

September 2001

N° 1



Official Journal
of the American
Physicians Fellowship
for Medicine in Israel

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JUDEO MEDICAL JOURNAL

Bi-monthly

**ALZHEIMER'S
DISEASE,
DIAGNOSIS, PATHOGENESIS
AND TREATMENT**

**THE FIRST PROBIOTIC
OF THE ERA
THE DEVELOPMENT OF
LACTOBACILLUS GG**

Guest Editorial

ELIE WIESEL



APF Highlights and News

APF's 50TH ANNIVERSARY



Medicine in Israel

PLACEBOS DO WORK



Medical Ethics

**ON MEDICINE, PRAYING
AND DEATH**



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*Congratulations to
the American Physicians Fellowship
for Medicine in Israel
and its launch of
the Judeo Medical Journal*

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GREETINGS

FROM THE PRESIDENT OF APF



Editorial

September 2001

Dear Readers,

It is with great pleasure and pride that the American Physicians Fellowship for Medicine in Israel brings you the first volume of its new Judeo Medical Journal (JMJ). It is quite fitting that we launch this project to coincide with Rosh Hashanah.

A New Year!

A New Beginning!

The JMJ is a culmination of several years of planning an innovative medical publication. Its unique feature is to integrate medicine with the fabric of Jewish life and experience. It will include a wide spectrum of medical and scientific articles, coupled with Jewish culture, history, philosophy and ethics. News of the Israeli medical and scientific community will also be presented.

We hope that you will embrace this Journal and its special vision of conveying current and innovative insights into the world of Jewish Health and Medical World.

On behalf of the American Physicians Fellowship, I would like to take this opportunity to wish you a Happy and Healthy New Year.

שנה טובה !

Sherwood L. Gorbach, M.D.
President
APF



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*If your patient often feels
tired, it could be anemia.*

*If your patient is
Jewish, it could be
Gaucher Disease.*



You may never have heard of Gaucher Disease. But it is the most common genetic disease affecting Jews of Eastern and Central European descent. *In fact, one out of every 14 carries the Gaucher gene* – it is far more prevalent than Tay-Sachs.

Gaucher signs and symptoms:

- Anemia
- Bone disease
- Low platelet count
- Thrombocytopenia
- Hepatomegaly
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Gaucher can affect anyone and is not age or gender specific. Fortunately, Gaucher can be detected early with a simple test. And treatment lets people with Gaucher live full, productive lives.

Get the facts now.

**For additional information,
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GREETINGS FROM THE PRESIDENT OF APF

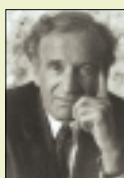
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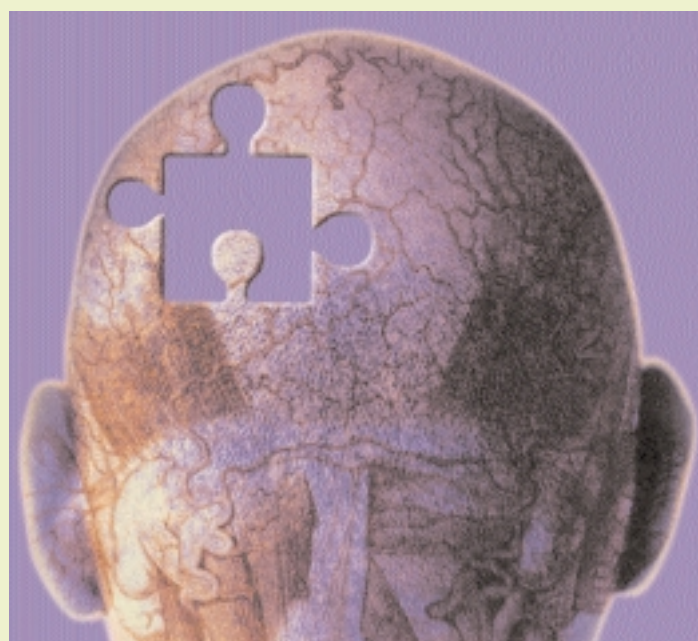
**Medical Research
and Practice Updates**

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this is grey saying
mazel tov

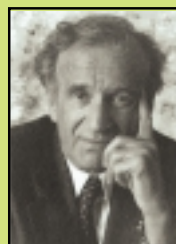
And shalom. Grey Healthcare Group and Phase Five Communications salute the *Indiana Medical Journal* and the physicians, thought leaders and visionaries who are part of this exciting new venture. We wish you good luck and a healthy, happy New Year.



**GREY
HEALTHCARE
GROUP**

PHASE V

This medical journal is both original in its design and new in its approach. It is intended not only for Jewish physicians, but also for their non-Jewish colleagues, and even for the patients that they have the privilege to treat.



Guest
Editorial -
Premier
Issue

ELIE WIESEL

Partly owing to my friendship with its creator, the journal has my enthusiastic support. Bruno Cohen has long been concerned with the problems and activities of Jewish physicians in France and in Israel, and remains so today. Besides, I love beginnings. In France, this review has received a warm welcome by members of the AMIF (Organization of French Jewish Physicians), as well as some major pharmaceutical companies. Both a vehicle and a link, it is a common field of interest for physicians in remote locations.

Of course, the initial aim of the journal is to interact with Jewish doctors and let them speak out about their major interests and issues.

Does this make it a medical journal dedicated to Jewish medicine? No. Medicine is universal by definition. It transcends national, religious and ethnic borders. It belongs to all those men and women for whom medicine is more than a mere profession. To them, medicine is a vocation, which demands their absolute faith and devotion.

Science and medical practice need have only one goal: preserving life and bringing together all those who lay claim to these vocations. As it used to be in bygone days, being a doctor today is an honor.

Elie Wiesel

Nobel Laureate for Peace



ABOUT THE **APF**...

The American Physicians Fellowship for Medicine in Israel

A proud 50-year history

The APF is a 501c-3 non-profit organization supported by its members.

Its members are dedicated to the advancement of medical education, research and health care in Israel.

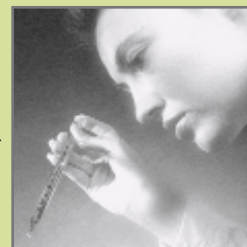
American physicians, health care professionals, donors, foundations and corporate sponsors provide funding for fellowship grants, research, equipment, visiting lecturers and the sponsorship of numerous other projects. These efforts have all contributed to the development of nearly all major medical institutions in Israel.



Eleanor Roosevelt and
APF's Dr. Solomon Ginsberg

A Clear Focus on Medicine

The APF is an independent organization and is not affiliated with any political or religious group. Its activities are focused only on



clearly designated goals related to the practice of medicine in Israel and the United States.

A Commitment to Continuing Medical Education

The Fellowship's CME conferences are accredited by Tufts University. In keeping with its longstanding commitment to medical ethics, APF has taken the lead in providing a wide array of programs that focus on this topic.

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TOPROL-XL...





The only β -blocker indicated for hypertension, angina, and heart failure




TOPROL-XL is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, and sick sinus syndrome (unless a permanent pacemaker is in place).

Patients taking TOPROL-XL should avoid abrupt cessation of therapy. Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and, in some cases, myocardial infarction have occurred. The dosage should be reduced gradually over a 1- to 2-week period, and the patient should be carefully monitored. Please see brief summary of full Prescribing Information, including boxed WARNING, on adjacent page.

 *Low-dose, scored, 25-mg tablet for heart failure*

-  TOPROL-XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents
-  TOPROL-XL is indicated in the long-term treatment of angina pectoris
-  TOPROL-XL is indicated for the treatment of stable, symptomatic (NYHA Class II or III) heart failure of ischemic, hypertensive, or cardiomyopathic origin. It was studied in patients already receiving ACE inhibitors, diuretics, and, in the majority of cases, digitalis
-  The recommended starting dose of TOPROL-XL is 25 mg once daily for 2 weeks in patients with NYHA Class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every 2 weeks to the highest dosage level tolerated or up to a maximum dose of 200 mg

-  Worsening cardiac failure may occur during up-titration of TOPROL-XL. (See DOSAGE AND ADMINISTRATION in brief summary of full Prescribing Information.) Patients should be advised to consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath

Consistent 24-hour β_1 -blockade



Once-a-day

TOPROL-XL[®]

(metoprolol succinate)
extended-release tablets

25 mg
50 mg
100 mg
200 mg

TOPROL-XL® (metoprolol succinate) extended-release tablets

Tablets: 25 mg, 50 mg, 100 mg, and 200 mg

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE **Hypertension:** Toprol-XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents. **Angina Pectoris:** Toprol-XL is indicated in the long-term treatment of angina pectoris. **Heart Failure:** Toprol-XL is indicated for the treatment of stable, symptomatic NYHA Class II or III heart failure of ischemic, hypertensive, or cardiomyopathic origin. It was studied in patients already receiving ACE inhibitors, diuretics, and, in the majority of cases, digitalis. In this population, Toprol-XL decreased the rate of mortality plus hospitalization, largely through a reduction in cardiovascular mortality and hospitalizations for heart failure.

CONTRAINDICATIONS Toprol-XL is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, and sick sinus syndrome (unless a permanent pacemaker is in place) (see WARNINGS).

WARNINGS

Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and, in some cases, myocardial infarction have occurred. When discontinuing chemically administered Toprol-XL, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1-2 weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, Toprol-XL administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue Toprol-XL therapy abruptly even in patients treated only for hypertension.

Brachycephalic Diseases: PATIENTS WITH BRACHYCEPHALIC DISORDERS SHOULD, IN GENERAL, NOT RECEIVE BETA-BLOCKERS. Because of its relative beta₁-selectivity, however, Toprol-XL may be used with caution in patients with brachycephalic disorders who do not respond to, or cannot tolerate, other antihypertensive treatment. Since beta₁-selectivity is not absolute, a beta₂-stimulating agent should be administered concomitantly, and the lowest possible dose of Toprol-XL should be used (see DOSAGE AND ADMINISTRATION). **Major Surgery:** The necessity or desirability of withholding beta-blocking therapy prior to major surgery is controversial; the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. Toprol-XL, like other beta-blockers, is a competitive inhibitor of beta-receptor agonists, and its effects can be reversed by administration of such agents, e.g., dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Difficulty in restarting and maintaining the heart beat has also been reported with beta-blockers. **Diabetes and Hypoglycemia:** Toprol-XL should be used with caution in diabetic patients if a beta-blocking agent is required. Beta-blockers may mask tachycardia occurring with hypoglycemia, but other manifestations, such as tremor and sweating, may not be significantly affected. **Hypotension:** Beta-adrenergic blockade may mask certain clinical signs (e.g., tachycardia) of hypotension. Patients suspected of developing hypotension should be managed carefully to avoid abrupt withdrawal of beta-blockade, which might precipitate a third stage.

PRECAUTIONS **General:** Toprol-XL should be used with caution in subjects with impaired hepatic function. Worsening cardiac failure may occur during up-titration of Toprol-XL. If such symptoms occur, diuretics should be increased and the dose of Toprol-XL should not be advanced until clinical stability is restored (see DOSAGE AND ADMINISTRATION). It may be necessary to lower the dose of Toprol-XL or temporarily discontinue it. Such episodes do not preclude subsequent successful titration of Toprol-XL. **Information for Patients:** Patients should be advised to take Toprol-XL regularly and continuously as directed, preferably with or immediately following meals. If a dose should be missed, the patient should take only the next scheduled dose (without doubling it). Patients should not attempt or discontinue Toprol-XL without consulting the physician. Patients should be advised (1) to avoid operating automobiles and machinery or engaging in other tasks requiring alertness until the patient's response to the drug with Toprol-XL has been determined; (2) to contact the physician if any difficulty in breathing occurs; (3) to inform the physician or dentist, before any type of surgery that he or she is taking Toprol-XL. Heart failure patients should be advised to consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath. **Laboratory Tests:** Clinical laboratory findings may include elevated levels of serum transaminase, alkaline phosphatase, and lactate dehydrogenase. **Drug Interactions:** Catecholamine-depleting drugs (e.g., reserpine) may have an additive effect when given with beta-blocking agents. Patients treated with Toprol-XL plus a catecholamine depletor should therefore be closely observed for evidence of hypotension or marked bradycardia, which may produce vertigo, syncope, or postural hypotension. Drugs that inhibit CYP2D6 such as paroxetine, fluoxetine, pargoline, and propafenone are likely to increase metoprolol concentration. In healthy subjects with CYP2D6 extensive metabolizer phenotype, coadministration of quinine, 100 mg and immediate release metoprolol 200 mg tripled the concentration of 5-hydroxy metoprolol and doubled the metoprolol elimination half-life. In four patients with cardiovascular disease, coadministration of propafenone 150 mg tid with immediate release metoprolol 50 mg tid resulted in two- to five-fold increases in the steady-state concentration of metoprolol. These increases in plasma concentration would decrease the cardioselectivity of metoprolol. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term studies in animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies in rats at three oral doses from 0 to 800 mg/kg/day (41 times on a mg/m² basis, the daily dose of 200 mg for a 60 kg patient), there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug-related were an increased incidence of generally mild focal accumulation of foamy

macrophages in pulmonary alveoli and a slight increase in foamy hepatocytes. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 250 mg/kg/day (16 times, on a mg/m² basis, the daily dose of 200 mg for a 60 kg patient), benign lung tumors (total adenomas) occurred more frequently in female mice receiving the highest dose than in subcutaneous controls. There was no increase in malignant or total benign plus malignant lung tumors in the overall incidence of benign or malignant tumors. This 21-month study was repeated in C3H mice and no statistically or biologically significant differences were observed between treated and control mice of either sex for any type of tumor. All genotoxicity tests performed on metoprolol tartrate (a dominant left-hand study in mice, chromosomal studies in somatic cells, a Salmonella/microsome-mutagenicity test, and a mouse lymphoma test) in genetic, interphase nuclear, and mitogenic studies (a Salmonella/microsome-mutagenicity test) were negative. No evidence of impaired fertility due to metoprolol tartrate was observed in a study performed in rats at doses up to 22 times, on a mg/m² basis, the daily dose of 200 mg in a 60 kg patient. **Pregnancy Category C:** Metoprolol tartrate has been shown to increase post-implantation loss and decrease pupal survival in rats at doses up to 22 times, on a mg/m² basis, the daily dose of 200 mg in a 60 kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** Metoprolol is excreted in breast milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when Toprol-XL is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Clinical studies of Toprol-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1,980 patients with heart failure randomized to Toprol-XL in the MERIT-HF trial, 50% (990) were 65 years of age and older and 12% (238) were 75 years of age and older. There were no notable differences in efficacy in the rate of adverse events between older and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal, or cardiac func-

Adverse Events Occurring in the MERIT-HF Study at an Incidence > 1% in the Toprol-XL Group and Greater than Placebo by More than 0.5%

	Toprol-XL n=1990 % of patients	Placebo n=2001 % of patients
Dizziness/vertigo	1.8	1.0
Bradycardia	1.5	0.4
Accident and/or injury	1.4	0.6

Other adverse events with an incidence of > 1% on Toprol-XL and as common on placebo (within 0.5%) included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disorder, ventricular tachycardia/bradycardia aggravated, hypotension, diabetes mellitus/diabetes mellitus aggravated, abdominal pain, and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported in post-marketing use: Gastrointestinal: flatulence, **Myocardial infarction.**

OVERDOSEAGE **Acute Toxicity:** There have been a few reports of overdosage with Toprol-XL and no specific overdosage information was obtained with this drug, with the exception of animal toxicology data. However, since Toprol-XL (metoprolol succinate salt) contains the same active moiety, metoprolol, as conventional metoprolol tablets (metoprolol tartrate salt), the recommendations on overdosage for metoprolol conventional tablets are applicable to Toprol-XL. **Signs and Symptoms:** Overdosage of Toprol-XL may lead to severe hypotension, sinus bradycardia, atrioventricular block, heart failure, cardiogenic shock, cardiac arrest, brontospasm, impairment of consciousness, coma, cardiac arrest, and cyanosis. **Treatment:** In general, patients with overdosage should be monitored for congestive heart failure, which may become hemodynamically unstable. If other patients and should be treated accordingly. When possible, the patient should be treated under intensive care conditions. On the basis of the pharmacologic actions of metoprolol, the following general measures should be employed. **Elimination of the Drug:** Gastric lavage should be performed. **Antidote:** Atropine should be administered. If there is no response to rapid blockade, isoproterenol should be administered cautiously. **Hypotension:** A vasopressor should be administered, e.g., levobunolol or dopamine. **Arrhythmias:** A beta₂-stimulating agent and/or a theophylline derivative should be administered. **Cardiac Failure:** A digitalis glycoside and diuretics should be administered to check swelling from inadequate cardiac contractility; administration of dobutamine, nifedipine, or glucagon may be considered.

DOSAGE AND ADMINISTRATION

Toprol-XL is an extended-release tablet intended for once-a-day administration. When switching from immediate-release metoprolol tablets to Toprol-XL, the same total daily dose of Toprol-XL should be used. As with immediate-release metoprolol, dosages of Toprol-XL should be individualized and titration may be needed in some patients. Toprol-XL tablets are scored and can be divided; however, the whole or half tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 50 to 100 mg daily in a single dose, whether taken alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until optimal blood pressure reduction is achieved. In general, the maximum effect of any given dosage level will be apparent after 1 week of therapy. Dosages above 400 mg per day have not been studied. **Angina Pectoris:** The dosage of Toprol-XL should be individualized. The usual initial dosage is 100 mg daily, given in a single dose. The dosage may be gradually increased at weekly intervals until optimum clinical response has been obtained or there is a pronounced slowing of the heart rate. Dosages above 400 mg per day have not been studied. If treatment is to be discontinued, the dosage should be reduced gradually over a period of 1-2 weeks (see WARNINGS). **Heart Failure:** Dosage must be individualized and closely monitored during up-titration. Prior to initiation of Toprol-XL, the dosing of diuretics, ACE inhibitors, and digitalis (if used) should be stabilized. The recommended starting dose of Toprol-XL is 25 mg once daily for two weeks in patients with NYHA class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every two weeks to the highest dosage level tolerated by the patient or up to 200 mg of Toprol-XL. If transient worsening of heart failure occurs, it may be treated with increased doses of diuretics, and if it also persists, it may be necessary to lower the dose of Toprol-XL or temporarily discontinue it. The dose of Toprol-XL should not be increased until symptoms of worsening heart failure have been stabilized. Initial difficulty with breathing should not preclude later attempts to introduce Toprol-XL. If heart failure patients experience symptomatic bradycardia, the dose of Toprol-XL should be reduced.

HOW SUPPLIED Tablets containing metoprolol succinate equivalent to the indicated weight of metoprolol tartrate. USP are white, biconvex, film-coated, and scored.

Tablet	Shape	Engraving	Bottle of 100 NDC 0186-
25 mg	Oval	A 1	1088-05
50 mg	Round	A 50	1089-05
100 mg	Round	A 100	1092-05
200 mg	Oval	A 200	1094-05

*The 25 mg tablet is scored on both sides.
Store at 20°C (77°F). Excursions permitted to 15-30°C (59-86°F). (See USP Controlled Room Temperature.)

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APF News
and
Highlights

ALLERGISTS FOR ISRAEL

American Academy of Allergy, Asthma & Immunology exhibition Hall - New Orleans, Louisiana

Allergists for Israel members held their business meeting on Monday, March 19, 2001 while attending the AAAAI meeting in New Orleans, La. Members congratulated Dr. Lyndon Mansfield as he began his term as Chair of Allergists for Israel. Dr. Mansfield presided over the business meeting and welcomed members new and old. In an effort to create a Leadership Development



program, increase AFI's membership and create closer bonds with Israel, Lyndon called for the renewed commitment of the current leadership and a

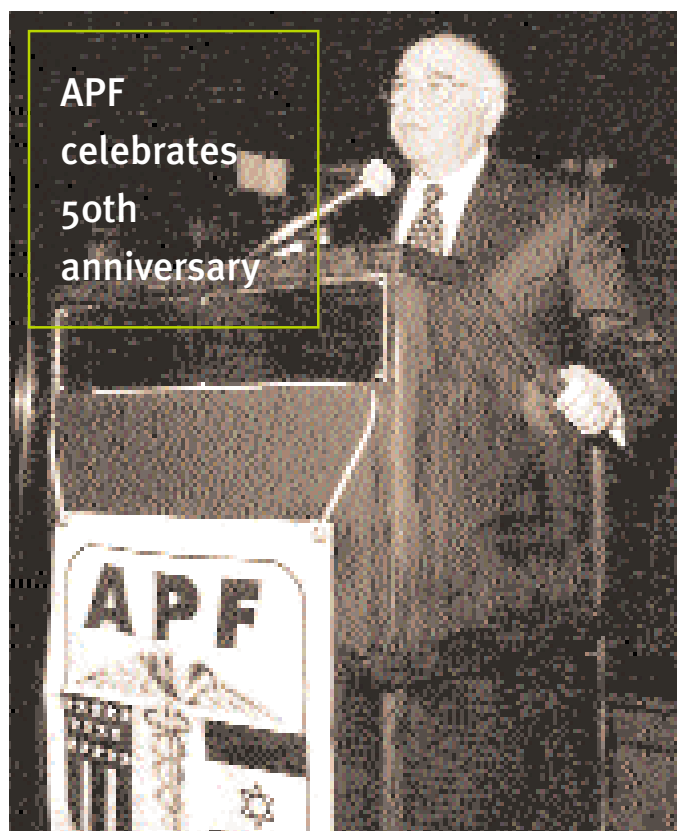
stepped-up recruitment initiative among the members. There was agreement among the members that the organization was important and worthwhile and should be galvanized by a vig-

orous campaign to increase membership and programming in North America and in Israel.

On Friday evening, March 16, AFI and American Physicians Fellowship for



Medicine in Israel sponsored an Oneg Shabbat for 80 guests. Academy members, delegates, fellows and guests gathered to honor Dr. William Silvers, founder of Allergists for Israel, with the Nathan Lass Award. Following the Oneg Shabbat, 45 members, friends, family and guests gathered for a wonderful Shabbat dinner and listened to Professor Lawrence N. Powell talk about his book, *Troubled Memory: Anne Levy, The Holocaust, and David Duke's Louisiana*.



Dr. Sherwood Gorbach, APF's President

During the fall of 2000, APF held two events in celebration of our 50th anniversary.

On October 11, 2000 the four Deans of the Medical Schools in Massachusetts were honored with the APF Distinguished Medical Service Award at a Gala Dinner at the Fairmount Copley Plaza in Boston. The featured dinner speaker was the renowned Dr. Kenneth Ludmerer, author of *"Time to Heal": "American Medical Education from the Turn of the Century to the Era of Managed Care."*

On Monday, November 21, Dr. Isadore Rosenfeld, world-renowned cardiologist, author of numerous health books for the American public, medical editor of *Parade* magazine and former president of APF was honored with the APF Distinguished Medical Service Award.



Dr. Isadore Rosenfeld

The gala event, held at Bridgewater's in New York City, was attended by more than 150 people including the Honorable US Ambassador to the United Nations, Richard Holbrooke, and featured speakers Dr. William Thomson, former NASA astronaut and Antonio Gotto, Jr., M.D., Stephen and Suzanne Weiss Dean of the Weill Medical College of Cornell University.

U.S.-Israel medical ties: a success story

One of the American Physicians Fellowship for Medicine in Israel's basic missions has been to help train promising Israeli doctors to become leaders in medicine, both in the Jewish state and worldwide.

The fruits of that effort were there for all to see at the "Health in the Holyland" symposium, co-sponsored by APF and held at Assaf Harofe Hospital in Tzrifin in March. Israel Program Director Daniel Goldfarb told the audience that APF now finds itself in the happy position of seeing the more than 1,000 Fellows it brought to the U.S. for training move into positions of leadership in Israeli medicine, and subsequently into the top ranks of health care on an international level.

Few better illustrate the point than Dr. Dan Michaeli, who currently serves as Chairman of Kupat Holim Clalit, Israel's largest health maintenance organization; professor of medicine at Tel Aviv University; and Chairman of Israel's National Institute of Occupational and Environmental Health. Michaeli was a featured speaker at the symposium, appearing with Goldfarb to outline APF's dramatic impact on Israeli medicine.



Dr. Dan Michaeli

Prof. Michaeli did his APF research fellowship at New England Medical Center Hospital in Boston, under the guidance of Sherwood Gorbach, M.D., professor of community health and medicine at Tufts University and now APF's President. Then, in concert with APF's founder, Dr. Manny Glazier, Prof. Michaeli launched Israel's first infectious disease department at Tel Aviv's Chaim Sheba Medical Center.

After serving as an Israeli Army medical officer during the 1973 Yom Kippur War, Prof. Michaeli became a Brigadier General and the Army's chief medical officer. He was director general of Israel's Ministry of Health, the head of medical centers in Tel Aviv, and in 1992 assumed his leadership position at Kupat Cholim.

In their own ways, the 1,000 APF fellows have achieved their own success stories, and will continue to do so. Medical care worldwide will be the beneficiary.

News from APF Fellows

Lavy Klein, who was 2000 APF Fellow at Brandeis University, has been named chair of the emergency committee at Rambam Medical Center, a job that, he notes, has become crucial in light of current political and military events. "I am using everything I have learned at Brandeis," he said in a recent email. "I can definitively say that the efforts were not in vain, and that [the University's] Florence Heller [Graduate School] really prepares you to do whatever you chose to do later on in life."

Klein helped Rambam successfully bid for a military outpatient clinic; he is also running the hospital's Internal Medicine Department while his boss is on sabbatical. As if that were not enough, he is also seeing patients in private practice three days a week.

Celina Stayerman has finished her APF Fellowship at the Mayo Clinic in Rochester. "This has been a great experience for me," she writes. "Professionally I feel enriched."

Stayerman, who is at Rebecca Sieff Government Hospital in Safed, says, "It is a great challenge and interest for me to share this experience with members of our department." She adds, "This experience will no doubt improve my practice as a pathologist and in general will have a positive influence on my department and all the departments we service."

"It's hard for me to find enough ways to say 'thank you.' I know that without your help, none of this would have happened. I am very grateful."

Another APF presence at the Mayo Clinic was Dafna Zontag, a nurse who was sponsored through APF's Solomon Hirsh Fund. Her program focused on pain management and pharmacological and non-drug pain relief methods. She also learned new techniques for helping children prepare for surgery.

TALKING ABOUT APF...

"Your continued support for the benefit of our joint work enables us to maintain our high standards of excellence."

Prof. Menahem Fainaru - Chairman

Association of the Deans of the Faculties of Medicine in Israel

"With your help, the young scientist-physicians are able to strengthen their ties to research, which enables them to become better physicians."

Yaacov Matzner, MD - Dean, the Faculty of Medicine

The Hebrew University of Jerusalem

"Our sincere thanks for your contribution for the medical library and the research program of our faculty."

Prof. Menahem Fainaru - Dean of Medicine Tel Aviv University

"I extend my deep appreciation to the APF for its activities in assisting medical education in Israel."

Prof. Rivka Carmi - Dean, Faculty of Health Science

Ben-Gurion University of the Negev

"On behalf of the entire University community, I would like to express our deep appreciation for the contribution you have made to our further development and success - today, tomorrow, and in the decades to come."

Jill Moskowitz - The Hebrew University of Jerusalem

"On my return home, I wish to express my sincerest thanks for your grants, which enabled me to study in the Graduate School of Public Health. I hope my training in the US will be of great help to me in my future work in my country."

Dr. Moshe Leser

"I wish to express my profound gratitude to the American Physicians Fellowship for presenting me with the Dynatech mini-reader Elisa, for my autoimmune diseases research laboratory. This research will help develop new antibodies, enabling better understanding of the autoimmune diseases mechanism. Your generosity has resulted in the first and most important booster for the establishment of the research laboratory."

Dr. Yehuda Shoenfeld