

Daily Report from Haiti – 25.1.2010

Position of the team: No change (The University Hospital, Port au Prince)

Main activities:

1. Continued activity in the hospital clinic (Kelly and Uri), in the recovery room (Assaf and Ilan). The number of treated today was considerably greater (also yesterday). The first reason is better coordination with the other bodies working in the area of the hospital (something that causes patients to be sent from the emergency room to the clinic) and the second reason is the increased awareness of the inhabitants of the city as to the activities of the hospital, which makes many of them come for medical treatment. The assessment is that the number of people coming to the hospital will grow from day to day.
2. Today for the first time, a hospital ambulance, belonging to the Red Cross, went into use for the purpose of transferring victims from one hospital to another in the city. In the first round of transfers two wounded people were brought directly to the operating theatre of the Red Cross hospital and in the second round 3 wounded were brought to the triage tent situated in the hospital. Two rounds of transfers were carried out by Ilan Klein and a local driver.
3. A second ambulance has been prepared today as an ALS transfer vehicle.
4. Chaim Rafalowski has set up a hospital store room of the Red Cross with help from a local team of workers.
5. In the early hours of the evening the Israeli ambassador to the Dominican Republic, Amos Radian, visited the MDA delegation and held a working meeting with Chaim Rafalowski, the coordinator of the emergency preparedness of the Norwegian Red Cross and the leader of the delegation. The following needs were raised at the meeting:
 - Three tents.
 - Sterile robes for the operating theatre.
 - Hospitalisation beds (100)
 - Chemical toilets
 - Expendable medical equipment including drugs.

The ambassador said that the subject would be investigated and an answer given as soon as possible.

6. During the day additional tents were set up in the area of the University Hospital. At this point the University Hospital is functioning almost entirely in tents.
7. Many groups of the Red Cross are visiting the campus of the hospital, showing great appreciation for the MDA delegation and great interest in its work.

Main points of the situation:

1. Great efforts are being made to restore the University Hospital to its normal routine. Some of the workers have returned to work and the intention is to integrate them amongst the various groups working on the campus.
2. The Director of the Hospital reported today that if there are no further secondary quakes until the end of the week, he will order everyone back to work in the buildings inspected and permitted by the engineers. At the moment there is a great fear amongst those being treated and the medical staff to work in the buildings, without any connection to their constructional state.
3. It is expected that there will be a big rise in the number of people coming for treatment in the University Hospital, including cases in which the Red Cross ambulance will be used to transfer patients between the hospitals.
4. The Emergency preparedness coordinator of the Norwegian Red Cross today gave an update in which he said that since the day the Red Cross hospital clinic opened (17/1) about 1000 patients have been treated and from the day the operating theatre opened (19/1) about 70 operations have been carried out.
5. Daily coordinating meetings are held in which the management of the University Hospital takes part together with representatives of all the groups working on the campus. In the next few days a "worker's card" will be issued to all those working on the campus.
6. The subject of sanitation in the hospital has still not been solved. Today a representative of the Sanitation Aid organisation toured the area and tomorrow a work plan on the subject of sanitation will probably be published.



Daily Report from Haiti 24.10.2010

Position of the team – no change (the University Hospital in Port au Prince)

Main activities:

1. Continuation of activities in the clinic in the Field Hospital (Uri and Kelly) and in the recovery room (Ilan and Assaf). The number of patients and injured treated today was considerably higher. It would seem that one of the reasons for the decrease in the number of cases is the changing of the foreign team, as the replacement team does not know the capabilities of the Field Hospital. In the evening hours the University Hospital admitted about 50 victims who were transferred to them from another hospital. The victims were dispersed amongst the different groups treating the patients and wounded in the University Hospital campus.
2. During the morning a delegation came to visit from the Israeli army hospital, led by Lieutenant Colonel Dani Moshayev. During the visit there was a discussion about the possibility of receiving equipment left behind by the IDF. For details see below.
3. Chaim Rafalowski together with the Head of the delegation and the person in charge of emergency situations in the Norwegian Red Cross went on a tour of the community clinics that the Red Cross had opened up (at the moment there are 5 such clinics). A visit was held in the German clinic which has: a tent with examination rooms for 2 doctors, a dressing/small surgeries tent, a tent for gynecological problems, a tent for day care and a pharmacy tent. The team pointed out that because of the small number of people coming to them they run a mobile clinic (a similar picture is painted in all the community clinics run by the Red Cross).
4. Uri, Kelly, Assaf and Chaim participated in a training session given by the chief surgeon of the ICRC (Dr. Hassan) on the subject of treatment of infected wounds under field conditions.

Stressed in the training session:

- widespread and early cleaning out of the wound
- rinsing with large quantities of saline/drinking water
- dry dressing
- prevention of giving prophylactic antibiotics
- changing the dressing only after 5 days or if the wound is infected
- stress the importance of early physiotherapy

The training was given to all the people of the Red Cross who are giving treatment in the incident and was considered the essential treatment protocol.

5. Video clips of the activities of the hospital can be found on the Federation's internet site www.ifrc.org According to the report we received the video clips on the site referring to the Field Hospital have broken the records for entry into the site.
6. The link to the picture of Assaf Chen on the site of the Federation of the Red Cross: http://www.ifrc.org/photo/haiti0110_6/image11.asp
7. The entire MDA team today received Federation ID. Tags are awaiting the replacement team.
8. The first ambulance was put into use for full activity as an ALS vehicle. A second ambulance will be put to use tomorrow.

Main picture of the situation:

1. Efforts for giving humanitarian aid to the population have begun. The operation is led by the American Red Cross. The intention is to give help to about 300,000 people. At this point, with a lack of facilities for giving things out, the plan is far from being carried out. At the same time the American and UN soldiers are handing items out.
2. The University Hospital appears to be full again with patients. Efforts are being made to organize the inpatient departments.
3. The subject of sanitation in the hospital has become one of the central subjects and a source of concern. A team from the Red Cross that specializes in this subject, today did a tour of the hospital and told the head of the team of the Field Hospital that he must find solutions by himself.
4. The security officer of the operation reported that the security situation is good, no special disturbing incidents have been recorded up until now, and there is no restriction on movement of the Red Cross personnel (except for the first restrictions – it is forbidden to go out alone or at night).
5. On a journey in the city it would appear that there has been no change in the situation – except for the giving of help, there do not appear to be organized efforts to restore life to normal. They have not begun to clear the destruction, in large parts of the city there is no electricity, and many many thousands live in the streets. It does not appear either that the population is actively trying to help itself. In one place people were seen sitting in the

doorways of their destroyed houses playing cards.

6. The extent of the destruction in the city – is enormous.

7. The presence of the American army is seen as threatening.

8. It is not clear if and how many of the staff of the University Hospital have returned to work.

9. The expected length of the assignment at this stage for the Red Cross Field Hospital is another 8 weeks.

Replacement of the teams:

1. In the light of compulsory logistical cooperation we are expected to urgently give the times of flights – please give them to us in the morning hours (your time). The intention is that most of the team will leave when the replacement team arrives, but one or two members of the team will remain behind for 24 hours for the changeover and will leave.

2. The Norwegian Red Cross must be urgently given the curriculum vitae of the replacement team.

3. The expected tasks of the team are: acting as a paramedic within the framework of the Field Hospital, activities with the local Red Cross (who activate the ambulance service) for the purpose of examining if it is possible and necessary to develop a plan to improve these capabilities of the local organisation.

4. Members of the team are asked to bring with them MDA hats with the diamond symbol for personal use and also to exchange with foreign teams.

Further activities:

1. Within the framework of the meeting this morning with Lieutenant Colonel Dani Moshayev the following needs of the University Hospital were raised:

- Chemical toilets. The army hospital has 8 chemical toilets which were rented in an agreement with a local company. The Red Cross asks if it is possible to take over the contract and to deliver these toilets to the University Hospital (of course the subject is of high priority).

- Camp beds – 100 (because of the lack of other beds in the hospital)

- Expendable medical equipment including drugs.

- 3 hospital tents. Because of the massive presence of the army in the hospital there is a problem placing the symbols of the Red Cross on the green/khaki tents. It is possible that because of this, the request will be that the tents will be donated directly by the State of Israel to the hospital whilst the rest of the items will be donated by the State to MDA and MDA will give it to the hospital.

The subject will be clarified tomorrow after the expected meeting with the ambassador (who will probably assign the tents for other purposes).

2. The Norwegian coordinator of the emergency systems recommends very warmly that we do not go into the issue of the administration of the department. According to him the subject is problematic and complicated under normal circumstances, so how much more so after this incident. As a result it is recommended not to actually go and do physical work in the department. A decision by the MDA management is needed on this subject.

It is recommended to consider integrating a nurse (indispensable - someone who has been trained by the Red Cross) in the next delegation who could, within the framework of her work in the Field Hospital, keep an eye on the department (dependent on the final decision about the tents, and whether the department is set up in one of them).

3. The subject of physiotherapy arises time and again. It is highly recommended to include in the next delegation an expert in the field of physiotherapy who could assess the needs and make recommendations. This is an opening for Israeli activity and that of MDA which will bring about a real change in the country hit by this fate.



Daily Report from Haiti, 23.1.2010

Location of the team: No change (The University Hospital)

Main activities:

1. Continued activities in the clinic (Uri and Kelly) and in the recovery area (Assaf and Ilan). Today there was also a considerable decline in the activities. The situation was raised for discussion in the daily meeting of the management team, and raises worry with everyone. Tomorrow different ways will be examined to increase the number of victims we receive. According to different reports, the situation of the wounded outside the hospital is getting worse, and different possibilities are being examined about going out of the campus. The central problem is the security of the teams. The American army security around the campus is sited as a reason preventing the citizens from coming to the hospital.
2. The nurse who works with Ilan in the recovery area approached him this morning and asked what activities could not be carried out because of the Sabbath. The activities carried on smoothly, without Ilan breaking any rules of Shabbat. The subject was praised in the general meeting of the team in the evening.
3. During the morning a count of the patients in the hospital was taken, as was mapping of dangerous buildings (the review was carried out by a specialist engineer from the American Engineering Corps.), and the deployment of existing tents. Recommendations were made to the hospital management with regard to the future use of the buildings, organisation of the departments in tents and the need for deployment of additional tents. We are waiting for an answer from the hospital management.
4. Chaim Rafalowski took part in a meeting in the ICRC in Port au Prince with the purpose of examining the method of medical transfers. The local Ministry of Health, together with WHO reported that there are 3 levels of medical treatment in the state.
 - First aid stations manned by 2 people with basic training, deployed on a wide scale, working only during daylight hours.
 - Community clinics, manned by 6-8 people with limited surgical ability, hospitalization on a short term and being able to put on plaster on breaks. In the light of the emergency situation these will work 24 hours a day. Intervention Units of the Red Cross (Basic ERU Health Care) are included in this section.
 - Hospital. As a result of the earthquake, the system which was based on secondary hospitals in the community from which patients/wounded were transferred to a third centre (one in the country – the University Hospital) is not functioning. As a result a medical transportation system is needed to be activated – from the first aid points to the clinics and from the clinics to hospital. It was decided that for the good of non urgent cases local taxis would be rented (TAPTAP) and volunteers of the Red Cross would join them and they would have a Red Cross Flag flying on them, and they would carry out the transfers. In cases of medical emergencies the ambulance (an additional ambulance is due to arrive tomorrow) of the Field Hospital in the University Hospital will be used. For this purpose a wireless channel and special cellular telephone will be designated. The ambulances will be driven by local drivers with an MDA paramedic. Tomorrow the team will carry out a check and if necessary they will organize the ambulances. On Monday morning a tour is planned for the Israeli team to the areas of deployment of the first line clinics of the Red Cross in order to get to know the layout of the area and the approach roads, including the tracing of points of diminished safety. The tour will also be used to market the service in the clinics.
5. The Public Health team has started working (2 nurses) to improve hygiene with emphasis on those staying in hospital.
6. The activities of the Mental Health First aid team is greatly appreciated by those in the hospital. The team goes around every day and visits those hospitalized and their families (2 professional women and 22 volunteers from the local Red Cross who have been trained). The team was called today to a boy who drew a picture for Assaf Hen, to help him cope with the death of his mother. An incident that was difficult for all the team in the Field Hospital. The orphan, who was treated by the clinic staff in the garden of the hospital (the team took care of clothing and food for him) was today transferred to the care of the childrens' hospital which is being run by the Swiss Aid organisation.
7. The American RELIEF ERU team today began distributing hygiene kits to those in hospital.

Main points of the situation today:

1. In the University Hospital are about 400 patients. Of them 30 are awaiting surgery, 126 are after surgery, a fact which is causing a bottleneck and causing delays in carrying out operations.
2. There are only 3 building which can be used for inpatient departments. In one of them they will start an Intensive Care Unit, and in the others it is still up for discussion (whether to use them and for what purpose).
3. The Director of the Hospital ordered the team to report for work tomorrow (until now only a very small percentage appeared for work). It is not clear how many people will show up. If there are a lot of people, many of the aid organizations will be without work.



4. Many aid organizations are continuing to work in the hospital, most of them medical people, and some "spiritual".
5. Those hospitalized and their families are receiving a regular supply of water and food (even though it is not clear from whom).
6. According to reports, the situation outside the hospital is getting worse, with emphasis on wounds that have become infected. In the light of this fact a second wave of patients to be hospitalized is expected.
7. The hospital blood bank – collection of blood is done by the local Red Cross on the campus of the hospital, and according to them it is working. When visited it was empty of donors. The processing of the blood is done in the hospital (which at present has no laboratories).
8. A high percentage of wounds to limbs accompanied by amputations will need assessment for rehabilitation (physiotherapy and occupational therapy) which is virtually non existent in the country. The ICRC is responsible for providing prostheses.
9. The Italian Red Cross field unit left Santo Domingo today and is supposed to supply the Field Hospital with cooked food starting within 48 hours.
10. The IT unit today set up a radio station in the Field Hospital and from tomorrow all staff of the hospital will be required to carry a communications device.

Replacement:

1. The replacement rounds at the Field Hospital are planned for the first week in February.
2. MDA's request for the nearest round is:
 - 2 paramedics with international experience, instructors, preferably with a profile that enables them to support the setting up of EMS, who will act as paramedics in the hospital and at the same time will work with the local Red Cross in developing their capabilities (in the short term and setting up a programme to build up their capabilities in the long term).
 - A senior member of staff in the field of rehabilitation, who will assess needs, check out possibilities and after coordination with the locals will present a programme for building/strengthening the rehabilitation system (physiotherapy and occupational therapy).
3. The intention is that the team coming in will overlap for 24 hours. Because of the shortage of places to sleep, that means that about 3-4 of the present team will leave immediately when the replacement team arrives, and 1-2 members of the team will leave the next day. We are asked to urgently give dates of the flights and the names of those replacing us (dates of flights are critical in view of the fact that probably the change over will be via Santo Domingo which involves booking a hotel and organizing transport).
4. Equipment needed for the replacement team:
 - sturdy cutlery (metal)
 - a plastic bowl
 - a large drinking cup which can be hung on a belt
 - suntan lotion
 - vests with a diamond logo
 - MDA shirts with diamond logo (one for every work day – 12 shirts for each person, there are washing facilities in the camp). In the event that they are printing on shirts, then the symbol should be on the arm.
 - Personal stethoscope
 - Sweets (we receive food – not Kosher, for those eating Kosher only)
 - A small bag to carry personal equipment - Work gloves
 - A large MDA flag and flags with the diamond shape - Diamond shaped MDA pins
 - Closed comfortable shoes for prolonged standing. - Shoes for the camp and the shower.
 - Wet wipes (a lot of them) - Shorts, clothes for walking to the shower and back from it.
 - Sheet and pillow case - Sleeping bag (preferable not a used sleeping bag which the present delegation received)
 - A pillow - Cream for wounds (polydene cream)
 - Cream for itchy skin and rubbed skin. - Fungimon
 - Wash things (as in reserve duty in the army) including a mirror.

Daily Report from Haiti 21.1.10

Location of the delegation – no change (The University Hospital in Haiti)

Main activities:

1. Continuation of the work of Uri and Kelly in the clinic, Assaf and Ilan in the post operative recovery department. There is a considerable increase in the work load in the operating theatre (13 patients) and a constant flow of patients in the number of cases in the clinic. As a result the working hours of the team in the recovery department have increased.
2. Another two tents and equipment for the University Hospital have been donated by the Red Cross.
3. The Israeli team helped to set up two sun screens for those waiting in the clinic and for the clinic staff.
4. There was a visit by Brigadier General Shalom Ben Aryeh, Commander of the IDF delegation to Haiti to the Red Cross Hospital and to the MDA team.
5. Communications – interviews to the French press (Ilan), a Spanish television station (Chaim), the magazine of the Federation (Chaim). An interview that was agreed upon for the morning programme of Channel 2 (Uri) did not take place without any notice or explanation (after it was explained to Aviram from the programme, that Uri will stay awake specially at midnight in Haiti for the broadcast). We have asked the MDA Spokesman to ask for an explanation but so far no response.....A request from the programme "What is burning" ("Mah Boer") with Rino Zror, but after a few minutes we were told that they could not conduct the interview. Uri Shacham was willing to be interviewed at any other time. We must point out the great interest of the international media in the deployment of the hospital set up jointly by a number of national Red Cross societies. A story has been sent about a boy and his picture for the weekend papers.
6. The hospital team and the Mental health first aid team continue supporting the University Hospital staff and their families who were injured.

Main points of the picture of the situation:

1. During the day today there were 2 aftershock quakes which caused the departments which had returned to work in the buildings, to be cleared out. The team and the local population refuse to stay inside buildings. The building that was used as an in patient department after surgery has been declared unsafe and has been cleared, a fact that causes great difficulty as the main bottleneck in the system is the ability to hospitalize people after surgery.
2. The blood bank of the hospital returned to work today.
3. The transferal of the wounded from the hospital to the American hospital ship USS COMFORT began. According to a report in our hands, the ship is full. 55 patients were transferred from the University hospital (100 were planned), all of them in American army vehicles. The fact that 200 injured people who were planned to be transferred will not now be moved, delays the plans for the hospital to return to routine function.
4. There are 9 operating theatres functioning in the University Hospital, and they are managing to carry out the necessary surgical activities. The bottleneck as stated above is in the ability to hospitalize people after surgery. The Director of the University Hospital plans to shortly renew acceptance of patients (internal diseases).
5. The American army, (responsible for the security of the campus) has set down stringent rules for entering the campus of the University Hospital.
6. There have been a number of cases in the Hospital of bacterial meningitis. The matter is being closely monitored by all those involved. At this point no drug therapy has been started for those giving aid, we will continue to monitor – tomorrow morning.

Subjects for further treatment:

1. Preparations for Shabbat – OK, we will receive a supply of meals for Shabbat and for Kiddush from the IDF delegation (thanks to Brigadier General Shalom Ben Aryeh). The necessary plans are being made with additional members of the team in the hospital.
2. The Red Cross is prepared for the changeover of the first team at the end of the month (because of logistic readiness which obliges them to leave the country). In time for the planned changeover we have to make sure that there are enough tricot MDA shirts for the leaving delegation (diamond shape MDA logo) – one per day for each member of the team. These are their work shirts. In addition all members of the team must have a supply of sunscreen lotion with a high filter number and their own bottle for cold drinks (a hiker's bottle). Further recommendations will follow.
3. A request to carry out an assessment in the city of JAMINI in the Dominican Republic – one must have permission from the Dominican Red Cross and the Federation. After receiving permission from the Dominican Red Cross, the undersigned will approach the representative of the Federation in the Dominican Republic and in Haiti to receive permission and to coordinate matters.

MY PRIVATE HAITI/ ASSAF HEN

As in routine conditions, patients enter and leave the operation theatre for the recovery room, some accompanied by members of the family and others alone.

In the recovery room, an open tent with 8 folding beds, the victims stay for a few short hours after their operation is over. Personally, I prefer not to become emotionally involved with the patients, a defense system known by people in the medical field who come into contact with a large number of patients as part of the routine.

Yesterday was different. A patient came to the operation theatre suffering from a broken leg. Because of the large number of victims, the injury was not treated in the first days, and this led to a considerable infection. Under other circumstances and in another place it is almost certain that this injury would have been treated to the best of medical standards, but in Haiti after the earthquake, this injury involves amputation of the leg. Unfortunately, this is the routine of life with which the victims of the earthquake are dealing.

The patient was accompanied by her son who seemed overwhelmed by all that was going on. I was not surprised. Under these circumstances the difficult scenes are hard even for the professionals, so how much more so for a small child whose whole world has collapsed around him within minutes. I estimated that the child was 7 to 8 years old, and in order to help him we asked him to help us to organize basic medical equipment. The child was pleased to help us and it appeared that the mere fact that we had found something for him to do had made life quite a bit easier for him.

After organizing the equipment I gave the child paper and a pencil. The child drew a hospital bed, on which his mother was lying with one leg only. On the other side of the bed appeared a small boy and opposite was the paramedic treating his mother. In the middle of the picture of the paramedic was a huge heart, out of all proportion to the body, the head or height. Over all of us the child had drawn a large sun lighting up the entire picture.

It is amazing how a picture drawn by a small child can reach the most sensitive places. During my stay in Haiti I talked to tens of people, most of them had lost close family members and are having a daily battle to stay alive and their lives have changed for ever. Not one of them affected me in the way that the drawing of the child affected me.

Assaf Hen, Paramedic
Magen David Adom team



REPORT FROM THE HEAD OF THE MDA DELEGATION TO HAITI – THE THIRD DAY

“Amidst the destruction and death, the birth of a baby girl is a very symbolic event and encourages renewal” reported with satisfaction, the head of the MDA delegation, Chaim Rafalowski, to the MDA Director General, following to births that had occurred in the Field Hospital run by the Norwegian Red Cross where the MDA teams are helping out. “It is a doubly happy event, since, during a caesarian operation for a local resident who was at high risk, another woman arrived and gave birth to a son. Both babies came into the world healthy and this is very emotional especially in view of the difficult scenes here” wrote Rafalowski and added: “in spite of the great effort to deal with the flow of wounded arriving here, we are still hearing many complaints from the population about the weak response of the central government” This situation is depressing and raises fears of renewed social unrest which could harm the medical teams:.

The Chief Medical Officer of the IDF and officers in the Israeli Army delegation in Haiti were not surprised to discover during a morning tour in the Norwegian Field Hospital, that there are teams of paramedics from Magen David Adom, which is a member of the International Movement of the Red Cross, working there. The IDF Officers participated in meeting of cooperation and raised the possibility of transferring patients after surgery, from the Israeli army hospital to the University hospital. This is not possible at this stage because of the tremendous pressure of post operative patients in the recovery rooms of the local hospital.

During the evening hours the Director General of the Ministry of Health, Dr. Eitan Hai-Am, accompanied by the Director of the Emergency Department, Dr. Dani Laor and Colonel Dr. Carmi Bartel, visited the hospital. The head of the MDA delegation gave them a review of the activities of the hospital. The Director General of the Ministry of Health expressed his great appreciation for the work of MDA in the Norwegian Hospital and asked to be informed what are the expected challenges and what additional medical items are needed by the MDA teams.

The hospital, which is treating hundreds of citizens and carrying out operations, CPR, births and amputations of limbs, has also begun giving mental health first aid to children, using special drawing kits developed for this purpose and with the help of volunteers specially trained for this, and the subject has had great success: “a boy drew his wounded mother lying in bed and next to her an MDA paramedic with an enormous heart” described Rafalowski.

It is intended to start a secondary survey and to transfer wounded from the University Hospital to the floating hospital of the American fleet and to other hospitals in the country so that they can accept new wounded people from other hospitals. For this purpose the American army is planning an airborne train of helicopters. If the decision is made then the responsibility for the task will be given to the MDA teams who are on hand.

IN THE WAKE OF THE EARTHQUAKE IN HAITI

RESEARCH PROVES – THE WORKERS AND VOLUNTEERS OF MDA ARE COMMITTED TO SAVING LIVES ABOVE ALL ELSE

Magen David Adom in Israel regularly exercises nearly every possible eventuality that could happen in Israel – starting with a biological disaster and ending with an earthquake of a high level and as always – reality is greater than the imagination. Only a few months ago a drill was held in MDA for a horror incident of an earthquake that brought the Shalom Department Centre Tower in Tel Aviv to the ground wiping out buildings in a large radius from the epicenter of the quake and which is a living example of the horrifying event that took place last week in Haiti.

The working protocols in MDA headquarters are that a severe earthquake could happen in Israel at any time and there is no doubt that its results will be devastating and cruel. Dr. Eli Yafe, a specialist on the subject of earthquakes in the organisation, is convinced that an earthquake in Israel will be stronger than the destructive earthquake that occurred in Haiti last week and that it will claim many victims: “we have drilled a situation of a mass disaster as a result of an earthquake of 7.4 on the Richter scale as a result of which the Shalom Tower in Tel Aviv collapsed. The result” thousands of people buried under the rubble, hundreds of buildings destroyed and entire districts wiped of the face of the earth, thousands of people trapped and as time passes there is less chance of saving lives. In many buildings in the city deep cracks in walls have appeared and there is a danger that they will collapse in a secondary quake”.

The work protocol which was examined in the exercise was – amongst other things – that in the first hours worker and volunteers in MDA will be busy rescuing and treating their own families, and will not arrive at the scenes of destruction and therefore the survivors will have to treat the wounded by themselves. However, in research carried out amongst hundreds of workers in the emergency medical system in MDA, it appears that a definite majority of the workers (98%) are aware of this severe possibility and together with this 80% of them plan to arrive without any call from MDA to help with the care of the victims of the disaster.

The workers expressed their fear for their families and pointed out that the concern for the family is the main barrier when they have to treat people. About half of them (57%) are convinced that their family would be able to cope with the incident even without their help, when they have been called upon to give assistance. In general, the workers feel ready to cope with an earthquake from a professional point of view (79%) and from an emotional point of view (81%).

MDA Director General, Eli Bin, is well aware of the statistics of a high level of enlistment of the workers and volunteers of the organisation: “these figures are not at all surprising, and have been proved in the field. During the period of the second Lebanon War and the Case Lead Operation, volunteers and workers from all over the country, and not just from the areas involved in the fighting, asked to come and help under fire of missiles and in real danger for their lives. Magen David Adom will continue to drill extreme possibilities in order to be at a maximum level of readiness for any situation”.

TRAINING COURSES FOR DOCTORS, MANAGERS AND LABORATORY WORKERS FROM KHAZAKSTAN IN THE BLOOD SERVICES OF MDA

During the months October-December 2009 courses were held in the Blood Services for doctors and administrative heads of Blood Services who came from Khazakstan and also for laboratory assistants in immuno-haematology.

The request to organize these training courses came to the Blood Services from the Ministry of Health, as a result of a request from Ms. Sigal Adelina from the Somat company, which deals with the training of doctors from Khazakstan in different subjects and the organizing of professional training courses in hospitals in Israel. After signing an agreement of cooperation between MDA and the Somat company, and receiving the blessing of MDA Director General, Eli Bin, two types of courses were opened: A course for the management of the Blood Services for managers and high level officials in the Health System and a professional course for laboratory assistants who are specializing in immuno-haematology.

The training courses included lectures which were given by the doctors and professional staff of the Blood Services and by senior doctors from hospitals in Israel. In the practical stage, the students went to study and watch the staff of the MDA Blood Services in their active work taking blood, in the laboratories of the Blood Services and those of selected hospitals.

The programme for the lectures in the management course dealt with the Blood Services in Israel and the MDA Blood Services, models of cooperation between the various Blood Services, security and

quality control, training of the teams taking blood donations and of those working in the laboratories, the questionnaire for blood donors and the criteria for accepting/rejecting donors, organizing a national blood donation system, showing the bloodmobiles and their facilities, fixing up times for





blood donations, management of the laboratories, work protocols, safety, security, blood typing and separation into components, validations, management of donor databases, volunteer system, organisation of blood donors, computer systems, stem cell transplantation, pheresis treatment, management of national blood supplies in times of emergency, checks for infectious diseases, up to date methods etc.

The programme for the lectures in the immuno-haematology course dealt in addition to some of the subjects mentioned above with – stepping stones in molecular biology, red blood cell membrane, the ABO system, the laboratory for immuno-haematology, antigens and antibodies for different types of blood, the RH system, checks before giving a blood transfusion, haemolytic disease in the new born, immuno-thrombocytopenia in the new born, autoimmune haemolytic anaemia, reactions to blood transfusions, management of a database of rare blood type donors, management of a hospital Blood Bank, massive blood transfusion, provision of blood in transplants, blood substitutes and new up to date methods etc.

The lectures were accompanied by simultaneous translation by Russian speaking translators.

In a festive ceremony that took place at the end of the period of the course, the participants were given certificates showing they had taken part in the course, and a disc that included presentations from all the lectures. The participants of the course thanked Professor Shinar and the staff of the Blood Services for the fascinating learning programme.

A special thanks to Ms. Sharon Eliyahu and Ms. Keren Dagorayev, secretaries of the Blood Services, for the organisation, the presentation and full support for the success of the course.

To dear Erez, Kobi, Sagi and all the MDA personnel,

I would like to thank you for the opportunity you gave our mother, my sister, our grandmother and our mother in law, Yaffa Yerushalmi, to fulfil her last wishes, by using your wonderful new service "Ambulance Hamishalot". The ambulance is equipped with special state of the art equipment, but more than anything it is manned by amazing personnel who are committed and sensitive and show real caring and consideration to the patient and his family. We felt that you were doing the utmost so that this experience would be successful and unforgettable, and so it was.

My mother became ill with breast cancer which returned to her body for the third time. After dealing with it for a long time, we were told that there is nothing more to be done to cure her. My mother loved to live and knew how to enjoy life. More than anything she loved to go on trips in nature – both in Israel and abroad. She took every opportunity to go on trips, to eat in good restaurants and to enjoy herself with the family. Lately it hurt us more than anything to see her restricted in her independence and mobility. The loss of independence and mobility prevented her from doing the things she loved more than anything and affected her mood greatly.

My mother had a number of requests that she still wanted to carry out. Some of them she managed to do before the disease started to spread and to limit her mobility. However after a considerable regression in her health there were still a number of things left that she wanted to do but could not manage because of her restricted mobility. My mother affected me greatly when, on one of my visits to her, she said to me that her wish was to once again visit our house. This house was like a second home to her. She used to come to us for many weekends and enjoy herself with the family, the peacefulness and the nature. To my joy, just at this point, I got hold of a local newspaper in which there was an article about the "Ambulance Mishalot". For a moment I did not believe that as a result of this article I would be able to fulfil my mother's last wishes. After arranging everything, cancellations because of her health, we arrived at the special, emotional moment "a farewell visit in the Ambulance Hamishalot". I felt that my mother was gathering up her last strength whilst waiting for this special day which included a visit to our home and the scenery she so loved and which brought back many memories.

On Monday 28.12.09 my mother and her sister went together on her last trip – a trip which today I call "her farewell trip". My mother visited the orchid park "Utopia" in Kibbutz Bochan, because of her love for nature, plants and especially orchids. From there she journeyed with them to Kibbutz Sarid, the Kibbutz where she grew up and was educated until the age of 10. During the visit my mother met her closest friends. The next destination was– lunch in the "Muscat" restaurant in Mizpe Hayamim. The final point, and the most emotional of all was her visit to my home in Azmon, a place that my mother loved and used to come to very often for weekends. My mother came to us tired after a full day of traveling around out of the house and to our surprise she still had the strength to sit with us for about two hours, telling stories, and enjoying the company of her grandchildren, visiting their rooms and seeing the changes we had made. Although we met up with my mother on many occasions, she had not been in our home for the last year and a half because of her problems with mobility. The emotions in our house ran high, the children prepared all sorts of things for their grandmother who loved to eat and they especially made an effort with the desserts that she so loved and had taught them to prepare. Towards her departure we were all very tearful and full of appreciation for the team who had accompanied her throughout the day: Erez and Kobi, dear MDA people, who as a result of this event, became important figures for our family. They succeeded in giving my mother and us an unforgettable experience which we never imagined could be fulfilled. We do not know how she had the strength for such a busy and full day, but what is clear to us is that that day improved her mood, gave her light, joy and excitement in her final and most difficult days and allowed her to part from us with a feeling of pride, love and closing of a circle. Two days later my mother was hospitalized

in the Hospice in Tel Hashomer and on 11.1.2010 she passed away.

What you gave her warms our heart and there is no way to measure it. My family and I are full of appreciation and amazement at the priceless present you gave us. For her, the fulfillment of her request was an important and meaningful victory.

I took upon myself the task of publicizing and spreading the word about your generosity, so that whoever can manage to have a day like this should hurry to contact you. In situations in which we accompany a dear person who knows he has a terminal illness, all that remains for us to do is to be with him, to fulfill his last wishes and to enjoy the moments together. If until now there was an obstacle which prevented this because of the mobility problem and medical supervision, I feel that now the MDA personnel have solved this. I recommend to all those who find themselves in a similar situation not to hesitate, but to approach MDA and to fulfill the dream of his beloved one – we feel that his experience strengthened us as a family, gave us strength and an additional memory of having done something meaningful, together and binding before the sad and painful parting which has left us with a gap and feelings of longing.

With heartfelt thanks
Rafi Yerushalmi and his family

THANK YOU TO THE "AMBULANCE HAMISHALOT"

As a thank you to all of you in general and especially to the team of the MDA "Ambulance Hamishalot" for the wonderful experience you gave me and my family, I would like to thank you from the bottom of my heart and to tell you that it was a heartwarming experience for me as you in fact enabled me to take part in my eldest son's wedding.

You made life easier for me throughout the evening and the attitude of the team was patient, outstanding, professional and the best it could possibly have been.

The equipment, beginning with the ambulance vehicle itself, to the special chair, was comfortable and enabled me to get through the evening in the best possible way

Until we knew about the possibility of the "Ambulance Hamishalot" we did not know how I would accompany my son on the way to his Chupah (wedding ceremony) and how I could possibly even take part in the wedding in a reasonable manner, but thanks to you I was given the opportunity of taking a full part in the ceremony which was very emotional, especially for me and my family and all our guests.

Thank you to you and to the team who were warm, kind and wonderful.

With best wishes,

Yayin Rachel



**For the attention of Yael/ Team of the Ambulance Hamishalot
To the team of angels who worked hard and gave us of their very precious time**

Dear All,

My name is Karen Azar, the sixth daughter of Leah and Abraham Bouaron who live in Rishon Le Zion. I searched for the correct words to start my letter, to thank, praise and exalt the moments of happiness which the dear team on the "Ambulance Hamishalot" fulfilled for us. Therefore, I shall begin with an important sentence – that my mother always took trouble instilling in us, that the heavens are the limit, so there is a sentence that says "if you can dream about this then you can do this" wrote Walt Disney. And with this sentence I have lived almost my entire life, and therefore I am sending my thanks and those of all my family – to all the team who were at our disposal, cared and called and planned, and to the paramedics and the ambulance driver and all the people who work and are behind this initiative – may you all be blessed.

Our story begins as follows –

My mother, Leah, who celebrated her 70th birthday in December 2009, was a very strong woman, not mentally healthy but strong in her ideas and her spirit.

On 24th September 2009 my mother was hospitalized in Wolfson Hospital because of heart fibrillation and other problems. The following morning her condition drastically deteriorated and she suffered cardiac arrest for 24 minutes (before the CPR they informed us of her death) during which they attempted to resuscitate her.

She was transferred to Intensive Care and regained full consciousness. After 3 days of amazing recovery her condition began to deteriorate again and she suffered from a stroke – we went through a nightmare.

From that day my mother underwent a very difficult head surgery to drain the blood from her head in Ichilov Hospital, and was transferred and hospitalized in their Intensive Care Unit. We had days and nights of fear and prayer – a lot of prayer to the Lord of the Universe, that he should not take her from us, and so it was.

Mother, a woman of valour who can one find, a woman of iron who survived this difficult period with us and regained consciousness and communicates with us. From the Intensive Care Unit mother was transferred to the Internal Department 6 for respiratory rehabilitation and stabilization of her body.

I will not lie, but there have been ups and downs, til this day. There are days when we thank G-d for the happiness we have to share with her despite all the suffering.

And then I and my family started looking for a way to celebrate my mother's birthday together with her. During my searches on the site (I have to point out that anything to do with the management of my mother's care in the last 5 years until today is through me) I found out about the "Ambulance Hamishalot" and then I wrote to my sister Gali that I would like to write to you and that we should celebrate at home, just the close family, since the grandchildren had not seen their grandmother for months. Find the most intimate spot and embrace her in our midst.

A day did not go by and I received a message by e mail that one could contact MDA directly about the "Ambulance Mishalot" and speak to them. I was very pleased with the e mail and after some hours I received a call on my cell phone from your co-ordinator by the name of Saguy about my request. At that instant all my body was full of joy. I told him about the case, we set a date and time. It was a fortnight from the

date of the event, and during that time until the actual date, Saguy took care that I would give him all the information, spoke to the doctor in the department where my mother was hospitalized in rehabilitation in Bayit Balev and saw that they had all the necessary equipment. And everything was carried out in the most professional manner that one could ask for.

And the happy day arrived, 15.12.2009. There was some tension as mother was rather weak from a medical point of view, but as far as awareness was concerned she was quite clear headed.

The ambulance team (I remember Oshry) together with another wonderful young man and young woman collected her (my sisters Gali and Hodaya were at the rehabilitation centre, and you will be receiving their personal letters).

The arrival was very emotional, the preparations before were even more so – you know that when waiting for someone or something one's heart beats twice as fast. There is happiness in the heart.

I prepared the table and we cleared the living room for her arrival.

The pictures say it all. We also prepared T shirts with her picture and an inscription for mother.

Chanukka candles were prepared. Sweets for her birthday. It was amazing, I did not believe that it would all go so smoothly.

Mother, from the moment she entered her home and recognized the place, opened her eyes for 4 hours of an amazing experience. She said hello to everyone and connected with and kissed the children and grandchildren and her husband.

At that time we sighed with relief, as the team had taken care to make sure the oxygen was working and that her vital signs were normal. Thanks to G-d for our Chanukka miracle.

After about 3-4 hours together with the team we slowly prepared mother for her journey back after seeing the house with everyone together with her, whilst she was fully aware of all that was going on around her.

We set off on our way, the team safely returned mother to the rehabilitation centre.

For me and my family we can only tell about this and inform people by word of mouth about the emotional experience which has left us with an enormous memory in our hearts –also for my mother.

I am full of heartfelt thanks from all of us, and as a result of this I have said more than once in our talks that I will get over this nightmare and even now I would like to volunteer and help with this project, because when one experiences such a thing it is hard not to forget it.

From myself, be blessed and continue in this way for ever.

Keren Azar nee Bouaron



MDA: 15th SHEVAT 5770 PLANTING WITH EMPHASIS ON ACCEPTING OTHERS

The whole country is getting ready for Tu B'Shvat (15th Shevat) activities, but in Magen David Adom it was decided to celebrate the festival of planting in a different way – social activities for children with special needs and integration of the special populations in activities that all the children in the population carry out.

600 volunteers from the youth organisation of Magen David Adom, amongst them MDA cadets, as in previous years, carried out a Tu B'Shvat planting operation together with 50 children with special needs, pupils of the Assif school, and 100 adults from a rehabilitation organisation. The plantings took place in the Lechi forest which is in the area of the Gezer local authority.

The plantings started with a big happening that took place at the Lechi memorial, and included the preparation of dream balloons and sending them up into the air to the accompaniment of drums and music. The youth volunteers of MDA passed by all the tables and helped the people from the rehabilitation programme and the pupils of Assif to prepare the balloons with their wishes, and with the preparation of one big wish – for Gilad Shalit – that he should come home quickly!!

"After the ceremony of sending the "wish" balloons into the air to the accompaniment of nice music, we all went to the area of the planting, and as in every year, we walked past the memorial and sunk into the mud in order to fulfill the commandment of planting on Tu B'Shvat" related Yifat Glasman, one of the organizers of the event from MDA "the people with special needs are an integral part of the social-community life of Israeli society.

In accordance with this, it is natural that MDA which has a great involvement in the community, should work for these people and extend the circle of activities of these very children with special needs, and in general accept others who are different. We only hope that our activities, together and separately, will give Israeli society the wisdom and feelings to understand better the wishes of these same children. That we may bring, in a small way, joy to their hearts and encourage others to continue in our special, community, path".

