



# Rambam

ISSUE No. 10 | September 2012

*on call*

## Freedom of Expression

Makeup workshops by and for burn patients

## Celebri-

A vitamin enjoys its day in the sun

## Born Athletes

Physiotherapy for Premies



**24**  
**HOURS**

in the Department  
of Pediatrics B



## *Dear Friends,*

In early June, hundreds of Friends of Rambam helped us dedicate the Sammy Ofer Fortified Underground Emergency Hospital in an impressive ceremony (p. 28), participated in the international Rambam Summit and Scientific Conference (p. 30), and honored this year's distinguished

Rambam Awardees (p. 33). Delegates also saw firsthand how the rising new West Campus has given Rambam an extra dimension of urban structural density – a harmony of health, science, energy, drama, and beauty. Perhaps human nature is the reason why massive raw-concrete facades, gaping window openings, and timber and steel scaffoldings give such pleasure to the eye (p. 24) and brain.

This construction surge isn't really about buildings, however, but about the patients, families, care givers, and medical scientists who will use the new facilities. In this issue of *Rambam on Call*, please meet a number of big-hearted, open-minded care givers who combine medical excellence with respect and love for patients: Head Nurse Samira Abbadi imbues her urological nursing staff with a sense of mission (p. 4); Prof. Yehuda Ullmann has recruited makeup artist – and burn patient – Mr. Ilan Zakai to give makeup workshops to plastic and reconstructive surgery patients (p. 10); physiotherapists Einav Manor and Dalia Natan teach premature newborns how to live outside the womb (p. 18); Prof. Joseph Itskovitz-Eldor races to unlock stem cells' curative promise (p. 22); and Dr. Jesse Lachter uses art therapy to foster a lifelong "dynamic of coping" in chronic gastroenterology patients (p. 26).

Big hearts, open minds, and love for Rambam and Israel are also qualities of Rambam's supporters around the world. To you, dear Friends, deep thanks.

### For more information:



[www.rambam.org.il](http://www.rambam.org.il)



[rambambhospital](https://www.youtube.com/rambambhospital)



[Rambam Health Care Campus - Hospital](https://www.facebook.com/RambamHealthCareCampus-Hospital)



**PROF. RAFI BEYAR**

*R. Beyar*

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Rambam Health Care Campus, State of Israel – Ministry of Health | Director and CEO: Prof. Rafael Beyar

**Published by the Department of International Relations & Resource Development**

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**On the Cover:** The newest star. Vitamin D.  
Photoshop: Orly Bly  
Photography: Shutterstock





## Team Work

>> Erela Tarlev Ben-Shahar

### Departmental Rounds ▶ Department of Urology

**Samira Abbadi, 48, Head Nurse, Department of Urology, married + 2 (17, 22)**

#### 1 What does your work entail?

As director of the departmental nursing staff, I manage the work of 27 male and female nurses, and recruit and absorb personnel. My aim is to lead a staff that cares for all the patient's needs within an attentive, sensitive, responsible, and respectful context.

#### 2 How did you choose your profession?

When I was about to finish high school, my friend told me that he wished to earn his academic degree in nursing, something that was new at that time, and suggested that I apply with him. The two of us applied, but only I was accepted. I've been a nurse ever since.

#### 3 What gives you satisfaction?

There's a part of me that loves to give, and that tendency is very practical in a nurse. Although sometimes I can't provide a cure, I can listen, hear, give support, and this has meaning. Not infrequently, we nurses are the ones who are found beside people when they're diagnosed with severe illness. It's true that many times there's nothing to say, but to give a comforting touch also helps.

#### 4 What are your difficult moments?

When someone is given a bad diagnosis or suffers, you find yourself without words. You want to give solace but don't really have a practical answer. The only thing possible is to provide a listening ear.

#### 5 Is there a story about a patient that you especially recall?

Not long ago, a father was diagnosed with a tumor at the same time that his daughter was suffering from severe illness. The family was very stressed, and the situation was sensitive. We arranged a psychologist and a private room for them and mainly led them to understand that we were there for them whenever they needed us. Ultimately, the father's surgery was successful, and the thank you letter that we received expressed that our support had helped them a lot.

#### 6 Of what are you particularly proud?

I'm proud of a lot of things: my staff, where everyone feels not only responsibility but also a sense of mission; the department's professionalism, which is represented at many local and national decision-making forums that set therapeutic standards; and the collection of thank you letters that mention the care received from the nursing staff.

#### 7 How does your family cope with your work?

My job is truly demanding and I don't ever disconnect from it. To my good fortune, my husband is open-minded and understands the job's demands, and my daughters were born into that and have been raised to be responsible and independent.



### My Day

**05:45-06:55** I awaken, shower, dress, and drive to work; I arrive at Rambam and change into my uniform; I assign 10-12 patients to each nurse.

**07:00** Reception. The morning-shift nurses tour the department with the night-shift nurses. We meet any new patients, hear about the complexity of the cases, and clarify each patient's family and social circumstances.

**07:30-08:30** I make coffee and read the patients' electronic records. I also inspect the nurses' written

patient assessments and give constructive criticism.

**08:30-10:15** I forecast the day's big picture: the balance of admissions and releases, how many elective surgeries are scheduled, the condition of patients whom we plan to release, and if any drugs, IVs, or other supplies need replenishing. I also speak with patients and their families. In addition, I represent the urological nurses at the Division of Surgical Nurses' Management Forum, chaired by Surgical Division Director of Nursing Gila Hyams, which is

responsible for personnel development, Quality Improvement (QI), equipment management, and overall problem-solving.

**10:30-14:45** The day's dynamic part. Every day, I hold a one-on-one meeting with Prof. Shimon Meretyk, Director of the Department of Urology, another one-on-one meeting with a shift nurse, and a conference including such key people as the Clinical Nursing Instructor. Once a week, I fill out personnel forms, write a departmental report, and plan the next week's agenda.

**14:45-15:00** The evening shift arrives. I tell the Shift Change Nurse about any special cases and expected admissions. They do the reception, but I remain available.

**15:30** I change out of my uniform, wish my nurses an "easy shift" – very important! – and drive home.

On weekdays, my husband has dinner waiting. On the weekend, I'm the cook. Evenings and weekends are for family and friends, and we have lots of weddings in our family.





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**08:00** Morning conference. The Director of the Department, **Prof. Riva Brik**, and her whole staff receive information about the condition of the children. They meet the young patients and plan suitable treatment for each one.

**10:20** Suspicion arises that a four-year-old boy hospitalized overnight has inhaled a nut into his lungs. A pulmonary specialist is urgently summoned to extract the foreign object. The boy needs full anesthesia, and medical clown **Suzy** calms him before the procedure.

**12:45** **Head Nurse Anna Levinzon** helps a young mother bathe her baby, whose temperature has gone up and who has been hospitalized for clarification and follow-up.



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**14:50** A twenty-year-old student who has suffered for ten years from lupus arrives at Rambam with a high fever. She asks to be hospitalized in the department where she has been treated throughout childhood. She meets with **Social Worker Tali Heffez** and the medical treatment staff and receives their full support.

**16:30** A five-year-old patient with a metabolic disease arrives at the department presenting with percussus and loss of consciousness. **Prof. Hanna Mandel**, a specialist in metabolic diseases, arrives immediately to give consultation. The on-call nurse begins giving treatment, and **Departmental Assistant Sharon Malka** helps the family become organized in the room.

**23:40** A two-year-old toddler suffering from shortness of breath and a barking cough is admitted to the department. The girl, who was treated in the ER with steroids, already feels much better and is proud of the sticker that she has received. **Nurse Einav Keren-Raviv** gives the mother an information sheet about the phenomenon.

# Cele

How did vitamin D become today's most talked about vitamin? How is it that so many people suffer from its lack? Are we speaking of a fashion trend or of an especially important vitamin?

>> Erela Tarlev Ben-Shahar





Hi -

D

**I**f you haven't been confined to your home this past year, it's reasonable to assume that you've already encountered vitamin D. If not directly from the sun, then certainly in the newspapers, where information has been dutifully published about yet another study claiming for this vitamin additional unique health properties. What crown has it not won?

They have said that it increases calcium absorption and bone density, lowers blood pressure, helps prevent heart disease, lessens the risk of breast cancer and likewise of intestinal and prostate cancer, and even that its presence in the blood diminishes the risk of such autoimmune diseases as type-1 diabetes and multiple sclerosis. No doubt that if there were a rating index for vitamins, it would win the celebrity title (or if you wish, celebri-D).

The more that awareness increases regarding vitamin D's important health implications, the more we


hear regarding its rarity in the population. Suddenly, more and more people have been discovered to be suffering from a lack of it. Is this deficiency real, or is it designed to serve the financial interests of drug and food additive companies? Are we speaking of a passing trend or of an essential vitamin?

Prof. Sophia Ish-Shalom, Director of the Bone & Mineral Metabolism Unit at Rambam Health Care Campus, is certain of the answer. "There isn't any commercial interest here. The opposite," she says. "Until several years ago, it was difficult to persuade drug companies to produce vitamin D because it is so inexpensive, and only after new research findings were published did they acquiesce."

**How is it that in our era, we suffer from a vitamin D deficiency? After all, Israel doesn't lack for sun!**

Vitamin D is produced by the skin during exposure to ultraviolet rays of 290–315 nanometers in wavelength, rays that reach us between the hours of 10 a.m. and 3 p.m. The use of sunscreens lessens the skin's production of the vitamin by 98%. The majority of people in developed countries are not exposed to the sun during afternoon hours or protect themselves against it by means of sunscreen. In addition, the skin's ability to produce vitamin D is considerably lessened as people age. Furthermore, certain population groups cover their body surfaces for religious reasons.

A simple blood test diagnoses the vitamin's level in the blood. If you have less than 20 nanograms/mL or 50 nanomol/liter, you have a deficiency. According to Prof. Ish-Shalom, if a person from the community is given a blood test, a 30% chance exists that the test will reveal a



It's possible today to find vitamin D-fortified foods such as milk, cornflakes and margarine.



## Who needs a vitamin D additive?



considerable lack of vitamin D. The chance increases if the person is closed up in an office for most of the day, and continues to rise if the person is dark-skinned or very overweight. In people who have passed the age of 65, the chance of a vitamin D deficiency reaches 70%.

## How can we stockpile the vitamin?



### Let the sunshine in:

The most effective way to stockpile the vitamin (in cases other than extreme deficiency) is through sun exposure. Young people and children produce vitamin D very quickly. In fact, in sun-drenched Israel ten minutes of direct sunlight three times a week is enough in most cases to reach the required level. Adults cannot achieve this by such means alone. The older you are, the weaker the sun's influence on the skin's production of vitamin D.



### Eat fortified foods:

There are foods, especially oily fish, that are naturally rich in vitamin D. Nonetheless, according to Dr. Geila Rozen, Director of the Department of Clinical Nutrition at Rambam Health Care Campus, it's not possible to derive from foods more than one tenth of the vitamin D that the body requires. For this reason, attempts have been made to fortify foods with vitamin D.



### With the help of food additives:

For the majority of people who have

reached the age of seventy, even half an hour of direct exposure to the sun is not enough, and an additive is required. National and international organizations' official guidelines recommend giving 800–1,000 units of vitamin D per day to people 60 years of age and older.

## Who despite this needs a vitamin D additive?

\* **Whoever has an extreme vitamin deficiency.**

\* **Infants:** "An extreme vitamin D deficiency in children causes rickets, and a partial deficiency causes injury to bone quality," explains Dr. Rozen. "Because it's impossible to identify all the babies that have a vitamin deficiency, there is a sweeping recommendation that every infant be given 400 units of vitamin D3 from birth until the age of one year."

\* **Pregnant women:** It has been proven that a vitamin D deficiency in a pregnant woman causes a vitamin D deficiency in the fetus, and researchers have linked the lack of vitamin D to such diseases as asthma, schizophrenia, depression, and autism.

\* **The elderly:** Research has shown that in the elderly, taking vitamin D can be effective in lowering the risk of fractures, improving muscle function, and preventing falls.

Medical consultants:



Prof. Sophia Ish-Shalom is the Director of the Bone & Mineral Metabolism Unit at Rambam Health Care Campus.



Dr. Geila Rozen is the Director of the Department of Clinical Nutrition at Rambam Health Care Campus.

At age three, Ilan Zakai was burned on his face and body. After hard years of coping with prying stares, he became a professional makeup artist. He also counsels and gives makeup workshops to patients at Rambam Health Care Campus who have experienced severe burns.

>> Eti Dor



# Cover Story



"The makeup strengthened my self-confidence and enabled me to go out of the house without fear of people staring." Ilan Zakai.



**A**t Chanukah thirty-three years ago, a transformative event occurred in the life of Ilan Zakai, then a mischievous boy of three from Tiberias. While his mother was frying latkes (potato pancakes) in deep oil, he climbed on a stool and reached out his hand. The frying pan with its boiling oil tipped over on him. Zakai was severely burned on his face and neck. “I don’t remember anything,” he relates. “My parents told me that I didn’t cry at all or lose consciousness. My mother went into shock. My father pulled himself together quickly, and he and the neighbors rushed me to Poriya Hospital and from there to Rambam Hospital.”

During Ilan’s four months of hospitalization, he underwent many surgeries. After he was released, he was asked to return for follow-up treatments. “It was hard for me to leave the house because I was afraid that people would look at me,” he relates. “My mother encouraged me to go out and not to be reclusive, but it was tough.”

Today Ilan has closed a circle. The lonely and rejected boy became a professional makeup artist in the entertainment field. Not only does he make up his own face so successfully that the burn scars can scarcely be recognized, but also he conducts makeup workshops in the Department of Plastic Surgery at Rambam. Within this framework, he counsels people who have been burned and teaches them makeup techniques. “I do this with an inner feeling of mission,” he says. “I’m particularly happy when I succeed in helping them overcome their loss of confidence and give them courage to leave the house without feelings of inferiority.”

## The Stares No Longer Penetrate



Until Ilan discovered the wonders of professional makeup, however, he spent many difficult days. “The scars were hard for

me, and I was always searching for plastic surgical solutions to blur them,” he confesses. During one of his visits to the physician who had treated him since childhood, Prof. Yehuda Ullmann, Director of the Department of Plastic Surgery at Rambam Health Care Campus, Ilan asked if there were any innovations in the field. The doctor thought a little and began to speak of cosmetics that conceal scars. Ilan decided to pick up the gauntlet. “During my experiments with cosmetics, I came to realize that using makeup in the usual way would not bring results and that I must learn to apply makeup professionally,” he relates. And that’s how it was. He learned professional makeup and when he felt that people were no longer fixing him with their gaze, he understood that he had found the ultimate cosmetic concealment technique.

## Reconstructing Facial Features

During one of Ilan’s appointments with Prof. Ullmann, the latter finally pronounced himself impressed by Ilan’s cosmetic techniques and asked him if he would like to assist other patients who had undergone the same experiences. Ilan agreed.

At the end of 2010, the first makeup

 The kids in elementary school had no mercy on me, and some would bother me and make sure to remind me of my trauma. They stuck me with derogatory nicknames, and I absorbed humiliation. I recall being a lonely child. I preferred closing myself off, and that accompanied me also during my high school life. 



“A sentence that remains engraved in me: ‘Someone who wants you will accept you as you are.’ These words echo within me. Today, makeup is for me only a concealer. I also feel confident enough to go out without it. Today, I accept myself completely.”

workshop opened in the Burn Unit at Rambam. Since then, four more workshops have been held in which both men and women have participated.

One of the participants is Irit, whose body and face were burned three years ago in a big explosion that occurred as she was refueling her car at a gas station. “Part of my rehabilitation process was meeting with Ilan, who made me up once individually and once in the workshop in front of the rest of the participants,” she says. “It’s physically difficult for me to put on makeup because of the burns, so my daughter, who attended my private lesson, is the one who applies my makeup. For the most part, I use cosmetics when I must go out for events, and the feeling afterward is beautiful. When people see me with makeup, they compliment me and mention that I look better than the last time they saw me. I ‘live my scars,’ so it does me good to receive encouragement.”

Irit is not the only one who is satisfied. In another case, a young girl’s face was so badly burned that her facial features were erased and she was left without facial expression. “By means of cosmetics, I was able to give her back her facial features; I reconstructed her lips and cheekbones

and improved her appearance,” Ilan relates. “Such cases cause me to feel that I have succeeded in transforming people’s lives and have contributed to them, and my feeling of satisfaction is very great.”

Ilan knows today that despite his being able to use makeup to blur his facial scars, the secret of his success is his having come to radical acceptance. “I wouldn’t know myself without my scars,” he says. “If in the past I was afraid that I wouldn’t marry and be in an intimate relationship, that fear has waned. Today, I’m part of a happy couple. I’m working and am thriving in my profession. Today, I’m also a channel for conveying knowledge and skills to other people who need help. This is what strengthens me and makes me happy.”

### Care to help?

It costs \$10,000 to purchase one critical care bed for the Burn Unit in the Fortified Underground Emergency Hospital.

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Medical consultant:



Prof. Yehuda Ullmann is the Director of the Department of Plastic Surgery at Rambam Health Care Campus.

# Bypassing Attack



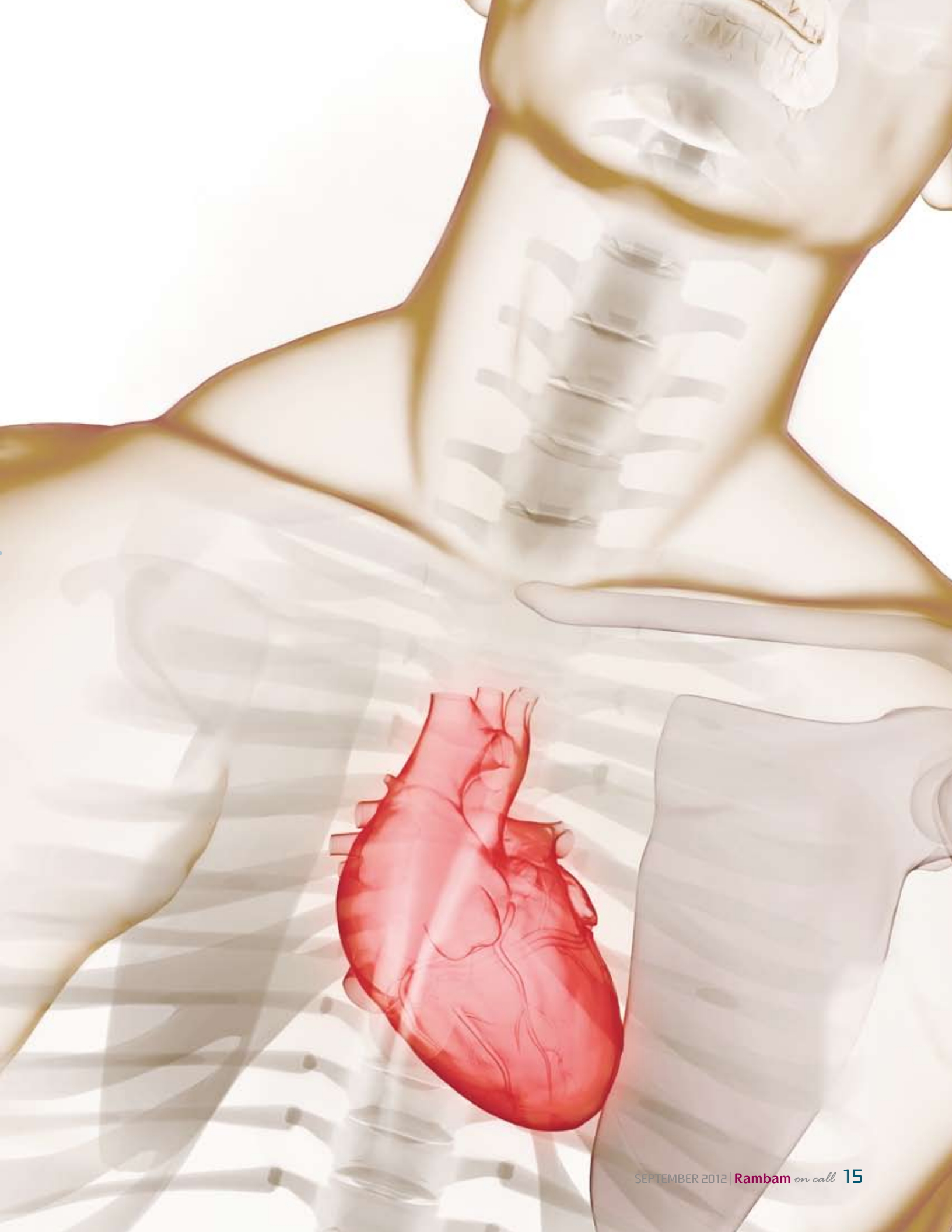
## Complications

What happens during a heart attack? What is the difference between that and chest pressure? Why always, but always, is it recommended to go to the hospital immediately?

>> Eti Dor







**T**he strong pain in the center of his chest that was felt by Chemi (not his real name) did not loosen its grip for several long minutes. When heavy perspiration, shortness of breath, and lower jaw pain were added, he didn't hesitate and immediately summoned an intensive care ambulance. He was rushed to the Emergency Room of Rambam Health Care Campus, where it became clear that his intuition had not misled him. He had suffered a myocardial infarction, and were it not for his quickly receiving medical treatment, his life would have been at real risk.

Every year in Israel, thousands of heart attack cases occur. Many of them end with severe injury and even death. One of the central reasons for this is lack of awareness regarding the importance of getting quickly to the hospital.

In the United States, the American Heart Association and additional health organizations have developed a campaign called "Act in Time to Heart Attack Signs," the goal of which is to shorten the time between the appearance of heart attack symptoms and the receipt of treatment. An important component of the program is raising people's awareness regarding how to recognize heart attack symptoms so that they will rapidly seek medical help.

And here? "In Israel a campaign has indeed not yet been carried out, but in the hospitals we have made changes that make it possible for patients with myocardial infarction to receive the best care in the least amount of time," says Prof. Doron Aronson, Director of the Intensive Cardiac Care Unit at Rambam. "This is the reason that the Cardiac Catheterization Laboratory at Rambam is on call 24 hours a day. From the moment

that the patient summons an intensive care ambulance and is rapidly brought to the hospital, he enlarges his chances of survival and reduces the risk of suffering from complications resulting from the myocardial infarction. In most cases, Magen David Adom (MDA) ambulance crews provide first aid treatment to the patient. Later, when he arrives at the hospital, we diagnose his condition and decide on the specific treatment that he requires."

## A Matter of Life and Death

### »» What are the possible ramifications of a heart attack?

"Various complications may appear in patients who have had a heart attack. Some of them are linked to the extent of damage to the heart muscle and some are not. Common complications include deficient cardiac function, heart failure, and heart rate disturbances. During a patient's hospitalization in the Intensive Cardiac Care Unit, we quickly identify these complications and treat them."

### »» What are the preliminary signs of a heart attack?

"The first symptoms of a heart attack (see box) are liable to appear suddenly without any preliminary signs. Sometimes, there are relatively short attacks of chest pain that appear with increasing frequency. Sometimes, patients who already suffer from chest pains during exertion experience a worsening of symptoms or experience pain during lesser exertion. These are signs that a heart attack is liable to occur.

"It is important to stress that not everyone experiences the same symptoms and not everyone experiences symptoms of the same intensity. Light chest pain is sometimes also a sign of a heart attack. There is not necessarily

a connection between the severity of the pain and the level of danger.”

» Is there a difference between the signs that appear in women and in men?

“Yes. In addition to commonly recognized symptoms, women have a tendency to develop less typical heart attack symptoms relative to men. More frequently, women will feel not chest pain but instead nausea, vomiting or fatigue.”

» When should an ambulance be called?

“A heart attack is a life and death emergency, and every second that passes is critical. The correct step is to call an ambulance immediately. Arriving at the hospital by ambulance has several advantages:

1. “Arrival time is considerably shortened.
2. “The paramedics identify the kind of heart attack and directly report this information to

Care to help?

It costs \$75,000 to purchase an echocardiography system, and \$12,000 to purchase one biphasic defibrillator, for the Cardiology Department.

[ContactUs@rambam.health.gov.il](mailto:ContactUs@rambam.health.gov.il)

the Intensive Cardiac Care Unit upon the patient’s arrival. This makes expediting the patient’s arrival at the Cardiac Catheterization Laboratory possible.

3. “Drug treatment begins immediately with the arrival of the intensive care ambulance, even before arrival at the hospital.

4. “The paramedics crew is experienced in treating life-endangering complications such as heart rate disturbances or severe heart failure, which can appear during the time that the patient is on the way to the hospital. In any case, if the patient decides to come to the hospital in his private vehicle, he should never drive alone.”

Medical consultant:



Prof. Doron Aronson is Director of the Intensive Cardiac Care Unit at Rambam Health Care Campus.

ATTENTION, PLEASE

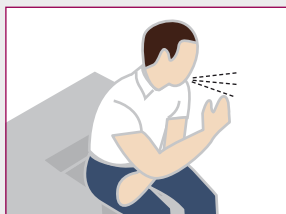
## How do you recognize a heart attack?



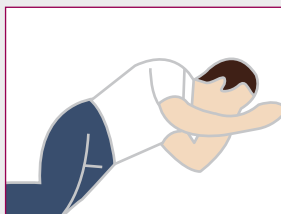
- 1 Pain, pressure or a feeling of discomfort in the chest: Usually the pain appears in the center of the chest; the pain may include a sensation of pressure or burning or of a heavy weight that has been laid on the chest.



- 2 Pain or discomfort in other areas of the body’s upper half: The pain may radiate into one arm or both, the back, the neck, the jaw, or the upper abdomen.



- 3 Shortness of breath: Frequently accompanies chest pain.



- 4 Other signs: The pain is accompanied by nausea, vomiting, cold sweats, and a sensation of fainting.





# Wee Folk

How do you feed a premature infant? How do you help him breathe? How do you strengthen his miniature body? The physiotherapists of the Neonatal Intensive Care Department at Rambam Health Care Campus have a clear answer. Through exercise, of course.

>> Eti Dor





Routine care in the department. Physiotherapists Einav Manor and Dalia Natan at work.

**E**vyatar (not his real name) was born in his mother's 25th week of pregnancy and suffered from severe breathing problems, difficulty in feeding, and hypersensitivity. He was hospitalized in the Neonatal Intensive Care Department at Rambam Health Care Campus.

"We began with respiratory physiotherapy in order to help open his lungs, which were blocked," explains Senior Pediatric Physiotherapist Dalia Natan of the Children's Hospital at Rambam. "With time and by means of various physiotherapeutic exercises, we taught him to eat. After four months, it was already possible to see a significant improvement. Today, Evyatar attends nursery school, and his development parallels that of other children his age."

Premature infants are babies born before the 37th week of pregnancy. Approximately 10% of all babies are born prematurely. In principle, the younger the pregnancy and the smaller the baby's birth weight, the less ready he is for life outside the womb.

"If the baby was born in the 32nd week of pregnancy and is 12 weeks old, in developmental terms we regard him as if he were 4 weeks old," explains Dalia Natan. "That is to say, we subtract the missing time in the womb and revise our expectations accordingly regarding his motoric development. It takes about two years for such a premature infant to complete the gaps in his development. We sometimes give more time to a baby that has been born very prematurely."

## Bring a Pacifier

The Neonatal Intensive Care Department is designed to enable premature infants to complete the developmental stages that they lack so that they can function as mature infants, at which time they

are released from hospital. In addition to medical treatment, the unit provides physiotherapeutic exercises suitable for these infants' typical breathing and feeding problems and weak muscle tone.

"Until the 35th week of pregnancy, the sucking, swallowing, and respiratory reflexes are not fully

coordinated, and thus premature infants at that age receive their nourishment through a feeding tube," explains Certified Pediatric Physiotherapist Einav Manor of the Children's Hospital at Rambam. "We give them a pacifier; it calms them and helps them develop the sucking technique and make the connection between sucking and the sensation of satiety. When it's impossible to feed the infant by means of a feeding tube, he receives intravenous fluids that nourish him with sugar, protein, vitamins, salts, and fat. The transition from a feeding tube to eating by mouth is a learning process that requires patience."

## Nesting

Physiotherapy also contributes an answer to premature infants' lack of motoric maturity as expressed by their weak muscle tone and difficulty in coordinating their tiny bodies.

"A baby that has been born at the right time, after the 37th week of pregnancy, usually tucks his arms and

legs under his body when he lies on his stomach, and his cheek rests on a flat surface," says Dalia Natan.

"This posture is achieved as a result of his long time in the womb and his shape there, factors that assist the newborn in achieving sound muscle tone. The normal motoric development of all the bodily systems is built on sound muscle tone."

### In motoric terms, what typifies prematurely born infants?

"It's impossible to generalize. The more prevalent motoric problems are expressed as delays in

## Four Tips for Premature Infant Care

**1**

Hold the baby in a rocking posture.

**2**

When lifting the baby, do so from the side.

**3**

When the baby is awake, place him on his tummy; when he's asleep, place him on his back.

**4**

During the baby's first months, don't expose him to lots of people for fear of pulmonary complications.





The immaturity of essential systems causes breath stoppages (apnea) and a slow heart rate (bradycardia). For this reason, the babies are connected to medical equipment and closely supervised.

crawling, standing, and walking and as movement complications.”

#### How do you treat these problems?

Einav Manor: “One of our techniques is nesting; we make a kind of nest from a cotton diaper, and we rock the baby in a different position every three hours. The aim is to define spatial boundaries and improve the baby’s coordination.”

### Parent Learners

Infants that have been born many weeks prematurely or at an especially low weight usually remain hospitalized and under supervision for a long time. This is a stressful period for the parents, and in order to make it easier on them, the department runs a weekly support group under the social worker’s guidance. Once every two or three weeks, an additional meeting is held in which a nurse and a physiotherapist explain to the parents the infant’s motoric development process and give them tips for taking care of him.

Dalia Natan: “Before the baby is released from hospital, we arrange a full developmental test for him, and his parents bring him to the clinic for a follow-up three months after his release.”

The two physiotherapists point out that their work is done in full cooperation with the medical staff of the Neonatal Intensive Care Department, under the direction of Prof. Shraga Blazer and Head Nurse Iris Stein. They also lecture on their wide experience in courses and at conferences.

### Care to help?

It costs \$30,000 to purchase one incubator for the Neonatal Intensive Care Department in the Fortified Underground Emergency Hospital.

[ContactUs@rambam.health.gov.il](mailto:ContactUs@rambam.health.gov.il)



In the framework of respiratory therapy, various physiotherapeutic techniques are used to free secretions that have accumulated in the lungs; for example, there are methods for putting the baby to bed, and manual therapy helps extract secretions.

“ Every week during a woman’s pregnancy, the fetus has the task of advancing a stage in his own fetal development. An infant born before term has not completed all the stages. Thus, when we test a premature baby’s development, we correct for age.”

Dalia Natan

Medical consultants:



Dalia Natan is a Senior Physiotherapist with responsibility for pediatric physiotherapy at Meyer Children’s Hospital, Rambam Health Care Campus.



Einav Manor is a Certified Pediatric Physiotherapist at Meyer Children’s Hospital, Rambam Health Care Campus.



## 21st Century Medicine >> Erela Tarlev Ben-Shahar

“Within a few years, we will be able to change the prognosis of common diseases that damage the blood vessels.”

Prof. Joseph Itskovitz-Eldor  
in the laboratory for stem  
cell research

### Care to help?

Rambam seeks \$100,000  
to sponsor stem cell research.

[ContactUs@rambam.health.gov.il](mailto:ContactUs@rambam.health.gov.il)

# New Blood

Good news for patients with cardiovascular diseases: researchers at Rambam Health Care Campus have succeeded in renewing the blood supply to a limb by creating new blood vessels with the help of embryonic stem cells.

## What's this all about?

In a groundbreaking study, cells called *pericytes* were derived in the laboratory. These cells have a central role in the building and functioning of blood vessels. The pericytes were derived from two sources – embryonic stem cells whose source was fertilized eggs donated for research, and mature skin cells and hair follicles taken from an adult and reprogrammed via genetic manipulation to revert to “embryonic” behavior.

## What's good about it?

Pericytes are *pluripotent* cells that can rehabilitate injured blood vessels and stop the destruction of muscle cells damaged by insufficient blood supply, and thereby repair the damage that has been done. Because many illnesses (heart diseases, stroke, kidney insufficiency, diabetes, and others) are manifested by diminished blood supply, the creation of large quantities of pericytes can improve the condition of many chronic patients and minimize damage to the body's organs and tissues.

## Which discoveries preceded and enabled this breakthrough?

This breakthrough is based on two major discoveries that have preceded it. The first is the known finding that embryonic stem cells derived from six-day-old fertilized eggs can *differentiate* (specialize) and become any kind of cell or tissue. The second and more recent finding belongs to the Japanese researcher Shinya Yamanaka; instead of using true embryonic cells, he has succeeded in reprogramming skin and hair follicle cells from an adult so that they behave much like embryonic stem cells

and can differentiate to become any kind of cell.

The researchers also based their work on the body of accumulated knowledge as to pericytes' significance. These pluripotent cells can, among other functions, regulate the growth of blood vessels in healthy and defective tissues and also take the place of such cells as muscle cells. For this reason, the attempt to mimic the function of pericytes holds promise for advancing the treatment of many diseases.

## How was the research conducted?

The scientists blocked off the main artery in the leg of a mouse and thus the blood supply to the limb, an injury that caused the leg muscle to atrophy. After an injection of pericytes into the ischemic leg muscle, 80% of the original blood flow was renewed. Histological examination revealed that the pericytes inhabited the lateral wall of the blood vessels and certain areas of the rehabilitated muscle.

## Who is behind the research?

The research was performed in the laboratory of Prof. Joseph Itskovitz-Eldor, Director of the Department of Obstetrics & Gynecology at Rambam Health Care Campus and of the

Sohnis and Forman Families Stem Cell Center at the Technion's Rappaport Faculty of Medicine, together with Dr. Ayelet Dar-Vaknin. The research team also included Hagit Domev, Oren Ben-Yosef, Dr. Maty Tzukerman, Dr. Naama Zeevi-Levin, Atara Novak, Igal Germanguz, and Dr. Michal Amit. The findings were published in *Circulation*, a journal of the American Heart Association, in December 2011.

## What the researchers say:

### Dr. Ayelet Dar-Vaknin:

“Currently, pericytes are available for use in drug R&D and for basic understanding of biological processes.”

### Prof. Joseph Itskovitz-Eldor:

“I believe that within a few years a method will be developed to create large quantities of pericytes and that we will be able to change the prognosis of common diseases that damage the blood vessels in tissues and various organs of the human body, including blood vessels in the limbs, heart, brain, and kidneys.”

Medical consultant:



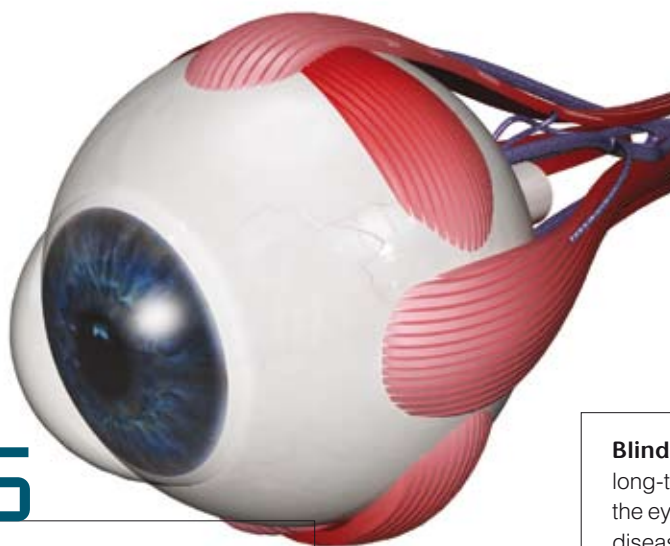
Prof. Joseph Itskovitz-Eldor is Director of the Department of Obstetrics & Gynecology at Rambam Health Care Campus.





## The Eye

10 things you didn't know about the body's complex camera



1

**Wide Defense** The eye is the organ with the most defense strategies. The eyelid, eyelashes and sebaceous glands defend the eye's exterior, and an additional safeguard, the vitreous humor, has the job of protecting the retina.

10

**With complements of the brain** The eye does not capture the whole picture. The retina has a blind spot where the optic nerve is found and there are no cells sensitive to light, and thus the image that forms on the retina and arrives at the brain is incomplete and upside down. The brain complements the eye and flips the image right side up.

9

2

**Tireless blinking** A person blinks approximately 12 times a minute and about 10,000 times a day.

3

### Sebaceous circumstances

The eyelids have approximately 45 sebaceous glands, which are part of the tear film. Each one of them is liable to develop a sty, and this is the reason for the high prevalence of this unpleasant infection.

### A fluid state of affairs

In the case of two prevalent problems of the retina – diabetic retinopathy and age-related macular degeneration – fluid accumulates in the center of the retina's visual field and causes a reduction in vision and even blindness. It's possible to treat this condition today by injecting drugs that suppress the accumulation of fluid in the eye cavity.

8

5

**Muscle flexing** The eye has involuntary muscles whose job is important in vision. The iris' ring of muscles controls the size of the pupil and the amount of light that penetrates the eye. The lens muscles control the thickness of the lens and determine light refraction and focus and, as a result, distance and reading vision.

6

### When the lens becomes clouded

When the lens becomes opaque, a cataract has developed and sight is gradually reduced. By means of not especially complicated surgery, it is possible to remove the cataract and to transplant an artificial lens in its place.

7

**Millions of cells can't be wrong** The eye's retina has approximately 100 million light-sensing cells that translate photons (light particles) into electrical impulses that pass into the brain via the optic nerve and photoreceptor cells.

4

**Catching the red eye** A defect in the tear film causes redness, smarting, and pain, a condition that has been named dry eye.



**Medical consultant:**  
Prof. Benjamin Miller is the Director of the Ophthalmology Department at Rambam Health Care Campus.



# Something Great is Happening at Rambam



## Rambam Health Care Campus Creating the Future of Medicine

**Rambam Health Care Campus is undergoing an unprecedented construction effort that will significantly improve patient services, therapies, and treatments, as well as clinical research. The impact will reach far beyond the citizens of Northern Israel. New facilities will include:**

**The Sammy Ofer Fortified Underground Emergency Hospital**—Normally serving as a 1,500-car parking lot, this facility is also a 2,000-bed hospital constructed to withstand all types of warfare.

**The Ruth Rappaport Children's Hospital**—Designed with the motto "Pain Free," this hospital will meet the unique physical and emotional needs of children and their families.

**The Biomedical Discovery Tower**—This building will facilitate high caliber clinical research collaboration with subsequent implementation in patient care.

**The Cardiovascular Hospital**—Expert clinicians using the best equipment available will provide innovative approaches to cardiovascular disease.

**The Joseph Fishman Oncology Center**—This new center will enable heretofore-unavailable cancer treatments and therapies.

**Support our Vision at: [www.rambam.org.il](http://www.rambam.org.il)**



MARCH 2012 | Rambam on call



## A Good Draw



**Dr. Jesse (Yishai) Lachter**, a Senior Physician in the Institute of Gastroenterology, asks patients with inflammatory bowel diseases (IBD) to draw.

**As a conventional physician, how did you come up with the idea of also treating IBD patients by means of drawing?**

"The surgeon Dr. Bernie Siegel wrote an unforgettable book called *Love, Medicine and Miracles*. In his book, he advises patients with serious diseases to cope by means of various approaches that heal the soul for the good of the body. He delineated, among others, an approach based on drawing and conversation with the patient. I decided to adopt the idea in treating such inflammatory bowel diseases as Crohn's disease and colitis since it has been shown that among IBD patients there is a high prevalence of *alexithymia* – the limited ability to express feelings in words."

**How do you conduct drawing therapy?**

"At the patient's third or fourth appointment, after a therapeutic relationship has been created, I suggest that the patient draw. I supply a package of 12 crayons, and lots of encouragement because the majority of adults have stopped drawing in second or third grade. For the first picture, I ask that patients draw themselves and the disease. In the second drawing, they are supposed to draw the disease and the treatment and the relationship between them. The third picture is usually a free drawing."

**Do you have examples?**

"There are patients who draw themselves with the disease outside their bodies. Often, this expresses a wish instead of an

### My tips for chronic-disease patients

**1** **Remind the physician that you're a human being whose soul also needs care.** Many illnesses have an emotional aspect.

**2** **Find a way to express yourself and to improve your ability to cope.** This could be through visual art or any other creative medium (writing, dancing, playing music, and the like).

internalization of this thing that will forever be a part of them. There are those who draw themselves without hands or as a body floating in air, something that mainly expresses a feeling of lack of control. When they draw the treatment, many times they come to solid insights regarding the important balance between the disease and the treatment. In my opinion, these insights improve patient compliance with the treatment program."

**Do you track the changes that patients experience over a long time period?**

"Yes. Over the years, I have asked for revised drawings from not a few patients, and the pictures show a fascinating dynamic of coping. With the help of a drug company and the non-profit Israel Foundation for Crohn's Disease and Ulcerative Colitis, we published a calendar with drawings by anonymous patients. The calendars were sent to the organization's approximately 4,000 members."

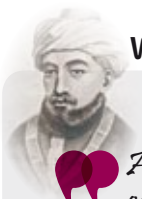
**Do most of the patients respond positively to the idea?**

"Ninety percent of them respond positively. A person who responds negatively could be someone who is inhibited or is not yet ready for conversations about coping."

Dr. Jesse (Yishai) Lachter is a Senior Physician in the Institute of Gastroenterology and Head of the Endoscopic Ultrasound (EUS) Service at Rambam Health Care Campus, and a Senior Clinical Lecturer at the Technion's Faculty of Medicine.



# Get Your Moves On



## What the Rambam Said:

*As long as a person exercises and exerts himself a lot, takes care not to eat to the point of being completely full, and keeps his bowels soft, illness will not come upon him and his strength will increase. And whoever is idle and does not exercise, even if he eats the proper foods and follows healthcare principles in other areas of his life, all his days will be full of pain and his strength will decline.*

(Mishneh Torah, The Book of Knowledge, Hilchot Deot, 4:15)

## And in simple translation:

Bodily exercise and movement are the key to a healthy life and are even more important than good nutrition and other aspects of a healthy lifestyle.

## What do medical experts say today? <

### Prof. Michael Soudry:

"As in many medical fields generally, and in preventive medicine particularly, the Rambam was right. Increasingly, researchers confirm that one of the secrets of health is consistent physical exercise. Physical activity's importance is linked to processes experienced by the body over the years. As we age, we are inclined to lose bone and muscle mass. This is the time when problems begin in the joints and bones, and people start developing back pain and osteoporosis. Systematically strengthening the muscles reduces loss of muscle mass, strengthens the bones, and lessens joint and muscle pain. Furthermore, an improvement in the sense of balance and in the joints' range of motion reduces the risk of falls."

### Here are several more insights:



## Three Exercise Tips

### 1 A medium or light degree of exercise is enough to protect the health.

In the past, it was assumed that only strenuous exercise could help bring about health improvement, but today we know that activities don't have to be strenuous and that a medium or even light degree of exercise suffices. A new study shows that thirty minutes a day of light physical exercise, such as walking, washing the car, riding a bicycle, or working in the garden, can supply all the advantages of physical activity.

### 2 It's possible to start at any age. It's never too late to begin.

The opposite – physical activity is important precisely for seniors. A study that was conducted in a home for the aged, in which wheelchair-confined people aged 80-90 participated in a weightlifting program, saw recognizable improvement in their strength and in their general ability to function. This and more, sustained movement and activity reduces the risk of heart attack and high blood pressure and helps in balancing blood sugar.

### 3 Movement is important precisely for people with chronic joint diseases.

In illnesses that injure the muscles, joints, and bones, lack of physical exercise only worsens the condition. Studies show that suitable physical exercise under professional supervision is safe and helps those suffering from arthritis, osteoporosis, and other chronic bone and joint diseases.

### Medical consultant:



Prof. Michael Soudry is Chairman Emeritus of the Division of Orthopedic Surgery and Director Emeritus of the Department of Orthopedics A at Rambam Health Care Campus.





# Ribbon Cut, Gift Opened

The family of Sammy Ofer (1922–2011) came to Rambam Health Care Campus on June 5, 2012 to cut the ribbon on and unwrap the largest fortified underground hospital in the world.

**T**he Second Lebanon War marked the beginning of the vibrant relationship between Sammy Ofer and Rambam. During the summer of 2006, the hospital endured prolonged rocket bombardment. The staff, at personal risk, devotedly cared for thousands of wounded and ill patients in double jeopardy for their lives.

Shortly afterward, Sammy Ofer and the Ofer Brothers Group stepped forward with a \$25 million gift earmarked for construction of an underground emergency hospital and renovation of Rambam's Departments of Surgery, Urology and ENT. On May 18, 2008, Mr. Ofer laid the cornerstone for the underground hospital. The project represents one of the most complicated civil engineering challenges ever undertaken in Israel.

The ribbon cutting marked a year since the death of Sammy Ofer on June 3, 2011. The ceremony partook of the dignified, bittersweet quality of the Jewish *yahrzeit*, with hundreds of Mr. Ofer's friends and business associates gathered to pay respects to Mrs. Aviva Ofer and the couple's sons, Eyal and Idan. Greetings and warm thanks were

delivered by Deputy Minister of Health MK Rabbi Yakov Litzman, Haifa Mayor Mr. Yona Yahav, and Director and CEO of Rambam Prof. Rafi Beyar.

Mr. Eyal Ofer, the elder son, spoke on behalf of the family, recalling his father's life and legacy. Sammy Ofer grew up poor in the seaside neighborhood of Bat Galim near today's Rambam, and went on to become a global shipping magnate. "With his ten fingers, he rose to international achievements, but like every true and veteran seaman, after sailing the world he came home," Eyal Ofer said. "My brother and I grew up in Haifa and [our family has] remained faithful to Haifa."

The event brought to a close the third international Rambam Summit, which took place on June 4–5, 2012 and attracted hundreds of the medical center's friends and supporters from Israel and abroad. This year's summit showcased Rambam's role as exclusive provider of Level-1 trauma emergency medicine to the people of Northern Israel.







RHCC Rabbi Shmuel Kaplan: "Blessed are you, Lord our God, sovereign of the universe, who has sanctified us with His commandments and commanded us to affix a mezuzah."



At Level -3 of the fortified underground facility, family and guests viewed a model hospital room with nurses caring for Sherut Leumi (National Service) volunteers playing the role of burn victims. It wasn't just for show, explained Ms. Liora Utitz, Coordinator of Mass Casualty Scenarios at Rambam. "I'm using the opportunity to train Department of Internal Medicine B nurses how to bandage and care for burn patients because that's their job in a war."

Pictured is Mrs. Aviva Ofer, wife of the late Sammy Ofer, flanked by the couple's sons, Idan (l) and Eyal (r). Prof. Rafi Beyar, RHCC Director and CEO, looks on (far r).



### When Every Second Counts

The Summit 2012 Scientific Conference, “When Every Second Counts,” held at Rambam on June 5th, brought together American and Israeli experts in mass casualty disaster management.

Guest speakers from abroad included University of California, San Francisco (UCSF) Prof.

Emeritus of Clinical Surgery William P. Schecter and San Antonio Medical Center Emergency Medicine Specialist Col. (ret.) John McManus, MD.

Col. McManus directed the last of the U.S. Army Combat Support Hospitals to be withdrawn from Iraq as America’s nine-year military presence in that country wound down in late 2011. He told his audience at Rambam that disaster preparedness covers a whole spectrum from prevention through lifesaving treatment to rehabilitation. The hard fact is that field-hospital experience amid war’s bloodshed ultimately yields lifesaving medical knowledge, he said.

Prof. Schecter’s career has been spent at San Francisco General Hospital & Trauma Center, located in that legendary city’s edgy Mission District. Like Rambam in relation to Haifa and the North, SFGH is a university affiliated public hospital and the only Level-1 trauma emergency medicine provider to metropolitan San Francisco and northern San Mateo County. Prof. Schecter’s clinical interests involve the *surgery of poverty*, trauma, soft-tissue infections related to drug use and alcoholism, advanced malignancy related to poor access to health care, and the surgical treatment of HIV infected patients. In 1993, he helped

found Operation Access, which donates surgical and specialty care to low-income uninsured San Franciscans.

Prof. Schecter’s colorful career has included a youthful stint as Chief of Surgery at the LBJ Tropical Medical Center in Pago Pago, American Samoa (1981–1983), and a relatively recent sabbatical in Jerusalem spent studying civilian hospital response to mass casualty events (2004). Theory became practice in July 2006. Prof. Schecter was again in Israel, this time instructing medics at an IDF base, when hostilities on the northern border flared into the Second Lebanon War. Prof. Schecter cancelled his return flight and volunteered at Rebecca Sieff Hospital in Safed, one of twelve district hospitals in Rambam’s northern regional catchment area.

In an article by *San Francisco Chronicle* foreign correspondent Matthew Kalman published on August 9, 2006, Prof. Schecter is quoted as saying, “Israel has the greatest experience in the world with mass-casualty events. We have a lot to learn from the Israeli experience. They have it down.”\*

Two Israeli physicians who do indeed “have it down” also gave conference presentations. They are Deputy Director of Rambam Health Care Campus Prof. Shimon Reisner, and the Director of Rambam’s Trauma Unit and Emergency Surgery Services, Dr. Hany Bahouth.



Left to right: Dr. Hany Bahouth and Col. John McManus.



Prof. William P. Schecter

\*Matthew Kalman, “S.F. Surgeon Volunteers his Healing Hands,” *San Francisco Chronicle*, Aug. 9, 2006 (<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2006/08/09/MNGSSKDMCF1.DTL>).

## SUMMIT BRIEFS >>

**RHCC** | June 4, 2012 – Rabbi Shmuley Boteach, Rambam Award 2012 recipient Rabbi Yechiel Eckstein, and His Excellency the Melkite Catholic Archbishop of Israel, Elias Chacour, spoke at the Rambam Summit about “the Changing Relationship between Christians and Jews Today – a Look toward the Future.”



“We Jews must proclaim loudly that every faith that leads to two things – godliness and goodness – is authentic.”

Rabbi Shmuley Boteach



“Love for Israel is the norm for evangelical Christians today. We Jews need to be open to a new reality.”

Rabbi Yechiel Eckstein



“You are my coreligionists. I was not born a Palestinian and I was not born a Jew – I was born a baby in the image and in the light of God.”

Archbishop Elias Chacour



imagebank/GettyImages

**RHCC** | June 5, 2012 – Nobel Laureate in Chemistry 2011, Dist. Prof. Dan Shechtman, described to Rambam Summit Scientific Conference attendees his youthful discovery, in 1982, of quasiperiodic crystals. He told of the “years of furious opposition” to his discovery because it contradicted the textbook paradigm that had until then defined crystals’ structure. The ultimately vindicated Nobel laureate named the five essentials required for “life-changing” scientific discovery: skill, professionalism in using that skill, tenacity, belief in yourself, and courage. The audience at Rambam answered with a standing ovation.







### MORE NEWS >>



Dr. Hanna Admi (seated left) and Donna Hanly, RN, MBA (seated right) pose with Directors of Nursing Divisions during a reception at Grant Medical Center.

### Hello, Columbus

**COLUMBUS, OHIO** | May 6–12, 2012 – Dr. Hanna Admi, Director of Nursing at Rambam, was contacted in November 2011 by American counterpart Donna Hanly, Chief Nursing Officer at Grant Medical Center in Ohio, with a request that she help GMC Senior Nurse Researcher Dr. Paula Renker replicate Dr. Admi's 2009 study "Stress among Charge Nurses." In May of this year, Dr. Admi traveled to Ohio, where she and Dr. Renker presented their findings in the context of Nursing Week. The American study and the visit of Dr. Admi were generously funded by the Columbus Jewish Foundation.

Several weeks before making her scheduled visit, Dr. Admi (nee Bardiga) received a letter from Mr. Gil Bardiga of Columbus, who was researching his genealogy. Until then, the Israeli and American branches of the family had not known of each other's existence. The serendipitously timed discovery led to a family reunion in Columbus.

### "Modell" Medical Cooperation

**ATHENS** | June 26–28, 2012 – Prof. Amos Etzioni, Director of the Children's Hospital at Rambam Health Care Campus and President of the European Society for Primary Immunodeficiencies (ESPI), recently addressed the plenary at the Middle East Workshop on Primary Immunodeficiencies. The meeting, held in Athens, Greece under the auspices of the Jeffrey Modell Foundation, attracted participants from Algeria, Egypt, Israel, Kuwait, Lebanon, the Palestinian Authority, Saudi Arabia, Turkey, and elsewhere in the region.

Pictured are (l) Prof. Amos Etzioni and (r) Dr. Hosni Makbul (Nablus Hospital, Palestinian Authority). Rambam regularly assists Nablus Hospital in diagnosing children with immunodeficiencies, and over the years Dr. Makbul has sent young patients to Rambam for bone marrow transplantation.



### Silver Lining

**RHCC** | Jan. 18, 2012 – Early this year, Rambam participated in the Black Cloud 1 national emergency drill, which tested the response readiness of medical and non-medical systems to the simulated explosion in a city center of a "dirty bomb" or Radiological Dispersion Device (RDD). The hospital's response to the national-level emergency scenario was observed by delegates to the Second Israeli International Conference on Healthcare System Preparedness & Response to Emergencies & Disasters (IPRED II). The visitors were hosted by Rambam's Teaching Center for Trauma Emergency and Mass Casualty Situations.

### Unto Caesarea

**CAESAREA** | May 31, 2012 – The First International Conference on Innovations in Hematology, the brainchild of Professors Benjamin Brenner and Jacob M. Rowe, attracted over 250 clinicians and researchers in the fields of malignant and non-malignant hematology, stem cell transplantation, and blood coagulation.





## Friends Help Build a Hospital



Left to right: Prof. Karl Skorecki, RHCC Director of Medical and Research Development, Prof. Yehuda Hayuth, Chairman of Israeli Friends of Rambam Medical Center, and Prof. Rafi Beyar, RHCC Director & CEO, congratulate Sanford I. Weill and Joan Weill.

## Rambam Award 2012

Presentation of the prestigious Rambam Award on June 4, 2012 crowned the first day of this year's Rambam Summit.

**T**he Awardees for 2012 are Rabbi Yechiel Eckstein, founder and president of the International Fellowship of Christians and Jews, which has raised and distributed over half a billion dollars for Israel and Jews in need around the world; clinical cardiologist Richard L. Popp, Prof. of Medicine (Emeritus) at Stanford University, who pioneered the development of ultrasound technology to detect heart diseases, and under whose leadership tens of mid-level Israeli clinicians have come to Stanford for career-transforming sabbaticals; and philanthropists Sanford and Joan Weill (he is Chairman Emeritus of Citigroup, Inc, and they are known for focused, sustained, and effective giving to education, healthcare, culture and the arts). In 2011, Mr. and Mrs. Weill and the Weill Family Foundation made a commitment of \$10 million to support and name the Joan and Sanford I. Weill Pediatric Hematology-Oncology Department and the Weill Israeli-Palestinian Friendship Center at Rambam. Present to introduce Mr. and Mrs. Weill to the audience was Prof. Stanley Fischer, Governor of the Bank of Israel.

The Awards Ceremony is Rambam's way of giving thanks, but all four awardees delivered extraordinarily gracious speeches making clear that the gratitude flows both ways. "I feel privileged, humbled, honored," Rabbi Eckstein said, a huge grin playing across his boyish face. Prof. Popp said, "I'm humbled by [Rambam's] outpouring of affection." Mrs. Weill, her voice musical with emotion, told her listeners, "I feel like my grandparents and my parents are here with me tonight." Said Mr. Weill, "I feel incredibly fortunate to be associated with Rambam, which does so much for so many people," adding, "Rambam shows that people from different walks of life and backgrounds can get along together."



Prof. Richard L. Popp



Rabbi Yechiel Eckstein





## Friends Help Build a Hospital

### American Friends



#### Scholar in Residence

**BOCA RATON** | April 2012 – Prof. Karl Skorecki, Director of Medical and Research Development, represented Rambam at several Florida meetings in late April. He forged ties with colleagues at Sensus Healthcare (pictured above) and spent the weekend of April 27–28 as Shabbat Scholar in Residence at the Boca Raton Synagogue. Prof. Skorecki celebrated Friday Night Oneg with the community's Maimonides Society at the home of Drs. Suri and David Markowitz. On Saturday, he addressed the Rabbi's Class on "The Genetics of Being Jewish," and at the *seudah shlishit* gave "A Physician's Perspective on Jewish Attitudes to Complementary and Alternative Medicine." More than two hundred listeners gathered for each *shiur* (lesson).



#### Send in the Sixth Fleet

**RHCC** | June 14, 2012 – Eight sailors from the U.S. Sixth Fleet turned a day off in June into an opportunity to volunteer at Rambam. They performed service jobs alongside members of the hospital's transportation and laundry crews. "The hospital has treated the Fleet's wounded over the years, and thus a group on our ship decided to come and help," said Religious Programs Specialist (RD2) Amy Hooks.

#### Garden Party

**SAN FRANCISCO** | June 10, 2012 – Ms. Lea Bernstein, newly appointed associate of AFORAM Executive Director Michele Segelnick, staffed Rambam's booth at this summer's annual Israel in the Gardens fete.

"The beautiful Yerba Buena Gardens was bursting with people of all ages who came to salute Israel," she reports. The Jewish Community Federation of Northern California sponsored the event.



## Hello, Columbus (pt. 2)

**COLUMBUS, OHIO** | July 16, 2012 – The Jewish Community Center of Columbus hosted Professor Michael Aviram, Director of the Clinical Research Institute at Rambam (CRIR) and Rambam Medical Center's Department of Laboratory Medicine, in July. He delivered a lecture entitled "Protection against Cardiovascular Diseases." AFORAM Associate Ms. Lea Bernstein reports that the audience took Prof. Aviram's message about cholesterol and the benefits of pomegranate juice "to heart."

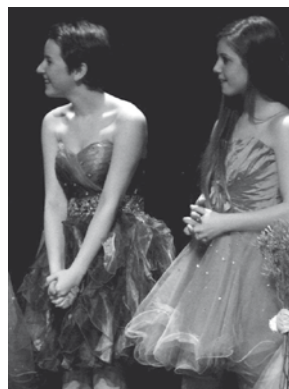
## Talk of the Town

**CHICAGO** | May 18, 2012 – Prof. Amos Etzioni, a Deputy Director of Rambam Health Care Campus and Director of our Children's Hospital, delivered the keynote address at a meeting in May of the Chicago branch of the America-Israel Chamber of Commerce. Prof. Etzioni spoke of "New Challenges for Pediatrics in the 21st Century." The event was sponsored by Illinois Science + Technology Park, and Graeser Associates International, Inc.

# British Friends

## Pretty Is as Pretty Does

**LONDON** | March 21, 2012 – The Department of Neonatology, directed by Prof. Shraga Blazer, currently seeks six ventilator incubators for Rambam Hospital's youngest and most vulnerable patients (see related story, p. 18). At the invitation of Ms. Anita Alexander-Passe, Director of British Friends of Rambam Medical Center (BFRAM), one hundred of the hospital's supporters gathered at the Arts Depot Studio Theatre in North Finchley for a spring fashion benefit. The show's proceeds went toward purchase of an incubator for at-risk babies born at Rambam.



### I Feel Pretty, Oh So Pretty

Mia Gray (Hasmonean Girls School) at left, and first cousins Anoushka Alexander-Rose (Immanuel College) and Natasha Alexander-Passe (Jewish Free School) at right, model Marimar evening and young party dresses for Rambam's benefit.



Every fashion show deserves a bride... and a flower girl! Professional model Nicole Tham, and Sophia Alexander-Passe (Morasha School).



### Courtly manners

Guest Speaker Zehava Taub, wife of Ambassador of Israel to the Court of St James's Daniel Taub.





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