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27**THE JEWISH FEDERATION*****Imagine Israel Podcast:*****Interviews with Dr. Todd Zalut and Diala Dana of Terem,
and Dr. Dov Goldstein**

Robbie Gringras: Welcome to the Imagine Israel Podcast, brought to you by the Jewish Federation of Greater Washington. Imagine Israel is the initiative of the Jewish Federation of Greater Washington, connecting Washingtonians to Israel and Israelis, through the lens of social change. With every Imagine Israel podcast, we get to meet innovative Israeli influences and changemakers, people addressing social and economic challenges in Israel. We'll hear from people whose lives and whose work intersect as they address issues in Israeli society. And I'm your host, Robbie Gringras, and I'm coming to you from Makom, the Israel Education Lab of The Jewish Agency for Israel.

On June 7th, 1967, Moshe Dayan, the then defense minister, announced to the world, "This morning the Israeli Defense Forces liberated Jerusalem. We have united Jerusalem, the divided capital of Israel. We have returned to the holiest of our holy places, never to part from it again. To our Arab neighbors we extend, also at this hour - and with added emphasis at this hour - our hand in peace. And to our Christian and Muslim fellow citizens, we solemnly promise full religious freedom and rights. We did not come to Jerusalem for the sake of other people's holy places and not to interfere with the adherence of other faiths, but in order to safeguard its entirety and to live here together with others in unity." Now, that was 50 years ago, and the ongoing themes of uniting division, the desire for Jews, Christians, and Muslims to live together

1 resonates and rumble to this day.

2 So, for this episode, to mark *Yom Yerushalayim*, the 50th Jerusalem Day,
3 we're going to speak with a few people who represent the unity and the
4 division of our capital city, bringing change through medicine at
5 Jerusalem's emergency clinics.

6 Now, in your capital city in Washington, D.C., there're about seven
7 hospitals with emergency wards, serving a population of around 672,000
8 people. Seven hospitals, 672,000, according to Wikipedia. Jerusalem is
9 actually larger in terms of population, with over 800,000 residents, and
10 has only five hospitals with emergency care, which is why we're
11 dedicating this episode to the blessed memory of Rabbi Dr. David
12 Applebaum, an American who made aliyah, came to live in Israel, and
13 became the pioneer of Israeli emergency medicine.

14 So, to start with, I popped over to Shaare Zedek Hospital, near Mount
15 Herzl, about 20 minutes' drive from Mahanei Yehuda, to speak with an
16 old friend and colleague of David Applebaum. Todd Zalut is the current
17 head of emergency medicine at Shaare Zedek Hospital. In between
18 fielding calls with patients and doctors alike, with superhuman patience,
19 Todd begins to set the scene of this astounding gathering of medical
20 changemakers.

21 So, Todd Zalut. We're here at Shaare Zedek Hospital, but you seem to
22 speak with a somewhat non-Israeli accent. How does that come about?

23 Dr. Todd Zalut: Well, I'm originally American.

24 Robbie Gringras: That would do it.

25 Dr. Todd Zalut: I finished my training and my schooling and then I decided that it
26 was time to do a whirlwind trip, and I thought, well, how would I plan
27 this trip around the world and I thought that I would start in Jerusalem.

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- 1 And I came to Jerusalem.
- 2 Robbie Gringras: As all things do start in Jerusalem.
- 3 Dr. Todd Zalut: And also stop in Jerusalem, because I'm still here. I'm in
4 worldwind trip. Never happened. And I'm here in Jerusalem, the holy
5 city, the capital of the State of Israel.
- 6 Robbie Gringras: And where do you originate from?
- 7 Dr. Todd Zalut: That's actually a difficult question. I was born in Philadelphia in
8 America. I grew up in Phoenix, Arizona. But I came to Israel -- I made
9 aliyah from Chicago, where I trained in emergency medicine.
- 10 Robbie Gringras: Is it different doing emergency medicine here?
- 11 Dr. Todd Zalut: Emergency medicine in Israel is a new specialty; it was
12 recognized as a specialty only in 1999.
- 13 Robbie Gringras: Wow.
- 14 Dr. Todd Zalut: Our first set of residents --
- 15 Robbie Gringras: Because before then, there were no emergencies in Israel.
- 16 Dr. Todd Zalut: Right. Well, we don't know what we did before that. Actually, we
17 do, and we're not very proud of it. But in 1999 the State of Israel
18 recognized emergency medicine as a specialty in medicine, like internal
19 medicine, pediatric, surgery. The first set of residents in a straight path,
20 doing their internship and going straight into emergency medicine, only
21 started in 2011. So, it's all very new. We're building very much from
22 scratch the whole field of emergency medicine.
- 23 Robbie Gringras: That's amazing thinking about -- I mean, if you're saying 2004,
24 that that was after the wave of suicide bombings and the Second Intifada,
25 roundabout 2001-'2, after a whole wave of bomb attacks and so on, only
26 after then, emergency medicine begins to be taken, I guess, officially
27 seriously.

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- 1 Dr. Todd Zalut: Correct. Correct. I first came to Israel in 1990 and I worked for
2 two months at Shaare Zedek. And I remember very clearly that there
3 were problems in the whole approach in the emergency department,
4 because there was no concept of emergency medicine.
- 5 Robbie Gringras: And is that where Terem came in?
- 6 Dr. Todd Zalut: Terem was actually founded by a doctor who used to work at
7 Shaare Zedek; his name was Dr. Applebaum. And he was so frustrated
8 with the bureaucracy of the system that he said, "I can do this better."
9 And so he opened --
- 10 Robbie Gringras: Let me guess; Dr. Applebaum also didn't originate from Israel?
- 11 Dr. Todd Zalut: You might guess that correctly. He was also an American. But he
12 said he can do it better. And so he opened Israel's first private urgent-
13 care center. When I came to Israel in 1990, they were just opening up the
14 first center here in Jerusalem. And the reason that I didn't continue on my
15 whirlwind trip actually was because I sat with David and we hit it off and
16 I became what's called a *ben bayit*; I mean he basically adopted me.
- 17 Robbie Gringras: Wow.
- 18 Dr. Todd Zalut: And we worked together in Jerusalem in the clinic today that sees
19 over 150,000 people a year, in just that one clinic. Today there are 15
20 Terem clinics throughout the country and they'll see almost three-
21 quarters of a million people a year in those 15 clinics. And that's all from
22 what David Applebaum started in 1988 to '89.
- 23 Robbie Gringras: Sounds like a special man.
- 24 Dr. Todd Zalut: He was extremely special. He was very special. He taught me -- I
25 like to say that in my residency program, I learned how to take care of
26 illnesses. If somebody comes with a heart attack, you have to know how
27 to take care of him; if somebody comes with a stroke. But David taught

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- 1 me how to take care of people. He taught me how to care for the patients.
- 2 Robbie Gringras: *Eze yofi.*
- 3 Dr. Todd Zalut: Yeah.
- 4 Robbie Gringras: If we're talking about the people and the patients, what kind of
5 people and patients come into Terem?
- 6 Dr. Todd Zalut: Well, Terem sees patients wherever Terem may be. If we're
7 talking about Terem in Tel Aviv or Terem in Carmiel, Terem in
8 Nahariya, you see patients who have medical problems, some of them
9 acute, some of them less acute, but who need to be seen by a doctor,
10 maybe need a test or two. And 93% of them go home. Only 7% of all
11 those hundreds of thousands of people the towns see every year are
12 actually sent to the hospital.
- 13 Robbie Gringras: So they screen and do the first round before the hospital needs to?
- 14 Dr. Todd Zalut: Correct. And the hospitals -- all the hospitals in Israel are very
15 overcrowded and very overworked. And if you just think for a moment,
16 if just a small fraction of the people that we send home from Terem were
17 to come to the hospitals, it would push the system over the limit, because
18 you're talking about so many people. Some of those people with chest
19 pain, some of those people with infections that don't need to be
20 hospitalized, don't need their treatment and their testing to be done in the
21 hospitals but can be done in the community, if just a significant number
22 of those were to come to the hospitals, it would push us over.
- 23 Robbie Gringras: Completely. Yeah, having sat in the emergency clinic of Rambam
24 in Haifa, it's already at the edge.
- 25 Dr. Todd Zalut: Yeah.
- 26 Robbie Gringras: And, so, in Carmiel, for example, where I live, they tend to be
27 either Jewish patients or Arab patients or Druze patients, and likewise the

1 doctors. In Jerusalem, the variety of the population here must make for
2 an interesting work environment, interesting experiences, I imagine.

3 Dr. Todd Zalut: Well, I think working in medicine in Israel, no matter where you
4 are, is an interesting experience. It's a very dynamic country but,
5 certainly, to be in Jerusalem is a very special privilege but it's also a very
6 unique situation, because, one, as you say, the different cultures of the
7 patients that come and see us, I would say it's probably 70% Jewish and
8 30% non-Jewish, and then when you break down the Jewish people you
9 have the ultra-Orthodox, you have the modern religious, you have the
10 nonreligious. In the non-Jewish populations, you have Muslims and
11 Christians. And then when you put on top of that the tourists that come
12 from all over the world --

13 Robbie Gringras: Oh, wow. Yeah.

14 Dr. Todd Zalut: -- you have people literally from all over the world, coming every
15 day to Jerusalem. And, so, when you mix all of these things together, it's
16 a very special environment.

17 One of the things that people frequently ask me about, and one of the
18 interesting mixes, if you will, is what happens in a terrorist attack.
19 There're three hospitals in the city of Jerusalem. We are the largest
20 hospital of the three. We're also the only hospital in the center of town --

21 Robbie Gringras: Right.

22 Dr. Todd Zalut: -- where -- so, no matter where the terrorist attack happens,
23 probably we're going to be the closest institution, medical institution.

24 And, so, we've always averaged between 40 and 50% of the casualties
25 coming to us. An interesting mix I would define as taking care of
26 somebody who's been injured in a terrorist attack, when laying in the bed
27 next to him is the terrorist.

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- 1 Robbie Gringras: Whoa.
- 2 Dr. Todd Zalut: Just to make it a little bit more interesting, you have staff that are
3 Jewish, we have people on our staff who have personally suffered, or
4 somebody in their family has suffered, in a terrorist attack. You also have
5 people on the medical staff in the hospital who have first-degree relatives
6 who have perpetrated terrorist attacks.
- 7 Robbie Gringras: Whoa. And, so, I presume there's a very clear protocol as to how
8 the staff handles those kind of situations?
- 9 Dr. Todd Zalut: Well, basically the first step is that we leave it all at the door. You
10 don't bring any of the politics into the hospital. Politics in Israel, as you
11 can imagine, is a very sensitive topic, even amongst ourselves. If you just
12 take a group of Jewish people --
- 13 Robbie Gringras: Yeah.
- 14 Dr. Todd Zalut: -- and you start to talk politics, you're going to have very fierce
15 differences of opinion. And I would imagine that the same would happen
16 in the Muslim community. Politics have nothing to do with it. The fact
17 that I'm a settler by definition, because I live over the Green Line, doesn't
18 come into play. Nobody asks. Doesn't come up in conversations during
19 worktime or in the workplace.
- 20 People have posted things on their Facebook pages that I would not be
21 very proud of. But again, you know that it's posted there; you see it when
22 you go into Facebook. But you leave it all at the door; it doesn't enter
23 into the building.
- 24 Robbie Gringras: Is that not difficult?
- 25 Dr. Todd Zalut: It's extremely difficult.
- 26 Robbie Gringras: So, it does enter the building; it just doesn't come out of your
27 mouths?

1 Dr. Todd Zalut: It's under the surface, but you can't let it affect the way you relate
2 to other people or the way you relate to patients. Part of our job in the
3 emergency department is to take care of patients that come, and part of
4 the population that comes -- I don't know how much you know
5 Jerusalem, but not too far from the hospital there's a major highway and,
6 if you go north on that highway for about 20 minutes, you're going to get
7 to a prison where they hold terrorists. And it's the easiest thing for them
8 to get on that highway and bring people to me.
9 So, we frequently take care of terrorists, and they come with policemen
10 or soldiers to guard them and to guard us. But part of our job, day in and
11 day out, is to take care of them as physicians, as nurses. And what they
12 did to get to the place where they're at now is not part of the
13 conversation.

14 Robbie Gringras: And have there been any stories, anything that you could tell us,
15 where the differences between patients or between workers here have
16 actually influenced things for the better, where there's been something
17 enjoyable or harmonious about the differences?

18 Dr. Todd Zalut: First of all, I was anticipating you to ask exactly the opposite, so
19 I'm very happy that you asked for the positive and not for the negative.
20 I'll give you --

21 Robbie Gringras: We'll get the negative later, yeah.

22 Dr. Todd Zalut: I'll give you an example. I had a resident who was a young
23 gentleman who was an Arab, and he posted some things on his Facebook
24 page that were not what I would expect from a physician. And it made
25 the news in Israel.

26 Robbie Gringras: Generally, what do you mean what you would not expect from a
27 physician?

1 Dr. Todd Zalut: Talking about how the Israeli soldiers are baby-killers and the
2 blood is dripping from the hands of the prime minister, and -- and, so,
3 that physician had a conversation with the head of the hospital, and he
4 was not fired; he was allowed to continue with his residency. And I
5 would say probably about a year and a half ago, we had a police officer, I
6 believe, who was stabbed in the back, in the upper back. Turns out
7 actually that the knife penetrated the back, went through the lung and
8 into the heart. And when this patient came to the emergency department,
9 he was not stable; his blood pressure was low, his heart rate was fast.
10 And we do a quick exam; it's called a FAST exam because it's quick, but
11 it's FAST, and short for Focused Abdominal Sonography in Trauma.
12 And part of the exam is to look at the heart with an ultrasound machine.

13 Robbie Gringras: Okay.

14 Dr. Todd Zalut: So, this young Arab gentleman was doing the FAST and he
15 identified the fact that there was a problem in the heart and he announced
16 it very loudly, and that enabled the thoracic surgeon to know exactly
17 what was happening and to save the policeman's life.

18 So, that is an example of how, even though there may be some tension
19 with this young man after what he put on his Facebook page, he, as we
20 all do -- we put it to the side and we don't let it influence how we act or
21 how we take care of our patients.

22 Robbie Gringras: And the patients themselves -- has it ever happened where the
23 patient has woken up next to the perpetrator?

24 Dr. Todd Zalut: No, I don't think the patients understand that when they're laying
25 in the trauma bays, they're first of all divided. The trauma bays are not
26 open to everybody. There's a division between the different bays. So,
27 they don't know who's laying in the bay next to them.

1 There is a story. There was a young Arab boy who came in with a broken
2 leg, and he was laying in a bed in the orthopedic emergency department.
3 And laying next to him was a gentleman who had come many years
4 before from one of the Arab countries; he was Jewish and he had come to
5 Israel in the 1950s after the state was declared, and he had made aliyah.
6 So, he spoke fluent Arabic.

7 So, this was in the days before the orthopedists were giving sedation and
8 pain control. Today we're much more sensitive to people's pain than what
9 we used to be.

10 So, the orthopedist came and he set this child's broken leg with not
11 giving him enough pain control. So, the patient, the child, was in a lot of
12 pain. And apparently -- what I'm told is that the mother was telling the
13 child the whole time in Arabic, "Don't worry. Some day we'll get the
14 Jews back. We'll get back at the Jews. We'll get back at the Jews. We'll
15 get back at the Jews."

16 Robbie Gringras: Oy.

17 Dr. Todd Zalut: And the gentleman who was laying in the bed next to this child
18 understood exactly what the mother was saying and went ballistic. That
19 obviously is not where we are today. That was many, many years ago.
20 And today I think the only story that I've heard in recent years is that
21 there were patients waiting to have a CT scan done and the terrorist was
22 brought from the trauma bays to CT to have a CT done on his body to
23 determine what his injuries were. And the patients who were waiting in
24 CT were upset that he went ahead of them. That's the only story that I've
25 heard in recent years. And basically they explained to the patients that
26 the decision who goes first is based upon their medical status and their
27 situation and their stability and not whether they're Arabs or Jews --

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- 1 Robbie Gringras: Or more deserving or less.
- 2 Dr. Todd Zalut: -- or more deserving or less deserving, yeah.
- 3 Robbie Gringras: And the ultra-Orthodox population of Jerusalem, does that
4 present additional challenges to medical work or is it just not an issue?
- 5 Dr. Todd Zalut: No, there are. There are certain cultural issues that come with
6 treating the ultra-Orthodox. First of all, I have to say that the
7 communities in Jerusalem - whether they're Muslim or Jewish it doesn't
8 really matter - everybody's very sensitive to modesty. So, we try very
9 hard to take that into account. Our emergency department is the busiest
10 emergency department in the city. We're very overcrowded. We see a lot
11 of patients in the hallways. But despite that, we try very hard to preserve
12 people's modesty. So, that's very important culturally, to all the cultures
13 in Jerusalem.
- 14 But when you talk about the ultra-Orthodox community, there's one thing
15 that always pops into my mind, and that is that sometimes they are more
16 hesitant to receive treatment until they check with their rabbi. So, I
17 remember many times I've had people who I thought had a pressing
18 problem - for instance, the last time this happened to me, it was a
19 gentleman who had a certain kind of heart arrhythmia, and he had a heart
20 rate that was very fast; it was going about 130 beats a minute. And I
21 wanted to give him treatment for it. He was a gentleman who's probably
22 in his sixties. It was like a stress test.
- 23 So, for me, I wanted to try and slow that down, that heart rate, sooner as
24 opposed to later, because for a 60-year-old gentleman, having a stress
25 test, that could be a dangerous thing.
- 26 Robbie Gringras: Right.
- 27 Dr. Todd Zalut: But he wouldn't let me give him any medicine until he checked

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- 1 with his rabbi. And that took a couple hours, by the way --
- 2 Robbie Gringras: Oh, boy.
- 3 Dr. Todd Zalut: -- until he found his rabbi, until he could talk to his rabbi, until
- 4 his rabbi decided that it was okay for me to treat him. That was a process
- 5 that took over two hours.
- 6 So, that's part of the culture. That's part of what we have to take into
- 7 account to take care of our patients.
- 8 Robbie Gringras: Wow. And here we are coming up to *Yom Yerushalayim*. Is there
- 9 anything that you would wish for Jerusalem or wish for Shaare Zedek or
- 10 wish for Terem?
- 11 Dr. Todd Zalut: What I would wish for Jerusalem is peace. I think we want peace
- 12 between ourselves and we want peace with our neighbors.
- 13 Robbie Gringras: Sounds good enough.
- 14 Dr. Todd Zalut: Goodbye, Washington, and come and visit us.
- 15 Robbie Gringras: Thank you very much.
- 16 Dr. Todd Zalut: Thank you.
- 17 Later that night, I made my way to Jerusalem's Central Bus Station in
- 18 order to meet with another person inspired by Dr. Applebaum. Diala
- 19 Dana works at the first Terem Applebaum established in Jerusalem, in
- 20 the Romema area, close by the entrance to Jerusalem. And as I walked
- 21 up behind the Central Bus Station towards the midnight quiet of
- 22 Yermiyahu Street, I started thinking about this city of dichotomies.
- 23 *Yerushalayim*, literally "the City of Peace", home to so much conflict, a
- 24 united city that speaks in two different languages - Hebrew and Arabic,
- 25 and of course the mythical dichotomy: *Yerushalayim shel mala* and
- 26 *Yerushalayim shel mata*; the higher Jerusalem and the lower Jerusalem;
- 27 Jerusalem of the spirit and Jerusalem of the day-to-day.

1 Wherever you look in Jewish tradition, it feels like Jerusalem has always
 2 been split in two, yearning for unity. The poet Yehuda Amichai notices
 3 that even the name "Jerusalem", "*Yerushalayim*", is actually plural. The
 4 Hebrew suffix *-ayim* always signals a pair. *Regel* is one leg, *raglayim* is
 5 two. *Yad* is a hand, but *yadayim* is two. So, why *Yerushalayim*? *Lama*
 6 *Yerushalayim tamid shtayim*? Why is Jerusalem always two: *shel ma'ala*
 7 *ve shel mata*, of above and below? *Ani rotze lihiyot b'Yerushalayim shel*
 8 *emtza*. I want to live in Jerusalem of in-between, *bli lehachvot et roshi le*
 9 *ma'ala*, without hitting my head above, *uvli liftzoa et reglai le mata*, and
 10 without injuring my foot below. *Ve lama Yerushalayim be lashon zugit*
 11 *kmo yadayim ve reglayim*? And why is Jerusalem a pair like hands and
 12 legs? *Ani rotze lihiyot rak b'Yerushal echad*. I just want to live in one
 13 Jerusal. *K'ani rak -- ani echad ve lo shnayim*. Because I'm only one I and
 14 not two.

15 So, from these spiritual lyrical ponderings, I walked into the very
 16 concrete immediate surroundings of Terem emergency clinic in
 17 Romema. It's midnight and there are at least 20 people hanging around in
 18 the waiting hall - men, women, Arabs, Jews, ultra-Orthodox, and secular
 19 - all either in need of care or waiting for someone being treated. This is
 20 definitely *Yerushalayim shel mata*, Jerusalem of below.

21 Diala comes out to greet me, and we sit down in a vacant back room.

22 So, Diala Dana --

23 Diala Dana: Yeah.

24 Robbie Gringras: -- thank you for giving us a bit of time. I understand you're about
 25 to get to work in a minute.

26 Diala Dana: Yeah. You're welcome. Any time.

27 Robbie Gringras: Is it all right that we speak in English?

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- 1 Diala Dana: Yes. I guess.
- 2 Robbie Gringras: Do you speak other languages apart from English?
- 3 Diala Dana: Arabic, Romanian, Hebrew, and English.
- 4 Robbie Gringras: Okay, I guess that's enough. And how do all these languages
5 come to you?
- 6 Diala Dana: My mom is Romanian, my father is Arabic; Hebrew at work. I learned
7 Hebrew at Terem. I didn't know a word before I worked.
- 8 Robbie Gringras: And you started working here, and that's --
- 9 Diala Dana: I started working without Hebrew.
- 10 Robbie Gringras: And, so, did you only work with Arabic-speaking patients?
- 11 Diala Dana: And English. The staff was talking to me in English and then Hebrew
12 and then I started talking as well.
- 13 Robbie Gringras: Okay. And did you not have the opportunity to learn Hebrew
14 anywhere else?
- 15 Diala Dana: I was at a private school, so we learned German, English, and Arabic.
- 16 Robbie Gringras: The school was where?
- 17 Diala Dana: It's in Jerusalem, Sha'ar Schem; Schmidt's Girls' College.
- 18 Robbie Gringras: Okay. Okay. And, so, tell me, is it by chance that we meet you
19 here at Terem, or do you have any particular connection to this place?
- 20 Diala Dana: So, I was technically born here. My father is a doctor since first day of
21 Terem. David Applebaum, the one who made Terem, was a good friend
22 of my father and he was my doctor.
- 23 Robbie Gringras: And David Applebaum -- can you tell us a little bit more about
24 him?
- 25 Diala Dana: He's a very, very, very good person. He was. Sorry. He started Terem for
26 the *charedim* in Romema so Arabic doctors will treat them on Shabbat.
- 27 Robbie Gringras: Oh, I see.

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- 1 Diala Dana: Yeah.
- 2 Robbie Gringras: So, like, it was a deliberate way of basically --
- 3 Diala Dana: Yeah.
- 4 Robbie Gringras: -- getting the best out of everybody.
- 5 Diala Dana: Exactly.
- 6 Robbie Gringras: And, so, Arabic doctors -- they were the -- this was a deliberate
7 thing that Arabic --
- 8 Diala Dana: For *shishi-Shabbat*, for Friday and Saturday. For Shabbat.
- 9 Robbie Gringras: I see. And that was how he met your father?
- 10 Diala Dana: Yeah. They were together in MDA, Magen David Adom. And then they
11 started together here.
- 12 Robbie Gringras: Oh, wonderful. So, tell me about this place. Jerusalem's kind of a
13 complicated place.
- 14 Diala Dana: Yeah, it is, with all the people.
- 15 Robbie Gringras: Does the complication play out here?
- 16 Diala Dana: Sometimes, yeah. Sometimes. Before, we didn't feel this. But now after
17 all the problems, we feel it; we feel the problem between Arabic people
18 and Jewish. But not in work. At work we're like a family. But with the
19 patients here, we can feel it; we can feel the races sometimes.
- 20 Robbie Gringras: Can you give me an example of anything that's happened or that's
21 made you feel that way?
- 22 Diala Dana: Nothing comes to my mind now, but we feel it. We feel it from the
23 patients; when they don't get what they want, so they start with every
24 doctor, staff, and everyone.
- 25 Robbie Gringras: And within the team, that's the same, or --
- 26 Diala Dana: No. We're like a family, the team. About 50% of the staff is Arabic; the
27 other 50 is Jewish. So, we got used to work together. We got used not to

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- 1 talk about politics. We got used to be a family. So, we don't feel -- we
2 don't talk about politics; we don't feel any problems here. It depends.
- 3 Robbie Gringras: When do you think that things started, I guess, going sour?
- 4 Diala Dana: After the problems three years ago when the war started, it's kind of war,
5 in Gaza and in Jerusalem, so then it started, all the problems.
- 6 Robbie Gringras: That there were terrorist attacks --
- 7 Diala Dana: Yeah, exactly.
- 8 Robbie Gringras: And do Arab Palestinian patients come in here?
- 9 Diala Dana: Yeah.
- 10 Robbie Gringras: And do they get upset with the Jewish doctors?
- 11 Diala Dana: No. Not at all. Here in Jerusalem, the Arabic people, the Palestinians,
12 like me, we are fine with it; we work with Jewish people, we eat with
13 Jewish people, we learn with Jewish people. We do everything,
14 practically. The other side, the Palestinian side, the other side is the
15 problem, not here in Jerusalem.
- 16 Robbie Gringras: You're gesturing as in over in the West Bank, is that what you
17 mean?
- 18 Diala Dana: Yeah, the West Bank.
- 19 Robbie Gringras: Not in Jerusalem.
- 20 Diala Dana: Exactly.
- 21 Robbie Gringras: I see. And does that also fit with Eastern Jerusalem? Does that
22 count as Jerusalem or --
- 23 Diala Dana: Yeah --
- 24 Robbie Gringras: -- or on the other side?
- 25 Diala Dana: -- it does count, Jerusalem. I live in Eastern Jerusalem.
- 26 Robbie Gringras: So, would you say, then, as we're coming up to *Yom*
27 *Yerushalayim*, Jerusalem is in one sense one city, a unified city, or is it

1 two kind of different cities, do you reckon?

2 Diala Dana: For me it's one city. It's one. It can't be split. Can't be split. It's the Holy
3 Land: Muslims, Christians, and Jewish people. So, it can't be split. That's
4 why they call it the Holy Land.

5 Robbie Gringras: After we turned off the recording equipment, Diala explained to
6 me that she wasn't used to talking about what she called politics. All the
7 staff at Terem - Jews and Arabs - are like a family, but it's a family that
8 doesn't talk politics, for good and for bad, as Diala puts it.

9 Terem carries with it a terrible inner wound, a wound that seems to
10 underlie and even undermine everything that they do in Jerusalem,
11 because while Terem has been able to save many, many victims of terror,
12 it was not able to save its founder, David Applebaum. Applebaum was
13 murdered in a terror attack in 2003, together with his daughter, on the
14 night before her wedding. And yet, of course Terem keeps going,
15 constantly working to heal this unified yet divided city. Lately the
16 tensions have shifted to another side of town, near a different Terem, at
17 the promenade overlooking Jerusalem from its east. The promenade is
18 very close by my offices at Makom and serves the Jewish area of Arnona
19 and its Arab neighbors in Jabel Mukaber.

20 Recently, more and more knife attackers and road attackers have started
21 to emerge from Jabel Mukaber. Indeed, the driver of the truck that
22 rammed into a crowd of young Israeli soldiers was from Jabel Mukaber,
23 and he rammed into them, I guess, about five-minute's walk from my
24 office.

25 I managed to track down Dr. Dov Goldstein, who works and lives near
26 there. Dov and I had been due to meet at the Terem at the promenade,
27 but his wife Elisheva gave birth a couple of days early. So, I caught him

1 exhausted, on Skype.

2 Dr. Dov Goldstein: It was about noon, 1 p.m.; my wife and children - well, it's weird
3 to say - live on Derech Chevron, which is a main street not far from
4 where the *tayelet* (promenade) was, not far from where one of the main
5 Terem branches is. And I was taking care of some things around the
6 house before my shift and I heard sirens. Didn't think much of it, because
7 sirens come all the time. And then about half hour later, I get a call from
8 the head of the branch, "Listen, there's been this attack and some of your
9 colleagues have run to the scene to see if they could help. Can you come
10 and cover in the clinic?" And I did. And if there was any sign of business
11 as usual and life goes on, it was that people were frustrated that they had
12 to wait in line, no matter what.

13 Robbie Gringras: There was no acknowledgement that no one was there because
14 they were kind of busy with an awful terror attack just 50 yards down the
15 road?

16 Dr. Dov Goldstein: There's some acknowledgement; not enough.
17 About 15, 20 minutes later, two of my colleagues - one a senior nurse
18 and physician assistant, and then another a doctor, who had been to the
19 scene, came back, clearly shaken but just trying to get back to work.
20 Think about the next hour -- it's all a blur. Within the next hour, another
21 friend of mine, who is a nurse from Jabel Mukaber, which is a
22 neighborhood on the one hand five minutes from our home, on the other
23 hand a world away --

24 Robbie Gringras: And Jabel Mukaber is the place from which set off the truck
25 which plowed into the young soldiers.

26 Dr. Dov Goldstein: So, in this case, yeah, that was the case. Reports were coming that
27 the assailant was from Jabel Mukaber. But this friend of mine, who -- we

1 never talk politics, but we have the warmest of relationships. We share
2 snacks every Saturday night. I usually work the Saturday-night shift and
3 have a little tradition with my mostly Arab colleagues, who have been
4 working all day Saturday, to bring whatever leftovers we have, mainly
5 desserts, to bring there. It's also really helpful for my own diet.

6 He knows my daughter Roni by her first name, always asks about her.
7 But this day he came up to each of us, who happened to be three Jewish
8 doctors on the shift, came up to each of us individually, shook our hands,
9 and apologized with empathy in his voice, saying, "I'm so sorry this
10 happened. This is crazy. It's got to stop." This guy was nuts. He's not one
11 of us. He apparently had ties to ISIS and kept on saying things on that
12 end, but his empathy was there and it was real. And for me it was - I
13 don't know if "heartwarming" is the right word; "reassuring" may be a
14 more appropriate word - to know that that voice for moderation exists
15 even in a neighborhood that has been such a hotbed for much of the
16 violence in the last year and a half. And I felt, I guess, honored that I was
17 one of the people who was able to hear it firsthand.

18 And just to add another bookend to that, I speak to now and when this
19 goes air. My wife and I just had a little baby boy and, as it just so
20 happened, the nurse, who went around taking people's hands, showing
21 empathy for the attack, he got married the day that my son was born.
22 And if you look at the Terem WhatsApp feed, that day from the Terem
23 Jerusalem staff there are *mazal tovs* and *mabrouks* going around from
24 staffers, Jewish and Arab alike, to both of us.

25 Robbie Gringras: If ever one wanted a story about the unification of Jerusalem, it
26 would be through Terem WhatsApp messages, wishing congratulations
27 to very different people coming from very different places in the same

1 city.

2 Dr. Dov Goldstein: And yet, when I hugged him last Saturday night because I wasn't
3 going to see him before his wedding, and kind of had a sense that this
4 baby was on its way. We didn't feel all that different; just two friends
5 sharing in each other's good news.

6
7 -- you know, Ramadan coming up is that one of the senior doctors wrote
8 what was called the Ramadan Protocol, teaching about how to administer
9 medicine in a way that doesn't break the fast. There was one Friday
10 afternoon; it just -- it happened that there were these three Orthodox
11 Jewish doctors who had spent time in *yeshivot* learning Talmud, and we
12 were poring over these protocols, analyzing it like -- overanalyzing and
13 reading into it, like only a bunch of Talmud-students-turned-doctors can.

14 Robbie Gringras: And it's with this image of the Jew and the Muslim, the victims
15 and the attackers, bound through healing, that Greater Washington
16 Jewish Federation wishes Israel's capital city Jerusalem a *chag sameach*,
17 a happy holiday. May this eternally *unifided* city know peace swiftly and
18 in our days.

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21 And thank you for listening. This podcast, part of the Imagine Israel
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24 Makom. You can find us on shalomdc.org/ImagineIsraelpodcast.

25 (End of podcast)