

## **Chapter 25: The Gulf War; Rambam Hospital (1991)**

January 16, 1991. A pleasant, violet Middle Eastern winter evening. Earlier that day the Americans had initiated their "Desert Storm operation" with massive bombardment on the Iraqis. I walked to the hospital in pitch darkness—a total blackout had been implemented on the county in anticipation of an Iraqi attack. The sirens sounded its ululating wailing as I was nearing the gates of the hospital. *Here we go again.* I experienced a weary sense of *dejà vu*: blackouts, sirens, like in 1967 and 1973. I rushed through the gates where one of the *Uzi* carrying security guards said in a muffled voice through the gas mask he was wearing: "Doctor, where is your gas mask?"

"I don't have one," I replied, passing him in the darkness into the hospital. Gas masks had been distributed to the entire population already some time ago. On arrival to Israel, at the airport, we had received our masks, except Heidi, because of some administrative confusion. A few days later Heidi had developed viral hepatitis, incubated in South Africa—and became bedridden; but she had insisted: "you have to go and get another gas mask." I had reluctantly complied, joining the two miles long queue before the distribution center at the Main Synagogue on Hertzal Street. The people ahead and behind me were Russian immigrants or non-citizens, all evidently desperate to procure a mask, which, so they believed, surely would save them from Saddam's poisonous gases. I had looked at all these old Jews waiting for their gas masks—like, I thought, their parents, some fifty years ago, queued to receive their terminal dose of gas. Never in my life did I have to wait in a queue for that long—*with all these Russians, me, an army veteran, what nonsense!* A mile before the synagogue I resigned and returned home. "You can have mine, I'll find another mask at the hospital," I had tried to mollify the now deeply jaundiced Heidi.

I reached my department; what I saw was outlandish if not pathetic: nurses in gas masks, patients wearing gas masks, those too weak to breathe through the masks were provided with active type masks— powered by batteries and wrapped around the neck and head— old patients looked like astronauts. Patients on ventilators were placed inside transparent anti-gas tents. *Ridiculous*. I descended to the ER, which had been fully set to receive gas casualties —decontaminating showers at the entrance. I did what I was called to do then and rushed back home on foot. The otherwise noisy town was now silent as if it were *Yom Kippur*. The sirens howled yet again, activated by information received from US satellites, that Iraqi missiles had been launched— where the missiles would fall was unpredictable.

I remember very well that short walk on the first evening of that silly little war: the darkness, the black tall shadow of the Carmel Mountain behind me, the dark waters of the sea in front, the scent of the Eucalyptuses, the sirens. I remember that I was calm and elated: this was *my* mountain, *my* sea, *my* town. It wasn't my war but not being in your town at such hour of danger could be devastating. But as I went through the front door of our house my euphoria faded; what I found was the entire family —yellow Heidi, cancer laden mother, the three boys and Pimpush the little dog —all packed in the tiny bathroom which was serving as our "sealed room." The Israeli population had been instructed to prepare "sealed rooms" as refuge during gas attacks. Such rooms had been "sealed" by applying duct tape around the windows and doors. "When the siren sounds, put your gas mask on and go to your sealed rooms" —this had been the standing order.

"Just come in fast, close the door, fast," Heidi said. She had her mask on, breathing elaborately. Little Dan, in his "active" hood, was squatting in the empty bath tub with his two brothers. My mother lay on the floor—she was maskless.

"Mama, where's your mask?"

"I can't breathe through it."

"And where is yours?" asked Heidi.

"He can have mine", said my mom.

"Where is Goofy?" asked Yariv, referring to our cat, "can I go and look for her?"

"Poor Goofy, she'll die," added Dan.

"Nobody moves. Just shut up," Heidi snapped, (this being her first war).

"Let the stupid cat be gassed," I offered my sense of humor — evidently not well appreciated — to relieve the tense atmosphere, "where's the radio?"

"The batteries were sold out, like the duct tape," said Omri.

"Listen, you can stay here but I'm going out for a smoke," said my mother and lifted herself up on her walking cane.

A loud bang, and another, and more—it seemed only a few meters away and the glass window of our sealed room was shattered to small pieces, falling on the boys in the bath tube the sealed room becoming unsealed. Heidi's yellow face turned white. "Is the roof going to fall over us?" asked Yariv.

"Stupid, if it were a direct hit we would be dead by now, they're probably aiming at the Navy base," replied Omri.

"This is nothing," said my Mom, puffing on her cigarette, "nothing like a thousand American bombers dropping bombs, they covered the sun, the darkness, and the noise.". She was referring to her WW-II experience in Poland.

When the siren announced that the attack was over we left the room to learn on the TV that a few Soviet made Scud missiles had exploded above Bat Galim, falling into the sea, just off our little neighborhood. The Scuds continued to fly above Haifa in the following days; a US battery of anti-missiles Patriot missiles, stationed on the hill just above us, failed to intercept them. But after the first night we became blasé about the gas masks and the sealed room; we perceived that the real danger was the conventional explosives of the Scuds and, even if a gas attack were launched these primitive measures would be useless.

A month after the war I was invited to Cyprus to give a second opinion on a sick nun in one of the convents that decorates the hills of that Mediterranean Island. On a rainy day as we were driving the rental car at the foothills of the *Troodos* Mountains, we saw an elderly man emerging from an olive grove with his flock of sheep behind him. I stopped and asked for directions to the convent. He spoke broken English: "Where do you come from, London?"

"No, Israel, Haifa," I pointed to the east.

He smiled widely, exposing rotten teeth. "Ahhhh, Israel, Sadaam." He then moved his index finger across his neck, from left to right, and smiled again. Ahhh, Sadaam is going to slaughter you all. *Funny.*

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Life was returning to normal after the war and I engrossed myself into being Maccabi's right hand man. The Deputy's office, a tiny cubicle adjacent to Maccabi's, was occupied by a senior vascular surgeon— one of the "deserters" or "traitors" who had absconded when Maccabi was down and out. The guy (today the Chief of Vascular Surgery in Rambam), with a *yarmulka* on his head, used to often smile at me sardonically: "Schein, how can you work with that jerk?"— pointing to the thin wall separating his room from Maccabi's. Maccabi had arranged a private office for me by converting a storeroom; its door opened onto a sea-facing balcony; to enter it I had to push away visitors, and climb above patients, who used to crowd here for a smoke, fresh air or for an impromptu picnic.

I shared the attending call schedule with Maccabi; he took ten calls a month, and I did twenty. This almost tripled my meager salary, for under the Israeli system the basic salary is negligible and any additional income, without which one cannot survive, has to be generated by diverse methods. This was a busy department, in a major tertiary center, and we were continuously flooded with oncological, vascular, bread and butter and emergency cases. Maccabi proved an easy going Boss: trusting, dedicating and sharing responsibilities— often, while on vacation or traveling, he would

leave me in charge. He proved a warm person, easy to talk with and with a peculiar sense of humor. But, above all, Maccabi was a "surgeons' surgeon"— a virtuoso; and he cherished the image for this was the essence of his life. He often said: "Moshe, I'm not a great theoretical surgeon, you are better read, but there are still a few tricks that you can learn from me and I want to teach you." And he did. He was considered *the* liver surgeon of northern Israel and he set out to teach me how to perform major liver resections. "You do ten with me and then you will be ready to do it alone." But one of those ten left a deep scar in my mind.

The patient was a middle aged, obese man with a large, solitary, metastasis from a colonic cancer in the center of the right lobe of the liver. I was standing on a stool, on the patient's right; Maccabi was on the left, patient being tilted my way. The right lobe of the liver was huge, as was the tumor. I mobilized the liver from its attachments; controlled, clamped, divided and sutured the portal structures feeding the affected lobe, which, now without its blood supply, was turning pale. Maccabi grasped the mobile right lobe and twisted it to the left, partially exposing a long, soft blue pipe—the inferior vena cava. "Moshe, now carefully, I emphasize, very carefully...get the hepatic vein, careful—" He was sweating —it is easier to do it alone than to assist.

"But Meir," —unlike with GAG, I was on a first name basis with him—"it is deep, shouldn't we first divide the parenchyma and get the vein at the end, from within the divided liver?"

"Moshe, Moshe, don't argue, just get this vein- let me expose it better." He pulled gently on the liver, moving it further to the left for, perhaps, 4 or 5 millimeters and *pop*— the abdominal cavity was suddenly turning into a deep pool of fresh blood, gurgling out rapidly — like a main water pipe exploding in Manhattan—flooding everything and draining the system. "Oooops, we tore the vein," said Maccabi; "give me a straight aortic clamp, one more, another," he commanded dramatically. Within 30 seconds, applying numerous vascular clamps, he hacked out the lobe and controlled

the bleeding. "Come on Moshe, now suture everything." But it was too late. The patient stopped bleeding because there was no blood left to bleed.

Postoperative soul searching? From Maccabi? No. After the operation I tried to discuss what happened— to learn lessons: "Perhaps we pulled too hard," — I said *we*, not *you*, "this was a huge lobe, exposure was hard, perhaps *we* should have gone through the liver to get the vein?" I did not add "as I'd advised." But Maccabi was not interested to dwell on sad events which had taken place in the past, with the past being only a few hours ago. Like great maestros he preferred to remember only the glorious past, hoping for more promising excitements in the future. Contemplating on recent tragedies was bad for the morale— why cry over spilled milk?

And like some surgical maestros Maccabi loved seeing the blood hitting the ceilings; sometimes, it seemed, he would enter into difficult situations only to demonstrate to everybody how easily he could solve the emerging disaster he had just created. This was one of his standing jokes: during abdominal aortic procedures, when the time arrived to test the proximal anastomosis, he would release the clamp suddenly, spraying, with blood, the novice intern or student. He always thought this was funny, and impressive, particularly when the intern or student was a handsome boy. Females did not count or matter too much to him.

That he was the best technical surgeon in the world was an indisputable fact to Maccabi. At least twice a year he would travel to some center of excellence in Europe or North America to learn "what's new." Over the years he had visited the *who's who* list of international surgery. But he would be impressed with nobody— *they're OK* he would say after visiting the Mayo Clinic, but not *superlative*. He repeatedly used that word (in English), emphasizing that it only applied to him.

But he was truly a brilliant technician— daring, hazardous, and extremely obstinate and persistent —a combination that makes the best surgeons and kills a few patients. An example: I was assisting a resident doing a low anterior resection for rectal cancer. The circular stapler we used to fashion the colorectal anastomosis had misfired, resulting in a large

anastomotic defect, deep down in the narrow pelvis of that fat male patient. I could not figure out another option but to take down the anastomosis and "pull through" the colon through the rectum, joining it to the anus— coloanal anastomosis. I called the Boss: "What do you think Meir?"

"Wait," he said, "I will scrub in." He placed a headlight on his head, and sat himself on a stool between the patient's leg and very slowly— it took him more than an hour—sutured, repaired the defect in the anastomosis which was up there in the narrow dark hole— a task which to me appeared impossible and futile. Not able to tie the sutures in the deep keyhole he fashioned sliding ligatures, gliding them upwards. His obstinacy paid off.

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Since Rambam Hospital was also serving as the main northern military hospital, it was receiving a steady supply of combat casualties from the ongoing, low-grade warfare between Israeli and Hezbollah in the South of Lebanon. Day by day, choppers, carrying Israeli, and often enemy, casualties, were landing at the small *Helipad* by the sea. I had expected that a hospital priding itself as having the best trauma services in Israel, directed by a *Napoleon*, and posing an image of "we save the lives of our young soldiers", would provide an organized and well oiled care for the wounded; but already a few weeks within the system I realized how chaotic it was— a total *bardak*. In theory everything had been organized according to conventional guidelines. The wounded were to be met in the trauma room by the senior general surgeon on call and his team; triage, decision making— who goes to the operating room, who needs further investigations, who needs sub specialists. But in practice it was a "*circus*".

*My first trauma call.* I was told: "Dr. Schein, a chopper carrying three wounded soldiers will land in 15 minute, one is critical". I summoned three residents and ran down the stairs to the receiving area which was already packed with numerous white coats and the white heads of professors: professors of medicine and hematology and even professors of microbiology— all adamant to be present and help "our wounded boys" and, in general, enjoy the action. I should emphasize that in Israeli society, being

part of the "*chevre*"— difficult to translate but it means a "close group of *your people*" — being seen taking part in exciting events, is a way of life. Even if you cannot help, you stay to see, to *kibitz* — to give your invaluable, but superfluous, advice. I have to admit that Professor Revach rarely showed his dark face in the receiving area but one of his deputies, especially Dr. (soon to become a professor) Zvi Ben-Yishai — a non-M.D but a self appointed HIV specialist— was always present, featured in front of the ever present TV cameras.

I found it difficult to provide adequate care amidst such commotion and mayhem — swarms of plastic surgeons, urologists, orthopodes and non-surgeons gathered around each wounded soldier, all "trying to save his life." I remember a case of a young paratrooper flown from Lebanon after sustaining a high velocity bullet injury to his abdomen. The Army policy then— I hope it has been revised since— was to pick up the wounded in the field and fly him rapidly to a first aid station situated in Rosh Pinna, south of the Lebanese border. Here a military surgeon would insert additional i.v lines and start, or continue, flooding the patients with many liters of saline. After such "stabilization" the wounded would be re-packed into the chopper and continue their trip to our famous trauma center, receiving on the way more salt and water, and thus gradually swelling up. And so did our paratrooper: on arrival his face was puffy and his abdomen swollen as a waterlogged balloon. He had been already intubated and with a chest tube in situ; there was a large entry wound in his lower chest, and a larger exit wound in his left loin. I managed to penetrate the human herd surrounding his stretches. Heart rate was 160, blood pressure 70/?. "Move away", I said, "I'm taking him straight up to OR. "

"Not so fast Schein, first I need to change his central line. It's too small," said Dr. Moshe Michelson, an ex orthopedic surgeon, who was the director of the ER and Trauma Services.

"But his tummy is full of blood, let's not waste time."

Speak to the walls. I went up to the OR and waited. Almost an hour later we explored the moribund paratrooper: tummy full with liters of fresh

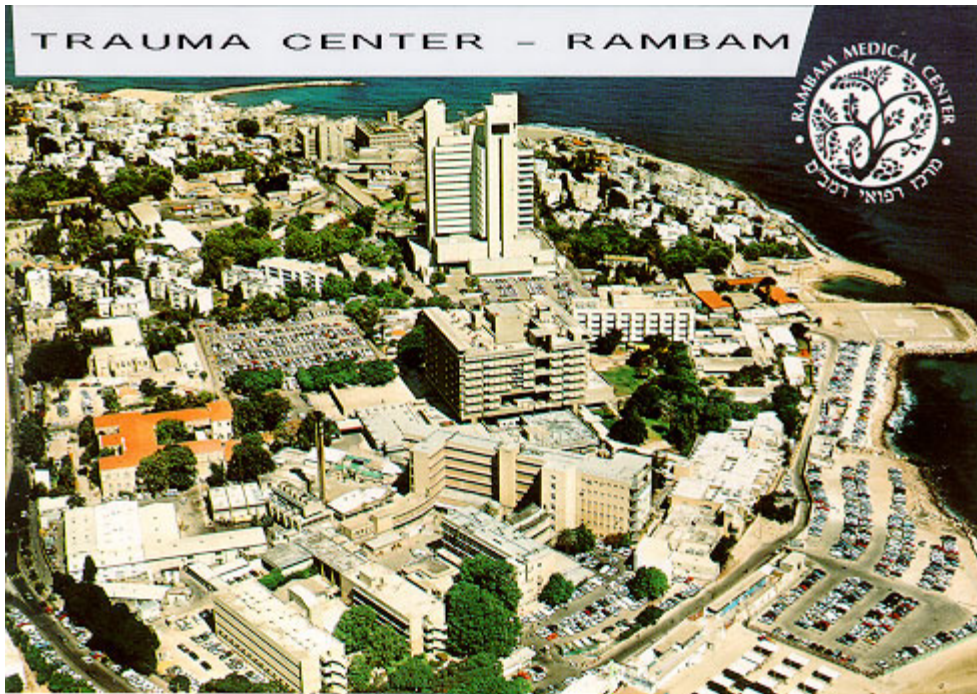
blood, intestine and every other cell in his body engorged with all the salt he had been receiving. We removed his spleen, distal pancreas and half of his kidney, repaired the stomach and resected some small intestine but only then the troubles started — the shocked and edematous organs failed. The patient was managed in the general intensive care unit, which in Rambam meant a total lack of continuity of care: you did the life saving operation but all subsequent care was under the ICU doctors; so a day later they may call in another surgeon and ask him to please re-explore the abdomen because it is "tense." And then yet another surgeon would be summoned to deal with the complications of the previous unnecessary exploration. The chaos would continue. But four months later, I read in the national newspapers about that paratrooper just having been discharged after surviving almost fatal injuries thanks to the superb care in Rambam: "According to Dr. Ben Yishai his survival was miraculous." I thought to myself: with a *direct*, thirty minute flight to the hospital and then directly moved to the OR he would have been at home a week later.

Unfortunately the lack of continuity of care was not unique to the trauma system but a prevalent trait in all departments, including ours. Having trained in a surgical system where responsibility for a patient is *individual— your patient is yours forever—* I was appalled by the system of *collective* responsibility: *it is my patient only when I am on call.* And I was frustrated by my inability to change it. So I would assist senior resident Doberman in a case of advanced intra-abdominal infection; 48 hours later I would want to take the patient for a planned re-operation. Where is Doberman? I would ask. Oh, he's fishing, would be the answer. Dr. Klein would scrub instead — in bad mood and bored for he hated pus. Or Klein would do an open cholecystectomy— residents were allowed to operate without supervision— and three days later when I had to reconstruct the hepatic duct- he had confused it as the cystic duct; Klein would be unavailable as he had to take his daughter to the puppet theater. I could not accommodate such attitudes and it led to increasing tensions with the senior residents, collectively considered as "Maccabi's boys". Maccabi had recruited

them, he had trained them, he had spoiled them, and they were hoping to grow up and take senior positions in his department. Behind my back they were considering me a "paratrooper" — parachuted above them from outside. Consequently, gradually I was becoming in their eyes an irritating obstacle.

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See pictures below



Rambam Hospital: advertizing itself as THE "Trauma Center".



The beach at Bat Galim neighborhood, Haifa