

Post-traumatic Stress Syndrome (PSS) in Child Victims of War, and their Consequences in the Ten Year Experience in Lebanon and the Autonomous Region of Kurdistan

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Original Article

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Abstract:

Early and late consequences of armed conflicts in Middle East are managed by several NGo projects in affected or adjunct countries. Here we report programs focused on minors and mothers affected by civil war (DASH - IS conflict) in Iraq with refugees to Syria Lebanon and other ME countries.

Introduction

Early consequences of armed conflicts include acute war injuries such as crush and blast syndromes, burn and shot wounds leading to fatal organ failure and septic shock. Indirect victims suffer acute posttraumatic stress syndrome (PSS) plus acute dehydration and acute malnutrition due to food and water supply disruption. Chronic consequences include depression, diabetes, asthma, hypertension, and other cardiovascular and endocrine disorders related to acute or chronic stress.(1-8)

Overview of projects

I. Project focused on children belonging to Yezidi marginalized population (Kurdistan)

The Yezidi population has been worsely affected by DASH-IS expansion in Northern Iraq, with massive migration of refugees to the South Autonomous Region of Kurdistan the first safe place for Yezidi families.

The *Bl Popieluszko Clinic* in Irbil did daily outreach to Yezidi families who were on streets or very provisional shelters, serving food, water and basic medications in the city of Irbil. Outreach has been performed since 2015 by Polish/Slovak groups of doctors and volunteers of the STEP-In NGO, supported by the US Columbus Foundation, Polish Catholic Charity and Slovak Aid Grants.

2. Project for families of 1.2.3 generation of refugees Beirut (Lebanon)

St. Charles Foucauld Clinic operated by Little Sisters of Jesus for 30 years has been serving all 3 generations of refugees from the last 40 year Iraqi, Syrian and Palestinian armed conflicts.

In 2010, the SEU Refugee Program started healthcare treatment against post-traumatic stress syndrome and related disorders such as hypertension, coronary heart disease, diabetes mellitus, respiratory infections performing both outreach to families and running OPD with two empath nurses and 3 physicians serving yearly about 7,500 patients a year.

In the last 2 years communicable diseases (RTI UTI etc..) have been fully replaced by PSSD related disorders such as hypertension, diabetes etc.

Conclusions

Fortunately, ending in 2018 acute conflicts in Iraq and in December 2019 also in Syria have been terminated and temporary peace started. Therefore the second phase of healthcare-rehabilitation of healthcare structures and systems will hopefully start soon in the region. These will include outpatient services for non-communicable disease with joint programs for both children and elderly, the most two vulnerable patient groups who suffer from armed conflict.

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