

Peace goes by the name Hadassah

Qanta Ahmed - The Times of Israel

t is spring in Rehavia. Leaving the twinkling lights of the King David Hotel, I walk to dinner. Jerusalem gleams from the recent rain. The city is fresh, the night breeze cool. Contemplating the plans I have for tomorrow, I run into a colleague from New York. Hearing my schedule, she says "Tomorrow, you will see what Peace looks like." Her words remain with me for the rest of my time in Israel. For a long time, I will think of nothing else.

I am in an elevator in Ein Kerem. Dr. Mickey Weintraub, chief of Hadassah Hospital's Pediatric Hematology Oncology division accompanies me. In silence, I stand stock still surrounded by my colliding worlds. To my right stands a veiled Muslim woman in full hijab and abbaya. To my left, a tall Hassid wearing his sombre 19th century suit stands, looking ahead. Everyone follows the digital display of the changing floors, but all I can do is stare around me. What to me seems miraculous, to everyone else seems mundane. The short journey slows to a single potent memory: the dichotomous worlds where I have made my homes have condensed into this powerful moment, one where an Israeli Hassid stands next to a Western Heterodox Muslim who flanks a modern Orthodox Jew in ranks with an orthodox Muslim Arab woman. The tumultuous region, the turbulent ages kaleidoscope into a sharpness of extraordinary clarity. For a moment, I see Peace.

The elevator opens, and we separate to different paths. I follow my colleague and meet the staff and patients at Hadassah Ein Kerem's Pediatric Hematology Oncology Unit. The ward is familiar in the way all hospitals will always be to me. But what is so strikingly distinct is the diversity of humanity which unfolds along our tour. Nurses, doctors, parents and patients continue with the demanding business of confronting cancer. In each bay of the ward I notice a round table. Casually pulled up, families are

gathered around, some of their children receiving intravenous chemotherapy, others awaiting the routine events of their day. Intermittently, nurses record vitals in charts, murmuring reassurance to those in their charge. Some of the nurses are hijabed Arabs, others equally observant and covered Haredi women. I find them almost indistinguishable.

My colleague details the logistics of serving this community of patients. Hadassah is an 1100 bed facility which serves more than a million people across some of the most contested territory in the world. It served both communities, even during the violent Second Intifada, earning Hadassah the nomination for the Nobel Prize - the only hospital in the world to have been thus honoured. Hadassah does all this on a budget which is over 90% philanthropic. That's akin to one American hospital attending almost 39 million Americans, in the face of smouldering conflict, almost entirely financed by charitable patronage. Though these donations are almost (but not entirely) from the Jewish international community - Muslims patrons in Turkey and Morocco exist - many of the patients at Hadassah are Muslim Arabs from the Palestinian territories. Hadassah has trained more than 73 Palestinian resident physicians in recent years and now seeks the opportunity to train them as subspecialists, recognizing the urgent need to build physician capacities in the Palestinian community. Lacking specialist physicians, all too often, patients must be cared for in Israel, at Hadassah-Ein Kerem or Hadassah-Mount Scopus.

In coming days the same insights are echoed when I meet with Dr. Osnat Levzion-Korach the Director of Hadassah University Hospital-Mount Scopus, and Dr. Hani Abdeen, the former Palestinian Minister of Health who is now the Dean at the School of Medicine at Al Quds University Medical School in East Jerusalem. Numerous Israeli and Palestinian medical residents and faculty observe the same. The unity of their commitment to serve a shared

population is striking, inconsistent with a region portrayed as in interminable, violent conflict. I find both Israeli and Palestinian physician leaders seek the same goals - to better serve their hybrid community, to better educate the physicians of the future and above all to pursue these complex goals together in close collaboration.

The next day at Hadassah's Mount Scopus campus, I visit the emergency room. It is rare that a physician spends time in a waiting room and I savour the luxury of a vista I rarely experience. Around me, the soft hum of families murmurs as they settle in for their waits. I see Arab families who might have been from Malaaz in Riyadh. Ordinary working folk, they are veiled, or thobed, bearing baskets of nourishment and necessity. I almost catch the faint scent of cardamom that such families in Riyadh inevitably trailed as they travelled with delicious thermoses of Arabic coffee. I find myself transported to Arabia. Seated in the same area nearby, I see families I might have attended in Maimonides, New York had I accepted a job I was once offered. It's hard to believe I am not in Brooklyn as I see the tall, demure, peyos-adorned men, their formal black hats, escorting their modest wives. They look at me peacefully with entirely no curiosity. I remain unnoticed because, I discover with some delight, I fit in. Only later do I realize there is no segregation, neither men from women, nor Muslims from Jews, nor Israelis from Palestinians.

These were just some of the memories Hadassah gifted me during my short visit. In visiting my colleagues and their patients, I finally see Israel as she was intended. Israel is a place of healing and recovery for all who enter, a place where respect is accorded to every human created in the image of the Lord. As I reluctantly leave Yerushalayim Shel Zahav, the City of Gold, though it is my third trip to Jerusalem, I realize this has been my first glimpse of Yerushalayim Shel Mala, the cosmic Jerusalem, where Peace goes by the name Hadassah.

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Israel a leader in field of neonatology, says Israeli expert

Ron Csillag - The Canadian Jewish News

A leading Israeli expert in neonatology is eager to export his country's success in saving babies in distress. Dr. Michael "Miki" Karplus was Israel's sole delegate to last week's summit in Toronto, "Saving Every Woman, Every Child Within Arm's Reach," convened by Prime Minister Stephen Harper to address maternal, newborn and child health.

The three-day conference, which drew dozens of doctors, scientists and experts from around the world, addressed three key objectives, according to a statement: delivering results for mothers and children, doing more together globally, and undertaking "real action" for women's and children's health.

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Real action is something Karplus understands; it turns out Israel is a leader in the field of neonatology, a pediatric subspecialty devoted to the health and well-being of newborns. Over the past few years, through two "mother and baby" units it established in the African nation of Ghana, Israel has learned how to treat troubled newborns cheaply and without expensive medical intervention that is unavailable anyway. The idea is to involve mothers much more centrally, Karplus told The CJN in an interview before the conference's start. While the notion has taken hold, he's eager to take tangible results to other places.

"The whole idea is to expand," said Karplus, who headed the department of neonatology at Ben-Gurion University's Soroka Medical Center for nearly 30 years. "We would like to come to international agencies and say, 'look, we have this model and we would like to propose that we take it to an area and set up a number of them. Then we can study

[infant] mortality when we compare an area that has a unit with an area that does not."

The units in Ghana, established by Mashav, Israel's Agency for International Development Cooperation, with guidance from the Soroka Medical Center, do not rely on expensive respirators, ventilators or incubators. "The high mortality in babies in the developing world...is due to infections and complications from being born small," Karplus explained. "Many of these complications could be dealt with [using] limited resources so that mortality can be reduced with simple means."

Among the best known methods is so-called "kangaroo mother care," in which the mother, through skin to skin contact, warms her baby. That replaces incubators, which are expensive and when they break down in developing countries, there's no one to fix them, Karplus pointed out. Underweight babies, meantime, also need warmth, as well as feeding and a clean environment. Great care is taken to allow only the mother to handle her newborn. "Infection will be minimal because no one else is handling the baby. The big danger is cross-infection."

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Decades ago, Karplus came to the view that newborns with problems could be saved through basic, inexpensive interventions that did not require a doctor. He and his team developed a training course for nurses and medical assistants based on simple, affordable methods. In Ghana, the Israelis focused on newborns' most common problems and found that treatments, in most cases, did not require doctors. "There are very few doctors in Africa," Karplus pointed out. "You cannot set up such units in rural areas of Africa if you expect doctors to work there. So the approach is really to

work with the staff that are available. With these very simple means, you can reduce mortality tremendously."

"If the condition of the baby deteriorates, we are helpless," he went on. "But the number of babies we will lose because of the lack of respirators is very small. We are going to save, with simple means, the majority of the babies who are now dying."

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With just two centres in Ghana, both in the southern town of Kumasi, it's impossible to tell whether Israel's efforts have made a dent in the country's infant mortality rate, which in 2012 stood at 49 per 1,000 live births (Canada's rate is five, Israel's is three). That is why this year Israel will evaluate its units, both from a health and cost-effectiveness standpoint.

As a pioneer in the field, Israel was represented at the Toronto conference to share its experience in Africa and propose that its model spread elsewhere, Karplus noted. "We started very early, 20 years ago, before there was an international trend [and] nobody was interested in this kind of approach," said Karplus. "Nowadays, it is the internationally accepted way of doing things."

Asked whether Israel is known for its work in the field, Karplus replied, "not enough. There are so many countries with very high neo-natal mortality that would gain so much if these units could be set up."