

# St John Eye Hospital Group

*Ancient Order ~ Modern Hospital ~ Future Challenges*

*Going into 2019: A Perspective and Factsheet on St John Eye Hospital Group*

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## St John of Jerusalem Eye Hospital Group (SJEHG)

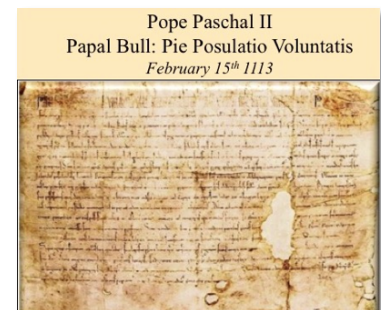
St John serves the Palestinian people of East Jerusalem and the West Bank of Israel, these stretching from Tulkarem in the north<sup>1</sup> to Rafa in the southern reaches of Gaza<sup>2</sup>. The region has suffered periodic upheaval since 1948, and her history is shared by all three monotheistic religions. Today, one thousand years after the Order began, St John continues to provide healthcare care across the region. SJEHG is the only charitable provider of ophthalmic services in a growing and vulnerable population, and is supported by the Pories of the Order of St John across the world, without whom the Hospital Group could not continue.

## Ancient History



The origins of the Hospital of St John are obscure. Historical records describe a hospice within the city walls in the 7<sup>th</sup> century, and that by 1023 the traders from the north Italian Amalfi coast, under the auspices of Gerard Tum (1040 – 1120), had assumed ownership and responsibility of an establishment which provided a service to the sick and dying.<sup>3</sup>

Ninety years later, in 1113, Pope Pascal II issued a papal decree granting a religious order to the Amalfi traders, and the Order of St John, *responsible to the Holy See alone*, was born.



Of interest, the injunction to *treat all patients irrespective of race, religion and creed* (that is, the service of Mankind) predates the Italian ownership of the hospice, and can be traced to the Arabic hospitals of the time, also called the Bimeristans, themselves an evolution of earlier Persian hospitals. Indeed, the term ‘Muristan’, also referring to a sector which exists to this day within the Old City of Jerusalem, is derived from the Persian *Bimarestan* ( بیمارستان ) meaning ‘Hospital’. In the Islamic world, ‘Bimaristan’ described well-funded and staffed hospitals where the sick were treated by the most qualified physicians of the day, with the most modern medical facilities available.

<sup>1</sup> ‘Tur Karma’ is located in the foothills of the Samarian mountains, and is known for its fertile soil and vineyards. In Aramaic ( **טור כרמא** ), Tulkarem means ‘mount of vineyards’.

<sup>2</sup> ‘Rafah’, also known as ‘*Rafiah*’, is located in the southern Gaza Strip. With a population of some 120,000 (UNRWA, 2018 data), it is formed largely of refugees entirely dependent on outside aid for their survival.

<sup>3</sup> The arms of the Amalfi traders formed the basis of the now-familiar eight-pointed St John cross.



Thus, the history of the Hospitallers began almost a thousand years ago, with hospitals established in Jerusalem, Acre, and, as they withdrew westwards, in the ports and island bases of Rhodes, Bodrum, Sicily, and Malta. The monastic Order of St John provided medical care from 1023 until the capture of Malta in 1798 by Napoleon, spanning over 775 years.

## Queen Victoria and the Rebirth of the Order of St John in the United Kingdom



Although European branches of the Order of St John remained active, the English Order was dissolved in 1564 after the Dissolution of the Monasteries by King Henry VIII.<sup>4</sup> But the Hospitallers' legacy was not forgotten, and, doubtless unaware of the profound influence she would exert in the region for generations to follow, Queen Victoria issued a new Royal Charter in 1888, thus rekindling the spirit of the Hospitallers in the Latin East.

With trachoma being the greatest cause of blindness at the time -- also known as the 'Mesopotamian scourge' in 2000BC, and the 'Egyptian Ophthalmia' which blighted the Napoleonic campaigns in the late 18<sup>th</sup> century -- it was decided to build an eye hospital in Jerusalem. While the medieval hospital had stood in the Muristan district of the Old City, in 1882 a new hospital was built on the Hebron Road opposite Mount Zion. Between 1949 and 1960 the hospital moved to

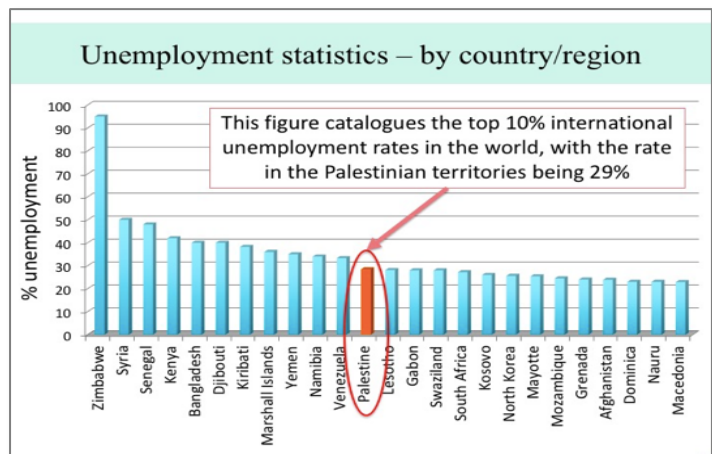


Watson House and Strathearn House and, with increasing clinical demand, in 1960 was rebuilt in its present location in Sheikh Jarrah in East Jerusalem. Since then the Hospital Group has expanded further, bringing care into all parts of the West Bank and Gaza.

<sup>4</sup> The Order was actively suppressed by King Henry VIII between 1536 and 1541. Restored by Queen Mary I in 1557, its estates were once again confiscated in 1559 by Queen Elizabeth I. The Order effectively fell into abeyance in 1564.

## Ophthalmic Disease in the Palestinian Population

For various reasons, both congenital and acquired eye diseases are prevalent amongst Palestinians, with the rate of blindness being ten-fold higher than in developed countries. Unemployment is high, and poverty levels are some of the worst in the Mediterranean region: over three quarters of people in East Jerusalem live below the poverty line, almost a third of Palestinians are unable to find work, and 80% of Gazans rely on international aid to survive. With almost one third of the population being under the age of ten, the incidence of congenital squint, infantile glaucoma and cataract are particularly high. Compounding these figures, and the suffering within the population, are high levels of consanguinity: half of all marriages within Palestine are intra-familial, increasing the risk of all inherited disorders, including eye disease.



In the adult population, cataract, glaucoma and diabetic eye disease are sadly common, with severe and devastating diabetic retinopathy occurring at a much younger age than in the UK. One in eight of the population are diabetic, and the risk of irreversible blindness due to diabetic retinopathy, when controlled for other factors, is increased 25-fold. Contributing influences include a carbohydrate-rich diet, lack of awareness of the condition (and therefore late presentation), and, until recently, no effective diabetic screening program. Unfortunately, in many cases patients present with advanced disease and irreversible sight loss due to retinal ischaemia or detachment. Although there *are* other eye units in the West Bank, only the St John group is sufficiently staffed and equipped to deal effectively with all elective and emergent ophthalmic disease.

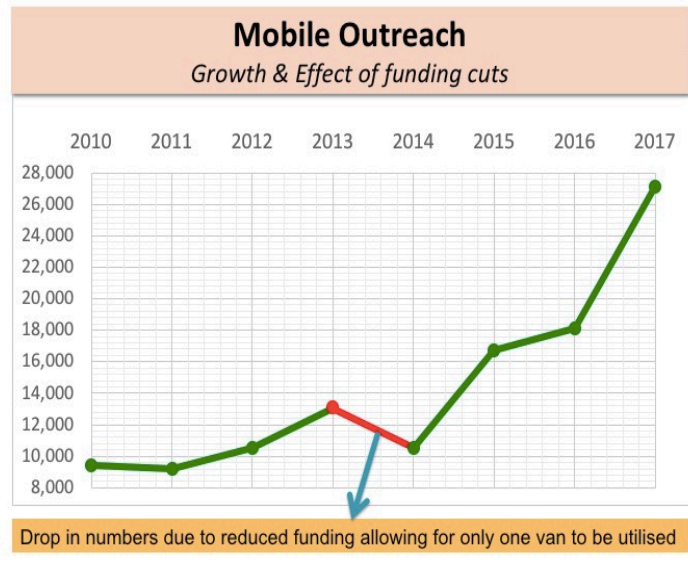
## St John Eye Hospital Group: A Modern Ophthalmic Hospital



In 2018, St John provides comprehensive ophthalmic facilities to all patients, with nearly all coming from East Jerusalem, the West Bank and Gaza. The total catchment population numbers over 4.5 million, of which about 1.2 million people live in refugee camps in the west Bank and the Gaza strip, and a great majority are dependent on international aid for their survival. In 2017, SJEHG treated over 135,000 patients, and 5000 major operations, these numbers rising by about 60 % over the past ten years.

The Hospital Group is formed of (i) the main hospital in Jerusalem (with Mobile Outreach operational from both Jerusalem and Gaza), (ii) the recently opened Muristan clinic, developed on the same land as the ancient St John Hospice in the 11<sup>th</sup> century,<sup>5</sup> (iii) a smaller unit in Anabta in the north,<sup>6</sup> (iv) the recently-opened Hebron hospital in the south,<sup>7</sup> and (v) the new hospital in Gaza<sup>8</sup>. The latter is capable of operating independently from Jerusalem, and is essential to the future of eye care in this region given the vicissitudes of travel between Gaza and Israel.

For those patients unable to travel to one of the St John clinics, the mobile outreach team takes essential eye care to a population of over 2.5 million people scattered across isolated communities in the West Bank, of whom over a third are under the age of 18. This team also liaises with the relevant authorities to obtain travel permits for patients with complex eye disease and who need to be treated in Jerusalem. In 2017 over 18,400 patients were screened, treated, or referred on to one of SJEHG's treatment centres. Mobile Outreach also provides vital access for diabetic retinopathy screening.



The Hospital group provides treatment for all forms of eye disease, including childhood disorders such as cataract and squint, external eye diseases (allergic ocular surface disease and acquired corneal pathology being particularly common), oculoplastic disorders (such as eyelid malpositions, tumours, and watering eyes), all retinal conditions including diabetic eye disease (with a dedicated retinal treatment suite), cataract surgery (with over 3200 operations performed in 2012), glaucoma, and a 24 hour emergency service, to name but a few. With its



own orthoptic department and nursing school, diagnostic facilities, on-site pharmacy, theatre suites in Jerusalem and Anabta, and in-house bioengineering support services - and all provided with local expertise - the Hospital is equipped to deal with the volume, diversity, and complexity of ophthalmic work in this region.

<sup>5</sup> The Muristan clinic was opened in 2016, and in 2017 saw almost 1000 patients. In November 2017 a school screening project was opened, seeing 200 children in the first week.

<sup>6</sup> The Anabta clinic serves ~ 1 million inhabitants in the isolated north of the West Bank, focussing on the referral and treatment of diabetic and paediatric patients. In 2017, over 20,000 patients were treated.

<sup>7</sup> This clinic in Hebron provides secondary care to the 500,000 residents of Hebron and the surrounding villages. Facilities include a modern clinic, ophthalmic lasers, and two operating theatres.. More than 12,400 patients were treated in 2017, and 420 operations carried out.

<sup>8</sup> Over 1.5 million refugees live in Gaza, one of the most densely populated areas in the world. Over three quarters are dependent on international aid for food and medicine. In 2017, 27,600 Gazan patients were treated at the St John clinic, and 900 operations performed.



In recognition of such comprehensive facilities, and the standard of care offered, SJEHG has twice been awarded international accreditation by the US-based ‘Joint Commission’ (JCI) for quality and patient safety, this being a significant recent milestone both for the Order, and the Palestinian healthcare system. With financial support of the EU (~ £2M), and the backing of the WHO, the St John Hospital group is also a member of the World Association for Eye Hospitals.

## SJEHG: The Financial Road Ahead

St John Eye Hospital Group faces a number of new, and largely unpredicted, financial pressures in the short- to mid-term. Being a charitable organisation, and largely dependent on voluntary aid, the Group is faced with an ever-rising demand for ophthalmic care across East Jerusalem, the West Bank and Gaza, where medical and surgical activity has escalated by over 60% in the past 10 years alone. While there is no *immediate* threat to the provision of these services (*with the exception of the Outreach Programme, for which funding has not yet been secured beyond 2018*), the clinical and financial pressures are formidable and set to continue into the foreseeable future.

### Financial pressures on SJEHG

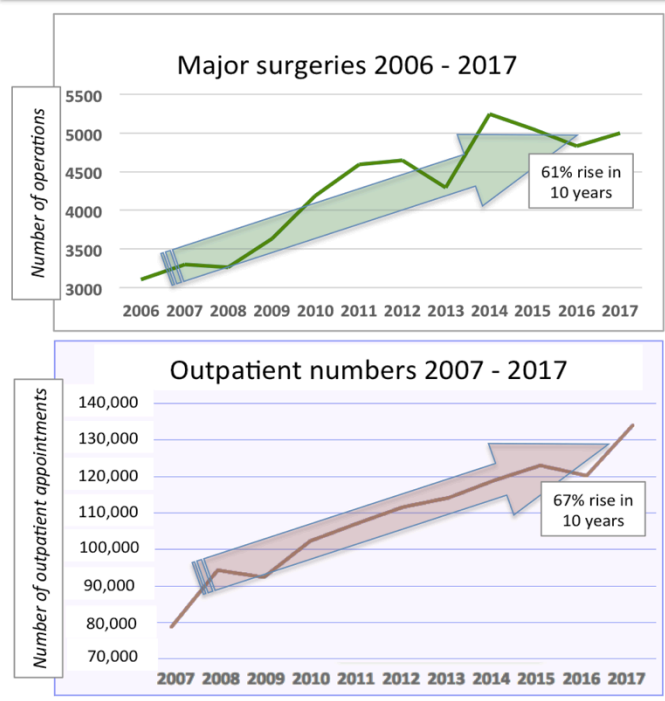
- (1) Growing demand for ophthalmic clinical services
- (2) BREXIT – *and the effect on exchange rates*
- (3) Regional rise in the minimum wage
- (4) Regional rise in end-of-term benefits
- (5) Reduced international funding to the Palestinian Authority and to the UN Relief Works Agency (UNRWA)
- (6) Reduced aid in projects grants from USAID

On the 23<sup>th</sup> June 2016 the UK voted to leave the European Union. This further weakened the value of Sterling against the new Israeli shekel, and is relevant because whilst the Hospital Group predominately fundraises (and has liquid assets in) pounds, it pays for goods, services, and local salaries in shekels. Indeed, the historic devaluation of the pound over the past decade has reduced local purchasing power in Israel by over a fifth.

Furthermore, the significant rise in the minimum wage across Israel, and its impact on end-of-service benefits, has further increased costs by a further \$500k per annum.

Of more immediate concern, however, is the recent international reduction in funding to the Palestinian Authority (PA) and the UN Relief and Works Agency (UNRWA). Almost half our entire patient income is from Palestinian government-funded medical insurance, and this in turn is covered by the PA and UNRWA. A mid-conservative forecast of the resultant deficit for Hospital Group, making calculated assumptions on future patient numbers, likely PA/UNRWA payments, etc, is in the region of \$625k to \$750k per annum. Compounding this deficit, these organisations are *already* major debtors to SJEHG (with no indication as to when and if payment will be made), and specific project assistance from USAID has *also* been cut, this further reducing our income and jeopardising on-going projects.

Figure showing rise in provision of outpatient and surgical services over the past 10 years



Thus, and despite careful financial management, these parallel pressures place SJEHG under major financial strain, perhaps more so than in the 1980s when the very future of the Eye Hospital was in the balance. Now, in 2018, the pressures are of a different nature, essentially stemming from the immediate shortfall from the PA, UNRWA and USAID, and against a backdrop of the devalued pound and rising staff-related costs.

In summary, these shortfalls could jeopardise the Group's ability to provide the full spectrum of ophthalmic care across all of its units. We are encouraged in our efforts to work closely with individuals and organisations whose generosity will support SJEHG, enabling it to continue providing this life-changing care to vulnerable and impoverished men, women and children in a very difficult part of the world.

## Summary



The Order of St John has evolved into a modern, efficient and effective charitable provider of ophthalmic care. And yet, despite the palpable dedication and professionalism of every staff member, supporter and donor, the need for eye care in this population – and the demands on the Hospital Group -- seem to rise with each passing year. Coupled with the emergent financial challenges ahead, we shall need to work more closely than ever before if SJEHG is to withstand these challenges. We

shall need to reconsider our governmental, corporate and institutional funding bases, working with new partners who can help us become more sustainable and resilient in the years ahead.

Our Order is defined by compassion, organisation, efficiency and practical action. For all our vulnerable patients, their families, and the staff of St John, let us work tirelessly with one common purpose: to support the Eye Hospital Group in Jerusalem, so that its future is secured for as long as there remains even one man, woman or child suffering needlessly.

We shall achieve this if we stay true to the motto of St John: *Pro Fide, Pro Utilitate Hominum.*