

Spectrum of Humanitarian Assistance Interventions in Acute Physiotherapy and Nursing Refugee Health Unit (Original research)

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Original Article

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Source: Clinical Social Work and Health Intervention
Pages: 16 – 19

Volume: 9

Issue: 4

Cited references: 5

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Key words:

Refugees. Migrants. Nursing Interventions.

Publisher:

International Society of Applied Preventive Medicine i-gap

CSWHI 2018; 9(4): 16 – 19; DOI 10.22359/cswhi_9_4_02 © 2018 Clinical Social Work and Health Intervention

Abstract:**Background**

A new refugee wave, however much less populated, has been observed after major exodus of Syrian and Iraqi victims of war, reaching about 40% in 2017 of the original reports in 2016-2018. The aim of this short communication was to describe the spectrum of required humanitarian assistance for migrants and refugees from the Middle East transiting Bosnia to the Schengen spaces of Slovenia and Italy.

Patients and Methods

We have actively searched for “wild type” refugee or migrant camps in North Bosnia and analyzed types and spectrum of interventions provided by our field team, which consisted of one Doctor, two Nurses and one Social Worker. We have served around 50-100 patients a day.

Results

The commonest nursing and physiotherapy diagnosis was known - PTSD (posttraumatic stress syndrome) - due to war events; loss of relatives; insecurity of travel results and asylum process procedures; and represented 80 percent and more of all presentations, in addition to other somatic disorders.

Conclusions

Complex and quality Health and Social Care is highly demanded in this populations, mainly due to the complex conditions and PTSD. Organized action and cooperation between NGOs, Academia, Health Care students, Social Workers, etc. and local governance bodies in a divided state should be mandatory, however achievement is not always easy.

Introduction

A new refugee wave, however much less populated, has been observed after major exodus of Syrian and Iraqi victims of war, reaching about 40% in 2017 of the original reports in 2016-2018. Also, the Mediterranean route from Turkey to Greece by boats has been ameliorated and only about 40,000 migrants (armed conflict refugees) has been detected on the inner border of Greece. Many of those migrants were hosted in the EU (Greece, Cyprus, Bulgaria) rushed via the Balkan borders, paradoxically out of the

EU, to Serbia and Bosnia, rushing again to the EU and Schengen space in Croatia and Slovenia, Austria and Italy. From about 30,000 of such double-migrants, about 10,000 are still stuck in Bosnia in acute and very provisional shelters organized as “wild” refugee camps, moving with huge mobility within Bosnia and Herzegovina to escape from local authorities. The aim of this short communication was to describe the spectrum of required humanitarian assistance for migrants and armed conflict

refugees from the Middle East transiting Bosnia to the Schengen spaces of Slovenia and Italy.

Patients and methods

Upon recommendation of Bosnian Journalists and Police Officers, we actively searched for “wild type” refugee or migrant population based camps in North Bosnia near the Croato-Slovenian border which is also the Schengen outer border. Several camps were created and subsequently abandoned or destroyed by migrants themselves before escaping to woods and local pathways. One such mobile temporary camp has been discovered by our Nursing and Physiotherapy team transiting Bosnia on their return trip home from their Greek Base near Saloniki. Two Nurses created the team joined later with one Tropical Doctor, one Pharmacist and one Social Worker/ Auxiliary Nurse), serving daily for 50- 100 patients. The Spectrum of interventions was recorded and analyzed. Medications, transport of the staff food, supplies and logistics was organized via the St Elisabeth Program for Refugees and Migrants from the base in Veroia and Alexandria, about 60km from the borders.

Results and discussion

The spectrum of interventions related to the spectrum of diseases in war victims of refugee crisis is in Table 1. Nursing diagnosis found 120 cases with respiratory symptomatology of respiratory tract lower infection (LRTI). For example, from lower RTI complaints and symptoms, the majority were confirmed as 25 pneumonia cases – 8 being severe - probably due to unprotected camping in wild nature. Scabies was commonest as far as skin and soft tissue infections are concerned caused most probably by long travel, since some families walked over 500km within a month. Commonest

Nursing and Physiotherapy diagnosis was PTSD (post-traumatic stress disorder) due to war events; loss of relatives; insecurity of travel results and asylum process procedures; and represented 80% and more of all presentations, in addition to other somatic disorders. (3, 4)

Conclusions

In conclusion, analyzing the spectrum of Nursing interventions in war related migrants and refugees before war conflicts from mainly Syria, Iraq and Afghanistan, respiratory tract infections followed by skin and soft tissue infections and infected trauma (police dog related bite wounds, beating sequelae) in 80% accompanied with PTSD are a daily bread in a Mobile Health Care Unit in North Bosnia, searching for “double crossing” migrants from Greece to the Schengen space of Central EU. Organized action and cooperation between NGOs, Academia, Health Care Students, Social Workers, NGOs, like MSF, SEUC, etc. and local governance bodies in a divided state is mandatory, however not always easy.

Table 1: Spectrum of Major Health/Social Pathogens at presentation in Physiotherapy/ Wound Unit at a Temporary Refugee Camp in Northern Bosnia

Total cases	522
Refugees	510
Auxiliary Local Staff	12
Foreign Humanitarian Staff	3
Outpatient Dept. Presented	151
Respiratory Tract – upper	31 (20%)
Respiratory Tract – lower (pneumonia)	11 (6.7%)
Caries Dental uncomplicated	12 (9%)
Caries Dental complicated (osteomyelitis, gingivitis, abscess)	8 (8.5%)

Wound (SSTI/Scabies + SSTI)	71 (47%)
Scabies only	24 (18%)
Psychotrauma (PTSD)	150

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