Israel’s Medical Support to Victims of the Civil War in Syria

Salman Zarka MD MPH MA1,2, Masad Barhoum MD MHA3, Tarif Bader MD MHA1, Itay Zoaretz MD1, Elon Glassberg MD MHA1, Oscar Embon MD MPA4 and Yitshak Kreiss MD MHA MPA1,5

1 Israel Defense Forces Medical Corps
2 School of Public Health, University of Haifa, Israel
3 General Director, Western Galilee Medical Center, Nahariya, Israel
4 General Director, Ziv Medical Center, Safed, Israel
5 Department of Military Medicine, Hebrew University-Hadassah Medical School, Jerusalem, Israel

KEY WORDS: Syrian civilians, civil war, Israel Defense Forces Medical Corps, field hospital, humanitarian operation, casualties

On 16 February 2013, seven Syrian citizens, casualties of the bloody civil war, arrived at the Israeli border seeking help. Israeli soldiers, trained to protect the border from Syrian intrusions, found themselves in an unexpected situation. With compassion, they quickly provided medical care to those who until that moment were considered enemies. This incident marked the beginning of a humanitarian operation conducted by the Israel Defense Forces Medical Corps and the Israeli national health system to provide medical care to Syrian casualties of the civil war – men, women and children arriving at the border because of the unavailability of such care in war-torn Syria.

The Syrian Civil War, also known as the Syrian Uprising, which erupted in March 2011, has become a humanitarian and public health catastrophe. António Guterres [1], United Nations High Commissioner for Refugees (UNHCR), called it “the greatest humanitarian disaster of the past two decades, requiring the largest-ever humanitarian appeal.” The civilian victims are estimated by the UN to be more than 90,000 dead with over 500,000 injured. The country’s health care and societal resources have deteriorated rapidly [2] with more than 70% of the medical community having fled and most health care facilities either damaged or destroyed [3].

As expressed in the IDF-MC oath, “To extend a helping hand to any who is injured or ill, be they lowly or venerable, friend or foe – to any fellow man,” the State of Israel, since its establishment in 1948, adopted a strategy to provide humanitarian aid to people in need all over the world. Indeed, such missions were previously launched by the IDF-MC in Armenia, Turkey, Macedonia, Haiti, Japan, the Philippines and others, following natural disasters [4-6]. Now, for the first time, such large-scale humanitarian aid is delivered not thousands of miles away, but right on our borders to citizens of a hostile country.

This complex humanitarian medical operation is based on three echelons of care and involves the medical and operational commands of the IDF and the civilian health system. Casualties arrive at the first echelon, which is based on the IDF Battalion Aid Stations manned with Advanced Life Support providers and two to three medics. Here, they are treated according to Israeli standards, adhering to clinical practice guidelines of the IDF-MC. After initial treatment and stabilization, the casualties, who in most cases have not received IDF-MC = Israel Defense Forces Medical Corps
any treatment during the lengthy evacuation until arriving at
the border, are triaged according to severity – some return to
Syria and others requiring further treatment are evacuated to
higher echelons of care in the form of a dedicated field hospital
and to civilian medical centers in northern Israel. The military
field hospital was deployed following the realization that the
flow of casualties arriving at the Israeli border is unlikely to
cease in the foreseeable future. Located in the Golan Heights,
its main role is to treat emergencies that would not survive the
evacuation to the civilian hospitals under constraints such as
time, weather, proximity to the border, and evacuation capa-
tilities. The field hospital is staffed with surgeons, anesthetists,
intensive care nurses, orthopedists, imaging and laboratory
technicians, logistics and medical equipment personnel, as well
as both reservist and career army personnel. Every victim who
requires care beyond the scope of the field hospital is evacuated
by military ambulance, either directly from the initial point of
care at the border or from the field hospital, to the medical cen-
ters in northern Israel. These facilities, particularly the Western
Galilee Medical Center in Nahariya, Ziv Medical Center in
Safed, Padeh Medical Center in Poriah, and Rambam Medical
Center in Haifa, have provided the casualties with state-of-
the-art medical treatment including neurosurgery, intensive
care, orthopedics, pediatrics and gynecological care, as well
as psychological support. Many of these combat-related severe
trauma victims required complicated surgical procedures and
multidisciplinary care during their hospitalization.

This joint operation of the health system in Israel requires
coordination of patient evacuation and transfer at the local
level as well as adjustments of hospitalization policies and
regulations at the national level. The professionalism, com-
mmitment and partnership practiced by the hospitals and the
Ministry of Health reflect the extensive civilian-military
medical collaboration that characterizes the national health
system in Israel and is even more prominent in times of
emergency and during humanitarian missions.

Caring for the wounded in this unique scenario also involves
providing for the basic needs of patients who have arrived from
a foreign country with no provisions and no possible support
from family and friends. Security considerations are also taken
into account due to the real concerns expressed by the Syrians
about the risk they would face on their return to Syria should
it be known they had crossed the border to Israel.

Encountering the Syrian patients and hearing their personal
stories touched us on several levels – as medical profession-
als, as Israelis, and first and foremost as fellow human beings.
We were dismayed to learn that prior to this encounter many
of our Syrian patients considered us “evil” or “devils,” but we
were encouraged that after meeting us in person and witnessing
our hands outstretched in benevolence and goodwill many
reconsidered their judgment. We also learned that word of the
humanitarian and medical aid extended on the Israeli side of
the border had spread widely among locals. We were espe-
cially moved to hear the story of a young mother whose two
children were admitted to our field hospital. She told us that
when her home was shelled and her children injured, villagers
insisted that she “take them west” – to the Israeli border. “In
the west the Israelis have set up a hospital to save us,” they told
her. “They will take care of your children, and once they have
recovered, you will be able to return home.”

Efforts to provide medical relief to victims of the Syrian
civil war continue. As of today, more than 500 Syrians – men,
women and children – were treated in Israel, proving once
again that medicine has no borders and can plant the seeds
for a better future.

**Corresponding author:**
Dr. S. Zarka
IDF Medical Corps
Phone: (972-3) 737-9552
Fax: (972-3) 737-7589
email: zarkas@netvision.net.il

**References**
2. Brundtland GH, Glinka E, Hausein HZ, d’Avila RL. Open letter: let us treat
3. [http://www.who.int/hac/donorinfo/syrian_arab_republic_donorupdate
سابل2013.pdf](http://www.who.int/hac/donorinfo/syrian_arab_republic_donorupdate
 سابل2013.pdf)
5. Bar On E, Abargel A, Peleg K, Kreiss Y. Coping with the challenges of early
disaster response: 24 years of field hospital experience after earthquakes.
6. Dagan D, Marom H, Kreiss Y. Extending a helping hand in disaster 6,000
miles away from home – the Israeli field hospital in the Philippines. *Harefuah
2013; 152 (12): 696-7* (Hebrew).

“War is the unfolding of miscalculations”
Barbara Tuchman (1912-1989), American historian and author