This issue of the FHS SRC Newsletter has contributions from a diverse group of writers who in their writings engage a number of topics that should be of interest to students at FHS. The first three articles discuss recent and upcoming student initiatives at FHS and AUB. The second section includes two articles by professors on corporate social responsibility in higher education, a debate which has important implications for the future of education at AUB. The third and final section entitled ‘Conflict, Politics, and Health’ ties together six articles written by participants in a graduate writing course on recent regional events and their implications on public health practice. Its been great writing for you. Have a great summer!

SRC Year in Review
By Kareem Elzein

This year, the FHS SRC has spearheaded a number of initiatives, some of which you may know about and some of which you may not. Many of our activities have been successful, while many others never worked out or are still in the making. Working through the SRC is a difficult process, full of obstacles that make any successful action an accomplishment.

SRC members took leading roles in the FHS Christmas Party, the Winter Donation Drive, an Earth Day Environmental Awareness campaign, student workshops, town hall meetings, the SRC Newsletter, and the upcoming Gala Dinner. By my judgment, these activities have been a success, and a tribute to the hard work and dedication of several SRC members.

This isn’t to say that everything was rosy in the land of SRC. In truth, we accomplished much less than we could have. Sometimes we went one month without holding a meeting and many ‘representatives’ rarely attended meetings or showed initiative in acting on behalf of students. But as in any ‘democratic’ body, the representatives are as much to blame as those who vote for them—FHS students. It is as much the responsibility of the student body to demand action from their SRC as it is the SRCs prerogative to act. Obstacles were also a product of the administrative structure at AUB, which slowed many of our attempts at action.

One recent example comes to mind: the SRC’s attempt to host five additional student workshops on public speaking, presentation, and leadership. This initiative was prepared and ready for launch in early April, but it took nearly 6 weeks of bureaucratic wrangling before we received official word that we needed to find another candidate to facilitate the workshops; yet it was already too late in the semester to do so. Similar delays took place when we wished to communicate messages to the student body, as we had to wait for ‘approval’ from the administration. This procedure has changed with student pressure, as the SRC is now able to communicate directly to students by e-mail—a right that may be exercised by future SRCs.

Finally, I thank those who facilitated the work of the SRC—SRC members, other students, faculty advisor to the SRC Ms. Joumana Nasr, Assistant Dean Rima Afifi, and Dean Iman Nuwayhid. Your commitment in facilitating student engagement and activities were instrumental in our successes.

Best Volunteer Award at FHS
By Silva Kouyoumjian

The AUB Volunteer Fair is an annual event that aims to connect non-governmental organizations (NGOs) and AUB civil society centers and groups involved in community work with students, faculty, and staff. Organized by the Center for Civic Engagement and Community Service (CCECS), the Volunteer Fair (April 27 and 28) brings NGOs and AUB partners to the AUB campus to share information about their work and volunteer opportunities with the student body, as we had to wait for ‘approval’ from the administration. This procedure has changed with student pressure, as the SRC is now able to communicate directly to students by e-mail—a right that may be exercised by future SRCs.

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the Office of Students Affairs to participate in its organized “Best Volunteer Award” student competition for the month of May, 2011.

This competition aimed to support the NGOs and AUB community centers in their effort to recruit student volunteers from the faculty of Health Sciences. The competition required from each student to volunteer for at least 10 hours during the month of May in any of the participating NGOs in the fair. The best candidate was going to be chosen based on an evaluation form filled by the NGOs and approved by the FHS-SRC members and supervised by the SRC advisor Ms. Joumana Nasr and Dr. Nasser Yassine, FHS Outreach and Practice Unit Coordinator.

The FHS-SRC was ready to allocate from its student activity fund $100 prize for the best undergraduate volunteer student and another $100 for the best graduate volunteer student. Winning students would also receive the Best Volunteer Award Certificate from the FHS faculty.

We sent an email invitation to the NGOs to participate and to provide us the number of volunteers they can evaluate for the whole month of May. Unfortunately, there was a delay in the event's approval so invitations were sent late and few NGOs responded. We decided to postpone the event for the following year and approached NGOs to participate during the fair.

Surprisingly, when Mia Nasr and I visited the stands many of the organizations welcomed the idea and asked us to contact them in the future. Implementing this project will be the responsibility of the coming SRC! Hopefully, the Award would be a yearly event adopted by the new FHS-SRCs who are willing to sustain the spirit of volunteerism at the faculty.

Volunteering is a win-win situation. Volunteering provides you with development opportunities that are not always possible with paid employment, for example; communication and people skills, organizational and time management skills, planning and budgeting skills. Volunteering gives you the chance to meet people both from within and outside the University who you would not normally come across. Volunteering can help you build links with particular organizations like schools, universities and specific community organizations. Volunteering gives you a chance to get experience in a field you would like to work in. Volunteering gives you the opportunity to test out potential career choices. Many of the volunteer projects will include training, which will be useful both on the project and in later life. Volunteering is fun and fulfilling, allowing you to experience many diverse opportunities not always available to you elsewhere.

I would like to thank FHS dean’s office for their support and their constructive criticism and the dean’s of student affairs for encouraging our activity. Last but not least the center for civic engagement for their efforts and finally my SRC colleagues that I enjoyed working with. All the best everyone, enjoyed being at your service!

JCI’s Environmental Campaign at AUB

By Liann Abu Salman

As an Environmental Health student, I am very concerned about the environment in Lebanon, and am interested in advocating for environmental protection, among other environmental issues. My interests in environmentalism lead me to join Junior Chamber International (JCI), an international organization that promotes social
change projects with students and youth. Through JCI, we initiated ‘Khalli El SouraTihki’, an environmental campaign to raise awareness regarding a number of environmental issues and promoting positive environmental practices among the AUB community. The campaign will include a photo competition, stakeholder forum, and other forms of advocacy. JCI is carrying out this campaign in collaboration with students and faculty members from the Environmental Health Department at the Faculty of Health Sciences.

The campaign begins with a Photography Competition among AUB students. Contestants will send photos of Lebanon’s natural environment—portraying the state of the environment, showcasing the beauty of our country and the many environmental problems requiring our response. The photos collected will be displayed at West Hall during the Fall, in the weeks leading up to the stakeholder forum in October 2011. A jury will award a $500 prize to the photographers submitting the best pictures in the two categories.

The stakeholder forum—to take place in the coming October—is another important JCI initiative. At the forum, prominent stakeholders will discuss pressing environmental issues facing Lebanon and explore means of promoting collaboration between the government, civil society, and active students to work towards a more sustainable environment. JCI will invite governmental representatives with responsibilities that affect the environment (such as the Ministry of the Environment, the Ministry of Interior, the Ministry of Water and Power etc.), as well as NGO’s working in the environmental field in Lebanon.

I and several JCI members have also encouraged juniors in the Environmental Health program to take an active role in this initiative. They have prepared presentations about Water Treatment at the Level of the Household, especially in case of emergencies to be given at schools in areas with poor water quality. The presentation will target 10th grade students in the hope of raising awareness regarding the importance of water safety and hygiene and its relationship to a healthy lifestyle.

A committee has also pledged to carry out advocacy initiatives in the AUB community. We are in the process of writing a proposal to address shortfalls in recycling and reduction on campus. We hope to encourage photocopying, as well as printing on both sides of paper at the Library, computer labs across campus, and at the AUB bookstore. The progress of these environmental initiatives will be presented during the final forum. We look forward to the coming year and welcome the participation of FHS students as volunteers and organizers.

For more information about the campaign, log on to our Facebook page ‘JCI AUB Environmental Campaign’ or photo submissions to jci.aub.photo@gmail.com

FACULTY CORNER —
The following two articles by Norbert Hirschhorn and Dima Jamali share perspectives on the role of corporate social responsibility and corporate sponsorship in higher education.

Uneasy Alliances: Corporate sponsorships & educational institutions
By Dima Jamali, PhD — Associate Professor, OSB

Corporations have expanded the scope of their reach and influence with the advent of globalization and recent waves of liberalization and privatization. They now spread into every corner of the globe through extended production and service networks that transcend geographic economic and political divides and are sometimes even larger than the small developing states in which they set operations. Their immense power and visibility has just started to be appreciated and recognized. Under the broad umbrella of Corporate Social Responsibility (CSR), business firms have been
recently involved in different forms of giving, which they consider as crucial to maintain their trustworthiness in the eyes of stakeholders and their license to operate. The new trend of CSR has however received mixed characterizations, with the most common criticism pertaining to the so called ‘blue washing effect’, or companies using CSR as a public relations tool for marketing purposes and reputational gains.

Perhaps one of the areas where CSR is considered most controversial pertains to corporate sponsorships of educational institutions. Some argue that through these sponsorships, corporations are indeed tapping an advertising gold mine, where their brand name is visible to thousands of young people whose purchasing power will likely increase immediately upon graduation. Universities on the other hand face a difficult predicament, with dwindling resources and financial support from governments, alumni and other donors and often turn to the corporate sector to cater for ever more salient demands for scholarships, new programs and educational opportunities. Corporations continue to provide universities with the monetary resources supporting an array of initiatives including new programs, innovative research, information technology (IT), sports facilities, financial aid, and scholarships.

Two thorny issues persist in the context of on-going raging deliberations pertaining to corporate sponsorships of educational institutions. The first pertains to the sorts of values, principles, and messages channeled to students when universities accept these donations and corporate sponsorships. This is all the more controversial when universities are dealing with so called controversial or ‘sin’ companies, including tobacco, alcohol, petroleum or the fast food industry. There are clearly no easy black and white answers, but the obvious question to address on a case by case basis is “where to draw the line” and how to protect the integrity of academic institution and their students from the power and pervasiveness of corporate messages implicit or embedded in CSR? Obviously, universities cannot turn their back to the corporate sector, but need to be increasingly selective and vigilant when accepting corporate sponsorships and craft selective and transparent criteria that suit their particular missions, aspirations and contextual conditions.

The Dark Side of Corporate Sponsorship in Higher Education

By Norbert Hirschhorn, MD — Lecturer, Yale School of Public Health

In 2001 British American Tobacco (BAT) created an endowment for Nottingham University to establish the International Centre for Corporate Social Responsibility, with emphasis on training and research in the Third World. (1) BAT makes a product that, when used as intended, causes five million premature deaths per year, the majority in the Third World. The Memorandum of Understanding between BAT and the University stresses the independent management of the program by the school. (2)

In 2005, the UCLA School of Public Health decided to continue accepting tobacco industry money for research, (3) but in 2008 the Board of Regents decided that all such research offerings had to be approved by a Vice-Chancellor’s committee. (4) The money would not be secret, and the companies would have no influence on the research. There was furious debate across all University of California schools and faculties. Those favoring industry funding said it is a violation of academic freedom, and a pathway to the ‘slippery slope’ (tobacco today, drug companies tomorrow). Those against said the tobacco industry influences research, and such grants only enhance the companies’ reputation in the eyes of the public, lawmakers, and juries in lawsuits.

Last year the Faculty of Agriculture at AUB accepted
a grant from Nestlé Corporation to do research on obesity and physical fitness. (5) Nestlé is accused by activist NGOs of violating the WHO code on breastmilk substitutes, and that some of Nestlé’s products may promote too much weight gain in infants and children. (6) (7) Nestlé denies both allegations. One argument for accepting such funds is that research monies these days are very hard to come by: too many applicants for too few non-corporate funds.

Coca-Cola endows the OSB Coca-Cola Chair in Marketing at AUB’s Suliman S. Olayan School of Business (8). At a recent conference on Coca-Cola’s role in establishing a Palestinian soft-drinks industry, the company’s logos were prominently displayed. Soft drinks from several manufacturers are available in vending machines across campus. Are there arguments for and against such funding? What if a pharmaceutical firm were to offer the Faculty of Health Sciences a large endowment to train students in basic health delivery? A strong case in favor of both food and pharmaceutical industries’ funding is that many, although not all, of their products are wholesome and necessary.

Imagine a dictator who has stolen billions from his nation. A popular uprising forces him to go into exile, but part of his agreement for going is that some of that ill-gotten money will fund a new academic center for democracy and civic engagement that will carry his name. Or, imagine the industrialist enriched by West African ‘blood diamonds’ who, sick, aged and repentant, wants to establish a chair in ‘peace studies’. (9) Adduced in favor of such arrangements is the old saying that ‘behind every great fortune lies a great scandal.’ (9) Are the ethics of such matters relative, or fixed? Do the good ends justify the perhaps dubious means? Many of today’s students will undoubtedly wrestle with such questions in their careers. It is well that they prepare now to understand and reflect on these matters.

(2) Nottingham University Business School. 'Memorandum of Understanding between... Centre for Corporate Social Responsibility.' Appendix IV. www.nottingham.ac.uk/business/ICCSR/aboutus.php?c=24
(4) Office of the Secretary and Chief of Staff, University of California. RE 89. ‘ Adoption of policy requiring... tobacco industry funders.’ 20 September 2007. www.universityofcalifornia.edu/regents/ regmeet/sept07/re89.pdf
(5) Ameinfo. ‘Nestlé Healthy Kids Global Program collaborates with American University of Beirut to enhance nutrition awareness & physical [fitness].’ 20 October 2010. www.ameinfo.com/340953.html
(6) Boycott Nestlé – Protect Infants. www.nestlecritics.org/
Health as a Political Concept

By Omar Dewachi, MD, PhD — Assistant Professor, FHS

This section of the newsletter includes a collection of articles produced by participants in a graduate writing course at FHS. As commentaries on health in/under conflict, the following essays demonstrate how health is embedded in political processes that are under constant negotiation. Health does not only become political under conflict, rather it is conflict that highlights visibly and clearly the political nature of health.

In Cairo’s Tahrir Square the Egyptian revolution brought down the oppressive regime of Husni Mubarak. During the 18 days of protest, the role of public hospitals and doctors was compromised when hospital workers willfully underreported the number of protestors killed to cover up the violence of the state. Questioning the biopolitics of the state, Edwina Zoghbi’s essay shows how the ‘health system’ during the January 15 revolution became bifurcated into, on the one hand, a co-opted tool supporting government propaganda and contributing to violence against the population, while, on the other, a ‘revolutionary public health’ where doctors, pharmacists and other health professional, along with the protestors created new spaces for health care delivery. Health professionals became activists who functioned and practiced outside the walls of state-controlled hospitals and ministries, as Tahrir Square. In doing so, they redefined the meaning and role of health care under crisis, while positing health as a deeply political entity central to the work for social change.

The two essays by Farah Maghoum and Bushra Al-Hinai explore further this political nature of health and health care and its relation to the state in the ongoing uprising in Bahrain. They both discuss events at Salmaniya Hospital that emerged as a site of the state’s military intervention, in attempts to quell the demands of the oppressed Shia population in Manama. The transformation of the hospital to a military target and the arrest of patients while being treated has pressured doctors to define their loyalties along sectarian lines, whilst forcing them to surrender injured protestors undergoing treatment. This has raised concerns about violations of international codes of human rights, while potentially undermining the health care system’s credibility and stifling the future of nation-building in Bahrain.

The issue of building a new nation under crisis is the subject of the commentary by Lubna Halabi. In her essay, she discusses the return of many displaced Southern Sudanese after the partition from the North, and raises concerns about the political and social sustainability of the new state. Without a viable educational and health care infrastructure and with limited resources available, Southern Sudan faces a real crisis. Humanitarian assistance has historically dealt with the situation in Sudan as a humanitarian emergency, yet a developmental perspective to build this crucially infrastructure is needed, and such notion of development need to be devised from local realities and needs.

The final essay in this section by Kareem El Zein raises important philosophical questions about health as a political concept, especially in understanding the meaning of health in terms of life and death. He posits death as a dilemma for the life-oriented public health field, through questioning the meaning of death and sacrifice for
oppressed peoples and communities. The events of Maroun El Rass and the death of Palestinian activists and protestors by Israeli gunfire raise questions about the ‘positive’ meaning of health, when relating death as a positive contribution to resistance.

The recent uprisings, mobilizations and transformations in the Arab world have highlighted ways in which medicine and public health are rooted in complex political dynamics. These transformations have put under question the reformist function of public health and its strong links to state apparatus. It has further shown how health itself needs to be examined not as mere physical, mental, and social constructs, but also as a politically charged concept embedded in relations of power. Some crucial questions that we, as public health professionals need to think about are: What is the role of public health in a collapsing state or during regime change? What happens when the public health and health care systems become entangled in the violence of the conflict itself? Can we separate the functioning of health systems from the actions of authoritarian and oppressive states? What is the role of public health in social change? All these questions are being asked directly and indirectly by these essays, which poignantly show how it is very difficult to separate the definitions of health from the political context that it is practiced in.

The Battle for Life

By Edwina Zoghbi

Tahrir Square was a vital space during the Egyptian revolution, where millions of Egyptian’s staged their aspirations for a new national project. At the square, healthcare professionals joined in this project by their participation in a moment of national importance and made their contribution to the revolution through efforts like the makeshift hospital in the square. Eighteen days overwhelmed the lives of people in Cairo, and Tahrir was the place that was the epicenter of much of the crisis in Egypt. From January 25 till February 11, Tahrir Square was considered the "protest movement’s beating heart" where approximately 2 million people protested. Indeed it was a beating heart, beating for life and urging for human rights.

The health care system in Egypt is varied: people rely on public and private hospitals. Yet, a large part of the population does not have access to health care. The government developed a new insurance plan that was supposed to provide wider coverage, yet this insurance plan did not consider many of the needs of the people; and it, along with other systemic social and economic problems, was a major cause of the revolution in Egypt. These protests brought out the humanistic side of medicine and care; a social aspect that aims at protecting people from unethical practices. The revolution highlighted a new role for medicine, a community-based one, a humanistic one. During the conflict, the government, the healthcare system and the people became three independent entities. At the very beginning of the crisis, protestors who were injured were trying to seek medical care but were forbidden from entering the hospitals. In the heart of the revolution, hospital staff were no longer able to ban people from accessing the hospitals. So they started giving the patients less treatment and care than required. This poses ethical questions of whether medical doctors and
health care professionals respected the roles that they occupy. Ahmad, a medical doctor who has been a long time activist describes Egyptian medical doctors as divided into pro-government and opposition. Their position implied their stand; either as pro-government and thus working against giving treatment to people, or pro-opposition.

Further, when patients were dying, medical personnel gave wrong death certificates to families of the dead in order to mask the protest-related reason of their death. This is reflected in a report by Human Rights Watch, which also mentioned that hospital officials were underreporting the overall number of deaths during the protests. The government wanted to undermine people’s aspirations for change in order to weaken their position.

As a doctor and a member of many coalitions, Dr. Ahmad highlighted that the former Minister of Health was a friend of president Moubarak’s son. With the help of the president of Cairo University Hospital, he was sending thugs in ambulances to the Tahrir Square to oppress the demonstration. He would send them to give the impression that he is offering help to the people, but instead, he was killing them. Protestors could not allow for this deprivation of their basic human rights and dignity.

They stood up for each other, built a “field hospital” and called for doctors and donations. Doctors who were part of the movement “Doctors Without Rights” worked in opposition to the government and helped the people in Tahrir Square. This showed that doctors are not just employees and professionals working to get paid at the end of the month. They are part of the people and they can work for the best of the people.

Dr. Ahmad expressed genuine admiration to the social movement and how people were mobilized to help each other. Since they were trapped and could not have access to drugs and medications, people would risk their lives and hide medications and drugs in their food and grocery and would deliver them to the field hospital. Medicine has proved itself to be a community-based approach that led people to work together synergistically for their common goal. Dr. Ahmad is part of the movement “Doctors without Rights” and they are still fighting for the rights of the people.

The Military’s Hospital: Salmaniya during the protests

By Bushra Al-Hinai

Below is a description of Salmaniya Hospital in Bahrain told to me through e-mail by “Salma,” a healthcare provider working at the hospital who chose to remain anonymous for fear of being identified.

“Hallways were eerily quiet until you reached the emergency entrance which was overflowing with doctors running around, patients on the floor wounded and waiting outside because emergency beds were full up to capacity. Relatives and fellow protesters filled up the hallways chanting and wailing and trying to find out what happened to their loved ones. In short, Salmaniya wasn’t functioning normally... The hospital was emptier for at least two months after the events had gone on with outpatient appointments dropping drastically. Some days only one patient would come from outside the hospital to attend their clinic appointments and even inpatient numbers were less. People didn’t want to go through the security with army and policeman till today surrounding the hospital checking the IDs and
sometimes bags of everyone entering the hospital, either because of the hassle or for fear that they’d be identified as protesters and dealt with accordingly. All this led to a tense atmosphere that prevented people from fully doing their jobs”

During the recent protests and unrest in Bahrain, government forces have actively transformed the healthcare system into an extension of the state’s security apparatus. As a result, this system has gone from a generally well functioning system to a system that no longer serves the medical needs of its population, but rather, has been causing even more harm. Healthcare facilities have been militarized and turned into points of fear; jeopardizing the future of public health in Bahrain. According to international humanitarian law, it is a war crime to deliberately to attack a hospital, or to use healthcare facilities for military purposes and interfere with medical services in times of civil unrest, a code that has been clearly breached in Bahrain. Richard Nelson, the deputy director of Physicians for Human Rights stated that “although every attack we documented is troubling, attacks on medical professionals are particularly disturbing because they also impact the 5, 10, or 15 people that could have been helped or treated by that doctor, nurse or medic”.

The militarization began when many of the protestors sought refuge in Salmaniya hospital, the country’s largest public hospital, following violent military operations against them. At some point, the military prevented ambulances from reaching the wounded, which lead many doctors at the hospital to join the anti-government demonstrations. The government’s reaction to this was to declare Salmaniya hospital a ‘legitimate military target’, undermining the neutrality of the medical system and leading to further repressive measures.

Quite literally, the hospital was turned into a detention center where protestors were arrested and health workers were interrogated and threatened. Security personnel searched through the hospital for people with birdshot wounds—caused by the ammunition used by government security forces at protests—and other indications that they were at the protests. Additionally, the government tried to discourage people from protesting by restricting health care access and turning away many patients. Doctors hid in rooms afraid to provide treatment, creating high levels of trauma among health workers. Physicians for Human Rights’ report investigating the violations of medical neutrality found that Bahraini security forces committed multiple violations, including firing on private and public hospitals, impersonating medical personnel, commandeering ambulances and using them for military purposes, placing armed and masked security forces at the hospitals gates and patient wards, and destroying medical records.

The military has breached its duty to protect its people through its attack on healthcare workers and facilities. The state’s atrocities against its citizens have impacted the lives of thousands of civilians in Bahrain, causing serious damage to the healthcare system. The question remains, what are the long-term consequences of these reckless acts? What are the actions necessary to re-establish the credibility of the healthcare system and the people’s trust in its institutions and government? What role does the healthcare system play in reshaping Bahrain and what it is as a nation?
South Sudan: an ambiguous future

By Loubna Halabi

In January 2011, the people of southern Sudan voted to separate from the north, signaling the possibility for great change, and many challenges, for the war torn and unstable region. Since the landmark decision, nearly 1.5 million people have returned

(Continued on next page)
from the north, many with high hopes for a better life. The mass exodus is partly due to political tensions in the north. A returning university student explained, “We were quickly perceived as foreigners in the north.” Another man returning south felt the same, “northern Sudanese started telling us that you voted for separation so now go to your new country.” The added burden of returnees is not easy for the new fragile state, as social and health services and food resources are failing to meet the people’s needs.

The new influx of people also portends for an increased risk of malnutrition, especially since more than half of South Sudan’s population are children and teenagers, a group at high risk. Lisa Grande, the top U.N. official in Southern Sudan, estimates some 4.3 million people will need some sort of food assistance during this year. The government has allocated land to some of the returnees, but drought, conflict, and remnant landmines from the decades long civil war that ended in 2005 in most of the region’s vast areas continue to threaten the nation’s food resources. According to Madut Akol, a field coordinator at Sudan Integrated Mine Action Service (SIMAS), “unless these landmines are cleared, achieving the food security needs of the southern population may be [more] a myth than reality”. Moreover, reports of violence are becoming an almost weekly occurrence, as many rebel groups are fighting against the government. Meanwhile, conflicts with the north over the disputed Abeyi area, a fertile and oil producing region on the borders feeds potential instability.

The civil war wrecked the southern infrastructure and economy, damaging everything from food production to health services. International reporters have documented the lack of coordinated state health systems in a country where humanitarian groups are the main providers of doctors and medicine. Despite the increase in international aid, local solutions are needed to build the physical and technical infrastructure needed to establish the new state. Meanwhile, international advice, training and administrative assistance are also needed to facilitate progress in South Sudan.

**Life and Death: the politics of protest and sacrifice**

**By Kareem Elzein**

During the 15th of May Nakba protest which took place in Maroun Al-Rass, Lebanon, Israeli soldiers opened fire on a crowd of protesters armed with rocks and little else. They did not fire rubber bullets or use tear gas or one of the many other non-fatal ‘crowd control’ measures at their disposal. They were brutal. One person who came with us from AUB was shot in the back and left in critical condition, and many others were left dead or wounded. On the bus ride returning to Beirut, a friend mournfully quipped, “there was not a weapon heavier than a slingshot among us.” Another passenger on the bus replied, “Should we be surprised by the actions of Israel?” This exchange well captured our collective feelings—an exasperation and a sense of great regret. Many of us wondered if this violence had meaning: would the sacrifices of these martyrs be for nothing?

We were brought to Maroun al-Rass by bus, one
among thousands. People from all walks of life greeted us along the way, young and old, men and women, Lebanese, Palestinians, and other foreigners. We arrived at the hill overlooking the border around 11:30AM. Masses of people poured in from the two main roads as loudspeakers broadcasted an impassioned duoa’ by a sheikh who shrieked and sobbed for his people's return to Palestine. I stood near the tobacco fields and watched as hundreds of protesters fled from warning shots fired into the air by the Lebanese army. Within an hour, protesters returned to the fields with much greater resolve, making their way down to the border fence. The Lebanese army and all security personnel disappeared. There was only a fence separating the protesters, Palestine, and a troop of Israeli soldiers with orders to kill.

As a supporter of resistance against Israel, this is where I am supposed to recognize the sacrifices required by any political struggle, that death may at times be the only means towards justice for the greater whole. Yet as a person of conscience, I also recognize the value of life and believe that resistance is better served by the living than the dead. Death is a last resort, relied upon only if all other options have been exhausted, and martyrdom should be a self-directed choice by those making the sacrifice, and that choice should benefit a cause the martyr believes in. This issue of sacrifice and cause was the main contradiction in the events that transpired on 15 May, 2011, where 6 people died for no clear cause or reason.

In brief, at least 50,000 people traveled to Maroun al-Rass. They were organized by a vast network of Palestinian political and grassroots organizations. Hezbollah paid for the transportation and organized the facilities and activities of the day. Yet they neglected their responsibility to the protesters by not preparing a makeshift hospital on location—one which would have surely benefited the over a hundred injured—and for inadequately preparing for the security needs for such a mass protest. After the first string of warning shots by the Lebanese Army, the security presence disappeared and the protesters were left to face the Zionist enemy head on. What happened next was an inevitability: Impassioned civilians hurled rocks and insults across the border, Israeli soldiers responded brutally. The attack happened to civilians on Lebanese soil, and the military did not fire back. Over a hundred people sustained injury—some with permanent disability—and six people lost their lives, their loved ones now in mourning.

Death as an act of resistance is a difficult concept for public health to recognize, let alone legitimize. Can the actuaries of management and policy account for the costs of protest, the savings of revolution, or the value of destroying the colonial and apartheid state of Israel? Is it not a contradiction that public health research always values death as a negative outcome, when the deaths of martyrs—events necessitating remembrance and pride—may lead to the positive progress of history? We live in a region which has witnessed significant transformation and will witness more. Death will likely be a necessary cost of any conflicted change, yet public health does not have a coherent voice in resistance, a clear stance on revolution. Where is our agenda of values condemning the attacks of Israel on unarmed civilians? Where was our coordination of the health services offered during the March of Return? Where is our vocal condemnation of Lebanese, Palestinian, and international political actors that undermine the cause of Palestine? Where is public health's constructive and critical resistance?