

A model for cooperation between Iran and US

By John Limbert and James Miller

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Relations between the United States and Iran present seemingly insurmountable challenges – particularly over Iran’s nuclear program. This strain is driven by more than 30 years of mistrust and missed opportunities on both sides.

Unfortunately, we cannot undo that history. But we do have a choice to either ignore that history – or benefit from its lessons. One of those often-overlooked lessons is the demonstrated success of ongoing, respectful collaboration between American and Iranian scientists, doctors, and public health experts. Such exchanges benefit the people of both countries and have the ability to cut through the deepest political and media-driven rhetoric. They offer a critical alternative to the vested interests of the extremist positions we now face.

Two examples of this include recent work in Iran with Iranians, Americans, Canadians, Europeans, and others from the Middle East and North Africa on HIV/AIDS research and education. That work culminated in the first international and fifth annual HIV/AIDS conference in Tehran.

The 2012 HIV/AIDS conference in Tehran was a collaborative effort of universities in the US and Iran, with speakers from the US and Canada invited to make presentations to participants from many countries, including Afghanistan, Kenya, and Pakistan, as well as Britain

Exchanges of civilian scientists can cut through political divides, as happened during the cold war.

and the US. Iran has been praised for the way it has responded to the HIV/AIDS epidemic in its country.

The second example of American-Iranian citizen collaboration is occurring now in the Mississippi Delta, where Iranian doctors and public health experts are helping adapt Iran’s highly cost-effective, rural primary-care system to meet the challenges in that impoverished region of the US.

Mississippi, according to the United Health Foundation, is the unhealthiest state in the US. For decades, health disparities between impoverished and more well-to-do citizens in the delta have been similar to those in developing countries. Over 20 years, Iran’s public health system virtually eliminated health disparities between the urban and rural population – and did so with minimal resources.

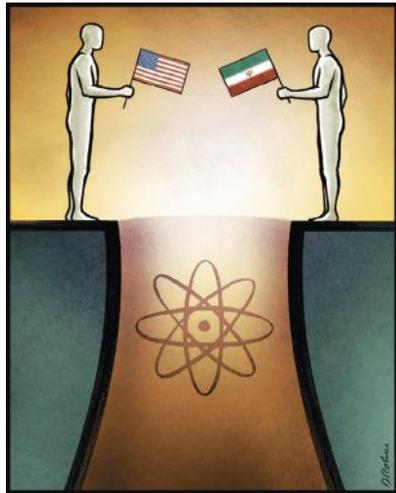
Research initiated in 2007 led to an assessment that the Iranian health-care model could provide a much-needed paradigm shift for the delta, as it would move from having a medically reactive “sick care” system to providing a proactive, community-based primary health-care system advocated by the World Health Organization.

The Mississippi-Iran rural health project was also a modest but important step to promote peace and better understanding between Americans and Iranians. The key to the project’s success is that it has reversed old patterns that have traditionally put Iranians in the position of inferiors seeking help. Now Americans are respectfully asking Iranians for help with an American problem. From the Iranian point of view, the change is profound. Some Iranian health-care workers called this American request “a miracle.”

Despite the tensions and barriers, both sides participating in these humanitarian projects continue to forge ahead in respectful collaboration. For decades, such two-way scientific engagement has been the cornerstone of health and science diplomacy. Our current efforts follow in the tradition of the collaboration of Soviet and American doctors during the height of the cold war – collaboration that helped pave the way for treaties to reduce the threat of nuclear weapons.

More important, the US-Soviet exchanges provided a critical line of communication between the two sides at a time of suspicion and deep mistrust. This is a lesson from history that should be remembered, and applied today, by the US and Iran.

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DEAN ROHRER

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height of the crack epidemic; he used to turn up the volume on the TV to drown out his parents’ fights over his father’s habit, and lived in an apartment where a bullet just missed him one day when it flew through his window.

When Robert was 10 years old and walking to school in a snowstorm, a guy shoved a gun in his face and stole his coat, hat, and shoes. Whoever had guns had all the power, Robert said. His first offense was for illegal possession of a firearm, and so was his second.

My students carried guns, but they also know that guns bring nothing to their life that is good.

The day Harvey tried writing a poem about how it felt to be shot, the students spoke over each other to help him get it right, and I found out that just about every other man in the room had been shot, too.

The streets are a sort of war zone. My students expect to be ambushed. They have been traumatized from witnessing the sudden and violent deaths of friends, siblings, and cousins. They’ve lost loved ones to suicide, and some have attempted it themselves.

Yes, my students are part of the violence; they contribute to this way of life, and many of the younger men are still seduced by it. But once they hit 30, most of

my students want to find their way out. And one way, temporarily, is prison.

Prison, Robert wrote, was the first place he ever felt safe. Suddenly, the fear that had dominated and determined the direction of his life was gone. Robert was free to begin to discover who he was.

The majority of my students grew up on society’s margins, so a centralized issue like the debate on gun control has little bearing on their lives. After all, they purchased their guns illegally. Yes, we should keep guns out of their hands. But if the criminals I know had been given no reason to want one, they’d have never become

criminals in the first place.

If America implements and funds the social policies that will eradicate the causes for my students’ fear, they won’t be condemned to find sanctuary behind prison walls simply because they were too young to know that they would never find that refuge in a gun.

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