We rarely read or hear of good news from the Mideast and Israel: the second Lebanese war, Hezbollah, rockets raining down on Sderot, Operation Cast Lead, and Iran. Even an optimist like me could see little hope for this region in turmoil.

In 2009 I visited a number of pediatric emergency departments in Tel Aviv and Jerusalem to see whether there were opportunities for me to contribute as a physician. I was particularly taken with Professor Eitan Kerem, chairman of the Department of Pediatrics at Hadassah–Mount Scopus in Jerusalem. Professor Kerem described the history of Hadassah Hospital, the diversity of patients and disease, and the underserved population treated there. I left thinking what an incredible place this would be to work. By the time I landed home in Boston, my plan was in place.

After numerous e-mails, Professor Kerem agreed to have me work as an attending physician in the Pediatric Emergency Department for 1 month and helped me obtain my temporary medical license. I started to study Hebrew seriously in Boston, worked out my leave of absence from work, rented an apartment, and left later that year. I was ready to care for “my people.” It would not take long for me to understand how unprepared I really was.

I landed in Israel on a Monday morning and began work in the emergency department on Wednesday. I put on my freshly pressed white coat with stethoscope and other paraphernalia and walked into the department, still tired and foggy from jet lag. I blinked a few times as the scene in front of me came into focus. The emergency department was filled with patients, and most of them were Arabs! I was quickly introduced to the nurse manager, Ashraf, a Druze Arab from northern Israel, and Muhammad, a nurse from the West Bank, who was working at Hadassah as an Arabic translator. I met the pediatric residents working that morning with me: Amjad, an Israeli Arab from Nazareth, and Ibrahim, a Palestinian from East Jerusalem, who recently finished medical school in Egypt. Having a terrible sense of direction, I thought for a moment I was in the wrong place and hospital. There was little time for reflection; within minutes the first ambulance arrived, with a 4-year-old Arab child whose parents were concerned he had not spoken for the last day and was sleeping excessively. Although breathing, the child was comatose.

Our group quickly descended on him with blood gases, metabolic and toxicology studies, a computed tomography scan, and a spinal tap, all of...
which were normal. I told Michael, the unit secretary and an orthodox Jew from a large settlement in the West Bank, to call the neurologists for consultation. Muhammad, the pediatric neurology fellow, quickly arrived. I later learned that he was born in and earned his medical degree in Amman Jordan and was financially supported as part of a program to advance medical care in East Jerusalem and the West Bank. We discussed the possibilities for the child’s care and rapidly arranged an EEG and transfer to the PICU.

Hadassah–Mount Scopus is located between predominantly Jewish West Jerusalem and East Jerusalem, a conglomeration of numerous Arab villages. Fifty percent of patients in the emergency department and on the inpatient unit are Palestinian Arabs from East Jerusalem and the West Bank. One need only look out the window of the hospital to see how closely entwined the populations are in this geographic area. Because of the proximity, health care issues can affect everyone. Infectious diseases, such as the measles epidemic that began in the Jewish neighborhoods of Jerusalem 2 years before, spilled into the Palestinian suburbs of East Jerusalem. In such a multiethnic and multilingual population, isolationism is impractical and not beneficial to the health care needs of patients and families in this community. Health care in Israel is universal and participation in a medical insurance plan compulsory. All Israeli citizens (Jews and Arabs) are entitled to basic health care as a fundamental right.

I came to understand the wisdom of Professor Kerem over the ensuing month. To address this and other challenges, the Department of Pediatrics has recruited both Arab and Jewish physicians and nurses to appropriately reflect the patient population. Many of the Arab residents in training remain at Hadassah as attending physicians or as attending physicians in East Jerusalem. Israeli citizens (regardless of ethnic origin or religion) who choose to do fellowships outside the country are welcome to return to Israel to continue their subspecialty practice.

During my month I met and interacted with many other physicians and nurses from diverse backgrounds and cultures: Arabs from Syria and the Palestinian territories, physicians from Turkey, and Jews from Israel, Iran, South America, Sweden, and Russia. Together, we treated hundreds of patients with diseases including pneumonia, rheumatic fever, meningitis, diabetes, and a myriad of rare genetic and metabolic diseases prevalent in the Mideast.

For obvious reasons, politics was never discussed in the hospital. One’s alliance did not seem to matter. Jews took care of Arabs, and Arabs took care of Jews. No one blinked an eye. It was clear to me that people there were judged not by where they came from but by their caring and respectful nature and ability to provide medical care of the highest quality for all children and families. Besides, we had more important issues to discuss at our department’s almost-daily lunch together: Ashraf’s impending wedding and everyone’s concerns about how I was managing alone there. I was invited to numerous dinners after work at medical students’, residents’, and attending physicians’ homes.

One of the most memorable dinners was my visit to Amjad’s home. He and his wonderful wife, Lamis, a social worker in the hospital, live in East Jerusalem, an area I never imagined visiting. The political realities of life there took a back seat to important matters such as who was a better cook, Lamis or her mother; whether their 9-month-old son should have a ponytail; and how life might be for them in the United States for Amjad’s continued training. The dinner and conversation were unforgettable; I did not get home until 1 AM.

A few days before I left, I asked Professor Kerem how he would best describe the environment, atmosphere, and department he has created at Hadassah–Mount Scopus. He leaned back, folded his hands behind his head, and smiled, “It is my happy ship.”

After my first month at Hadassah in 2009, I returned for 1 full year in 2010 with my wife and 3 children and worked full time in the Department of Pediatrics and Pediatric Emergency Department. I have returned 2 or 3 times each year to continue this work and to contribute in my own way to this “slice of peace” in an area of escalating conflict.

Am I still an optimist? Operation Protective Edge has resulted in the deaths and suffering of so many Palestinians and Israelis. Syria is in shambles, and ISIS and Iran loom large.

I am not sure there will ever be peace in Israel, but what I witness each day is a peaceful coexistence between Arab and Jewish families and medical staff. All share the common belief and goal that the health and well-being of children are paramount. If there ever is to be peace, it seems to me that caring for each other and each other’s children is a good place to start.
**A Slice of Peace**
Sigmund J. Kharasch

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