Medical Relief Operation for Syrian refugees in northern Greece

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【Summary】
Due to a mass population movement from Syria and Iraq to Greece and the closure of Balkan route February 2016, almost 30,000 are stranded in Greece. The Finland and German Red Cross Society jointly started Basic Health Care Emergency Response Unit for the purpose of providing medical assistance to immigrants and refugees. The team was consisted of doctors, nurses, midwives, mental care personnel, interpreters and technicians. I participated in this mission as a physician. We provided medical assistance in Cherso, NeaKavala, and Kordelio camps near the borders in northern Greece. We treated 50-100 patients/day at the general outpatient tents in three refugee camps each, with interpreters who speak Arabic or Kurdish. The total number of patients whom the team examined during my stay from May 19 through June 10, 2016 was 4,456. 19% of the patients was 5 years of age and younger and about 25% was from 6 to 17 years of age which appeared to reflect the overall population of the refugees as it was. Respiratory, gastrointestinal and skin diseases were the most common. There were cases of region-specific diseases such as familial Mediterranean fever or Leishmaniasis. As people lived in a camp longer, we were forced to respond to chronic diseases such as diabetes or heart diseases. There were relatively many cases of patients whose symptoms were thought to have been caused by mental stress.
While the future is still unpredictable for refugees, I hope things may turn for the better to any extent.
【 Key Words 】refugee from Syria, medical relief operation

I　Introduction

Syria (Fig.1) used to be a comparatively safe and advanced country. Previously Syria accepted refugees a head of other countries such as Iraq or Jordan. But Syria has seen many casualties since the start of conflicts between its government and the rebels in 2011 and furthermore, the rise of the Islamic State (IS) radicalists in 2013. According to the UN data, Syria is about half the size of Japan and its population was about 22 million. However, 250,000 of them died, 7.6 million people are displaced within the country, and 4.7 million people fled outside of the countries as refugees [1),2)].

Many Syrians went to refugee camps in neighboring Turkey, but since there were not enough living supplies, many left there heading for Europe on foot or by sea. As the Balkan route gradually closed (Fig.2) in February 2016 [3)], an estimated 30,000 migrants, mainly Syrian and Iraqi of origin are left stranded on the Greek islands.

Fig.1 Syria

Living in an insanitary environment made refugees sick but medical treatments were not available. The International Federation of Red Cross and Red Crescent decided on assistance to address the issue. Early March 2016, Finland and the German Red Cross Society started

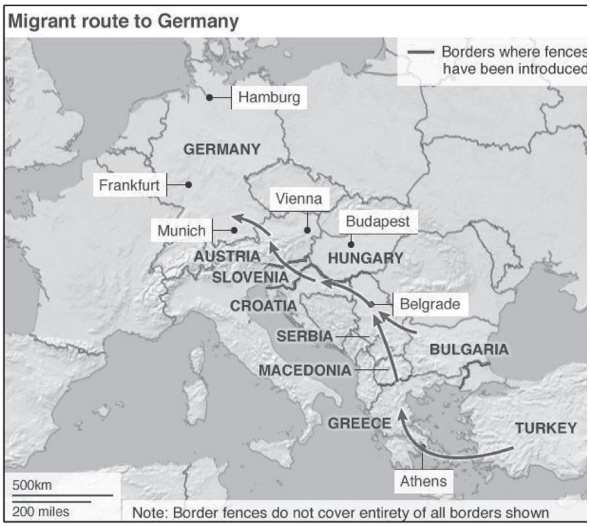

Fig.2 Macedonia shuts Balkans route [3)]

Basic Health Care Emergency Response Unit (BHC-ERU), providing medical assistance to immigrants and refugees from Syria, Iraq, etc. who reached Greece. The ERU has provided services such as basic treatment including minor surgeries to outpatients and maternal and child health care. I participated as a medical doctor in the team from May 19th, 2016.

Ⅱ Relief work

1. Refugee Camps (Fig.3)

About 3,000 refugees were living in tents at each camp. According to camp's breakdown (Fig.4), each camp is consisted mainly of children and the young generations[4)]. I surmised that it was because senior people did not want to live abroad after spending most of their lifetime in Syria and decided to stay inside the country even after being displaced. Another reason seemed to be that the young people would more often become victims since school buildings were bombed and children were kidnapped in Syria. Nationalities of refugee are mainly Syria and Iraq.

Although it was being installed, there was still a shortage of toilets and showers. Its environment was inadequate in terms of public health. Many tents had no chairs or beds but only rugs inside.

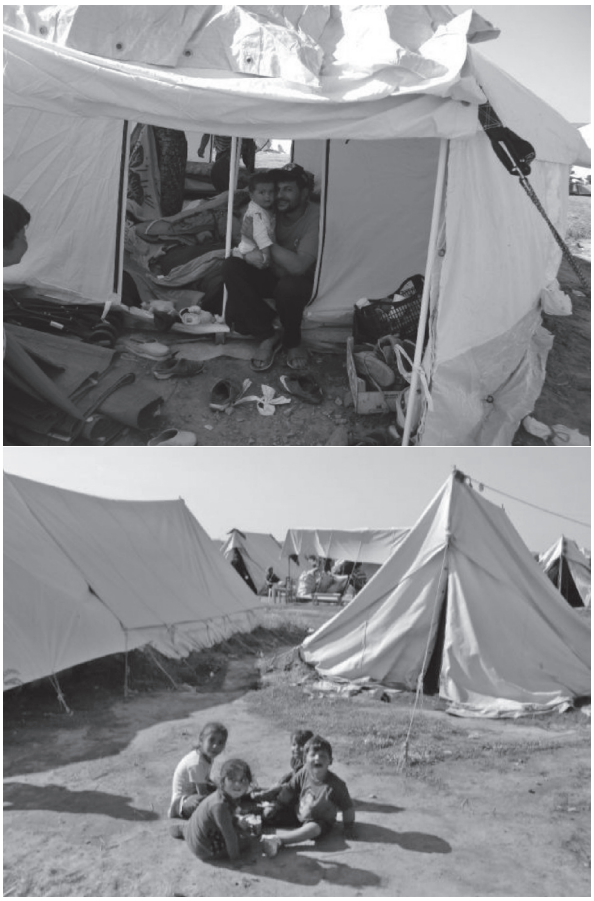

Fig.3 Refugee camp

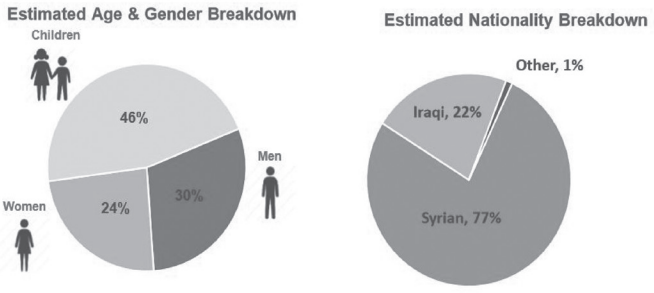

Fig.4 Nea Kavala camp breakdown
It is consisted mainly of children and the young generations. Nationalities of refugee are mainly Syria and Iraq.

2. Team

I participated in a joint team of the Finnish Red Cross and the German Red Cross this time. It was comprised of a team leader, doctors, nurses, midwives, technicians, administrator, interpreters and mental-care staff and there

were about 20 members. Interpreters were from Arab and African countries, spoke Arabic, and currently lived in Finland or German. The team was mainly consisted of Finns and Germans, but of a mixed members such as Norwegian, Canadian, Irish, Hongkonese and Japanese. Each member of the staff of 20 persons served for about 4 weeks to be succeeded by a new member (Fig.5).

Fig.5 Photo of our delegate and local staff taken in front of out tent clinic.

Our team hired local staff from some refugees. One doctor (Fig.6) treated patients with us while living in a tent as a refugee. He was trusted by the refugees very much since he was a fellow Syrian who had no language barriers. He taught us how to diagnose and treat illnesses indigenous to the area. One woman (Fig.7) worked as an interpreter. She was also living in a tent as a refugee. Our team hired a few local staff like her because of the lack of interpreters. Muslim women would not show their skin and hair in the presence of men, and so it was very helpful to have a female interpreter at examination. She was studying to become a lawyer but had to leave her country because of the conflicts. She was a cheerful and bright woman who was able to give directions with alacrity even to men.

3. Operation site

The team stayed in Kilkis in northern area and divided into smaller teams of 5 to 6 members and provided medical assistance at

Fig.6 Syrian doctor in refugee camp

Fig.7 Local female staff who works as an interpreter

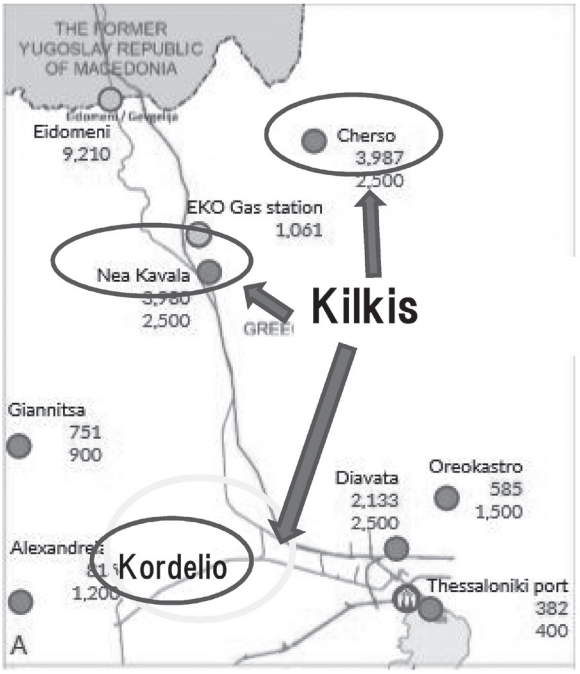

Fig.8 Operation site were Cherso, NeaKavala, and Kordelio

Fig.9 Mobile clinic car

Fig.10 Tent clinic in the camp

the total of three refugee camps in Cherso, NeaKavala, and Kordelio near the borders (Fig.8)

In Korderio camp there were no tents for clinics. We went there by mobile clinic car and we treated the patients inside the car (Fig.9).

The Greece Army managed refugees' daily life activities including food there. They required us to present our passports and make a list of members everyday when we entered the camps for medical treatments.

4. medical activity

We treated 50~100 patients /day at the general outpatient tents in three refugee camps each.

The team put up a tent for examination of the patients (Fig.10). We started examination at 8 AM and went on until 6 PM in this tent. The clinic was open for patients everyday of the week. At night there was an on-call system of army medical staff.

Inside the tent, there are two consultation rooms (Fig.11). Each examination took time because communication had to be interpreted between Arabic or Kurdish and English. We were only able to examine hemoglobin, blood glucose level, and urine and we could check blood pressure, temperature and oxygen saturation. We had to rely mainly on stethoscope, otoscope, visual inspection, and palpation. After consultation, patients moved to a pharmacy space (Fig.12) and got medicine or went to treatment room (Fig.13).

We also visited senior patients who had walking problems and were not able to come to the clinic.

Fig.11 Consultation space in the tent clinic

Fig.12 Pharmacy space in the tent clinic

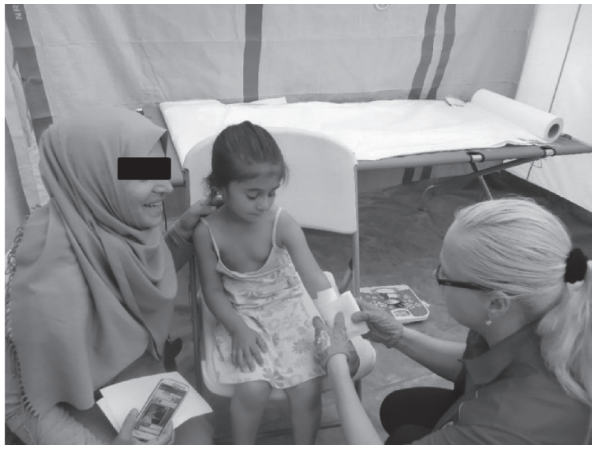

Fig.13 Treatment room in the tent clinic

Midwives played a central role in providing maternal and child health care. Most women typically had gotten married by their late teens and had many children. Many left their parents in Syria and therefore their nuclear families did not have anyone who could teach them how to take care of babies. The midwives gave them advice on various things including babies' nutrition.

5. Trend of diseases

The total number of patients whom the team examined during my stay from May 19 through June 10 was 4,456 (Fig.14). 19% of them was 5 years of age and younger and about 25% was from 6 to 17 years of age. On the other hand, the age group of 50 and older was only 7.5%. The age composition of the patients appeared to reflect the overall population of the refugees as it was. at that time. The ratio between men and women was the same.

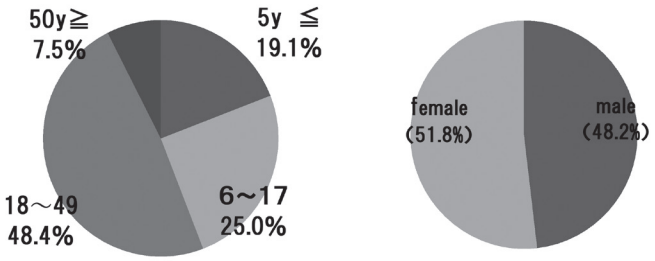

Fig.14 Age and sex breakdown (total 4,456)

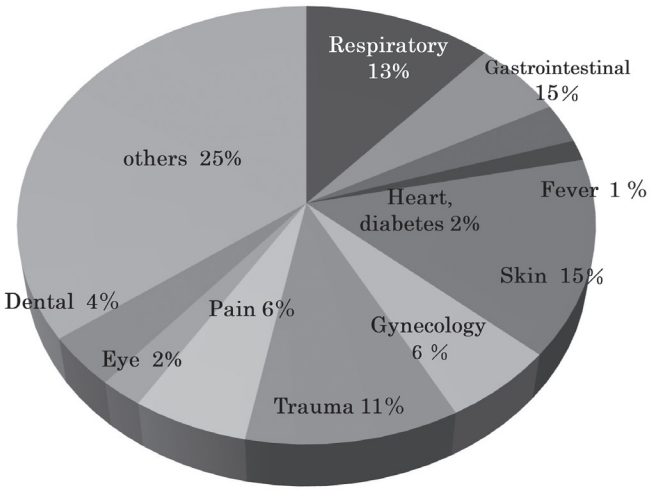

Fig.15 Trend of disease

From the trend of disease (Fig.15), respiratory, gastrointestinal and skin diseases were the most common. Colds were prevalent because they were living in a group, and what was worse, some children got pneumonia. The living conditions were insanitary due to the

lack of toilets and showers, which caused some gastrointestinal symptoms such as diarrhea. Some children got skin infections by scratching bug bites because they were not able to keep their skins clean.

Every meal was distributed on ration, but small children did not like the taste, and thus their mothers were cooking for them outside of their tents by burning woods. Some children visited the clinic after getting burns from a fire.

6. Challenge

A challenge was illnesses indigenous to the area which are not often seen in my country Japan, such as familial Mediterranean fever, glucose-6-phosphate dehydrogenase deficiency, thalassemia, and cutaneous leishmaniasis. I saw several cases of cutaneous Leishmaniasis (Fig.16) and we treated them with subcutaneous injection of methylglucamine antimonate[5]. Some special drugs needed were not available at the basic healthcare level.

Another challenge was for chronic diseases. As they spent more time as refugees, we started seeing patients with chronic illnesses in addition to acute ones. Syria used to enjoy a comparatively high medical care level. We were urged to take care of patients with various demands: one who was taking insulin for diabetes ran out of blood glucose self-monitoring sheets which we don't have. One needed to take an anti-thrombotic agent required by a cardiac catheter treatment of cardiac infarction; one wanted follow-up observations of leukemia that had been cured. One mother wanted to get medicine for her child's epilepsy since theirs had been washed away in the sea after leaving Syria.

We ran across difficult cases in which we were not certain if diagnoses were correct or we did not know where to obtain particular medicine.

We also had several patients which had mental problem. A 12-year-old girl was brought by her parents. They complained that she did not talk at all. Her school was bombed while she was in class and she lost all her classmates in addition to her teacher. She got only light injuries but had to spend three hours waiting still for rescue and watching her friends covered with blood. Her family escaped Syria after this incident and she can not speak since them. In the clinic she just smiled to me during examination. It was diagnosed that she did not have any physical disorders, and we decided to take small steps at a time with a mental health care staff and her parents in order to relax her heart. As the time at the camp got longer, vague anxieties about the future grew and sometimes caused riots. The mental health care staff worked hard to relieve stress at individual and group levels by

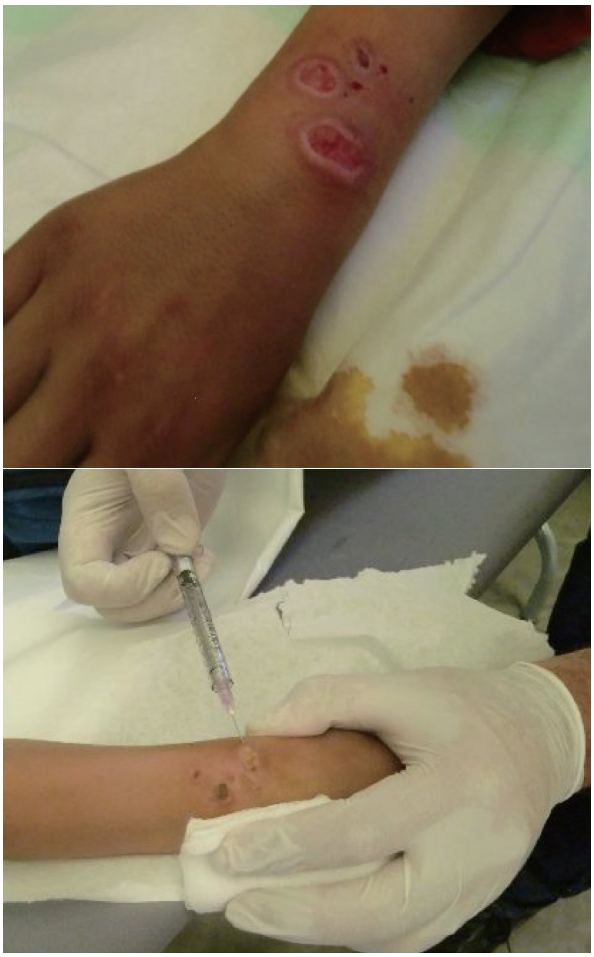

Fig.16 A case of cutaneous Leishmaniasis treated with subcutaneous injection of methylglucamine antimonate

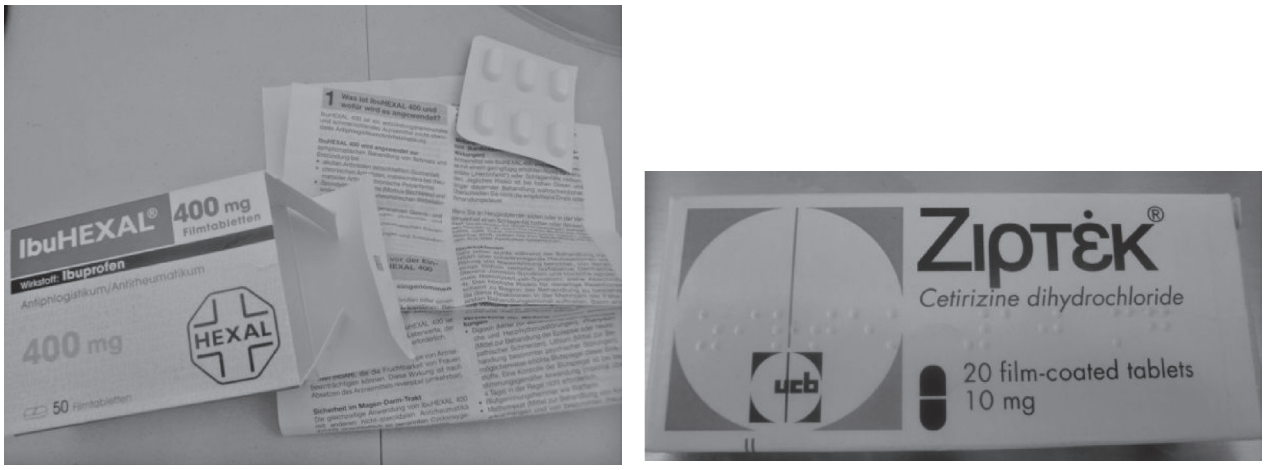

Fig.17 Medicine from Germany(left) and Greece(right)

educating refugees to become volunteers.

Patients with serious conditions which were beyond the clinic's capacities were taken to the closest Kilkis Hospital by ambulance. It was a challenge for us to find transportation to the hospital for patients whose conditions were not so serious but needed close examinations and medical treatments. Kilkis Hospital was not always able to accept those patients due to the lack of staff. The hospital did not have interpreters who spoke Kurdish or Arabic, which caused patients communication problems there. Also, we had difficulties understanding inquiries from the hospital because they were often in Greek.

As for medicine, we were first using the one which the German Red Cross brought there and whose labels were in German, and so it took us some time to understand the contents. After we ran out of it, we locally procured medicine and had some difficulties getting used to labels in Greek. Furthermore, the limited supply of medicine often forced us to restrict the usage (Fig.17)

Ⅲ Closing remarks

Red Cross original plan of this operation was for half a year. However, it had to extend its assistance due to the unpredictable conditions of refugees. It took more than one year but still the operation continues. I sincerely hope that its activities will help refugees even a little and that the situation will improve for refugees to have even a slight hope for the future

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