

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY

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**Editor's Note:** Welcome to the Fall 2014 FIHS Newsletter. This Newsletter comes out at a very dangerous time for Israel- just after a war in Gaza physically, but with the country being battered from forces around the world.

This issue will include its usual features- a message from our President, Jeff Goldberger, announcements of Cardiology Meetings, and recently published research from Israel. We will bring the latest in Israeli innovation. In addition, we will bring the readership a political letter published in The Lancet critical of Israel, and the response of the Friends of the Israel Heart Society's response which was published online at The Lancet. We also include an interview with Giora Weisz, the new Director of the Bendheim Department of Cardiology in the Jesselson Heart Center at Shaare Zedek Hospital in Jerusalem.

**In a twist, the FIHS has decided to send American cardiology fellows**

**to meetings in Israel. We announce our first efforts- 2 fellows will be sent to present posters at the 9th International Conference on Acute Cardiac Care in Tel Aviv this January. Later in 2015, we will send 2 additional fellows to make presentations at the 62nd Annual Meeting of the Israel Heart Society, again in Tel Aviv in April (right after Passover).**

Please note- description of new technology in our Newsletter does not constitute an endorsement. We just want to give our readership a sense of the vast scope of Israeli ingenuity in the fields of Cardiology.

Remember, this Newsletter and Society belong to you, the membership. We look forward to enhancing this Society and the connections that we hope to foster between Israeli and non-Israeli cardiologists and their institutions. Please feel free to email us with questions, answers, comments, criticisms, or just to tell us to keep working harder!

Our immediate goal is to try to grow our membership and participation to include any and all cardiologists and fellows from around the world who would be interested in supporting this bridging relationship. If you know of any cardiologists or cardiology fellows

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who we can contact, please email me (my email is [jackstroh@usa.net](mailto:jackstroh@usa.net)).

In addition, this is the new link for the Israel Heart Society. Please browse the site!

<http://www.israel-heart.org.il/english>

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### Message from the President

We extend to all the Friends of the Israel Heart Society our best wishes for a happy and healthy new year!

This year, in particular this summer, we all faced perilous situations – either personally or experientially. The ravages of war and terrorism were accompanied by an uptick in anti-Semitism, particularly prominent in Europe. Attacks on Israeli academics have continued. We were surprised to see the publication of the Open Letter for the People in Gaza in the Lancet in July 2014.

It was shocking to see how Manduca and colleagues rant of errors in fact, gross misjudgments, and false conclusions passed the review process and was published. We responded (our letter is reprinted in the newsletter on page 13, Fortunately, there were several other critical response letters. Yet, there were also several supportive letters. This

environment is a clear indicator of the need for our organization, one that can cultivate friendship and bonds with our Israeli colleagues and one that can support the ideals of our profession as healers. This is a good time for every member to consider what he or she can do to make a difference. The antidote to hate and terrorism is acts of loving kindness.

As the New Year is here, I would like to appeal to you to think about your role in the Friends of the Israel Heart Society. Rest assured that the Friends of the Israel Heart Society will continue on its trajectory to continue to promote scientific interchange with the Israel Heart Society. As you know, many of the programs we have been involved with have been initiated and supported by our members. The support that we are able to provide the Israel Heart Society stems predominantly from the engagement and support of our membership. Please feel free to contact me if you have any ideas that you would like to pursue/lead.

We are now entering our sixth year of the newsletter. Special thanks to Jack Stroh for his continued energy and enthusiasm for leading the newsletter and kudos to all the contributors.

FIHS is on the web at <http://friendsihs.org/index.html>.

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The Friends of the Israel Heart Society has certainly grown over the last several years, but we know that we are not reaching many cardiologists or other cardiac-related specialists who would be interested in our activities. We heard from many unaffiliated people during the crisis, so we know that there are many who would like to engage with us, but we have not found each other. **WE NEED YOUR HELP** to reach these people! Please take a few moments to forward this newsletter to a few colleagues. If you have a few more moments, contact them to find out if they have signed up for membership.

It is also a good time to check if you have renewed your membership for 2014. We appreciate, in particular, those of you who have joined at one of the sponsorship levels. All the information is available on our website. Annual membership can be paid through the FIHS website at: <http://www.friendsihs.org/index.html>.

Finally, I want to thank all of our members who have donated their time and effort for the benefit of the Israel Heart Society. Please remember that our members are encouraged to send in news – personal and/or professional – to include in our **FIHS Heart Beats** section.

Thank you for your continued support!

Once again, best wishes for a happy and healthy new year,

**Jeff Goldberger, M.D.**

**President, Friends of the Israel Heart Society**



Netzach Yehuda unit of the Israeli Army with American volunteers

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### Meetings

As mentioned above, the Friends of the Israel Heart Society is embarking on a new project starting 2015. Just as we have sponsored through the Meltzer Award 2 Israeli cardiology fellows to present their research at the annual American College of

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Cardiology meeting in the USA, we will be sending 2 American cardiology fellows to Israeli meetings. The first is the Acute Cardiac Care meeting this coming January 2015, and the second the Annual Conference of the Israel Heart Society.

If you know of fellows that would like to submit their research for consideration, please have them forward the abstracts/outlines ASAP to [jackstroh@usa.net](mailto:jackstroh@usa.net).

This is a great opportunity for young investigators to gain worldly experience and exposure. Please see below for details regarding these specific meetings.

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### The 62st Annual Conference of the Israel Heart Society in Association with the Israel Society of Cardiothoracic Surgery

April 13-14, 2015

David Intercontinental  
Convention Center, Tel Aviv

<http://2015.en.israelheart.com/>

Abstracts submission deadline:  
December 15, 2014

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### Myocardial and Pericardial Diseases Working Group of the European Society of Cardiology

February 4-6, 2015

Royal Rimonim Dead Sea Hotel,  
Dead Sea

<http://www.medical.theconferencewebsite.com/conference-info/Myocardial-Pericardial-Diseases-Working-Group-European-Socie>

Amyloidosis  
Cardiooncology  
Genetics  
Echocardiography  
Magnetic resonance imaging  
Biomarkers  
Arrhythmology  
Metabolic cardiomyopathies  
Pericardial diseases  
Arrhythmogenic right ventricular dysplasia  
The Role Of Systemic Inflammation In Myocardial Disease  
Athlete heart  
Genetic testing in cardiomyopathies  
Modifying Disease Progression In Hcm  
Myocarditis  
Diabetic cardiomyopathy  
Dilated cardiomyopathy and heart failure  
ICDs  
Atrial fibrillation in a patient with cardiomyopathy  
Innovations In Heart Failure Therapy  
Basic Science  
Other

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### Innovations in Cardiovascular Interventions 2014

December 14-16, 2014

David Intercontinental  
Convention Center, Tel Aviv

<http://2014.icimeeting.com/>

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### 9th International Conference on Acute Cardiac Care

January 18-20, 2015

David Intercontinental  
Convention Center, Tel Aviv

### Preliminary Scientific Program

- STEMI – Pre-hospital management
- STEMI – Controversies
- NSTEMI-ACS-Mechanisms and management of reperfusion
- injury and microvascular obstruction
- Managing chest pain in the emergency room
- (Joint session with the Israeli Association of Emergency Medicine)

- Ventilatory support
- Joint session with anesthesiologists/ICU
- Patients with structural heart disease in the ICCU
- Post-TAVI acute care – issues for the intensive cardiac care unit
- Antiplatelets in ACS – an update
- Acute Pulmonary Embolism
- Cardiac patient in the internal medicine ward

-(Joint session with the Israeli Association of Internal Medicine)

-Cardiac arrest – out-of-hospital and in-hospital

-Acute heart failure

-Controversial issues in arrhythmia management in acute myocardial infarction

-Meet the experts

-Acute non-coronary patients in the ICCU

-Cardiovascular emergencies in pregnancy

#### Invited Faculty (in formation)

Ezra Amsterdam, USA

Yochai Birnbaum, USA

Hector Bueno, Spain

Peter Clemmensen, Denmark

Filippo Crea, Italy

Uri Elkayam, USA

Jeffrey Goldberger, USA

Bulent Gorenek, Turkey

Kurt Huber, Austria

Allan Jaffe, USA

Sanjay Kaul, USA

Christian Mueller, Switzerland

Gabriel Steg, France

Pascal Vranckx, Belgium

Uwe Zeymer, Germany

<http://www.isas.co.il/cardiac-care2015/>



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### **Innovations**

#### **Blood pressure drug could end injury-caused epilepsy**

Israelis working with foreign researchers have promising research on preventing some brain maladies

BY DAVID SHAMAH April 24, 2014

[http://www.timesofisrael.com/blood-pressure-drug-could-end-injury-caused-epilepsy/?utm\\_source=Start-Up+Daily&utm\\_campaign=2f2c1f346f-2014\\_04\\_24\\_SUI4\\_24\\_2014&utm\\_medium=email&utm\\_term=0\\_fb879fad58-2f2c1f346f-54609981](http://www.timesofisrael.com/blood-pressure-drug-could-end-injury-caused-epilepsy/?utm_source=Start-Up+Daily&utm_campaign=2f2c1f346f-2014_04_24_SUI4_24_2014&utm_medium=email&utm_term=0_fb879fad58-2f2c1f346f-54609981)

Scientists from Ben-Gurion University, University of California, Berkeley, and Charité-University Medicine in Germany found that losartan (marketed under the brand name Cozaar), a common blood pressure medication, significantly cut down seizures in rats that suffered head trauma due to injuries, according to a study published in the current issue of the Annals of Neurology.

“This is the first-ever approach in which epilepsy development is stopped, as opposed to common drugs that try to prevent seizures once epilepsy develops,” said Alon Friedman, professor of physiology and

neurobiology and a member of the Zlotowski Center for Neuroscience at BGU. “Those drugs are administered for many years, have a limited success and involve many side effects, so we are excited about the new approach.” dfp adslot

The research shows not only how the drug helps alleviate epileptic attacks, but, for what is said to be the first time, how brain injury caused by a blow to the head, stroke or infection leads to epilepsy. The cause is in a breach of the blood-brain barrier (BBB), the tight wall of cells lining blood vessels in the brain that protects brain cells from the infectious bacteria carried in the bloodstream, the researchers said.

That breakdown can allow a protein called albumin, the most common protein in blood serum, to cross the barrier. Albumin is a major factor in the development of epilepsy, Friedman and Daniela Kaufer, a UC Berkeley researcher, showed in 2009. The two investigated the role of albumin in epilepsy for over a decade. Based on the research, the team of researchers led by the two have concluded that albumin affects astrocytes, the brain’s support cells, by binding to the TGF- $\beta$  (transforming growth factor-beta) receptor. This initiates a cascade of steps that lead

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to localized inflammation, which appears to permanently alter the brain's wiring, leading to the electrical misfiring characteristic of epilepsy, Friedman said.



Prof. Alon Friedman (Photo credit: Courtesy)

The team, along with Guy Bar-Klein, a doctoral student at Ben-Gurion University who co-wrote the study, tried several drugs before discovering losartan, which is approved to treat high blood pressure because it blocks the angiotensin II receptor 1, but has the side effect of blocking TGF- $\beta$  signaling. In tests, losartan prevented seizures in 60 percent of the rats tested; rat control groups that were hit on the head in the manner studied by researchers developed seizures 100% of the time. For the 40% of rats

that did develop seizures while taking the drug, the attacks averaged about one quarter the number typical for untreated rats. The test showed that administering losartan for three weeks at the time of injury was enough to prevent most cases of epilepsy in normal lab rats in the following months.

"Right now, if someone comes to the emergency room with traumatic brain injury, they have a 10 to 50% chance of developing epilepsy, and epilepsy from brain injuries tends to be unresponsive to drugs in many patients," Friedman said. What is really exciting, Kaufer said, was the fact that this treatment could be applied on a wide basis immediately. "This study for the first time offers a new mechanism and an existing, FDA-approved drug to potentially prevent epilepsy in patients after brain injuries and once they develop an abnormal blood-brain barrier."

"This is a very exciting result, telling us that the drug worked to prevent the development of epilepsy and not by suppressing the symptoms," Friedman said. "Since breakdown of the blood-brain barrier may also be associated with other complications, including bleeding and changes in cognitive functions, we are expecting that our approach will prevent complications other than epilepsy."

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### Israeli ECG T-shirt monitors hearts, saves lives

HealthWatch's Wear washable garments feature sensors that read vital signs, inform doctors about patient health

BY DAVID SHAMAH August 15, 2014

[http://www.timesofisrael.com/israeli-ecg-t-shirt-monitors-hearts-saves-lives/?utm\\_source=Start-Up+Daily&utm\\_campaign=d377135191-SUI\\_15\\_08\\_2014&utm\\_medium=email&utm\\_term=0\\_fb879fad58-d377135191-54609981](http://www.timesofisrael.com/israeli-ecg-t-shirt-monitors-hearts-saves-lives/?utm_source=Start-Up+Daily&utm_campaign=d377135191-SUI_15_08_2014&utm_medium=email&utm_term=0_fb879fad58-d377135191-54609981)



An Israeli company is one of the first in the world to market with a T-shirt that can read a patient's heart rate,

blood pressure, cardiac irregularities, and other vital signs that could be the key to preventing heart attacks. Speed is the key — data is generated in real time and reaches the doctor immediately, instead of waiting until the next scheduled exam. And you can throw the special T-shirt in the laundry with the rest of your clothes.

HealthWatch debuted its hWear line of 15-lead ECG-sensing garments at the recent annual meeting of the American Telemedicine Association. It allows doctors and medical workers to keep track of a heart condition remotely, without having to hook the patient up to a heart-measuring device in a doctor's office.

It's made with standard cotton or synthetic yarn, with special electrodes woven in that include extremely thin electrocardiogram sensors that read vital signs and upload them to a monitoring device via Bluetooth or a Wifi connection to a cloud-based database, where the data is processed. If anything abnormal is detected, the patient's doctors can be alerted, and a treatment protocol can



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be instituted right away.

anywhere.”

“Our hWear T-shirt garments measure the highest quality vital signs all without adhesives, gels, or shaving preparations for both men and women. The garments are machine washable and compatible with most cardiac telemetry systems,” according to Uri Amir, HealthWatch CEO.

Currently, the T-shirts are registered with the FDA as Class I devices, but the company is applying to have them “upgraded” to Class II devices, so they can be used in professional medical settings. Only a few other companies have come out with similar shirts, so HealthWatch is ahead of the curve, said Amir. “The eHealth, TeleHealth, mHealth, and tele-cardiology industries can now deploy intensive-care quality telemonitoring without affecting the lifestyle of their users ranging from patients within a hospital environment, to homecare settings, to heart attack survivors, to the active elderly seeking better coverage of their health, or to users wishing to have direct contact with their expert personal physician from

The T-shirts are designed to work with HealthWatch’s MasterCaution sensor reader, which provides real-time alerts to both doctors and patients on cardiac events such as arrhythmia, ischemia, respiratory abnormalities, and sudden patient falls or prolonged immobility. “We are restoring the ‘wear’ into wearable technology,” said Amir. “Unlike other products that report only heart rate, our new healthwear garment is a true medical device monitoring full 15-lead ECGs along with other physiological vital signals. It will change the future of personal monitoring offering around-the-clock peace of mind to users — wherever their lifestyle takes them.”

Wearable tech is a hot topic now, so much so that large companies like Intel consider it one of the most important technologies for the coming years. According to Neil Cox of Intel Europe, “We expect 500 million wearables to be sold annually by the end of the decade. We’ve spoken to a lot of companies in recent months and they have a lot of great ideas on

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how they would use wearable tech.” Intel sees wearables as technology that will appeal to a wide variety of people — not just for those under constant medical supervision.

To that end, the company recently partnered with Barneys, the New York high-end department store, “to explore and bring to market smart wearable technology, and to increase dialogue and cooperation between the fashion and technology industries,” said Ayse Ildeniz, vice president of business development and strategy at Intel’s New Devices Group. “Through these initiatives we will combine Intel’s leading technologies with Opening Ceremony’s design prowess, Barneys New York’s track record to identify the next consumer trends, and CFDA’s commitment to advance innovation within the fashion industry. Our shared vision is to accelerate wearable technology innovation and create products that both enhance peoples’ lives and are desirable to wear.”

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**18 Israeli inventions that could save your life- As Israel marks its 66th year of statehood, ISRAEL21c takes a look at 18 lifesaving innovations from the startup nation.**

[http://www.israel21c.org/health/18-israeli-inventions-that-could-save-your-life/?utm\\_source=Yom Ha%27atzmaut Newsletter&utm\\_campaign=Happy TA&utm\\_medium=email](http://www.israel21c.org/health/18-israeli-inventions-that-could-save-your-life/?utm_source=Yom+Ha%27atzmaut+Newsletter&utm_campaign=Happy+TA&utm_medium=email)

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**Israeli patient gets new ‘connected’ pacemaker**

The Biotronik heart device provides doctors with a clear daily picture of how a patient is doing

BY DAVID SHAMAH June 8, 2014



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Ashkelon's Barzilai Hospital, in southern Israel, is one of the first in the world to use the Biotronik Etrinsa HF-T, a new "connected" pacemaker that allows physicians to gather potentially lifesaving data about a patient's cardiac condition anytime and anywhere. The device is one of the world's first to use a cellular phone network to communicate with a server and upload data about pacemaker behavior and impact, sending text messages to doctors for analysis and interpretation.

With the system, said Ido Mizrahi, a vice president at Biotronik Israel, doctors can keep an eye on their patients' hearts every day. "Usually a patient will come into the doctor's office for a checkup once every few months, but with the new technology, they can be remotely examined every day," Mizrahi said.

The Etrinsa HF-T was implanted last week inside a patient at Barzilai Hospital on the same day that similar groundbreaking operations happened in France and Germany. The system showed its effectiveness

within days, according to Mizrahi. "A few days after receiving the implant the patient developed cardiac arrhythmia, which could have led to complications. Instead of waiting weeks to return to the doctor for a follow-up, as patients with ordinary pacemakers would, doctors knew about this patient's problem right away, and were able to treat it before it could deteriorate."

With the new cardiac resynchronization therapy pacemaker (CRT-P), said Mizrahi, doctors can get immediate information, such as a patient's cardiac arrhythmia, to physicians via the mobile Internet. The doctors can immediately detect when there is a problem and intervene before the situation deteriorates. Biotronik, a German-based medical technology company with sales around the world, is the first to apply communications technology to pacemakers. The firm, along with several others, offers remote cardiac resynchronization therapy defibrillators, used to detect asynchronous activity in the heart's left and right ventricles.

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The pacemaker connects to Biotronik's Home Monitoring system and automatically uploads data. Physicians get regular updates on how the pacemaker is functioning. The data goes into the patient's file and, using Biotronik software, is crunched and charted. The connected pacemaker does all the work, automatically and works even when the patient is sleeping. According to Biotronik, the radiation emitted by the device is far less than the FDA limit for electronic body monitoring devices.

According to the company, the system is not meant for emergencies. The information is delivered via text messages on the cell network, which are not always delivered immediately. In case of an emergency, Biotronik says, "the patient has to call a doctor in the usual way. Doctors can see how problems develop very early on, so they can detect a problem weeks before the patient begins to feel symptoms," said Mizrahi. "If a problem does begin to develop, the system will send out yellow and red alerts, ensuring that the doctor is

aware of the importance of the situation and allowing the patient to receive care long before they usually would have, on their regular quarterly or semi-annual visit."

The device is part of the burgeoning digital health/connected health movement, in which health professionals have begun to marshal the power of digital devices to help people live healthier lifestyles, along with enabling doctors, employers and insurance companies to keep tabs on patients. Devices and apps are available to monitor weight, blood pressure, heart rate, cholesterol levels, glucose levels and other data. Sensors that communicate with smartphones or remote servers can read what is going on inside the body and upload it to individuals' online medical files. Doctors can access the files to get a full picture of the progress clients are making in getting healthier. The collected data can even be used to prevent medical emergencies, with an alarm going off at an emergency rescue service, indicating that the patient needs immediate care.



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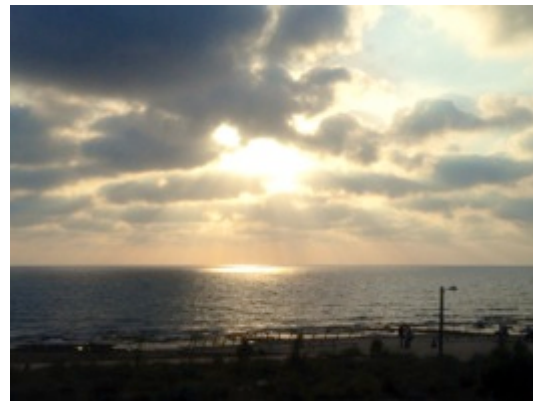


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Israel has been at the forefront of developing connected medical devices, which use sensors connected to devices like glucose meters to read blood sugar levels and upload the data to care practitioners. Large health concerns, such as GE Healthcare, have operated in Israel for years and have worked with numerous Israeli start-ups to develop new apps and devices, such as the oximeter, a blood oxygen monitor developed by Israel's Oxitone.

According to Dr. Vladimir Khalameizer, director of cardiology at Barzilai, "devices like this allow us to provide the best possible care. The sooner I know about a problem, the faster I can deal with it, and that is exactly what this pacemaker does. I consider it a singular honor that our hospital was chosen among the first to have the opportunity to use this device."



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### The Lancet Controversy

On July 23, 2014 in the middle of the recent Operation Defensive Shield, The Lancet published a letter from Manduca, et. al.

([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61044-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61044-8/fulltext))

which was felt by many to be politically biased against the State of Israel. Our Society received a request from our sister Israel Heart Society to respond. The following is the text of our response as published online in The Lancet August 7, 2014.

([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61303-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61303-9/fulltext))

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### Israel—Gaza conflict

[Jeffrey J Goldberger a](#), [Richard L Popp b](#), [Douglas P Zipes c](#), on behalf of 43 signatories

As a humanitarian physician community, we grieve the loss of innocent lives. War is anathema to our moral and medical sensibilities, but nevertheless remains a reality of the present global political landscape, particularly in the Middle East where ongoing internecine struggles exist between different ideologies, killing or displacing thousands of innocent people. Before addressing the inflammatory propaganda promulgated by Paola Manduca and colleagues,<sup>1</sup> we unequivocally state that we hope for the day when “nation shall not lift the sword against nation, neither shall they learn war anymore” (Isaiah 2:4).

To reuse Manduca and colleagues’ comments, their letter “has insulted our humanity, intelligence, and dignity and our professional ethics”.<sup>1</sup> They claim to represent facts, but instead obscure their description of human suffering in Gaza with inflammatory falsehoods, deliberately misleading the reader. The aim of our letter is not to refute their many factual errors,

but to promote a balanced humanitarian approach that all who are truly concerned about protecting human health and lives can adopt.

No compassionate human can deny the unfortunate situation in Gaza. Yet, an immense amount of energy, ingenuity, and resources, costing hundreds of millions of dollars, were invested to accumulate thousands of missiles and build sophisticated terror tunnels into Israel to expressly commit acts of terror against Israeli civilians. Had these resources and efforts promoted the social and economic welfare of the residents of Gaza, there might be no current war, no casualties, and a much better living situation in Gaza. The unfortunate choice made by Hamas to invest these resources in terrorism has caused and aggravated suffering in Gaza.

A master clinician differentiates symptoms from the underlying diagnosis. Similarly, to properly address the present situation in Gaza requires a detailed understanding of the need for Gaza's residents to establish a thriving social and economic infrastructure and the need to ensure security for Israel. A time for

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rebuilding will be after this war. Re-accumulation of missiles and rebuilding tunnels will inevitably lead to another round of bloodshed. The good people of Gaza and the global humanitarian community must unite to mandate a Palestinian leadership that pursues a path of peace and prosperity, one that will focus their resources and energy to build a civic infrastructure that benefits its people and promotes a peaceful coexistence so that innocent civilians, on both sides of the border, can live without fear of constant attack.

We also encourage the medical community to cultivate a humanitarianism that transcends politics, propaganda, and meaningless rhetoric. Our physician community should focus our collective conscience on promoting health, safety, and security for all. Even as the conflict continues, Israel has set up a field hospital with health-care workers who are devoted to caring for the injured from Gaza. In addition to providing humanitarian aid and support, we can and should promote peace to prevent the unfortunate consequences of war. Finally, as a community devoted to scientific integrity, truth, and compassion, let

us make sure we inoculate ourselves against the forces that demean these ideals.

Jeffrey J. Goldberger, MD

Northwestern University

Richard L. Popp, MD

Stanford University

Douglas P. Zipes, MD

Indiana University

### On behalf of:

Joseph S. Alpert, MD

University of Arizona

Charles Antzelevitch, PhD

Masonic Medical Research Laboratory

Jeffrey S. Borer, MD

State University of New York  
Downstate Medical Center

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Rush University Medical Center

Dan J. Fintel, MD

Northwestern University

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Institute

Edward P Gerstenfeld, MD

University of California, San Francisco

Nora Goldschlager, MD

University of California, San Francisco

Samuel Goldstein, MD

Advocate Lutheran General

Hospital16ra

M. Grais, MD

Northwestern University

Philip Greenland, MD

Northwestern University

Gil J. Gross, MD

University of Toronto

Laurie Hochberg, MD

Pediatric Trust Pediatric Partners

José Jalife, MD

University of Michigan

Alan H. Kadish, MD

Touro College and University System

Jonathan M. Kalman, MBBS, PhD

University of Melbourne

Marrick Kukin, MD

FIHS is on the web at <http://friendsihs.org/index.html>.

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תשרי תשע"ה FALL 2014



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Icahn School of Medicine at Mount  
Sinai

Stanley Nattel, MD

University of Montreal<sup>17</sup>

Roberto M. Lang, MD

The University of Chicago Pritzker  
School of Medicine

Jeffrey Norris, MD

Advocate Lutheran General Hospital

Paul A. Levine, MD

Loma Linda University

Harry Rakowski, MD

University of Toronto

Robert A. Levine, MD

Harvard Medical School

Stuart Rich, MD

The University of Chicago Pritzker  
School of Medicine

Amir Lerman, MD

Mayo Clinic College of Medicine

Melvin Scheinman, MD

University of California, San Francisco

Charles J. Love, MD

New York University Langone Medical  
Center

Harold Rosen, MD

Harvard University

Dennis J. Maiman, MD, PhD

Medical College of Wisconsin

Robert Rosenson, MD

Icahn School of Medicine at Mount  
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Gregory G. Schwartz, MD, PhD  
University of Colorado School of  
Medicine

Sharon E. Sholiton, MD  
Rush University Medical Center

Norman H Silverman MD, DSc  
Stanford University and University of  
California, San Francisco

Susan Sirota, MD  
Pediatrix Pediatric Partners

Bradley H. Strauss MD, PhD  
University of Toronto

Jack A. Stroh, MD  
Rutgers-Robert Wood Johnson  
Medical School

Ari Weinreb, MD, PhD  
University of California, Los Angeles

Giora Weisz, MD  
Columbia University Medical Center

Michael J. Wolk, MD  
Weill Medical College of Cornell  
University



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### Coexistence

**Israeli doctors perform life-  
saving heart surgery on 5  
Palestinian children**

[http://www.israel21c.org/news/israeli-doctors-perform-life-saving-heart-surgery-on-five-palestinian-children/?utm\\_source=02\\_07\\_2014&utm\\_campaign=July+2,+2014&utm\\_medium=email](http://www.israel21c.org/news/israeli-doctors-perform-life-saving-heart-surgery-on-five-palestinian-children/?utm_source=02_07_2014&utm_campaign=July+2,+2014&utm_medium=email)

'This is what distinguishes us  
as Israelis, the ability to ignore

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what is happening around and continue with our sacred work of saving children's lives.' – Dr. Lior Sasson, SACH

by Viva Sarah Press, June 25, 2014



Israeli doctors saved the life of Mohamed Ashgar from Gaza in 2012.  
(Photo by Sheila Shalhevet)

As Israel carries on its search for kidnapped teenagers Gil-ad Shaar, Eyal Yifrach, and Naftali Fraenkel, Israeli doctors of Save a Child's Heart (SACH) continue to save the lives of Palestinian children at the Wolfson Medical Center in Holon.

Since the beginning of Operation Brother's Keeper, five Palestinian children have undergone life-saving heart surgery at Wolfson, eight Palestinian children were admitted, including two urgent cases brought by ambulances from the West Bank and from Gaza, and 15 children are expected to arrive this week to the SACH free weekly cardiology clinic for Palestinian children.

"Children are children" says Dr. Lior Sasson, SACH chief surgeon, "for us it doesn't matter where the children come from, every child deserves to receive the best medical treatment and children from both sides, shouldn't be a part of the conflict."

The Israeli medical team of SACH says they are continuing with their activity without letting the situation around interfere or influence them.

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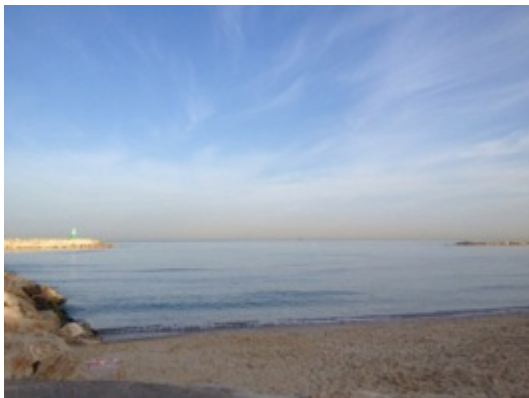
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"We are continuing with our work, this is what distinguishes us as Israelis, the ability to ignore what is happening around and continue with our sacred work of saving children's lives," said Dr. Sasson.



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### **Arab doctor saves Jewish soldier hit by Arab bullets. No big deal?**

Hadassah's Prof. Ahmed Eid gets a little irritated when people ask him questions about being an Arab surgeon in Jewish Israel. 'There's no drama here,' he insists. Oh, but

there is...

BY DAVID HOROVITZ August 18, 2014

<http://www.timesofisrael.com/arab-doctor-saves-jewish-soldier-hit-by-arab-bullets-no-big-deal/> - .U\_IvAdX5tgw.email

On Sunday August 4, a gunman on a motorbike opened fire on an Israeli soldier, Chen Schwartz, near Jerusalem's Mount Scopus, hitting him twice at close range. Critically injured in what police said was almost certainly a Palestinian terror attack, Schwartz, 19, was rushed to the nearby Hadassah Hospital.

Professor Ahmed Eid, Hadassah's head of surgery, was called to the operating theater and scrubbed in. "Without going into the specifics, it was clear there was major loss of blood," Eid recalls in an interview. Eid called for another doctor with particular expertise to come from Hadassah's other hospital across town at Ein Karem, and she was given



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a police motorcycle escort when she got stuck in traffic.

Understated about the extraordinary skills of the team that saved Schwartz's life, Eid says simply: "He had what would have been fatal wounds, and would certainly have died without very careful surgery."

Today, after another round of surgery once his condition was more stable, Schwartz is gradually recovering. Eid says his condition is moderate. His mother Miri, who joins us towards the end of our conversation in Eid's office, is full of smiling relief and appreciation for the doctor who saved her son's life. It all sounds like an uplifting hospital story, a minor positive drama in these largely unhappy times.

But it's actually a little more than that, because of the identities of the drama's key players. This isn't just a

story of gunman shoots victim and doctor saves him. This is an *Arab* gunman shoots *Jewish* soldier and *Arab* doctor saves him.

Eid sighs with a mixture of mild irritation and indulgence at the interplay of conflict and surgery and religion. "Yes, an Arab shot him and an Arab saved him," he says of Schwartz. "There's an *apparent* contradiction. But really there isn't. I was doing my job. That's what I do."

No big deal? Well, yes and no.

I had a good brain, and got a lot of support

Ahmed Eid was born 64 years ago in Daburiyya, east of Nazareth in northern Israel. He shows me a photograph of the village, which lies in the shadow of Mount Tabor.

He was one of ten kids, and none of

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the others had higher education. “But there was nothing stopping them,” he emphasizes. “I had a good brain, and I studied hard, and I got so much support,” he says of the rare educational journey he made.

Young Ahmed did well in his exams, and won a scholarship to a high school in Nazareth run by the municipality. From there, he came to Jerusalem in 1968, and did a degree in math and physics. Wondering what he was going to do with that, “I applied and was accepted for medicine. My father hoped I’d open a clinic in Daburiyya, but I disappointed him and stayed here,” he says with a smile.

“I told my father it would be years before I would earn properly. He said, ‘I’ll sell the house to make sure you can do this.’ He didn’t need to, because I got various scholarships

and I worked as a nurse while I was training.”

Eid tells his career story rather like he lives his life: briskly and cheerfully, moving relentlessly forward.

“I worked in surgery — transplants — and I got addicted,” he continues. Hadassah, at the time, had “started to think about doing liver transplants,” he remembers, which no Israeli hospital was performing. So Eid went to the US from 1986 to 1990 to train, studying transplantation surgery at the Mayo Clinic. He points me to the certificate on the wall to the side of his desk which shows that he performed Israel’s first successful liver transplant in 1991. The recipient was a new immigrant from Russia, a boy. “He’s still alive. Unfortunately he lives in New York. We’re still in touch.”

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Hadassah Hospital, Mount Scopus  
(photo credit: Shmuel Bar-Am)

The doctor's features light up when he discusses transplant surgery, his specialty which saw him rise to run the Hadassah Transplant department for 10 years (until 2008, when he rose still higher to become Hadassah's head of surgery). "I loved it," he says with supreme enthusiasm. "Of course there's always sorrow mixed with the joy, because a donor has died. But you are returning people to life."

And nothing, says Eid, beats that.

### Harmony amid the Israeli maelstrom

In a country riven by internal Jewish-Muslim tensions, a predominantly Jewish country still rejected by so many other Muslim states in this region, it would seem that Ahmed Eid has followed a path determinedly oblivious to the rifts and the extremism, refusing to be distracted by intolerance and hatred.



Prof. Ahmed Eid Photo credit: Courtesy Hadassah)

He says he grew up "in an atmosphere of interaction, of living together." With whom? Well, for a

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start, kids his age on Kibbutz Ein Dor, a few minutes away from Daburiyya. “I spent time there, and they spent time with us.” He didn’t serve in the army, he says, “because I wasn’t called. My son did national service though,” he says, and argues that most Israeli Arabs would want to do so if the right voluntary frameworks were available.

He grew up in a home “with a little religion. My father prayed. I’m a Muslim by heritage,” he says, “but like 90 percent of Israeli Arabs, I’m not religious.”

Ninety percent of Israeli Arabs aren’t religious? “Absolutely,” he says.

“I feel part of this state, and I get irritated with those who doubt it,” he says, though his tone remains mild. “I am Israeli and I don’t need to prove it. It’s presented as a dilemma: We’re

Arabs, how do we feel? My loyalty to the state is in no doubt. It’s a little annoying to have to talk about it.”

But I press him anyway, notably in the context of this month’s surgery on Chen Schwartz. “Eighty percent of my patients [in the department of surgery] are Jewish,” he points out.

He may not want to talk about it but, I posit, his life and his work are an inspiration for better relations.

**‘I am Israeli and I don’t need to prove it... My loyalty to the state is in no doubt. It’s a little annoying to have to talk about it’**

Eid relents, and ventures just a few steps into the conflict zone. Jews and Arabs, “we live together,” he says. “An Arab shoots. An Arab saves. This needs to inspire the decision-makers: Guys, reach a solution



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already. It's not working right now. Take extra measures to find a solution."

Then he quickly retreats. He says "I'm not good at politics and I've never dealt with it."

But he must have opinions. "Of course, I have my opinions, as everyone does."

Which are?

"You live and let live."

Others say: kill and be killed.

"Most of the problems can be solved through discussion. People are indoctrinated. It's an abuse of religion. They kidnapped and killed three kids," he says of the June abduction and murder of three Israeli teenagers in the West Bank, allegedly by a Hamas

cell. "They take a kid and kill him," he says of the alleged revenge killing by Jews of a Palestinian teenager in Jerusalem. He shakes his head in sorrow. "My brothers and sisters feel the same about Israel. Most Israeli Arabs feel the same. Hanin Zoabi shouts a lot, but most Israeli Arabs want to be in the country in a partnership."

So why does the Israeli Arab community elect extremists like Zoabi — an MK from the Balad party who espouses positions relentlessly hostile to Israel — to the Knesset?

"I don't know. Most people [in the Israeli Arab community] want a quiet life. The situation of Israeli Arabs isn't that good, economically. There are injustices. The Jews will tell you that. But there's no uprising. People want to live. They don't want trouble."

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I ask Eid how rare he is — a vaguely worded question that might refer to his professional success or his insistent optimism and tolerance. He winds up answering both parts. “I was an early professor, but there are many more today. It’s not rare. I am a product of Israel. We feel a humanity and an obligation to the state. No hesitation. I thank the country for enabling me to get to this situation. Yes, I worked hard, but I didn’t flourish in a vacuum. I don’t take it for granted.”

At this point Miriam Schwartz, Chen’s mother, comes in. She sits down next to me, facing Eid, and she too insists “there’s just no story” in the fact that the doctor who saved her Jewish soldier son from Arab gunshot wounds is an Arab. “I was born in Acre, a mixed city,” she says. “There are religious extremists at home and overseas, but most people want to

live and raise their kids in quiet and peace.” At Hadassah, she notes, “lots of Palestinians are treated.”

Says Eid: “This hospital is a microcosm of Jewish Arab interaction. Fifty percent of our patients are Arabs.”

But, he says again, “there’s no drama here. The leaders should come here and learn from it.”

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### **Wolfson cardiac surgeons save lives of more Gazan children**

Two-week-old Gazan baby girl, named Fajar, undergoes successful open-heart surgery at Holon hospital.

<http://www.jpost.com/Israel-News/Wolfson-cardiac-surgeons-save-lives-of-more-Gazan->

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[children-374391](#)



Just a week after Hamas terrorists stopped hurling rockets at Israel, a two-week-old Gazan baby girl named Fajar underwent successful open-heart surgery on Tuesday at Holon's Wolfson Medical Center as part of the voluntary Save a Child's Heart (SACH) organization, the lifesaving help to Gazan children continued through Operation Protective Edge.

She arrived in Holon during the war, on August 23, accompanied by her father.

She is the youngest of three daughters. Her two-year-old sister, Zachra, was treated at the Wolfson last year for a different congenital heart condition. Zachra is due back at the hospital next week for reevaluation for a second surgery. The father, who has a degree in business management, is an officer in the Palestinian Authority, while her mother is a high school graduate. Fajar's heart surgery was performed by Dr. Lior Sasson and his team, together with Palestinian Dr. Addas and Ethiopian Dr. Mekonnen, both doctors taking part in the SACH training program.

Fajar was brought to the pediatric intensive care unit after her surgery, and was put in bed near two-week-old Rumaisa, a Palestinian baby who was brought by SACH to Wolfson at the age of nine days. Rumaisa was an urgent case, brought during the fighting in a Red Cross ambulance. Her condition was so serious upon arrival that the

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doctors needed a few days just to stabilize her. Now, after the surgery, Wolfson pediatric cardiologists are pleased with her recovery.

On Tuesday, five other families from Gaza and one from the West Bank arrived at SACH's weekly cardiology clinic. Another child from Gaza arrived later in the evening.

Thirty SACH children from the Palestinian Authority, Syria, Iraq, Ethiopia, Tanzania, Zanzibar and Romania are currently at Wolfson, along with 12 doctors and nurses from the PA, Ethiopia, Tanzania and Romania who are taking part in the SACH training program.

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### Interview with Giora Weisz- the new Director of Cardiology at Shaare Zedek Hospital, Jerusalem



In January 2014, Professor Giora Weisz took on the responsibilities of Director of the Bendheim Department of Cardiology in the Jesselson Heart Center at Shaare Zedek Hospital in Jerusalem. Giora and his wife Anat have 3 daughters. He was born in Haifa and studied medicine at the

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Hebrew University. He did his residency in Internal Medicine and General Cardiology fellowship at Carmel Hospital, in Haifa. He subsequently received advanced interventional cardiology training at Columbia University Medical Center/New York Presbyterian Hospital in New York, where he rose to become Director of Clinical Cardiovascular Research. After 13 years "on the road," Giora has returned "home."

**ED-** Giora, why did you decide to return to Israel after 13 years at Columbia?

**GW-** I had a great opinion of Columbia, with every day being more exciting than the previous one. However, I missed Israel, I missed my home. It was great having an office next to Marty Leon, and my professional life was great, but something always felt like it was missing. When I received a call from Shaare Zedek's Director General Professor Jonathan Halevy I just couldn't pass up the opportunity to be successful in my home country. The chance to lead such a strong department with many experienced cardiologists, both invasive and non-invasive, with 50 cardiology beds and a known reputation for excellence was something I couldn't pass up.

**ED-** What do you see as the main differences between American and Israeli cardiology?

**GW-** Cardiology in Israel is very advanced. The main difference is that healthcare in Israel is accessible to all and utilized much more by average citizens than in the USA. Primary Care Medicine is excellent in Israel and leads the way in preventive care, which I feel is better than in the USA. Being a smaller country with a higher density of cardiac cath lab facilities, myocardial infarction patients can get to the cath lab faster than in America, especially since in Israel they can bypass the Emergency Department and go straight to the Cath Lab, saving time and heart muscle.

**ED-** What do you hope to accomplish at Shaare Zedek?

**GW-** The Division of Cardiology at Shaare Zedek already had an excellent reputation and I am proud to have joined it. I hope to advance and expand academic activity and original research at Shaare Zedek. I want to get the fellows more involved in this research. I have also brought in 2 people that will strengthen 2 key areas at our Center- First, Arik Wolak is in as head of cardiac imaging, which includes Cardiac CT and MRI, as well as advanced nuclear, SPECT, and PET



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imaging. Second, Tal Hasin who trained at the Mayo Clinic leads our Division of Heart Failure. With the success of our treatments, both invasive and non-invasive, there are more and more heart failure patients. This growing number of patients needs to be intensively treated by experts in the field, and that is why we brought Tal in to lead the way.

**ED-** Is it difficult filling the chair of your predecessor, Dan Tzivoni?

**GW-** Dan is one of the most prominent cardiologists ever in Israel. He is my hero. As you know, his early research accomplishments included defining silent ischemia as well as the use of magnesium to treat Torsade de Pointes. However he has had an enormous impact on the whole realm of Cardiology in general and at Shaare Zedek in particular. During his 21 years at Shaare Zedek, he took a small cardiology department and turned it into a leading Cardiac Center. It is a big honor being chosen to fill his chair, and I know I am stepping into big shoes. He still comes into Shaare Zedek twice weekly to see his clinic patients, and I am glad to have him around.

**GW-** Israel is my home. I was very successful in New York but it never became my home. I am happy to return home to contribute to Shaare Zedek, the city of Jerusalem, and Israel.



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### Membership

This is also a reminder regarding membership dues for the Friends of the Israel Heart Society. The basic dues are **\$50**. You can register through our website <http://friendsihs.org/Register.html> or send a check directly to:

**Friends of the Israel Heart Society**  
**8912 Little Elm Bend**  
**Skokie, IL 60076**

**ED-** Any last words for our readers?

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Please include your email address to assure you do not miss an issue!

We are particularly grateful to those who can be sponsors at any one of the levels indicated below so that we may continue and increase our support of creating a bridge between Israeli Cardiology and the rest of the World:

**\$250 Silver member**

**\$500 Gold member**

**\$1,000 Platinum member**

**\$5,000 President's Club**

Your support enables us to continue growing our programs, including the ACC meeting, support for Israeli fellows to attend the AHA/ACC meetings, and to grow other programs.

For those who are interested in directed donations, we have the following opportunities:

**\$500 Sponsor an issue of the FIHS newsletter**

**\$1000 Partial sponsorship of an Israeli fellow to attend the AHA meeting**

**\$1000 Partial sponsorship of an Israeli fellow to attend the ACC meeting**

**\$2500 Sponsorship of an Israeli fellow to attend the AHA meeting**

**\$2500 Sponsorship of an Israeli fellow to attend the ACC meeting**

**We would like to thank our Platinum, Gold, and Silver Members for their past and future support! Thanks to all!**



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### Highlighting Joint Programs

This section highlights ongoing Interchange Programs taking place at American sites. Thanks to Board member Richard Popp for directing this program and allowing us to publicize it:

**Feldman Family Foundation  
Visiting Professors Program**

**Stanford University School of  
Medicine, Palo Alto, California, USA**

**FIHS is on the web at <http://friendsihs.org/index.html>.**

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Program Director: Richard L. Popp,  
M.D.

Purpose: The aim of the professorship is to allow senior Israeli faculty physicians, in the mid-portion of their careers, to have sufficient time away from clinical duties to update their general skills and/or to acquire specialized knowledge that they will transmit to their colleagues and students on their return to Israel. Physicians from any field may apply. Each visiting professor will have a program tailored to his or her needs by the Program Director and a collaborating Stanford Faculty sponsor, who will ensure the quality of the visiting professor's day-to-day activities. The experience of living in the United States for 6 months is an additional aspect of the program. If you are a faculty member of an Israeli Medical School please contact Dr. Popp at [rich.popp@gmail.com](mailto:rich.popp@gmail.com) and he will give you the contact person's name at your program.

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I would also encourage Israeli programs to let our membership know about happenings and offers for training in Israel: Please email these to me at [jackstroh@usa.net](mailto:jackstroh@usa.net).

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Join us next year at ACC  
2015 in San Diego!

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**FIHS Heart Beats**



None this issue. please send us your news for the Community!

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The FIHS has decided to send American cardiology fellows to meetings in Israel. We announce our first efforts- 2 fellows will be sent to present posters at the 9th International Conference on Acute Cardiac Care in Tel Aviv this January. Later in 2015, we will send 2 additional fellows to make presentations at the 62nd Annual Meeting of the Israel Heart Society, again in Tel Aviv in April (right after Passover).

If you know of fellows that would like to submit their research for consideration, please have them forward the abstracts/outlines ASAP to [jackstroh@usa.net](mailto:jackstroh@usa.net).

This is a great opportunity for young investigators to gain worldly experience and exposure. Please see below for details regarding these specific meetings.

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That's it for this issue of the newsletter of the Friends of Israel Heart Society. Special thanks as always to Mort Lebowitz MD and Batia Ziv for being our "eyes and ears on the ground" in Israel. Special thanks in America to our Society Administrators- Janice and Larry Brown!

Have any ideas to make this a better tool for our Society? Share them with us!

Tell your friends that we want them to join our mission to be a bridge between Israeli Cardiology and the world. If you have any questions, comment, criticisms (my favorites!) please email me at [jackstroh@usa.net](mailto:jackstroh@usa.net).

Happy, Healthy, and Peaceful New Year!!