

Terror Politics and Medicine: The Role of Leadership

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The ongoing intensive wave of terror assaults against Israel is already approaching its fourth year. The endurance of the Israeli population to this hardship can be attributed, to a certain extent, to proficient leadership. Directing a tertiary university hospital, such as Hadassah, throughout this dire period has required distinctive leadership capabilities. Problems such as staff management during crisis, security, provision of information to the public and media, coping with the clinical routine, teaching and research activities and handling the economic burden, were all aspects of hospital administration that had to be taken care of. We believe that the core issue of medical management in time of terror attacks is establishing the right balance between the specific and peacetime routine. The measures taken to deal with these difficulties can serve as a model of contingency management in the field of medicine as well as other areas.

The last immense wave of terror assaults against Israel began on 29 September 2000. In the first two and a half years of these assaults, 777 Israelis lost their lives and 5,456 were injured—70% of both were civilians. Sixty percent of all deaths in Israel during that period were related to suicide bombing.¹ Also during this time period, 2,153 casualties were treated at the Hadassah university hospitals in Jerusalem—Hadassah Ein-Kerem, a 750-bed tertiary medical center with a Level I Trauma Center; and Hadassah Mount Scopus, a 300-bed regional hospital. Six faculties and academic schools are located at Hadassah's campuses: medicine, dentistry, pharmacy, public health, occupational therapy, and nursing.

These intensive terror attacks have been associated with a heavy functional, economical, and emotional burden that greatly affects all medical systems in Israel and certainly Hadassah staff. Directing the medical system through this dire period has required special leadership capabilities. The measures taken to cope with these difficulties while trying to maintain ongoing medical routines—ambulatory and urgent patient care, research, and the teaching of students—can serve as a model of contingency management in the field of medicine, as well as in other fields.

Two and a Half Years of Terror

During Mass Casualty Events (MCEs), terror victims often have arrived in clusters, whereas during more isolated assaults they arrive either as individuals or a few at a time. Formal

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notification to the hospitals concerning a terror act usually has come from Magen David Adom, Israel's Emergency Medical System (EMS), the equivalent of the Red Cross, or from the military medical corps command stations. The time lag from alert to first victims' arrival to the hospital is often very brief in incidents occurring in a close vicinity to the hospital. In other events that have taken place remote from the hospitals or in those in which evacuation was delayed due to combat or other environmental circumstances, notification to the Emergency Department (ED) has preceded patient arrival by up to 45 minutes. In both situations and essentially all through a MCE, a rapid switch of hospital operational modes and staff state of mind has been necessary.² During MCE management—in which the goal is to save as many lives as possible and to decrease morbidity—the most senior manager in the hospital should take command and adjust the available resources optimally to the excessive needs. Every MCE bears its own distinctive characteristics, and each time of the day carries unique drawbacks. During regular work hours routine work (mainly surgery and imaging procedures) are interrupted. During morning shifts (staffed in greater numbers, for maximum daily activity), additional personnel seldom need to be alerted.³ These are just examples of the different operational pathways that are presented to managers in close time proximity to a terror attack.

The prolonged exposure to terror has demanded operational skills for handling each single incident, performing ongoing assessments, and making knowledge-based decisions; in other words, crisis management capabilities and leadership. As a result, the usual demands placed on a hospital manager are greatly intensified, and extra attention must be paid to maintaining the balance between routine work and urgent needs, and between different populations. All this takes place amid the pressures of vying budgetary needs, media versus privacy requirements, and maintaining patient security and rights.

Staff Management

Of the 5,000 staff members employed at Hadassah, 12% are Israeli Arabs or Palestinians. Some of the Palestinian employees benefit from unique cooperative projects such as full residencies, fellowships, advanced nursing training, trauma care instruction, and so on. Of the 77,000 patients hospitalized annually at Hadassah, 15,000 are Arab Israelis and Palestinians. The situation is so complex that during some of the terror events the assailant and his victims have received treatment in our trauma unit at the same time, in neighboring beds. One of our senior physicians was shot to death by terrorists, while driving his car, on the way from the hospital to his home. To stress the anomaly of the situation, we noted that the last patient he had examined in the clinic—an hour prior to his murder—was a Palestinian. Twenty-three members of our staff have lost a first-degree family member as a result of a terror attack. As an example of the horror, a son of one of our nurses, a 15-year-old boy, was actually lynched to death.

The difficulty of staff in coping with these circumstances is crystal clear. Each time a surgeon is informed about a terror event, his first concern is about his own loved ones, and sometimes a phone call to his children may precede his call to the ED. The situation differs from that of admitting wounded from the frontline during combat, where the odds of knowing a patient personally are smaller. During the period of this terror wave, each member of the staff and his family have been civilian targets of assaults on the homefront. One should not forget that in addition, more than a few of the staff are also worried parents of soldiers. How can a staff member restrain himself when seeing a Palestinian patient cheering and celebrating while watching the results of a terror attack on television? On the other hand, it is not easy for our Arab staff members to function

in an environment that may become hostile. Our Jewish staff almost always manages to act toward their Palestinian-Arab peers in a professional manner. Some visitors—especially during a terror attack—may intimidate Arab staff members. The role of leaders is to make their calming presence felt in the midst of a tense situation and to intervene immediately to cool down the unsympathetic attitudes.

To cope with some of the afore mentioned difficulties, a default and natural solution may be to try and enhance ethical codes and to emphasize the need to avoid involving personal attitudes and emotions at work. This approach may seem trivial, but it requires reinforcement through open conversations during repeated staff meetings. The authors feel that concentrating on performing tasks at work in the most professional manner is an essential element of customary bedside manners. To facilitate this emotional detachment, hospital administration has run periodic debriefing meetings with the participation of senior administrators and organizational psychologists. These workshops were designed to teach stress management, and different sectors of the hospital staff have participated in them. When feasible, these debriefing sessions have taken place outside of the hospital, in order to create a change in atmosphere. In addition to these workshops, professional debriefings were run following each MCE, with the goal of learning and applying operational lessons.⁴

Security Measures

During the first two years of this ongoing rise in terror, Hadassah administration and authorities perceived that hospitals were not targets in this conflict. Those at Hadassah also felt protected because of the service provided as a tertiary referral center for a large Palestinian community. This attitude was changed by a few events—specific intelligence alerts of threats to attack Hadassah’s campuses and a few Molotov cocktail attacks at Hadassah Mount Scopus campus’ backyard. The event that induced the most serious concern was the bombing of the “Frank Sinatra” cafeteria in the Hebrew University campus at Mount Scopus, which is adjacent to the hospital. This event, which occurred on 31 July 2002, resulted in the death of 6 people and in 79 casualties.⁵

For years security at Hadassah was based mainly on inspection of bags at the entrances to the hospitals. Following the afore mentioned events, Hadassah administration initiated reevaluation of security arrangements by security professionals. Following the experts’ recommendations, much heavier safety measures were put into practice, including: safety fences surrounding the campuses; changes in traffic orders; placement of closed-circuit video cameras; magnetometer gates, and other devices. The expenses spent on security (excluding additional guards), reached one million dollars. Again, the role of leadership, apart from improving the actual safety, was to enhance the perception of security among the patients and staff.

Provision of Information to the Public

One of the important nonmedical tasks that must be carried out by medical leaders is informing the public. Each terror attack has been associated with significant public anxiety. Many people, especially during those MCEs that occur in crowded places, find themselves searching frantically for their loved ones. The authors have learned that the decision to open a public information center must be undertaken in the early stages of the event, parallel to the reinforcement of the ED and trauma unit. For a well-prepared and trained institute, it will take up to 30 minutes from time of decision to operation.

Therefore, early decision making is crucial. The public information center should accomplish three tasks:

1. Receive and support arriving family members who come to inquire about their relatives.
2. Receive phone calls of worried family members, looking for their relatives.
3. Provide support so that medical staff can concentrate on giving medical care.

In order to accomplish these tasks in a humane manner, it is advisable to locate the center in a quiet location, remote from treatment sites. The center should be staffed by social workers, nurses, and psychologists. A multiline phone number should be set up and publicized with the aide of the media, as soon as possible. Descriptions and digital photographs of unidentified victims should be gathered and processed. All available information concerning the victims should be shared with other hospitals, the municipality social services, and the forensic institute. This sharing of information is crucial in avoiding the situation where worried relatives have to walk from one center to another in search of their loved ones.

Spokesmanship

Today, the Internet is an increasingly important information channel, in addition to the more conservative forms of media: newspapers, radio, and television. Hospital leaders are usually ambivalent about the timing and intensity of contacts and interaction with the media. From one point of view the aspect of public relationships media is welcomed, and serves as an important component in Hadassah's national and international image. On the other hand, reporters may hinder the medical and administrative work and may also interfere with the victim's right of privacy. Finding the balance between providing information without getting in the way has been obtained through repeated experiences and ongoing communication with the reporters. The right of the public for knowledge and the reporters' hunger for information has been satisfied by frequently repeated briefings by senior trauma physicians and physician administrators. Data has been provided with maximal transparency, while "I don't know" has been considered a legitimate answer, during certain stages. Reporters have been allowed to locate in an area close enough to provide a good view of the patient admission area, but remote enough to avoid interference with the work. Victim interviews were allowed only after a while, when activities in the ED had calmed down a little bit. Acquisition of full consent and protection of patient rights were obligatory when photographing or interviewing any of the victims. The authors have come to realize that victims and their family members were sometimes eager to be interviewed and share with the public their experience and emotions in episodes that were considered to be vital national events.

VIP Visits

During our years as veteran hospital directors, the authors have never seen well-known political figures come to visit victims of traffic accidents. Terror has significant political implications,⁶ and therefore draws the special attention of politicians, but not solely politicians. Terror victims were not assaulted as individuals but were chosen as a target for an attack randomly in relation to their Israeli nationality, and therefore represent the country, even though they had no choice in the matter. Laymen and volunteers also tend

to feel more involved and flood the hospitals. Immediately following patient admission, phone calls and requests from politicians to come and visit pour in, and sometimes there are visits with little or no prior notice. As can be expected, this phenomenon was much more prominent after the assassination of the late minister Rehavaam Zeevi (Minister Zeevi succumbed to death two hours after heroic resuscitative efforts at Hadassah on 18 October 2001). The approach of hospital leaders to visits of VIPs and the public can be easily compared to their attitudes towards the media. We have appreciated these gestures but have tried diplomatically to influence their timing in order to minimize interruption of event management. Each VIP visit—especially those at the level of prime minister or president—required a great deal of coordination with security and the media. Such visitors were often overwhelmed by the emotions of the victims and their next of kin. Taking into account all these considerations, it becomes clear that interactions with political bureaus require much delicacy and patience from the most senior hospital officials.

Economic Drawbacks

The ongoing conflict has been associated with a heavy economic burden on Hadassah, as well as the entire country. Residents of Israel enjoy National Health Insurance. This does not cover Palestinians living outside of Jerusalem. The recent terror wave ended the previous partial coverage of Palestinian hospitalizations in Hadassah by the Palestinian Authority. For humanitarian reasons, we continue to hospitalize Palestinians, especially those suffering medical conditions needing emergency care. The estimated nonreimbursed cost of this has reached \$1.5 million in the last 30 months.

Other monetary shortcomings associated with the prolonged terror wave have been:

- A. A decrease in elective referrals from regions outside of Jerusalem and more so, from outside of Israel.
- B. A reduction in the volume of elective surgery performed in close time proximity to major assaults.
- C. An increase in the most severe injury patterns, as previously mentioned, many of which are insufficiently reimbursed by the Israeli National Insurance.⁷
- D. The need to bolster security, which, as mentioned in this article, was associated with very high expenses.
- E. Reinforcement of medical and paramedical staff during MCEs, which has increased manpower operating costs.

Naturally, all of these factors have increased the deficit of both hospitals by an estimated \$2.5 million annually. This additional burden has led Hadassah directors to the need for a tedious negotiation process with governmental functionaries to try and get assistance for these unexpected additional ongoing expenditures.

Staying True to Aims and Mission Statements Despite Terror

Hadassah is a busy university medical center providing state-of-the-art, advanced medical care. The authors measure part of their managerial success by maintaining this intense pace of medical care provision (e.g., an annual rate of 77,000 hospitalizations, 37,000 visits to the different daycare facilities, 254,000 visits to the outpatient clinics, and performance of 28,000 major surgeries). Our six academic schools have not been

closed for even one day despite terror incidents. Medical and basic research continued and was even enhanced extensively, renowned by prestigious publications and a rise in the number of competitive international grants awarded.

Lessons and Implications

The current terror wave engulfs the entire world from New York through Israel, Mombassa, Saudi Arabia, Bali, and Morocco. Leaders have to guide societies through this threatening phase to safe shores. Part of leadership is learning from the lessons of others and trying to avoid their mistakes.

Hadassah is a microcosm that mirrors what has taken place in Israel during the past 30 months of ongoing terror. The authors feel that the effect of terror on Hadassah reflect similar consequences seen at many institutions throughout the country, and most certainly at other emergency organizations part of or outside the medical system. Each type of organization deals with terror consequences with its own unique approach. The sole effect on many small businesses has been a significant decrease in income due to the public's fear of gathering in crowded places (e.g., restaurants); ill effects on the population's mood, with similar results; and a sharp decline in tourism to the country with ensuing hotel closures in large numbers.

Webster's dictionary defines the word "lead" thusly: "to show the way, to guide, to direct, to persuade, to precede." During terror MCEs, medical management skills are more crucial to outcomes than clinical capabilities. During an MCE, the aims of saving as many lives as possible and decreasing morbidity dictate skillful prioritization of decisions, in order to restore the balance between needs and available medical resources. The principles of the medical management of MCEs have been fully described elsewhere.⁸ In leading large hospitals and other major organizations through a massive terror wave, managers are faced with extreme challenges to their leadership capabilities. Solutions to these dilemmas cannot be learned in managerial schools, or via practice through drills. Keeping the right balance of relations between staff, patients, security, and media requires a delicate approach and ongoing communication with staff and patients. Decreasing anxieties and anger can be achieved by practicing transparency and by holding periodic joint meetings of the staff and administrators, with the aid of managerial psychologists. Good will and stamina of the staff are not sufficient to run complex institutions during a massive terror attack, especially not those emergency organizations that have to cope with terror while at the same time managing routine but critical work. Some examples of these crucial ongoing parallel activities are fighting crime; controlling traffic; evacuating patients with heart attacks, and extinguishing fires. No matter the circumstances, the authors expect each large organization to continue its developmental process and stay the course of strategic plans and mission statements. Good mutual performance should be based on positive previous experience with management and trust in the leaders.

Israel's population and, more specifically, Hadassah's staff have demonstrated a much more profound ability to endure hardship than was anticipated by previous national experiences. This can be attributed partly to proficient leadership. It may be possible to hypothesize that a portion of these leadership skills have been enhanced through a painful learning process, one that has been ongoing throughout a prolonged terror wave that has now lasted more than 30 months.

Notes

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