

A word from the chairman

Dear Friends,

We are happy to present you with another issue of 'IMA around the Globe' where you can read about the work of the IMA in Israel and abroad. In February, the IMA publically announced our launch of "a mission to save public medicine," demanding additional manpower, more beds in hospitals, and incentive pay to draw more physicians to the periphery and to multiple specialties suffering from physician shortages. This struggle is for health and medicine in Israel and not a regular union matter. Despite an ongoing series of sanctions and protests launched by the IMA, negotiations with the government remain unsuccessful and Israeli doctors have continued to strike.

Last month our medical students ran four kilometers of the Tel Aviv Marathon as a display of their support for the IMA's struggle and the IMA held a mass protest with approximately 2,500 participants outside the Parliament to protest the government's failure to effectively address Israel's collapsing public health system.

The IMA has also been very active in the international arena, in response to the tragic earthquake and subsequent tsunami which swept through Japan this year, fifty Israeli military doctors arrived in Japan to set up a field clinic for Japanese refugees, located approximately 150 miles from the Fukushima reactor. The clinic provided routine medical ser-

vices to those from evacuated areas who had no access to medical care.

I had the pleasure of travelling to the UK, and met our Jewish Medical Association - UK Chapter. I met medical students affiliated with the IMA and reviewed Neuroscience practice in Israel. I attended an evening event hosted by Dr. David Katz, the executive chairman of the UK Chapter, which was attended by the local IMA-WF committee group. Throughout the evening we discussed issues related to how Israeli medicine is portrayed in British medical journals, humanitarian issues and the IMA 100 years' celebration to be held in Israel in 2012. I also had the pleasure to meet and have discussions with Sir Michael Marmot, president of the BMA and Dr. Steve Hajioff, Chairman of the Representative Body of the BMA. We exchanged ideas



■ Dr. Zeev Feldman

and opinions on professional issues as well as on the unbalanced exposures and discussions of political topics concerning Israel in the British scientific Journals. I would like to thank the IMA UK Chapter for their generous hospitality during my time in London.

I am excited to inform you that we have been invited to present Israeli and Jewish Medicine at the European Parliament this November. I would like to thank Dr. Willie Lipschutz, the executive chairman of the Belgian Chapter of IMA-WF for organizing the event.

At the beginning of this month the IMA-APF joint grants committee awarded 10 scholarships to Israeli physicians to complete fellowships in Canada and the United States. The IMA also awarded 14 scholarships to Israeli physicians to partake in fellowship programs throughout the world. We would like to thank Dr. Refoel Guggenheim and the Swiss Chapter who donated funds which were awarded to a physician who will start a year-long fellowship program in Switzerland this August. I would like to wish our physicians who received such grants much success.

Finally, I would like to remind you that the IMA and IMA-WF 100 years celebration will be held in Israel on April 22-24, 2012. Please save the dates for this event.

› Zeev Feldman

Chairman, IMA World Fellowship

IMA Domestic News and Activities

Ichilov Hospital in Tel Aviv launched their new bombproof medical facility

» The facility is the largest of its kind in Israel and will provide protection against conventional, chemical, and biological attack.

Planning for this new structure began over a decade ago. Its construction began in February 2008, shortly after billionaire Sammy Ofer announced that he would donate \$77 million to Ichilov, Rambam, and Soroka Hospitals, with \$45 million allocated to Ichilov hospital. The large infusion of cash expedited the bomb-proofing of the facilities, which was given greater importance following the Second Lebanon War.

President Shimon Peres unveiled the new facility at a ceremony held in March. The building, which was named after Sammy Ofer, has 13 floors above ground, and a further four stories underground which can hold between 700 to 1,000 hospital beds in case of an emergency. When not under attack, the underground structure will operate as a parking lot for patients.

The building has been equipped with water pipes, oxygen, electricity, ventilation, together with sufficient fuel for generators to last for one week if cut off from the external power grid.

The Ofer building will include internal medicine departments, cardiology units, and other departments that will be assigned to handle heart problems, blood supplies and testing, and brain trauma. The internal medicine units which are currently housed in the old building at Ichilov Hospital are to be transferred to the new facility.

An even larger emergency hospital is currently being constructed at Rambam

Medical Center in Haifa. It is likely to boast a capacity of 1,500 hospital beds that would serve residents of the north.

Bar-Ilan's Galilee med school receives hundreds of applications from students and lecturers

» Bar-Ilan University's new faculty of medicine, due to open in Safed, in the northern Galil, in October this year, has already received hundreds of applications from students and lecturers hoping to study and work in the new school.

In response, Education Minister and Council for Higher Education Chairman Gideon Sa'ar has recommended that preparations for the medical school be sped up due to the importance of the project.

Once the new medical school has been established, the training of dozens of new doctors each year will help strengthen the Galilee's health system and improve its economic and social development. The school is offering scholarships to new students as an incentive to work for a few years in one of the Galilee hospitals, hoping to help with the shortage of doctors in the region.

Bar-Ilan University plans to model the new medical faculty after the National Institute of Health in the United States. The faculty will consist of a number of research centers in the fields of cancer, heart disease, aging, infectious disease, trauma and childhood development.

It will also include a center for bioinformatics where research in genetics will be conducted to determine gene sequencing in relation to disease. A center for medical ethics, law, sociology and medical economics will be included in the new faculty as well.

The University will choose faculty members for the new school who are actively involved in various areas of research including development of new medications, germs and viruses, bioinformatics, neuro-biology, anatomy and metabolism. Ten medical scientists have already been recruited to work at the new faculty and the University is currently in the process of choosing the remainder of its teaching staff. Over 150 Israeli medical professors currently working at Harvard, Yale, Stanford, University of Florida, University of California and Texas Universities have applied to teach at the new school.



■ The stone laying ceremony for the new medical school in the Galil on the 4th April 2011



Health effects of rocket fire and terrorist acts in Israel

An Escalation of Terror

» The recent escalation of Palestinian missile and mortar fire on Israel this March along with the vicious murder of 5 members of the Fogel family in Itamar, the recent bombing of a bus station in Jerusalem and the anti-tank missile which struck a school bus in southern Israel, have marked a growing cycle of terrorism and violence, leaving the State wondering what to expect next.

This latest wave of terror is the newest segment in what has been an ongoing chain of attacks on the country from as far back as the establishment of the modern state in 1948.

The current escalation began on March 19th when over 50 mortar shells exploded in and around villages in the western Negev injuring two Israeli civilians, representing an unprecedented increase in the projectile fire emanating from the Gaza Strip since 2009.

No country has experienced more

acts of terrorism over an extended period of time than Israel, resulting in severe effects on the population's health and safety in the form of death, injury, widespread psychological trauma and disruption of daily life.

Physical Injury and Death

» The health risks posed by terrorism in terms of death and injury are blatantly apparent. In the recent March 23rd Jerusalem bus bombing alone, thirty-nine people were injured. Three were injured seriously from the explosion itself, four moderately from shrapnel packed into the explosive device and the remainder in moderate to light condition. Victims of the attack were taken to area

“No country has experienced more acts of terrorism over an extended period of time than Israel”

hospitals including Hadassah Ein Kerem, Hadassah Mount Scopus, Bikur Holim and Shaare Tzedek, which were all open to receive casualties. Sadly, one woman, aged 59, died from injuries sustained in the blast. Mary Gardner, an evangelical Christian and Bible translator originally from Orkney in Northern Scotland, was in Israel studying at the Hebrew University.

That same week, 53 mortars and rockets were launched from Gaza into civilian communities in the south, with one grad rocket reaching as far as Ashkelon, wreaking destruction and injury.

Psychological Effects

» Not only are Israeli citizens suffering direct physical consequences of violence, they are also being psychologically scarred by the high levels of violence they witness. An American Psychiatric Association (APA) study published in 2010 found that life under rocket fire can lead to cognitive disengagement from threat, which increases the likelihood of developing pathologies such as post-traumatic stress disorder (PTSD) and depression. Attacks have taken a high toll on the mental health of children and adults, especially in highly fired-at areas close to the Gaza border such as Ashkelon and Sderot. It is difficult to effectively assess the longstanding effects of PTSD on Israeli citizens as long as the rockets continue to fall. For citizens living in areas highly targeted by Gaza, trauma is renewed daily and those affected cannot yet be said to be in a post-trauma stage.

A 2008 study on Sderot found that between 75 percent and 94 percent of Sderot children aged 4–18 exhibited symptoms of post-traumatic stress. Twenty-eight percent of adults and 30 percent of children had PTSD. The study, conducted by Natal, the Israel Center for Victims of Terror and War, emphasized the distinction between post-traumatic stress symptoms such as

problems sleeping and concentrating, and PTSD itself, which can interfere seriously with daily life.

Psychological Health Effects on Children

» A separate study conducted in 2010 by the International Society for Research on Aggression found that over 25 percent of Israeli children between the ages of 11 and 14 reported seeing other Israelis upset or crying because someone they knew or loved had been killed as a result of the Palestinian-Israeli conflict, and nearly 10 percent reported that they had seen in person other Israelis who were injured or dead, lying on stretchers or on the ground, as a result of Palestinian attacks in the last year. Israeli children who are exposed to high amounts of violence in their daily lives do not only exhibit a dramatic increase in post-traumatic stress symptoms, but also in aggressive behavior directed at peers.

Addressing Attacks with Terror Medicine

» As a public health issue, terrorism in Israel has spurred the development of innovative methods by Israel's government and actors in the health care arena to address the threat of terror and to effectively treat the many victims of physical and psychological violence due to attacks.

An approach which includes specific measures with an emphasis on discouraging and preventing future attacks should be among the State's highest priorities in an effort to protect the health and safety of its citizens.

Efforts toward preparing for, responding to and recovery from terror events have collectively emerged as a discipline which has come to be known as "terror medicine." This term refers to



“ Terror medicine addresses areas such as preparedness, incident management, mechanisms of injury and response and psychological consequences”

the unique medical challenges facing a nation such as Israel, which experiences the regular occurrence of terrorist acts.

Terror medicine addresses areas such as preparedness, incident management, mechanisms of injury and response and psychological consequences, emphasizing that inattention to these areas can result in disastrous effects on the population's health and well-being.

The discipline was first acknowledged in 2005 with an agreement between the Hadassah Medical Organization in Jerusalem and the Robert Wood Johnson University Hospital in New Brunswick, New Jersey to establish an International Center for Terror Medicine (ICTM). The purpose of the ICTM includes the development and dissemination of information on best practices for caring for victims of terrorism and other mass casualty events, including specialized medical management of terror victims and acknowledgement of a distinct spectrum and pattern of their injuries.

Protecting Health from Future Violence

» Above all, the constant threat of impending rocket attacks has caused fear and disrupted the lives of the growing number of approximately one million Israelis who live within range of such attacks. Scores of rockets have struck homes, businesses, schools, public buildings and vehicles in and around towns and villages in southern Israel and it is purely by chance that in most cases, such strikes have not caused death or injury. In light of the recent escalation of terrorist acts, the lethal potential of such projectiles should not be underestimated. Attention to and implementation of terror medicine and associated prevention tactics is essential in order to thwart further casualties and for the establishment and protection of an environment which fosters maximum health and wellness for the citizens of Israel.

Save Our Public Health System

SAVE THE PUBLIC HEALTH SYSTEM IN ISRAEL

IMA Press Conference demands public health reforms; Treasury appears unwilling to comply

During a press conference held by the Israeli Medical Association (IMA) in February this year, the IMA publically announced their launch of “a mission to save public medicine,” demanding additional manpower, more beds in hospitals, an increase in physician salaries in the periphery and incentive pay for doctors working in specialties suffering from physician shortages.

Physicians working in community clinics are allocated only a few minutes for each appointment, which is seldom enough time to treat older and sicker patients. At the press conference, Dr. Moshe Kostiner described the necessity to increase appointment times to 12–15 minutes, which would in turn increase the already alarming physician shortage by more than 500.

According to IMA President Dr. Leonid Eidelman, a salary increase for retired doctors would provide an incentive to resume full-time work in the public medical system, helping to improve manpower shortages. The Finance Ministry later commented, however, that any wage increases would be directed toward physicians working in the periphery and in specialties with manpower shortages, and to young doctors and hospital residents – not towards senior physicians.

IMA Vice-President Dr. Tzaki Sievner stated that incentive pay will help solve the problem of specialties with too few doctors, however according to the Treasury, physician specialists receiving pay increases will be required to work nights, holidays and weekends to ease the burden on medical residents in hospitals.

The Finance Ministry claims that a significant factor contributing to physician shortage is the number of hospital doctors leaving their workplace each day in order to see private patients. Dr. Eidelman pointed out that this claim has never been investigated and the Health Ministry has not taken a position on the issue.

The Treasury has suggested that physicians be required to punch a time clock, which the IMA strictly opposes on the grounds that such a system would hinder the altruistic nature of the medical profession.

“The Treasury has proven that it doesn’t understand the seriousness of the situation in the public health system and lacks the will to act to save it”

According to IMA Ethics Bureau Chairman Prof. Avinoam Reches, “if physicians have to check in and out, a culture of ‘doing only what you have to’ will set in instead of doing everything you can. Doctors who take time away during regular work hours should be punished, but a time clock system should not be forced on them.”

Following the press conference, a spokesman stated that in exchange for punching a time clock, the Treasury would encourage work in the public sector by paying overtime for doctors. Only those who agreed to monitored work hours and subsequently devoted their time to work in the public sector would receive the overtime pay increases.

Dr. Eidelman reported that a doctor’s basic gross wage (without overtime and duty work) is only NIS 42 (approximately \$12.30) per hour and should be raised by 50%. The Treasury’s statement argued

that physicians have already received a 24% wage increase as a result of arbitration and that “there is no reason to demand anything beyond this amount when the public sector has received a salary increase of [just] 6.24%.” The statement went on to say that “this is a government decision for the government to take, and not up for discussion with any union.”

The IMA stated it was “very disappointed” by the Finance Ministry’s stand. “The Treasury has proven that it doesn’t understand the seriousness of the situation in the public health system and lacks the will to act to save it.” The IMA declared that they will not hesitate to take all legal measures to enact major changes in an effort to save public medicine.

Warning strike

After a stormy meeting the Israeli Medical Association decided: A 48 hour warning strike would begin on Tuesday 5th March 2011.

Dr. Leonid Eidelman, President of the IMA: “We urge the Treasury to take advantage of the coming days in order to advance the negotiations. We are ready



Hadassah Hospital on strike



■ Soroka Hospital on Strike

to sit at the negotiating table 24 hours a day in order to save the health system”

The Israeli Medical Association board met on Sunday, 3rd March, to discuss the stalemate in the negotiations with the Treasury.

IMA President, Dr. Leonid Eidelman presented the situation to the IMA board members. Dr. Eidelman explained that despite the fact that we repeatedly warned both the Treasury and the employers about the problems in the system and told them that they are facing a tsunami, the Treasury refused to understand the depth of the problems. Instead of sitting in an effort to find solutions, we received a letter whose only purpose was for future litigation. For the Treasury this is only another ploy in the negotiations, more meaningless words bandied about, while we see the patients themselves and the collapsing health care system.

At the end of the meeting, and after emphasizing that although they don't want a strike that could harm patients, to remain silent at this time would be abandoning future patients, IMA board members decided to declare a two-day warning strike, in order to allow the Treasury to take advantage of this period by resuming

“ to remain silent at this time would be abandoning future patients”

negotiations and trying to find an appropriate solution to the difficult problems facing public hospitals and health clinics.

The warning strike began on the 5th March and operated in all the public health system facilities in the country. Hospitals operated as they do on Shabbat. In the Clalit and Leumit health funds there was a general strike for 24 hours, whereby the clinics were closed and select regional clinics remained open for emergencies.

IMA president Dr. Eidelman stated that “For the past ten years we have worked with the government agencies to warn of the biggest problems in public health. For ten years, we spoke with anyone who would listen, but have seen nothing done. Last year, when we realized that the situation was escalating, and soon we will not be able to provide the appropriate treatment for our patients- we decided to act more decisively against the Treasury. After months of negotiations, I regret to say that the Treasury is not interested in improving

the health system, whether by adding hospitals beds, by adding positions for physicians, or by providing in-depth treatment to existing problems.”

“All this brings us to a very difficult step - a warning strike. This is not easy for us to do so, but it seems the only way to understand the difficult state of the public health system. We hope that the Treasury is wise enough to utilize the time-out in order to meet and solve the problems.”

Thousands of Doctors Protest at the Knesset

➤ On Wednesday April 27th approximately 2,500 physicians, medical students and advocates assembled in Jerusalem at the Wohl Rose Garden opposite the Knesset to protest the government's failure to effectively address Israel's collapsing public health system.

After reaching a stalemate in discussions with the Treasury, physicians staged what turned out to be the largest protest so far in the battle for higher wages and health care reform.

Present at the demonstration were the dean of one medical school, numerous chairmen of major hospital departments and many young doctors worried about the future of their profession. No senior Health Ministry officials were present.

Many of those who attended the demonstration wore white medical jackets printed with the Israeli Medical Association emblem on the front and “Save Our Public Health System” on the back.

Dr. Leonid Eidelman, President of the Israeli Medical Association, said that the rally was organized to “protest the lack of progress [in talks with the state] and is another attempt to move the wheels of negotiations forward and to find solutions to save the imploding public health system.”

As of now, the IMA is negotiating on behalf of 17,000 doctors employed

in governmental hospitals, the Clalit, Leumit and now Meuhedet HMOs, as well as the Jerusalem NGO-owned hospitals such as Bikur Holim, Shaare Zedek Medical Center, and Hadassah University Hospital.

Medical students from all four medical schools in the country have also taken up the cause, with around a thousand students who were driven from their various universities to the capital in order to protest. The students have declared a strike and classes were cancelled for the day.

“The public health system is collapsing,” warned Dr. Eidelman during

the protest. “It is the time for us to be heard. The population is expanding and aging. We have the know-how, but the lack of resources has weakened our ability to treat our patients. It is harder and harder to persuade a young resident to study unattractive medical specialties.”

Opposition head MK Tzipi Livni said she had come to support a “struggle of which there is none more worthy... Over 7.5 million Israelis have the right to decent healthcare, and not two medical systems, one for the rich and one for the

“ the IMA is negotiating on behalf of 17,000 doctors”

poor.” MK Livni accused the government of “failing in this task” and called on the demonstrators to “roll up your sleeves.”

According to Kadima MK Rachel Adatto, a gynecologist and lawyer by training, “In a well-run state, this demonstration would be unnecessary. There are not enough doctors, and the healthcare system is run by Treasury bureaucrats who do not understand it.” She openly called on Prime Minister Binyamin Netanyahu to sit with IMA and Treasury officials and not leave until a solution is found to this crisis.

To this date, all meetings between the IMA and the Finance Ministry have ended without an agreement.



■ MK Tzipi Livni



■ MK Rachel Adatto



■ Protestors at the Wohl Rose Garden demonstration



Doctors strike as negotiations remain unsuccessful

Despite an ongoing series of sanctions and protests launched by the Israeli Medical Association almost three months ago, negotiations with the government on public health reform and increased wages for physicians remain unsuccessful.

In an Army Radio interview, Treasury wage chief Ilan Levin said that doctors were performing “murder” by endangering patients during strikes and sanctions. Following the incident, the IMA suspended all negotiations until an apology was issued.

Levin has since apologized, stating that while he opposes the doctors’ actions and demands, he has much appreciation for the work and contributions of doctors to society and their professional level, and that the use of the word “murder” was out of context and does not represent his views.

The IMA welcomed the apology, adding that if it had been issued earlier, he would have saved “three days

of needless strife.” IMA president Dr. Leonid Eidelman stated that it is “unfortunate that Ilan Levin continues to question the legitimacy of the doctors’ struggle despite the fact that it is legitimate legally and morally.”

Throughout the strikes, the IMA’s “exception committees” have worked to ensure that all urgent medical needs are addressed. The committees have approved more than half of the 100 requests for treatment presented by patients and their doctors.

On Tuesday May 3rd, another set of doctor strikes began, putting public hospitals and outpatient clinics throughout the country on a restricted schedule for the remainder of the week and part of the following week as well.

Sanctions were held on Wednesday May 4th in a number of the Clalit Health

“ the IMA’s “exception committees” have worked to ensure that all urgent medical needs are addressed”



Physicians and medical students protesting at the Tel Aviv marathon center: Dr. Eidelman and Adv. Leah Wapner



Physician protesting at the Tel Aviv Marathon

Services and Kupat Holim Leumit community clinics. Clalit clinics of the Sharon/Shomron District were closed in Ra’anana, Herzliya, Kfar Saba, Netanya, Hadera-South, Beersheba, Kiryat Gat, Netivot, Ashkelon and Sderot. Leumit Jerusalem District community health clinics were shut down as well.

On Thursday May 5th, outpatient clinics in hospitals south of Tel Aviv and the Tel Aviv Sourasky Medical Center were closed.

On Sunday May 8th, a majority of the country’s pathologists attended a pathology conference, which significantly reduced operations scheduled to occur on that day which require the examination of biopsies for cancer and other diseases. No sanctions were held on Memorial Day for the Fallen or on Israeli Independence Day.

On Thursday May 12th, outpatient clinics were closed in all public hospitals north of Tel Aviv and at Sheba Medical Center at Tel Hashomer.

As usual, physicians continued to treat all patients in life-threatening situations, even on days of serious sanctions.

International Activities



■ Left to right: Elizabeth Adams, PPE Campaigner and Adv. Leah Wapner, IMA Secretary General

Second Global Forum on Human Resources for Health

» Earlier this year on January 25th, IMA Secretary General Leah Wapner attended the Second Global Forum on Human Resources for Health in Bangkok, Thailand, where she was invited to speak on behalf of the Israeli Medical Association. Adv. Wapner presented at the Forum's side session on "positive practice environments for health care professionals" where she spoke about violence in the health sector.

The overall objective of the Forum was to accelerate the global movement on Human Resources for Health toward achieving previously set development goals, and universal access to essential health care. The program aimed to specifically highlight challenges and the need for change in regard to planning, training, deployment and retention of health care professionals.

Adv. Wapner was joined by keynote speakers from the World Health Organization (WHO), the World Medical Association (WMA), and presenters from Zambia and

Thailand who spoke on various subjects, engaging participants from different countries to share experiences and lessons learned in terms of solving health care's global human resource crisis.

The presentation addressed the growing epidemic of violence in the health sector in terms of its role in the development of Positive Practice Environments (PPEs) as a proactive step to resolving a broad range of issues in order to ensure the health, safety and personal well being of health care staff, and to improve motivation, productivity and performance of individuals and organizations in support of quality patient care.

Adv. Wapner discussed reasons for the occurrence of violence in health care, as well as the effect of violence on health care resources. She provided examples of good practice strategies and practical guidelines for the implementation of such approaches, incorporating

ideas, policies and social projects which have been successfully employed by the IMA here in Israel.

BMA Conference on Health Inequalities

» On February 10th this year, Adv. Malke Borow, head of the IMA Legal Department and Dr. Yoram Blachar, past president of the IMA, attended a conference held in London by the British Medical Association (BMA) on health inequalities and the role of the medical profession.

The conference explored a number of ways in which health inequalities can be addressed through local action and the ways in which the medical profession can support this.

Topics discussed included: the role of primary care and public health doctors in tackling health inequalities, doctors as advocates for policy reform and positive practice, fair access to evidence-based treatments, health inequalities in hospitals, and creating a cohesive and healthy community.

The conference was held in celebration of the anniversary of the launch of the report 'Fair Society, Healthy Lives,' published in February 2010 by the BMA's current president Sir Michael Marmot and his team of reviewers.

The report is the culmination of a year-long independent review into health inequalities in England and includes proposals for effective evidence-based strategies for reducing health inequalities.

“ Adv. Wapner discussed reasons for the occurrence of violence in health care, as well as the effect of violence on health care resources”

Interview with Dr. Kathy Bergwerk

Background/General Information

Could you tell us a little bit about yourself in regard to your education and past work experiences?

I went to school through the 12th grade in California and attended college at Harvard University. After college I studied for one year at a girls' seminary in Jerusalem.

I attended medical school at Albert Einstein College of Medicine in New York, where I also completed part of my PhD and a master's degree in pathology.

I did my residency in New York in pediatric ophthalmology, and later moved back to California where I completed two fellowships, one in comprehensive ophthalmology and another in ocular genetics.

After my fellowship I spent some time working in California at UCLA and Cedars-Sinai. Prior to making Aliyah I had received a research grant from NIH to look for genes for keratoconus, which I was unable to transfer to Israel.

Once in Israel, I started off working at Hadassah Medical Center and stayed there for a year before joining Meuhedet. I am currently at Meuhedet and also work at a clinic in Modiin which accepts patients from both Meuhedet and Maccabi.

Deciding to Make Aliyah

When did you make Aliyah from California? What aspects of your life growing up and into adulthood led to your desire to make Aliyah?

I made Aliyah in August of 2003 with my husband and six children.

At age 15 I had my appendix out at Hadassah Medical Center during my first trip to Israel. From that point on I have always wanted to come back, but it took a while.

Were your reasons for making Aliyah at all professional in nature?

Professionally, I had no reason not to make Aliyah. I believe that medicine in Israel is on a very high level, though there is not the same multitude of patients as compared to the United States. I am very fulfilled here professionally.

My reasons for making Aliyah were more ideological in nature. We were at the height of the Intifada and I found it hard and felt sad to be sitting on the sidelines during this time. It bothered me that we got only bits and pieces of the news in the U.S. and that portions of the information were censored.

I wanted to be a part of one of the greatest things in history, and to contribute to the future of the Jewish people as effectively as possible. I felt the best way to accomplish this was by living in Israel.

A friend who had made Aliyah and was working in Israel as a pediatrician advised me to come while my children were young, since teenagers tend to have a harder time with the transition.

My husband has one brother here and the rest of my family is in California, although we are hoping that they'll follow.

While planning to make Aliyah, what was your understanding of how practicing medicine would be different in Israel compared to your past experiences?

I did my research before coming to Israel, so I knew what to expect. I didn't think it would be that different, although things are bureaucratically different here. Working in clinics here is the same as working in clinics in the States, so it

was a relatively easy transition.

My interest in academic medicine and teaching has been fulfilled through teaching residents at Hadassah, so I was able to continue doing what I enjoy. I do miss being more involved in academic medicine and publishing in the same way I was involved in the States, but I plan to get back to that later, when the kids are older.

Full Name: Dr. Kathy Bergwerk
Occupation: Ophthalmologist
Originally from: Los Angeles, California

The Aliyah Process

Could you briefly describe the process of how you went about making Aliyah? Did you go through an organization such as Nefesh B'Nefesh or use a similar organization to help you through the process? If so, which organization?

My husband and I made Aliyah in the second year that Nefesh B'Nefesh had been an organization. We were the first doctor/doctor couple to make Aliyah with Nefesh B'Nefesh and it was nice to be part of something new in that respect.

We did a pilot trip first on our own, where I was able to set up interviews with hospitals and to look around before making Aliyah.

The Tehilla organization took us around Israel and showed us different communities, introduced us to various people, and arranged some interviews for us at various hospitals.

Before beginning work, we did something called "histaclut," which is kind of like a residency required of new physician olim, where they have you follow other doctors for a period of about 3 months, to make sure that we know what we're doing.

Aside from providing general information to all new olim, did these organizations provide specific information to physicians making Aliyah? If so, was it helpful?

The Israeli Medical Association was very helpful with physician-specific information, more so than Nefesh B’Nefesh or Tehilla.

Through calling the IMA and accessing information on their website, we were well informed about what professional documents we needed to bring, etc.

Last year, Nefesh B’Nefesh asked me to organize an evening for doctors to network with each other. The event allowed close to 200 doctors to come together, sharing experiences and asking questions such as, “What’s radiology like in this country,” or, “Is there anyone here from Florida?” “Is there someone working in geriatrics?” The event allowed people to meet one another and make contacts. My advice is, don’t come cold turkey; set up as many meetings as possible before-hand.

Life in Israel

Where are you currently living and working in Israel? Can you describe your job?

I live in Nof Ayalon, near Modiin. I split my time between Jerusalem and Modiin, working in general ophthalmology in outpatient clinics. My work allows me to meet people from all aspects of Israeli life, young to old, from different environments. I have the opportunity to meet Jews of all different kinds from different parts of the world who have moved to Israel, along with many Christians and Arabs as well. The international aspect of my job is very appealing.

What do you enjoy most about life in Israel? What are some of the challenges you have faced?

One of the challenges is that you can make a good living as a doctor, but

can’t put away a significant amount.

There isn’t the same number of patients here, for comparison purposes.

It is difficult trying to practice medicine without a first class budget. The bureaucracy is not too overwhelming though, and I’m generally able to get what I need.

Another challenge about small city life in Modiin and Jerusalem is that I see my patients around town, in the library or the park, but this is also a positive thing. You will practice and treat patients the same way you’d treat your friends and parents, because they are the same people that you know and love. The challenges of a small country are also the virtues of a small country, with people who care about each other.

Medical Practice in Israel

How long did it take you before you felt more or less comfortable practicing medicine in Israel? Have you found it difficult to master the use of medical jargon in Hebrew?

I felt comfortable practicing here after about a year or so. I didn’t do a medical ulpan, but I learned most of the medical jargon during histaclut. I can’t always express exactly what I want to say in Hebrew, although my grammar is ok. I do suggest doing a medical ulpan.

What do you enjoy most about practicing medicine in Israel? What do you miss most about practicing medicine in California or other places?



■ Dr. Kathy Bergwerk

“ My work allows me to meet people from all aspects of Israeli life, young to old, from different environments”

It's hard to remember what I miss since I've been here for so long. Mostly, I miss being part of a multi-specialty clinic or part of staff of a genetics group where I would see a lot of different syndromes and issues. I miss the complexity and multi-specialty aspect of different professions sitting down to discuss challenging cases.

Can you describe the process of transferring medical credentials and licensing from the States to Israel?

I had to bring all records and copies of every single transcript, test passed, diploma received, etc. and submit it. Getting a license to practice here used to take months, but now takes days. Also, getting a specialty certificate has become much more streamlined since I came here.

I didn't have to take any exams (physicians from many accredited training programs don't have to repeat or take exams). I found the process easy – not too difficult.

Is there a close-knit community of physicians who have made Aliyah?

Yes – they are very supportive.

Reflection and Follow-up

What do you think, in your direct experience and in your professional opinion, are some of the biggest challenges facing the Israeli healthcare system?

The shortage of doctors and lack of availability of some services, such as easy and quick access to MRI.

In your day-to-day practice of medicine, how acutely do you feel the effects of Israel's physician shortage?

Sometimes it's difficult for patients to obtain consultations with subspecialists such as retina specialists or pediatric neurologists, and sometimes patients must wait for some surgical procedures.



■ Dr. Kathy Bergwerk

“ Network as much as you can. Speak to many colleagues in different positions and gain from their experience”

Do you think that it's important for Israel to encourage Jewish physicians to make Aliyah?

Yes. Israel needs more doctors and until the new medical school increases supply, it is one way to obtain doctors with significant experience, trained in an environment where compassion and service are championed.

What advice would you like to offer to any physicians considering making Ali-

yah, or to those currently going through the process?

Network as much as you can. Speak to many colleagues in different positions and gain from their experience. Almost everyone is happy to help.

What does the future hold for you – any exciting plans or developments?

I enjoy what I do now but would like to have more time to pursue research and teaching interests in the future.

Humanitarian Aid

Israel Society of Anaesthesiologists donates to the “lifebox” project

» The Israel Society of Anaesthesiologists has donated \$2,000 to an organization by the name of lifebox, developed as a joint project of the World Health Organization (WHO), World Association of Anaesthesiologists, and the World Federation of Societies of Anaesthesiologists (WFSA) in order to raise the level of anaesthesia safety in underdeveloped Third World countries.

The lifebox charity allows the delivery of pulse oximeters and related educational materials to poorer nations with little or no access to such devices and poor or non-existent training for their use. The aim is to ensure that patients undergoing anaesthesia receive continuous pulse oximetry.

These devices, which monitor the level of oxygenation in a patient’s blood, will alert the physician if oxygen concentrations drop below safe levels, allowing for rapid life-saving intervention. The Israeli Anaesthesiologists Society is one of the associations that have donated to this project, enabling the delivery of pulse oximeters to countries in need.

The problem encountered by Third World countries in acquiring pulse oximeters is the prohibitive cost of the device at \$1000 each in the Western market, and up to two or three times that amount for purchase by hospitals in developing countries. The lifebox project addresses this issue by allowing eligible facilities and donors to purchase oximeters for just \$250 including delivery costs.

Along with the pulse oximeters, lifebox provides Surgical Safety Checklist training which includes materials produced in 6 languages for use in self-learning and teaching.

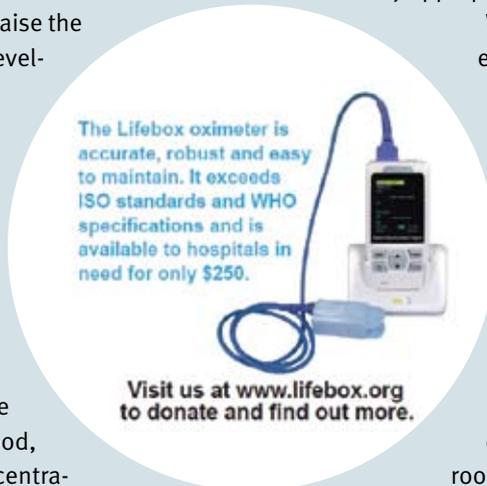
Each year throughout the world, roughly 35 million operations are held without oximetry monitors. Within the field of anaesthesiology it is well known that the risk of mortality is significantly greater when there is no oxygenation monitoring. The mortality rate is about 0.75% in countries without this equipment compared to 0.0008% in the Western world, where oximetry monitoring is standard in any setting where a

patient’s blood oxygenation is unstable. The worldwide lack of oximeters extends to Recovery Rooms, Obstetric Units, Neonatal Units and Intensive Care Units, and the potential for improving patient safety with these devices, when supported by appropriate education, is enormous.

With modern advances in medical knowledge and technology, the worldwide demand for surgery is at an all-time high, requiring a focused attention on outcomes of surgical procedures. The lifebox project hopes that donors will step in to bulk-buy the oximeters for distribution in the same way the Israel Society of Anaesthesiologists has done.

The Israel Society of Anaesthesiologists’ contribution will allow the purchase and distribution of 10 oximetry monitoring devices to operating rooms throughout the third world. Lifebox aims to distribute 5,000 oximeters during 2011, and 12,000 in the first two years of the project. The organization intends to maintain a database of global need so that donors can clearly see the oximetry gap, and where donations are needed next.

For more information about this project you can visit the lifebox website at www.lifebox.org.



Humanitarian Aid

Israel Sends Medical Aid to Japanese Earthquake Victims

» In response to the tragic devastation caused by the 9.0 magnitude earthquake and subsequent tsunami which swept through Japan on March 11th of this year, Israel has made great efforts to respond with aid to the victims of the disaster.

There has been widespread international cooperation in sending aid to Japan, with Israel being one of the first countries to send a medical delegation.

On March 16th, 50 military doctors arrived in Japan to set up a field clinic for Japanese refugees, located approximately 150 miles from the Fukushima reactor. The clinic provided routine medical services to those from evacuated areas who had no access to medical care.

On March 21st, a delegation comprised of two doctors and an Israeli Defense Forces officer was sent to an alternate area of Japan to establish a medical clinic in the Miyagi prefecture; a hard-hit area north of Tokyo. The team's initial appraisal of requirements helped to enable the dispatch of a large-scale medical delegation, fully equipped to address the area's health care needs.

On March 28th, the IDF Home Front Command and Medical Corps aid delegation arrived in Japan where they were able to open an advanced medical clinic the following day, located just outside Minamisanriku. The clinic included pediatric, surgical, maternity and otolaryngology wards, an optometry department, a laboratory, a pharmacy and an intensive care unit.

Israeli officials spoke with Japanese reporters to ensure that the opening of the clinic was widely publicized, so that local victims would know where to find medical treatment and assistance.

The clinic's team, housed at a nearby hotel, was comprised of a 58-man IDF Medical Corps, a Home

Front Command team and several officials from Israel Atomic Energy Commission to make sure radiation levels in the area did not get too high. The team brought along their own medical supplies and their own food and water supply, so as not to put any further strain on the already limited local resources.

Japan's appreciation for Israel's help has been clearly shown through the reporting in the Japanese media and in the grateful response of people in the field. Japanese Deputy Foreign Minister Makiko Kikuta toured the Minamisanriku clinic on Monday April 4th. The deputy stated that she was impressed by the medical services provided by the Israeli doctors and with the advanced equipment brought from Israel. She went on to say that the good relationship between Israel and Japan will be strengthened due to the arrival of the medical delegation.

In mid-April, the medical delegation officially completed its mission and returned to Israel after treating over 220 patients with

a wide range of medical issues, with the help of local Israelis serving as translators. Before their departure, the delegation was praised for the assistance provided in a ceremony held by the Minamisanriku community.

The majority of the medical equipment sent from Israel including x-ray machinery and laboratory supplies will stay in Japan for use by the physicians and medical personnel who remain in Minamisanriku and continue to treat the local community.

On April 10th, Israel sent its third emergency relief delegation to Japan. The team, headed by Dr. Raisch, will focus on follow-up medical relief and psycho-social support for displaced children and their families in the Miyagi prefecture.

The team delivered urgently needed medical supplies to the Fuji Toranomom Hospital, where they are working with local staff to distribute the medicines.



■ An Israeli physician checks the mayor of Minamisanriku for broken ribs

Photo: IDF Spokesperson



■ Israeli and Japanese healthcare workers share a minute of silence to honor the dead in the wake of the devastating earthquake and tsunami

Photo: IDF Spokesperson

Medical Achievements

printed by courtesy of ISRAEL21c - www.israel21c.org

Coming soon: a vaccine against cancer

» Israel's Vacciguard introduces a unique biotech system to develop immunizations against some of the world's deadliest maladies, from cancer to CMV, and West Nile virus.

The notion of a vaccine for cancer - or for many other deadly diseases nearly impossible to control, let alone cure - may seem to be no more than wishful thinking. But that is exactly what Israeli biomed startup Vacciguard is introducing: A technology tool for developing vaccines against a wide range of diseases from cancer to West Nile virus.

We may be in the 21st century, says Vacciguard CEO Dr. Anat Eitan, but more than 15 million people die each year from infectious diseases - and not only in developing countries.

"Our technology consists of proprietary peptide carriers which are derived from a protein element called Heat Shock Protein 60 enabling a much more effective method of battling bacteria and viruses," says Eitan.

Vacciguard's research shows that when carrier peptides from HSP60 are attached to external areas of a pathogen or tumor (known as an antigen), the "arms" of the immune system are activated - enabling the generation of specific T-cells that support a long-lasting immune memory against the antigen-bearing pathogens or tumors. The system works very effectively, even without the addition of agents generally used to boost the response to a vaccine under existing technologies.

🔗 [To read the full story, click here](#)

Idud: A successful approach to ADHD

» A new national training program stresses encouragement and positive optimism for Jewish and Arab children with attention deficit hyperactivity disorder.

Thanks to an educational program initiated by an American immigrant, the outlook is brighter for scores of Jewish and Arab Israeli children with attention deficit hyperactivity disorder (ADHD), a common neurological condition causing inattention, impulsivity and hyperactivity.

Idud (Encouragement) began as a pilot project in one religious and three secular elementary schools, says its founder, clinical psychologist and educator Stuart (Simcha) Chesner. Now, Idud is going national in cooperation with the Israeli Ministry of Education, and is being implemented at several Jewish schools in New York.

'Many bright children were failing'

When Chesner moved to Israel in 1991 and began working on the adolescent unit of Hadassah Medical Center, he brought with him fresh insights gained from his work at the prestigious Cleveland Clinic.

"I had worked there with people who were on the cutting edge of the new diagnosis of ADHD," Chesner tells ISRAEL21c. "At Hadassah, I saw dozens of dropout, underachieving adolescents being referred for psychiatric treatment for emotional problems. I saw that many matched the ADHD diagnosis, but it was not known here then. So I started speak-

ing to doctors and psychologists about it, to introduce the notion."

🔗 [To read the full story, click here](#)

Shed B-cells and reverse the aging process

» Israeli study reveals old mice regain a young immune response after being deprived of a certain white blood cell and forced to make more. Now clinical trials are underway.

Chinese medicine practitioners have known it for centuries, and new diseases like HIV have educated the world on just how important the body's immune system is for keeping us fit.

Now researchers in Israel believe they have found that the immune system also may hold secrets to the fountain of youth. They have discovered a way to reverse the aging process using an existing drug that helps rejuvenate B-lymphocytes - a type of white blood cell.

In lab experiments at the Technion-Israel Institute of Technology's Rappaport Faculty of Medicine in Haifa, Prof. Doron Melamed took aging mice and removed their B-lymphocytes, keeping them in a constant state of B-cell deficiency. As a consequence, the mice were forced to create new B-cells in their bone marrow, and did so as though they were young mice.

The researchers found that these "old" mice showed a 400 percent increased response to vaccines, suggesting something remarkable had happened to improve their immune system. The findings were published in the January 2011 issue of the medical journal Blood.

🔗 [To read the full story, click here](#)



Israeli Medical Association World Fellowship Conference April 2012

I am pleased to inform you that the next IMA World Fellowship Conference will be held in conjunction with the Israeli Medical Association 100 years anniversary on April 22-24, 2012.

Further information including the program and details of how to register for the conference, will be sent out in the coming months.



We look forward to welcoming you here in Israel

Chapter Tidbits



UK Chapter Update

» Norman Lebrecht – Gustav Mahler's medical history and its influence on his music

Norman Lebrecht, the prolific cultural commentator and award-winning novelist, has recently published "Why Mahler?", a new interpretation of the most influential composer of modern times.

On 25th January 2011 he gave a remarkable talk to the Association, illustrated by excerpts from Mahler's music, about the influence of medicine and illness had on the composer. He showed that Mahler had been deeply distressed by the high infant morbidity and mortality in the Austro-Hungarian Empire, and particularly by the death of his beloved younger brother from rheumatic fever. While in Vienna he had bled severely from haemorrhoids. His elder daughter died from diphtheria, which devastated him. Finally he himself developed subacute bacterial endocarditis, diagnosed by the famous New York physician Emmanuel Libman, and returned to Vienna to die.

Before the talk Warren Backman (UCL medical student) gave an account of his elective bursary experience in Israel at Save a Child's Heart, based at the Wolfson Hospital in Holon. In his vote of thanks Dr. Nick Naftalin referred to the fact that some of the childhood problem that disturbed Mahler were still prevalent in the third world, as illustrated by cases which Warren had illustrated in his talk.

He expressed the thanks of the meeting to Lebrecht for his educative as well enjoyable presentation.

» Israeli Colorectal Surgeons

A reception for 16 visiting Israeli colorectal surgeons, followed by a discussion about surgical training in the two countries, was held on 16th February 2011. The visitors were from a wide range of Israeli hospitals, and were hosted by Dr. Richard Cohen (UCLH), with help from Dr. Andrew Williams (St Thomas's Hospital and Dr. Joseph Nunoo-Mensa (King's College Hospital), and with financial support from the Kennedy – Leigh Charitable Trust.

- Dr. Barak Benjamin (Meir Hospital, Kfar Saba)
- Dr. Igor Lerner (Hasharon Hospital, Petah Tikva)
- Dr. Yuri Berlin (HaEmek Hospital, Afula)
- Dr. Hagar Mizrahi (HaEmek Hospital, Afula)
- Dr. Ruth Gold-Deutsch (Assaf Harofe Hospital, Zerifin)
- Dr. Alejandro Murninkas (Hasharon Hospital, Petah Tikva)
- Dr. Ron Greenberg (Ichilov-Sourasky Hospital, Tel Aviv)
- Dr. Anton Osyntsov (Soroka Hospital, Beer Sheva)
- Dr. Roe Inbar (Ichilov-Sourasky Hospital, Tel Aviv)
- Dr. Ada Rosin (Wolfson Hospital, Holon)
- Dr. Eran Itzkovitch (Ichilov-Sourasky Hospital, Tel Aviv)
- Dr. Moris Venturero (Sheba/ Tel Hashomer Hospital, Ramat Gan)
- Dr. Kamal Khateeb (Carmel Hospital, Haifa)
- Dr. Reuven Weil (Hasharon Hospital, Petah Tikva)
- Dr. Boris Kirshtein (Soroka Hospital,

Beer Sheva)

- Dr. Marius Weinberg (Rabin/ Beilinson Hospital, Petah Tikva)

After the reception there was a discussion meeting about surgical training in the two countries. Professor Irving Taylor spoke and chaired this discussion, and Dr. Alex Deutsch and Dr. Mark Ornstein took part. Several of the London surgeon supervisors and sponsors of the visit were present. The scheme and implementation were due primarily to the efforts of Dr. Alex Deutsch, a former UK surgeon who has worked for many years in Israel.

» 2011 Annual Dinner

The 2011 Annual Dinner was attended by 180 members, including 60 medical students, and was adjudged a great success, with positive feedback from many of those who were present. The guest speaker, Professor Sir Michael Marmot, gave an entertaining and at the same time thoughtful talk, explaining how his identity as a Jewish physician interdigitated with his interest in health inequalities, and how these should be tackled as a priority by the medical profession.

Professor Marmot is the director of the International Institute for Society and Health and MRC Research Professor of Epidemiology and Public Health, University College London.

He has led a research group on health inequalities for the past 30 years.

His many professional activities include:

- Acting as Principal Investigator for the Whitehall Studies of British civil servants, investigating explanations for the striking inverse social gradient in morbidity and mortality
- Leading the English Longitudinal Study of Ageing (ELSA)

- Engaging in several international research efforts on the social determinants of health.
- Chairing the Department of Health Scientific Reference Group on tackling health inequalities.
- Serving on the Royal Commission on Environmental Pollution
- Chairing the Commission on Social Determinants of Health set up by the World Health Organization in 2005: 'Closing the Gap in a Generation'.

He is a Fellow of the Academy of Medical Sciences and an Honorary Fellow of the British Academy. In 2000 he was knighted by Her Majesty the Queen for services to epidemiology and understanding health inequalities.

Internationally he was a Vice President of the Academia Europaea, and is a Foreign Associate Member of the Institute of Medicine.

Prizes and awards include the Balzan Prize for Epidemiology (2004) and the William B. Graham Prize for Health Services Research (2008). He delivered the Harveian Oration in 2006.

Most recently, at the request of the British Government, he conducted a review of health inequalities, which published its report 'Fair Society, Healthy Lives' in February 2010

He has now been invited by the Regional Director of WHO Europe to conduct a European review of health inequalities.

Currently he is the President of the British Medical Association (BMA) and represents the BMA on the World Medical Association.

Invention and Innovation in Israeli Biomedicine – a panel discussion

[Chairman: Professor Daniel Hochhauser]

Both in UK and Israeli medicine an important problem is: how do we translate advances in biomedical sciences into practical clinical applications? Four Israeli biomedical experts, all of whom have

achieved this translation step, visited the UK in early March as part of an annual series on "Science for A level students", and took part in a Jewish Medical Association UK panel discussion on 2nd March 2011. Professor Yechezkel Barenholz (Hebrew University–Hadassah Medical School) explained how he had developed liposome-based carriers for drugs that are used in the treatment of cancer. Professor Smadar Cohen (Ben-Gurion University) discussed her work using products of algae to form a matrix for use in tissue engineering project. Dr. Shoshana Merhav described how Teva is involved in the development of new technologies for bone marrow reconstitution and vision repair. Finally, Professor Michel Revel (formerly of the Weizmann Institute) told the story of the development of recombinant interferon, which is one of the great successes of biomedicine. Today two out of the three companies which made the drug, widely used in multiple sclerosis, are Israel based. One of the problems is that early interferon treatment, which probably prevents progression of the disease, is costly and difficult to fund. Prof. Revel also explained ongoing work in his new venture, making nerve sheath synthesizing cells from embryonic stem cells.

David Katz, IMA - UK



ITALY Updates

» Some time ago someone said that in Italy everything goes into politics. Why not if it can be useful to save human lives?

In this sense, as members of a Jewish medical association we often feel the

necessity to 'engagé' in managing the difficulties of our society contributing with the tools we have. This can happen in the country and out of the country. A good example is given by an event that took place in April, in Milan, thanks to Associazione Italia-Israele, AME and, particularly, the presenters Baroukh Assael and Eitan Kerem. It was a full day, starting in the morning, in Università degli Studi where hundreds of students listened to the description of the work, that the two pediatricians do to cure cystic fibrosis. The main topics included the efforts by Dr. Kerem to build a healthful bridge between people "in war". Later, they spoke at the Clinic Humanitas and in the evening we were "with family"; we met in a hall of the Jewish community.

Dr. Assael is well known, in Italy, as the director of the first center concerned with this terrible pathology, in Verona. Dr. Kerem is in charge of the Department of Pediatrics at Hadassah Ein Kerem Hospital of Jerusalem which excels in treatment of this genetic disease. The project that was conducted and that surprised the audience was successful: Palestinian children living in Gaza can be treated by Israeli medical staff.

All the problems that we know very well (crossing borders and so on) could find a solution when it comes to share the task of taking care of the health of the patients, especially our children. In the beginning, Israelis received Palestinian children, also those living in Gaza, then they succeeded in the organization of training Palestinian physicians, nurses and physiotherapists in Hadassah hospital, and finally, they helped in creating a working team in Gaza, providing all that was necessary. The enemy is not Hamas (who gave the authorization) or Israeli forces (as well), but this terrible disease, both could and can be allied in fighting it.

In May, the Cultural Department of Jewish Italian communities, AME and the

Jewish community of Venice organized a study day on medical ethics in the beautiful city of Venice. Half a day was dedicated to the concept of pain, from different points of view and in the three traditions, Jewish, Catholic and Islamic. In the afternoon a book of medical bioethics with reference to halachà, written by a colleague of ours, was presented and discussed. Finally, the lectures presented on the problem of transplantation.

All of those who can understand Italian are invited by AME and CDEC (Jewish Center of Contemporary Documentation) to come to Milan on September 18, to celebrate with us the 150th anniversary of Italy, assisting to a congress whose focus will be the contribution of Jewish physicians in the development of public health during the last 150 years.

Maria Silvera, EMA - Italy



News from Canada

Each year the Canadian Branch of the IMA (CIMA) awards the Dr. Arthur Wolfish Scholarship to a medical student studying abroad. This scholarship, which was started 25 years ago by Dr. Arthur Wolfish, will be awarded to a recipient to be chosen this Spring, 2011. Applicants are asked to summarize their experiences upon their return from studying abroad, and are invited to attend an executive meeting for discussion.

CIMA has begun to plan the next IMA-sponsored bi-annual dinner and lecture event, scheduled for June 14th, 2011. They are in the process of looking for speakers interested in presenting at this event.

There has been recent discussion regarding the recruitment of new members to the CIMA, including the possibility of a partnership with Ben Gurion International School of Medicine in collaboration with Columbia University in Beer Sheva, Israel

or the Sackler School of Medicine in Tel Aviv, Israel. An alliance could then be formed among the Canadian medical students studying medicine at these schools in Israel, fostering CIMA membership.

Dr. Rose Geist, CIMA

Canadian Chapter of the Israel Medical Association

788 Marlee Avenue, Suite #309, Toronto, Ontario M6B 3K1, Tel: (416) 781-9562

Dear Colleague

We would be delighted to invite you to join our Medical Organization.

The Canadian Branch of the World Federation of the Israel Medical Association was first developed in 1945. It continues to thrive and grow. Our organization is dedicated to fostering collegial, professional and social relationships among our colleagues in Canada, Israel and other chapters around the world. We provide scholarships for medical students who wish to study in Israel. We host dinner meetings with a focus on Jewish Medical Ethics with guests from the International Medical Community. We liaise with our colleagues in Israel and are an active chapter in the World Federation of the Israel Medical Association. We provide information for Medical Residents and Fellows from Israel studying in Canada.

Our annual dinner meetings have included speakers such as Dr. Mark Clarfield, a Graduate of the University of Toronto Medical School. He is the Director and Dean of the Ben-Gurion University of the Negev Medical School for International Health in collaboration with Columbia University Medical Center. Dr. Clarfield provided an excellent overview of geriatric medicine in Israel. He also spoke about the medical school and its innovative programs in international health medical training. Although most of the students are American an increasing number of Canadians are now enrolling in it.

In Nov 2010 we hosted a dinner lecture with our guest speaker Dr. Michael Gordon, a very well known and respected Geriatrician who is widely published in the area of Geriatric Medicine. His talk focused on Jewish Medical Ethics at the end of Life.

We continue to partner with our colleagues in Israel to support initiatives and projects occurring in Israel.

Our annual fees have been kept at a very modest level of \$135.00 per year.

We hope you will consider joining us
Dr. Rose Geist, President

Israeli Medical Association Journal - IMAJ

We are happy to inform you that the Israeli Medical Association Journal (IMAJ) is available online for all IMA World Fellowship members. IMAJ publishes original articles and reviews, editorials, case reports and other feature columns. Unique is IMAJ's coverage of specific regional issues - infectious and parasitic diseases, effects of the local environment on morbidity and mortality, Jewish genetic diseases, epidemiology of subpopulations - relevant to medical practice in distant countries with similar biopsychosocial problems.

› www.ima.org.il/imaj



Personal Connections...

In this section you will have the opportunity to extend personal messages, either for professional or personal purposes. You may wish to find a placement, a place to stay or seek other advice or services from any of our IMA World Fellowship members around the globe or offer yourself as a friendly face to other physicians.

If so, please send your message to international@ima.org.il for our next edition.

Ima Around The Globe

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