

‘Don’t Worry, At Least We Will Die Together!’

By David Hilden

I was walking through the labyrinthine streets of the Old City of Jerusalem with eight Palestinian medical students when we encountered the unmistakable aroma of tear gas. Perhaps sensing my unease at this development (or maybe it was the slight irritation in my eyes) one of the young women smiled at me. “Don’t worry, Dr. David . . .” she reassured me, “at least we will die together!” And with that we walked on which served to unnerve me even more. But it seemed not to deter these eight young women in hijabs from their mission of escorting this Midwest American Christian doctor to the Al Aqsa Mosque, where they intended to give me a personal tour. I wasn’t so sure it was a good idea, you know, tear gas and all.

Ten minutes earlier, we had left the Church of the Holy Sepulchre, where we had concluded an improvised tour of the most holy site in Christendom, I surrounded by this group of inquisitive and buoyant new friends. Some had been there before - although many had not - but all were eager to hear about the traditions of the place. And so I became an unwitting tour guide and teacher of the fundamentals of Christianity. Oh, please, 3rd grade Sunday School training, don’t fail me now!

They peppered me with questions. Why was that woman sprawled and sobbing all over that marble stone on the floor? Why do Christians depict bloody images of your prophet on the wall? What do you believe really happened to Jesus when he died? Why do those priests only stand over there on that side and these different-looking priests stay only on this side (ah, the juxtaposition of the Eastern and Western branches of Christianity). Good questions, all of them. I did my best to answer them.

We stood in the dark and cavernous ancient church, right next to the spot where the cross of Calvary is said to have stood. We stood in line and these young Muslim women took their turns to bend down and touch the stone. They were reverent and respectful despite being the only people in the huge church that looked like them. They sensed the awesome solemnity of the place just the same.

Standing in a tight circle underneath a rather graphic depiction of Jesus painted on the wall, we changed roles and it was my turn to ask the questions. I asked them about Islam, about the prophet Mohammed, about their faith and their culture. They were patient with me even while sometimes chuckling at my questions and occasionally rolling their eyes in that way I was so used to seeing from my own daughter. I asked how they manage five daily prayers given their busy medical school studies. One student said she does her best but wants to be better, especially when the muezzins call for the pre-dawn morning prayer, a tough time for a 20-year

old to be awake and pious. I asked what the Arabic words meant coming from the speakers on the tops of mosque minarets. And did they ever wish it wasn't quite so loud? Or so early in the day? It was an illuminating conversation for me as our little band moved through the throngs of Christian pilgrims and tourists.

From Golgotha it was on to Sharam al Sharif/Temple Mount as prayer time had come, and my new friends wanted to show me their holy site, Al Aqsa Mosque, just a few blocks away from the Christian site. They convinced me to go despite my hesitation since tensions were running high and I'm not particularly at ease around big automatic guns. But alas, there was violence that day in the Old City and Al Aqsa was off-limits to me. I was politely but promptly turned away by soldiers. It was about that time that we encountered the smell of tear gas. I quickly began formulating an exit strategy. I was probably looking a bit on edge, probably grossly diaphoretic, but the medical students had a rather detached calmness about it all which stunned me. They were all smiles and acceptance. Clearly this is the reality of life in the Middle East and tear gas can't and shouldn't deter one from living one's life of prayer and study.

“Don't worry, we will die together” is in some sense a spit in the eye of violence.

I drank a strong cardamom-infused Arabic coffee near the gates of the mosque which was simultaneously just a few steps from the Jewish holy site of the Western Wall. Such is the geography of Jerusalem. I was still drinking my coffee in the narrow street when the students returned to show me their smart-phone pictures of the mosque interior. I guess that would have to suffice in lieu of an actual visit.

My mini tour of Jerusalem was not the only time I was with these young Palestinian medical students. I had met them just the previous day, all women as it turned out, at a hospital in East Jerusalem. They were doing their Internal Medicine rotation, and as a visiting doctor I found myself sitting in on their morning teaching rounds. Just like back home, we all listened while each student presented her case. A case of heart failure in a man from Hebron. A case of leukemia in a woman from Gaza. The students presented their cases in English in the same format as they do in Minnesota and only occasionally inserted Arabic when they didn't know the English word. Some were quite organized while some were chaotic and rambling. They seemed a bit nervous, in part I suppose, because a doctor from the United States was conspicuously listening in. But largely they showed the expected hesitancy of any medical student doing his or her first clinical rotation.

The attending physician, a respected clinician from Ramallah, gently but firmly corrected their mistakes and congratulated them on their performance. I think they were a bit intimidated by this high-ranking and somewhat abrupt teacher. But then he turned to me and noted “not bad for new students, eh” or something to that effect. He was clearly proud of them even while he sternly corrected their oral presentation miscues.

We then rounded at the bedside. That day we focused on the cardiac examination, a process that took 25 leisurely minutes at the bedside of a man from the West Bank. He was obviously dyspneic and just a goldmine of physical exam findings of heart failure. The students took turns listening for an S3, checking neck veins, poking his doughy legs. The attending physician

tried to keep this very accommodating patient comfortable during all this student clumsiness even as he ordered a huge dose of furosemide, which the nurse cheerfully and accurately administered and recorded in the paper chart (no electronic medical record here, a rather refreshing situation, I must admit). The students eagerly took their turns learning this most basic of doctoring skills. It was as it should be and not too different from what we do in Minnesota.

Later, the students spoke to me of their medical education, which is long on book-learning and didactics but somewhat lacking in clinical experience. All were excited about learning the cardiac exam on a real-live person. One trainee expertly described the process for checking jugular venous distention, an explanation worthy of the Bates textbook of Physical Examination which still sits on my bookshelf. But most of them had never actually done it on a real person. They described long hours over their books and lectures, even while longing for a robust clinical education experience - something tough to come by in the West Bank. This Jerusalem hospital was their chance to be among patients, but alas, there were a half dozen students and not enough patients to go around.

They spoke of their future careers as Palestinian doctors -- women doctors at that. They spoke of limited opportunities available to them due to security concerns in the West Bank and Jerusalem. But they spoke with hope, not nihilism. Excitement, not despair. They spoke with the expectation that they would be helping the lives of their communities, and they spoke with enthusiasm of their wish to become the best doctors they could be. In this regard they were no different from the students I teach at the University of Minnesota Medical School.

But then the next day we took the local public bus to the Old City for our afternoon of cross-cultural bonding. Clutching their medical books and bags, they and I moved as a group as the students helped me find the juiciest dates and olives from among the shops of the Muslim Quarter.

They told me of their regional differences. One student was from Nablus in the north, another from Hebron in the south, others from the Jerusalem area. Nablus and Hebron are only 49 miles apart, yet the students teased each other about their regional differences even in this tight geography – the knafe is best in Nablus, the ceramics from Hebron are without equal, can't you tell she is from the south by her accent? (No, I could not). It was ever so easy to picture their Minnesota counterparts back home basically acting the same way. Nablus is to Hebron just as Minneapolis is to Des Moines it would seem.

We took a group selfie.

Then the tear gas hit. “Don’t worry, Dr. David, at least we will die together” she reassured me. The operative word is “together.” Just as fresh dates and medical texts and daily prayers are routine for these young Palestinian women, so is the possibility that they might die today. But at least it will be together. Said with a smile on her face and a gleam in her eye.

My two experiences with these students – one discussing religion, guns, and fresh dates and the other examining a patient with heart failure – certainly reminded me of our common

humanity even though our daily experiences are vastly different. What unites us certainly is stronger than what divides us. Medical education is one area in which the experience of a young Palestinian woman is not so different from that of a young woman from Minnesota. Perhaps there is a seed of peace in that thought.

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