

## Large Disparities, Intimate Quarters: Building a Nursing Movement in Israel-Palestine

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Through examining the work of nurses, this article shows how common challenges can promote basic communication in a reality shaped by conflict.

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The summer of 2012 is memorable to me for three reasons: it was the first time I was in Israel, it was the summer I spent in a hospital after almost dying in a pedestrian-bus accident, and it was the time I realized that nurses are on the frontlines of conflict resolution.

Down the hall from my isolated room in Hadassah Ein Kerem's plastic surgery department was an Arab family who were victims of Jewish radicalism in East Jerusalem. The entire family-- a father, his two grown sons, the wife of the oldest son and their six year-old child-- all left with excruciating burns. Each day, I watched the nurses-- most of whom were Ashkenazi Jews and Russian immigrants-- celebrate this family's victories, share their pain, and guide them towards a clear goal: healing. The political dimensions of the nurses', patients', and family members' identities seemed only to matter as they affected care of the patient-- how to share culture, language, family, and physical touch in culturally competent ways.

When speaking to the hospital's trauma coordinator about my observations, she told me about a group of Palestinian and Israeli nurses who were trying to meet to discuss their profession in a region where the difference of one street address can be the difference between first world and third world healthcare. With time, and though not a nurse, I have become involved with this organization as their "chief administrator," which includes grant-writing, logistical management, social media and website maintenance, in addition to dialogue facilitation, strategic development, and public activism work.

Despite the disparities in materials and knowledge, the most pressing need for nurses and patients in Israel-Palestine is a nursing network. Since patients cross the borders to obtain medical care, nurses have to be able to transmit the patient to the next caregiver. This connection also means that nurses will have follow-up, which ultimately serves the patients' welfare. Our strict political, physical, and linguistic borders have prevented such a network from existing, until we started building it. Though the process has been arduous, we have depended on the "snowball" method to generate involvement. We started with Jerusalem nurses who were interested in a collaborative nursing organization, and each nurse was responsible for reaching out to her or his personal networks to add nurses to the overall network. We span as far north as Naharia and as far south as Eilat, as far west as Gaza and as far east as Ramallah. It

is currently accessible through informal communication: email, phone calls, and WhatsApp. After five years and hundreds of nurse contacts, our network (Nurses of the Middle East, NME) has outgrown informal channels; we will release a members-only database in 2017.

The group was trying to get off the ground, but met with obstacles on both sides of the border and from every aspect of society. Most urgently is the threat of violence towards our Palestinian nurses from the Palestinian Authority and institutions. In the early days of our organization, one of our founding members was a professor at a university in the West Bank. When social media revealed she was at a meeting with Israelis, the University threatened to fire her unless she ceased her “normalization” activities. In the past year, three of our nurses have been investigated for normalization by the PA, which is punishable by law, and can result in job loss and social isolation.

In addition to navigating the tense situation in the West Bank/East Jerusalem, we also face the problems of our own Israeli security forces. Some members of our organization are unable to join us in East Jerusalem because they cannot cross the border. Additionally, whenever security forces enter health institutions in East Jerusalem and use force against patients and employees, mutual trust and belief in healing structures is compromised. While we have condemned these actions, the damage is done. How does one resolve conflict when there is a power imbalance that pervades daily life? While hospitals are supposedly non-military zones under the Geneva Convention, hospitals in East Jerusalem are occasionally made war zones.

Not only do anti-normalization and security policies hinder our individual members, but they also threaten our ability to provide meaningful, on-the-ground support. We have watched patients suffer because the supplies they need aren't available where they live, though they're readily available in Israeli clinics, and are sometimes silently pushed across the border. We have helped nurses circumvent the limitations of having a degree from Al Quds, which isn't accredited in Israel, so they can complete necessary advanced courses and bedside research. These discrepancies and policies that maintain the status quo have a profound negative impact on the development of a sustainable health system in the Palestinian Authority. The nature of the conflict is intimate- we often share geography, resources, culture, collective trauma, and health systems. Because the stakes are high personally and structurally, building a bilateral health system is essential to any degree of conflict “resolution.”

As with many borders we navigate, we have managed to make a difference on the ground because of the bravery of our members who have involved themselves in building the nursing network and in political activism. While the nursing network is not complete, our connections have better allowed us to keep track of patients as they cross from hospitals to clinics to home care. But more incredibly, we have built a group of nurses who trust each other with their lives, and the lives of their patients.

While building and maintaining the nursing network is the organization's practical mission, NME has a broader political agenda. For us, there is no question that nurses hold a part of the solution to our national or global conflicts. Nurses see the intrinsic value of human life differently than most people, and take seriously the determinants of a person's health and ability to thrive. Forming alliances with other peace-through-health organizations and

international government organizations has resulted in a platform for nurses advocating to be represented in peace negotiations.

While we recognize our efforts are only triage for a critical-status health system, we believe that one day we will be able to stop the bleeding long enough to work towards sustainable peacebuilding. Until then, patient by patient, nurse by nurse, we are proving to one other and to ourselves that there is care beyond conflict.

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