



**PROF. RAFI BEYAR**  
Director and CEO  
Rambam Health  
Care Campus

Dear Friends of Rambam,

We dedicate this special issue of *Rambam On Call* to kids, whose health takes center stage at this year's Rambam Summit. Publication of this issue also coincides with construction of the Ruth Rappaport Children's Hospital, a gift of Ruth and the late Bruce Rappaport ז"ר. It further coincides with our capital campaign for upgrading, and relocating to the new Ruth Hospital, our busiest pediatric departments and units, several of which are featured in these pages. Our beloved Children's Hospital, whose architectural design has already won prestigious awards, and whose superior, dedicated medical and nursing staff does wonders for children from all cultures and religions, will be a jewel in the crown of Rambam.

We grownups are trusted by our children to protect them while they discover the world energetically, without prejudice, and wide open to joy. Thank you, dear Friends, for helping us to build and equip the Ruth Children's Hospital on behalf of Rambam's youngest and most vulnerable patients.

*R. Beyar*

3

Profile  
Mrs. Ruth Rappaport

4

Ruth Children's  
Hospital

6

International  
Outreach

7

Friends Help Build  
A Hospital!

8

Nurses' Station



## The Children of Life's Longing

The perfectly formed infant slumbering in the open warmer of the Neonatal Intensive Care Unit (NICU) is so tiny that she could be fully cradled in an adult palm.

Her miniature left hand touches her left shoulder with a languorous gesture. Her exquisite feet are the size of the tip of an adult thumb. The red glow of the blood oxygen monitor taped to her left foot causes the sole to appear waxen and translucent, like a candle lit from within. The foot jiggles from the energy of the high-frequency ventilator that breathes for her.

Sensors anchored to long, elastic catheters as thin as embroidery thread – white, yellow, green – connect the infant to a vital signs monitor, which measures her blood pressure, heart rate, and skin temperature (kept at 36.5°C by an overhead lamp). An umbilical vein catheter supplies total parenteral nutrition (TPN); a gastric tube drains gastrointestinal secretions into a plastic bag.

This baby, born two days ago at a gestational age of 5.5 months to a mother whose pregnancy was complicated by hypertension and other maternal diseases, weighs in at 500 grams, 1/7th the weight of a term baby.

"Her brain ultrasound is good; she has no cerebral bleeding, which can be one of the major complications of preterm babies," says Prof. Shraga Blazer, Director of the Department of Neonatology. "Her lungs will improve slowly, and we believe that within one or two weeks she will be able to be weaned off the ventilator.

"In the womb, she was isolated, surrounded by fluid, and didn't [have to] breathe. Once she was born, she became absolutely dependent on super sophisticated modern medicine. We are supplying half a pregnancy. The mother did half the job, and we are doing the second half. This baby will conduct a successful life."

The Neonatology Department nurseries at Rambam care for approximately 5,000 newborns annually, of which the Neonatal Intensive Care Unit treats some 450 infants. These include preterm babies weighing under 700 grams, and infants with congenital cardiac, metabolic, nephrological, and neurological conditions.

"Since these babies are tiny and their parents are very young, we are doing a holy job quietly, but with a huge contribution to humanity and the community. We discharge healthy neonates to very worried but happy families," Prof. Blazer concludes.



### Bone Deep

"Aamal is strong and smart, and everyone loves her at school," says her mother, Laila.\*

"She has pizzazz and is quick. She likes hearing stories and doing arts and crafts."

The mother lifts the hem of her floor-length jeans skirt to show a beaded ankle bracelet made by the child, and smiles.

Hers is the coloring of a woman who lives by the sea: a tawny complexion, liquid eyes of green celadon, copper highlights in hair upswept beneath a white voile headscarf. The helices and lobes of her ears are adorned with delicate gold ear wraps, ear cuffs and earrings.

"My daughter is our youngest," she says. "Even before she became ill, she was the favorite, so you can imagine now!"

The eight-year-old drowsing in the big hospital bed has needed all her natural strength to fight the medulloblastoma with which oncologists in her native Gaza diagnosed her seven months ago.

With the Palestinian Authority's permission, Laila has brought her daughter to central Israel for neurosurgery, and now to Rambam.

Laila says that she came here without fear because she had heard from other Gazan parents with children at Rambam what it would be like. "I thank God we came here," she says.

Over the past two months at Rambam, Aamal has received four high-dose chemotherapy treatments intended to kill metastasized cancer cells. Now, she will undergo *autologous* bone marrow transplantation (BMT) to replace chemo-induced damage to her immune system.

*Autologous* means that the patient receives her own (rather than a donor's) peripheral stem cells. Prior to the commencement of chemotherapy, the cells are harvested

► cont. p2

\* The names of the patient and her mother have been changed.



# GREETINGS FROM PROF. AMOS ETZIONI

P2

Director  
Children’s Hospital  
Rambam Health Care Campus

Dear Friends of Rambam,

Pediatrics is an evolving medical field, and the problems a pediatrician needs to solve today are completely different from those of some decades ago.

In the past, infectious agents were the main concern in pediatric medicine, and such diseases as poliomyelitis, severe pneumonias and encephalitis caused many deaths and high morbidity. Now, with worldwide immunization, these conditions are very rare, and even AIDS is a rarity in the pediatric group.

On the other hand, many new challenges exist for today’s pediatrician. Increased knowledge in genetics challenges us to formulate new diagnostic and treatment options. Bone marrow transplantation has become a common procedure, and gene therapy has been performed successfully for several rare conditions.

The new techniques and treatments enable us to save many infants and preterm babies who would not have survived in the past. However, these very sick kids who have survived suffer from many chronic illnesses, whose diagnosis and treatment represents a new field in pediatric medicine that was mostly neglected in the past.

For example, great progress has been made in pediatric hemato-oncology, in which today more than 80% of the children are cured – a huge success, but again, much more progress is needed to improve these children’s quality of life.

The new Ruth Children’s Hospital is a necessity for Rambam. We now look at the child not only as a sole individual but also as part of a family that needs attention and appropriate treatment while in the hospital. The concept of the Ruth Hospital is that state-of-the-art therapy will be provided by the best specialists in pediatrics within a comfortable and serene, holistic environment.

Amos Etzioni

Rambam  
on Call

Published by the Department of International  
Relations & Resource Development

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Life’s Longing, p.1); Courtesy of Prof. Amos  
Etzioni (Greetings, p.2); Courtesy of Ruth  
Rappaport (Profile, p3); Michal Mizrahi  
(Africa in Israel, p.6); Eli Gross (Like Family,  
p.8); Dudi Ardon (Dr. Itai Shavit, p.8); and  
others.

Architectural rendering

Arieh Sharon, Eldar Sharon, Architects  
& Town Planners Ltd. (Ruth Children’s  
Hospital, pp.4-5)



# The Children of Life's Longing

CONTINUED FROM P1

by means of *apheresis*\*\* and vacuum sealed in blood bags. Because stem cells can’t live in a medium other than the body, the preservative *dimethyl sulfoxide* (DMSO) is added to the extract, and the bags are immediately stored in liquid nitrogen at minus 196 degrees Celsius.

Several days ago, Laila and Aamal checked into an isolation room of the Pediatric BMT Unit, where they will live for the next month while the child recovers her bone marrow function.

Just outside this specially ventilated hospital bedroom, whose glass doors slide open at the touch of a button and quickly and automatically *whoosh* shut, green gauze gowns and masks and blue plastic booties are kept. Because Aamal’s immune system is compromised, her physicians and nurses, and the teachers, social workers, and National Service volunteers who come to visit her, never enter without putting on these disposables, and anyone who exits must don a new gown before reentering.

In the room with Aamal and her mother on the day of the transplantation are Deputy Director of the Pediatric BMT Unit Dr. Sergey Postovsky, Pediatric BMT Nurse Coordinator Iris Porat, and Senior Nurse Irena Varnovitzki. The unit is headed by Dr. Irina Zaidman.

Iris pulls on padded blue *cryo gloves* (against frostbite) up to the white elastic cuffs of her gown, and lifts the cover off a cylindrical freezer. Dense fog gushes forth. She plunges her hands into the fog and pulls out a plastic pouch whose solid contents could be mistaken, in another context, for frozen fruit bars.

Iris and Irena double check the ID number on the bag against the patient’s hospital ID. Iris then swishes the bag back and forth in a stainless steel tub of warm water to thaw its contents to body temperature.

“Aamal is very small, so we will be giving her only two bags,” she comments. “If she were big, she would receive up to eight.”

Iris hands the thawed bag to Irena, who fastens it to the *central line*, a durable catheter that was surgically inserted into the child’s chest wall 2 months ago in order to deliver, first, chemotherapy, and now, peripheral stem cells. The line leads directly into the right atrium of the little girl’s heart, which instantly begins to flush the stem cell infusion through her body.

The child half awakens, and moans with nausea.

Laila puts an arm around her daughter’s slim shoulders to prop her up, and places a basin under her chin. The child’s lank hair falls forward over her face; she spits up a rivulet of bile. The mother remains self-restrained, but her eyes well up.

“Aamal has been vomiting all morning from the chemotherapy,” Iris says quietly as she swishes the second stem cell portion in its warm bath. “The preservative [added to the extracted stem cells] is necessary but it, too, causes nausea. Afterwards, she will sleep and regain strength.”



Prof. Shruga Blazer: “We are supplying half a pregnancy.”



## Eeyore's Tail

An excavator is chewing up the pavement outside the entrance to the Pediatric Emergency Medicine Unit. Indoors, the sounds of night construction are muffled, and as befits a place where children and parents arrive sleepy and anxious, voices are quiet.

Winnie the Pooh, painted on the wall behind the secretary’s station, peeks into his medical bag; Tigger is bouncing on (not off) the wall outside the examination rooms.

Eeyore is not here, but if he were brought to Rambam for suturing of his tail, he would find himself fortunate to have reached Northern Israel’s only Level 1 trauma center, and the country’s national center for pediatric procedural sedation techniques.

The latter achievement owes to the vision of Unit Director Dr. Itai Shavit. He was one of the first residents in the world to study *pediatric emergency medicine* (PEM) when it debuted in North America approximately a decade ago. In Israel, the new subspecialty has been recognized only since 2008, and the first fellows began their training in January 2009. The first licensing exams were given in December 2010.

“The spectrum of medicine practiced by pediatric emergency physicians is wider than that practiced by pediatricians, and the patient severity of illness and injury is higher,” Dr. Shavit explains.

In 2000, he went to Alberta Children’s Hospital in Calgary, Canada to be trained in PEM and learn pain assessment and management. Now, pediatricians come to Rambam from throughout Israel, and also from Europe, to learn from *him*. Dr. Silvia Bressan of Padova, Italy, for instance. She says, “Pediatric emergency medicine is at a lower level in Europe – we [pediatricians] do no sedation, no trauma.”

“In our unit, fellows and PEM specialists are ‘mini anesthesiologists.’ Even the residents perform sedations when necessary,” Dr. Shavit explains. “First-year residents learn about a range of medicines that render patients mildly drowsy. After they get used to doing mild sedations, they go deeper with other medications. The purpose is to reduce the child’s anxiety and to induce drowsiness and amnesia. For example, to insert a urine catheter into a one year old. You don’t want to do it forcefully!

“The idea is to use simple techniques requiring tact and fitted to the child’s age and the treatment procedure. We relax the child with distraction – chitchatting, DVDs – and ask the parents to stay in the room. We are the only hospital in Israel to use LAT, an anesthetic gel that covers lacerations, which Rambam’s in-house pharmacist makes for us, and we do quite a lot of oral sedation using syrup – we sometimes use it ten to twelve times in a shift.

► cont. p8

\*\* Apheresis is described in “His Brother’s Keeper,” *Rambam On Call* (ROC), June 2008:4.





## RUTH RAPPAPORT

### Donor Ruth Children's Hospital

Ever since Ruth Rappaport arrived as a child in British Mandatory Palestine, her life has paralleled the life and growth of the State of Israel.

The Rambam Award 2010 honoree and her late husband, Baruch (Bruce) Rappaport ז"ל, have helped transform the country's cultural, educational, medical, and scientific landscape. The Baruch and Ruth Rappaport Art and Cultural Center on Mount Carmel, the Technion's Rappaport Faculty of Medicine and Rappaport Family Institute for Research in the Medical Sciences, and the eponymous Ruth Children's Hospital currently under construction at Rambam – all attest to a family that has defined the state-building project of Zionism in the most inclusive, far-seeing, and humanitarian terms.

Mrs. Rappaport is very active in WIZO, of whose Geneva chapter she was president for many years, and through which her husband donated five day care centers and a battered women's shelter. She is also active on behalf of many Israeli cultural institutions, among them the Israel Museum and the Israel Philharmonic. Her philanthropic work has been internationally recognized with two Doctorates of Humane Letters, honoris causa, a Doctorate of Laws, honoris causa, and many other accolades.

Ruth Rappaport was born in Berlin to Kaete Goldschmidt, nee Schwabe and a Zionist father, Alfred Goldschmidt. He had been a young soldier in the First World War, and on returning home founded *Goldschmidt & Schwabe*, a factory that specialized in lamps and Bauhaus furniture.

"In November 1932, my father had a skiing accident," his daughter relates. "He went to a rest home to recuperate, and the only reading material there was *Mein Kampf* by Adolph Hitler. He read it. As soon as he recovered from his accident, he went directly to the British Embassy and bought immigration certificates for fourteen people – for our whole family, all the relatives, and for those of his employees who were Jewish."

In April 1933, Ruth and her brother arrived in Jerusalem with their father; their mother would arrive in September. "I didn't know in advance [about our *aliyah*]," Ruth recalls. "On my birthday, the 6th of April, my mother said, 'You're going on a holiday.' The whole family came to the station to say goodbye to us. And I woke up in Trieste. It was the week of Pesach." The family's flight coincided



First day of school, Berlin, 1930



Champion high jumper, Hapoel Sports Association, Haifa



Engagement, 1944



Wedding, 1945



Young mother and firstborn, 1948



Jerusalem Mayor Teddy Kollek (r) accepts a gift of Judaica for the Israel Museum, 1978

with a dramatic escalation in the Nazi's delegitimization of German Jewry; on April 1, 1933, Hitler had called for a boycott of Jewish businesses, and on April 7th, the government would ban Jews from civil service jobs.

"The ship on which we sailed arrived in Jaffa on the 17th of April," Mrs. Rappaport continues her story. "We went straight to Jerusalem, where we stayed with my mother's brother, Prof. Moshe Schwabe, and then we [children] were sent to the Ben Shemen Youth Village. I was nine years old, and my brother was thirteen. For him, it was fantastic, but I was too small to enjoy the village. I was there without my mother and didn't know the language. I was very lonely.

"I learned Hebrew in three months. My father was not religious, but in Berlin, every Friday he came home for the *kiddush*. Then, he sat at the piano and played Hebrew songs instead of saying the *birkat hamazon*. And so I picked up Hebrew; my ear was used to hearing the words."

In September, the Goldschmidt family moved to Tel Aviv. "We lived three hundred meters from the Kaete Dan Guest House, which is today the Dan Tel Aviv Hotel – it marked the boundary of Tel Aviv at that time," Mrs. Rappaport recalls, adding, "In Tel Aviv, my father manufactured lamps. He worked with all the Bauhaus architects. He wanted to educate people in Palestine to appreciate the culture of interior living.

"I didn't miss Germany at all," she concludes. "I loved every moment of my new life!"

In 1938, the family moved to Haifa in order to expand the business.

At the beginning of August 1942, Ruth met Bruce Rappaport at a birthday party for one of her schoolmates. "He became my boyfriend. I was 18. I had never had a boyfriend before," she relates.

In the same year, he enlisted in the combined American/British army while she studied at Seminar Levinsky to become a teacher. In 1945, the couple married.

"Bruce was a remarkable person. I lived with the same man for sixty-five years. *Sixty-five years!*" Mrs. Rappaport says. "We came from two different backgrounds. Bruce's parents were from the Ukraine. The food, the way of life, and some ways of thinking

were quite different; nevertheless, we had a very happy marriage. My parents were my example. They lived together very happily all their days. You have to be mutually considerate. Marriage is a 50-50 proposition, it's hard work, and each one has to give. Bruce wasn't an easy man. He was a busy man, but a generous, kind, and very loving husband."

From Mrs. Rappaport's stories about her late husband, it is evident that he possessed qualities of vision and determination since his youth. "Bruce said, 'I'm going to study law.' It was the dream of his life," she relates. "His parents were not in the position to send him to university, so he studied at night." In 1947, he joined the Israel Defense Forces\* and served for six years.

In 1953, Mr. Rappaport joined a Tel Aviv law firm, one of whose clients sent him to London. One of his first tasks was to try to arrange financing for an Israeli company. This brought him to Geneva, whose enormous potential so impressed him that in 1957, he decided to relocate his business and young family there. The move coincided with Israel's austerity period (1949-1959).

In Switzerland, Mr. Rappaport began as a ship chandler, built ships for several countries, bought refineries, and opened a bank. Eventually, he became an oil and shipping magnate. The couple committed themselves to philanthropy directed toward education, medical research, and other social causes in Israel and abroad. Haifa and its people are major beneficiaries, as are WIZO, an organization very dear to the Rappaports, and many other worthy institutions.

Mrs. Rappaport explains the Mediterranean port city's special place in the family's heart: "Haifa was Bruce's birthplace, where we met, where we married, and where our daughters were born. Bruce always said, 'I am the treasurer of God; I distribute the money I have earned whenever it is needed.' He always said, 'I'm going to put Haifa on the map!' And he gave with such love.

"We have four daughters, eleven grandchildren, three great grandchildren and a fourth on the way. Our children are the next generation in philanthropy. That's what my husband always wanted, and our daughters are fulfilling his dream!"

\*Ed. note: Then known as the Haganah, which merged into the IDF in May 1948 with the establishment of the State of Israel.







Each hospital floor will be color coded and decorated to express a particular theme from nature. The names when translated into English – e.g., the blue “Sea Floor” and green “Forest Floor” – evoke fairy tales where children make brave, magical journeys of self-discovery through worlds hidden from adult perception.



FLOOR

Ground Floor

The Sea  
Pediatric Emergency  
Medicine Unit



1 The Orchard

Neonatal Intensive  
Care Unit



2 The Vineyard

Pediatric Intensive  
Care Unit



- 8

The Sky
- 7

The Beach
- 6

The Hills
- 5

The Forest
- 4

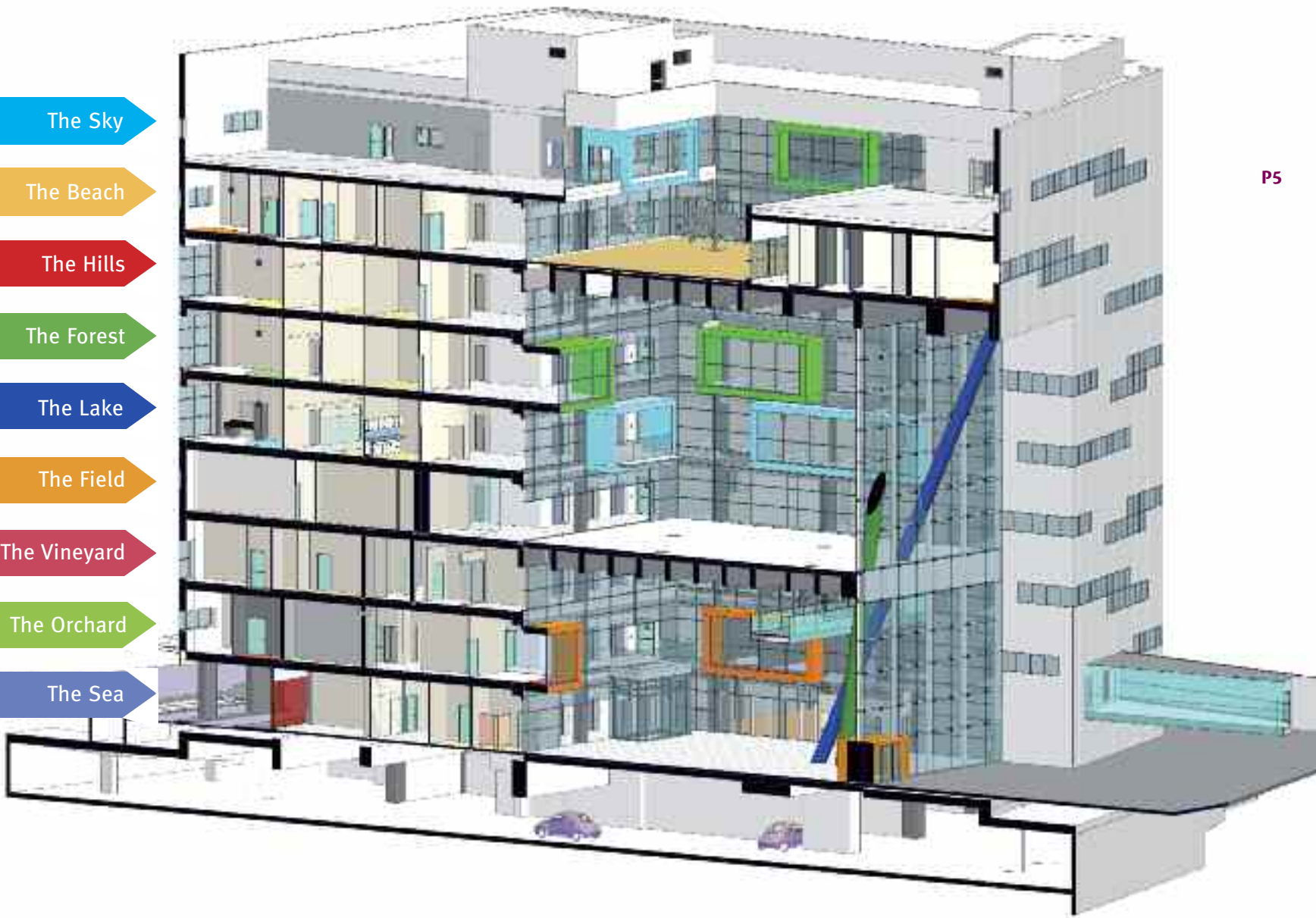
The Lake
- 3

The Field
- 2

The Vineyard
- 1

The Orchard
- GF

The Sea



P5



3 The Field  
Pediatric Outpatient  
Clinic



4 The Lake  
General Pediatrics A;  
Psychiatry Unit



5 The Forest  
General Pediatrics B;  
Rehabilitation Unit



6 The Hills  
Department of Pediatric  
Surgery; Surgical Subspe-  
cialties (Units): Cardiology,  
Orthopedics, Neurosurgery,  
ENT, and Ophthalmology



7 The Beach  
Pediatric Hematology  
& Oncology Department



8 The Sky  
Administration; Neurology  
Unit; Sleep Disorders Unit;  
Physiotherapy Unit;  
Occupational Therapy Unit



# AFRICA IN ISRAEL

P6

Seventeen senior physicians, nurses, social workers, and community workers from eight developing nations came to Rambam on November 10, 2010 in the context of the HIV/AIDS: Innovative Management and Care Programme of Galilee International Management Institute.\*

Participants included, among others, representatives of the Ministry of Health of Barbados, the Ethiopian and Ukrainian branches of the US Agency for International Development (USAID), the Liberian branch of the United Nations Development Programme (UNDP), the Ghana AIDS Commission, the Kenya AIDS Control Project, the National Human Rights Commission of Nigeria, and the

Zambian branch of Save the Children Sweden.

The visitors heard about Israel's HIV/AIDS prevention and treatment model from Carcom Maor, Head Nurse of the Allergy, Immunology and AIDS Institute at Rambam, who also directs the medical center's HIV/AIDS Clinic.

Eight hundred outpatients are under regular follow-up at the clinic, she said, and over 200 HIV negative babies have been born at Rambam to infected mothers.\*\* Among her initiatives is Pill School, a preschool at the clinic that uses M&M's to teach children living with AIDS how to swallow their medicine via tablets (medicinal syrup ruins the teeth).

HIV infected individuals must take the HAART cocktail for the rest of their lives. For this reason, and because not only the disease but also the medications can create nutritional and metabolic problems and depression, the main challenge for AIDS healthcare providers worldwide is patient compliance.

Ms. Maor told her listeners that to meet this challenge, the Israeli healthcare system has developed a method of *cultural interveners* (public health workers) in the Ethiopian and Russian communities; the homosexual community is doing its own education. Israel also has extensive experience with calibrating the HAART cocktail and meliorating its side effects.

The Rambam method recognizes the differences in cultural norms among major HIV carrier populations and works on the principle that the interveners should come from the same origin as the troubled populations. The interveners explain the disease to infected individuals and encourage patient adherence to the cocktail.

## Still a Stigma

"There are currently 5,000 known AIDS cases in Israel," says expert Zalman Gordon, Academic Director of Social Development Programmes at the Galilee Institute. "The Israel AIDS Task Force claims that there are in fact about three times this number in the general population, but Israel has no enforced testing, and it can take years before HIV develops into full-blown AIDS."

According to Mr. Gordon, of these 5,000 known cases, many are Ethiopians who have emigrated from a country where AIDS is endemic because men do not use condoms. Another large, but undetermined, percentage of Israeli HIV carriers are Russians who have emigrated from a country where the sharing of needles among drug users has bred an AIDS epidemic. Another percentage of carriers are homosexuals and heterosexuals who have engaged in unprotected sex with an infected partner or partners.

The socially explosive potential of Israel's dialogue with AIDS is suggested by the Ethiopian and Russian immigrant populations' confrontations with the Ministry of Health over the State's attempt to single out these two groups for compulsory HIV testing. The Ethiopians have resentfully submitted to screening whereas the Russian immigrant population has had the numbers, and thus the political clout, to resist.

"It's ironic," Mr. Gordon comments. "The people who are discovered to have HIV and are treated for it feel discriminated against."

\*Full disclosure: In 2001-2003, the writer worked at Galilee Institute, where she and Mr. Zalman Gordon, quoted in this article, were colleagues.

\*\*See related story, "We're Expecting!" *Rambam On Call* (ROC), November 2010:3.

*The problem in Israel is mainly social. It's not promiscuity and not lack of knowledge, it's lack of caring. People don't use their knowledge.*

*I was discovered with HIV through a blood donation that I gave. I and at least six other people had been infected by a serial infector. It's like rape – to go to the police or into open court with a complaint like that, you need to unveil your own life story and emotions. Now I tell my story to high school classes and youth groups.*

**Ido Malachi**  
Volunteer, Israel Aids Task Force  
Guest Speaker, HIV/AIDS Seminar  
Rambam Health Care Campus



(l-r) Mr. Ido Malachi, Guest Speaker, HIV/AIDS Seminar, and participant Ms. Fatima Abubakar Shamaki, Senior Legal Officer and Programme Officer, Right to Health, National Human Rights Commission, Nigeria.

*Thank you for your courage, your openness, and your campaign against the social stigma of HIV/AIDS.*

**Michael Kwadzo Gold**  
Sub-Projects Manager  
Ghana AIDS Commission  
Seminar Participant

## NEWS IN BRIEF

Fall 2010 – Winter 2011



**EUROPE & THE MEDITERRANEAN** – The Eleventh Annual Oncological Conference of Northern Israel brings to Haifa leading physicians, nurses, physicists, researchers, social workers, and technicians from Israel, France, Germany, Greece, the Palestinian Authority, Switzerland, and Turkey. The annual conference is an initiative of Prof. Abraham Kuten, Director of the Oncology Institute at Rambam.



**INDIA** – Senior Physician Dr. Itzhak Ramon and Resident Dr. Zach Sharony of the Department of Plastic Surgery join more than 50 medical personnel from around the world for a 10-day mission to Assam, where delegates provide corrective surgery to over 200 infants and adults with cleft lip or cleft palate. *Under the auspices of Operation Smile.*



**JORDAN** – General Surgeon Dr. Kamal Hafiz of Jerash Hospital completes a one-year fellowship at Rambam in acute care surgery. Among his mentors are Prof. Yoram Kluger, Director of the Department of General Surgery; Dr. Hany Bahouth, Director of Acute Care Surgery; and Dr. Arie Arish, Director of the Hepato-Biliary Surgical Service.



**SOUTH AFRICA** – Operating Room Nurse Yasser Barakat spends two weeks at St. Mary's Hospital, near Durban, as part of a 17-member *Operation Abraham Collaborative*-sponsored international medical mission. The team conducts more than 160 medical circumcisions on adult men and also trains local medical personnel in the procedure, which is intended to lessen the spread of HIV.



**UKRAINE** – The Deputy Mayor of Vinnytsa heads a delegation to Rambam comprised of municipal and university officials, and neurologists. The visitors come to learn from Rambam's experience in establishing a large regional hospital, and in treating patients with serious strokes.







## EUROPEAN FRIENDS



A European Friends of Israel (EFI) delegation on their way to Jerusalem for the EFI 2nd Policy Conference is pictured at Rambam on February 4th with Prof. Karl Skorecki, Director of Medical and Research Development at Rambam. The EFI's approximately 1,000 members represent every parliamentary national-Israel friendship group from the EU's 27 member states and from a recently launched Israel friendship group within the European Parliament. The visit to campus was intended to establish an exchange of ideas between the parliamentarians and leading medical researchers at Rambam.



## SNOWBIRDS

**MIAMI** – In mid-January, the already friendly border between Canada and the USA completely dissolved (which is more than can be said for the record snowfalls on both sides of the frontier) when a dozen American and Canadian Friends of Rambam gathered at the Miami, Florida home of George Feldenkreis. CFRAM Board Member Bayla Chaikoff was among those present to hear Prof. Rafi Beyar deliver a progress report regarding construction of the Sammy Ofer Northern Regional Underground Emergency Hospital and the Ruth Children's Hospital. Guest Mr. Isaac Olemberg, Board Chairman of



Temple Menorah and leader of Miami's Jewish Cuban colony, was so moved that he wrote out a check to Rambam on the spot.

P7



## AMERICAN FRIENDS

### Dr. Robot



In December, Dr. David Samadi, one of the best-known surgeons in the world, inaugurated the era of robotic prostate surgery at Rambam using the da Vinci Surgical System, whose \$2.6M acquisition has been made possible through the generosity of Sohaila Adelipour; Meri and Sol Barer; the Crown Family Foundation; George Feldenkreis; the Iranian American Jewish Federation of New York; Alan C. Mendelson; Fred and Nader Ohebshalom; the Technion – Israel Institute of Technology; the Wolfson Family Foundation.

### Frankly Speaking



In January, Patricia and Albert Frank came to campus to congratulate Dr. Yael Kenig, Rambam's first recipient of the Frank Family Fellowship in Nephrology. Pictured are (l to r) Prof. Rafi Beyar, Director and CEO, RHCC; Dr. Suheir Assady, Director, Department of Nephrology; Ido and Lauren Rose, grandson and daughter of Mr. and Mrs. Frank; Patricia Frank; Dr. Kenig; Albert Frank; and Prof. Karl Skorecki, Director of Medical and Research Development, RHCC.

Dr. Assady: "Dr. Kenig is an outstanding physician gifted with the professional and personal qualities of a clinician able to provide personalized medicine to patients and to integrate a research project into her fellowship."

### Rainy Day Friends

Pictured on campus in March are (l-r) Prof. Judith Aharon Peretz, Director, Cognitive Neurology Unit, and Prof. Rafi Beyar, RHCC Director and CEO, hosting steadfast supporters Mr. Arthur Hoffman, President, The Leir Charitable Foundations; Mr. Yair Kagan, Executive Vice President Emeritus, AFORAM; and Ms. Margot Gibis, Program Manager, The Leir Retreat Center.



## BRITISH FRIENDS

### Candidates for Cuddling



Every Chanukah, British Friends holds a bazaar whose proceeds benefit the Children's Hospital at Rambam. Pictured are newborn plush puppies and other darling new things sold at this year's event.

### Wheel Always Care



Pictured are patients benefiting from 2 of 16 dialysis chairs purchased for the Department of Nephrology by the Operation Wheelchairs Committee through British Friends. The donation was made at the initiative of Bruria Cohen, Honorary President of Israeli Friends of Rambam Medical Center.

## Like Family

P8

Flowers and strawberries print the oilcloth covering a seminar table set with diced cucumber and tomatoes, sliced bread, eggs, cheese, hummus, and chocolate spread. This is the staff room of the Pediatric Hematology and Oncology Department; Hebrew, Arabic, and Russian are the native languages of the nurses who drift in and out, as their tasks allow, to make coffee and toast and to breakfast together.

Departmental Head Nurse Ruth Ofir – *Ruti* to her staff of 34 nurses – explains that the department treats pure hematologic diseases, such as thalassemia and sickle cell anemia; the oncological aspects of hematology, such as leukemia (representing 30% of the cases); and pure oncological diseases such as solid tumors and lymphomas.

“

*Everyone comes with prejudice about cancer. Whoever hears oncology thinks it's a lost cause, but in fact above 80% of the children are healthy at the end of treatment. If you look at the survival rates for leukemia in the 1950s against today, there's no comparison, and I believe that in the future, medical science will be able to achieve an almost 100% cure rate.*

”

**Ruth Ofir, RN, MA**

Head Nurse

Pediatric Hematology & Oncology Department

Her responsibilities include supervising drug therapy protocols. She works both in longhand and via the Prometheus computerized physician order entry (CPOE) system.

“I am checking patient IDs against the IDs on physicians' prescriptions,” she explains, her pen poised above a chart.

“A specialist physician, a resident, and the attending nurse check too. Then the prescription goes to the pharmacy, and two pharmacists work on it, one to prepare it and the other to confirm it; afterwards, the nurse checks with a second nurse. So each dose is checked by eight people before it reaches the patient, and sometimes we also recheck during the procedure because” – her dark eyes widen in emphasis – “these are toxic medicines.”

She lays the chart aside for a moment, and shares her philosophy of pediatric oncological nursing.

“Our doctors and nurses work together as a team to deal with all aspects of the disease, bodily and psychological. We have the will to give the best care, and we are considerate of the patient's and family's distress.

“It is the nurses who see the child 24/7. We perform with a lot of soul. Our first task is to place the central line [for administration of chemotherapy and BMT]. For this, we need cooperation. We think *with* the child, explain and develop trust, and to the extent possible, we don't cause pain.

“The nurses give legitimacy to the feelings of the child and family,” she continues. “For example, how do you convey to families a cancer diagnosis? A mother said, 'It's like an earthquake!' The parents become our partners. We give them guidance at the beginning of treatment, and guide the child in self-care. We become a family with them.

“I teach the young nurses to comprehend the world of the child and the family and how they live with the disease. A child is very honest, and is happy or sad within an instant. A child has the ability to recuperate, to adapt, to be happy.

“Teenagers understand [more] and have an issue with body image. We help and respect them – for example, with [chemotherapy induced loss of] hair. There are teenagers who shave off their own hair. They say, 'I'll decide when!' It gives them back control.” ●



## The Children of Life's Longing

CONTINUED FROM P2



Dr. Itai Shavit: “The idea is to use simple [pain management] techniques requiring tact and fitted to the child's age and the treatment procedure.”

“Israel reflects the North American level because people like me were trained in the U.S. and Canada, where the field of procedural sedation is the core of pediatric emergency practice,” Dr. Shavit concludes. “We believe that we are now more advanced than most pediatric emergency departments in North America.”

Every 24 hours, the unit examines and treats an average of 80 children. The first station is the triage room. The nurses are responsible for performing the initial triage and thus for managing patient flow.

A whiteboard in the hallway leading from the triage room to the shock room serves as the unit's nerve center. Team members jot down each patient's admission time, name, age, symptoms, preliminary diagnosis, and attending physician. Blood and urine are drawn and sent off to the lab for immediate analysis. If the team decides to hospitalize a child or call a consulting physician, they note and track this, too.

The whiteboard exerts a magnetic pull on the unit's physicians and nurses, who bunch up intimately in front of it for the exchange of information at 3PM, 11PM, and 7AM, when each of the 24-hour cycle's three shifts change over, and also throughout each shift.

As quickly as the children are treated and released, the corresponding line items are erased to make room for new admissions. The patients are treated so efficiently that at first glance, the board resembles a Flight Information Display whose time slots fill up as quickly as they empty out.

The unit prides itself on good communication and flow, Dr. Shavit comments, adding, “If I see a pediatric ER loaded with patients, I have to ask if the staff are professionals in *emergency medicine*.” ●

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