



The St John Eye Hospital Group Historic Order, Modern Hospital

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Can you tell me a little about your own background?

I was first introduced to the Eye Hospital of St John in 1985 by my grandfather, an Apothecary and colleague of the Order Hospitaller at the time, Sir Steven Miller. Although brief, my medical student elective in Jerusalem was a formative early experience: on my return I embarked on a career in ophthalmology, and returned to Jerusalem in 1993 for a full year. With the backing of the medical eye unit at St Thomas' Hospital in London, I conducted a project into a disorder called 'Behçet's syndrome'. Also known as the 'Silk Road disease', this systemic autoimmune vasculitis is encountered on the ancient trading routes between China and the Mediterranean basin, probably reflecting the earliest patterns of human migration between the continents. Associated with a peripheral and retinal vasculitis, it has no known cause or effective cure, and in its most severe form leads to profound visual loss, often in young people. I collected clinical and genetic data from patients across the West Bank, and extended the work to Amman in Jordan, returning to both countries over the subsequent years to complete the project. Later visits to Jerusalem were made with Mr Tony Tyers from Salisbury, a senior colleague and great friend, whose own personal contribution to the Order over the past 20 years is widely recognised.



What is the history to the work of the St John Eye Hospital?

St John serves the Palestinian people in East Jerusalem and in the occupied territories, stretching from Tulkarem



The Old City



The St John Eye Hospital in Jerusalem

in the north¹ to Rafa in the southern reaches of Gaza² This Eastern region of the Mediterranean has suffered periodic upheavals since 1948³, and has a chequered cultural history shared by all three of monotheistic religions. But the history of the Order of the Hospitaller Knights in the Eastern Kingdom begins almost a thousand years earlier, with hospitals established first in Jerusalem, then Acre,

and subsequently, as they withdrew westwards, in the ports and island bases of Rhodes, Bodrum, Sicily, and Malta. A monastic Order which provided medical care from 1023⁴ until the capture of Malta in 1798 by Napoleon – spanning some 775 years - is a remarkable achievement. However, although European branches of the Order remained active, the English Order was dissolved during



Cataract patient being led to the operating suite

the Dissolution of the Monasteries by King Henry VIII in 1564⁵. But the Hospitallers' legacy was not forgotten, and, doubt-less unaware of the profound influence she would exert in the region, Queen Victoria issued a new Royal Charter to the Order in 1888, thus rekindling the spirit of the Hospitallers in the Latin East. With trachoma being one of the greatest causes of blindness at the time (previously known as the 'Mesopotamian scourge' in 2000BC, and the 'Egyptian Ophthalmia' which blighted the Napoleonic campaigns in the late 18th century), it was decided to build an eye hospital in Jerusalem. While the medieval hospital had stood in the Muristan⁶ of the Old City, in 1882 a new hospital was built the on Hebron Road opposite Mount Zion. Between 1949 and 1960 the hospital moved to Watson House and Strathearn House and, with in-creasing clinical demand, in 1960 it was rebuilt in its present location in Sheikh Jarrah in East Jerusalem.

What services does the St John Eye Hospital Group provide?

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 4.3 million, of which about 1.2 million people live in refugee camps in the west Bank and the Gaza strip, and the vast majority are dependent on international aid.

The Hospital Group is formed of the main hospital in Jerusalem, a smaller St John unit in Anabta in the north, the Hebron clinic in the south, and a clinic in Gaza city. Plans to build a new self-contained hospital in Gaza are well-under-way, with over 30,000 outpatients treated at the current Gaza clinic in 2013. A hospital in Gaza, capable of operating independently from Jerusalem, is



Bedouin patient attending St John mobile outreach clinic near Hebron



Children attending for orthoptic assessment at a mobile outreach clinic

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 isolated communities across the West Bank. This serves a catchment population of over 2.5 million people, with over 10,000 patients (a third under the age of 18) being treated across the West Bank in 2012. 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.

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 and complexity of ophthalmic work in this population.

Why is this work so important?

For various reasons, both congenital and acquired eye disease amongst Palestinians is high, with the rate of blindness being ten-fold higher than in developed countries. In 2012, over 110,000 eye patients were treated

by St John across its four main sites and mobile outreach clinics, this being over double the number in 2006. Almost one third of the population is under the age of ten, with the incidence of squint, infantile glaucoma, cataract and trauma being higher in this group than in other Mediterranean countries. Among adults, cataract, glaucoma and the complications of diabetes are blinding conditions, with severe diabetic retinopathy typically occurring at a far younger age than in the UK. One in eight of the population are diabetic, and the risk of irreversible blindness, 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. However, on this point St John now has funding for the first such program, due to begin in 2014. Unfortunately, in many cases, the disease can at best be stabilised; at worst vision is irreversibly lost due to retinal ischaemia or detachment. Although there are other eye units in the West Bank, some well-equipped and staffed, only the St John group has a full complement of facilities to deal with virtually all elective and emergent ophthalmic disease. In recognition of such comprehensive facilities and the standard of care offered, in 2012 St John Eye Hospital was awarded international accreditation by the US-based 'Joint Commission' for quality and patient safety, this being a significant milestone both for the Hospital Order, and the Palestinian healthcare system. Thus, with the financial support of the EU (to the value of €2.4M) and the backing of the WHO, the St John Hospital group is now a full member of the World Association for Eye Hospitals, truly an achievement for the Order and all of its staff.



Author with senior colleague Mr Tony Tyers on a working visit to Jerusalem

Can you describe some anecdotes which underline the important work it undertakes?

I recall numerous patients from my year spent there in 1993, and the working visits since. Although many come to mind, some stand out. I shall always remember an elegant Bedouin lady in her 50's who was brought to the Jerusalem clinic with a progressive, disfiguring neurofibroma involving her eyelids and upper face. For most of her adult life she had worn a shawl to cover face, both at home and in society generally. With the expertise of visiting surgeon Mr Tyers she underwent a five hour operation to remove this lesion and reconstruct her eyelids, and can now face the world with a new confidence.

On one visit, I met a mother who had arrived carrying her little boy who had a rapidly progressive tumour behind the eye. Her journey to the hospital took two days on foot - but eventually she found a way through the desert hills and around the blockades, and arrived exhausted. Her child, Yaeish, had all the characteristics of a potentially lethal and rapidly growing tumour, a rhabdomyosarcoma, behind the eyeball. With

all the skills of the nurses, anaesthetists and surgeons, the boy underwent urgent excision of the tumour with preservation of the eye and eyelids. Requiring general medical investigations and systemic chemotherapy, his care was transferred to the Hadassah oncology department where he received successful state-of-the-art treatment for this life-threatening disease.

On another occasion I was involved in the care of a 2 year old child with congenital glaucoma. His eye had become distended and opaque due to a build-up of pressure (so-called 'buphthalmos' or 'ox eye') and his

sight could not be recovered. He underwent surgery with removal of the inner coats of the eye and reconstruction of the socket, allowing him to wear an artificial eye, and, I hope – now some 6 years later – to go to school with confidence and be successful, despite having only one seeing eye. There are too many other patients – each with their own story – to recount, but my overarching recollection of the work at St John is that patients are seen and managed with great professionalism and expertise, with a high standard of care and attention.

What difficulties does the hospital encounter as a result of its location in Jerusalem?

The expansion of eye care to the West Bank and Gaza began in the 70's with mobile outreach clinics bringing ophthalmic expertise to the more distant villages. There remains the perennial difficulty of access to the hospital for many patients, unfortunately exacerbated by roadblocks, curfews, and the building of the West Bank barrier in 2005, and thus the Hospital group has committed to a program of structural development beyond Jerusalem itself, as already mentioned. The building of the Gaza hospital will be a significant milestone in the history of the Order, bringing more predictable eye care to this very challenging region.



Local children benefiting from the work of the hospital

Are doctors who visit Jerusalem putting themselves at personal risk?

The short answer is that the risk of living and working in Jerusalem is probably no different to living in certain parts of London or any other large city. So long as sensible precautions are taken, the perceived risk of working at St John (being just that, perceived more than real) should not discourage potential visitors. I remember only two occasions during my early visits when, with hindsight, I was at risk. On the first, whilst visiting during one of the Intifadas, I found myself locked in the Old City after dark and was summarily marched out under armed guard for my own protection! On another occasion, while exploring a wadi close to the Dead Sea, I was confronted by several youths, but fortunately explaining my connection with the Hospital in the most basic Arabic immediately diffused the situation. I should also mention that I have travelled extensively in Israel (i.e. outside the West Bank) and again encountered no specific danger, although the traveller should be warned of the inherent risks of driving in this part of the world, and keep his (or her) wits about him.

Do you believe that by tackling blindness, and by working for the preservation of sight in the region, St John is tackling poverty?

All attempts to improve health are met with an improved economic outlook – particularly in this region where the population is young, and disease tends to affect economically active individuals. The benefits of employment, and conversely the consequences of unemployment, are heightened in the Palestinian population because entire families (and these can be sizeable) sometimes rely on the income from one or a few working members, and loss of income can be devastating. In the case of eye disease, restoring eyesight to a level sufficient to work (this clearly depending on the employment in question) certainly does tackle poverty, particularly where a family's income is already tenuous.

What support is offered to families who cannot afford the treatment they need?

Most patients treated by the St John group are close to, or below, the poverty line. For the poorest, the Hospital undertakes an assessment with a social worker. Where families cannot contribute to their treatment, the Order will cover all costs incurred and reclaim as much of the shortfall as possible from the Palestinian Ministry of Health. For refugees in the West bank - most existing beneath the poverty line - the United Nations Relief and Works Agency (UNRWA) will cover costs but only for the first three months of the year. For the remaining 9 months, all medical and surgical costs are met by St John from charitable donations, and thus no patients are turned away.

How is the Hospital Group funded?

Almost half of the Hospitals costs – these exceeding £8 million in 2012 – are met from individual and governmental donations. A further third or so comes from patient income, a fifth from the various Order Pories across the world, and about 3% from investment income.

Does the hospital engage in politics?

The Hospital Group's chief aim is to provide eye care to those who are either uninsured, or to those too poor to cover all their medical costs. It has good relations with the Israeli authorities and has forged strong links with the Israeli Hospitals and Israeli medical colleagues, many of whom support and promote the work of the Hospital. Thus, although St John does not engage in politics per se, its work involves crossing the political 'divide' on a daily basis, being a constructive influence in this very difficult region. In recognition of these activities, the Hospital Group was recently awarded the coveted 2012 Gandhi Foundation International Peace Prize.

Can I help the work of the St John of Jerusalem Eye Hospital?

Of course – your contribution will be used effectively for ophthalmic patients in this region. In 2012, over 90% of all charitable donations went directly to running the Hospitals and clinics, with only 6% spent on administrative costs, and 4% on the cost of generating funds. Your contribution to the St John Group can make an immediate difference, enabling cataract or squint surgery, or treating an injured patient. More substantial assistance would help the Group to build its flagship new hospital in Gaza, helping refugees and contributing to stability in the region.

If you would like to support this work, please contact the Director of fundraising below, and visit the Hospital website to discover more about the work of the Order. Thank you for your interest in the sight-saving work of St John Eye Hospital.

- 1 'TurKarma' is located in the foothills of the Samarian mountains, and is known for the fertility of the region and its vineyards. In Aramaic (אמרכרוט), Tulkarem means "mount of vineyards".
- 2 'Rafah', also known as '*Rafiah*', is located in the southern Gaza Strip. Rafah's population of ~72,000 is largely formed of refugees who are dependent entirely on outside aid for their survival.
- 3 This marking the end of the British mandate period.
- 4 Considered to be the date that the first Hospital was established in Jerusalem. The Hospitallers became associated with a hospital in the Muristan district founded by early Italian merchants from Amalfi and Salerno, which was then dedicated to St John the Baptist by Blessed Gerard Thom. The arms of the Amalfi traders formed the basis of the now familiar eight-pointed St John cross.
- 5 During the Dissolution of the Monasteries between 1536 and 1541, the Order was actively suppressed by King Henry VIII. Although it was restored 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.
- 6 'Muristan' itself is derived from the Persian *Bimarestan* (ناتس رامرب) meaning 'Hospital'. In the Islamic world, 'Bimaristan' referred a hospital where the ill were cared for by qualified staff.

St John of Jerusalem Eye Hospital Group

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