

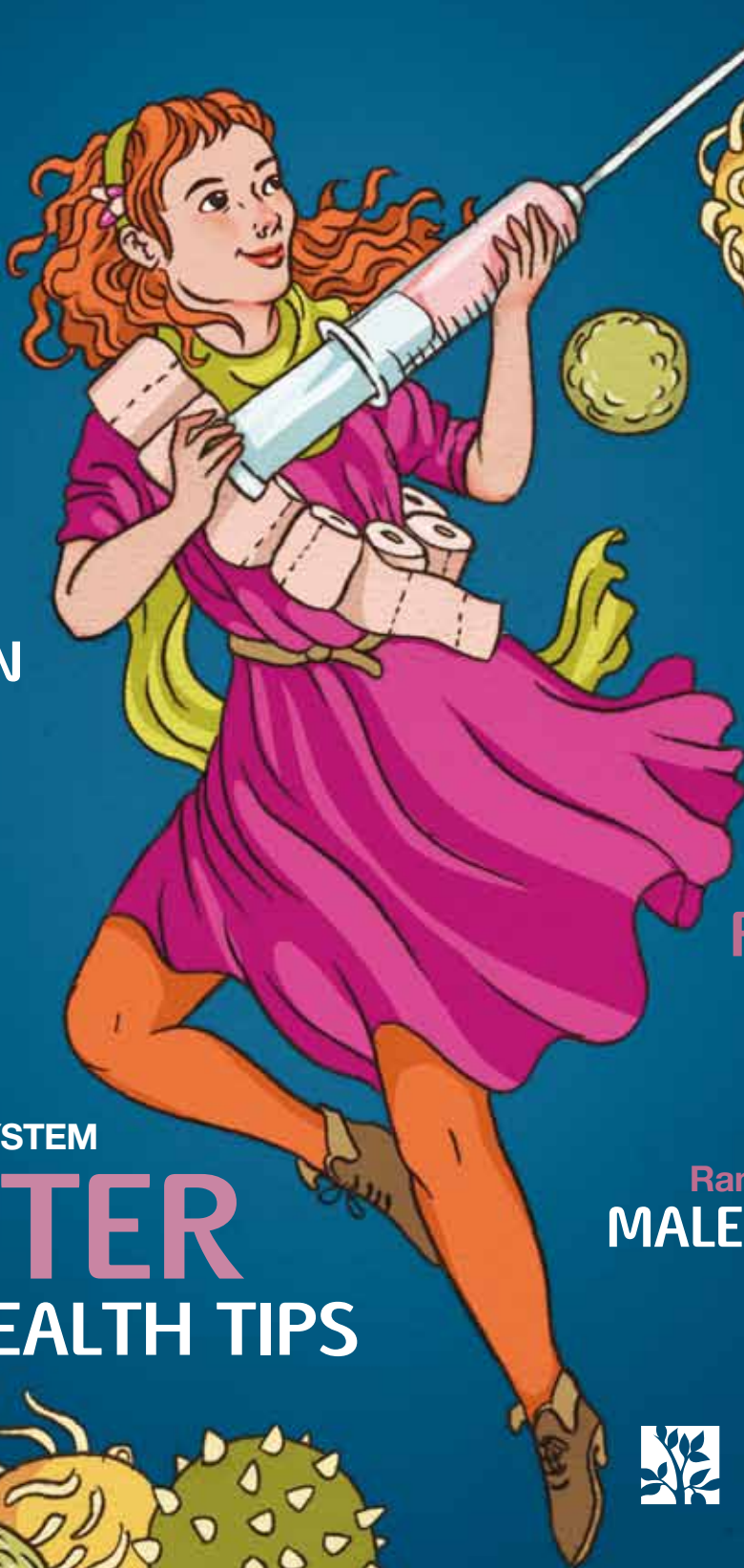


Rambam

ISSUE No. 12 | September 2013

on call

**SURGICAL
SHORT
CUTS
TO
STOMACH
REDUCTION**



**LOVE
DEFEATS
AIDS
PREJUDICE**

An HIV-positive
mother's story

DEBUG YOUR SYSTEM

**WINTER
HEALTH TIPS**

Rambam's Recipe for
MALE SEXUALITY



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Dear Friends,

These past several months have been a period of extreme emotions at Rambam.

On May 9th, an impressive ribbon cutting ceremony celebrated completion of the exterior shell and the infrastructure for the Ruth Rappaport Children's Hospital. The event was held to coincide with Mrs. Rappaport's 89th birthday (pp.28-29), and also served as the occasion for presentation of this year's Rambam Awards (p. 32).

Several days later, however, we received shattering news of the premature and sudden death of Dr. Yaron Bar-El, a practicing cardiac surgeon and a Deputy Director of Rambam Medical Center. The loss of Yaron's quiet, ethical,

and reliable presence has been experienced here as a hole in the ozone layer of the hospital's leadership, and we are grateful to our many Friends in Israel and abroad who have reached out to us with your condolences.

At the time of his death, Dr. Bar-El was heading a project to establish a college at Rambam for educating underserved populations of high-school graduates, among them young Arab and Haredi-Jewish women, to equip them to enter the Israeli workforce as paramedical professionals. We are commemorating Dr. Bar-El by naming the new college in his honor.

Thank you, dear Friends, for identifying with us in the best and worst of times. Thank you for the sincerity and depth of your caring.

*May you be inscribed in the Book of Life
for a Good Year,*

PROF. RAFI BEYAR

Director and CEO
Rambam Health Care Campus

75 years of healing.



RAMBAM
Health Care Campus



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Illustration:
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Departmental Rounds Department of Dermatology and Venereology

Miri Katz, Head Nurse, Department of Dermatology and Venereology, married + 3 (12.5, 17, 20.5)

1 What does your work entail?

My work integrates caring for hospitalized patients, and nursing-staff management. As departmental Head Nurse, I act as the mother of the nursing staff (comprised of 15 nurses, 2 assistants, and a National Service volunteer). I lead, guide, set limits, advance ideas and projects, and provide the staff with a listening ear. I initiate one-on-one conversations and team-building activities and am the liaison between my staff and the hospital's Nursing Administration. When I'm in the department, I speak with patients and tell them about existing drug treatments or alternative therapies; listen to them and try to identify their needs; and am punctilious about setting a personal and professional example for the nurses and teaching them from my experience.

2 What kind of bond do you have with the patients?

The unique feature of our department is our bond with chronic skin-disease patients—people who suffer from skin afflictions, itching, disfigurement and sometimes social rejection, who return for hospitalization periodically as the result of an outbreak or worsening of their disease. I accompany patients throughout the years in good times and bad.

3 Of what are you proudest?

My staff. I have a professional, empathic staff possessed of comprehensive and specific knowledge. My staff is unified, supportive of patients and each other, and works in a friendly and cooperative manner.

4 Why precisely did you choose the Department of Dermatology?

I began my nursing career as a soldier-student, and during my military service I also served as an Office Manager and Head Nurse in the Israeli Navy Hyperbaric Institute. At the end of my service (after nine years), I joined Elisha and Rambam Hospitals' Hyperbaric Oxygen [pressure chamber] Treatment Center, where I became acquainted with the treatment of non-healing wounds. After I had worked there for eight years, Orna Ben-Yakov, Director of the Nursing Specific Internal Medicine Division and Ambulatory Services at Rambam, suggested that I become Head Nurse of the Department of Dermatology. I agreed because of my acquaintance with the field of wound treatment and my interest in skin problems and also because I had heard that it was the kind of intimate and small department that I like.

5 If you could make three wishes, what would they be?

To raise people's awareness of relaxation guided imagery's ability to alleviate the itching that accompanies skin diseases, a subject about which I've written my Master's thesis; to conduct additional nursing research in the department; and to remain as we are, a unified, professional and compassionate staff that sees the patient as a holistic being.



My Day

06:15 I arrive at work, hear from the night-shift nurse how her night went, ask about her family members, and arrange my day.

07:00 The morning-shift nurses arrive, and we receive the night-shift nurse's full report on all patients.

07:15 We read together through the computerized reports on all patients, discuss their coping strategies, treatments and any dilemmas, and make decisions about intervention.

08:00–11:30 The first of 2–4 times daily when we conduct blood-sugar

tests, administer medications and ointments, and conduct other tests. We instruct patients and family members, for example about medications' side effects, and refer patients for tests and specialist consultations hospital-wide. I act as a coordinator and mediator, expediting patients' access to tests and specialist consultations.

11:30–11:50 Breakfast.

12:00 Second distribution of medications and administration of blood tests.

13:30–15:00 I coordinate patients' drug prescriptions and instructions with physicians, meals with the kitchen, and in-hospital transportation of patients to tests and consultations; order medications and supplies; take care of medical equipment needs; and see to patients' psychological, social, and physical needs and to my nurses' needs. If there are empty beds, I invite in ambulatory patients on our waiting list. I meet monthly with our departmental nurses, and attend the

hospital-wide Nurses Committee.

15:00 The afternoon shift begins. I inform the shift change nurse of any special cases and anticipated events.

15:30–16:00 I head home.

16:00– I take my son to soccer training and my daughter to acrobatic gymnastic training and try to chat with my soldier son. In the evenings, I and my husband take walks; I visit my brother's twin grandchildren, and I'm a volunteer who distributes food to needy families.



09:30 The unit receives word of the arrival of a couple that has been run over in a hit-and-run accident while crossing at a crosswalk. Doctors and nurses from the Trauma Unit, the Department of Emergency and Urgent Care, and the Division of General Surgery prepare to receive them. Attempts to glean details from them don't succeed. **Social Worker Areej Jarrous** locates their daughter, who clarifies that her parents are deaf, mute, and blind. The orthopedic staff fixes the man's broken leg, and the couple is transferred to the Division of General Surgery.

10:00 Twenty-five doctors and nurses from around the world, who have come to Rambam for advanced training at the Teaching Center for Trauma, Emergency and Mass Casualty Situations, are simulating treatment of a patient with head trauma under the guidance of **Gila Hyams, RN**, and **Dr. Moshe Michaelson**, the Teaching Center's Director and Medical Director respectively. While course participants are busy caring for the medical mannequin, a beeper signals admission to the ER of a seriously injured girl.

10:20 The three-year-old girl, who fell from the balcony of her home, arrives unconscious. In the Shock Room, the Trauma Unit staff, directed by **Dr. Hany Bahouth**, puts her on artificial respiration and performs a chest X-ray and CT and ultrasound tests. The CT scan reveals cerebral bleeding, and the child is transferred to the OR for neurosurgery. Ten days after her admission to hospital, she is released for home in very good condition.



15:30 Trauma Coordinators **Sigalit Kradshstein** and **Chen Ben Lulu** work diligently to arrange the unification of a family injured in a traffic accident (whose father and son have arrived at Rambam's Trauma Unit, but whose mother and an additional child were hastily brought to Ha'emek Hospital), with the understanding that family unification will make it easier on everyone and speed up the patients' recuperation.

01:30 In the Shock Room, **Dr. Bahouth** directs an emergency surgical procedure that involves opening the left side of the chest of a patient who has arrived after having been stabbed with a knife, and who has suddenly lost his vital signs (pulse and blood pressure). Dr. Bahouth opens the chest cavity and discovers a hole in the man's heart. He stops the bleeding and stabilizes the patient. The staff transfers the patient to the OR, and at the end of the operation, he's transferred to Intensive Care.

03:20 The Trauma Unit receives word of a violent fight at a nightclub on the city's periphery. A casualty, a 19-year-old youth, arrives at the ER beaten on every part of his body, restless and unruly. The staff administers a sedative and then conducts a medical examination. A chest X-ray, abdominal ultrasound, and CT scan reveal rib fractures and a ruptured spleen. The young man is transferred to the Division of General Surgery for monitoring.





Cold-Front Command

Why exactly do viruses and bacteria attack us in winter? What are the typical illnesses? How can we avoid catching them and what can we do when we catch them nevertheless?



>> Erela Tarlev Ben-Shahar




While during the summer we tend to spend time at the sea, in the pool and in the mall, during the winter we spend not a little of our time in doctors' waiting rooms and in bed. In our purses and backpacks, sunscreen and sunglasses are replaced by packs of tissues, lozenges against sore throat, painkillers and fever reducers. *Catching a cold* is the vernacular for winter illnesses that even doctors are not quick to distinguish among, categorizing them all under the rubric "respiratory infections." This in fact refers to three main illnesses: bronchitis, pneumonia, and flu. According to **Prof. Zaher Azzam**, Deputy Director of the Internal Medicine Division and Director of the Department of Internal Medicine B at Rambam Health Care Campus, all three illnesses are characterized by such symptoms as a runny nose, sore throat, fever, and headache.

So what's the difference?

Pneumonia is characterized by evidence in the lungs identifiable by a physician who listens to the patient's respiration or studies a lung X-ray. Bronchitis is characterized by coughing with yellow or green phlegm. And the flu is characterized by a fever, by coughing, by a runny nose, and also by muscle aches and pains. The flu is always caused by a virus and thus can't be treated by an antibiotic whereas bronchitis and pneumonia are sometimes caused by bacteria, in which case antibiotic treatment can be suitable for them. Bronchitis and the flu are liable to develop into pneumonia, and all of them together are liable to develop complications expressed as lung diseases or heart diseases, mainly in the elderly or patients with chronic illnesses.

Open a window

Why are we sick more in winter?



Infectious disease specialist and internist **Dr. Ami Neuberger**, a Senior Physician in Internal Medicine B and in the Infectious Diseases Unit at Rambam Health Care Campus: "Science has not yet found the full answer. Part of the reason is probably that viruses and bacteria multiply more in winter. An additional reason is connected to closed windows and greater crowding within houses. Closed windows, whose purpose is to prevent the entrance of the cold, in fact thwart ventilation and help viruses and bacteria pass from an ill person to a healthy person."

Prof. Azzam adds, "It's known that in institutions such as schools, kindergartens, and senior citizens' homes, where there's more crowding and less ventilation, there's more contagion."

There are people who try to control fate and save themselves the days in bed. Prevalent strategies include dressing warmly, drinking tea, taking preparations that seem to promise to strengthen the immune system, getting vaccinated, and



more. Until now, only a small part of these have succeeded in receiving scientific confirmation.

Prof. Azzam, what are we nevertheless advised to do in order to prevent contagion?

1. Wash your hands: The hands are the main vehicle for the typical spread of viruses and bacteria. The remnants of drops that are sprayed when we cough or sneeze stay in the room, which serves as a small habitat where the virus or bacteria grows and develops. Furthermore, when we put our hands on a supermarket cart, bus pole, door handle, telephone, or computer mouse that someone ill has touched before us, we raise them with a handful of bacteria.

2. Open a window: When we ventilate a room, the amount of bacteria or viruses in the air of the room decreases and the chance of being infected also decreases.

3. Get vaccinated: Every year, international pharmaceutical companies produce a vaccine designated for the kind of flu expected for that same year, which has been developed on the basis of the flu virus foreseen for the Near and Middle East. The problem is that this vaccine is effective only against the flu and not against all the other respiratory infections. Despite this, flu is usually the least pleasant among all these illnesses, and furthermore, diminishing the risk of contagion represents better public health conditions. Seniors, asthmatics, smokers, patients with chronic illnesses, and pregnant women are greater candidates for contagion and thus are advised to become vaccinated.

4. Dress warmly: Here there is a great divergence of opinion among various camps of physicians. There are those who believe that cold weakens the immune system and exposes it to injury by viruses and bacteria. However, research studies have not yet proved this.

5. Avoid meetings with sick people: This advice is also dubious. It's understood that

if you're in an at-risk population, you're not going to accept throat lozenges from someone ill, but remember that it's also possible to become infected during the incubation period of a disease, sometimes up until 48 hours before the appearance of symptoms, so this piece of advice is difficult to implement.

Grandmother's Chicken Soup
Dr. Neuberger, what should one do after infection?


"If you are generally healthy and the illness seems moderate, it's not necessary to do anything. In this case, you can take whichever grandmother's medicine appeals to you, such as chicken soup, tea with lemon, or onion in honey."

And what about the medicine Tamiflu?

"Similar to a vaccine, Tamiflu can be effective only against flu and not against all the other viruses. Because chances are that you won't know for certain if you have the flu (lab tests for the flu are performed only for hospitalized patients), probably you will take Tamiflu in vain, and not only that, the window of opportunity for this medication is extremely small—it must be given within 48 hours of infection, and at the most within 72 hours, in order to succeed in killing the flu or alleviating it."

Prof. Azzam cautions: "In seniors with significant morbidities, it's recommended to consult with a doctor. He will probably advise them to take Tamiflu if it's reasonable to assume that flu is the culprit."

When should a doctor be seen anyway?

Prof. Azzam: "In infants, or in adults after the age of 65. In addition, patients who suffer from morbidities should turn to the doctor, even if they are not in the at-risk population, if they feel very ill and have some of the following symptoms: a temperature above 38 C, shivering, shortness of breath, headache, vomiting, and choking during swallowing." 



Medical consultants:



Prof. Zaher Azzam is Deputy Director of the Internal Medicine Division and Director of Internal Medicine B at Rambam Health Care Campus.



Infectious disease specialist and internist Dr. Ami Neuberger is a Senior Physician in the Department of Internal Medicine B and in the Unit of Infectious Diseases at Rambam Health Care Campus.





Shoulda Put a Ring on It

Side by side with the growth of the obesity epidemic, the field of surgical operations for weight reduction by narrowing or bypassing the stomach is thriving. Which kind of surgical procedures are popular, and what are their disadvantages and advantages? **The full guide.**

Eti Dor >> Photos: Jonathan Bloom



Surgery is just the start of a process requiring lifelong behavioral modifications. Dr. Ahmad Assalia (R) and Dr. Ahmad Mahajne.

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The Stomach Sleeve

What it is: Surgery during which approximately 75%–80% of the stomach is excised, leaving a small stomach resembling a “sleeve” with a volume of 60–120 milliliters. After surgery, the patient will feel a sensation of early satiety and fullness when drinking or eating; in addition, an obvious decrease in appetite occurs due to a reduction in the level of the hormone *ghrelin*, which is responsible for the sensation of hunger. This decrease in appetite together with the shrinking of the stomach results in a loss of 60%–70% of the superfluous weight within one-half year to one year.

Intended for: Obese patients.

Advantages: No significant change in digestion habits, it’s possible to return to eating most foods after two–three months, and risks such as bowel obstruction are avoided. If a person regains weight, a variety of possible surgical corrections are available.

Disadvantages: Possible risks include bleeding (most of which stops by itself), stomach leakage requiring endoscopic intervention, long hospitalization and even repeat surgeries. The sleeve may even expand in the case of regaining weight.

Gastric Bypass

What it is: The surgeon creates a small stomach pocket of about 30 milliliters and directly connects it to the small intestine, bypassing the rest of the stomach, the duodenum and the beginning of the small intestine. After the operation, food passes quickly into the small intestine. This causes an increase in the hormones that suppress the sensation of hunger.

Intended for: Obese patients who have failed in previous ring surgeries or stomach-sleeve surgery, compulsive eaters of sweets, those who suffer from acid-reflux diseases, and apparently for patients with unstable diabetes.

Advantages: It’s considered safe, its effectiveness has been proved over the long term (over 20 years) and it integrates the mechanisms of restricted eating, a certain degree of food sub-absorption, and significant hormonal changes.

Disadvantages: It’s technically more complicated and liable to be burdened with more risks. It’s necessary to take nutritional supplements all one’s life. A follow-up indicates that in cases of regaining weight, there’s difficulty in providing a surgical solution for those patients (10%–15%) who regain weight within 10 years.



Dr. Ahmad Assalia prepares for surgery.





Dr. Ahmad Assalia (R) and Dr. Ahmad Mahajne in the OR.

Ring Surgery

What it is: During the surgery, a silicone ring is positioned on the upper part of the stomach and hugs the stomach, allowing only a narrow passageway. A kind of small pocket is thus created in the stomach's upper part, whose volume is approximately 20–30 milliliters (the volume of two full tablespoons), and a wider space is created in the stomach's lower part. When food reaches the end of the esophagus, it fills the small pocket quickly and from there passes slowly into the stomach's lower part. When the pocket is full, the person can't eat any more until it has emptied. Because the ring is adjustable, the volume of the pocket may be expanded or contracted as needed.

Intended for: Those obese patients who are not interested in having non-reversible changes made to the digestive system.

Advantages: Relatively short and simple surgery that doesn't damage the absorption of nutritional ingredients; likewise, it's possible to get rid of the ring; and the rate of life-endangering risks and mortality rate associated with the operation itself are extremely low.

Disadvantages: The ring can slip, or can puncture the stomach, potentially causing stomach leakage or infection. There's no reduction in appetite, the incidence of vomiting is relatively high, and a limit exists

regarding the variety of foods that can be eaten. More than 50% of patients regain weight, something that requires additional surgeries in future.

Duodenum Bypass

What it is: In the first stage, approximately two-thirds of the stomach is removed. The small remaining part, with a capacity of 300–400 milliliters, acts as the stomach in every respect and enables almost normal eating. In the second stage, a bypass of the duodenum and most of the small intestine is performed. Approximately 50 centimeters of the end of the small intestine remains for mixing food with the digestive juices. The bypass limits the body's ability to absorb calories from the food that passes through the digestive system.

Intended for: People with a very high BMI (extreme overweight) or those who have previously undergone unsuccessful stomach-reduction surgeries.

Advantages: A 90% reduction in the superfluous weight. Patients are able to enjoy a larger variety of food.

Disadvantages: Patients have bowel movements more often than two times a day (three–five times daily). It's necessary to take nutritional supplements all one's life and to undergo periodic blood tests and nutritional monitoring.

Medical consultant:



Dr. Ahmad Assalia is Deputy Director of the Department of General Surgery and Director of the Advanced Laparoscopic and Bariatric Surgery Division at Rambam Health Care Campus.



Love Conquers AIDS

A short time after she made aliyah, Rachel was discovered to be an HIV carrier. The authorities took away her children, but she got them back, married, and today embraces a healthy baby.



>> Erela Tarlev Ben-Shahar

A

decade ago, when Rachel (not her real name) awakened at Rambam Health Care Campus in isolation, she understood that the fever, stomachache and profound fatigue that had accompanied her for two weeks prior to her hospitalization were not simply the flu.

Rachel, at that time a new immigrant from France who didn't know a word of Hebrew, required a French-speaking psychiatrist. He gently told her the news that changed her life: "You are found to be HIV-positive."

Or in other words: You are a carrier of the AIDS virus.

From her point of view, however, the more difficult news was actually something else. During the time that she was undergoing diagnosis, her two little children were placed with a foster family and from there sent to boarding school.

And thus, at the nadir of her life, when she weighed 50 kilograms, after a month's hospitalization, equipped with bottles filled with daily medications, coping with the need to find an apartment and learn the language, Rachel went out to battle for the return of her children—a battle that she claims would have been spared from her had she been diagnosed with an illness lacking the terrible stigma of AIDS.

The story of 40-year-old Rachel is startling not only for her stubbornly coping with the illness that overcame her like a heavy shadow but also because of her victory over prejudice—a victory recently expressed by the birth of a healthy baby to a healthy partner.

A Black Pit

The children's father had been killed in a traffic accident in France.

"After his death, I decided to leave my partner and my native land, to leave everything behind, to make aliyah and to open a new page in Israel," Rachel relates.

"But two weeks after I arrived at the absorption center (*ed. note: for new immigrants to Israel*), I began to feel unwell. I developed a fever and felt very ill. I visited the health clinic several times, and they gave me all sorts of things, but the fever did not abate and my condition only worsened. Finally, they called an ambulance, which brought me to Rambam. There, I was hospitalized and diagnosed.

"At the beginning, I had a number of distant relatives around me, but after they learned that I have AIDS, they recoiled and fled. I remained hospitalized at Rambam for a month, but I don't remember a lot aside from my worry about my children, and at the end of the month I discovered that they had been taken from me."

What did you do after you were released from hospital?

"When I came home, I felt that I was deep in a black pit without any further to fall. I didn't have time to rage at the illness. I didn't have time available to think about what had happened to me. I knew only one thing: I must get my children back. The drugs that were given to me began to have an effect, and my health began to improve."

Carcom Maor, Head Nurse in the Allergy, Immunology and AIDS Institute at Rambam: "When we give the medical treatment diligently, it stops the multiplication of the virus and strengthens the immune system."

Rachel was preoccupied with battling the welfare authorities. Those who encouraged her spirit and gave her backing in her struggle were the staff of the Institute of Allergy, Immunology and AIDS: "The Director of the AIDS Clinic himself, Dr. Eduardo Shahar, wrote tenacious letters to the authorities in order to explain to them that there is no risk if I raise my own children."

In fact, joining Rachel in her battle, and the necessity of doing public relations work, are not extraordinary in the agenda of the AIDS Clinic. "Much of our time is



Personal accompaniment. Carcom Maor (R) and Dr. Eynat Kedem (center).

dedicated to educating patients and the public and to supporting HIV carriers,” Carcom says. “Women are trapped by the hesitation and ignorance of very many institutions. Because the medications are so very effective, today we can say that patients’ main cause of suffering results from the stigma. A part of our work is to give knowledge and confidence to patients and to dispel the public’s huge fear of this illness.”

Giving Birth to a Healthy Baby

During that same harrowing year, Rachel was accompanied by a new friend whom she had met during her first days in the absorption center. “It was tough,” Rachel relates. “Because of the illness, I felt ‘unclean.’ I was a little distant. I also felt shame. A kind of burden.”

How did that pass?

“His trustworthiness, and time, did the work.”

Did you consult with the doctors?

“Of course. Not only in order to know

with certainty what to do so as not to endanger him, but also because during the whole time, the department at Rambam was a kind of family to me.”

The next chapter in Rachel’s story took place when she wished to conceive and give birth. Rachel: “I knew from conversations with my physicians that I would have no problem conceiving and giving birth to a healthy baby. The members of the staff encouraged me.”

Carcom: “Whereas among untreated carriers the risk of infecting the baby during birth and breastfeeding stands at 30%–40%, among carriers who are in treatment and follow-up and undergo supervised childbirth, the baby’s risk of being sick is lower than 1%.”

Thus Rachel became pregnant, spent her pregnancy under coordinated medical supervision, and successfully gave birth to a healthy baby. “I felt that healing took place here,” she summarizes. “I even enjoyed the sleepless nights because I understood that I’m busy with life, with normative things, not with illness or difficulty.”

Medical consultants:



Dr. Eynat Kedem is a Maternal and Pediatric HIV Specialist in the Allergy, Immunology and AIDS Institute at Rambam Health Care Campus.



Carcom Maor is Head Nurse of the Allergy, Immunology and AIDS Institute at Rambam Health Care Campus.

Diseases of next-generation devices challenge hand surgeons.
Prof. Shalom Stahl



Handy to Know

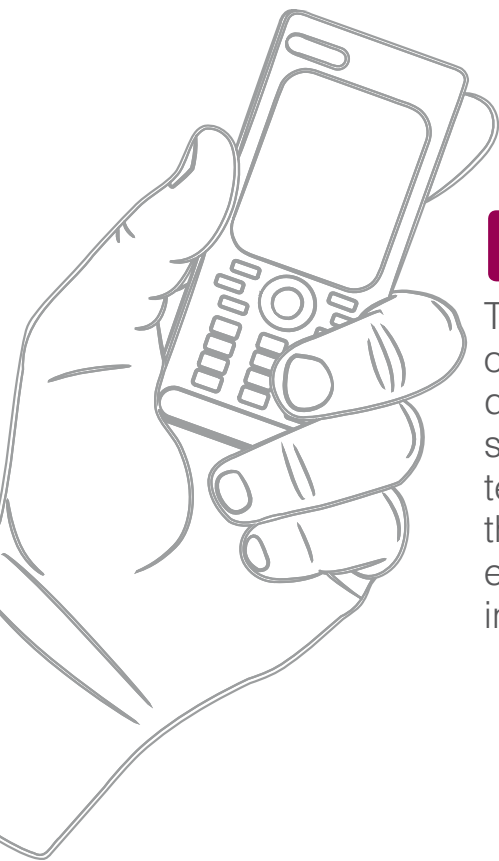
Disease or pain that limits hand movements is liable to disrupt the routine of life. Meet the prevalent diseases of the hands and the treatments for them.

Eti Dor >> Photos: Edward Kaprov



Ravit (not her real name), 18, had been feeling intense pain at the base of her right thumb for several days already. The pain began to spread in the direction of her shoulder. When the young woman found it difficult to perform such routine acts as brushing her teeth, taking coins from her wallet, or locking the front door, she turned to a doctor.

To her great surprise, she was told that she suffers from *SMS disease*, inflammation of the tendons caused by the multiple sending of short text messages. Ravit was sent home equipped with therapeutic ointment and advice to reduce her use of SMS. After several days of rest, the inflammation disappeared and Ravit returned to her normal routine.



The tiny keys of mobile devices put stress on the tendons of the thumb, which is expressed as inflammation.



Ravit's case is not unusual. In the last decade, there have been many reports of SMS-disease patients—or in conventional scientific terminology, *Texting Tendonitis*. The disease was diagnosed for the first time in Australia in 2005 and is especially prevalent among young people. SMS disease is also relatively young in the field of hand diseases, but it has a number of older “sisters.”

Prof. Shalom Stahl, Director of the Department of Hand Surgery at Rambam Health Care Campus, details the prevalent diseases of the hands.

SMS Disease: Thumb Inflammation

What causes it?

The tiny keys of mobile devices require the performance of precise gestures, especially by the muscles and tendons of the thumb. Since for the most part these gestures repeat themselves tens if not hundreds of times a day, the tendon is stressed. The inflammation usually expresses itself in local pain and swelling at the base of the thumb or middle finger, and also in the neck and shoulder girdle.

How is it treated?

With the onset of the pain, it's advisable to refer to the family doctor. In most cases, rest is the treatment for it. Medicinal treatments include use of a soothing ointment or taking anti-inflammatory, non-steroidal pills. A recess from sending messages can also help, of course. In most cases, the condition should disappear within a number of days.

Scleroderma: When the Skin Thickens

In a disease called *scleroderma*, the skin thickens so much that it causes the fourth and fifth fingers to become curled, and with



Research has not found a direct link between most hand problems and specific kinds of work; however, overexertion combined with tasks where the wrist assumes twisted or extreme postures, contribute to the emergence of hand problems.

time, a condition of permanently flexed fingers develops.

What causes it?

The cause is not known, but a familial component exists, and in these cases the disease appears at a younger age and with greater severity. Diabetes and alcoholism are also among risk factors.

How is it treated?

Recently, success has been reported regarding the injection of an enzyme called *Collagenase*, whose function is to dissolve the thickened skin, but this is experimental treatment lacking long-term follow-up. In an advanced stage of the disease, surgery is performed during which the thickened tissue is excised. After surgery, a recuperation lasting for several months can be expected.

Ganglion Cysts: Lumps in the Hand

An additional illness is *ganglion cysts*, thick, liquid-containing lumps that appear next to the tendon or wrist. The most prevalent location is the back of the wrist.

What causes it?

The joints and tendons contain a special fluid, but as a consequence of arthritis or injury, and sometimes without a clear cause, the fluid “leaks” and produces a cyst outside the joint or tendon. The cyst hardens because the fluid lacks an outlet.

How is it treated?

In some cases, the swollenness disappears or significantly lessens with time, and thus it’s advisable to wait with treatment, especially in children. In persistent cases, it’s possible to perform surgery to excise the cyst, in most cases using local or regional anesthesia.

Degenerative Changes in the Hands


One of the prevalent phenomena in people aged 50 and above is degenerative changes in the hands. These changes are accompanied by pain and functional limitations. The factors causing the disease onset and progression aren’t understood.

The disease process doesn’t injure the hands symmetrically. Degeneration may appear in the wrist or fingers and is especially prevalent at the base of the thumb or in the knuckles. Most patients report pain, stiffness, swollenness, and limitations in movement.

How is it treated?

Usually, conservative treatment is recommended that includes use of anti-inflammatories, the injection of corticosteroids, rest, splinting, physiotherapy and occupational therapy. The failure of conservative treatment requires surgery. A variety of operations are available, and the kind of surgery is determined in accordance with the joint involved and the degree of functional disturbance.

Carpal Tunnel Syndrome

The syndrome is characterized by a feeling of “pins and needles” in some of the fingers, which may be accompanied by pain in the hand, in the third finger, and sometimes in the arm and shoulder. In minor conditions, it can be treated in a conservative manner by means of splinting or by injecting cortisone into the wrist canal. In more difficult cases, surgery must be performed to free the canal nerve. The operation lasts a relatively small amount of time, and full recuperation usually occurs. 

Medical consultant:



Prof. Shalom Stahl is Director of the Department of Hand Surgery at Rambam Health Care Campus.



21st Century Medicine >> Erela Tarlev Ben-Shahar



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Delicacy and
virtuoso skill in the
OR. Dr. Vachyan (R)
and Dr. Steinberg.

Identity Card

Name: Minimally invasive surgical equipment for pediatric use

Manufacturer
Storz/Olympus

Advantages Fewer hospitalization days, absence of scarring, fewer complications

Price Approximately 70,000 € per workstation

Well-crafted Miniatures

The Pediatric Surgery Department at Rambam Hospital is the only place in Israel where laparoscopy is used to correct congenital defects of the esophagus in infants and preemies.

? Which equipment makes minimally invasive surgery on children possible? *Laparoscopic* (minimally invasive) surgical equipment is similar to that which exists for adults but is much finer. It consists of an assortment of thin tubes, on one of which is affixed an optic fiber connected to a camera that transmits enlarged images of the surgical area. An additional tube channels airflow, whose purpose is to inflate the abdominal or chest cavity in order to give the surgeon workspace, and of course there are other tubes variously topped by a needle, forceps, and all the other surgical instruments.

? What's innovative about the equipment? Its size. Because an infant's organs are extremely small, it has been necessary to achieve an advanced standard of miniaturization in order to make it possible to use laparoscopy on infants. The tubes' diameter is not more than three millimeters (the diameter of an average sewing needle). Technological advances have made it possible to take data gathered by the optical fibers and translate it into an enlarged and accurate image projected on an HD screen.

? Which skills are required of the surgeon? Delicacy and skill so high as to be almost at the level of virtuosity. It's enough to say that the chest volume of a premature infant is similar to that of a 10 cubic centimeter syringe in order to understand how hard it is to surgically cut or suture so minuscule an area.

? When was the laparoscopic method developed? Already in the 70s, laparoscopy was pioneered for worldwide use as a method for *cholecystectomy* (surgical removal of the gallbladder). With the passage of time, its use was extended to children; in the year 2000, the method began to be used also on small infants. Approximately 3–4 years ago in the United States, a successful laparoscopy was performed on a premature infant weighing 1,400 grams. At Rambam, we have used this technique for

conducting surgery on a preemie weighing 1,490 grams, with similar success.

? What is the technology's main application? The method is used nowadays for 36 kinds of pediatric surgery. For example, in the case of chest surgery, we use *thoracoscopy*, which represents a surgical advance especially for a rare congenital defect called *esophageal atresia*, in which the esophagus (a tube for swallowing food) is attached to the trachea (windpipe) instead of to the digestive system. Rambam is the only hospital in Israel where minimally invasive surgeries are routinely performed on newborns with esophageal atresia. In the last six years, we've carried out approximately 24 such surgeries on one-day-old babies, some of them extremely small premature infants.

? Please give an example. Three months ago, an infant weighing 2,830 grams was born at Rambam and immediately diagnosed as suffering from esophageal atresia. He emerged from minimally invasive surgery after an hour and ten minutes. Two weeks from the day of his birth, the infant was released for home. It was impossible to suspect that he had been born with a defect from which, until three decades ago, children would die.

? What are the advantages of doing laparoscopy with miniaturized equipment? Minimally invasive surgery is characterized by less pain and thus less use of pain relievers and a reduced risk of infection and of leakage from the incisions. Moreover, patients' recovery time is shorter and they are left almost without scars.

? What's next? We hope that in the coming years, we can equip ourselves with even more advanced technology so that we can expand our application of minimally invasive surgical techniques to include additional kinds of operations and research studies.

Medical consultants:



Dr. Ran Steinberg is the Director of the Department of Pediatric Surgery at Rambam Health Care Campus.

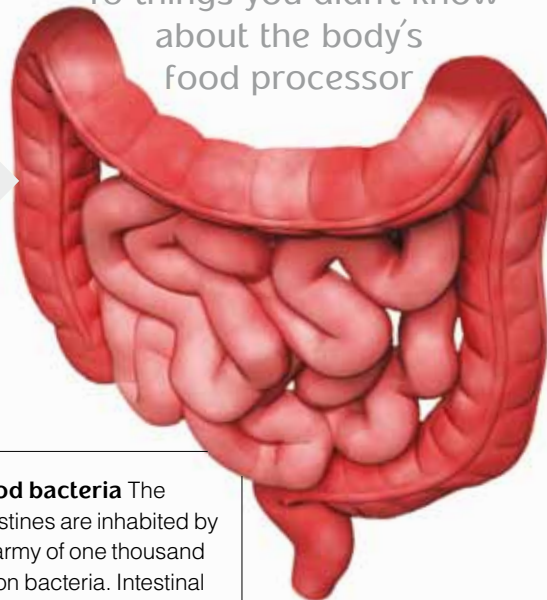


Dr. Arcady Vachyan is the Director of the Unit of Advanced Laparoscopy in the Department of Pediatric Surgery at Rambam Health Care Campus.



The Intestines

10 things you didn't know about the body's food processor



1 Subspecialists The small intestine together with the large intestine (the colon) are responsible for the digestion (break down) of food, but each has its own subspecialty. The small intestine is responsible for food digestion and nutrient absorption. The large intestine is responsible for processing the scraps (absorbing the leftover water and hoarding food remnants in readiness for excretion).

10 Colon calm Colon cancer is the second most prevalent cancer in Israel. Every year, approximately 3,200 people become ill with it, and half of them die from it. Via a colonoscopy, however, it's possible to identify a pre-cancerous polyp before it becomes malignant.

2 Origami The small intestine is 3–5 meters long. How does it fit inside the abdomen? It's well-folded. The large intestine is satisfied with a length of 1–1.5 meters.

9 Gluten-free zone Celiac disease is another malady of the small intestine. The body develops an inflammatory response to a certain ingredient in cereals—gluten—something that is liable to cause diarrhea, iron deficiency, underweight, and additional symptoms. Celiac disease patients must abstain from gluten.

3 Like a soccer field The area of the intestines' interior, via which nutrients from the digested food pass into the blood, is very large. If you were to spread it out, you would need an area as large as a soccer field.

8 Inflamed bowels There has been an unexplained rise in the incidence of inflammatory bowel diseases and a decline in the age of onset. The increased incidence has resulted in the development of new drugs. While in the past, patients were treated with steroids, more effective medications with fewer side effects are available nowadays.

4 Enzymes at the ready There are tens of varieties of enzymes in the small intestine. Each is assigned to digest a different kind of food (carbohydrates, fats, or proteins). From the moment that the food enters the intestine, the latter identifies it and releases the appropriate enzymes.

5 Good bacteria The intestines are inhabited by an army of one thousand billion bacteria. Intestinal bacteria, known by the nickname *good bacteria*, work at digesting food that couldn't be digested otherwise, and at using food products to provide direct energy to the intestine.

6 Fattening bacteria? Recently, scientists have noticed that the composition of bacteria in the intestines of people inclined to gain weight differs from that of thin people. They hypothesize that these bacteria play a part in the predisposition to obesity.

7 Less infection, more allergies Each child should experience approximately six intestinal infections per year. However, improvement in hygiene in the Western world has resulted in today's children's contracting fewer infections. Child mortality has therefore decreased, but allergies have grown in number.



Medical consultant: Dr. Matti Waterman is a Senior Physician in the Gastroenterology Institute 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



RAMBAM
Health Care Campus



The Tooth Fairy



Dentists licensed to practice medical hypnosis voluntarily direct a unique clinic at Rambam dedicated to helping patients who suffer from fear of the dentist.

“Anxiety is a feeling of exaggerated fear or worry that is accompanied by bodily symptoms,” explains **Dr. Jane Ronen**. “Among these symptoms are a rise in blood pressure, heart rate and muscle tone, which causes trembling, stomachache, nausea and diarrhea, excessive perspiration and general agitation. The anxiety has been acquired due to trauma experienced in the past; for example, a traffic accident, a war, a difficult illness—and in this case, as the result of dental treatment or even from having overheard other people speak at random about their anxiety regarding dental treatment. Approximately 46% of the people in the world suffer to various degrees from fear of the dentist. Six–seven percent of those in need of general dental treatment do not go to the dentist from overanxiety.”

From what does your patients’ anxiety stem?

“Most of them are afraid of pain. There are also patients who fear losing control, fear bleeding, or fear the novocaine syringe. Others are afraid of the feeling of anesthetization or of the vomiting reflex that’s aroused when dental tools are placed inside the mouth. There are those disturbed by the dental drill’s noise and vibrations or by the dental reagents’ odors.”

How do you conduct the therapy?

“Our clinical staff also includes psychologists. At the first meeting, the patient answers a psychological and

medical questionnaire about his expectations and what has caused him to avoid dental treatment until now. In due course, we teach him to cope with anxiety by means of desensitization therapy, behavior therapy, relaxation guided imagery, and/or hypnosis.”

Presumably, people hesitate about hypnosis therapy?

“Correct, and it’s a pity, because hypnosis conduces to heightened receptivity to positive suggestion, serenity, creativity, connection to the inner voice and to intuition. Most people think that hypnosis is what they’ve seen in movies, a state of ‘sleep,’ loss of consciousness, or loss of control and the performance of commands without an ability to resist. We explain that hypnosis is a special state of mind, a phenomenon, that all of us experience every day: we think about something, imagine it, and the body responds accordingly. For example, try to imagine lemon juice in your mouth. The salivary glands of most people will begin to secrete saliva despite there being no lemon juice. Because there’s no possibility of hypnotizing a patient who isn’t interested in being hypnotized, the treatment isn’t suitable for everyone.”

How many meetings take place?

“It depends on the patient’s problem and degree of anxiety. In most cases, we’re speaking of 6–9 meetings.”

Medical consultants:

Dr. Jane Ronen is a Pediatric Dental Specialist and a Licensed Medical Hypnotist at Rambam Health Care Campus.

Dr. Dalia Alex is a Dentist and a Licensed Medical Hypnotist at Rambam Health Care Campus.



Ingredients for Eros



What the Rambam Said:

A man's wife is permitted to him. . . . Nevertheless, it is pious conduct for a person not to act frivolously concerning such matters and to sanctify himself at the time of relations. . . . Our Sages do not derive satisfaction from a person who engages in sexual relations excessively Instead, everyone who minimizes his sexual conduct is praiseworthy, provided he does not neglect his conjugal duties without the consent of his wife.

Touger, Eliyahu, trans. Mishne Torah, Sefer Kiddushin, Laws of Forbidden Relations, 2:19; 11. Chabad. <http://www.chabad.org>.

And in simple translation:

The Rambam permits sexual acts, which should be performed with desire and pleasure, but he cautions against immoderate sexual activity (although he doesn't advise abstinence). The reason: excessive involvement with physicality occurs on the account of spirituality and intellectuality. Sexual relations are permitted only within marriage because then they possess a measure of sanctity.

What do the experts say today? ←

Regarding the frequency of sexual relations, the consensus is that a man should seek the golden mean between conservatism and permissiveness. Sexual activity has an important place even if it's not for the purpose of procreation. Today, the reasons for the greater prevalence of impotence in males include smoking, diabetes, obesity, the use of medications (especially antidepressants and drugs to lower blood pressure), and old age. However, through medical treatment, today it's possible to help almost every man enjoy a reasonable dosage of sexual relations. Like the Rambam, today's experts also acknowledge the connection between a person's state of mind and his sexual functioning. With regard to aphrodisiacs, there is no proof confirming the efficacy of any specific food. Regarding erection-arousal ointments, today there are many homeopaths who dispense a drug nicknamed *Spanish fly* (in pills or powder), whose aim is to stimulate the penis.



Medical consultant:
Dr. Jesse (Yishai) Lachter is a Senior Physician in the Institute of Gastroenterology and the Head of the Endoscopic Ultrasound Service (EUS) at Rambam Health Care Campus.

What else?

In his book *On Coitus*, the Rambam advised the Sultan's son, who suffered from sexual dysfunction. His advice related to the spiritual and nutritional domains.

- * **The spiritual domain:** Joy, laughter and serenity are helpful for male sexual potency whereas anxiety, sorrow, fasting, fatigue and overwork injure it.
- * **The nutritional domain:** He prepared an aphrodisiac (for arousing sexual desire): 70 grams of rooster testes, 70 grams of bird brain, and 20 chicken or dove eggs cooked in sesame oil or butter.
- * The Rambam also advised massaging the penis with erection-arousal ointments two or three hours before sexual intercourse. The ointment's ingredients included mustard oil, carrot oil, radish oil, and half a liter of live red ants.





Children's Hospital Ribbon Cutting

When Mrs. Ruth Rappaport, her young grandson, and Professors Rafi Beyar and Amos Etzioni cut the ribbon for the Ruth Rappaport Children's Hospital, hundreds of blue, green and red helium balloons, the vivid colors of the jackstraw pillars supporting the new facility's cantilevered roof, were released into Haifa's skies; as they rose higher and higher, they looked like kids' soap bubbles, startled birds flew up too, and patients hospitalized in the Sammy Ofer Tower (Rambam Hospital's main building) watched from the windows of their rooms. Mayor of Haifa Yona Yahav, the Rappaport Family, the Rambam leadership, and hundreds of well-wishers attended the ceremony, which was held to coincide with Mrs. Rappaport's 89th birthday.



Mrs. Ruth Rappaport and her grandson are flanked by (L) Prof. Rafi Beyar and (R) Children's Hospital Director Prof. Amos Etzioni.



A great lady, a cherished friend, and the mother of the Ruth Rappaport Children's Hospital.



Children are our future. My sincere hope for the hospital bearing my name is that it will care for all the children of the State of Israel without religious, ethnic or gender bias, that the day will come when peace will prevail in our region, and that the parents of our neighbors' children will seek for them the best medical care here."

Mrs. Ruth Rappaport



L-R: Ms. Irith Rappaport, Prof. Rafi Beyar, and Mrs. Ruth Rappaport.



This afternoon, we stand in the midst of this superb new Children's Hospital that proudly and lovingly rises into the sky, its roof supported by columns of joyful blue, green and red. The Ruth Rappaport Children's Hospital symbolizes the future of Israel, our love and compassion for our own and our neighbor's children, and Rambam's devotion to saving lives."

Prof. Rafi Beyar
 Director and CEO
 Rambam Health Care Campus



Former patient Hagar Lahav (12) helped emcee.



I admire Ruth Rappaport for the thought that went into this Children's Hospital. Ruth said it all today—this is supposed to be a hospital that will treat everybody of all origins and ethnicities. I was born and raised in Haifa, and while a medical student in this [the Rappaport] Faculty [of Medicine], I worked as an usher in the Rappaport Auditorium to earn money for my studies, so I'm a product of this city. Haifa is an example of good neighboring, and of peace and harmony among different communities."

Dr. Anat Ilivitzki
 Head
 Pediatric Radiology Unit



Tomorrow

Two silver-maned lions of world statecraft met in Jerusalem when President of Israel Shimon Peres presented former President of the United States Bill Clinton with Israel's highest civilian honor, the Presidential Medal of Distinction, at the fifth Israeli Presidential Conference: Facing Tomorrow. Waves of appreciation and affection flowed from the audience toward Messrs. Peres and Clinton (think George Washington and the Marquis de Lafayette reuniting onstage in their later years before an attentive, thrilled, and demonstrative capacity audience for whom the elder and younger statesman, and the history each had made, are in living memory).



I feel like a poor pilgrim on a constant journey to expand the definition of who is *us* and shrink the definition of who is *them*."

The Hon. William J. Clinton
42nd President of the
United States

Rambam the Face of Israeli Medicine

Rambam Health Care Campus was the face of Israeli medicine at the three-day conference, which attracted approximately 6,000 people from around the world, many hundreds of whom visited the Rambam exhibit. In addition, Prof. Rafi Beyar chaired a stellar group of panelists who discussed *The Medicine of Tomorrow: With an Eye to the Individual*. They included biophysicist Prof. Henri Atlan (France), hematologist Prof. Dina Ben Yehuda (Israel),

developmental biologist Prof. Howard Cedar (Israel), and molecular genomicist Dr. Leroy Hood (USA). Hebrew University-based Prof. Cedar chairs the Rambam HCC Scientific Advisory Board. The medical panel attracted an SRO audience (no small feat given that actors Robert De Niro and Sharon Stone were holding forth in an adjacent room to bursts of applause that rippled through the shared wall).



Face Time

Dr. John van Aalst, Director of Pediatric and Craniofacial Plastic Surgery at the University of North Carolina at Chapel Hill, recently journeyed to our medical center, where he literally co-operated with Rambam counterpart Prof. Micha Peled, Director of the Department of Oral and Maxillofacial Surgery, and his staff. The experts performed corrective surgery on a pair of fourteen-year-old twins, each suffering from cleft palate.

Rambam has recently established an interdisciplinary team of maxillofacial and other plastic surgeons, the only team of its kind in Northern Israel, devoted to repairing congenital facial defects in children. The team has already performed corrective surgery on sixteen children.

Prof. Rafi Beyar and Dr. van Aalst (2nd from L) are pictured signing an agreement that formally establishes academic, clinical and research collaboration between Rambam HCC and the University of North Carolina in the field of correcting pediatric facial deformities; Senior Maxillofacial Surgeon Dr. Omri Emodi of Rambam (3rd from L) and Prof. Micha Peled look on.



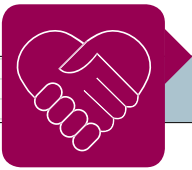
Canterbury Tales

“From Biblical Wisdom to Human Health” was Prof. Karl Skorecki’s topic when Rambam Health Care Campus recently hosted an interfaith mission comprising a guest delegation sent to Israel by the Archbishop of Canterbury, and led by Archbishop of Dublin the Most Reverend Dr. Michael Jackson, and a host delegation representing the Chief Rabbinate of Israel. The delegates also heard from Prof. Myriam Weyl Ben Arush, who directs the Joan and Sanford I. Weill Pediatric Hemato-Oncology Department and the Weill Israeli-Palestinian Friendship Center, and toured the Sammy Ofer Fortified Underground Emergency Hospital.

It’s a Gas!

The Fuse (Full Spectrum Endoscopy) next-generation colonoscopy device was introduced at Israel Endoscopy Live 2013, an international conference hosted on Rambam Health Care Campus, with the world’s top gastroenterologists in attendance. Organizers included Dr. Alain Suissa, Director of the Gastroenterology Ambulatory Care Unit at Rambam, who is pictured second from left performing a Fuse technology assisted colonoscopy in Rambam Hospital’s X-ray Unit, with proceedings broadcast live to conference participants gathered in the Ruth Auditorium of the Rappaport Faculty of Medicine. The breakthrough device is a product of the American company EndoChoice, and is based on a development acquired from the Israeli startup firm Peer Medical.





Friends Help Build a Hospital



L–R: Mrs. Meri Barer, Dr. Sol J. Barer, Prof. Rafi Beyar, and Mr. Adam Emmerich.



L–R: Mr. David Green, Ms. Daphne Wagner, Prof. Rafi Beyar, and Mr. Adam Emmerich.

Rambam Awards 2013

On May 9th, the prestigious Rambam Award for 2013 was conferred upon three people who have made major contributions to the children of the world and, in particular, to the children of Rambam.

Mr. David Green received the honor in recognition of his inspiring leadership of Canadian Friends of Rambam Medical Center, and for extraordinary achievements resulting from his morally driven mission to advance Jewish education in Canada. He and his wife, Daphne Wagner, brought Rambam to Canada in 1994 by founding CFRAM. In accepting his award, Mr. Green said of his philanthropic philosophy, “I’ve learned that we must pay and work to enjoy life’s benefits. The art of paying is a blessing and privilege and a valuable treasure.”

Dr. Sol J. Barer and Mrs. Meri Barer (he is founder of the Celgene Corporation, a biopharmaceutical company that has impacted cancer treatment globally, and she is an educator) were honored for commitment to innovation in the medical sciences and for infinite devotion to improving children’s health.

“We first became involved with Rambam Hospital when Sol met Rafi Beyar. He came back to me asking what I thought about supporting the Pediatric Neurology Department [of the new Ruth Rappaport Children’s Hospital]. How can anyone say NO to that? From then on, Rambam has been part of our philanthropic life,” Mrs. Barer said in her acceptance speech, adding, “We feel that philanthropic endeavors should be a multi-generational process,” and told of the “tradition of *tikkun olam*” carried on by the couple’s four grown children.



It really is amazing that we’re standing here today in front of this monumental building, a new children’s hospital that is almost ready to receive its first patients! Zionism isn’t finished yet. The State of Israel needs people to build, to grow, to dream, and the Rappaport Family, the Rambam Awardees, and Rambam Hospital are doing just that.”

Mr. Adam Emmerich
President
AFORAM

Inaugural Jewish Values Awards

American Friends of Rambam Medical Center and supporters of This World: The Values Network gathered at New York City's Marriott Marquis on June 4th for the Inaugural Champions of Jewish Values International Awards Gala. Nobel Peace Prize Laureate Prof. Elie Wiesel, philanthropists Dr. Miriam and Sheldon G. Adelson, and globally influential health care activist Dr. Mehmet Oz were feted for having promulgated Jewish and human values throughout their lives and careers. The gala featured a keynote address by Rabbi Shmuley Boteach, Founder and Executive Director of This World: the Values Network. Prof. Karl Skorecki presented the award to Dr. Oz.

Rambam Medical Center's most important contribution by far is its compassionate dedication to the totality of the human condition in all of its complexity in health and disease—for every individual and for global world populations.”

Prof. Karl Skorecki
 Director of Medical and Research Development
 Rambam Health Care Campus



Dr. Miriam & Sheldon G. Adelson accept the Champions of Jewish Identity Award. They're flanked by (L) Prof. Alan Dershowitz and (R) Prof. Karl Skorecki.

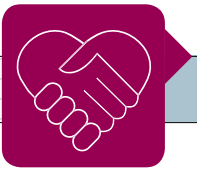


The Champion of Jewish Spirit Award, conferred upon Prof. Elie Wiesel, is accepted on his behalf by his son, Mr. Elisha Wiesel (R), from Mr. Will Stein, President of Philip Stein.



Dr. Mehmet Oz accepts the Champion of Human Life Award. L–R: event co-host Mr. David Sterling, Chairman of Sterling & Sterling, Inc. and Secretary/Treasurer of American Friends (AFORAM); Rabbi Shmuley Boteach; Dr. Oz and his wife, Lisa; and Prof. Karl Skorecki.





Snapshots March-June 2013



The Claims Conference, a steadfast supporter of Rambam Health Care Campus throughout the years, has most recently provided generous sums for renovation of Departments of Internal Medicine B (pictured) and H and for the Sammy Ofer Fortified Underground Emergency Hospital. Of elderly patients treated at Rambam, approximately 50% are aging Holocaust survivors, and their access to medical care in up-to-date, dignified and secure facilities is a Claims Conference priority.



Here are just a few of the over 4,000 participants in the "Run for Rambam" 22,260 kilometer (cumulative) jog around central Haifa. The event, the first-ever charity run to be held in Israel, was initiated and sponsored by the International Fellowship of Christians and Jews, whose Founder and President is Rambam Award 2012 recipient Rabbi Yechiel Eckstein. The IFJ gave Rambam 10 shekels for every kilometer run—222,600 shekels in total, earmarked for purchase of lifesaving equipment for the Sammy Ofer Fortified Underground Emergency Hospital.

March 2013, Haifa



Mr. and Mrs. Brent Dibner came to Haifa from their home in Chestnuthill, Massachusetts for a ceremony dedicating their gift of a Functional Brain Imaging (fMRI) Facility to Rambam Health Care Campus and the Technion - Israel Institute of Technology. Pictured are (L-R) Mr. Brent Dibner; Dr. Esty Golan, Rambam's Chief Operating Officer; Mrs. Relly Dibner, an AFORAM Board Member; and Mrs. Dibner's mother, Mrs. Hanni Wolfson.

June 2013, Rambam HCC



L-R: Sophia Alexander-Passe Cohen and Joel Rose help out at British Friends' Craft Fair on Rambam's behalf. Sophia is a granddaughter of Ms. Anita Alexander-Passe, Director of British Friends, and Joel is the son of Samantha Rose, BFRAM's new Media and Events Coordinator.

June 2013, London



Grammy Award-winning singer/songwriter Mr. Tony Rich and actress Ms. Malinda Williams (top L), classical, soul, and dance violinist Ms. Miri Ben-Ari (top R), and AFORAM execs (bottom, L-R) Ms. Lea Bernstein (Associate Director), Ms. Michele Segelnick (Executive Director), and Mr. Steven Karash (newly appointed West Coast Region Director) promote the joint AFORAM/On the Vine four-day festival and fundraiser to benefit kidney-disease research at Rambam. The festival will take place August 22nd–25th on Martha’s Vineyard.

May 2013, Los Angeles



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When your country is at continued risk of war... you prepare thoroughly.



An IDF officer being transferred to Rambam Health Care Campus from the front during the Second Lebanon War

**We have built the Sammy Ofer
Fortified Underground Emergency Hospital
*The largest of its kind in the world***

***We need 2,000 medical beds for it to be fully operational.
Help us care for Israel's citizens and soldiers by donating now.***

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Rambam Health Care Campus is Northern Israel's main referral hospital, serving more than 2 million people.