

About This Issue

Steve Feldman is not an impartial observer of the Middle East scene. Growing up in Washington, D.C., he collected nickels and dimes to plant trees in Israel. Being Jewish, after all, did make him part owner of the new country.

Dr. Steven Feldman is Professor of Dermatology, Pathology and Public Health Sciences at the Wake Forest University School of Medicine in Winston-Salem, North Carolina and author of the book "Compartments: How the Brightest, Best Trained, and Most Caring People Can Make Judgments That are Completely & Utterly Wrong."

In this article, the doctor who planted trees in Israel asks the question: Is peace between Palestinians and Israelis possible? Yes, he says. And what makes him so upbeat when so many others have failed? It's all about thinking outside the box. —*John F. Mahoney, Executive Director*



Link author Dr. Steven Feldman

A Doctor's Prescription for Peace With Justice

By Steven R. Feldman, M.D.

Introduction

Americans—whether they are Christian, Jewish or Muslim—hope and pray for Middle East peace and understanding. I'm a very optimistic American Jew. There will be peace. Violence will end. There will be understanding. There are too many good people on the different sides of the conflict for misunderstanding and the resulting hatred to prevail.

My optimism surges from experiences in the world of medicine. I have seen—and have been involved in—quite contentious, heated, and wholly unnecessary conflicts over important medical issues. People on each side of the conflict—all smart, caring physicians—saw themselves in the right and saw evil intentions on the part of others. The conflicts grew out of misunderstanding and poor communication.

Similar misunderstanding and poor communications underlie conflict in the Middle East. This theme was recognized in the very first issue of *The Link* back in 1968. In

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“Steps Toward Peace in the Middle East,” L. Humphrey Walz, the *Link’s* first editor, described the working group on the Middle East of the 1967 National Council of Churches’ Conference on Church and Society. The eclectic work group included Muslim students, a rabbi, denominational executives, a bishop, missionaries just evacuated from the Middle East, writers on the Arab refugees, a Jordanian Christian, a Danish churchman who had worked in Israel, and other laymen and clergy. Some in the working group were “clearly oriented to Arab or Zionist sympathies” but all shared an eagerness “for achieving peace with compassion and maximum justice.”

The desire to achieve peace and justice is a common one, but conflicts arise anyway. My experiences of miscommunication, misunderstanding and conflict among bright, caring, warm-hearted physicians have opened my eyes to patterns of misunderstanding that develop between people in different groups. The division of people into separate groups—whether by physical or non-physical barriers—creates a structure in which misunderstandings, sometimes profound misunderstandings, are inevitable. I think of these barriers as defining “compartments,” compartments of people who communicate with one another but who are clearly separated from people in another compartment. Learning to recognize the effects of

compartments allows us to recognize commonalities that are otherwise not immediately apparent.

There are three common causes of misconceptions between people in different compartments: (1) Our experiences of people in another compartment can be profoundly misleading; (2) Without specific evidence, we make faulty assumptions about people in other compartments; (3) The context of the group of people within a compartment determines their subjective perceptions of objective realities, so that even when we share common objective observations, we may draw radically different conclusions.

These causes of misconception are illustrated by stories from the world of medicine, stories that provide a more easily accepted understanding of the phenomena than would highly emotionally charged, salient examples taken from the Middle East conflict. Recognizing the potential for misunderstanding caused by compartments is a first step toward achieving greater understanding of others. Recognizing the effects of compartments has changed my thinking on the Israeli-Palestinian conflict and offers a solution to the otherwise intractable Middle East conflict, a solution rooted in the cultural and ethical principles of my American Jewish heritage, the eagerness for achieving peace with compassion and maximum justice that we all share.

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Experience can be profoundly misleading

I am a dermatologist and serve on the full-time faculty of the Wake Forest University School of Medicine, an academic medical practice based in Winston-Salem, North Carolina. One of the issues of concern to dermatologists is patients' access to dermatology services. In the 1990s, managed care systems tended to block patients' access to dermatologists, in favor of having patients cared for by their family physicians. Dermatologists knew this was a bad idea. Every day we would see patients who had seen a primary care doctor first—patients who had been given the wrong diagnosis, who had been given the wrong treatment or who had been given treatments that made things worse. We almost never saw patients for a rash that the family physician had managed to cure.

Dermatologists fought in state legislatures for patients to have insurance coverage for direct access to dermatologists. Our research team at Wake Forest contributed research data demonstrating the special skills of dermatologists. But there was one thing that frequently went unnoticed by dermatologists: when patients with skin disease saw a family physician, when the physician made the right diagnosis, when the physician prescribed an effective treatment, when the patient's rash cleared up, the patient wouldn't come see a dermatologist.

Dermatologists' experience of the care provided by non-dermatologists was based almost entirely on the non-dermatologists' failures, rarely if ever their successes. This type of bias, selection bias, is extremely common in our compartmentalized world. Often, the only time one group will have an observation of another group is when the event is atypical of that other group. When that happens, people in the first group get a very, very biased view of people in the other.

We see examples of this every day in our dermatology clinic. I have seen scores, if not hundreds, of acne patients who have tried Proactiv for their acne. I do not recall seeing even a single one who was totally happy with how the drug worked for their acne. Based on such experience, a dermatologist might presume that Proactiv never works. Of course, all the

people with acne who use Proactiv and are completely satisfied with the results are very unlikely to come to a dermatologist for acne treatment.

I specialize in the management of patients with psoriasis. One of the best treatments for psoriasis is ultraviolet light treatment. Yet some dermatologists become agitated upon hearing me suggest that tanning beds could be used for psoriasis. While tanning beds may not be the first choice of treatment for psoriasis, they are an effective treatment for many patients. Why would a dermatologist think tanning beds didn't work for psoriasis? If a dermatologist treats 10 psoriasis patients with ultraviolet light treatment in his or her office, 8 might clear up. If the dermatologist sees 10 patients who tried a tanning bed for psoriasis, none of the 10 would have cleared up (because those who did clear with tanning wouldn't have needed to come to the dermatologist!).

Oh how people trust what they see! I attended an advisory board meeting about acne products. The other advisors were top dermatologists—really smart people—from around the country. We were asked if birth control pills are an effective treatment for acne. Across the table from me, a brilliant dermatologist said, "Well, I know birth control pills are FDA-approved for acne, but they don't really help much. I've seen many patients who tried them for acne, but none really had a good response."

I asked the dermatologist if he started the patients on the birth control pills for the acne or if the patients he saw had the birth control pills prescribed by their family doctor or gynecologist. He said that the pills were prescribed by the other family doctor or gynecologist. So I asked him, "Well, if the other doctor prescribed the medication, and the patient's acne cleared, would the patient come see you? Is it possible that most patients' acne does clear up, but that you're only seeing the patients who didn't get better?" "Hmm," he said. "I hadn't thought of that. Well, I guess that is possible, but I really don't think so because I see so many patients in whom they don't work."

Birth control pills are clearly a very effective acne treatment, proven so in clinical trials. But this dermatologist, like all of us, has a strong tendency to trust what he sees and difficulty seeing that which isn't apparent.

This kind of selection bias has a profound effect on how people in different compartments view each other. You can imagine how this must affect the relationships between doctors who practice in different departments. Consider the relationship between dermatologists and surgeons. Dermatologists do a tremendous amount of skin surgery, and they do it very well. If a dermatologist operates on 100 patients and everything goes perfect in 95 of them, there are 5 patients in whom things didn't go perfectly (whether under the control of the dermatologist or not). Of the 100 patients, how many might then see a surgeon? Not any of the 95 where things went great; possibly all 5 of the patients in whom things didn't go so well. When surgeons consider their experience of surgery done by a dermatologist, they may question why the dermatologists seem to have bad surgical outcomes so much of the time. The surgeons might wonder if dermatologists care about the craft of surgery or even about patients' well being.

People are programmed to trust their experiences. Dermatologists may have a hard time keeping in mind that they are only going to see family physicians' failures and not their successes. Surgeons may have a similarly difficult time recognizing that their observations of dermatologists' surgical treatment outcomes are far, far from representative of the norm. To avoid misconceptions, we must be careful to consider what may be going on in the world that lies beyond the walls of our compartment.

This form of bias colors our perceptions of people in other groups, whether it is another specialty of doctors or people in a different culture. This bias affects what we think of other people and what other people think of us. Consider what we know of people in the Muslim world. There are well over one billion Muslims. Which ones do we read about? If you see the word Muslim on the cover of the newspaper here in Winston-Salem, the next word is probably "terrorist." People in the Muslim world going to the mosque to pray for peace aren't cover stories in our newspapers, even if they represent 99.999% of Muslims. Without any malicious intent, the news gives us a very biased perspective of people in other compartments.

To get a sense of how biased our perspective might be, consider what people in a Muslim country

might know about Americans. We look around and see ourselves as peace-loving people who go out of our way to help others. We look around at our neighbors and see people who go to church, who do volunteer work, who give to charity. But those kinds of things probably don't make the news in other countries. What about the United States would make the news in another country?

- American young women like Britney Spears and Paris Hilton
- Columbine high school and the Virginia Tech massacre
- Enron
- Congressmen Ney, Foley and Craig
- The U.S. invasion of Iraq, with scores to hundreds of thousands of deaths and millions of Iraqis displaced
- Photographs of American soldiers abusing prisoners at Abu Ghraib
- The U.S. justice system dismissing all charges against Blackwater security guards accused of killing unarmed Iraqi civilians

We know these stories are not fully representative of American culture; nevertheless, it is what others see of us. Knowing how ridiculous and inaccurate the resulting picture of us is, we should be able to see that our observations of Middle Eastern Muslims are probably profoundly misleading, too. Like us, they may be equally – if not more – oriented toward peace and justice, but we would never realize it from reading our newspaper.

Faulty assumptions are common

The observations we make of other people can be profoundly misleading. Other times, though, we make faulty assumptions in the absence of evidence. A striking example of this was the explanation for why dermatologic drugs gradually stop working for patients. Dermatologists care for patients with skin diseases like psoriasis and eczema that are caused by uncontrolled inflammation in the skin. We have a variety of topical cortisone medications – "topical steroids," we call them – that are very effective at clearing up the inflammation, at least at first. Gradually though, these drugs lose effectiveness. For decades, brilliant professors of dermatology taught their students that the drugs lose effectiveness because the

body builds up a resistance to the drug, that “the more you use the drug, the less it works.” Those students then became professors, who, like me, taught their students the same thing.

A research study was done that changed completely our understanding of why topical steroids stopped working. A small group of patients with psoriasis were given a medication to apply. They were told their use of the medication would be monitored. They were asked to complete a diary showing when they applied the medication. They weren’t told that the medication container contained computer chips recording when the patient opened and closed the bottles.

Patients in the study said they used the medicine religiously. The computer chips told a different story. Patients’ use of the medication gradually dropped over time. The loss of effectiveness of topical steroids over time wasn’t because “the more you use the medication, the less it works;” it was “the less you use the medication, the less it works.” Truly brilliant dermatologists had been teaching the wrong thing for generations because of a faulty assumption. Dermatologists had assumed patients used the medication regularly. From the vantage point of dermatologists, from their compartment, the dermatologists couldn’t see what patients were doing with the medication in the patients’ compartment.

A similar kind of faulty assumption—one in which people presume that other people have malicious motives—lies at the heart of some medical conflicts. Patient safety is a critical issue to all physicians, but physicians in one specialty frequently don’t recognize the commitment to patient safety of colleagues in another. Misperceptions may be caused by experiences and selection bias, but then physicians make a leap and draw faulty assumptions about the motivations of other doctors.

The issue of patient safety during cosmetic procedures came to a head in 1999 when the *New England Journal of Medicine* published a story about five people who died from complications of liposuction surgery done under anesthesia. Anesthesiologists began to denigrate other physicians for doing office surgery without appropriate safeguards. Articles in the *Anesthesia Patient Safety Foundation Newsletter* promoting regulation of office-based surgery described how

doctors doing surgery in their offices were motivated by greed and how saving lives didn’t seem to impress self-serving doctors who saw regulations as a threat to their income.

Surgeons engaged in the debate, too, promoting office surgery safety regulations that would limit competitors in other specialties from doing outpatient cosmetic surgery; the proposed regulations would require physicians to have hospital privileges for a procedure before a physician would be allowed to perform that surgery in their offices.

Dermatologists care deeply about our patients, so it seemed obvious to us that the anesthesiologists and surgeons were being self-serving. A closer look at the *New England Journal of Medicine* article revealed that all five reported deaths were associated with procedures done by surgeons (plastic surgeons in four of the five cases), not by dermatologists. Anesthesiologists were actually present at the surgery for all five of these patients. Using the *New England Journal of Medicine* data to promote having an anesthesiologist present at these procedures seemed disingenuous at best to the dermatology community.

As primarily an office-based specialty, dermatologists often have no need for hospital privileges. Dermatologists could see how surgeons and anesthesiologists were trying to use fear to support proposed hospital privileges regulations, regulations whose effect would be to block dermatologists from doing cosmetic surgery in their offices. Panels of hospital-based surgeons who gave out hospital privileges would be able to block other specialists from doing office-based surgery. Keeping the surgery in the hospitals would also mean more fees for anesthesiologists.

I had a chance to talk directly with surgeons and anesthesiologists about the office-based surgery issue. I was just as wrong about their motivations as they had been about dermatologists’ motivations. The surgeons and anesthesiologists—like dermatologists—were deeply passionate in their commitment to patient safety. The anesthesiologists displayed a deep pride in their successful efforts to reduce injuries and deaths associated with general anesthesia. They were unfamiliar with what dermatologists did in their offices. The anesthesiologists never saw any of the patients dermatologists successfully managed

without the help of an anesthesiologist, yet they did see the very few who experienced a problem that required the intervention of an anesthesiologist. Anesthesiologists wanted patients to be safe, and their perception was that dermatologists were engaged in unsafe practices; they jumped to the conclusion that dermatologists cared more about money than their patients.

The surgeons I talked to said they had no interest in the office-based practices of dermatologists whatsoever. These surgeons expressed heartfelt concerns about patient welfare and described how surgeons regulate each other. If a surgeon is found to be operating while intoxicated or otherwise impaired, his or her hospital privileges are revoked. The surgeons I spoke with wanted to see regulations requiring hospital privileges before a physician could perform surgery in the office in order to prevent an impaired surgeon whose hospital privileges had been revoked from going across the street to his or her office and doing surgery there.

Dermatologists, surgeons, and anesthesiologists had ill-conceived attitudes about the others. The symmetry in their views was uncanny. Despite their similarities (compared to the variation in the general population, there's virtually no cultural difference at all between dermatologists, surgeons and anesthesiologists), none of the three seemed to recognize the deep, abiding commitment to patients that the others had. None could see past their own compartment, much less into the heads of their colleagues. Their experiences were colored by the adverse outcomes they had observed and the fact that they never saw each other's successes. Within their compartments, they talked among themselves with a growing distrust of the other groups. The lack of communication prevented them from recognizing their common commitment to patients' health and well-being.

Similar faulty assumptions are at the heart of Middle East misunderstandings, too. When I attended Hebrew School, what little was taught to us of Muslims and Islam was taught to us by our Jewish rabbis. It wasn't a pretty picture, and surely it wasn't the picture of Islam that would have been taught to us by a Muslim Imam (and I have no doubt that some Muslim Imam's teach Muslim children equally inaccurate lessons about Judaism).

In trying to expand my knowledge of other people and cultures, I listened to a Teaching Company course on world religions. The course described principles of Islam that sounded basically identical to the principles of Judaism that I had been taught. I've concluded that if you want to understand someone else's religion, don't learn it from someone of some other religion. It would be a big mistake to try to understand Islam by listening to what non-Muslims think of it (would you want Muslims to try to understand Christianity from the words of non-Christians?). I've visited Saudi Arabia twice now, and found a country that was the closest thing I've seen yet to what a country would look like if it were run according to the precepts of Orthodox Judaism I grew up with; others have told me the Saudi way of life reminded them of religious Southern Baptists.

It is common to hear in the United States that Islam is a violent religion, yet practitioners of Islam would tell you wholeheartedly that Islam is a religion of peace. I speak to Muslims wherever I can, and uniformly they call Islam a religion of peace. I have been struck by the commitment of Muslims to peace and charity in my personal interactions with them. Perhaps it may seem—based on what we read in newspapers—that Islam is associated with violence, but one must consider that newspapers tend to print stories about violent people, not peaceful ones. Before we consider Islam violent on the basis of violence we've seen done by Muslims, we ought to consider how violent Christianity—a religion that teaches peace and tolerance—would look to Muslims based on the violence they have seen Christians commit (the Holocaust, the use of atomic weapons, Crusades, Abu Ghraib, our invasion of predominately Muslim countries, the actions of Blackwater employees, etc).

I am convinced that our understanding of the motivation of "terrorists" is largely misguided. Our leaders tell us the terrorists hate us for our freedoms. President Bush said, "They hate our freedoms—our freedom of religion, our freedom of speech, our freedom to vote and assemble and disagree with each other." Bush is not one of the terrorists; he isn't a member of their compartment. Should we trust his judgment about why the terrorists are attacking us? Does it make sense, any sense at all, that they hate us

for our freedom?

It is painful to hear, but one of the terrorists explained why he hates Americans. Zacarias Moussaoui was convicted in March 2006 of conspiring to kill Americans as part of the September 11 terrorist attacks. At his sentencing, family members of the victims confronted Moussaoui. In response, he said, "You said I destroyed a life and you lost a husband. Maybe one day you can think about how many people in the CIA have destroyed a life. You say we are a hate organization. I say [sarcastically] the CIA is a peace and love organization."

Speaking to another family member of a 9/11 victim who was in the navy, Moussaoui went on to say, "Of course he was working for the government of peace and love on a warship. This country has hypocrisy beyond belief. Your humanity is selective. Only you suffer. Only you feel. You have branded me a terrorist or criminal. Look at yourself first . . . I have nothing more to say. You don't want to hear the truth. You wasted an opportunity for this country to know why people like me, why people like Mohamed Atta have so much hatred."

Moussaoui didn't hate us for our freedom; he hates us for committing the kind of violence and killing that we ourselves find abhorrent. Bin Laden says he hates us because of our support of Israel in the killing of Palestinians, because of America's troops stationed in Muslim countries, because of our support for dictators in Gulf States, and because of sanctions we imposed that resulted in the deaths of Arab children. (For those unfamiliar with those deaths, in 1996 Leslie Stahl, on 60 Minutes, asked Secretary of State Madeline Albright: "We have heard that half a million [Iraqi] children have died [as a result of sanctions]. I mean, that's more children than died in Hiroshima. And, you know, is the price worth it?" Albright replied: "I think this is a very hard choice, but the price—we think the price is worth it.")

Former President Bush says the terrorists hate us for our freedoms, yet Bin Laden tells us they hate us for doing things that we ourselves would hate if done to us. To understand why people in another group hate us, we have to get past our compartment and listen to them rather than simply listening to ourselves. Or perhaps we can look at our own ac-

tions with a little more objectivity and see how what we do to others would appear abhorrent if it were being done to us.

Context determines perception

Selection bias and faulty assumptions are obvious causes of misunderstanding (at least in hindsight). But even when two people from different compartments observe the exact same thing, they may have totally different perceptions of the event. The context of their compartment affects what they see! This cause of misperception and conflict is less obvious than the other two, more complicated and yet, in a way, elegant. It is the stuff of magic, illusion and behavioral economics. To understand how context causes conflict, we have to understand how the human brain works.

Consider basic visual illusions. A common one—one described by behavioral economist Dan Ariely in his book *Predictable Irrationality*—shows two identical discs, one surrounded by small discs, the other by large discs. The one surrounded by small discs looks bigger than the other. A similar illusion involving two identical discs shows one disc surrounded by a light background, the other surrounded by a dark background. Although the discs are identical in color, the one surrounded by the light background looks darker than the one surrounded by the dark background.

This phenomenon explains an intriguing question about our bodies: why are veins blue? There is no blue blood, and the actual vein walls aren't blue either. The answer is that the veins aren't blue; they only appear blue in contrast to the less blue, surrounding skin.

Ariely points out that this is simply how our brains function and is not related to how we interpret visual input. The brain takes in inputs, but the interpretations are made relative to context. Ariely says the effect of context explains why we would go out of our way to save \$7 on a \$25 pen, but we wouldn't make the same effort for a \$7 savings on a \$455 pin-stripe suit. The \$7 savings is the same, but the context changes our perception of it. All our mental judgments—seeing, hearing, economic decisions, even assessments of right and wrong—depend not just on the observations we make but also on the con-

text of those observations.

The effect of context on perception is powerful and insidious. Dermatologists who pride themselves on their ability to objectively examine the skin see a salmon-pink vein as blue. Even knowing the vein isn't blue doesn't stop our brains from thinking it is. The different contexts given by our compartments powerfully affect our perceptions.

In dermatology, we have a drug called isotretinoin that is a cure for patients with even the worst forms of severely scarring acne. Unfortunately, isotretinoin is a teratogen; it causes birth defects if it is in the body of a woman when she becomes pregnant. Dermatologists speak out in favor of keeping the drug available, as it is a miracle for patients with horrific acne. Some pediatricians speak out against the drug, because of the potential for causing birth defects.

The government instituted a program that required up to an hour wait on the phone as part of an administrative process to help prevent isotretinoin-induced birth defects. Dermatologists found the hour wait to be an insulting waste of time; the physicians who focus on preventing birth defects found the hour to be a ridiculously low hurdle to the use of a powerful teratogen in teenage girls with acne. The objective reality of a one-hour wait was interpreted in a completely different way depending on the context of the observer. Both groups of physicians care deeply about patients' well-being, yet because of their different contexts, they come to radically different interpretations of the one-hour wait.

The contexts of our compartments can create situations in which people on each side of a conflict each think they are in the right and the other is in the wrong. This is the form of bias that allows our leaders—secular and religious—to preach that our violent actions are very different from those of our enemies. Our leaders look at killing done by the two sides and perceive two completely different things, depending on who is doing the killing. They see differences in intent, thinking that we only kill in the fight for peace, while our enemies are simply terrorists. Those whom we call terrorists would tell us they only fight for peace, and they perceive that we are the terrorists.

Much is made of differences in "intent," that we would never intend to kill civilians while our enemy

has no compunction for killing civilians. Consider their perspective. They see that even though we know the actions we are about to perform will kill civilians, we knowingly carry out those actions, and civilians die; they see that we have been doing most of the killing of civilians. While we see our actions as different from, as nobler than, the actions of our enemies, they see hypocrisy.

There is an undeniable objective reality. When one child is killed in the Middle East, that child is dead. It doesn't matter whether the child was killed by a suicide bomber, by an artillery shell or even by sanctions. Whether the killing is perceived as terrorism or retaliation depends completely on whose side you are on; it does not depend on how the child was killed.

The lens through which we look at the Israel-Palestine conflict

I grew up in the Washington, DC, suburb of Silver Spring, Maryland. Actually, I was raised within a smaller compartment of this community, the Jewish compartment. I attended a Hebrew School, grew up on a street in which most of my neighbors were Jewish, and attended the orthodox Beth Shalom (House of Peace) Synagogue. For me, "getting out of my box" meant visiting a different synagogue, never any church (even a Reform Jewish congregation seemed quite foreign to me). About the only restaurants at which my family ate were the two kosher restaurants in town. I had no exposure to McDonalds or Chinese food, and little exposure to the greater community of Washington until I attended public high school.

Within the core of the Jewish community in which I was brought up, there was a clear, unambiguous vision of the Israeli-Palestinian conflict (table 1). We Jews had G-d and justice on our side. We were moral people, faced with an evil Arab enemy bent on our destruction. With the help of G-d, we Jews came back to our homes in Israel, a land of empty deserts and swamps, and we made that land bloom. We were an amazing people, a people of Nobel prizes, set upon by a backward people who followed a religion of hate and violence. Though others terrorized us, we never terrorized anyone. Although Arabs would attack us, we never started any war against them. Had the Arabs shared our values, there would have been

no Palestinian refugee crisis, as other Arab countries would have taken the refugees in.

My understanding of the Israeli-Palestinian conflict changed. Changing tightly held ideas isn't something that just happens. In Predictably Irrational, Ariely describes how we are married to our ideas and how we do not easily give them up. Thomas Kuhn, in his book, The Structure of Scientific Revolutions, makes key points about the process of changing scientific ideas, but I think his points are salient to our understanding of the Israeli-Palestinian conflict as well:

- Changing beliefs proceeds in sudden "Aha!" moments and not in a step by step fashion
- The shifts in our thinking open up new understandings that would not have been considered valid previously
- Our perceptions of objective observations is always subjective

My view of the Middle East conflict has evolved considerably. With the context in which I was raised, I had interpreted every event as further evidence of our Jewish moral superiority. But there were some

conflicts. My experiences in dermatology led me to believe that often there are good people on both sides of a conflict. My efforts to learn about Islam from people who actually had first hand experience of it contradicted the violent perception of Islam that was pervasive in my community. I read about the war of 1956—the collusion of Israel, France and Britain to start the war against Egypt—that made the claims that "the Arabs started all the wars" seem incorrect. That made me begin to wonder if the 1967 "preemptive" war could really be blamed on Arab people. Then there was the issue of how 700,000 Palestinian men, women and children could have become refugees if the land of Israel had really been a land of empty swamps and deserts. That was a real puzzle!

I learned of the story of Deir Yassin, a story I do not recollect being taught in our Hebrew School, a story that spoke of Jewish terrorism. While Jews were subject to attacks in Palestine, it wasn't one-sided violence. I read that it was Jews, not Arab Muslims, who had initiated the horror of bombing crowded civilian markets. For all that we scream that "you

can't talk to terrorists," learning that Menachem Begin and Yitzhak Shamir, both future Israeli prime ministers, had been leaders of the worst of the Jewish terrorist organizations seemed inconsistent with my understanding of who we were.

As Kuhn describes it, shifts happen after observing so many inconsistencies that the old understanding becomes untenable. At some point, the evidence becomes overwhelming, and there is a sudden shift. The mind begins to see the evidence from the new perspective. For me, perhaps the ultimate nail in the coffin of my previous beliefs was the written documentation of Hagana war plans (Plan D) that specifically called for destruction of Palestinian villages, expulsions of their population, and mining of the debris. The work of Israeli historians Benny Morris and Avi Shlaim made clear that we were not innocent in making Palestinians refugees. Pales-

Table 1: "We created a Jewish state" perspective

Observation	Interpretation
Two Jewish soldiers are taken by Palestinians	The Jewish soldiers were kidnapped
Thousands of Palestinians are taken prisoner	Justice is being done to criminals, and we treat the prisoners better than our enemies would
A few Jewish people are killed	Terrorism
Many Palestinian people are killed	Retaliation, plus we did our best to avoid killing civilians, something no other people would do
We meet Muslims who say they are peaceful	They aren't representative of the typical Muslim and don't do enough to stop the many "extremists" among them.
We kill 20 Arabs for each Jew killed	Arabs don't care about the value of human life
The Israel Defense Forces is one of the most powerful armies on earth	We have pride in our strength and in our reluctance to use force
Israel hits Lebanese infrastructure	We only defended ourselves and chose a very limited response
Israel preemptively destroys the Egyptian air force in the 6 Day War	Arabs started all the wars. We defended ourselves in the 1967 war started by our enemies, and our success was helped by G-d
Palestinians are refugees	Arabs are evil people who don't take care of their own
Jews came from Europe to Palestine	We returned to our home in Palestine to recreate our Jewish state and made the Holy Land flourish once more

tinians have documented over 400 Palestinian towns and villages that had been depopulated. The old paradigm no longer fit, changing the interpretation of all the other observations (table 2).

I have presented these thoughts in a number of venues; the response depended on the perspective of the listener. Many have been very supportive. Many had no clue as to the involvement of Jews in the expulsions of Palestinian families. Many have read my book *Compartments* and have told me, “Everyone should read this.” In a lecture given to the American Academy of Dermatology responses include that the talk was superb, timely and appropriate, that “I have never had my mind stretched like that in such a short period of time.” Other feedback was that the talk was terrible and inappropriate, “a disgrace and an embarrassment.” My Rabbi thought the book was wonderful, until he read the part about Israel/Palestine. He didn’t understand why I gave the benefit of doubt to Palestinians; of course the reason was because of the ethical principles that this very same Rabbi helped instill in me (and written documentation of Hagana Plan D). Other Jewish colleagues have called me anti-Semitic for espousing these Jewish values of truth, honesty, peace and justice, values shared by our Christian and Muslim brothers. The tremendous dichotomy in how the ideas were received is further evidence that how we perceive observations is completely dependent on the context we carry with us.

Looking forward to ending the conflict

I truly am optimistic about the prospects for peace in the near future. Some people have described their pessimism on account of extremists who block all attempts at peace. On the contrary, I am optimistic because the extremists will help lead the way to peace.

I observed this in the world of medicine. In dermatology, there are not enough dermatologists to see all the patients who need to be seen.

Some dermatologists hire physician extenders—physician assistants and nurse practitioners—to help. This horrifies other doctors. These other doctors believe patients should be seen by doctors and not by “second class” providers. The doctors who haven’t worked with an extender have probably seen patients who have been cared for by an extender in another office, and those patients (because of selection bias) were never completely happy or cured by the care they had received. Most of the doctors who don’t like the idea of extenders probably don’t say or do anything about it. The really caring doctors get upset, however, and the very best doctors—the most passionate and caring—fight for laws to block physician extenders from practicing medicine.

On the other side, the doctors who do hire extenders see what a good job extenders do and how they help the many patients who need care for skin disease. These doctors look at the doctors fighting against extenders and imagine them to be greedy jerks who care more about their income than about

Table 2: The “We created a Jewish state at the expense of 700,000 Palestinian men, women and children” perspective

Observation	Interpretation
Two Jewish soldiers are taken by Palestinians	Knowing how horrible this made us feel should have told us how Palestinian families felt when we took one of their children prisoner
Thousands of Palestinians are taken prisoner	We continued doing more harm to those whom we had displaced than they had done to us
A few Jewish people are killed	Painful, terrible, needless killing of our people
Many Palestinian people are killed	Needless, horrific violence to good people who just want to return to their homes
We meet Muslims who say they are peaceful	Muslims, like Jews and Christians, share our basic values
We kill 20 Arabs for each Jew killed	We have been practicing terrible discrimination and have been responsible for most of the violence
The Israel Defense Forces is one of the most powerful armies on earth	We have acted as a warlike people, admittedly because of our fear and our history, but warlike nonetheless
Israel hits Lebanese infrastructure	Inexcusable collective punishment of an entire population
Israel preemptively destroys the Egyptian air force in the 6 Day War	Another war that we may have instigated
Palestinians are refugees	We have to take responsibility for the people we expelled. Even if we didn’t expel them, families that fled for their safety in time of war should be allowed to return to their homes and villages
Jews came from Europe to Palestine	We came to Palestine to create a Jewish state at the expense of hundreds of thousands of non-Jewish men, women and children

patients. The most caring and passionate doctors who work with extenders aggressively fight laws that would restrict use of extenders. The people who are most at odds in this conflict share and are deeply committed to the same goal, giving patients great medical care.

The extremists are the good, caring, passionate people willing to fight for what they see as justice. Who are the “extremists” in the Israeli-Palestinian conflict? Are they evil? Heavens no. The “extremists” are especially good, passionate, yet misguided, people. They exist on both sides of the conflict. In fact, because they are so good, and so passionate about being good, extremists cause and exacerbate conflict. They are willing to go to extremes, even of violence if necessary, on account of peace and justice. No extremist fights in the cause of tyranny. No leader draws followers in the cause of doing evil. Extremism is rooted in a strong sense of goodness and justice. Shown their misconceptions, the extremists will recognize the need for change and will have the energy and passion to create peace and justice. Challenging those misconceptions by encouraging people to think outside their compartmental boxes is, of course, the great challenge that lies before us.

There are Jews and Christians who recognize that Islam is not evil but who believe that radical Islam is. Many Muslims would say that Christianity is not evil, that Judaism is not evil, but the radical Christians and radical Jews are. I know the radical Jews — they are caring people. The radical Christians who support violence do so only to promote peace. Our so-called radical Islamic enemies are no different, choosing violence only because they are deeply, profoundly, devoted to peace and justice, and who, like many of us, see violence as the only path toward achieving those noble aims.

A key element of ending the conflict is helping each side recognize the peace-loving, caring nature of the other. Violent attacks by either side certainly do not help. We must appeal to people’s good side; denigrating them for being evil will only be met with resistance, as people know they are good. This point was made rather eloquently by Fr. Elias Chacour, the noted Palestinian peace activist:

“You who live in the United States, if you are pro-Israel, on behalf of the Palestinian children I call unto

you: give further friendship to Israel. They need your friendship. But stop interpreting that friendship as an automatic antipathy against me, the Palestinian who is paying the bill for what others have done against my beloved Jewish brothers and sisters in the Holocaust and Auschwitz and elsewhere.

“And if you have been enlightened enough to take the side of the Palestinians—oh, bless your hearts—take our sides, because for once you will be on the right side, right? But if taking our side would mean to become one-sided against my Jewish brothers and sisters, back up. We do not need such friendship. We need one more common friend. We do not need one more enemy, for God's sake.”

I believe there is only one path to peace, righting the wrong of expelling Palestinian families to create a Jewish state at the expense of our Christian and Muslim brothers and sisters. While Jews consider ourselves the Chosen People, we are chosen only in the sense that we have responsibility to be a moral beacon, not in the sense that G-d promises to give us stuff. The violent expulsion of hundreds of thousands of Palestinian men, women and children from their homes and villages in 1948 was completely inconsistent with Jewish morality. While Jews are deeply committed to the idea of a Jewish State, creating a Jewish State at the expense of 700,000 non-Jewish people is inconsistent with our beliefs in peace and justice.

We can’t go back to the way things were. We can go forward and welcome the repatriation of refugees, working to rebuild homes and villages together. Dr. Kurtis Naylor of the National Council of Churches was quoted in a November-December 1969 issue of *The Link*, “We are a disappointment to our Arab Friends (and there are several million Christians in that group)... and a real disappointment to our Jewish friends, too... If you meet the needs of one, you necessarily thwart the elemental needs of the other.”

I wholeheartedly disagree. Jewish people yearn only for peace and justice, not the land where other people were living. Palestinian Muslims and Christians want peace and justice too, not the deaths of Jews. When we realize that, we will find the strength to support the repatriation of our Palestinian brothers and sisters so that Jews, Christians, and Muslims can live together in peace and brotherhood. ■

From **The Link's** Links

<http://www.thestruggle.com>

Stanley Heller is chairperson of The Middle East Crisis Committee, which sponsors the site www.thestruggle.org. He is also host of *The Struggle*, a weekly TV news program shown on the internet and on 19 cable channels. This interview was conducted by John Mahoney.



Noam Chomsky, Tony Judt, Philip Weiss and Felicia Langer have signed a petition on your website to prevent the kidnapping of Dr. Mazin Qumsiyeh, a Palestinian American and your website's vice chairperson. Can you give us an update on his situation? We launched a campaign to get the U.S. media and the U.S. Congress to show concern about the threat to send Dr. Qumsiyeh to Administrative Detention for taking part in the effort to peacefully oppose a Jewish-only settlement in Beit Sahour. We've found that the Israeli government does not respond to human rights appeals, just to economic loss or the tarnishing of its "image." Mazin has returned to the West Bank and continues to demonstrate against the settlement, so he could be imprisoned at any time.

You produce a 30-minute, weekly program for public access TV in over 100 cities and towns, which is also available on your website. Could you mention some of your recent programs? Our first priority is Palestinian rights, which we cover through interviews, lectures, demonstrations and video we get from Palestine and Israel. Then there's the general anti-war struggle, Afghanistan, Iraq, and now Iran. We also cover trade union fights and have been of late featuring the audio commentary of Glen Ford of BlackAgendaReport.com. Finally we've had programs that highlight the Great Reces-

sion and Casino Capitalism.

From 1984 to 2004 you published the journal *The Struggle*. We promoted it several times in *The Link* and, truth to tell, we got ideas from it for some of our *Link* articles. Do you plan to make these past issues available on your website? That's a good idea. We ought to do it.

Tell us about your YouTube videos. We take our TV shows and break them in pieces and put them on YouTube. By going to our site you can see the whole show or by going to the "OurTubes" section you can get to YouTube and see them in various orders. We've been doing weekly programs since the fall of 2003 with the last few years online. We've got some very interesting video, from Najla Said to Vanessa Redgrave, economist Richard Wolff, journalist Dahr Jamail, poets Remi Kanazi and Steve Bloom, historian Lenni Brenner, and many more.

You also have podcasts. How does that work? We make sound-only files (audio) that people can listen to or download to their computers and send to iPod and mp3 players. We have a great one of a talk by Mazin Qumsiyeh. I also read important statements like the translation of the Iraqi "shoe-thrower" upon his release from jail. We also have a number of phone interviews including one I did with Najwa Sheikh while Gaza was under attack last winter. Visitors can also sign up for a podcast and get the files sent to their computers automatically.

Any upcoming programs you can tell us about? One that's underway is getting unions to sell off their huge supply of Israel bonds. We've created a website www.DumpIsraelBonds.com. The New Haven (CT) Central Labor Council voted unanimously to urge its state affiliate to sell off its Israel bonds. We are also looking to use any kind of media we can to influence public opinion. We hope to hire several billboards soon with the message "Lift the Siege of Gaza."

Editor's Note: Dr. Mazin Qumsiyeh, who is mentioned above, is scheduled to write the feature article for our June-July issue. If, as is possible, he is arrested by Israel and placed in Administrative Detention, this will be the first *Link* issue written from prison.

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Aziz, B.	Swimming up the Tigris	2007	314	\$24.95	\$19.95	Real life encounters with Iraqis.
Baltzer, A.	Witness in Palestine	2007	400	\$26.95	\$19.95	Jewish-American condemns Israel's occupation.
Bennis, P.	Understanding the Pal.-Isr. Conflict	2007	196	\$10.00	\$9.00	An excellent primer.
Buchanan, G.	In Search of King Solomon's Temple	2009	24	\$10.00	\$7.50	Scholar concludes ruins are not under Noble Sanctuary.
Chacour, E.	Blood Brothers	2003	240	\$12.95	\$10.95	Updated ed. with introduction by James Baker III.
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Christison, K. & B.	Palestine in Pieces	2009	212	\$19.95	\$12.95	Perspectives on occupation by former CIA members.
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Fayez, J. ed.	The Colonization of Palestine	2007	56	\$9.95	\$3.00	Updated listing of 452 destroyed cities, towns, villages.
Halper, J	An Israeli in Palestine	2008	317	\$27.95	\$23.50	By a longtime opponent of the occupation.
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Khalidi, R.	The Iron Cage	2006	281	\$24.95	\$19.95	Why Palestinians don't have a state.
Kovel, J.	Overcoming Zionism	2007	299	\$26.95	\$18.95	How Israel can heal its "state-sponsored racism."
Makdisi, S.	Palestine Inside Out	2008	365	\$24.95	\$18.95	Why Arafat had to walk away from Camp David.
Nathan, S.	The Other Side of Israel	2005	310	\$25.00	\$17.50	How non-Jews are treated in the Jewish state.
Pappe, I.	The Ethnic Cleansing of Palestine	2006	320	\$15.50	\$12.95	Author draws on recently disclosed state documents.
Ramadan, T.	In the Footsteps of the Prophet	2007	242	\$23.00	\$17.95	"By 1 of 100 top innovators of the century". -- <i>Time</i>
Reinhart, T.	The Road Map to Nowhere	2006	248	\$18.00	\$16.50	How Road Map is used to seize more occupied land.
Sgrena, G.	Friendly Fire	2007	216	\$20.00	\$15.95	Journalist's inside story of Iraqi occupation.
Shulman, D.	Dark Hope	2007	226	\$22.00	\$14.95	Memories of an Israeli peace activist.
Sniegowski, S.	The Transparent Cabal	2008	480	\$27.95	\$19.95	The real reasons the US attacked Iraq.
Thomas, A.	The Zoo on the Road to Nablus	2008	293	\$24.95	\$17.50	Extraordinary story of survival.
Thomas, B.	The Dark Side of Zionism	2009	265	\$39.95	\$27.95	Israel's quest for security through dominance.
Warschawski, M.	Toward an Open Tomb	2006	250	\$12.95	\$10.95	From West Bank massacres to The Wall
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Abu-Lughod, ed.	Arab-Israeli Confrontation of June 1967	1970	201	\$35.00	\$10.00	Articles by E. Said, al-Jabara, et. al.
Abu-Lughod, I.	Settler Regimes in Africa & Arab World	1974	255	\$75.00	\$15.00	Articles by Berrigan, Said, Shahak, et al.
Allain, J., ed.	Unlocking the Middle East	2003	304	\$18.95	\$5.00	The writings of Richard Falk.
Andoni, G., ed.	Peace Under Fire	2004	297	\$22.00	\$5.00	Is., Pal., and the International Solidarity Movement
Baroud, R., ed.	Searching Jenin	2003	287	\$17.95	\$5.00	Eyewitnesses recount Israel's 2002 invasion.
Bennis, P.	Calling the Shots	2000	341	\$18.95	\$5.00	How the U.S. dominates the U.N.
Boyle, F.	Palestine, Palestinians & International Law	2003	205	\$11.65	\$5.00	Author is noted Palestinian lawyer.
Bailey, J. and M.	Who Are the Christians in the Middle East?	2003	218	\$16.50	\$5.00	History of region's Christian minorities.
Carey, R.	The Other Israel	2002	208	\$13.95	\$5.00	Voices of dissent in Israel.
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Cooley, J.	An Alliance Against Babylon	2005	258	\$27.95	\$5.00	The U.S., Israel and Iraq.
Doughty/EI Aydi, eds.	Gaza: A Legacy of Occupation	1995	202	\$5.00	\$4.00	A photographic journey.
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Farber, S.	Radicals, Rabbis & Peacemakers	2005	252	\$19.95	\$5.00	Talks with Jewish critics of Israel.
Gordon, A.	Palestinians Speak	2001	161	\$7.00	\$5.00	Survivors recount Sabra-Shatila massacre.
Haggopian, E.	Civil Rights in Peril	2003	322	\$26.95	\$5.00	Targeting Arabs and Muslims in the U.S.
Halsell, G.	Forcing God's Hand	1999	164	\$14.95	\$5.00	Why millions pray for earth's destruction.
Hiro, D.	Sharing the Promised Land	1999	372	\$18.95	\$5.00	Account of Israel's early colonization.
Kechichian, J.	Faysal	2008	296	\$25.85	\$10.00	The King who shaped future of Muslim world.
Lippman, T.	Arabian Knight	2008	317	\$19.75	\$5.00	Col. Eddy and rise of U.S. power in Middle East.
Marr, P.	The Modern History of Iraq	1985	382	\$34.95	\$7.00	Iraq's history and distinctive Arab character.
Marton, K.	A Death in Jerusalem	1994	321	\$20.00	\$7.00	Assassination of Count Bernadotte.
Said, E.	The End of the Peace Process	2003	411	\$15.00	\$7.00	The updated edition.
Sayigh, R.	Palestinians: From Peasants to Revolutionaries	1979	207	\$25.95	\$10.00	Foreword by Noam Chomsky.
Sharabi, H.	Palestine and Israel	1969	224	\$7.00	\$5.00	Noted historian assesses the 1967 war.
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In Appreciation: Peter C. Speers, Jr.

We are saddened to report that Peter C. Speers, Jr., a longtime friend and supporter of AMEU, died on Feb. 8 in Austin, TX.

Pete was an Arabist's Arabist, one whose mastery of the spoken and written language was widely respected by fellow scholars. He received his MA in Near East Studies from Princeton University and his PhD in Arabic from the University of London.

For nearly 32 years Pete was employed by the Arabian American Oil Company, devoting the final two years to planning and editing "Saudi Aramco and Its World: Arabia and the Middle East," a 275-page illustrated book on Arab history, Islam, and Saudi Arabia.

We are honored that Pete encouraged our efforts to create, here in the U.S., a deeper understanding of the history, culture and current events in the Middle East. — *John F. Mahoney, Executive Director.*

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