**NOTEBOOK PAGE 24**

The New York Times newspaper Close Reading ELA Mrs. Redus 7th

By [KAREEM FAHIM](http://topics.nytimes.com/top/reference/timestopics/people/f/kareem_fahim/index.html?inline=nyt-per)

Published: May 21, 2012

MANAMA, Bahrain — Three young men were slumped on a living room mat, groaning with pain from nuggets of birdshot lodged in a cheek, a forehead and under the lid of an eye.

Dr. Ghassan Dhaif, 46, and his wife, Dr. Zahra al-Samar, were jailed last year for treating protesters. “They’ve destroyed the health services in the whole country,” Dr. Dhaif said.

Bahrain’s nightly protests had exacted their reliable toll.

Friends dragged the men away from the clashes and the riot police, to a safe house nearby. Soon, it was time to go, but not to a hospital: the police were there, too. “No one goes to the hospital,” one protester said.

Instead, the men traveled to one of dozens of houses that are scattered throughout this island nation, where a secret and growing network of caregivers — doctors, first-aid medics or people with no medical experience at all — wait daily for the casualties from the protests. The houses are not really field hospitals, but rather sitting rooms, often equipped with nothing more than bandages and gauze.

For the injured protesters, the houses have replaced the country’s largest public hospital, the Salmaniya Medical Complex, which has been a crucial site in the conflict between Bahrain’s ruling monarchy and its opponents since the beginning of a popular uprising in February 2011. Activists say that because of a heavy security presence at the hospital, protesters — or people fearful of being associated with Bahrain’s opposition — have been afraid to venture there for more than a year. That reluctance, officials and activists say, may be responsible for several deaths.

Last spring, the hospital became a symbol of the state’s repression, as the government arrested — and in some cases tortured — protesters, doctors and nurses for their involvement with the uprising. As its problems persist, Salmaniya has come to represent Bahrain’s dangerous impasse, marked by a growing rift between the country’s Shiite majority, which has long complained of official discrimination, and the Sunni political elite.

The authorities continue to prosecute Shiite doctors who worked at the hospital on charges including plotting to overthrow the government. Some of the doctors say their arrests represented a purge of Shiites, allowing the government to replace them with Sunni loyalists.

A [report](https://s3.amazonaws.com/PHR_Reports/Bahrain-militarization-may-2012-under-the-gun.pdf) released Monday by Physicians for Human Rights says some of the current problems at Salmaniya stem from the conduct of security forces in the hospital and at its gates. People interviewed by the group said guards stopped arriving cars and questioned the passengers. They asked what village they were from, a way of telling whether someone was Shiite or Sunni.

People with physical injuries, including those possibly related to the impact of tear-gas canisters, are brought inside for additional interrogation. The report said that the hospital’s chief executive, Dr. Waleed Khalifa al-Manea, had urged the Interior Ministry, which oversees security at Salmaniya, to stop the practice.

A 27-year-old woman said fears about the hospital, which she called “militarized,” drove her to take a first-aid class to help the protesters in her village and elsewhere. The woman, who asked not to be identified because she feared reprisal, said the course, held in secret over four days in a Shiite community center, was taught by a doctor who was arrested at the Salmaniya hospital in the spring. Thirty-seven other people also attended, including a few grandmothers, she said, adding that hundreds of people had taken the course. Now, the woman travels with medical supplies in her purse to government-approved protests held by the mainstream opposition, as well as to the more regular, unauthorized standoffs between young protesters and the police. The medics treat the burns from the incendiary devices that some of the protesters throw, and bandage the scars from the tear-gas canisters and birdshot the police fire at them.

The work was scary at first, she said, but “I got used to it.”

“It became normal,” the woman said in an interview in a private home. “A day or two doesn’t pass without us seeing injuries.”

A 23-year-old woman named Zeinab arrived for treatment of an arm wound caused, she said, when a policeman fired a tear-gas canister at her from a few feet away as she filmed a protest.

She went to Salmaniya, and lied, saying she had fallen down the stairs. An operation on her arm was botched, she said. Now, the medics working in secret tend to her wound until she can have another operation. In January, the government sent a directive to private hospitals and clinics that requires them to report not only suspected criminal activity but also “accidents irrespective of causes,” according to the report by Physicians for Human Rights. One doctor told the group that some private hospitals had simply stopped treating protesters and that he had stopped noting the cause of injury in some patients’ medical records.

The law, the report noted, “not only subordinates the needs of the patient to that of the state, it propagates fear among the population.” Dr. Ghassan Dhaif, who now works at a private hospital, said he treated a man there last week whose jaw had been fractured during clashes with the police. That evening, government security forces interrogated the patient, and the next day, the injured man, fearing arrest, checked himself out of the hospital.

Dr. Dhaif, who was among dozens of doctors arrested at Salmaniya, said that because of the firings, some patients at the hospital received substandard care. “I’ve seen horrible wounds, badly stitched,” he said. “They’ve destroyed the health services in the whole country.”

His former colleague, Dr. Jassim al-Mehza, who still leads the emergency unit at Salmaniya, denied that that was true, saying that the hospital had staffing shortages “in some specialties” in the past, but that it had hired new doctors. In an interview, he said that plenty of protesters were treated at the hospital and discharged without being interrogated. Security officers, he said, “never prevent patients from entering the emergency room.”

“The presence of security, we feel, is mandatory,” he said. “It’s a reaction to what happened last year.”

Article by Kareem Fahim from The New York Times May 2012

Vocabulary from the article:

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| **Noun** | **1.** | **safe house** - a house used as a hiding place or refuge by members of certain organizations |

2. Monarchy – Absolute Rule; King

3. Repression – put down by force

4. Impasse— deadlock; can’t go either way

5. Shiite— One of 2 major branches that regards Ali as the legitimate successor to Mohammed and rejects the first three caliphs (common people)

6. Sunni— one of 2 major branches of Islam that accepts the first four caliphs as rightful successors to Muhammad (elite)

7. Purge— getting rid of something negative

8. Reprisal— recover by force; take back

9. Incendiary— of or relating to the illegal burning of property, goods, etc.

10. Botched— spoiled by unskilled work

11. Sub-standard— below standard; unacceptable

ASSIGNMENT:

1. Define Words
2. RE-Read article making notes (highlight, underline, write notes, etc.)
3. Summarize the article using evidence from the article to support your summary
4. Give your own personal perspective. Do you feel the doctor’s should be put in jail for helping protestors who are uprising against the government? Explain your answer.

**EXTRA READING (Optional)**

Posted on [July 24, 2010](http://www.thetruthaboutguns.com/2010/07/robert-farago/family-doctor-refuses-to-see-gun-owner/) by [Robert Farago](http://www.thetruthaboutguns.com/author/robert-farago/)

Florida Family Doctor Refuses to Treat Gun Owner’s Baby

Posted on July 24, 2010 by Robert Farago

Back in May, we reported on an organization called Doctors for Sensible Gun Laws. The group was fighting against the American Medical Association’s nationwide jihad against gun ownership. A slippery slope deal that took the initial form of a “guideline” telling family physicians to ask their patients with children about guns in the home. When my RI kids’ doc raised the subject I told him to mind his own damn business. As did a Florida woman when her pediatrician broached ballistics. Only in this case Dr. Chris Okonkwo told new mother Amber Ullman to piss off, or words to that effect. Ocala.com takes up the story . . .

“Whether I have a gun has nothing to do with the health of my child,” said the mother of three girls . . .

Ullman said Okonkwo – medical director of Children’s Health of Ocala – didn’t explain why he was asking the question.

“All he asked me was, ‘Are you refusing to answer the question?’ and I said, ‘Yes, I’m refusing to answer the question,’” she said. “The questions stopped at that point.”

Ullman said she called her husband from the doctor’s office and threatened to call a lawyer over the incident.

Okonkwo told the Star-Banner he asked Ullman about whether she had a gun in her home because of the safety of her children, and told her so.

He said he asks such questions of all his patients so he can advise parents to lock their guns away from children.

“I don’t tell them to get rid of the guns,” he said. “The purpose is to give advice.” He said that more than half the families he treats have guns.

So whats the Doc’s beef then? Apparently, when it comes to his patients, it’s in Okonkwo we trust. Or f-off.

Okonkwo said the issue was not about whether the parents owned a gun.

He said the doctor and patient have to develop a relationship of trust and that if parents won’t answer such basic safety questions, they cannot trust each other about more important health issues.

He said he respected a patient’s right not to answer questions, but it was also his right to no longer treat them, and he isn’t required by law to do so.

I’m not buying it. And well done for the newspaper to point this out:

The American Association of Pediatrics urges pediatricians to ask questions of parents about gun ownership when they get children’s medical histories and to suggest that parents remove guns from the home.

To which I’d add that firearms accidents involving children in the U.S. are statistically insignificant. Better the good doctor should ask his patients if they put a bath mat down on the floor. Seriously.
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