



Kuwait Health
INITIATIVE

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Kuwait Health Initiative Newsletter

"Promoting Equitable Health Sector Reform" www.q8health.org



Chairman's Message

Nadeem Al-Duaij, MD, MPH, FAAEM
Chairman, Kuwait Health Initiative

As Chairman of Kuwait Health Initiative (KHI), I am pleased to report that in an effort to better address some of the key challenges facing the Arab nations of the Gulf, the KHI has established strategic cores in the areas of health policy, health & human rights, environmental health, medical & public health education, health ethics, and science & technology.

It is an exciting time for KHI as it continues to expand and enhance health care to new heights. With upcoming developments, KHI will strive to provide a strategic focus on improving health sector reform within the Gulf area. It is my pleasure and honor to work with dedicated KHI members and volunteers to see the organization grow and transform. KHI has been involved in various projects that have taken on leading roles to impact and influence change in health care and the broader health sector.

With the launch of the first KHI newsletter, this is an opportunity to provide the public and KHI members with monthly updates regarding ongoing health initiatives, activities, events and general health information.

KHI's success is dependent on participation in the organization and I would like to thank all of you for your support and invite our readers to submit ideas for the continued development of this group.

Sincerely,
Nadeem Al-Duaij

In This Issue

- KHI members participate in KU FOM Careers Day 2
- KHI and KABME organize "Green Hospital" workshop 3
- KHI and Harvard Complete Cancer Screening Pilot Study 3
- Guantanamo Bay and Medical Education: A Marriage of Convenience? 4
- Kuwaiti Students of Ali Sabah Al Salem executed Strike against the Pollution 6

"KHI Intro"

The KHI is an independent, non-profit and non-political organization of reformists dedicated to health policy research. Its members ascribe to a firm code of ethics and believe in the need for a rights-based approach to reform that targets customers of the health system, particularly destitute populations. This initiative is a result of the emerging need for expertise in health policy in the setting of a disconnect observed between the region's wealth, the quality of its health care systems, and the inequalities that exist between social groups. Through it, the KHI's "health activists" aim to conduct evidence-based research and offer policy recommendations while uniting key stakeholders and engaging in constructive debates on the critical issues plaguing our health sectors.

KHI strives to underscore the importance of promoting fairness within the system to surmount inequalities and, ultimately, improve the health of all residents of our nations while allowing for proper human and social development.

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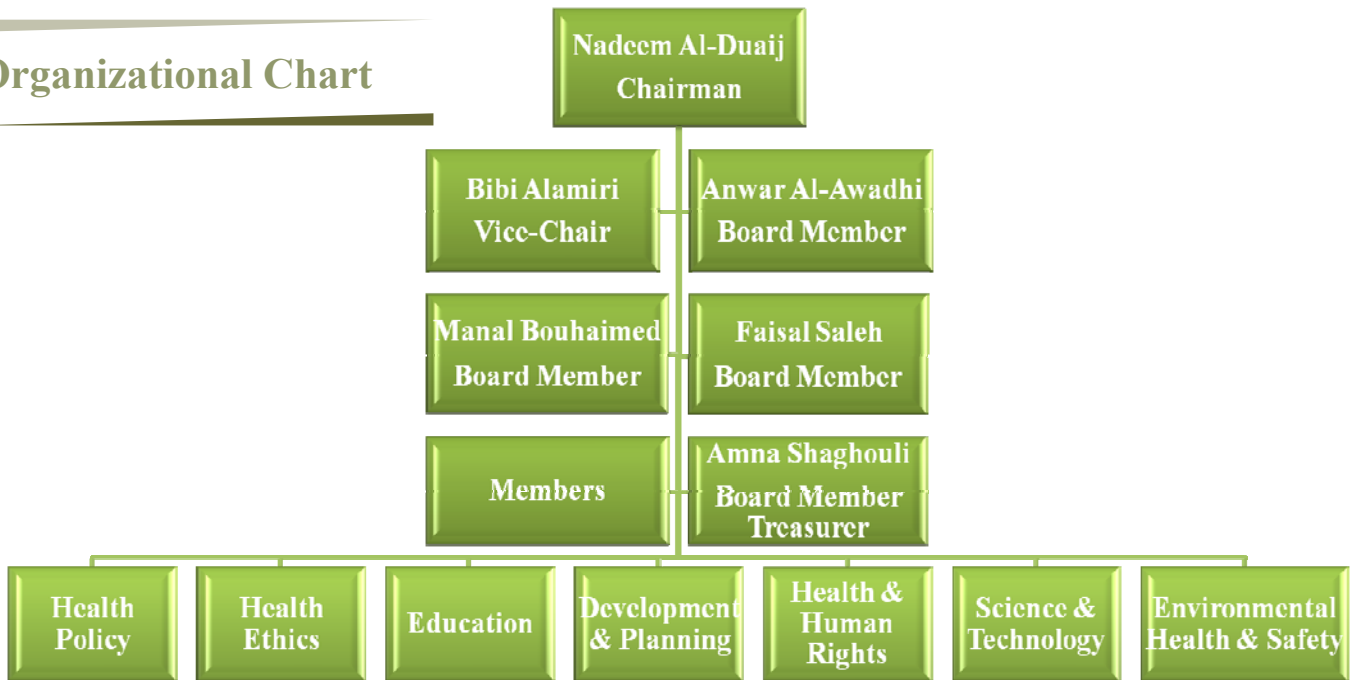
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Organizational Chart



Mohammad Al-Seaidan



Manal Bouhaimed



Raed Hashem



KHI members participate in KU FOM Careers Day

Members of the KHI recently participated in the Careers Day event co-organized by the Kuwait Medical Society, UK/Ireland and the Kuwait University Medical Students Association.

This event took place in December at the Kuwait University Faculty of Medicine in Jabriya, Kuwait City.

The Careers Day served as an informational session and discussion panel on post-graduate training programs in the United States, Canada and Europe to support medical students and recent graduates seeking overseas training opportunities.

Members Manal Bouhaimed, Mohammad Al-Seaidan and Raed Hashem discussed their specialties, namely ophthalmology, public health, and emergency medicine.

KHI Mission and Vision

KHI was formed to promote equity, transparency, integrity, sustainability, quality of care, and user satisfaction in Kuwait's health sector through research, public and provider education, advocacy and political action.

KHI and KABME organize "Green Hospital" workshop

KHI partnered with the Kuwait Association of Biomedical Engineers to organize a workshop on green hospital design. This was to promote environmental-friendly and sustainable design in the health sector. This event hosted members of the world-renowned Cannon Design firm. The opening remarks were given by KHI Board Member Manal Bouhaimed and MP Massouma Al-Mubarak. Over 40 administrators and other decision-makers joined from the MOH, Ministry of Municipality, Kuwait University, Ministry of Defense and the private sector.

The speakers detailed prestigious projects such as the Brigham & Women's Hospital Shapiro Cardiovascular Center and the ongoing work at Riyadh's King Faisal Specialist Medical Center. The successful event was attended by hospital administrators, policy-makers and engineers from across Kuwait's health sector.

Members Ali Shehab and Hanan Al-Awadhi, Manal Bouhaimed, Reem Al-Assousi, Amna Shaghoul, Mohammed Saleem and Dari Al-Huwail helped expose the KHI vision at this event.



KHI and Harvard Complete Cancer Screening Pilot Study

KHI and Harvard investigators successfully completed a pilot study on cancer screening practices in a sample of primary care providers in Kuwait. KHI Board Member Manal Bouhaimed spearheaded efforts to distribute and collect over 50 customized surveys capturing knowledge of cancer screening practices and perceived socio-cultural barriers. The survey, compiled by a team at the Harvard School of Public Health and the KHI, sought to identify the diversity in the knowledge-base of our practitioners and what they perceived to be barriers to implementing such practices in Kuwait.

Upon analysis of the data, the investigators will publish the results for public viewing and use them to aid in the policy-making process to establish fundamental screening programs in Kuwait.

KHI Strategic Interests

- Health policy
- Health & human rights
- Environmental health
- Medical & public health education
- Health ethics
- Science & technology

KHI Articles**Guantanamo Bay and Medical Education: A Marriage of Convenience?****Mohammad T. Alsuwaidan, MD**Department of Psychiatry
University of Toronto*No funding was received for the writing of this article.*

On June 12, 2008 the Supreme Court of the United States in a 5-4 ruling held that detainees at the Guantanamo Bay Detention Camp indeed had a right to the habeas corpus under the United States Constitution.¹ In arguing for the majority opinion Justice Anthony Kennedy asserted that the United States has had jurisdiction over Guantanamo for over 100 years, although Cuba still has formal sovereignty, so constitutional protections including habeas corpus did apply to detainees. The decision essentially disqualified the executive branch's rationale for choosing Guantanamo to hold suspected terrorists as being out of the reach of domestic and international law.² Both 2008 Democratic and Republican nominees for the U.S. Presidency have articulated support for the closure of the Guantanamo. Senator Obama has asserted the need to close a "sad" chapter in American history and "...while we are at it, we can close down Guantanamo and we can restore habeas corpus and we can lead with our ideas and our values."³ Senator McCain has also been critical of the detention center stating, "Guantanamo Bay has become an image throughout the world which has hurt our reputation," although more recently he described the court's decision as "one of the worst decisions in the history of this country."^{4,5} The landmark decision, though significant, leaves the question of the future of Guantanamo unanswered. America's own defense secretary, Robert Gates, has expressed wonderment about "what we ought to do next," and admitted that America is "stuck" with Guantanamo.² Therefore, as it stands this impasse may require an unconventional approach to reach a positive resolution. One of the greatest thinkers of our time, Albert Einstein in a widely attributed reference has argued "we can not solve problems by using the same kind of thinking we used when we created them." Critics of Guantanamo claim that the rationale behind the camp, is to provide

an expedient way to get around American and international Human Rights conventions. Thus, applying Einstein's logic, we might consider how Guantanamo can contribute meaningfully to alleviate human suffering.

One approach may lie in the ostensibly unrelated field of medical education. Our group has developed a recent research focus on the positive and negative effects of globalization on medical education. We note that a multitude of international organizations are working with renewed vigor to tackle the disparities in basic health care and the human cost of devastating epidemics such as AIDS worldwide. Part of this effort includes increasing the number of trained health care practitioners in order to meet the global demand for health care. Developing international standards for training and practice are also related to this imperative. Unfortunately however, there is a current deficit of supply to demand in the 'market' for medical education. In this context an intriguing development has been the trend of prestigious North American medical schools packaging their curricula, assessment methods and at times their entire operations into an exportable commodity, often purchased by wealthy nations that are still developing their academic medical systems. One salient example is the Weill Cornell Medical College in Qatar. Established in September 2004, as a joint initiative with the Qatari government, it was the first American medical school outside the United States.⁶ However, despite its groundbreaking nature, for the moment, it finds itself in an accreditation vacuum. While the curriculum, pedagogical approaches, evaluation methods and even many of the faculty members are taken directly from the New York school, the actual campus is not located in the United States. Thus it is unclear what accreditation body will accredit this school.

The Qatar school Dean said, "The Medical Col-

lege brings the same quality of education offered by Cornell University in the United States to students in Qatar and the wider region.” And that “Students in Qatar will get a degree from Cornell just like our students in New York do.”⁶ The implication is that the Liaison Committee on Medical Education (the body that jointly accredits medical schools in Canada and the US) might accredit the school in Qatar. The Dean continued, “The LCME has never dealt with this, but they understand this is the beginning of the globalization of American medicine.”⁷ Yet the LCME’s accreditation guidelines state that the committee does not “accredit programs provided outside the U.S. and Canada, even if the school responsible for the program operates in the U.S. or Canada.”⁸ The implication is that a medical school must be geographically located in the U.S. or Canada. Interestingly, the LCME has accredited medical schools in Puerto Rico, although it is officially designated a self-governing unincorporated territory of the U.S.⁹

In light of the recent Supreme Court decision that has clarified the status of Guantanamo Bay as being under U.S. jurisdiction, one may pose an argument that a medical school located in this picturesque tropical setting would be eligible for accreditation by the LCME. In fact, the basic infrastructure for a medical school already exists at the detention center in the form of buildings, administration offices, recreation/catering facilities, a/v and communications technology and most importantly a state-of-the-art clinical setup. A senior administrator at the detention center’s clinical facility has compared it to “a community acute-care hospital.”¹⁰ Medical students would enjoy the idyllic setting and benefit from the

useful elective clinical opportunities available on both the Cuban mainland which boasts an excellent healthcare system, and in nearby Florida a mere 90 miles away.

In the context of an increasingly dominant global mindset that sweeps away inconvenient barriers to development such as national borders, currencies, cultures and identities, why not imagine an international bastion of medical education built upon the abandoned site of national embarrassment and international controversy? What better way to restore America’s image, as Barack Obama declared, “the last best hope on Earth,” than to replace an icon of hegemony with an institute of healing and set a standard in sustainable development in one fell swoop.

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KHI Journal Club Archive

- Dec 09 Should radiology IT be owned by the Chief Information Officer?
- Oct 09 Polycyclic aromatic hydrocarbons impact on the ecosystem and human health
- Sep 09 Public health challenges in the Middle East & North Africa
- Aug 09 The passive-aggressive organization
- Jul 09 Neither autocracy nor democracy but ethnocracy. Citizens, expatriates and the socio-political system in Kuwait.
- Jun 09 Ethical analysis in public health
- Apr 09 The politics of reforming health policies

All article are available at www.q8health.org/khi-journal-club/

KHI Journal Club March/April Issue... *System changes for patient safety*

by Anwar Al-Awadhi, MD

To submit a review
please contact:
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In Kuwait Today: Kuwaiti Students of Ali Sabah Al Salem (Umm Al Heyman) Executed a Strike Against the Pollution



On May 2nd and 3rd, 2010, local Kuwaiti students from Ali Sabah Al Salem district held banners during a demonstration in protest of high pollution levels caused by industries in this residential area 50 km South of Kuwait City. These students were among the 200 residents who gathered outside a main school braving heavy rains to urge the government to take speedy action to resolve local health problems.

The Ali Sabah Al Salem area is surrounded by several industrial plants that include three of Kuwait's major oil refineries. As stated in the Al-Watan article "There has been a massive rise in the number of pollution-related diseases among the 45,000 residents of this area as there are 1,399 asthma sufferers, compared to just 150 cases in a nearby district with a five-fold population in 2005".

Moreover, in the last year, the number rose to above 8,000 cases, or about 18 % of the population, and warned of more serious diseases such as cancer. The government has acknowledged that pollution is high but it remains under the maximum level allowed, which is an issue that has been contested by residents and their supporters. A government committee in 1994 recommended against building homes in the area, according to Shuraian.

The government, however, had ignored the recommendation and built up the area which residents began to use in 2001.

"The problem with this area is that all the oil facilities and 156 chemical and industrial plants, which emit highly toxic gases, lie to the north of the houses and the winds in Kuwait blow mostly from the north" (Al-Watan Newspaper). The government has temporarily closed a few plants and ordered others to abide by environmental regulations. A solution is urgently needed.

Enas Al-Farra
2nd May 2010,
Al-Watan Newspapers,
Kuwait

"The government was keeping a lid on the actual figures"



"Enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination of race, religion, political belief, economic or social condition"

World Health Organization

Upcoming Events

SAVE Energy, SAVE Water, SAVE the Planet, Environmental International Exhibition	Jun 3 - 5
MENA Health Policy Forum - Amman	Jun 6 - 8
2nd Annual European Renewable Energy - Berlin	Jun 10 - 11
Safety 2010 - Baltimore	Jun 13 -15
Is Medical Ethics Really in the Best Interest of the Patient? - Sweden	Jun 14 - 16
Global Health Goals & Metrics - Washington	Jun 14 - 18
European Environmental Law - Recent developments in legislation and jurisprudence, with a focus on energy and climate change - Trier, Germany	Jun 17 - 18
Clean Energy Expo China - Beijing	Jun 23 - 25
4th World Congress of Environmental and Resource Economists - Montreal,	Jun 28 - Jul 2
Health of the Nation Summit 2010 - London	Jul 1
2nd International Inter-professional Health and Social Care Conference Learning Better Together - Manchester	Jul 6 - 7
SPCC Plans: A Practical Approach to Compliance - Hilton Head, SC	Jul 8 - 9
Environmental Management and Regulatory Compliance 2010 - Boston	Jul 13 - 15

More events at www.q8health.org/events/



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Kuwait Health Initiative

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