Medicine in Mideast
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New York Times (1857-Current file); Jun 11, 1967; ProQuest Historical Newspapers The New York Times (1851 - 2002) pg. 115

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Israel Is Found Far Superior to Arabs In Meeting Rehabilitation Problems

By HOWARD A. RUSK, M.D.

Just as the State of Israel has shown marked military superiority over its Arab neighbors during the last week, it also has vastly superior resources for meeting the medical and rehabilitation needs of those who were wounded in the fighting.

The standards of general health in Israel compare favorably with those of the Western world. The ratio of physicians to population, one for every 420 persons, is the highest in the world. The ratio in the United States is one for 710. However, many of Israel's physicians are severely handicapped physically, emotionally and medically because of their long years in concentration camps.

The majority of physicians in Israel work full time in national or public institutions. The concept of private practice is almost unknown. Young medical graduates, both male and female, are required to spend 24 to 30 months in military service and in addition spend a year in the developing rural border areas. Israel has sent a number of teaching and service teams to the developing countries particularly those in Africa.

Responsibilities for rehabilitation are divided between the Ministries of Health, Social Welfare, Labor and Education much along the same administractive lines as such services are delivered in the United States.

The Rehabilitation Division of the Ministry of Defense has established for the war injured what is probably the most complete rehabilitation program in Israel. High priority is placed on services that include medical rehabilitation, vocational training, selective placement and sheltered workshops. Every effort, however, is made to keep the number of persons in sheltered workshops to a minimum.

The population of Israel since its inception as an independent state in 1948 has had an unusually high number of disabled persons since many of its citizens were refugees. Because of this, it has also enjoyed an unusually large amount of foreign assistance from the Jewish communities in other nations, notably the United States. The program Israel has developed has amply repaid this confidence and support.

Comprehensive Program

Malben, the American Joint Distribution Committee, for example, provides a splendid comprehensive program for the care of the sick, aged and handicapped that includes hospitals for the chronically ill, homes for the aged, institutional workshops, retraining courses and loans to help the aged and handicapped open small businesses.

Another example of American assistance is the Hadassah Medical Organization, sponsored by the Hadassah Women Zionist Organization of America, which provides a hospital, outpatient clinics, family and community health services, child guidance clinic and vocational schools.

In contrast to Israel, the medical services in the United Arab Republic are more typical of the Middle East although they have been improving rapidly.

There also have been marked improvements in welfare compensation and disability payments since a Social Insurance Institute was organized in 1956.

One of the key rehabilitation institutions in Egypt is the Veterans Rehabilitation Center, which has a large, modern, well-equipped physical plant including a modern prosthetic workshop.

Originally developed to serve veterans and their families, the center has been gradually admitting civilians.

Until the outbreak of fighting last Monday most of its patients were nonveterans. This center has received assistance from the United Nations and the World Veterans Federation. Its physical therapists and occupational therapists are foreigners primarily from Denmark, Norway, Germany, Sweden and the United Kingdom.

There is also a smaller civilian rehabilitation center that was established in 1952 under the Vocational Rehabilitation Department of the Ministry of Social Affairs. Services include medical care, counseling, testing, vocational training and placement.

With the aid of a grant in "counterpart funds" from the United States Vocational Rehabilitation Administration, the program has been broadened during the last year to include phosthetics and orthotics. Ironically when the war broke out last week a prosthetic specialist was on the way to the United Arab Republic under the auspices of the Vocational Rehabilitation Administration to plan a similar phosthetic-orthotic service in Assuit, a city of 400,000 in the mid-Nile.

The Egyptians also have an excellent demonstration center for the blind established in 1951 with the aid of the United Nations and the International Labor Organization.

The center is regional in scope in that it distributes Arabic Braille materials throughout the Arabic world and provides fellowships for professional persons from other Arabic countries for advanced training in rehabilitation services for the blind.

Rehabilitation services on a national scale are practically nonexistent in Jordan and Syria. There are a few scattered services in these countries conducted largely by foreign missionaries or voluntary agencies.

In Iraq there is a rehabilitation service at the general hospital headed by a physician trained in the United States under a fellowship from the World Rehabilitation Fund, a United States voluntary agency.

The greatest stimulation to the development of rehabilitation services in both Israel and Egypt have been the programs sponsored by the Vocational Rehabilitation Administration with counterpart funds. These are funds that have accrued to the United States through sales of surplus agricultural commodities.

A wide variety of research and demonstration projects in all aspects of rehabilitation ranges from cross-cultural studies of the handicapped in Israel to rehabilitation of persons with rheumatic heart disease in Egypt.

The Vocational Rehabilitation Administration is now aiding 32 projects in Israel in practically every area of disability such as neurological problems, blindness, cardiovascular, paraplegia and hemiplegia. These projects have been remarkably effective and provide a great stimulus to the more rapid development of rehabilitation services in both of these nations.

In Syria one small project in services for the blind has been sponsored under the program in Damascus.

This project, which has also had assistance from the United Nations and the American Foundation for the Overseas Blind, emphasizes the rehabilitation of blind persons in rural areas.

None of the belligerents in the current fighting have as yet announced any casualty figures but war always brings death and disability. Nothing can be done for those who have been killed but fortunately the primary belligerents are much better able to care for their disabled than they were when they last fought in 1956.

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