Found in conversation

By Omri Ayalon

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A year ago, I stood in the doorway of a temporary health clinic in Tulkarem, a town in Israel's West Bank, watching as a father carried away his 13-year-old son in a makeshift backpack. As he walked, the father tearfully shouted with joy. We had arranged for his son, who has cerebral palsy, to receive some simple interventions: intramuscular botox injections, minor tendon releases, and a customized walker. The services were free, and with their help the teenager would be able to walk for the first time in his life.

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Urban exposure: As they left the clinic, my mind flashed back to the day four years earlier when, as a first-year medical student, I had applied to the Urban Health Scholars (UHS) program, a fledgling Dartmouth Medical School interest group. I was hoping to gain more exposure to urban medicine—a concept that was nearly as foreign to me as the intricate biochemical pathways that we were beginning to learn in class. But I never expected that being part of the inaugural UHS class would lead me to this converted elementary school to work with Israeli and Palestinian orthopaedic surgeons.

The trip to Israel was important to me both personally and professionally. Although I grew up in the United States and have one foot firmly rooted in its culture, my other foot has always stood in Israeli culture, the culture of my parents. We spoke Hebrew at home, the house was often filled with blaring Israeli music, and a new batch of hummus was always in the fridge.

During medical school, I began to take a professional interest in Israel. I wondered what its hospitals and health-care system were like, how doctor-patient interactions there were different from those in the U.S., and who in Israel was unable to gain access to care. I also wondered if I could see myself working there in the future. Last year, with these and other questions on my mind, I set off for Israel.

Ratios and outcomes: I spent most of my time at the Chaim Sheba Medical Center at Tel HaShomer, a top-tier clinical and research institution outside of Tel Aviv. In Israel, a combination of government and private insurance is available. Enrollment in one of four "sick funds," analogous to health-insurance providers in the United States, is mandatory, and admission is dictated by need, not by ability to pay. The number of physicians per capita in Israel is among the highest in the world, and its outcomes are comparable to those of most Western European nations. In many ways the system works well, but, as in the United States, not everyone has equal access to care.

I was particularly interested to learn more about the difficulties some marginalized groups—such as Palestinians, Arab-Israelis, and poor Jewish-Israelis—have getting the care they need. For example, the barrier erected by the Israeli government often prevents Palestinians living in the West Bank from getting to hospitals and other health services. An organization I worked with while I was in Israel, Physicians for Human Rights in Israel (PHR), advocates for these underserved groups in and around the country, trying to ensure fair and equal access to care for all Israelis and Palestinians.

With the help of a Tel HaShomer orthopaedic surgeon who was a PHR member, I joined a mobile clinic based in Tulkarem, 15 minutes from the Israeli border. The PHR team consisted of both Palestinian and Israeli physicians and represented a variety of specialties.

Most of the 450 people who arrived at the clinic on my first day there had not received any medical attention in years. We saw a wide variety of patients as we worked in a converted second-grade classroom. Some had severe back pain. Others had been hurt in explosions and had undergone amputations at home, leading to wound infections. One man, a farmer, had a torn rotator cuff, making it impossible for him to harvest his olive crop.

Hand gestures: While at the clinic, I had the privilege of witnessing some inspiring collaborations. One image that has not left my mind is of a Palestinian Red Crescent worker teaming up with an Israeli surgeon to treat a patient. Unable to converse because they spoke different languages, they used hand gestures, pictures, charades, and impeccable physical examination skills to get the job done together. This "conversation," I thought, exemplified the power of medicine to unite people and to transcend politics.

My time in Israel and the West Bank—made possible by my involvement with the Urban Health Scholars program—allowed me to explore health care in a new environment and to gain experience in orthopaedic surgery, my chosen career path. At this early stage in my education, I am beginning to understand the good that can come from having a medical degree. How I will take advantage of this privilege remains unknown, but I do know that I am lucky to have started my training in a nurturing environment at Dartmouth, an environment that will help me make the most of my profession. The culture of collaboration, public-health consciousness, and volunteerism here made my experiences in Israel resonate deeply.

In the future, whenever I have trouble relating to other physicians or to patients, I pledge to think back to that "conversation" between the Palestinian and Israeli health workers. Like them, I hope to be able to find common ground to achieve a most fulfilling and significant goal: caring for another human being. ■

The Student Notebook essay offers insight into the activities or opinions of students and trainees. Omri Ayalon, a fourth-year student in the M.D. program at Dartmouth Medical School, received his undergraduate degree from Brandeis University.