

Hospital on the horizon?

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Even if our lives are generally uneventful, we sometimes need emergency medical services or hospitalization and expect to find such facilities close to our home or workplace. Today's deteriorating security situation now makes this need more vital than ever, especially in Israel's southern region.

Though no such problem exists in central Israel, our southern region lags far behind in development and funding. Of 28 emergency room facilities in the country, only three are located in the South. The 235,000 residents of Ashdod, Israel's fifth-largest city, plus another 40,000-50,000 in its surrounding areas, have until now faced the lack of a hospital and emergency room (ER) services. They are forced to travel to Barzilai Hospital in Ashkelon, to Kaplan Hospital in Rehovot, or to major medical centers farther afield for whatever assistance the local health fund clinics and Magen David Adom cannot supply.

Now, finally, prospects appear less bleak. Although excavations for the Ashdod Emergency Medical Center began only in February 2006, the gray concrete outline of a nine-story building has already emerged from the sand dunes of southern Ashdod. "Now [that] I see the building, I feel more optimistic," says veteran Mayor Zvi Zilker.

The ground-floor ER and trauma center, with a lobby and ambulance bay at its front, and the 1st floor - housing an imaging institute and service and maintenance facilities - are scheduled to open their doors in August.

Until other departments and clinics on upper floors are completed, the ER will function as a stand-alone emergency room. Two out of the four underground stories are slated for parking. Zilker thinks it possible that two hospitalization units, pediatrics and internal medicine, can be functioning by the end of 2008. Adjacent to the ER building he plans to erect a mental health clinic that he hopes will replace the current outmoded facility within a year.

What provided the momentum for this long-awaited development? Why has it taken so long to build an emergency room? Meanwhile, how do Ashdod residents cope with inadequate medical services and no hospital? Who are the brains behind the new ER, and what are some of the innovations the new medical center will adopt?

Momentum for the project began with a private initiative by the Gur rebbe and Gur Hassidim some four years ago. The Gur rebbe, Rabbi Yaakov Aryeh Alter, was disturbed by the loss of life in Ashdod due to the city's lack of emergency facilities. He charged two senior aides, Rabbi Nachman Widislavski and Rabbi Yonatan Bornstein, with the task of erecting one. Bornstein undertook his mission by forming a non-profit organization, Refuah V'Yeshua ("healing and deliverance"). The group hired a team of experts, consultants and grant writers and enlisted well-known dignitaries to lend their clout to fundraising efforts. The Ashdod Municipality allowed Refuah V' Yeshua to build on land designated for public use by the Israel Lands Authority and has cooperated fully with the construction, which has thus far proceeded on schedule.

Diaspora Jewry has also been most supportive. Britain's Chief Rabbi Jonathan Sacks and the Shabbaton choir will visit Israel on a "Solidarity Through Song" mission to help the country's South. The choristers not only are due to give a benefit concert in Ashdod on March 6 to help raise money to equip the ER, but also to tour the construction site.

In his fight to build a hospital for his city, Zilker has gone as far as the Supreme Court. He insists that finding money to construct and operate a medical facility is not the problem. "Our good management gives us economic strength," he proclaims, and indeed, his municipality has won many awards for its competence and achievements. The mayor describes over 50 years of government promises of a hospital and subsequent renegeing. The Treasury is at the top of Zilker's list of those responsible, but the mayor's office stresses that it is not just the present administration that is to blame, rather Treasury officials over decades who have blocked construction of a hospital. According to Dina Bar-Ulpan, deputy city manager, for the Finance Ministry, another hospital signifies an increased per capita national expenditure, which is viewed as inflationary.

In addition, Rehovot's Kaplan Hospital also stands to lose over 40 percent of its patients once a hospital is up and running in Ashdod. Zilker's office explains that 80% of Ashdod's residents are referred to Kaplan in Rehovot and Barzilai in Ashkelon. "When a hospital is built in Ashdod, they will lose tens of thousands of patients. Since Barzilai Hospital is not protected against [rocket] attacks, the issue of a stand-alone emergency room that provides such safeguards becomes more than relevant," says Bar-Ulpan.

Over the last few years, Ashdod's municipality has appealed to public opinion to help overcome protracted bureaucratic stalling. While Zilker reaches out to politicians, Deputy Mayor Dr. Yechiel Lasri energetically takes on the challenge of raising public consciousness nationwide to the city's need for a hospital. On a winter day two months ago, Lasri brought 15 busloads of residents to the Knesset for a protest. He has also launched a PR campaign using billboards and radio announcements.

Zilker insists that humanitarian and security concerns are paramount, and that emergency medical care must be readily available. Ashdod is only 25 kilometers north of the Gaza Strip. In March 2004, two suicide bombers managed to infiltrate its port area and perpetrate an attack that left 10 dead and 16 wounded.

"Ashkelon is now threatened," he told Metro. "When Haifa came under rocket attack in the summer of 2006, Ashdod was available with port facilities. With each war, it gets harder to protect the home front."

When President Shimon Peres visited Ashdod last September, he said, "It is unreasonable that such a large city in Israel doesn't have a hospital."

Bar-Ulpan echoes this sentiment. "It just isn't logical - I don't think there's a population this size anywhere in the world without a hospital," she exclaims. "There are only two [highway] exits to Ashdod, which are regularly bottlenecked at peak hours," she continues, "especially now with construction going on at each."

So the 25-minute drive to Barzilai Medical Center in Ashkelon can take an hour during peak periods, and the journey to Kaplan even longer. Besides, Barzilai has a security problem, as it's unprotected and lies within the range of Kassam [and Katyusha] rockets from Gaza. In fact, on Wednesday, February 27, a Grad-type Katyusha rocket landed for the first time on the hospital's premises.

"And what about residents from the lower socioeconomic sectors who don't own a car? They must take public transportation or taxis or call an ambulance," Bar-Ulpan adds.

Chana Hochstein, a resident of Ashdod for 32 years and chairperson of ESCA, the local English speakers' club, calls the situation scandalous. "When a family member is in hospital in Rehovot, we're constantly traveling. People die because they don't have a hospital to go to. With some illnesses, it's too late after you sit in traffic for 45 minutes. I have met people whose parents died because they didn't get to the hospital on time. A lot of babies are born here and there should be a maternity wing, too. Ashdod has the third-largest haredi population in Israel after Bnei Brak and Jerusalem."

Natela Michaeli has lived in Ashdod since 1973. "It's a catastrophe for old people," she said, "What exists here is on the level of first aid. If the proper facilities were here, we would all have an easier life."

Michaeli, 56, complained about commuting to central Israel numerous times for surgical operations and for consultations with specialists, of which there is a dearth in Ashdod. Her 80-year-old widowed mother, Nina Buterashvili, a native of Georgia, suffers from congestive heart failure. Every few weeks, fluid accumulates in Buterashvili's lungs, making her breathing difficult and labored. Not even the oxygen canister in her walk-up apartment can restore her comfort level, and she must head for the Kaplan ER to stabilize her condition. As calling an ambulance is a daunting proposition for someone on her meager income (if the patient is discharged without hospitalization, payment is mandatory), her children often rotate in taking her to the hospital. Opening an ER in the city will relieve some of their burden.

Maggie Barel, a medical secretary at the Maccabi health fund, said that a hospital was essential. "There are cases where every minute counts," she said. "Babies are often born in ambulances." She spoke of the difficulty in processing people with fractures who come into the clinic after 6 p.m. They might need X-rays, and the information must be recorded on a CD, but by then an orthopedist may not be available. Many times, Barel has to refer these patients to out-of-town facilities.

Orly Dakar, director of human resources at a prominent industrial plant in Ashdod and head of its hi-tech forum, speaks of her irritation with the status quo. "When we came here 49 years ago, there was only sand, sand, more

sand, three makeshift buildings... and the sea. Now we have a well-planned and developed city with beautiful new areas, each with its health clinic, educational facilities and commercial center. The lack of a hospital is a fundamental issue of life and death, and there is no sense in depriving us of one. As Israel's major port is here, industrial and chemical plants, light and heavy industry, risk factors are ever-present. By contrast, the center of the country has a medical center wherever you turn."

Dakar complains about absentee hours forced upon employees who have to travel out of the city to obtain medical services, visit hospitals, or accompany a family member to an ER. "If services were nearby, we would save a lot of time and there would be less waiting around. People could pop back and forth," she said.

"As far as preventive medicine is concerned, if it's convenient, you go for that check-up without thinking twice. When it's difficult, you may not make the effort, so eventually small problems may turn into big ones and affect your health. Getting a hospital will reduce our frustrations."

The brains behind the ER

Prof. Shaul Shasha, a prominent nephrologist and public health expert, who was responsible for setting up the Western Galilee Hospital in Nahariya, serves as top medical consultant to Refuah V'Yeshua. Shasha was awarded the National Quality Prize (1995) and the Distinguished Civil Service Medal of Honor for his service to the state of Israel (2001), and as medical director is responsible for operative planning of the Ashdod site.

Hospital project manager, Dr. Avraham Ofek, oversees implementation of International Standards Organization (ISO) standards, construction, engineering and financial planning of the project. Ofek, who runs the Ofek Institute of Management, is an award-winning consultant for the justice, agriculture, defense, and education ministries. He has headed many key hospital projects at the Nahariya, Rabin, Tel HaShomer and Tel-Aviv Medical Centers.

Ofek explains that Ashdod's ER imaging institute will feature ultra-modern equipment, including a nuclear camera and the latest in radiological imaging software. The size of the planned ER is impressive - 1,500 square meters, the first stage of a 16,000-sq. meter structure expected to provide a variety of medical services in the near future (see box). The hospital's clinics will be staffed by specialists, which should remedy the current shortage and offer Ashdod residents access to nearby, high-level care. The hospital will emphasize ambulatory treatment and short post-operative stays. Ofek favors the current shift towards community-based family medicine and advocates bringing medical services closer to the community. How should this be done? "By investment in infrastructure and technology," he answers.

A hospital for Ashdod, until now a distant mirage hovering over the sand dunes, may soon become a reality.



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