



HOLY FAMILY HOSPITAL of Bethlehem Foundation

HOLY FAMILY HOSPITAL OF BETHLEHEM UPDATE SPRING 2024 AMBASSADOR MICHELE B. BOWE, GCM

As the war continues to rage on in Gaza, Bethlehem is increasingly suffering the effects. Since the economy is very dependent on the pilgrimage industry, 90% of the workforce is without salaries. Inflation is rising, especially for fresh fruits, vegetables, and meat. Work permits for most workers in Jerusalem have been cancelled leaving tens of thousands from Bethlehem without work.



Hotels are shuttered and most restaurants are closed. Many businesses have failed or simply closed for the duration of the war. Beggars, never seen before, are cropping up in the streets. Patients are unable to contribute to their care as they once did in the past. While many services are free of charge (Mobile Clinic Care, Menopause Clinic Care, Gestational Diabetes care), all others are subsidized by 50%. The two social workers meet with the poorer patients and can offer sliding scale coverage all the way down to services at no charge. These services are covered by the Poor Case Fund.

Requests for Poor Case Fund coverage have increased by about 50% or more since the beginning of the war. The situation is such that patients choosing to have medical care are often foregoing meals, heating or electricity. Medical care has become a luxury few can afford. In response, we have increased the funds available to help subsidize services for all patients.

Palestine rents the New Israeli Shekel from Israel and cannot print cash to help suffering citizens. There is not a governmental safety net to keep people out of poverty. Instead, families make their tables longer and one salary is now regularly covering over 20 people. The Pastor at the local Catholic Church reports that poverty is increasing at 20% per month. Household financial reserves were wiped out during the Covid Pandemic and 18 months was not enough to replace them. It is estimated that it would take a decade to recoup the losses in Bethlehem.



The war has no end in sight. Israeli Army and Security Forces enter Bethlehem most nights. They search the 3 local refugee camps and often arrest men and sometimes women and children taking them away for unknown amounts of time. There is an air of fear which deepens at night. There are frequent clashes with heavily armed settlers and the villages and rural roads are not safe. The Mobile Medical Clinic was unable to make its rounds in Area C among the Bedouin and isolated villages from October 8 through February 11. While the security situation has not improved, the Mobile Clinic is back in service using goat paths and back roads to avoid settlement areas and military checkpoints. The employees are dedicated to serving those with barriers to care and they could no longer bear the lack of access to care for those in Area C.

Holy Family Hospital is adapting to best meet the needs of the families of greater Bethlehem. The employees have been working 12-hour shifts to avoid travelling in the nighttime hours. The Hospital is supplied for three months and has procured two new generators to fully supply the Hospital with electricity and a backup generator in case of need. A new diesel fuel tank with twice the capacity has been installed and water storage capacity has increased. Operating under



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wartime conditions is not new to Holy Family Hospital as it has survived 5 wars and the Intifadas. The employees are knowledgeable about disaster plans and the staff willingly adapt.

Patient statistics demonstrate the economic and security difficulties of the war. The number of deliveries has decreased because patients coming from the south are less able to travel. Women used to regularly pass other hospitals to seek the higher level of care at Holy Family Hospital. This is no longer prudent. Some women have delivered at home rather than using the roads at night.



NICU (Neonatal Intensive Care Unit) admissions have spiked. In January, 17% of babies born at the Hospital were admitted to the NICU. In February, it was 16%. In 2022, the percentage of NICU admits was 12%. This represents about a 30% increase so far this year. The length of stay in level III care is 68% greater than in 2022. The babies in the NICU are sicker and more fragile and require longer NICU stays.

Clinic visits at the Hospital for prenatal care have fallen as have pediatric visits. In contrast, the Mobile clinic experienced a surge in visits for February since it reopened, increasing patients by 48% even though it was not operating the first 10 days of the short month.

The drop in overall Hospital census, namely deliveries and morning clinics, is partially due to the security situation of the roads and partially due to the lack of cash on hand for patients to contribute to their medical care. This means delayed care as we saw during the pandemic, which resulted in lower levels of general health for women. Specifically, we witnessed an increase in detection of later stage cancer in women.

One clinic with increased usage is the Well Women or menopause clinic which has experienced a significant increase of 28% month over month for February due to increased messaging about the importance of care for women beyond the childbearing age. The clinic staff have made presentations to women's unions, refugee camps and church groups to increase awareness of the need for checkups and preventative care. These efforts have resulted in the increased census of the clinic.

On the bright side, The Hospital's expansion and renovation project is progressing, albeit slowly. This work includes the updating and expansion of surgical facilities, overnight doctors' quarters, classrooms and administration. The expansion will add an additional 2000 square meters and a renovation of 1000 square meters. This work is a welcome addition to the Bethlehem streetscape and a project which will house decades of care for the mothers and babies of Bethlehem. Additionally, the project currently employs dozens of workers and sources supplies and materials locally. It provides economic leaven in an otherwise stalled economy.



No one knows how long the war will last and what the extent of the economic fallout will be. Holy Family Hospital will continue to adapt to meet the needs of the mothers and babies of the region to the best of its capabilities.

The Hospital no longer has any cash reserves. Reimbursements for contracts with UNRWA and the Palestinian Authority are largely unpaid. As poverty grows, the demand for services will increase and cashflow will diminish. Holy Family Hospital is seeking new sources of funding immediately to meet the needs of patients and the very hardworking dedicated Hospital staff.



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