

SCOTTISH PALESTINIAN HEALTH FACULTY



NEWSLETTER NO 1

Welcome to the first newsletter of the Scottish Palestinian Health Faculty. We are a loose alliance and network of :-

- 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.

INTRODUCTION

This first newsletter has three parts.

The NARRATIVES Section contains several personal accounts of colleagues who have contributed to Scottish Palestinian collaboration, describing and reflecting on their experiences.

The NOTES Section contains brief biographical information about colleagues who wish to be part of the Scottish Palestinian Health Faculty and is intended both for sharing within the network and to encourage others to contribute if they wish.

The NEWS Section contains information about events and developments in the near future. Clearly, these are limited by the Coronavirus lockdown.

But to begin the NEWSLETTER, what could be more appropriate than to acknowledge and celebrate our longest-lived and longest-serving colleague, Dr Runa Mackay

DR RUNA MACKAY

A personal journey with the Palestinians



Runa Mackay, after her childhood in Hull, graduated in medicine from the University of Edinburgh in 1944. Some of her earliest clinical experiences as a medical student were in the last few years before the introduction of the NHS at the Livingstone Dispensary for Edinburgh's poor, run by the Edinburgh Medical Missionary Society (EMMS) in the city's Cowgate.

In 1954, while coming to the end of a period as professorial medical registrar at the Manchester Children's Hospital, she received a letter from a doctor at the EMMS hospital in Nazareth, asking if anyone could do a locum for him while he took 6 month's leave. Being free at the time, Runa offered her services, as a paediatrician rather than as a missionary.

Originally planning to stay for six months, she stayed 30 years, finding that "work in Nazareth could become my life's work". Although Nazareth was, and is, in the new State of Israel, 99% of the patients and the local staff were Palestinian Arabs, so that "one absorbed the history, the culture and the ethos of Palestine, day-by-day." In those days, 70% of the local population was Christian and 30% Muslim.



After retirement in 1985 and returning to Edinburgh, Runa went back to Edinburgh University for a degree in Arabic and Islamic Studies, graduating in 1990 with a dissertation on Al Razi, a tenth century Persian physician and probably the greatest and most original of all Islamic physicians.

During the long university vacations, she was able to start working for Medical Aid for Palestinians, and in 1987 she joined Dr Swee Ang Chai, an orthopaedic surgeon from Singapore, and Susan Wighton, a Scottish nurse, for work in refugee camps in Lebanon, especially Qasmiyeh camp, just north of the ancient city of Tyre.

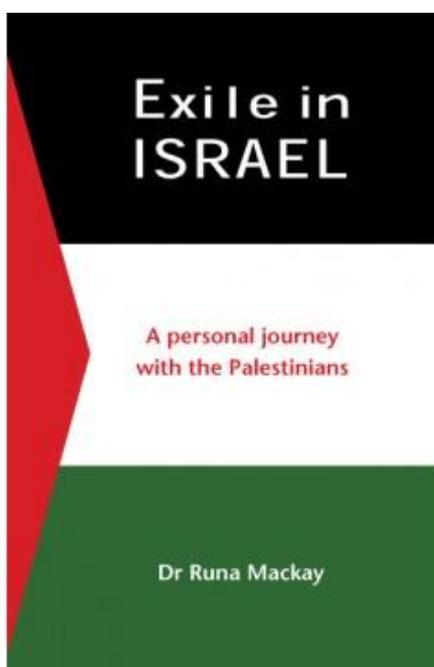
In September 1990 she went at MAP's invitation on an assignment as a "sort of consultant paediatrician" (one month in three) to a small children's hospital in Hebron. Then in 1992 she returned to Qasmiyeh camp working for two years as part of MAP's Lebanese programme.

Runa no longer worked in Palestine but became a Trustee of Medical Aid for Palestinians, attending quarterly board meetings in London. She also began a series of annual fundraisers for MAP at Holy Corner in Edinburgh, usually on a Saturday in November, calling on her network of contacts and regularly raising over £5000 in a morning. She only stepped down from organising this event in her mid-90s.

In 2014, MAP gave Runa Mackay it's lifetime achievement award, recognising almost 60 years of service to the Palestinian people

Her book "Exile in Israel" was published in 1995 by the Iona Community and is still available from on-line sources. Describing, commenting and reflecting on 40 years living and working as a doctor in Palestinian communities in Israel, Lebanon and the West Bank, it is not only a clinical but also a historical, political and cultural memoir – an expert guide by someone who was there.

Information taken from :



NARRATIVES

RETURNING TO GAZA

Philippa Whitford

While increased awareness, earlier presentation and modern treatments have improved Breast Cancer care in Scotland and the UK, that is not the case everywhere. Having worked with Medical Aid for Palestinians (MAP) as a surgical volunteer in Gaza in 1991 and 92, I returned in 2016 to see how we could contribute to the improvement of breast cancer treatment, there and in the West Bank.



Philippa with Dr. Omar and Dr Ali in the gardens of Ahli Arab Hospital 1991

What struck me, after I had made my way through the checkpoint at Erez crossing, was how crowded and claustrophobic the Gaza Strip has become after 10 years of virtual siege. Gaza City has spread outwards to accommodate the population as almost two million people are squashed into a strip of land 5 by 25 miles. In addition, the Israeli security wall, and its associated no-man's land, has further reduced the arable land available for food production. The lack of space has driven the city vertically, with multiple tower blocks, which made it utterly impossible for me to identify our old house or know, after the attack of 2014, if it had even survived. I have been back to Palestine each year since 2016 and returning to Gaza always feels like a homecoming, as I meet friends and colleagues from Al Ahli hospital in Gaza City, where I worked back in the early 90s. Its lush garden remains a wee green oasis in a city of concrete and sand.

The pervasive smell of sewage on entering Gaza attests to the fact that the near doubling of the population, and refusal of permission to expand the sewage treatment plant, means raw sewage is just pumped out into the sea; one of Gaza's most important resources. The water has been undrinkable for several years and the UN have warned that Gaza would become uninhabitable by 2020 - this year! The beaches extend for the length of the Strip and could have made tourism a major source of income and economic activity but the blockade of Gaza by land, sea and air have made that impossible. The plentiful seafood, a traditional

source of income as well as food, is threatened by the sewage effluent as well as the blockade stopping fishing boats reaching the best fishing grounds.

When we lived in Gaza, 28 years ago, it was still under direct occupation by the Israeli Defence Force and Settlers which meant there were clashes every few days, resulting in patients with gunshot wounds needing surgery. Since the Israeli withdrawal, it is easier to move about inside Gaza but the external security wall and 13 years of blockade have impacted on every aspect of daily life, including cancer treatment.

For those requiring chemotherapy, it is not always possible to maintain an unbroken course of treatment and there are always chronic drug shortages. The World Health Organisation (WHO) report that 35% of all essential medicines are almost out of stock in Gaza most of the time.



Reunion with friends in Ahli Arab Hospital 2016

Radiotherapy, a key element of breast cancer treatment, but also crucial for many other tumours, is not available within Gaza so patients need to travel to East Jerusalem. However, not only is it expensive for patients to travel and stay in Jerusalem for over a month, but the WHO report that, on average, 45% of all patients are denied permission to travel to Israel or receive no response. During one of my clinics in Gaza, I met a very elderly lady who had been trying to get permission to travel for radiotherapy for six months without success and was worried she had developed a recurrence in her mastectomy scar. It was hard to imagine what threat she could possibly pose to Israeli security.

In addition to those actually denied permission to travel for radiotherapy, the routine denial of permission led the majority of surgeons to opt for mastectomy, and clearance of all of the axillary nodes, so most patients could avoid radiotherapy in the first place. On my 2016 visit, every patient I met had undergone radical mastectomy, regardless of the size and extent of disease, and it was causing significant emotional distress as well as physical morbidity, with half the patients having significant arm swelling or lymphoedema. An American paper, in 2011, reported that survival from breast cancer in Gaza was less than half that of patients in the UK, or indeed Israeli patients receiving treatment just a few miles along the coast.

After my visit in 2016, I proposed that MAP consider an ongoing project to improve breast cancer care and, in particular, to provide training to improve the diagnosis and surgical treatment of women with breast cancer in Gaza and the West Bank. MAP committed to the project for three years and have established a supportive 'medical bridge' between Scotland and Palestine. We recruited surgeons, radiologists, oncologists and breast care nurses who take part in training visits to Palestine each year and support multidisciplinary team meetings by Skype every week.



Philippa operating in Gaza 2017

Palestinian Ministry of Health data showed that approximately 1 in 3 breast cancer patients in the Occupied Palestinian Territories (OPT) were node negative. While this means the disease is often much more advanced, than is the norm in the UK, one of the key aims of the project was to introduce the technique of Sentinel Node Biopsy (SNB), removing just one or two nodes from the axilla, to reduce lymphoedema and shoulder problems in women who are node negative. With no NHS, women with a suspicious mammogram had to find a diagnostic clinic themselves, which might be private, charitable or provided by an overseas organisation. Therefore, as well as a need to improve the initial investigation, axillary

staging and multidisciplinary treatment planning, the project had to develop a reliable diagnostic pathway for patients.

The aim is to help formulate an overarching vision for Breast Cancer care, to help support quality improvement measures and in particular to provide training and mentoring through our Multidisciplinary Teams. The local clinicians in Gaza have engaged enthusiastically with the project; quickly defining a specialist breast cancer team at Shifa, the largest hospital. During my visit last Easter, it was really heartening to see how much practice had improved, in less than two years, from the first Team visit in September 2017.

It is not possible to ignore the political nature of the constraints faced by Palestinians in their daily lives, nor how that affects healthcare. There are many other parts of the world where cancer treatment is unavailable but the difference in Gaza is that the obstruction is political in nature.



Gaza City 2019

The 10 year old siege affects every aspect of life and right now the threat of COVID-19 getting hold among the Gaza's population is terrifying. With only 60 ventilators for a population of two million, their only chance to avoid disaster is to focus on testing, contact tracing and quarantine but obtaining test kits is a constant struggle.

The new threat of annexation of parts of the West Bank by Israel could kill any possibility of a 'Two State' solution and destabilise the whole region. Despite the other challenges facing

the international community, they need to put the Israel-Palestine conflict back on the agenda and seek real progress towards a just solution.

FIRST VISITS

Jane Macaskill

I went to medical school with the plan that I would travel and use my medical skills in the overseas context. As often happens, life takes a different track and in my chosen career of breast cancer surgery I felt that there was little I could bring to the discussion on global health. So after 5 years as a consultant breast surgeon I was delighted when an email to all breast surgeons in Scotland from Philippa Whitford arrived inviting us to join a multidisciplinary project in breast cancer in Palestine with Medical Aid for Palestinians (MAP). I volunteered immediately.

A very helpful mapping document of breast cancer services was invaluable in providing a background to the challenges facing patients with breast cancer in Palestine for those of us on our first visit to Palestine in May 2018. As a multidisciplinary team of surgeons, nurse, radiologist and oncologist, alongside the MAP project manager and local team, we spent four (very) full days on a scoping trip interacting with Palestinian Ministry of Health officials, and clinical teams from governmental and NGO clinics and hospitals. This formed the basis of the subsequent further 4 team visits over the last 2 years, and much of our attention has been focused on the north of the West Bank, in Nablus. (Serendipitously, this city has been twinned for the last 40 years with my own adopted city and home of Dundee). The approach has been to develop relationships and enable the local clinical team to be able to deliver good quality, evidence-based care for breast cancer patients. We have formed strong relationships with the local team there through these visits, and between visits use social media to discuss cases anonymously and support the local breast clinic development.

With the support of Medical Aid for Palestinians, we were able to host a breast cancer surgeon and radiologist for a month in the UK for observerships in April 2019. This has been a key point in the development of the project. The Palestinian surgeon at the start of the observership felt that the system we use in the UK for diagnosis and treatment was not feasible in Palestine, given the resource, infrastructure and political shortfalls. The end of the observership coincided with our 3rd team visit to the West Bank, and I was so encouraged to see that both the surgeon and radiologist had been able to see past the immediate differences in the UK and Palestinian approaches to healthcare, and to see how we could adapt the UK approach to work in the Palestine context. They are now the local driving force behind the development of the breast unit at Rafedia Hospital in Nablus.

With growing recognition on the part of Scottish government and the development of global health partnerships in NHS Scotland, I was encouraged to apply for a month-long sabbatical to allow a more consistent and constant presence in Nablus. I was kindly granted this by

NHS Tayside and received a grant from Association of Breast Surgery towards this. I merrily set out on 1st March expecting to stay for one month, only to be thwarted by a now well-known virus, and having to return after only 1, albeit very productive, week. While very disappointed, it would have been impossible under lockdown conditions to be able to carry out any of the training sessions and routine clinical work that formed the mainstay of our plans for the month. I hope to return in the not too distant future.

I think that one of the strongest draws for me to Palestine are the people I have had the enormous privilege to meet and work alongside. I was apprehensive prior to the trip as to how our team would be received, and whether we would be seen as imposing. I am grateful for the approach that MAP has taken of working with local partners and developing local services rather than “helicoptering” in to do dramatic work then leave. This approach combined with the generosity, hospitality and benevolence of the Palestinians we have worked with has allowed this project to be one of the most rewarding experiences of my personal and professional life.

THE DEVELOPMENT OF POST GRADUATE CANCER NURSE EDUCATION IN PALESTINE

Gerry O’Hare

In 2011, as part of my fiftieth birthday celebrations, I was invited on a trip to Palestine organised by my son Liam O’Hare (now a journalist who writes regularly on the Palestinian situation) to witness life in the Occupied Palestinian Territories (Opt). As a Cancer Nurse Specialist and a former teaching fellow, I was interested in finding out about the impact of the occupation on the provision of cancer services.

Before my trip with Liam and the student group, I contacted several cancer clinicians and nurse educators in the West Bank to ask if I could meet with them to find out more about cancer services and post graduate cancer nurse training in the West Bank.

Dr Faouad Sabatin, Medical Director from Augustus Victoria Hospital, Jerusalem and Mariam Awad, Dean of Nursing at Bethlehem University, agreed to meet with me, and both asked me to present on service provision and challenges of delivering cancer care in Scotland. These meetings coupled with what I witnessed during my visits to other areas and organisations suffering under occupation e.g. Hebron, Aida Camp, Silwan in occupied Jerusalem, inspired me to seek ways to support clinical practice and cancer nurse education in Palestine.

The initial discussions with Mariam identified the development of post-graduate cancer/palliative care nurse training as a priority. Back in Scotland, Mariam asked if it would be possible for myself and a colleague to develop a two-day training programme covering a range of oncology/ palliative topics. Early in 2012 Dr Noelle O Rourke (Oncology

Consultant BOC) and I delivered this programme to an enthusiastic multi-disciplinary group of medics, nurses, academics and allied health professionals. The event revealed a significant demand from Palestinian nurses for accredited training in cancer and palliative care.

In the immediate years that followed this initial input I held many discussions with Mariam about what this training might look like. Would it be Palestinians nurses completing accredited training in Scotland or might it be possible to deliver a post-graduate diploma at Bethlehem University? Thinking it through we decided that the funding required to train even a few nurses at Scottish Universities was too expensive and would have limited impact for nursing practice in Palestine. During this period, I had continued to visit the West Bank regularly teaching students at Bethlehem University. This ongoing involvement allowed Mariam and I to think that post graduate training at Bethlehem University might be possible.

The first step was to develop a curriculum for a Diploma in Cancer Nursing. The European Oncology Nursing Society (EONS) has a detailed curriculum that can be adapted and used by any member country of that organisation. In order for B.U. to use the curriculum, Palestine had to become a member country of EONS and so Palestinian nurses had to establish a Palestinian Oncology Nurses Society (PONS). In 2014 Palestine became a member of EONS. The Cancer Nurse Diploma curriculum was written (based on EONS Diploma), submitted and accepted by Palestinian Dept of Education and the Senate of Bethlehem University. No mean feat given the bureaucratic processes in Palestine! However, we still required financial support to run the course and the fees of prospective diploma students.



Palestinian nurses join EONS
The Marsden Hospital, London

Mariam and myself met with two West Bank MAP employees who recognised the importance of building the capacity of cancer nurse education in Palestine. Further discussions with MAP in London resulted in a commitment from MAP to fund the Cancer Nurse Diploma for three years commencing in 2015.

At the request of the then Board chairman, Andrew Robertson, I presented an account of the development of the Diploma to the Board of Glasgow & Clyde Health Board. Following on from this GGC issued a statement of support for clinical placements for Palestinian cancer students in GGC settings and commended me for my contribution to the diploma.

Glasgow & Bethlehem are twinned cities through the International Office of Glasgow City Council. While the Mayor of Bethlehem had visited Glasgow no Lord Provost from Glasgow



Launch of the Cancer Nurse Diploma
Bethlehem University

had visited Bethlehem. This was to change as a consequence of my meeting Lord Provost Sadie Docherty. Sadie embraced the positive impact that the Diploma could have and committed funding of £3000 from the twinning budget specifically for the accommodation costs of visiting students. Bravely (in view of the political sensitivities) Sadie issued a statement supporting Glasgow's contribution to the cancer Diploma and also became the first Lord Provost of Glasgow to visit Palestine where she attended the ceremony for the launch of the Cancer and Palliative Nursing Diploma in 2015 where she

pledged solidarity between the peoples of Glasgow and Bethlehem.

The support of the Lord Provost office continued when Sadie's successor, Lord Provost Eva Bollander, agreed to be the keynote speaker for the graduation of all Bethlehem University students (including the first ten Diploma graduates) in 2018.



Graduation of Diploma students
Bethlehem University

MAP's focus on the Nurse Diploma led to its funding the first Palestinian Cancer and Palliative Care Nursing Conference in 2018. It was held at B.U. and attended by international and local delegates and speakers. Additional funding was provided by the Green Brigade (Celtic FC supporters) and the Glasgow Lord Provost's office.

Conclusion

This development in cancer nurse education in Palestine was triggered initially by informal meetings with motivated Palestinian cancer professionals. It is an excellent example of individuals and agencies across the political, health, education and charity sectors in Palestine and Glasgow working together to improve health care for Palestinians. The process of this development has also been used as template for other health initiatives e.g. child psychology links between Glasgow and Bethlehem.

Cancer/palliative care Diploma graduates are impacting positively on how cancer/palliative care is delivered in Palestine and post graduate cancer nurse training is a growing component for nursing faculties in Palestinian Universities. Meaningful professional links

and friendships between nurses in Palestine and the UK continue to flourish and a future ambition is to develop cancer/palliative care nurse training in besieged Gaza.



MOVING TO LIVE IN PALESTINE

Annette McCulloch

I am a GP living in Bethlehem, Palestine with my husband John and 3 children. We moved to Bethlehem 2 years ago when John was ordained as Minister and Mission Partner with the Church of Scotland in Israel and Palestine. It was a huge change in all of our lives to move from idyllic Argyll to the West Bank, overcrowded and under military occupation. The children started at a Palestinian school and we moved into a flat in the centre of Bethlehem, in the middle of the bustling markets and a stone's throw from Manger Square.

Our role with the church involves working with organizations and projects that are supported by the Church of Scotland in Gaza and the West Bank, as well as in Israel. I am not allowed to work clinically because of the nature of my visa.

Over the last couple of years we have been into Gaza on several occasions to visit, support and do advocacy work with the projects which are managed by the Near East Council of Church in Gaza city. Most of the projects in Gaza offer medical and psychological care and aim to meet the needs of the poorest and most vulnerable.



On our first visit to Gaza in the Primary Care clinic in Rafah, we were shown the intake form for new patients at the clinic. The questions that they asked were very revealing of the utterly intolerable living conditions endured by many:

Is there any running water or drainage in your home?

Is there access to electricity?

Has anyone got a paid job?

Have you had previous children with anaemia/malnutrition?

What access to food do you have?

Are you dependent on food aid?

Many of the doctors and nurses are working as volunteers due to lack of money for their salary, due to US government slashing funding to UNWRA, leaving a massive shortfall in essential funding.

In the clinic, nursing staff carry out health checks and observations on the babies and children, including blood tests which are processed immediately in a small laboratory. Meanwhile many more wait for their turn and are given lectures and education sessions in the waiting room by the Social Worker. There are also outreach visits into homes to assess the situation of many very vulnerable children and their families.

The staff of NECC (Near East Council of Churches) carried out a door to door survey in Rafah to assess health of children. The results were shocking. 50% of all children are anaemic, as a result of malnutrition, 10% are stunted and will never reach their intellectual or physical potential. In addition to this, they are highly susceptible to diarrhoea, infections and other communicable diseases.



The clinic provides vitamin and iron supplementation and treats many simple primary care problems that present. In addition, there is education and support, as well as work raising awareness of gender-based violence which is on the increase in a country where huge amounts of men are unemployed and chronically stressed.

When I asked the Project Manager what a typical family will have to eat in a day, she said that they get a bag of UNWRA distributed flour and their breakfast is bread (made from just that flour) and black tea. At lunch, they may get some tinned food (tuna) also from UNWRA

to have with the bread. There will be more bread in the evening, if the bag lasts long enough. Dairy products are very difficult to access and expensive. One of the employees of the clinic told us that they found one mother feeding her baby with water mixed with starch as she had no milk.

Another project that we visited in Gaza city is the Psychological care centre. Children under the age of 10 have now lived through 3 wars and many suffer from PTSD from bomb attacks on the city as well as their insufferable living conditions.

We saw the work of the staff in creating a beautiful loving space for them to be themselves, do some dancing and art and music and share with each other about their lives in a safe space. The social worker who runs the project goes to the homes to select the most vulnerable and traumatised children. We were overwhelmed by the warmth of the welcome they gave us and the joy of the place. It is a haven for the children we met and it has changed their lives.



The Arab Ahli Hospital in Gaza city is also supported by the Church of Scotland and many other charities. During the 2014 War on Gaza, most hospitals closed their clinics because of security. However, Arab Ahli saw 9000 patients in 51 days and were open day and night for all emergencies. They also opened one of their wards as a shelter for families whose homes had been bombed and gave food and water to those destitute and traumatised. Considering that they only have a regular staff of 20 doctors, this is remarkable.

Dr Maher Ayyad, the Medical Director of the hospital told us that 'waves of desperation come towards us all the time'. He told us, with tears in his eyes, about one father who has to walk 3 hours each way with his sick son in his arms during the night because of an

ongoing health problem. The father could not even afford the transportation costs to get to the hospital.

The hospital is severely under threat financially at the moment. \$300,000 has literally vanished in funding due to UNWRA cuts. Medical supplies and drugs are always a problem because of the blockade. 48% of drugs are at zero stock. Because of the blockade of electricity, they need to run a generator for up to 20 hours a day, necessitating thousands of litres of diesel.

John and I have been learning Arabic (spoken dialect) while the children are learning it at school. Being able to communicate freely opens so many doors. Walking around Gaza city, we got chatting to a group of children who wanted us to meet their parents. In a few minutes, we were sitting in a small concrete room, home to 2 generations of a family, with 13 children (including 2 newborn babies), drinking tea and hearing about their situation. It was actually seeing the living conditions that affected me the most. There was no furniture, just some mats on the floor where they took it in turns to sleep, no sewage drainage, a small fridge with only some tired tomatoes on one shelf, a bag of UNWRA flour in a corner, and the father who was a picture of anguish and hopelessness telling us how he could not support his family and had not had a job for 3 years. The babies had the worst nappy rash that I had ever seen because they were reusing a disposable nappy. The situation is atrocious.

Living in Palestine has opened my eyes to so much. I have been amazed again and again at the resilience and hope, kindness and generosity that the Palestinian people have in the face of so much adversity. I am encouraged by the many projects and initiatives that are making so much difference and am privileged to have been able to be part of them in some small way.



NOTES

Palestinian health professionals and health researchers currently working and living in Scotland

ISHAQ ABU-ARAFEH

Ishaqa Abu-Aafeh is a consultant paediatrician at the Royal Hospital for Sick Children in Glasgow, specialising in paediatric neurology , especially headache in children. He was born in Jerusalem and trained initially at Makassed Hospital Jerusalem and the Caritas Baby Hospital, Bethlehem. He has been President of the Scottish Paediatric Society and the Scottish Palestinian Society and currently chairs the Board of Hadeel/Palcrafts. He visits Jerusalem and the West Bank every year and has many contacts in the Palestinian medical profession.

ABDULLA ALHASSO

Abdulla Alhasso is a Consultant Oncologist at the Beatson West of Scotland Cancer Centre, specialising in breast and prostate cancer. He has been on two missions to Gaza organised by Medical Aid for Palestinians and has been actively involved in setting up multidisciplinary training with Gaza colleagues, including the first oncology conference.

BASHIR OUDEH

Bashier Oudeh was born in Qalqilia, grew up in Jerusalem, and studied medicine in Cairo. He started working in the UK in 1975, his medical career included working in Obstetrics and Gynaecology for many years, before moving to General Practice. He retired in 2015. He has been involved in voluntary organisations for three decades and has established and chaired a few organisations, including the first Scottish Palestinian Society in 2014 as well as other organisations that serve the Arab communities, ethnic groups, and refugees. He is a board member of the UK branch of PalMed Europe; an organisation with branches in eleven European countries and over 850 members from the medical profession.

Health professionals and health researchers, based in Scotland, with links and activities in Palestine

GRAHAM BRYCE

Graham Bryce is a retired child and adolescent psychiatrist, working mainly in community-based services in Scotland with a particular interest in children who had experienced trauma. Since 2015 he has been involved in a collaboration between colleagues in Glasgow and the Guidance and Training Centre for Children and Families in the Bethlehem area, developing, delivering and researching post-graduate training for those working with

children and families. His first visit to Palestine was with MAP's 2015 Cycle Palestine Challenge.

COLIN COOPER

Colin Cooper is a retired Edinburgh GP who has also worked as an anaesthetist. He is medical advisor to a local charity Edinburgh Direct Aid and following Operation Cast Lead in 2009 went to Gaza with EDA to deliver medical supplies. His interest in pain relief services and palliative care led to links with Dr Mhoira Leng and the setting up of palliative care teaching for medical students at the Islamic University of Gaza. Working with the Palestinian activist community, mainly Edinburgh Action for Palestine (EA4P) and the Scottish Palestine Forum, he instigated an exhibition in Edinburgh of the Palestine History Tapestry (planned for June 2020 but now postponed – see NEWS Section)

ANDY FERGUSON

Andy Ferguson was born in Inverness, qualified from Sheffield Medical School in 1988, and has worked not only in and around Sheffield as a hospital doctor, public health specialist and GP for nearly 30 years but also in a variety of environments worldwide. Having worked in the field in the Middle East and Balkans, he spent the next 15 years combining a role as a health advisor to NGOs operational in Asia and the Middle East with ongoing clinical commitments as a GP and trainer in the UK. For the past four years he has worked as Director of Programmes for Medical Aid for Palestinians (MAP), leading the strategic development of its health programmes, providing technical support for our regional teams in Lebanon, Gaza and the West Bank, liaising closely with the advocacy and fundraising teams and establishing/expanding a network of specialist volunteers, who now underpin many capacity building projects within the health sector in Palestine.

JANET LITHERLAND

Janet Litherland is a Consultant Radiologist in Glasgow, providing diagnostic services including mammography, ultrasound and breast biopsy. She has local and national roles in education and quality assurance for breast radiology. She has been part of three MAP missions to the West Bank and Gaza, with good progress towards the development of a One-Stop Breast Clinic in Nablus and the formation of a multidisciplinary training structure for breast specialists.

JANE MACASKILL

Jane Macaskill is a consultant oncoplastic breast surgeon based in Ninewells Hospital, Dundee. Since 2018, she has been part of a multidisciplinary team volunteering with Medical Aid for Palestinians on a project that aims to improve survival of women with breast cancer in the West Bank and Gaza, which is at present estimated to be about 40% at 5 years, compared with 80% in Scotland. Her role in the project includes regular visits to partner hospitals in the West Bank on multi-disciplinary specialist team visits, contributing to development of national diagnostic and treatment pathways, training in relevant surgical techniques, as well as with ongoing remote case discussions with partner teams, and she has hosted a surgical colleague from Nablus on an observership to the UK.

ANETTE MCCULLOCH

Annette McCulloch is a GP living in Bethlehem, Palestine with her husband and 3 school-age children. Before moving to the West Bank, she was working in Scotland doing Remote and Rural General Practice, as well as Emergency Medicine in a local community hospital Casualty department. She has also had a lot of experience and interest in Refugee Medicine and was previously Lead Doctor for the Medical Foundation for the Care of Survivors of Torture (now called Freedom from Torture) in Glasgow. Her family moved to Bethlehem two years ago when her husband John was ordained as Minister and Mission Partner with the Church of Scotland in Israel and Palestine.

HAMISH MCLEOD

Hamish McLeod is Professor of Clinical Psychology and Honorary Consultant Clinical Psychologist with NHS GG&C Rehabilitation Services at Gartnavel Royal Hospital. Through his role as the Programme Director for the Doctorate in Clinical Psychology he coordinates work focused on applied psychology workforce development and improvement, both in the UK and internationally. Since 2015 he has been part of the collaboration between colleagues in Glasgow and Bethlehem developing a Programme of training in clinical psychology with a focus on children.

GERRY O'HARE

Gerry O'Hare is an Oncology Clinical Nurse Specialist in the West of Scotland. He visited the West Bank for several years in a personal capacity to support cancer nursing in Palestine, leading to the development of the first ever postgraduate diploma in cancer/palliative care nursing at Bethlehem University, including Glasgow placements for Palestinian nurses. Subsequently, cancer nurse education has been included as part of the twinning agreement between the cities of Glasgow and Bethlehem. He has visited Gaza on three occasions with MAP, most recently supporting the first cancer conference in December 2019. He has also supported the visits of young people from Aida refugee camp Bethlehem on culture and sporting visit to Glasgow.

GRAHAM WATT

Graham Watt is a retired professor in general practice, epidemiologist and consultant in public health at the University of Glasgow, whose Palestinian connections began in 1998 with teaching visits to the Institute of Community and Public Health at Birzeit University. From 2006-15, and again since 2017, he has been the “Scottish Trustee” on the Board of Medical Aid for Palestinians (MAP). Since 2010 he has chaired the steering group and has been a member of the Executive Group of the Lancet Palestinian Health Alliance (LPHA).

PHILIPPA WHITFORD

Philippa Whitford is originally from Northern Ireland but was educated in Scotland and London before graduating in medicine from the University of Glasgow. In the early 1990s she served as a medical volunteer at a UN hospital in Gaza. She was a Consultant breast surgeon at Crosshouse Hospital in Ayrshire, Scotland for over 20 years, before being elected Member of Parliament for Central Ayrshire in 2015. She is currently the Health Spokesperson of the Scottish National Party in the House of Commons.

Palestinian health professionals and health researchers currently studying or training in Scotland

WALAA ALMADHOUN

Walaa Almadhoun is a Doctor of Medicine from the Gaza Strip and has been practising general medicine since 2016. She has worked in different health sectors in Gaza Strip both in hospital and clinic settings. She is currently studying for a Masters degree in Global health at the University of Glasgow. She is particularly interested in primary health care, medical research and humanitarian work.

SAMEEHA ATOUT

Sameeha Atout is from Nablus, Palestine and obtained her undergraduate degree in Medical Laboratory Sciences at An-najah National University. She worked as an embryologist in an IVF centre for two years and a half and is now residing in Glasgow, studying for a Masters degree in Medical Genetics and Genomics at the University of Glasgow.

YARA BADRADEN

Yara Badraden is a 2019 Chevening scholar study for a MSc in Clinical Pharmacology at the University of Aberdeen. Previously she was a teaching assistant at Al-Azhar University in Gaza.

MAJDY ASHOUR

Majdi Ashour qualified in medicine in Russia before returning to Gaza in 1994, volunteering for the Palestine Medical Relief Society, working for the Government Health Service at Al Shifa Hospital and specialising in anaesthesiology and critical care medicine. After public health training in the United States, he worked for UNRWA, becoming deputy head of a health centre and developing research projects in health systems and health policy research. He has published and presented widely and is currently studying for a PhD in Global Health Policy at the University of Edinburgh, analysing changes in patterns of healthcare seeking behaviour and out-of-pocket payments in Gaza during the last three decades.

IHAB SALEH

Ihab Saleh qualified in medicine at the Islamic University of Gaza before working for two years as Medical Coordinator at Medicos del Mundo (Doctors of the World - Spain), organising medical missions, projects and conferences with local and expatriate surgical teams. Two recent projects funded by OCHA and ECHO delivered limb reconstruction procedures for injuries sustained during the Great March of Return. Core tasks included liaison with stakeholders including the Ministry of Health oPT, WHO, Health Cluster and partner NGOs. He also managed software for the management and coordination of fundraising. He is currently studying for a MSc in Global Health at the University of Glasgow, funded by a Chevening Scholarship from the British Government.

ALA' SUBOH

Ala' Suboh studied business administration and accounting before working with different NGOs in Palestine, mainly in the education and health sectors. Working for the Bethlehem Arab Society for Rehabilitation she was involved in a Community-Based Rehabilitation Programme for people with disabilities. Working with the Guidance and Training Centre for the Child and Family (GTC), a mental health institution in Bethlehem, she obtained a scholarship at the University of Glasgow to study for a MSc in Developing and Evaluating Interventions.

Where are they now? (In future newsletters we hope to expand this section, tracking Palestinians who have returned home after studying in Scotland.)

HUSSEIN JABAREEN

Hussein Jabareen obtained his PhD in Health Services Research and Development from the University of Glasgow in 2009. He is currently working as Dean of the College of Nursing and Health Sciences at Hebron University and supervising/examining master theses for students at Hebron, Al-Najah and Al-Quds Universities. He is a member of several health/development committees at national and international level and coordinates academic cooperation projects, with research interests in change management, administrative reform, public health and health system administration, community institutions improvement and social equity.

NEWS



Palestinian Tapestry Exhibition

Colin Cooper

Over an 8 year period, Jan Chalmers and Judith English in Oxford coordinated this project, which documents the history of Palestine and Palestinians in a series of embroidered pictures and designs made by a network of Palestinian colleagues in the West Bank, including East Jerusalem, Gaza, Jordan and Lebanon. The "Tapestry" tells a story in the manner of the Bayeux Tapestry, and following similar Tapestry projects in South Africa and Scotland. The Palestinian History Tapestry is over 100 metres long and growing.

See www.palestinianhistorytapestry.org and <https://youtu.be/en31c3oTDbY>

After the successful first showing of the Tapestry in London in 2019, there were plans for an exhibition in Edinburgh in June 2020, in parallel with several other events and activities. Due to Covid-19, these plans have had to be put on hold, with no firm date yet for a future exhibition, but the intention remains to hold the Tapestry exhibition in Scotland, probably in

2021, and to link the exhibition with a week long programme of associated events, including an event involving the SPHF.

Strengthening Applied Psychology Training and Practice in Palestine

Hamish Mcleod

The APiP initiative is a Scotland-Palestine collaborative venture centred on the work of the Guidance and Training Centre for the Child and Family (GTC) in Bethlehem (<http://www.gtc.ps/index.php/en/about-us/about-gtc>). In December 2019 this NGO celebrated 25 years of serving the mental health and educational psychology needs of families and young people in the West Bank. The work of GTC ranges from treatment for children and adults suffering with emotional and behaviour problems through to school-based support work aimed at enhancing the opportunities for young Palestinians to meet their potential and overcome the psychological challenges and traumas so many of them have faced. But the team at GTC also have an ambitious vision of strengthening the applied psychology workforce in Palestine through improved training and research work led by local leaders and shaped by local needs. This vision provided the drive and determination to form relationships with Scottish partners from across health, education, and university sectors. Early support by the Glasgow City Council municipal twinning scheme helped the APiP project grow into an ongoing programme providing applied psychology training, research, and professional supervision for the GTC staff team. After extensive development work and pilot testing, September 2020 will see the internship programme welcome a new group of trainees who will be the first to receive the full taught curriculum and supervised practice programme that has been co-designed by Palestinians for the Palestinian context.

PALMED

Bashir Oudeh

PalMed Europe was established in 2009 to provide medical help for Palestinians in Gaza, the West Bank and Lebanon's refugee camps. Its many projects include sending medical staff and equipment to help in the fields of urological surgery, renal transplant, and help in the fields of ophthalmology, dentistry and first aid (a centre was established in Gaza and has helped train hundreds of volunteers). We also managed to provide solar energy to two hospitals in Gaza, and have been involved in the training of medical staff. In the UK we have organised medical conferences with contributions from eminent speakers. In Scotland we are planning an ambitious project (SHIP: Scottish Health Initiative in Palestine); this aims to set a Scottish led program to address the most pressing health needs for Palestinians in Gaza and the West Bank, including medical training.

MAP

Andy Ferguson

Covid-19 has obviously impacted our plans since March this year, with the major casualty being multiple capacity building missions in oPt across a range of disciplines; limb

reconstruction, neurosurgery, neonatal intensive care, breast/bowel cancer, burns, mental health and family medicine. Whilst some of our local partners in oPt and Lebanon have had to suspend field activities as a result of the lockdown, we are fortunate that many services, classed as essential, have continued to be delivered by partners in some form, showing great innovation, adaptability and commitment. Through a major OCHA grant in Gaza and our own emergency appeals we have also been able to contribute \$1 million to the Covid-19 response in Gaza, West Bank and Lebanon; providing Ministries of Health, Palestinian Red Crescent Society and the East Jerusalem network of NGO hospitals with hygiene kits, antiseptics/disinfectants, PPE kits and critical care supplies.



SCOTTISH PALESTINIAN HEALTH FACULTY



NEWSLETTER NO 2, AUTUMN 2020

We aim to include :-

More narratives of Scottish Palestinian health collaboration
Plans to connect with Palestinians studying in Scotland
Development of new activities involving Scottish Palestinian health collaboration
Notes about more colleagues who wish to be part of the SPHF

Contributions welcome
Address for correspondence :-
graham.watt@glasgow.ac.uk