

## **CHECK AGAINST DELIVERY**

### **Health as a Bridge To Peace, not a Bridge Too Far**

Thank you for that introduction.

As a physician, I want to begin by acknowledging the recent suffering of ordinary people in Gaza and in the terror of ordinary people in southern Israel.

Speaking for the CISEPO network of peaceful professional cooperation, stretching from Canada to the Middle East, I want share with you the secret of success to the educational Bridge I'm about to describe – Health as a Bridge to Peace – bridging the Arab and Israeli frontier – building essential trust and confidence in a region in conflict.

Our mission is to build capacity through Canadian, Israeli, Jordanian, Palestinian and international durable partnerships and relationships – under a Canadian umbrella, using an academic setting and achieving multilateral, cooperative needs-based health projects on the ground, in the Middle East.

And while we are sensitive to and impacted on by the external political environment swirling about us – CISEPO owes its success to the fact that we are not political or crisis relief in nature. We operate uniquely above the fray across borders, faiths and cultures in the health sector as a unique network of sustainable,

peaceful professional cooperation operating as effectively today as we have continuously for 14 years.

Back to Gaza for a moment. As an ear, nose and throat surgeon, I have been there many times with our team, where we are focused on bettering the lives of deaf children.

Gaza is often a place of despair and darkness.

For us it is also a place of hope.

It's a place of hope because there is a school for several hundred deaf children there, which has been in existence for many years.

I was there in 1997, at a conference warmly hosted by our Palestinian colleagues in the heart of Gaza.

It was the first ever visit by Israeli academic and medical practitioners to the first-ever workshop in Gaza, sponsored by CISEPO and the University of Toronto to address the early diagnosis and treatment of deaf children.

This school speaks to the good work that Arabs and Israelis, Christians, Jews and Muslims and can do together, and that we continue to do together, even through these trying times.

Childhood deafness and hearing impairment is a critical public health issue in the Middle East on which Arabs and Israelis can and have put differences aside to work together.

In doing so, they are helping build the foundations of the bridge to peace I want to talk about today.

Gaza aside, many of you are wondering what a doctor could possibly say that is relevant to business leaders and executives, particularly in the midst of the current economic and financial storm here in Canada and around the world.

So the first thing I want to do today is connect the dots between medicine and health and “the wealth of nations”.

Here’s a fact I am sure many of you are familiar with: wealth is a major determinant of health. Study after study has shown that, generally speaking, the wealthier a society, the healthier it is.

Here’s another fact: Aside from the obscenity that wars kill and maim people, wars cost a lot of money.

Money that might otherwise be spent making people healthier and helping them to live healthier lives.

So the very practical idea that my colleagues and I have been pursuing for many years now, with some

success, is that health-based continuing education and professional development between Canada and the Middle East can help build bridges to peace.

We have been building knowledge-sharing networks, promoting peaceful, professional co-operation between communities that are in political conflict, and encouraging genuine grassroots people-to-people relationships across political, economic and religious frontiers.

Our goals are not only medical, they are socially responsible and they start on the ground as practical, co-operative projects, particularly with those in conflict.

The work we do gives a very positive meaning to the term “medical politics”.

Let me put it this way:

We are harnessing academic theory and medical relationships for three very practical purposes:

To turn war into peace.

To turn despair into hope.

To turn poverty into wealth.

We are taking that ivory tower of academia, turning it

on its side, and making it a vital bridge to peace, prosperity and better health in some of the world's most troubled places.

We believe that sharing health expertise, techniques and knowledge can be a bridge to peace. We believe that a bridge to peace is not a "bridge too far".

So, my purpose in being here today is to incite you and invite you to join us by helping to continue building that bridge because business leaders can and should play a pivotal role on the journey across that bridge to help make life better for others.

Those in need would be most grateful for your interest, support and active participation, moving beyond health, engaging other professionals, business people and the corporations they serve.

There are tangible and intangible benefits to involvement. Those benefits are social, political and economic.

Benefits like helping peacebuilding in the Middle East.

Benefits such as helping to reduce poverty.

Benefits that position Canada as a force for good on the world stage - supporting Canadian foreign policy - addressing healthcare needs and academic requirements

Benefits like ultimately helping to build a model for developing global relationships.

CISEPO has a long history of 'walking the talk', transforming the Arab and Israeli divide into a frontier.

We began our founding activities with Israel in 1972. We began activities with the Arab world in 1982.

His Majesty, the late King Hussein of Jordan, invited us to bring Arabs and Israelis together in 1995 in health initiatives in support of the newly-signed Jordan-Israel peace treaty.

Since then, as CISEPO and Canadians, we have become respected "honest brokers" on the Middle East and international scene in the health sector.

You've heard of journalists being 'embedded' with armies on the front lines of battle.

Well, we are embedded in the front lines of peace-building. Our "day jobs" are embedded and integrated into the international activities and outreach of our lead hospitals and into the courses taught at medical schools, both in Canada and abroad.

As the students grow and learn, we provide a support network of like-minded academics and practitioners, cultivating continued professional development and educational opportunities as teachers and leaders.

We rely on the academic sector to provide our capacity-building and services on a volunteer basis.

Our volunteers include doctors, nurses, scientists, public health practitioners, audiologists and SLPs, allied health professionals, – faculty, students, deans, and heads of departments – at hospitals and universities across Canada and in the Middle East.

We have lived on a simple budget of less than \$400,000 per year for the past 14 years. About one-third of that comes from private donors, another third from foundations and one-third from government.

The good we manage to extract from this humble base is remarkable and is detailed in the handouts at your places.

As a registered charity, we seek funding from private donors, foundation grants and government to sustain a cooperative knowledge-sharing network across borders, faiths and cultures and in areas of conflict.

I wish to publicly acknowledge the core commitment of the Saul A Silverman Family Foundation that has stood with and supported us through thick and thin.

They have supplied core funding from our first steps since the early 1970's that gave rise to CISEPO and its mission. They supported the subsequent creation of the Peter A Silverman Centre for International

Health at Mount Sinai Hospital in 2001 – and soon to be at Baycrest as well – to provide a domestic base for CISEPO. This ultimately enabled our successful current positioning as Canadians and for Canada on the Middle East and international stage.

We work at the most difficult of fault lines on the international stage and we count on the courage of our moderate partners to step up and support us, but I don't need to tell you that fund raising is tough, particularly in the current economic circumstances.

But, it's worth it because over the past 14 years of cross border education, research and service work, we have brought together more than 2500 Arabs and Israelis.

We have held more than 50 key conferences and workshops.

We have implemented international videoteleconferencing on a regularized basis between Canada and Israeli, Jordanian and Palestinian partners in the Middle East and implemented dozens of remarkable, impactful health projects, all leading to relationship building and ultimately building trust and confidence.

And we effectively touch people on the ground and communities broadly through strategic partnerships with organizations such as Rotary,

At this point, I would like to acknowledge all academic colleagues, students and others who have provided tremendous impetus and leadership for our work.

First, we must recognize all our CISEPO partners in the Middle East – Israelis, Jordanians and Palestinians – who excel in health and science – and who with their institutions have the courage to cooperate in this daring and productive program.

I also want to acknowledge the medical students, residents, fellows and trainees in Canada and across the Arab and Israeli frontier. They are our future.

We also are indebted to the flexible and forward-looking leadership of our universities, medical schools and hospitals. They give us the base to go forward.

They provide the essential autonomy and freedom of action that is necessary for our work beyond the confines of our medical schools and hospitals.

They also give us the creative opportunities to produce, with our Canadian signature - the exciting, innovative work that we do.

I would like to thank many individuals here today who have contributed through the years. I also acknowledge with their institutional teams:

Joseph Mapa, President and CEO of Mount Sinai

Hospital

Catharine Whiteside, Dean of Medicine, Faculty of Medicine, University of Toronto

Ivan Silver and predecessor Dave Davis, Vice Deans, of Continuing Education, two decades of solid support

William Reichman, President and CEO of Baycrest,

Harvey Skinner, Dean of Health, York University and CISEPO Chair.

I would also like to recognize Abi Sriharan, Deputy Director of the Peter A. Silverman Centre for International Health and its heart and soul. She is a great leader in international medical education

And Tim Patterson, CISEPO Vice Chair and a world recognized leader and innovator in the field of interactive medical videoteleconferencing, or as we call it, eHealth. Tim has pioneered eHealth for Canada on the world stage for three decades.

We've managed to survive all these years because of the relevance and merit of what we do as evaluated by others, most importantly in the academic and scientific literature by our peers, through occasional media attention and a variety of international awards.

I have spoken in general terms about what we do,

now I want to briefly give you three specific examples.

The first is an example of the work we do abroad.

### **Example One:**

#### **We're helping fix kids in the Middle East who are born with serious hearing problems.**

When I was otolaryngologist-in-chief at Mount Sinai Hospital, our department and our Otologic Function Unit was involved in developing screening methods for newborns with hearing problems, identifying them, and fixing them and establishing public policy.

If you can find deaf infants and fix their handicap though hearing aids or cochlear implant surgery prior to the age of two, they can advance normally in the school system and achieve a full education.

If the process is delayed, a deaf child has only a 60% chance of the earning capacity of a normal hearing or effectively habilitated child.

Every baby born in Ontario is now screened for deafness as early as 48 hours after birth – and we have translated that success into the context of a serious public health issue on the ground in the Middle East – with the backing of the Government of Canada through CIDA – the Canadian International Development agency - helping to equip genetically

deaf kids for life and touching the lives of families and community through Canadian concern and expertise. In 1972 I began developing educational and training programs for Israeli medical schools, and in 1982 I began a similar series of programs for medical schools in the Arab world.

During the course of our continuing education programs in Tel Aviv, Nablus, Amman, Jerusalem, and Gaza, we discovered that a major need in the Middle East related to genetics, particularly the genetics of hereditary and familial hearing loss that is up to 10 times more prevalent than in North America.

This is due to consanguineous marriages – marriages at the level of first cousins – a common cultural occurrence in the Arab world and across borders among Arab Israelis, some Jewish populations and the Bedouin.

This became our cross-border “common ground” and we went on to cultivate it through workshops and conferences and agreements and, eventually, the development of The Middle East Association for Managing Hearing Loss – the first and only professional association among Arabs and Israelis – brokered by CISEPO.

We carried out combined screening programs for deaf infants among Israeli, Jordanian and Palestinian newborns with great success. We’ve now screened a

total of 180,000 newborns and rehabilitated them through hearing aids and cochlear implant surgery.

The national program in Jordan was turned over to the Jordanian Ministry of health as a great Canadian success story in 2006.

We are continuing this cooperative work in other parts of the Middle East, focusing on Israeli-Palestinian cooperation – and over the past seven years, for example, we have helped establish screening for genetic deafness for over 50,000 newborns in Qatar.

All this work has a great Canadian signature because it is modeled, as I said, on the universal newborn hearing screening program developed here in the province of Ontario. The aim of the program is to identify deaf infants at 48 hours after birth, fix their hearing and thus equip them for life with normal education opportunities.

The second example is of our work here in Canada.

**Example Two: We're encouraging multilateral professional exchanges using Canada as the meeting place and training ground.**

Summer student exchanges in pediatric emergency medicine bring together senior medical students from Canada, Israel, Jordan and Palestine. We've just completed our fifth year of such programming – based

at Sick Kids, and Mount Sinai Hospital.

This builds networks of co-operation and care among Canadian, Israeli, Jordanian and Palestinian medical schools and develops young professional leadership.

It's amazing and uplifting to see these medical students living together, cooking together, camping out together, learning conflict resolution together, studying together and then going back to their own countries to carry out joint cross-border research programs together, thus continuing to provide leadership to other medical students and acting as models for young professional development.

It's a gift that keeps on giving, because we have enabled the students to stay in contact with each other and maintain joint research and relationships, thus realizing the dream of cross-border young professional cooperation.

The third example of our work is through technology.

**Example Three: We are helping spread the use of “eHealth”, Electronic Health, through video-teleconferencing medical rounds and knowledge exchanges.**

We began this “eHealth” program in 2005 as a pilot project linking Canadian hospitals and other international centers with our core network in the

Middle East, Africa and the World Health Organization in Geneva.

It is an excellent educational tool featuring highly interactive knowledge-sharing through medical rounds. It operates on a regular basis, building relationships and addressing medical problems with joint problem-solving.

The pilot project was based at Baycrest here in Toronto and has pioneered unique relationships and programs.

Our core work has been in the field of behavioral neurology – dealing with brain health and aging, and it has captured the attention of the federal government, international foundations and many countries worldwide. This is a Canadian signature piece with a pioneering record of achievement and sustainability

Those are just three examples of the kinds of vital work we are doing.

A few minutes ago, I said there were economic benefits, as well as social and political benefits, to what we do.

The fact is that some international programs generate profitable commercial opportunities. “Profit” is not a bad word, especially when profits can help support our “not-for-profit” charitable programs.

And that's why we're in the business of helping the development and the manufacture of solar-powered hearing aids and solar-powered battery chargers – because hearing aids and hearing aid batteries are a financial burden for the deaf poor.

We call the project “LotusEar” – it's green-friendly and advances marginalized populations through economic development and creating work for the poor and handicapped.

We call this model ‘a house with two rooms’ – a ‘for profit’ room financially sustaining the international development work of the ‘not-for-profit’ room.

The product was successfully developed and trialed through our team in Botswana – cultivated further in Brazil by our Ashoka fellow Howard Weinstein who began the enterprise in Africa – and now driven by business through American CISEPO colleagues.

The essential product, a solar-powered hearing aid, returns us to our core mission of rehabilitating the deaf.

The Lotus Ear hearing aids will be made by deaf workers, with plants in the West Bank and Jordan, and with Israeli assistance.

In closing, I want to say what a unique opportunity this has been for me. I don't often get to speak from a business platform. Usually when I speak, I look out and see students taking clinical notes – but I'm delighted to see U of T medical students here today because they're involved and socially responsible.

But don't worry, there's no short quiz after this class but I'll happily handle your questions.

I do hope you take away with you at least some of the enthusiasm my colleagues and I have for the work we do and for its very practical goals:

To turn war into peace.

To turn despair into hope.

To turn poverty into wealth.

During this time of economic uncertainty, it is even more important that our friends in the business community understand the benefits of supporting a truly transnational and international development project like CISEPO.

We are using health as a common language and a common goal to build positive relationships and provide Canadians with an opportunity to shine in the worlds of medicine, technology, international relations and even commerce.

Canadians are leading players in this effort to establish a global network of knowledge, research and co-operation, uniting moderates across borders and improving health in very practical ways.

We know, because we are helping to build this bridge.

And this is where you can come in and spread the word. The bridge must engage the business world in Canada and beyond. The bridge must be widened to handle traffic in trade and commerce and more. Private and corporate support must at the same time broaden community-building efforts here in Canada.

Such co-operation demonstrates that there is more that unites us than divides us, wherever we live, and that people of goodwill can counter the destructiveness of political and religious division through good works.

We believe that sharing health expertise, techniques and knowledge can be a bridge to peace. We believe that a bridge to peace is not a “bridge too far”.

I hope you agree.

Thank you for your time.