



Bridging the divide

Part A: Crisis at the district hospital

Part B: Breaking the barriers

This case was written by **Dr Louisa Chan Boegli (MD)** and **Gabriella Arcadu (PhD)**, 4Change (Italy). It was edited by Charlotte Butler, Project Consultant. The case is intended to be used as the basis for group work and class discussion rather than to illustrate either effective or ineffective handling of a Medical Peace Work situation. It is based on events still taking place in a country in Southeast Asia. All names of people and places are fictitious to protect the anonymity of those concerned.

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PART A: Crisis at the district hospital

A deafening silence. A cold shiver ran down Dr Samoe's spine as he recalled the shock of that fateful Sunday in June, just two months ago. The world had seemed to stop when the bomb hit the hospital. But in the immediate aftermath before the pandemonium that followed, it was the silence that had struck him most forcefully.

He really hadn't bargained for any of this when he had accepted the job of hospital director just over a year ago early in 2004. He had never imagined that the ongoing conflict could so brutally touch his hospital. Should he consider it lucky that there were only minor injuries? Or that even though the explosion shook the entire hospital building, only the kitchen was damaged? Was it the start of a series of attacks, or just a one-off (Exhibit I)? More urgently, how should he tackle the problems the attack had caused not just to the hospital itself, but among staff, patients and the outreach programme that served the local community?

The Lanae District Hospital

Serving a population of 80,000 spread over sub-districts and villages, the Lanae District Hospital was located in Yatong Province, a region in Southeast Asia. An in-patient hospital providing Government-subsidised services, it had 80 beds and offered emergency, obstetric, infectious diseases, pediatric and general surgical care. With three medical doctors and 42 nurses along with aides, technicians and support staff, it was considered a well-staffed hospital. It was particularly proud of its community outreach programme that provided preventive and curative services to all the villages in the district.

Reflecting the social structure of the district all the doctors and 90% of the nurses at the hospital were Buddhists, most originating from other parts of the country. Muslims made up the majority of nurses' aides and support staff, all locally recruited and trained.

Like every other district hospital in the country, Lanae made no special provision to deal with the different ethnic or religious requirements of the community it served. Consequently, communication could be an issue with older Muslim patients who spoke a different language from the official national one used by hospital staff. Over the years, the hospital's administrators had made various requests to the Central Public Health Department to be allowed to cater for the growing number of Muslim patients and their families by providing Halal food and setting aside designated prayer rooms. But there had been no response; the requests had been passed from one office to another within the Central Public Health Department until they were finally abandoned.

16 August 2005: Dr Samoe reflects

As he sat in his office reflecting on the events of exactly two months ago, Dr Samoe felt overwhelmed by everything that had happened in the days following the crisis. Since then, the hospital had been radically transformed. The crisis management process had seemed an eternity; long meetings with officials from the District governor's office and army representatives had dragged on, with every official wanting a say in what was to happen next. Since it was the main public hospital in the district, the army and District governor's office had taken charge of security. Dr Samoe's medical training had certainly not prepared him for such a situation.

Had he been right, he wondered, to focus all his energy on security issues during the last two months? He admitted that the army's presence had been reassuring. But had he demanded too much of his staff? He had pushed them quite hard to provide continuity of service and to get urgent repairs underway as soon as possible. Should he have paid more attention to their needs during this traumatic period? Snippets of conversation he had overheard in the corridors over the last couple of weeks came back to him. Disturbingly, he now realised they revealed an undercurrent of conflict among his staff.

At the time he had chosen to ignore them; after all, staff grumblings were nothing new. But the memos he had recently received from Ms Sunya, the Hospital Administrator, raised difficult and potentially divisive issues. Clearly something deeper was taking place within his team. Could his worst nightmare be coming true – that a microcosm of the larger conflict between Buddhists and Muslims in the province was developing here in his hospital?

He shook himself back to reality as he looked down from his office at the barbed wire and heavily armed soldiers patrolling the fortress that was once a peaceful hospital. As a practicing Buddhist, all this was distasteful to him: the violence, the arms. And yet, wasn't it his job as director of a government establishment to defend its property and employees? Whatever his personal inclination, one thing was clear: he must refocus his attention on the staff, and he needed everyone on board to deal with the challenges ahead. As he gathered his papers to head for the first regular staff meeting since the crisis, he was determined to bolster team spirit and foster teamwork.

The staff meeting

The meeting room was full, but the usual cheerful chatter was totally absent. Dr Samoe greeted everyone around the table and did a mental roll call.

Dr David, Head of Emergency services. A young doctor and friend and ally of Dr Samoe, he too had arrived at the hospital a year ago.

Dr Anjo, Head of the Outpatients Department, a cousin of the District Governor, now nearing retirement after 18 years at the Hospital.

Ms Chita, Head nurse, popular with all nurses and with 20 years experience at the Hospital.

Ms Fatima, Maternity Department Head nurse, a native of the district and newly appointed to this position.

Nurse Sakena, Head of Health Promotion and Community Outreach. A native of Yatong Province and a public health nurse, she had eight years' experience working in the sub-districts and villages served by the Lanae District Hospital.

Mr Azhari, Pharmacist, a native of the District who had trained for three years with the Hospital's former pharmacist.

Mr Zufar, Laboratory technician, a respected Muslim Scholar in Lanae District who had held the same position in the Hospital for 15 years.

Mr Toyo, X-ray technician, a young man trained in the capital and recently transferred to the Lanae District.

Ms Zenki, Head of Dietary Services, transferred from another district where she had advocated Halal meals for Muslim patients.

Ms Sunya, Hospital Administrator, six years experience in the Lanae District Hospital, married to an army officer.

Dr Samoe kicked off the meeting by asking each department to present their reports. He followed them all closely, but what captured his immediate attention was the steep drop in admissions to the Maternity Department. The numbers had been declining before the crisis but even then, there had still been three to four baby deliveries a week.

Another concern was the closure of certain villages to home visits by the Hospital community outreach team. Nurse Sakena had contacted all the heads of the sub-districts and villages served by the hospital to announce the re-start of home health visits, but ten of them had replied that the situation was 'not conducive' to this. As Nurse Sakena reminded everyone, this represented almost a third of the villages served, and the start of the year's vaccination campaign was only two months away. She then voiced her concerns about the follow up of diabetic and tuberculosis patients in the villages. The diabetic patients needed their blood sugar checked, while the tuberculosis patients would soon run out of medicine.

As the meeting wound to the end of his agenda, Dr Samoe decided it was time to tackle the issue of staff morale. The best approach, he felt, would be to allow informal and open discussion of this problem, something he had rarely encouraged during past meetings due to time constraints.

“The last two months have been very tough,” he began. “I imagine that your personal and professional lives have changed dramatically. I’d like to hear from each of you what it has been like and how you have been affected.”

There was silence in the room. When Dr Samoe looked round, nobody met his gaze.

“Okay, let me ask – does everyone feel safe, particularly the night shift staff,” he asked.

Ms Chita looked up with a stiff smile. “It’s certainly better now that the army is here to protect us,” she said, adding “some of the nurses asked if the army could also escort them home.”

Out of the corner of his eye, Dr Samoe caught Ms Fatima and Mr Zufar exchanging a meaningful look.

“What do you think, Ms Fatima? Army escorts for the night shift?”

“Dr Samoe,” Ms Fatima glanced over at Mr Zufar, who gave her a nod. “I am sorry, but I have to be honest.” Visibly nervous she continued; “Some of our patients feel that the army is not treating them fairly. Why do they suspect everyone wearing a hijab or a prayer cap of belonging to the insurgency? By picking out certain people in this way, stopping and questioning them, the army is chasing our patients away!” By the end of this speech she was shaking, her voice filled with emotion.

“Ms Fatima is right.” A quiet voice came from the other side of the table. “The weapons and barriers frighten our patients. In my neighbourhood I have met people who are going to private pharmacies instead of coming here, probably paying a fortune and getting fake...” Mr Azhari was not allowed to finish his sentence.

Ms Chita interrupted in her high-pitched voice. “This is hardly relevant, Mr Azhari. The point is that the army is here to protect us and of course everyone must be checked!” Dr Samoe was surprised by Ms Chita’s outburst. He looked around and saw a few heads nodding in agreement. He was reminded of the respect staff held for Ms Chita, not only because of her seniority and integrity but also because she was a devout Buddhist, and a venerable member of the prestigious provincial monastery.

“Well, I for one don’t feel any safer with the army here,” declared Mr Toyo. “I feel like a prisoner. Come on, Ms Chita, you know as well as I do that the army presence makes us look as if we are taking sides. Surely everyone must realise that the insurgents and their followers will now believe we are on the Government’s side? Don't you see,” he finished in a pleading voice, his hands held together as if in prayer, “the army is creating the next battleground right here.” Dr Samoe was struck by the force of Toyo's argument. Mr Toyo, he knew, was a smart young man who, immediately after graduating, had taken a public service job to avoid army service.

To release some of the tension in the room Ms Sunya raised her hand and spoke in her usual calm tones. "In my opinion, Dr Samoe, that is an exaggeration. What is of great concern to me, and should be to you too, is that if we don't have security then the Buddhist nurses will leave." She stopped short, realising that everyone had flashed her a look when she uttered the word 'Buddhist'. Brushing her hair back in a defiant gesture she continued, "Well it's true. I have sent you several memos about this recently. Many of the nurses have come to me asking for evaluations and references because they are applying for work elsewhere – somewhere safer than here."

"How can you think that only the Buddhist staff are afraid? We're all affected! We all want security! We want security for everyone!" This outcry from the normally quiet Ms Fatima surprised everyone. She had never before been known to speak out of turn.

Her plea was followed by the stern voice of Dr Anjo. "Then why don't you talk to your people and tell them to stop all this nonsense! Violence is not the way to achieve anything!" He shot a sharp glance at Ms Fatima and then immediately averted his eyes.

Thinking it would be wise to interrupt the discussion at this point and introduce a change of direction Dr Samoe prepared to intervene, only to be stopped by the shrill voice of Nurse Sakena.

"You just don't understand us at all, do you? Maybe you don't even want to! We've had our own identity for hundreds of years and yet we're not allowed to express it. Look at the patients from the villages; they travel for hours to get here. When they finally arrive, there's no food they can eat unless they bring it themselves. On top of that, there is nobody at Reception who speaks their language."

"Now wait a minute!" Dr Anjo was on his feet again. "You talk about identity but what about housing, schools and hospitals? Who do you think pays your salaries? Our Government has done a lot for you people and what does it get in return? Bombs! I repeat: violence is not the way!" Dr Anjo was convinced he was right and was determined to stand up to Nurse Sakena whom he resented bitterly. Time and again in the past she had defied his orders and made independent treatment decisions about his patients during her visits to the villages. She was not even a doctor, he thought, so patients should not have been consulting her.

Silence fell in the room. Dr Samoe suddenly felt at a loss for words. The 'informal discussion' had turned the meeting into a battle of words!

"Dear colleagues, please allow me to share what's on my mind." The calming voice of Dr David broke the silence. All eyes turned to this affable young doctor. "It seems to me that every person here has a valid point. We all share the same concerns about security. We all need protection. And yet it doesn't make sense to work in a fortress that appears threatening to our patients. The patient numbers are dropping every day and it doesn't look good for the future, especially as the wider conflict seems to be hotting up." He paused, looked around and added; "Home visits

are suspended because some villages are controlled by the insurgents, and we all share concerns about the upcoming vaccination campaign. You've no doubt heard that measles has been reported in our district. We can't afford to have kids die of vaccine-preventable diseases within our area of responsibility."

He saw Nurse Sakena nodding enthusiastically. "The Imam from my Mosque who helped in last year's campaign has told me that he would like to help us again," she said. "He's concerned about the children and the sick people in the villages. They haven't had follow up visits for weeks!"

"That is good news indeed, thank you Nurse Sakena," Dr David replied. "I'd just like to share one other issue with you, and then I'll stop talking. It concerns my own department. Ms Chita and Ms Sunya can confirm that we have been almost exclusively taking care of wounded Government soldiers in the emergency room during the last two months. They and their comrades bring their weapons in with them, and I feel very uneasy about that."

Mr Zufar looked up quickly, his red cheeks and burning eyes revealing the effort he was making to control his emotions. "Dr David, isn't that illegal? Didn't we learn during the Red Cross course for disaster preparedness we both attended that weapons were not allowed in hospitals, even in times of conflict?"

"Yes, I remember it well," said Dr David. "But how do we tell the army that?" He looked over at his friend, Dr Samoe.

Taking the cue, Dr Samoe re-entered the discussion. "We all know we have many challenges ahead. But if we are to confront them successfully then we must unite and put our heads together." He cleared his throat. "A year ago, I presented my vision for the hospital and all of you sitting here today agreed with me. Our hospital is a place for all, regardless of religion, social standing or ethnic background. Together we mapped out our mission: to make our hospital a beacon for the promotion of health, and to focus our resources on prevention and outreach."

He stopped, noting that Ms Zenki was in tears. Nurse Sakena put her arm around her narrow shoulders. "I would like to hear ideas from all of you. First, on how to enhance our common security and second, how to re-build trust with all the people in our district. Most importantly, please give me your suggestions about what we can do collectively as a team. It should not be 'us' and 'them' – we are all in this together. This is our hospital, and our community."

"Please, I would like each of you to send me a Memo setting out your ideas about what we should do to resolve all these issues. You don't have to sign your name to it if you do not wish to be identified. I shall be open to all constructive ideas. Please send them to me by the end of the week. Let's try to make a new start for our hospital, and turn this calamity into an opportunity." With that he closed the meeting, picked up his notes and left the room.

Exhibit 1

Context: The conflict¹

This conflict in a region of Southeast Asia has largely remained under the radar, away from the scrutiny of mainstream media. For over three decades, a small group of the minority Muslim population there has been fighting for self-determination. The largely Buddhist National Government has used various strategies to quell this armed insurgency, mostly through a military response.

Throughout these years the conflict has been limited to a single province, the Yatong Province, in the eastern part of the country, where Muslims make up the majority of the population. Dr Samoe's Lanae District Hospital is located in this province. Informal population surveys revealed that in the Lanae District, Muslims made up 65% of the population and Buddhists 35% .

Historically, Muslims in the province were from an ethnic group distinct from the majority Buddhists. Over generations, Muslims have by and large integrated into the Buddhist society, shared the same national language and benefited from public services such as health and education. Despite this, Muslims perceived that their grievances, mainly to do with identity, had not been addressed and felt they were being treated like second-class citizens. Many Muslims claimed that their identity had been eroded by Government policies² and the Buddhist and western ways of life.

The issue of economic opportunity was closely related to the identity problem. Muslims alleged that most government jobs went to Buddhists. Buddhists had a higher level of education and it was taken for granted that the Army and district administrations were almost 100% Buddhist, even in areas with a Muslim majority. On their side Buddhists accused the insurgents of trying to destroy their economy, as shops and businesses owned by Buddhists were often attack targets. Many Buddhist businessmen moved elsewhere, abandoning their businesses until security improved. Although most Muslims would never condone violence, their sympathy lay with the insurgents, who claimed to be fighting for their rightful place as a separate and autonomous entity within the country.

At the time of the bombing of the Lanae District Hospital an escalation of the armed conflict was reported in the local media. The hospital bombing incident was headline news, as throughout the long years of conflict the public health system and infrastructure had never before been targeted. In fact, survey after survey showed that health professionals were the most trusted group in the community and so had been spared by the insurgents. This made the incident all the more shocking, and no one could understand why the hospital had been attacked.

¹ Source: Louisa Chan Boegli, based on personal interviews and reports from the actual conflict area, July 2012

² For example, the policy of exclusion of the language spoken by the Muslim minority from the list of official languages

PART B: Breaking the barriers

26 August: Dr Samoe reads the memos

As he sat at his desk ten days later, the angry words exchanged during the last staff meeting spun like a broken record over and over in Dr Samoe's head. No action had been taken since the meeting but looking at the stack of memos in his in-tray, Dr Samoe realised that expectations for change would be high. He settled in his chair and started to leaf through them, noting that everyone had complied with his request to give their ideas. Now it was time for him to read the memos one by one, and make some decisions.

Ms Sunya, Hospital Administrator	17 August
Mr Toyo, X-Ray technician	17 August
Dr Anjo, Head of Outpatient	19 August
Mr Azhari, Pharmacist	19 August
Ms Fatima, Head of Labour Department	20 August
Dr David, Head of Emergency	20 August
Ms Chita, Head Nurse	24 August
Ms Zenki, Dietary Service	24 August
Nurse Sakena, Community Outreach	25 August
Mr Zufar, Laboratory Technician	25 August

LANAE DISTRICT HOSPITAL

Internal Memo

17 August

Dear Dr Samoe,

I hope you now understand the concerns I expressed in my previous memos about losing our nurses. Today, two of the support staff came to see me and handed in their resignations. I failed in my attempts to convince them to stay. It will be difficult to replace these girls. I myself am under pressure from my husband to stay home with our children.

My husband, who is an officer in the Army, tells me that army intelligence reveals that the insurgents have received support from abroad and are buying more weapons. The army is sending in two further contingents of soldiers to our province. The only good news is that more and more ordinary people, even Muslims, are really tired of the violence. Most people know that this conflict is destroying our lives, our economy and soon our public services.

I am sorry but I cannot think of anything to suggest at the moment except perhaps to recruit people who speak the local language to work in Reception.

I will try to help in any way I can to improve security and trust, but difficult decisions will have to be made.

Thank you.

Ms Sunya
Hospital Administrator

LANAE DISTRICT HOSPITAL

Internal Memo

17 August

Sir,

My observation is that non-violent communication skills are urgently needed for all staff. I have participated in a workshop on this, and highly recommend it. It was organised by the Psychology Department of the Provincial Medical Faculty.

What I learned was that most conflicts between individuals or groups arise from miscommunication due to words that cause fear, guilt or shame. These "violent" ways of communication divert attention from expressing true needs, feelings, perceptions, and requests. I feel this was what happened during our staff meeting. Training in non-violent communication will provide knowledge and skills on a different process of communication, one that is more human and compassionate, even in times of conflict.

Shall we arrange a workshop for all staff in the coming weeks?

Thanks,

Toyo

X-Ray Department

LANAE DISTRICT HOSPITAL

Internal Memo

19 August

SUBJECT: Your request for ideas regarding security and trust

You know my thoughts about the security – we've discussed it on several occasions. I am all in favour of the army doing their job to protect us.

On the other issue, of course trust has to be built, but it takes both sides to be willing to do this. To tell you the truth, I don't understand why they don't trust us. Maybe we can invite the Imam here to explain. We can have a cup of tea with him together.

Dr Anjo,
Head of Outpatient Services

LANAE DISTRICT HOSPITAL

Internal Memo

19 August

Dr Samoe,

I don't have concrete solutions. Whatever the others propose, you need to know more about the Muslims here. My suggestion is to invite you to my village for a visit before you make any decision.

As a native of this District, I am particularly proud to be part of the Hospital. I have learned so much here, and I see many more opportunities for me to do more. I must say that not everyone agrees with me. The older generation doesn't accept the reality that we are part of this country. They accuse me of working with the Government. My parents would like me to open my own pharmacy and treat patients from our community instead of taking Government salary.

We have lots of discussions in our Mosque about how we interact with the Buddhists. I would like to convince other Muslims that the hospital is not Buddhist. However, I think my arguments alone are not strong enough.

What do you think about skills training for all of us? These are difficult times. It would help if we had negotiation and communication skills, to deal more effectively with the army, with the villagers, with the local Government, etc. In the end, we must all be able to convince everyone that we are only thinking of the good of our patients.

Azhari
Pharmacist

LANAE DISTRICT HOSPITAL

Internal Memo

20 August

Dear Dr Samoe,

Respectfully I submit the ideas you requested at the staff meeting.

First, please allow me to share with you the particular situation of the Maternity Department.

When you appointed me to head the Maternity Department eight months ago, I thought all was well. The team was very good. Then, over the last months demands from patients for the Islamic way of birthing have dramatically increased. Perhaps this is a consequence of appointing a Muslim to head the Department. I would like do something about this, as it would help to build trust with our communities.

If we look at our Hospital statistics, Muslim women make up 75% of the Maternity Department admissions. There could be even more admissions as only 50% of the village women come to Hospital to deliver. You will recall that mothers and newborn mortality rates in our District are significantly higher for those who choose to deliver at home. We must at least encourage the high risk mothers to come to hospital to have their babies delivered.

Another issue is that at the moment, we do not circumcise newborn babies. Yet many mothers are concerned about the infections their babies might get after being circumcised as required by our religion. Nurse Sakena tells me that many mothers take their baby boys to someone in the market to have this done.

Please Sir, may I put these suggestions to you?

1. Many more women would come to the Hospital if we offered **Islamic deliveries**. This means that close family members could come into the delivery room and stay to perform prayers and rituals.
2. The hospital could allow **circumcision** as part of the delivery service. There is a Muslim doctor at the main provincial hospital who is trusted by families to do this. We could ask him to train one of the doctors here to carry out this procedure.
3. Trust can be built if we are able to communicate better with the people in the villages. I propose that health education and important information or notices about our Hospital be translated into the **local language** spoken by Muslims here.

Thank you Sir,

Fatima

Head of Maternity Department

LANAE DISTRICT HOSPITAL

Internal Memo

20 August

Samoe,

I feel strongly that the current security arrangements ought to be revised. It is not sustainable. Our collective security comes from our community and the people who live in this District. Their trust in us should be so solid that they want to protect us from armed attacks.

I suggest the following for your consideration.

In the short term, we must negotiate with the army and the Governor's office to provide us with non-uniformed security personnel who do not carry lethal weapons. I heard they do this for an oil and gas company in another province, so we must try to get the same concession. Perhaps we can discuss this seriously with Dr Anjo and Ms Sunya, who have well-placed relatives in the local Administration and the Army. I'm convinced they will come around to this.

I also suggest a short presentation on the rules and responsibilities of hospitals and health professionals in times of conflict. I know someone from the Red Cross whom I could contact about this.

On the long term, messages must go out to the public that we as health professionals are impartial. We do not take sides in this conflict. We need a communication strategy for this, but more important, we must all act consistently to prove our impartiality and show that our first loyalty is to our patients. The first step then, is to take down the barriers: barbed wires do not prevent bomb or hand grenade attacks anyway. We could take those down as a first sign of our new direction.

Please let me know if you want to discuss this further.

David
Head of Emergency Services

LANAE DISTRICT HOSPITAL

Internal Memo

24 August

Dr Samoe,

I would first like to apologise for my behaviour and outburst during the staff meeting. That was not excusable, but we are all under stress.

Regarding suggestions to improve our overall security; as you know, I called a meeting with all nurses and nurses aides to solicit their ideas. It is clear that views regarding security depend very much upon the person's background.

The fear is unmistakable amongst nurses of Buddhist origin. For Muslims, the picture is more mixed. Some of them express shame, others, anger; some are defiant, and believe it is the fault of the Government. In some ways, they may have a point.

Here are our collective ideas and suggestions gathered from the nurses and aides:

1. provide courses in self defense, and regular drills on handling incidents or crises in case of another attack;
2. change night shift hours so that the staff do not have to travel at night. Consider sleeping quarters for night shift staff so they would not have to travel at night;
3. we need more Muslim nurses, not just to overcome the language barriers but because they are more accepted by our Muslim patients. I think it is possible to fast track registered nursing training for our nurses' aides. We might also consider intensifying the recruitment of nurses' aides locally, and give them accelerated training;
4. what about language courses for some of us, so we can communicate with our Muslim patients?

Thank you, I hope these suggestions will meet your approval.

Chita

Head Nurse

LANAE DISTRICT HOSPITAL

Internal Memo

24 August

Dear Dr Samoe,

One suggestion I have is to establish a small Halal kitchen next to the main kitchen. I have been in favour of this for a long time. After all, if we can provide vegetarian meals for Buddhists, why not Halal meals for the Muslim patients?

I called a colleague in another District Hospital and found out that they have started a Halal kitchen on their own, without waiting for approval from Central Administration. I think I can make the budget work, and will present an estimate of the costs involved to Ms Sunya.

Mr Zufar advised me that the Muslim staff, and perhaps people from the villages, should participate in this project.

Hoping that this meets with your approval.

Mr Zenki
Dietary Services

LANAE DISTRICT HOSPITAL

Internal Memo

25 August

Dr Samoe,

I have just discussed a few ideas with the Imam in my Mosque. For your information, we Muslims consider the Imam as our leader, not only for spiritual matters but for many others as well. He will try to contact the Imams from the villages that no longer welcome home visits from our Hospital and help to arrange a meeting with them for us.

We could use the vaccination campaign as a pretext for the meeting with the Imams. It would be good to hear their views on how our hospital can be of service to everyone, including the villages that are closed to us at the moment.

Another suggestion would be to introduce the idea of village health volunteers. Each village could choose two or three people to work with us and receive basic health training. This way even when we have no access, we can help the sick through the volunteers. They could start with the vaccination campaign.

I think we could get closer to the Muslim communities if some of us could speak the same language in the hospital itself. I can help to find teachers for the nurses who want to learn the language of the Muslim community.

Finally, I suggest that mixed teams go into all the villages we visit. Villagers will then see that we work together for them, and that we are united. Maybe we can set an example.

Dr Samoe, I try to do my best, and be friendly with everyone, but it seems Dr Anjo is always unhappy with me. Could you have a word with him?

Thank you,

Nurse Sakena
Health Promotion and Community Outreach

LANAE DISTRICT HOSPITAL

Internal Memo

25 August

Sir,

You asked us to send you ideas. I have been thinking about this during the past week. It is not a simple question and I do not make my proposals lightly. They may be controversial and cause more conflict amongst the staff.

I understand that you have to appear fair to both the Buddhist and Muslim staff. You should never give the impression that you favour the Muslim side in order to reduce attacks.

I therefore propose two lines of action:

1. Introduce the idea of 'Healthy Mosque'. It is not against the teachings of the Koran to live healthy lives. It is in the interest of all the Imams to introduce health education and perhaps even allow vaccinations and other primary preventive health services in the Mosques. This is one way we could reach all Muslims, even those who live in villages now closed to us.
2. Create a Muslim prayer room in the hospital. This would mean a lot to the patients and their families. Our villagers believe that being a good Muslim means they should pray five times a day. It would mean a lot to them if they could pray at the Hospital.

One day, I hope to be able to talk to you more about our customs.

With respect,

Mr Zufar
Laboratory Service

After the memos...

Dr Samoe sat in his office thinking about the memos he had just read and what they revealed. He felt strangely exhilarated. His mind focused sharply on the ideas that inspired him, and that can be implemented immediately. He turned to his computer and started drafting a plan.