NEWSLETTER OF THE FRIENDS OF THE ISRAEL HEART SOCIETY

Happy Hanukkah

Editor's Note: Welcome to the Winter 2015 FIHS Newsletter. We wish all of our readers and members a Happy and Healthy New Year and hope you had a wonderful Chanukah season.

This issue will include its usual features- a message from our President, Jeff Goldberger, announcements of Cardiology Meetings, and recently published research from Israel.

In addition, we are excited to announce our first Israel Cardiology Mission to coincide with the 63rd Annual International Conference of the Israel Heart Society 2016 in Tel Aviv. See flyer on page 34 of this newsletter, or click here: https://events.eventact.com/runreg2/event/RegForm.aspx?Event=22020&Company=75&Form=15914&Account=0&lang=en&hc=&login=235932043721.

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 who we can contact, please email me (my email is jackstroh@usa.net) and feel free to forward this Newsletter.

Message from the President

Thank you to all our Friends for your support for the Friends of the Israel Heart Society in 2015. Your help, support, and friendship are truly felt and appreciated by the Israel Heart Society. Many of our members serve on conference organizing committees and as guest lecturers at a variety of cardiology conferences that are organized and take place in Israel. There are conferences on a wide array of cardiologic topics. Having attended several of these conferences, I can attest to their high quality, unsurpassed collegiality, and extraordinary venue. To help facilitate more of our members taking advantage of these high quality conferences, we are planning our first mission to coincide with the Israel Heart Society meeting in April (details enclosed in the newsletter). Please contact us ASAP if you think you might attend this year. We also encourage you to let us know if you might be interested in attending next year.

We are continuing to support our fellow exchange programs with travel grants for Israeli fellows to attend the American College of Cardiology meeting and for American fellows to attend Israeli meetings. Our most longstanding program is the Fellow's Case Competition for the upcoming International Dead Sea Symposium. This is now our 10th anniversary for this program. This year, we are proud to join with

Biosense Webster, Gilead Sciences, and St. Jude Medical as sponsors of this program. From an array of highly competitive submissions from across the US and Canada, the following are the finalists:

Danesh Modi, MD. *Temple University, Philadelphia, PA*
Valve Dysfunction by Lead or Lead Dysfunction by Valve?

Babak Nazer, MD. *UCSF Medical Center, San Francisco, CA*
Triggers for sudden death in patients with MiRP1 (KCNE2) mutations: hypothermia, bradycardia, atrio-ventricular block, and T wave memory

Valay Parikh, MD. *Staten Island University Hospital, Staten Island, NY*
A novel technique to implant a subcutaneous ICD (S-ICD) in a thin patient susceptible to skin erosions

Eric Riles, MD. *UCSF Medical Center, San Francisco, CA*
Incessant tachycardia due to a concealed nodoventricular pathway

Jana Svetlichnaya, MD. *UCSF Medical Center, San Francisco, CA*
A Case Report of Preload-Reducing Therapy in Arrhythmogenic Right Ventricular Cardiomyopathy/ Dysplasia (ARVC/D)

Over the years, this program has brought a group of diverse fellows to Israel, most for their first visit. In our world of continued turmoil, cultural clashes, and media misrepresentations, we hope that these kind of programs can provide some first hand knowledge and experience with modern Israeli society and its scientific contributions.

We are extremely grateful to our to our Silver, Gold, and Platinum sponsors for 2015 who are listed on page 35 (as of the publication date of this newsletter – a final list will appear in our next newsletter).

Finally, we still need your help reaching out to the large number of cardiac care specialists who are (or might be) interested in the activities of the Friends of the Israel Heart Society, but who we have NOT YET reached. Please forward this newsletter to ten colleagues who you feel might be interested – new members can get on our mailing list either by signing up via our website http://www.friendsihs.org/index.html or by emailing me at :j-goldberger@miami.edu.

Meetings

13th International Dead Sea Symposium (IDSS) on Innovations in Cardiac Arrhythmias and Device Therapy

http://idss-ep.com/

March 6-9, 2016

David Intercontinental Convention Center, Tel Aviv

The last IDSS which was attended by more than 800 participants from 38 countries was a success.

This biannual international symposium has been held in Israel since 1992, and contributes to making our country one of the leaders in innovative electrophysiology.

The 2016 symposium will focus broadly on emerging technology and therapies and will comprise all phases of the innovation process, e.g. ongoing or recently completed studies on devices, ablation, and mapping. This approach will facilitate comprehensive exposure to medical device and biotechnology innovations.

The International Program Committee in close collaboration with leading scientific societies are preparing a stimulating, multidisciplinary scientific program for professionals in all disciplines of arrhythmia: electrophysiologists, clinical cardiologists and internists, for physicians working in sport medicine and family physicians, an innovative scientists, biomedical engineers, entrepreneurs and the industry.

Presidents of IDSS are:

I. Eli Ovsyshcher, MD, PhD,
FESC, FACC, FHRS, MAHA
Professor of Medicine/Cardiology
President of the IDSS

Michael Eldar, MD,
FESC, FACC, FHRS
Professor of Cardiology
Co-President of the IDSS

Michael Glikson, MD,
FESC, FACC
Professor of Cardiology
Co-President of the IDSS
President of Israel Heart Society

Save the Date:

Banquet of the Friends of the Israel Heart Society- at ACC- 2016

Sunday night April 3, 2016

at

To Be Announced

The 63rd Annual Conference of the Israel Heart Society in Association with the Israel Society of Cardiothoracic Surgery

April 12-13, 2016

David Intercontinental
Convention Center, Tel Aviv

http://2016.en.israelheart.com/

There will be Joint Sessions with the following
European Society of Cardiology (ESC)
American College of Cardiology (ACC)
American Heart Association (AHA)
L'Association Franco-Israe`lienne de Cardiologie (AFICARDIO)
Society of Cardiovascular Computed Tomography (SCCT)
Society of Cardiothoracic Surgeons of South Africa

Invited International Speakers-

Eloisa Arbustini

Director, Center for Inherited Cardiovascular Diseases, Pavia, Italy

Dan Atar

Vice-President, European Society of Cardiology, Head of Research Division of Medicine,Oslo University Hospital, Ullevål, Norway

Jeroen J. Bax

President-Elect European Society of Cardiology Director of Non-invasive Imaging Department of Cardiology Leiden University Medical Center The Netherlands

Richard A. Chazal

President – elect, American College of Cardiology, Lee Memorial Health System, Florida, USA

Mark Creager

President, American Heart Association Director of Vascular Medicine, Brigham and Women's Hospital, Boston, USA

Stephane Ederhy

Non invasive unit Echocardiography Cardiology Dept. APHP, Saint-Antoine &Tenon Hospital Pierre et Marie Curie University Paris, France

C. Michael Gibson

Chief of Clinical Research Division of Cardiology Harvard's Beth Israel Deaconess Medical Center Boston, USA

Cindy L. Grines

Vice President, Academic and Clinical Affairs, DMC Heart Hospital, Detroit, MI, USA

Gerhard Hindricks

Director Electrophysiology Department Leipzig University Heart Center Germany

Roberto M. Lang

Past President, American Society of Echocardiography, University of Chicago, Chicago, Illinois, USA

Jonathon A. Leipsic

President, Society of Cardiovascular CT Chairman, Dept. of Radiology University of British Columbia Vancouver, Canada

Atul Pathak

Chair Clinical Research Head of Hypertension and Heart Failure Director of Onco Cardiology Unit Clinique Pasteur Toulouse, France

Fausto J. Pinto

President, European Society of Cardiology, Lisbon University Medical School, Lisbon, Portugal

Panos E. Vardas

Immediate Past President European Society of Cardiology Heraklion, Greece

Kim Allan Williams

President, American College of Cardiology Rush University Medical Center, Chicago, USA

(See the announcement of our first Cardiology Mission to this meeting on page 34 in this Newsletter!)

NEWSLETTER OF THE FRIENDS OF THE ISRAEL HEART SOCIETY

Multicenter Research-

Ranolazine in patients with incomplete revascularisation after percutaneous coronary intervention (RIVER-PCI): a multicentre, randomised, double-blind, placebo-controlled trial

*Giora Weisz, Philippe Généreux, Andres Iñiguez, Aleksander Zurakowski, Michael Shechter, Karen P Alexander, Ovidiu Dressler, Anna Osmukhina, Stefan James, E Magnus Ohman, Ori Ben-Yehuda, Ramin Farzaneh-Far, Gregg W Stone, for the RIVER-PCI investigators**

Background: **Incomplete revascularisation is common after percutaneous coronary intervention and is associated with increased mortality and adverse cardiovascular events. We aimed to assess whether adjunctive anti-ischaemic pharmacotherapy with ranolazine would improve the prognosis of patients with incomplete revascularisation after percutaneous coronary intervention.**

Methods **We performed this multicentre, randomised, parallel-group, double-blind, placebo-controlled, event-driven trial at 245 centres in 15 countries in Europe, Israel, Russia, and the USA. Patients (aged ≥18 years) with a history of chronic angina with incomplete revascularisation after percutaneous coronary intervention (defined as one or more lesions with ≥50% diameter stenosis in a coronary artery ≥2 mm diameter) were randomly assigned**

(1:1), via an interactive web-based block randomisation system (block sizes of ten), to receive either twice-daily oral ranolazine 1000 mg or matching placebo. Randomisation was stratified by diabetes history (presence *vs* absence) and acute coronary syndrome presentation (acute coronary syndrome *vs* non-acute coronary syndrome). Study investigators, including all research teams, and patients were masked to treatment allocation. The primary endpoint was time to first occurrence of ischaemia-driven revascularisation or ischaemia-driven hospitalisation without revascularisation. Analysis was by intention to treat. This study is registered at ClinicalTrials.gov, number NCT01442038.

Findings Between Nov 3, 2011, and May 27, 2013, we randomly assigned 2651 patients to receive ranolazine (n=1332) or placebo (n=1319); 2604 (98%) patients comprised the full analysis set. After a median follow-up of 643 days (IQR 575–758), the composite primary endpoint occurred in 345 (26%) patients assigned to ranolazine and 364 (28%) patients assigned to placebo (hazard ratio 0·95, 95% CI 0·82–1·10; p=0·48). Incidence of ischaemia-driven revascularisation and ischaemia-driven hospitalisation did not differ significantly between groups. 189 (14%) patients in the ranolazine group and 137 (11%) patients in the placebo group discontinued study drug because of an adverse event (p=0·04).

Interpretation Ranolazine did not reduce the composite rate of ischaemia-driven revascularisation or hospitalisation without revascularisation in patients with a history of chronic angina who had incomplete revascularisation after percutaneous coronary intervention. Further studies are warranted to establish whether other treatment could be effective in improving the prognosis of high-risk patients in this population.

Shaare Zedek Medical Center, Jerusalem, Israel (G Weisz MD)**; New York Presbyterian Hospital, Columbia University Medical Center, New York, NY, USA** (G Weisz, Prof G W Stone MD)**; Cardiovascular Research Foundation, New York, NY, USA** (G Weisz, P Généreux MD, O Dressler MD, O Ben-Yehuda MD, Prof G W Stone)**; Hôpital du Sacré-Coeur de Montreal, UniversitédeMontreal, Montreal, QC, Canada** (P Généreux)**; Hospital de Meixoeiro, Vigo, Spain** (A Iñiguez MD)**; American Heart of Poland SA, Katowice, Poland** (A Zurakowski MD)**; Chaim Sheba Medical Center, Tel Hashomer, Israel** (M Shechter MD)**; Duke Clinical Research Institute and Duke University, Durham, NC, USA** (Prof K P Alexander MD,

Prof E M Ohman MD)**; Gilead Sciences, Foster City, CA, USA** (A Osmukhina PhD,
R Farzaneh-Far MD)**; and Department of Medical Sciences, Cardiology, Uppsala University,Uppsala,Sweden** (Prof S James MD)

Correspondence to:
Dr Giora Weisz, Department of Cardiology, Shaare Zedek Medical Center, Jerusalem 91031, Israel
weiszg@szmc.org.il

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00459-6/abstract

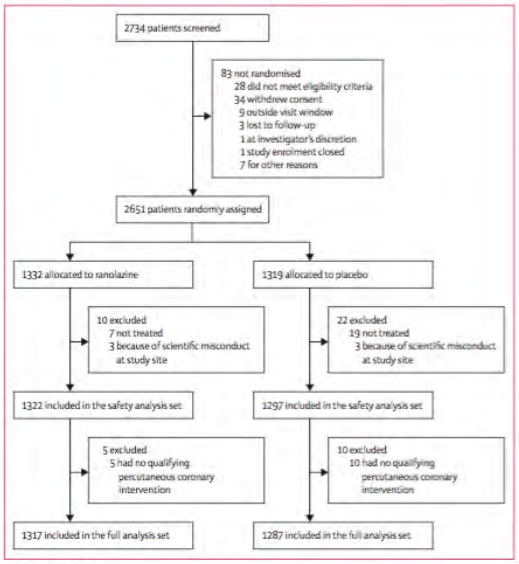


Figure 1: Trial profile

	Ranolazine group (n=1317)	Placebo group (n=1287)	HR (95% CI)	p value
Primary efficacy endpoint	345 (26%)	364 (28%)	0·95 (0·82–1·10)	0·48
Ischaemia-driven revascularisation	201 (15%)	200 (16%)	1·01 (0·83–1·23)	0·91
Ischaemia-driven hospitalisation*	201 (15%)	230 (18%)	0·87 (0·72–1·05)	0·14
Secondary efficacy endpoints				
Sudden cardiac death	7 (<1%)	11 (1%)	0·67 (0·24–1·69)	0·40
Cardiovascular death	21 (2%)	20 (2%)	1·07 (0·58–1·99)	0·82
Myocardial infarction	111 (8%)	116 (9%)	0·97 (0·75–1·26)	0·81
Q wave	7 (<1%)	7 (<1%)	1·05 (0·36–3·07)	0·93
Non-Q-wave	104 (8%)	109 (8%)	0·96 (0·74–1·27)	0·81
Spontaneous	101 (8%)	103 (8%)	0·99 (0·76–1·31)	0·97
Periprocedural	11 (1%)	15 (1%)	0·72 (0·32–1·56)	0·41
Safety events†				
Major adverse cardiovascular events	142 (11%)	144 (11%)	1·00 (0·79–1·26)	0·99
All-cause mortality	42 (3%)	36 (3%)	1·17 (0·75–1·83)	0·49
Stroke	22 (2%)	20 (2%)	1·10 (0·60–2·04)	0·75
Transient ischaemic attack	13 (1%)	3 (<1%)	4·36 (1·40–19·02)	0·02
Heart failure hospitalisation	38 (3%)	25 (2%)	1·55 (0·94–2·60)	0·09
Ischaemia-related	18 (1%)	19 (2%)	0·95 (0·49–1·81)	0·87
Non-ischaemia-related	22 (2%)	13 (1%)	1·72 (0·88–3·51)	0·12

Data are n (%), unless otherwise indicated. HR=hazard ratio. *Without revascularisation. †n=1322 in the ranolazine group, n=1297 in the placebo group (safety analysis set).

Table 3: Efficacy and safety endpoints

	Ranolazine group (n=1317)	Placebo group (n=1287)
Number of diseased coronary arteries		
One-vessel disease	115 (9%)	120 (9%)
Two-vessel disease	574 (44%)	554 (43%)
Three-vessel disease	579 (44%)	573 (44%)
Number of treated lesions	1·5 (0·8)	1·5 (0·8)
Untreated chronic total occlusion*	441 (34%)	423 (33%)
Untreated small-vessel or diffuse disease*	206 (16%)	206 (16%)
Post coronary artery bypass graft surgery*	156 (14%)	158 (14%)
SYNTAX score†		
Baseline	17·0 (8·6)	16·8 (8·0)
Residual (post PCI)	10·6 (7·3)	10·4 (6·9)
Change from baseline to post PCI	6·5 (4·9)	6·6 (4·9)

Data are mean (SD) or n (%). There were no significant differences between groups. PCI=percutaneous coronary revascularisation. *A qualifying reason for incomplete revascularisation. †In patients without previous coronary artery bypass graft surgery.

Table 2: Extent of coronary artery disease and the degree of incomplete revascularisation

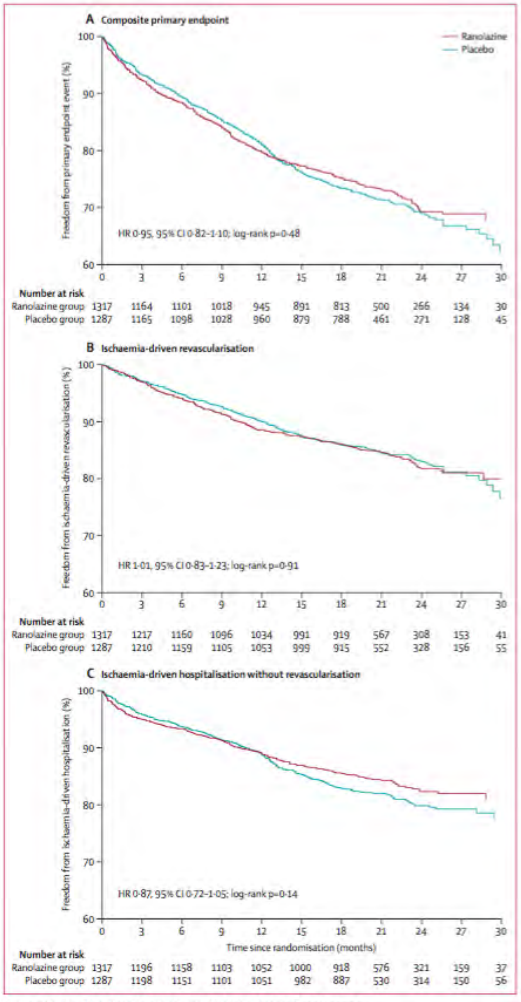


Figure 2: Kaplan-Meier time-to-event curves for the primary efficacy endpoint
(A) Composite primary endpoint of the time to first occurrence of ischaemia-driven revascularisation or ischaemia-driven hospitalisation without revascularisation. (B) Time to first occurrence of ischaemia-driven revascularisation. (C) Time to first occurrence of ischaemia-driven hospitalisation without revascularisation. HR=hazard ratio.

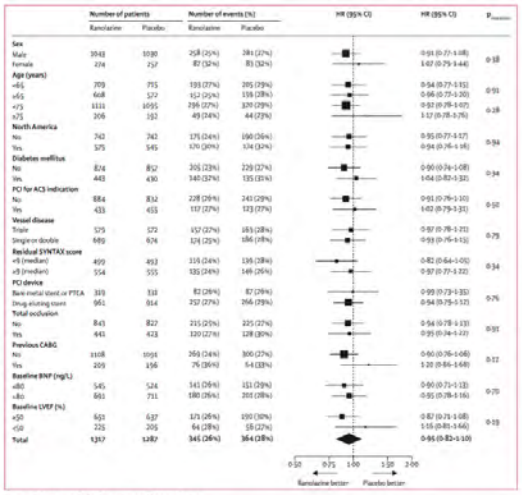


Figure 3: Subgroup analysis of the primary efficacy endpoint
PCI=percutaneous coronary revascularisation. ACS=acute coronary syndrome. PTCA=percutaneous transluminal coronary angioplasty. CABG=coronary artery bypass graft surgery. BNP=B-type natriuretic protein. LVEF=left ventricular ejection fraction.

Research News

One Heart Sometimes Beats As Two Dozen: New

Study Could Improve Heart Disease Treatment

By NoCamels Team March 04, 2015

http://nocamels.com/2015/03/heart-disease-irregular-heartbeat-treatment/

“Two hearts that beat as one,” wrote the famous 19th century English poet John Keats. He obviously wasn’t aware that one heart can actually beat as two dozen hearts, according to a new study. This knowledge could help define the limitations of existing therapies for heart disease, and in the future, suggest ways of designing new ones.

Led by Weizmann Institute scientists in collaboration with researchers from the University of Pennsylvania, the study shows that sometimes a single heart muscle cell can beat as more than two dozen. The research findings, reported recently in the journal Nature Communications, provide a detailed glimpse into the mechanisms behind normal and irregular heart muscle cell contractions.

Each heart muscle cell consists of numerous parallel filaments comprising repeated subunits. When the heart beats, each individual filament contracts to produce several muscle cell contractions. Optimally, all the filaments should contract in a synchronized manner, thus ensuring the greatest amplitude of contraction for each muscle cell, and ultimately, the strongest and most effective beating of the entire heart.

However, a new theoretical model proposed and analyzed by Prof. Samuel Safran Dr. Kinjal Dasbiswas of the Weizmann Institute, suggests that the filaments contract together only when their subunits (and

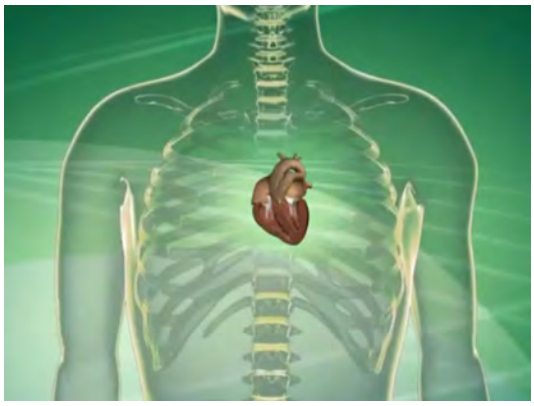
subunit boundaries) are aligned with one another. Since such alignment usually only happens among a limited number of neighboring filaments, aligned filaments contract together as a bundle, but each such bundle contracts out of phase with others. Therefore, a heart cell does not necessarily beat as a single uniform entity; rather, the number of different beating entities in the cell depends on the bundle number, which may reach more than two dozen.

The research results suggest that current means of treating irregular heartbeat may be limited by the structural order of heart muscle filaments. So, in future treatments, if new heart cells are grown to replace diseased ones, their growth environment may be manipulated so that their structure is well ordered and, to paraphrase Keats, all their filaments beat as one.

The theory further predicts that the alignment of the filaments in the heart muscle cell depends on the cell's physical environment; more specifically, on the elasticity of the supporting structure. The alignment is best when this structure is not too soft and not too rigid.

By assuming that only structurally aligned filaments beat together, the researchers were able to explain experimental findings by their collaborators from the University of Pennsylvania, Prof. Dennis Discher and Dr. Stephanie Majkut. In their experiment, these scientists placed chick embryonic heart cells on surfaces of varying stiffness and found that two strikingly different properties – the structural alignment of the filaments and the beating strength of the cell – depended on the rigidity of the supporting surface.

Providing a theoretical basis for these experiments, the Weizmann Institute model may explain how filaments become aligned in heart muscle cells during embryonic development, and how their arrangement correlates with the muscle function in the adult heart.



COEXISTENCE #1

Abbas's brother-in-law gets life-saving heart surgery in Israel

Amid surge in violence, and despite PM accusing Abbas of lies and incitement, PA president's relative admitted for treatment at private clinic in Tel Aviv

BY TIMES OF ISRAEL STAFF October 23, 2015

Palestinian Authority President Mahmoud Abbas's brother-in-law underwent life-saving heart surgery at a private hospital in Tel Aviv on Tuesday, Hebrew media reported Thursday.

He was hospitalized at the Assuta Medical Center in northern Tel Aviv's Ramat Hachayal neighborhood. The surgery was successful and he was said to be recovering in intensive care.

Despite recent tensions between Israel and the Palestinians, Israel approved the entry of Abbas's wife's brother to receive treatment in Tel Aviv, Walla reported. The

report didn't name Abbas's brother-in-law.

In recent days, Prime Minister Benjamin Netanyahu has repeatedly accused Abbas of falsely asserting that Israel intends to change the status quo governing access at Jerusalem's Temple Mount, and has charged Abbas has helped "incite" a series of Palestinian terror attacks on Israelis. Abbas last week claimed Israel "executed" a Palestinian teenager in cold blood; the 13-year-old in question is alive, and is being treated in an Israeli hospital having participated in a terror attack in which an Israeli boy his age was critically injured. The PA leader has been refusing to meet with Netanyahu to try to tamp down the violence.

A hospital spokeswoman declined comment on the Walla report, saying that according to its policy "we don't discuss patients hospitalized or not hospitalized at the medical center." Abbas's brother-in-law's room at Assuta was protected by security guards, the Hebrew reports said.

Assuta Medical Center in Tel Aviv

Last summer, Amina Abbas, the Palestinian leader's wife, was hospitalized at Assuta.

Her stay in a private room at the clinic was kept under wraps and security guards were stationed to maintain her privacy round the clock. Other patients were unaware of the

identity of the VIP in the private room and Hebrew media said hospital staff members were evasive when questioned.

Last year Israel also treated the sister of Hamas senior official Moussa Abu Marzouk for cancer. The hospitalization was one in a number of cases of relatives of Hamas leaders being treated in Israel despite the terror group's avowed goal of destroying Israel.

The 60-year-old woman, who was not named by medical officials, suffered from advanced-stage cancer.

Hamas leader Ismail Haniyeh's mother-in-law, daughter and granddaughter also have received medical treatment in Israeli hospitals.

COEXISTENCE #2

Saving their sworn enemy: Heart-stopping footage shows Israeli commandos rescuing wounded men from Syrian war zone - but WHY are they risking their lives for Islamic militants?

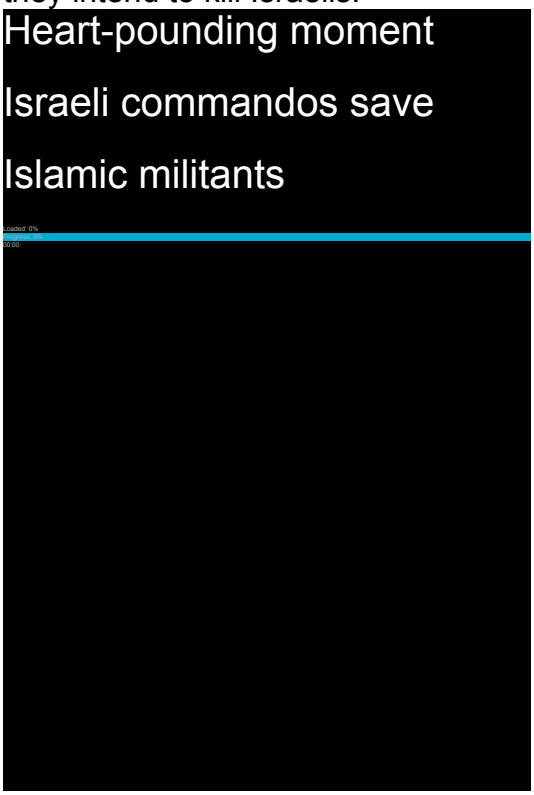
- **Elite Israeli troops rescue wounded Syrians from the world's worst war almost every night**
- **They have saved more than 2,000 people since 2013, at a cost of 50 million shekels (£8.7million)**
- **Many are enemies of Israel and some may even be fighters for groups affiliated to Al Qaeda**
- **MailOnline embedded with Israeli commandos stationed on the border between Israel and Syria**
- **Dramatic video filmed by MailOnline and the Israeli army shows these operations taking place**
- **Israel says that the operation is purely humanitarian but**

analysts believe Israel also has strategic reasons

By JAKE WALLIS SIMONS ON THE ISRAEL-SYRIA BORDER FOR MAILONLINE
8 December 2015

http://www.dailymail.co.uk/news/article-3315347/Watch-heart-pounding-moment-Israeli-commandos-save-Islamic-militants-Syrian-warzone-risking-lives-sworn-enemies.html

Under cover of darkness, an Israeli armoured car advances down the potholed road that leads to **Syria**. As it crests a small hill, the driver picks up the radio handset and tells his commanding officer that the border is in sight.
He kills the engine. Ten heavily-armed commandos jump out and take cover, watching for signs of ambush. Then five of them move up to the 12ft chainlink fence that marks the limit of Israeli-held territory.
On the other side, on the very edge of Syria, lies an unconscious man wrapped like a doll in a blood-drenched duvet. The commandos unlock the fence, open a section of it and drag him onto Israeli soil.
But this wounded man is not an Israeli soldier, or even an Israeli citizen. He is an Islamic militant. And his rescue forms part of an extraordinary humanitarian mission that is fraught with danger and has provoked deep controversy on all sides.
MailOnline has gained unprecedented access to this secretive and hazardous operation, embedding with the commandos to obtain exclusive footage, and interviewing the medics who are obliged to treat Syrian militants, some of whom openly admit that they intend to kill Israelis.



Danger: Israeli commandos are carrying out similar rescues every night - but their government's motive for authorising the extraordinary missions is unclear

The casualty – who doesn't look older than 20 – is losing blood fast. He has been shot in the intestines and the liver, and has a deep laceration in his left ankle.
After putting him on an emergency drip, the commandos stretcher him back to the armoured car and head back to Israel.
Almost every night, Israeli troops run secret missions to save the lives of Syrian fighters, all of whom are sworn enemies of the Jewish state.
Israel insists that these treacherous nightly rescues are purely humanitarian, and that it can only hope to 'win hearts and minds' in Syria. But analysts suggest the Jewish state has in fact struck a deadly 'deal with the devil' – offering support to the Sunni militants who fight the Syrian ruler Assad in the hope of containing its arch enemies Hezbollah and Iran.
'My dream is that one day, the Red Cross will say, thanks guys, we'll take it from here, you go back to your unit and take care of injured Israelis,' said Lieutenant Colonel Itzik Malka, commander of the medical branch of the Golan Brigade.
'I am proud of what we are doing here, but it is a great burden. For every Syrian in hospital, there is one less bed for an Israeli. One day we will have to make a choice between an Israeli life and a Syrian one. When that happens it will be hard, but I have to say my first duty will be to Israelis.'

Face-to-face with the wounded Syrian Islamic militants

Unconscious: A wounded Syrian Islamic militant receives urgent medical treatment from Israeli troops at the Syrian border. The commandos are seen administering 'tracheal intubation' by forcing a tube down the man's throat to prevent asphyxiation

Emergency: The militant is very close to death and requires expert medical attention from the team, including a complex blood transfusion

There is no doubt about the danger involved. Many of the casualties rescued by Israel belong to Salafist groups who harbour a deep-seated hatred of the Jewish State. It has also been reported that some may be members of Jabhat al-Nusra, a Syrian group affiliated to Al Qaeda that has kidnapped scores of UN peacekeeping troops in this area, and has massacred Christians deeper in Syria.

In giving medical support to these fighters, Israel has done a deal with the devil

Kamal Alam, research analyst, Royal United Services Institute (RUSI)

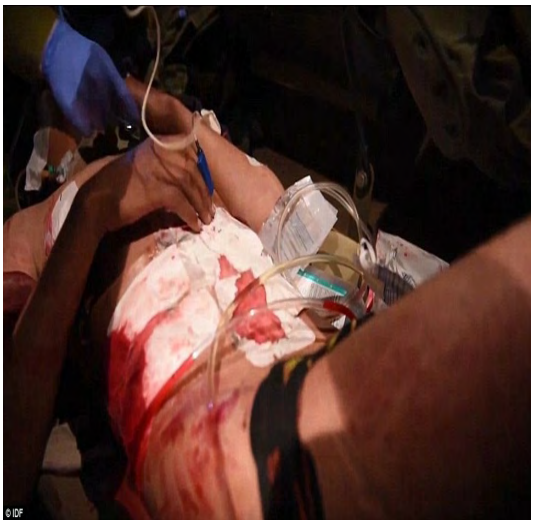
It is unclear how the two enemies arrange the rescue. All that has been disclosed is that word reaches Israeli forces that casualties have been dumped at the border, intelligence establishes that it is not a trap, and the commandos are sent in.

In the three years that Israel has been running these operations, it has saved the lives of more than 2,000 Syrians – at least 80 per cent of whom are male and of fighting age – at a cost of 50 million shekels (£8.7 million).

Almost nothing is known about the Syrian as he is wheeled into emergency surgery 40 minutes after the rescue. He may be a member of a relatively moderate Islamist group, or he may be a jihadi. For its part, Israel says it either does not gather, or does not disclose, this information.

Officially, Israel says that this operation is part of its programme of humanitarianism, which has provided aid to a long list of countries from Haiti to Nepal. Palestinian civilians are also regular patients at Israeli hospitals such as the Rambam Medical Centre in Haifa.

A spokesman pointed out that about 20 per cent of the Syrians treated by Israel are civilians. MailOnline witnessed Israeli army medics treating a sick two-month-old baby and a middle-aged man who had suffered a heart attack, both of whom were evacuated across the Syrian border by the commandos.



Wounded: The commandos must stabilise the casualty as soon as possible and rush him to hospital so that his wounds can be treated.

The rescue of the baby girl was particularly poignant. Her older brother had died of a rare bone disease, and her mother feared that she was showing symptoms of the same disorder. Distraught, the woman decided to brave the dangers of the border and appeal to the enemy for help.

One day we will have to make a choice between an Israeli life and a Syrian one. When that happens, my first duty will be to Israelis

Lieutenant Colonel Itzik Malka, commander of the medical branch of the Golan Brigade

The baby was treated under cover of darkness in the back of an armoured car, by Israeli military medics with rifles slung over their shoulders.
They were able to ascertain that she was suffering from a high fever and gave the mother some much-needed medication.
Then mother and infant were escorted by heavily-armed combat troops back to the Syrian warzone.
Diagnosing the bone disorder would have to wait.
'I wouldn't say that Israel is doing this for nothing,' said Chris Doyle, Director of the Council for Arab-British Understanding. 'If so, it wouldn't be publicising it.
'There is an element of wanting to improve the country's brand and image abroad, when all the opinion polls show that Israel doesn't have the greatest reputation. £8.7million is a large price to pay for PR, but Israel's powers-that-be have realised that it has to invest in its image.'

An Israeli Government spokesman rejected these claims as 'absurd'.
'Israel is a world leader in providing humanitarian assistance, both in the Middle East and around the world,' he said. He also pointed out that this is not the first time the Jewish State has given medical care to those bent on its destruction and their families.
In October, a Tel Aviv hospital treated Palestinian President Mahmoud Abbas' brother-in-law, and last year it treated the daughter of the Hamas leader Ismail Haniyeh. But analysts maintain that in the 'tough neighbourhood' of the Middle East, it is rare to give something for nothing.

Support: An Israeli Army medic gives the Syrian baby a medical examination. The child's older brother died of the same condition

MailOnline was given access to interview Syrian militants at the Ziv

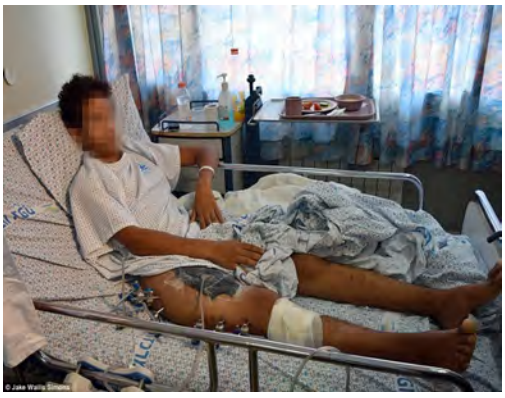
Medical Centre in Safed, northern Israel, one of a number of hospitals at which they are treated, on condition that their identities are not revealed. If other Syrians discovered they had received medical care in the hated Israel, they would be in danger of execution.

The casualties lavished praise on Israel. 'I will not fight against Israel in the future. Israel looks after wounded people better than the Arabs. The Arabs are dogs,' said a wiry rebel fighter who gave his name as Ahmed, 23, who was recovering from a gunshot wound to the groin. 'Before I came here, I wouldn't have said this. But there are many people who got injured and came to Israel for treatment, and they told me about it. I feel safe here in Israel. But when I am well again, I will go back and fight.'

Another rebel, 20-year-old Mohammed, whose leg had been all but destroyed by fire from a Russian-made 'Dushka' heavy machine gun, agreed. 'Thanks to Israel for letting me in,' he said, eyeing the surgical frame supporting his shattered leg. 'The butcher Assad is my enemy. Israel is not my enemy. The one who treats you is not your enemy.' As soon as he was well enough, he added, he too intended to go back to Syria to take up arms again.

The Israeli doctor in charge of their treatment, Russian-born Professor Alexander Lerner – a leading expert in treating war injuries – did not disguise his delight at these responses.

'We are trying to build peace with our neighbours and win their hearts and minds,' he said. 'There are now 2,000 Syrians who have had their lives saved by Israel. We hope that this will change their life position. In the future, they will be more friendly to Israel and they won't want to fight us.'



Recovering: Mohammed, 20, a Syrian militant, receives medical care in Israel after his leg was almost destroyed by heavy machine gun fire

Converted: Ahmed, 23, a Syrian militant, says Israel is no longer his enemy, but many suspect he is just saying what Israelis want to hear

Other medical staff, however, believe that the militants were lying. Issa Peres, 36, a Christian Israeli Arab social worker, said that many hospital staff resented having to treat them.

I don't trust any one of them. You can't change their minds by taking care of them for two weeks

Issa Peres, social worker, Ziv Medical Centre

'I work with the Syrians all the time, I see and hear bad things,' he said. 'Many of them said bad words to me, that they are going to kill me, they are going to fight with the Christian community, when they are safe they will fight against Israel.

'They have destroyed churches and Christian communities in Syria. I have to care for them, it is my job. But if I'm sitting with myself, I say no, it is not right for Israel to treat them.'

Asked about the fighters' promises not to fight against Israel in the future, he said: 'I don't trust any one of them. They grew up believing Israel is their enemy, Israel is the devil. You can't change their minds by taking care of them for two weeks.'

Other Israelis are more bitter. In June, two wounded Syrian jihadis were attacked by a lynch-mob while they were being transported to hospital by ambulance. One was beaten to death, while the other suffered serious injuries.

Six weeks later, two members of the Israeli Druze community – an Arabic-speaking people found in Israel and across the Levant – were charged with murder. It emerged that the militants were suspected members of Jabhat al-Nusra, an Al Qaeda affiliate who had attacked Druze villages in Syria.

Nervous: A treated Syrian militant is wheeled out of a civilian ambulance a mile from the Syrian border in order to be taken back to Syria

Farewell: The Syrian militant takes a final look at the medical team that saved his life before heading back to continue fighting in the war

According to one senior Israeli army officer, Israel's humanitarian mission may also be part of a security strategy, aiming to 'keep the northern border quiet and our soldiers safe' by using medical treatment as an 'insurance policy'.

It is humanitarian, but it's also a case of "my enemy's enemy is my friend"

Kamal Alam, research analyst at the Royal United Services Institute (RUSI)

'The Syrians will not strike us because they know we'd stop helping them,' Lieutenant Colonel Malka told MailOnline.

'They are desperate for our medical help. They have no doctors, not even a vet. Once we treated a man who had been stitched up by a friend with a needle and thread.

'If they want our help to continue, they know they must stop anybody from attacking our soldiers and civilians.'

Some experts argue that the status quo makes sense for both sides. The militants are stretched almost to breaking-point in a bitter struggle against Assad, and Israel, which is coping with stabbings throughout the country and sporadic rocket fire from

Gaza, wants to avoid a flare-up of terror in the north.
Others, however, believe that Israel is also pursuing more hard-headed geopolitical goals. 'Above all, Israel wants to prevent Hezbollah from gaining control on the other side of the border,' said Michael Stephens, Research Fellow for Middle East Studies at the Royal United Services Institute (RUSI).
'The Sunni militants are fighting Hezbollah, so for now they share the same objectives as Israel. That's why we're seeing this odd cooperation between people who would be enemies under any other circumstances.
'It is also possible that Israel is looking at what capacity these Syrians can add to its intelligence gathering in Syria, which is already formidable.'

Leaving: The rebel fighter is wheeled out of an ambulance and transferred to a stretcher, which will be placed in an armoured vehicle

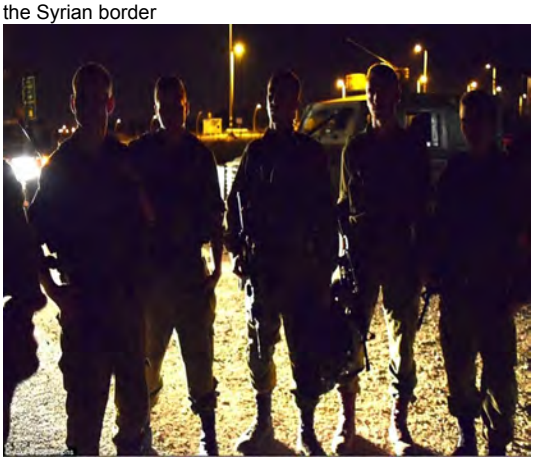
The final stage: These are the last moments that this Syrian militant is likely to spend in Israel before he goes back to fight in the war

Transfer: The militant is taken on a stretcher to the waiting armoured vehicle for the short journey back to Syria, where he will be collected

Analysts agree that the powerful Shia alliance of Iran, Hezbollah and Assad's troops is an existential threat to Israel, far outweighing any danger from the Sunni Islamist rebels (who are backed by Saudi Arabia, understood to have a form of

working relationship in some areas with Israel).
Significantly, an Israeli spokesman confirmed that no medical support has been provided to any militants from the Shia alliance.
'From an Israeli viewpoint, it's a case of my enemy's enemy is my friend,' said Kamal Alam, research analyst at RUSI and an expert in Syrian affairs.
'There is no one they can trust in the Syrian quagmire, but if you get rid of Hezbollah, that's the end of Iran in the region. Israel's main aim has to be to eliminate Hezbollah – and whoever takes on Hezbollah is an uneasy but necessary ally.
'In giving medical support to these fighters, Israel has done a deal with the devil.'
For Israel to actually arm and equip the Sunni militants, he pointed out, would be to risk a fierce backlash, both from the Arab world and in Israel. It would also run the risk that the weapons could one day be turned against the Jewish State.
Humanitarian medical assistance, on the other hand, which is also offered to civilians, raises fewer objections on both sides, while fulfilling mutual strategic objectives.

Mission accomplished: The armoured car, filled with heavily armed commandos and the patched-up militant, leaves for the Syrian border



Watching him go: A team of commandos look on as their comrades take the militant on the dangerous journey back to war in Syria

This is where the commandos come in. For these young soldiers, the night is yet young; taking Syrian

casualties to hospital was just the first half of their duties. As the night wears on, an ambulance draws up carrying a patched-up militant ready to be taken back to war.

He has received treatment at the Rambam Hospital in Haifa, Israel's leading medical facility for treating the most severely wounded patients. A civilian ambulance – with an armed guard – has taken him on the 90-minute journey to the border, to avoid attracting the attention of lynch-mobs along the way.

MailOnline is allowed to film on condition that the militant is not asked his allegiances. When he is wheeled out of the ambulance, it is clear that despite intensive medical treatment, he is still very unwell. One of his legs is in plaster and the other is scarred with shrapnel pockmarks, and his right eye is covered with a bandage. He looks disoriented and afraid as he is transferred into an armoured vehicle and driven off into the darkness.

From Israel's point of view, this is the conclusion of another successful humanitarian mission, which now take place nightly as the conflict in Syria burns on. At the same time, however, many believe that this man's treatment – and the care given to thousands of Syrians like him – is an important, if unlikely, investment in Israel's security.

❦❦❦❦❦❦❦❦❦❦❦❦❦❦❦❦❦❦❦❦

Israeli Knowhow in America

The Wall Street Journal

Faster Medical Attention with App

In Jersey City, United Rescue's app helps cut response time in emergencies

http://www.wsj.com/articles/faster-medical-attention-with-app-1451087631?cb=logged0.45106808957643807

Michael Felix takes calls at the Hudson County Communications Emergency Network, which dispatches ambulances and now citizen volunteers through the United Rescue app. *PHOTO: STEVE REMICH FOR THE WALL STREET JOURNAL*

By **KATE KING**
Dec. 25, 2015

JERSEY CITY—It's a high-tech version of the familiar refrain: "Is there a doctor in the house?"

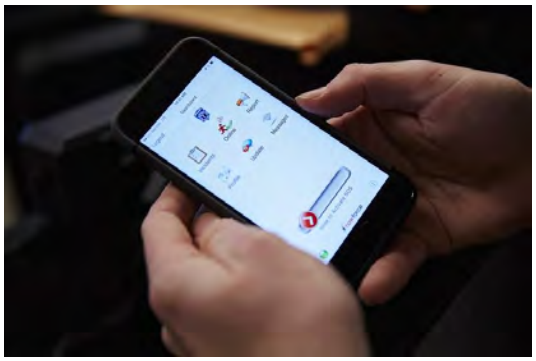
Cities and towns have long relied on volunteers with a medical background to stanch the bleeding or administer CPR until an ambulance arrives. In Jersey City, a nonprofit is investing nearly $2 million to train and equip volunteers to be dispatched to medical emergencies through a smartphone app.

"You don't need an ambulance to save someone's life," said Mark Gerson, chairman of the Manhattan-based organization United Rescue. "You need a trained and equipped responder."

United Rescue uses an app, built by the Israeli company NowForce, which syncs with Jersey City's 911 center and uses GPS technology to pinpoint the locations of emergency medical responders. When a medical call comes in, the nearest volunteer is automatically dispatched to the scene.

Volunteer Mordechai Rubin has already responded to two calls in his own downtown office building since the app went live earlier this month, he said. In both cases he took

the victims' vital signs and medical histories while waiting for the paramedics and was back at work within 20 minutes, he said.



The interface of United Rescue app.
PHOTO:STEVE REMICH FOR THE WALL STREET JOURNAL

"Once they arrived I walked them to the ambulance and then I was free to go," Mr. Rubin said.

United Rescue is the American version of United Hatzalah of Israel, which has 3,000 volunteers and responds to about 700 emergencies a day, said Mr. Gerson, the chairman of both nonprofits.

"That was one big question that people would ask when we started: 'We know Israel has a volunteer culture. Will it also work in the U. S.?'" said Mr. Gerson. "The answer is, overwhelmingly, yes."

More than 1,000 people have applied to volunteer with United Rescue in Jersey City, which has trained 50 volunteers through Jersey City Medical Center and hope to certify another 250 within a year, Mr. Gerson said. Responders are equipped with orange vests and medical bags, which cost more than $4,500 each and include defibrillators.

The goal is to get medical assistance to victims as quickly as possible through volunteers in every geographic and socioeconomic sector of the city, Mr. Gerson said.

Jersey City ambulances have an average response time of 5 minutes and 40 seconds, according to the United Rescue Coordinator Paul Sosman. Volunteers dispatched through the NowForce app have been arriving on scene within three minutes, he said.

"It's really a matter of life and death," Mr. Sosman said. "If you can reduce the response time by 50%, statistically you'll have a much better chance of having a positive outcome."

Volunteer Mordechai Rubin keeps the pack of lifesaving supplies and a defibrillator in his car at all times. *PHOTO: STEVE REMICH FOR THE WALL STREET JOURNAL*

United Rescue is budgeted to cost $1.8 million in startup and operating expenses in its first year and about $750,000 annually, Mr. Sosman said. The plan is to eventually train and equip some volunteers with motorcycles, a model that has proved successful in Israel, he said.

United Rescue's Jersey City operations are philanthropically funded, largely by Mr. Gerson and a

couple other major donors. Mr. Gerson is the co-founder of the research firm Gerson Lehrman Group and a longtime donor to United Hatzalah.

He said he believes United Rescue in Jersey City is the first service in the country to use smartphones to deploy trained volunteer emergency medical responders, and he'd like to expand the service to other American cities.

The five-year-old nonprofit PulsePoint uses similar technology to solicit aid for people in cardiac arrest. PulsePoint has signed up more than 500,000 volunteers nationwide, including 1,000 people in Jersey City, who are willing to administer CPR or a defibrillator, according to the nonprofit's founder and president, Richard Price.

The program, which doesn't train, vet or certify its responders, charges 911 dispatch centers a $10,000 startup fee and costs between $8,000 to $28,000 to operate annually depending on the town or city's population, Mr. Price said.

"I like the idea of trying something new and being innovative," Mr. Price said of United Rescue's model. "It's a very expensive approach. But if they're making a big difference, if they're augmenting systems and somehow mitigating health care costs, maybe that would not be an obstacle."

Mr. Gerson said the United Rescue model has proved financially sustainable in Israel, where it responds to an estimated 255,000 calls a year on a budget of just more than $7 million.

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.

FIHS Heart Beats

Congratulations to our President Jeff Goldberger on becoming the Chief of Cardiology at the University of Miami Miller School of Medicine.

That's it for this issue of the newsletter of the Friends of Israel

Heart Society. Special thanks as always to **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.

Medical Mission 2016!

The Friends of the Israel Heart Society is trying to organize a Medical Mission to Israel April 2016, coinciding with the 63rd Annual Conference of the Israel Heart Society and Israel Cardiothoracic Society (see the announcement for the meeting above). Join cardiologists and cardiac surgeons from all over the world on a unique mission to Israel where you will meet top Israeli cardiologists, visit the Cardiac facilities we have been featuring in our Newsletter for years, and hear from members of the Israel Heart Society about the challenges and unique advantages of practicing cardiology in the Holy Land. Participants will be staying at luxury hotels and enjoying the local cuisine at top flight restaurants. Please register on the link on the following page! Don't miss out on this golden opportunity to mingle with your Israeli peers and tour the Holy Land.

Medical Mission to Israel

Intercontinental David Hotel, Tel Aviv Israel

It's official! Due to enthusiastic demand, the first **Friends of the Israel Heart Society Medical Mission** to Israel is happening. We have arranged three options, all of which include the **2016 Conference of the Israel Heart Society**, April 12 to 13. This is a unique opportunity to meet with colleagues from Israel and elsewhere with extra time to collaborate, socialize and see Israel.

There are three options. Click on the links below for more information about each.
Click here to Register for any of the options.

Option One
Five Nights - Tel Aviv and Cramim Sunday April 10 to Friday April 15, 2016
Three nights at the stunning Intercontinental David Hotel in Tel Aviv including the IHS Conference and two nights at the Cramim Spa Hotel in the heart of the Judean wine country.

Option Two
Five Nights - Tel Aviv Sunday April 10 to Friday April 15, 2016
Five nights at the stunning Intercontinental David Hotel in Tel Aviv including the IHS Conference with time to enjoy the beach and night life of Tel Aviv and to meet with medical professionals and researchers in Tel Aviv.

Option Three
Seven Nights - Tel Aviv, Cramim and Jerusalem Sunday April 10 to Sunday April 17, 2016
Three nights at the stunning Intercontinental David Hotel in Tel Aviv including the IHS Conference, two nights at the Cramim Spa Hotel in the heart of the Judean wine country plus two nights at the luxurious Mamilla hotel in Jerusalem.

Friends of the Israel Heart Society

Thank You to our 2015 Sponsors

Platinum

Dr. Jeffrey Borer
Dr. Eugene Braunwald
Dr. Peng-Sheng Chen
Dr. Edo Kaluski
The Michael Wolk Heart FDN
Dr. Douglas Zipes

Gold

Dr. Uri Elkayam
Dr. Jeffrey Goldberger
Dr. James Goldstein
Dr. Philip Greenland
Dr. Allen Gutovitz
Dr. Jonathan Kalman
Dr. Ari Lieber
Dr. Charles Love
Dr. Robert Rosenson
Dr. Bruce Wilkoff

Silver

Dr. Joseph Alpert
Dr. Elliott Antman
Dr. Benico Barzilai
Dr. Peter Fitzgerald
Dr. Nancy Flowers
Dr. Julius Gardin
Dr. Gary Gershony
Dr. Edward Gerstenfeld
Dr. Gil Gross
Dr. Leo Horan
Dr. Helmut U. Klein
Dr. Andrew Krumerman
Dr. Morton Leibowitz
Dr. Alexander Mazur
Dr. Arthur Moss
Dr. Morton Mower
Dr. Richrd L. Popp
Dr. Stuart Rich
Dr. Melvin Scheinman
Dr. Daniel Schwartz
Dr. Gregory Schwartz
Dr. Bradley Strauss
Dr. Jack Stroh
Dr. Barry Ticho