Israeli Field Hospital For Kosovo Refugees In Macedonia

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Abstract

Many Israelis watching the news on TV and observing a nation being sent from their home, with only their clothes, to live in a camp could not see similarities between Europe 55 years ago. It is of course not the same situation, but can we sit and watch? Can we be indifferent to the suffering?

The public opinion in Israel was that we have to participate in the humanitarian efforts namely to send our field hospital to the refugee camp. The field hospital is a military unit and can be operational within a very short period of time.

Three hours after take off from Tel Aviv we landed in Skopie and 8 hours later we opened our gates and became the referral center for all the other Non-Governmental Organizations (NGO) that where in the process of building their facilities.

A field hospital in a refuge camp is a place where the physician does not ask the patient for his address: They are all in the neighborhood, in tent A5 or B6 (with 2 other families). Neither are patients sent home, as there is no home, and you are sure that the one with back pain will spend the cold night on the ground. Newborn babies have no place to stay – it is very cold in the tent and there is no way to combat the low temperature.

In contrast to what we have seen in the past, in Africa or in third world locations – here, our patients were under good and modern medical treatment, and as they had to leave in a hurry, they did not take their daily maintenance drugs like insulin or antihypertensive drugs etc. with them. The Israeli military field hospital does not carry large amounts of those drugs and the only way to get the drugs was to go to the nearest pharmacy and buy it (that's what we did).

Another problem was the need for a good delivery room and the need for a well trained gynecologist, as almost once a day (night) we had a normal vaginal delivery. This was a problem that we expected. We had therefore trays for Cesarean section and D&C available. Again, the IDF field hospital is not designed for such wonderful events, so we improvised and transferred the operating room into a delivery room by adding a comfortable bed so that the woman could wait during the contractions and be transferred to the operating table just before full dilatation.

One woman requested a tubal ligation after the delivery and another came to our gynecologist and asked for in-vitro fertilization, as she started this treatment in Kossovo – of course we did not answer do both!

For delivery and for surgery at night, the lights in our operating room were less than satisfactory, and as we were not under fire, it was natural to request the help of the CNN crew to come with their cameras and supply us with bright good unlimited amount of light – They did it (with pleasure) but they asked us to have the delivery before 17:00 so they're able to be on time for the satellite transmission (fortunately the delivery took place before that time and the delivery of the Kossovo lady was broadcasted all over the world: delivery in 3 languages – Hebrew, English and Albanian).

Two appendectomies were performed (two children) under general anesthesia with succinylcholine drips (no nerve stimulator – clinical observation alone) – and morphine. Ventilation was performed with a Manual Bag Ventilator serving at the same time as a monitor. ECG, blood pressure and temperature were measured with the use of a transportable monitor "Protocol ". The patients were transferred to the recovery room (tent) using the same monitor.

The main advantage of our hospital was the fact that we were operable within less than 6 hours from our arrival, and as we choose only volunteers with high motivation (even

though it is an army unit) everyone gave a hand and we had a very satisfactory teamwork.

No smart equipment or fancy new field gadgets are necessary in order to perform medical work under difficult conditions. All you need are experts in their fields – surgeons that work in a trauma unit, anesthesiologists that do part of their daily routines in the EMS service, and medics/paramedics.

Figure 1 is a view from a helicopter flying above the refugee camp in Macedonia, 5 km from Skopie, the capital of Macedonia and 5 km from the border. In each tent, 2-3 families spent the day after they were deported from their homes in Kosovo. They got food and water from the US. They suffered from the cold at night and could not find shelter from the sun during the day.

Figure 1

Figure 1: The Brazda refugee camp as seen from a helicopter

The refugees left everything at home including insulin, steroids and antihypertensive drugs. Our first mission was to supply them with the necessary drugs. (We brought some by air from Israel and bought from Skopie pharmacies all we could get).

Anesthesia in the field (1): Not the drugs or systems being used in the Israel Defence Force (IDF) field hospital are most important -crucial is what kind of anesthesiologist is there. He should usually work in a big hospital, trauma center preferred. He should be independent and be able to perform all kinds of anesthesia techniques. As mentioned earlier, I used in 2 appendectomies penthothal for induction, and scoline-drip, oxygen, halothane, and 4 mg of morphine for maintenance of general anesthesia. At the end of surgery the patients just moved all by themselves to the stretcher!

Figure 2

Figure 2: The Israel Defence Force (IDF) operating theater

The medical help at the refugee camps was provided by many civil organizations – volunteers from all over the world. By an international effort to help and not to destroy. Physicians speaking in 10 different languages were talking to each other and among the chaos there was humanity.

Figure 3

Figure 3: The first Hebrew Albanian Medical dictionary - The first step toward a good communication

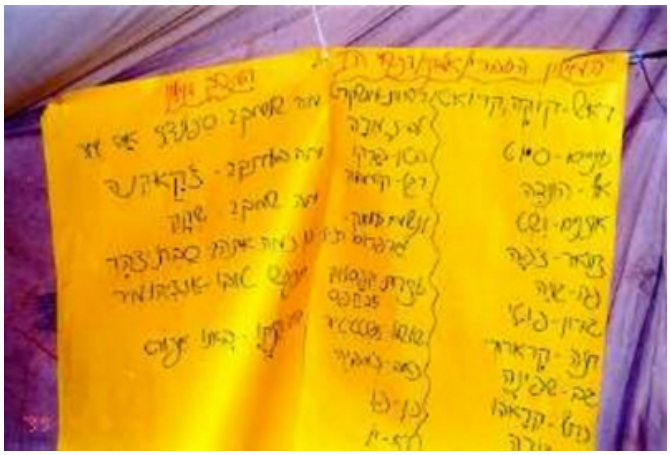
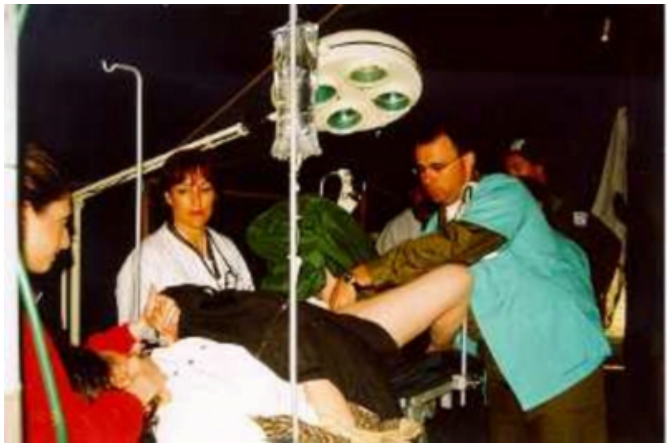


Figure 4

Figure 4: Ambulances from all over the camps transferring patient to our referral center

Figure 5

Figure 5: The operating theater becomes a delivery room with some of the lights coming from CNN cameras



As it was very cold, it was necessary to keep the newborn babies in a warm environment – until we brought a modern incubator from Israel, we build a home made incubator. The operating theater becames a delivery room and the big tent – a pediatric department.

Figure 6

Figure 6: Baby CPR - note a simple heater and suction by the pediatrician

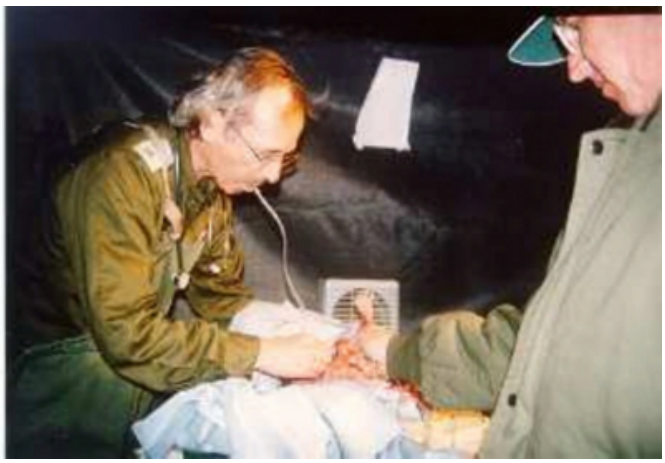


Figure 7

Figure 7: The Triage place (picture courtesy IDF spoksman)

For a physician it is a feeling of anger and frustration to realize that your patients has no address, no documents and after the initial treatment they are going back to tent number A5.

International cooperation took place in the camp, and at the time that the German Red Cross field hospital was ready and other non-governmental organization were ready we transferred the responsibility to them and left to go home.

In a camp with thousands of people living together, the most important issues are the ones of preventive medicine such as purifying water, burning the garbage, and immunization of the children. Without the efforts of so many organizations taking care of these problems (that are less glorious than doing surgery at midnight) the refugees could not survive and be free from epidemics. We have to honor all those agencies!

References

1. Donchin Y Wiener M Grande CM Cotev S: Military Medicine: Trauma Anesthesia and Critical Care on the Battlefield. Critical Care Clinics. January 1990; Volume 6, Number 1: 185-202.

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