

Medical and Ophthalmic Photography, a Unique and fulfilling Career, by Avra Scher

Shaare Zedek Medical Centre, Jerusalem, Israel, 1984 - 2003.

Jerusalem, 1981. I read an advert for a beginner's course in black and white photography.

I owned a simple instamatic camera. The magic of creating photos captured my curiosity. I borrowed a Nikon 35 mm camera and so started my first steps in interpreting colours in shades on the scale from black to white.

Suddenly, concepts like composition, capturing a moment in the frame and creating a statement by clicking the camera, made me aware of my surroundings. This creativity, the processing of the negatives and working in the darkroom fascinated me. A white sheet of photographic paper is exposed to light shining through a negative in an enlarger. The paper is then immersed in a bath of chemicals called 'developer'. Slowly, as if someone waved a magic wand over these chemicals, an image appears. The photo becomes real and is then placed in another basin to rinse and stop the chemical process, then into the third basin. Here chemicals, called fixer, "fix"/preserve the photo. Thereafter the paper is rinsed in water. The photo is then placed aside to dry.

I was taught by a photographer who was a graduate of the Hadassah College of Technology, Jerusalem. He encouraged me to apply for the forthcoming academic year to formally study Scientific and Technical Photography. This was an intense 2-year programme. The lecturers who taught us were academic staff at prestigious Israeli institutions, the Weizmann Institute of Science, Rehovot, the Technion, Haifa and others who were well known in their specific areas of photography. Industrial photography, microscopic, studio productions, historical reproductions for archives. The rest is history and why I eventually turned to Shaare Zedek Medical Centre, Jerusalem, to train and possibly work there as a medical photographer.

I registered as a volunteer and learnt from the medical photographer. It was a challenging time. I had to acquire an understanding of being professional as well as being attentive to the patient's needs while simultaneously clicking the camera and obtaining a clear photograph (or slide) for the medical team to use as a reference. It was also a time to assess whether I was emotionally capable of working with a camera in hand in the hospital setting.

Surgery was super interesting. I was so involved in observing, close up, the intricate ways of healing patients. My work day took me to all different departments of the hospital.

The first new born I photographed, was born with 6 fingers and 6 toes, 'polydactyly', on both hands and feet. The senior doctor on duty explained the situation and wanted me to photograph the hands and feet. My reaction of saying "oy" to the doctor was answered by his saying, "rather one extra finger or toe that can be removed with minor surgery as opposed to being born with one finger or toe less!" That was a lesson for life.

It certainly put perspective on the many sad, tragic and heartbreaking scenes that I would see through a lens in the future. The scale was balanced by an incredible number of successful results that were photographed and documented, in comparison to the initial situation that had been placed in the patients' files.

Ophthalmic photography is a highly specialized form of photography. This really caught my attention and I was immersed in it like a fish in water. Within the outpatient ophthalmology clinic there was a room with a retinal camera which was setup for ophthalmic photography.

Ophthalmologists referred patients there to undergo a procedure, fundus fluorescein angiography (angiogram). One or both eyes were then dilated. I started by taking a clinical photo



(Kodachrome colour slide film) of the retinal area

that needed documentation. A doctor then injected the fluorescein dye intravenously into the patient's arm. The patient sat opposite me, the camera focused on the retina and within 10-12 seconds the dye starting flowing in the blood vessels. I would photograph quickly to capture the flow, switching between both eyes, if needed. Here, I used black and white film, a roll of 36 exposures for each patient.



Sunday and Tuesday, were ophthalmology days, Thursday, time was spent with Plastic Surgery patients. The range was diverse and interesting. There is such a difference between essential surgery and aesthetic elective surgery. The latter were photographed pre and post-surgery, mainly for legal purposes.

The rest of the week I was busy in other departments, surgery and pathology (not one of my favourites). All film had to be processed in the dark room. Besides patients, I photographed slides for medical presentations, as well as for national and international conferences. Prior to preparing slides that were typed (pre-Power Point, Excel) in English, I read and checked for typo errors. I prepared photographs that accompanied medical papers for publication in medical journals. This included photographing X rays, CT scans, Ultra Sounds and printing

black and white photos. Patients' photos were also included for publication. This enabled the reader to visually understand the syndrome, defect or procedure that was described.

The saying "being in the right place at the right time" aptly describes my situation at work. The in-house photographer was planning a year's leave of absence to go abroad with his family. I became the substitute. Towards the end of that year, I understood that he had not notified Shaare Zedek whether he intended returning to Israel and to his position. I officially became the medical and ophthalmic photographer of Shaare Zedek Medical Centre.

December 1987, the start of the First Intifada / uprising, terrorist attacks within Israel. The Second Intifada, began September 2000. These were devastating times of terrorist attacks blowing up civilian busses, detonating bombs in restaurants or on busy city centre streets and at 'Machane Yehuda' open market.

Ambulances were rushed to the Jerusalem hospitals. I was positioned at the entrance to the Emergency Room, Shaare Zedek. There were many wounded victims who were in a state of shock and/or had no identity number (ID card) on them. The initial medical teams checked the patient. Then I was asked to photograph the face (if it was not severely injured), a birthmark or any other signs (for example, scars). These Polaroid photographs were numbered and matched the identical number on the temporary chart. One set remained with the patient. Another set was handed to a social worker. This was taken to the Information Centre which was set up by social workers who met up with families desperately looking for their relatives. They were first shown my photographs instead of walking amongst all the wounded and the exceptional, and extremely busy medical staff.

We had many practice runs with the Israeli Defense Force, Home Front teams. These exercise drills enhanced our expertise when performing our duties in times of real disasters.

In the mid 1980's 'Operation Moses', during the mass aliya of Ethiopian Jewry, 8000 were assisted in crossing very rough terrain to Sudan. In May 1991, during 'Operation Solomon', within 36 hours, 14,300 Ethiopians were airlifted from Addis Ababa to Israel. This was an extremely complicated operation involving 35 aircraft.

After assessing the situation and the role they were to play, the Shaare Zedek administration made a phenomenal humane decision. They decided not to divide the families into the different medical departments, depending on age group, medical issues and illnesses. Rather, an integrated, one stop department was set up which was then used by the various specialists for examining the patients. I was proud and honoured to be part of the team. In the afternoons, after work hours, I volunteered with many others, to spend time with the children. We introduced them to playing games, puzzles, toys and reading to them.

We taught them basic Hebrew words and encouraged them to try and speak the new language that they were hearing in their new surroundings. It was a time of giving, but the receiving in return was just as rewarding. This was a bonus for me.

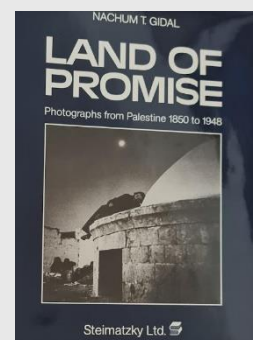
One day the Director of the Emergency Department paged me to photograph a young woman. A Social Worker was waiting to quietly explain the situation to me. This particular patient had "dishonoured" her Moslem family by being in a relationship prior to marriage. It was her brothers' fate to punish her and inflict the "honour killing" on her. They took her to an abandoned building in a deserted area. There she was beaten and cigarettes were stubbed out on her hands and feet. They lashed out at her until they were convinced that she would die a slow death. They departed when the "honour killing" had been accomplished, or so they thought. She managed to gather some strength and crawled out of the building. Israeli Defense Force soldiers were patrolling the area in a jeep and noticed this forlorn, beaten and dehydrated woman on the ground. They immediately checked her and spontaneously called for a Magen David Adom ambulance to provide medical assistance.

Her feet were burnt and fibres from her socks were imbedded in the raw skin. Her body was oozing with infection from all the lacerations. The team slowly helped her sit up and I photographed her lower back. I was appalled, angry and shocked at what my eyes were witnessing. The brothers had used a knife to carve Saddam Hussein's name in Arabic across her back. The time period was early 1991 and Saddam Hussein, President of Iraq, was on the verge of sending scud missiles to "destroy Israel". These brothers regarded him as their hero. 'Operation Desert Storm', started January 17, 1991.

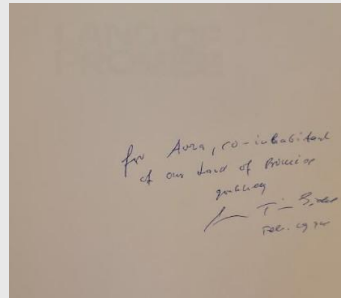
She was in such pain and yet so grateful when a gentle hand touched her or a kind voice was directed to her. All that she managed to murmur was 'shukran', 'thank you' in Arabic.

During the 1990s there was a mass aliya from the former USSR. The staff of Shaare Zedek increased significantly thanks to these new immigrants. They were determined to become part of the mosaic of Israeli society as quickly as possible. Once again, I, an 'olah', from Durbanville, Cape, South Africa, felt that I was living history in the making.

I met many interesting and well-known personalities. One was a world-famous photographer and photography historian, Tim Nachum Gidal (1909 - 1996). He had published several books and I had copies of them on my shelves at home. I mentioned this to him. His immediate response was "bring them in when I have my next appointment". I did, he wrote a dedication and signed them. I could not believe that I was photographing the same eyes that had



witnessed phenomenal historical moments of sweeping events through the 20th Century. He had photographed Adolf Hitler in 1929, a casual shot of him with comrades at a coffee shop in Germany. In contrast, he photographed boatloads of Jewish refugees, survivors of the 'Shoah' / the Holocaust as they reached Haifa. A few weeks after I photographed him, I received an invitation to the opening event of his exhibition at the national Israel Museum, Jerusalem.



The then State Attorney was another personality whom I thoroughly enjoyed talking to. Years later I saw him in our neighbourhood. I stopped to chat; he wasn't well and was grateful that I took a moment to ask him how he was.

The time for closure arrived; once it was official that I was appointed the medical and ophthalmic photographer, Shaare Zedek, I called the photographer who originally taught me and filled him in on my current position. I thanked him for seeing potential in my photography and encouraging me to study and make it my profession. He was taken aback and told me that the South African manners that my parents ingrained in me, will always stand me in good stead, no matter how many years I live in Israel.

Many people have asked me how I coped emotionally while photographing certain heartbreaking and very sensitive situations during my career as a medical / ophthalmic photographer.

While active on the job, I concentrated on the workload. I learnt rather early in my career to use the camera as a barrier against getting emotionally involved. Once I was away from the hospital, after a tough day, it hit hard.

To this day, so many years later, when I hear on the News that ambulances are rushing to Shaare Zedek, I have a *deja vu* and memories come flooding back. We live near the hospital so it's not unusual to hear one or two ambulances passing by almost on a daily basis. These I hardly notice.

It's the sirens that jolt my memory.....

I was officially on staff for 18 years. (Mid 1984 - mid 1985, volunteering to learn and practice being a medical photographer). Eighteen written in Hebrew letters, "chai" means life. Every time I walked out of Shaare Zedek Medical Centre, I looked upwards and thanked the Almighty for life and good health.

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