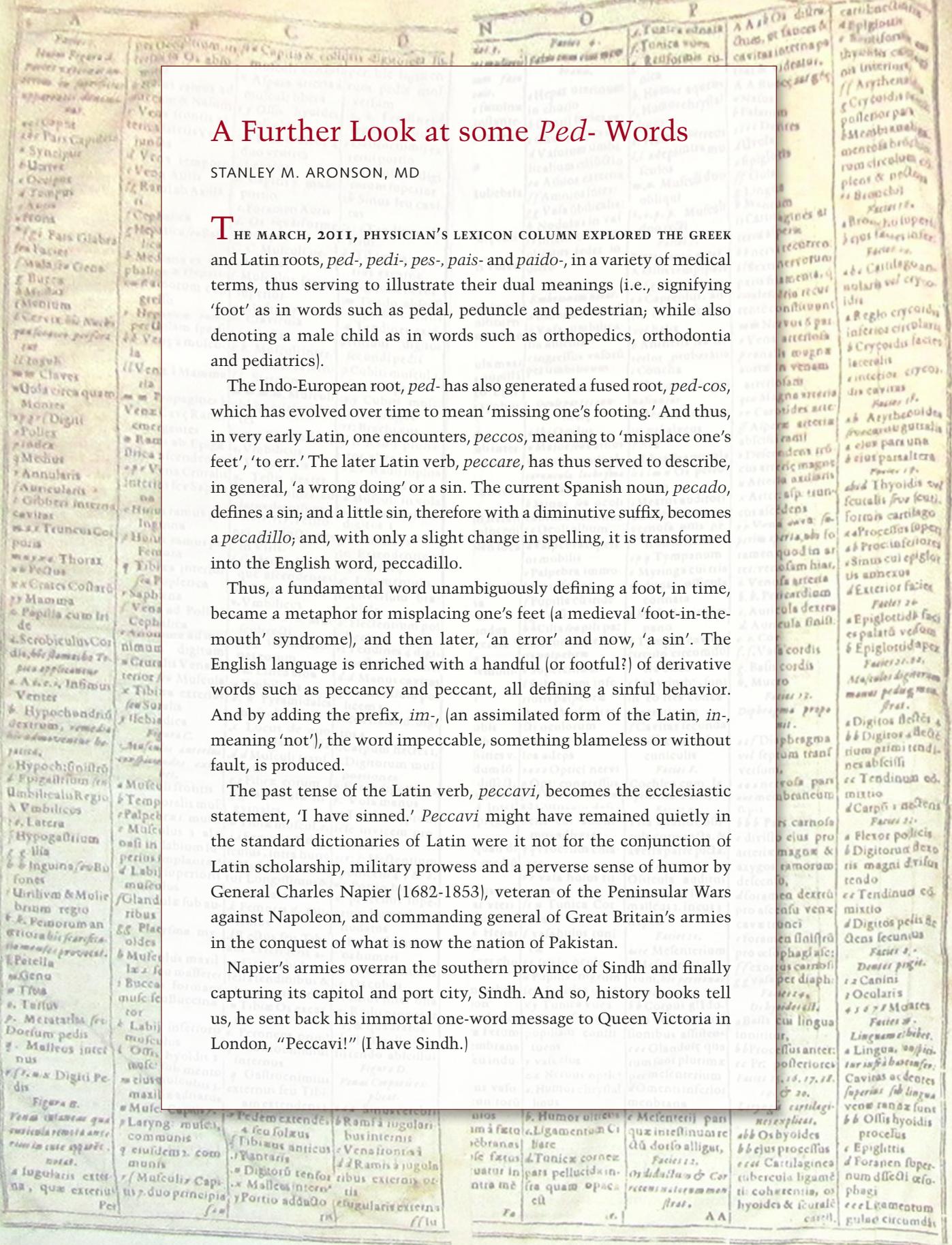
THE MARCH, 2011, PHYSICIAN'S LEXICON COLUMN EXPLORED THE GREEK and Latin roots, *ped-*, *pedi-*, *pes-*, *pais-* and *paido-*, in a variety of medical terms, thus serving to illustrate their dual meanings (i.e., signifying 'foot' as in words such as pedal, peduncle and pedestrian; while also denoting a male child as in words such as orthopedics, orthodontia and pediatrics).

The Indo-European root, *ped-* has also generated a fused root, *ped-cos*, which has evolved over time to mean 'missing one's footing.' And thus, in very early Latin, one encounters, *peccos*, meaning to 'misplace one's feet', 'to err.' The later Latin verb, *peccare*, has thus served to describe, in general, 'a wrong doing' or a sin. The current Spanish noun, *pecado*, defines a sin; and a little sin, therefore with a diminutive suffix, becomes a *pecadillo*; and, with only a slight change in spelling, it is transformed into the English word, peccadillo.

Thus, a fundamental word unambiguously defining a foot, in time, became a metaphor for misplacing one's feet (a medieval 'foot-in-the-mouth' syndrome), and then later, 'an error' and now, 'a sin'. The English language is enriched with a handful (or footful?) of derivative words such as peccancy and peccant, all defining a sinful behavior. And by adding the prefix, *im-*, (an assimilated form of the Latin, *in-*, meaning 'not'), the word impeccable, something blameless or without fault, is produced.

The past tense of the Latin verb, *peccavi*, becomes the ecclesiastic statement, 'I have sinned.' *Peccavi* might have remained quietly in the standard dictionaries of Latin were it not for the conjunction of Latin scholarship, military prowess and a perverse sense of humor by General Charles Napier (1682-1853), veteran of the Peninsular Wars against Napoleon, and commanding general of Great Britain's armies in the conquest of what is now the nation of Pakistan.

Napier's armies overran the southern province of Sindh and finally capturing its capitol and port city, Sindh. And so, history books tell us, he sent back his immortal one-word message to Queen Victoria in London, "Peccavi!" (I have Sindh.)



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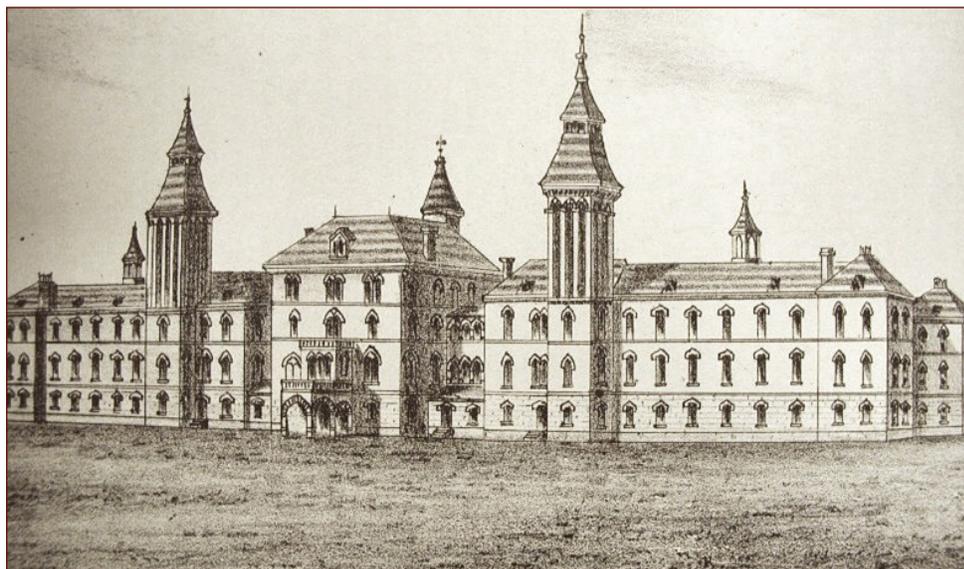


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150 Years Ago: *Rhode Island Hospital is chartered*

MARY KORR
RIMJ MANAGING EDITOR

On March 10, 1863, the General Assembly enacted the charter for The Rhode Island Hospital. Providence physicians had been appealing to the state legislature and philanthropic community for funds to open and maintain a general hospital for more than a decade. It wasn't until Civil War veterans started returning home in 1863 that the General Assembly chartered the Rhode Island Hospital Corporation, at the prodding of Brown University graduate Thomas Poynton Ives. Ives had trained at the College of Physicians and Surgeons in New York and was apprenticed to Dr. L. Ely, a prominent Providence practitioner. The Ives family donated \$75,000 to launch the effort. The City of Providence donated a 12-acre site



Rhode Island Hospital

on Eddy Street where an old marine hospital was located. The hospital opened in October 1868. The first patient

was a local shoemaker named John Sutherland, who suffered from a deep abscess in the jawbone.

Hospital costs: 125 years ago

In the 1888 volume of *Transactions*, a predecessor of the *Rhode Island Medical Journal* published by the Rhode Island Medical Society, four facilities took out full-page advertisements regarding their policies on admissions and costs:

The Butler Hospital for the Insane: For admission to this hospital the law requires that two physicians in actual practice shall certify that the patient is insane and that the guardian or near friend shall sign a request for admission...The prices charged vary from \$7 to \$50 a week. Persons who are not actually insane, but in such nervous condition that they desire the treatment of the Hospital can be admitted upon voluntary application.

The Rhode Island Hospital: Application for admission to the Hospital shall be made to the Admitting Physician between 9 and 11 a.m. or between 2 and 3 p.m. except on Sundays, by the patient in person if possible...bringing from the attending physician a certificate stating the disease and also the pecuniary circumstances of the patient. In case of accident, the patient may be brought directly to the Hospital without a permit. The Superintendent shall immediately take such action as may be proper to secure to the Hospital payment for the board of such patient.

Providence Lying-in Hospital, Cor. State and Field Streets: The Lying-in Hospital is a private charity, receiving both paying and, in suitable instances, worthy free patients. Terms for paying patients: \$20 for patients within the state, and \$25 for patients without for the lying-in term of three weeks. \$5 per week for waiting patients.

The Newport Hospital: Persons who are unable to pay for medical or surgical assistance will be treated free of charge, as far as the funds of the institution will permit. The regular price for board is \$8 per week, more for private rooms.

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FLAT-FOOT.

By FRANK E. PECKHAM, M. D.,*
Orthopedic Surgeon, Rhode Island Hospital.

In this paper only the ordinary form of flat-foot, called static flat-foot, will be considered.

This deformity occurs in persons who are obliged to be on their feet continuously for long periods of time, and especially those who have to stand much without the privilege of walking, as the mechanic who stands at the bench all day and the clerk behind the counter.

In standing for any length of time a position is assumed in which the feet are separated somewhat widely and then the weight of the body is changed from one foot to the other as each in its turn becomes tired. In this position the feet are always abducted.

Another class of persons apt to be affected are those who carry great weights, as illustrated by the various kinds of laborers. Some people are heavy-weights naturally and thus an extra burden is placed upon the feet.

In all cases due to long standing, or too great weight being borne, there is either a weakness of the muscles or else they gradually give way under the extra strain placed upon them.

Another cause for flat-foot is ill-fitting shoes, and by some writers this is considered the most important. The shoe

*Read before Providence Medical Improvement Society, at the January meeting, 1897.

forces the great toe outward into the valgus position.

In a perfectly normal foot a line drawn through the axis of the great toe should pass through the centre of the heel. This is called Meyer's line, but in the average adult foot, it passes to the inside of the heel instead of through the middle of it.

In the act of walking the weight falls first on the heel, then is supported by the outer side of the foot and finally, as the foot is flexed at the ankle, the body is lifted by the muscles of the great toe. If the long plantar flexor is pulling in the direction of Meyer's line it will be seen that the arch is strongly supported, but with the great toe forced outward, the angle at which the muscle pulls is changed, much less support is given, the arch is weakened and the ankle rolls inward, this being the first step toward flat-foot.

When this deformity takes place there is a sinking of the arches of the foot, a rotation of the bones on their long axes, and a gradual change in their shape as they assume the new relations.

The astragalus being the key-stone of the arch is the most important bone.

The weight of the body in the upright position falls upon the astragalus, which is situated above and somewhat to the inner side of the os calcis, consequently even in a perfectly normal foot, when the change is made from a position of absolute rest to one supporting the whole weight of the body, there

The Atlantic Medical Weekly was published in Providence from 1895 to 1898. In the March 6, 1897 issue, Frank E. Peckham, MD, an orthopedic surgeon at Rhode Island Hospital, discussed flat feet.