

February  
2022

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MEDICAL VOLUNTEERS  
INTERNATIONAL

# REPORT FROM THE GROUND

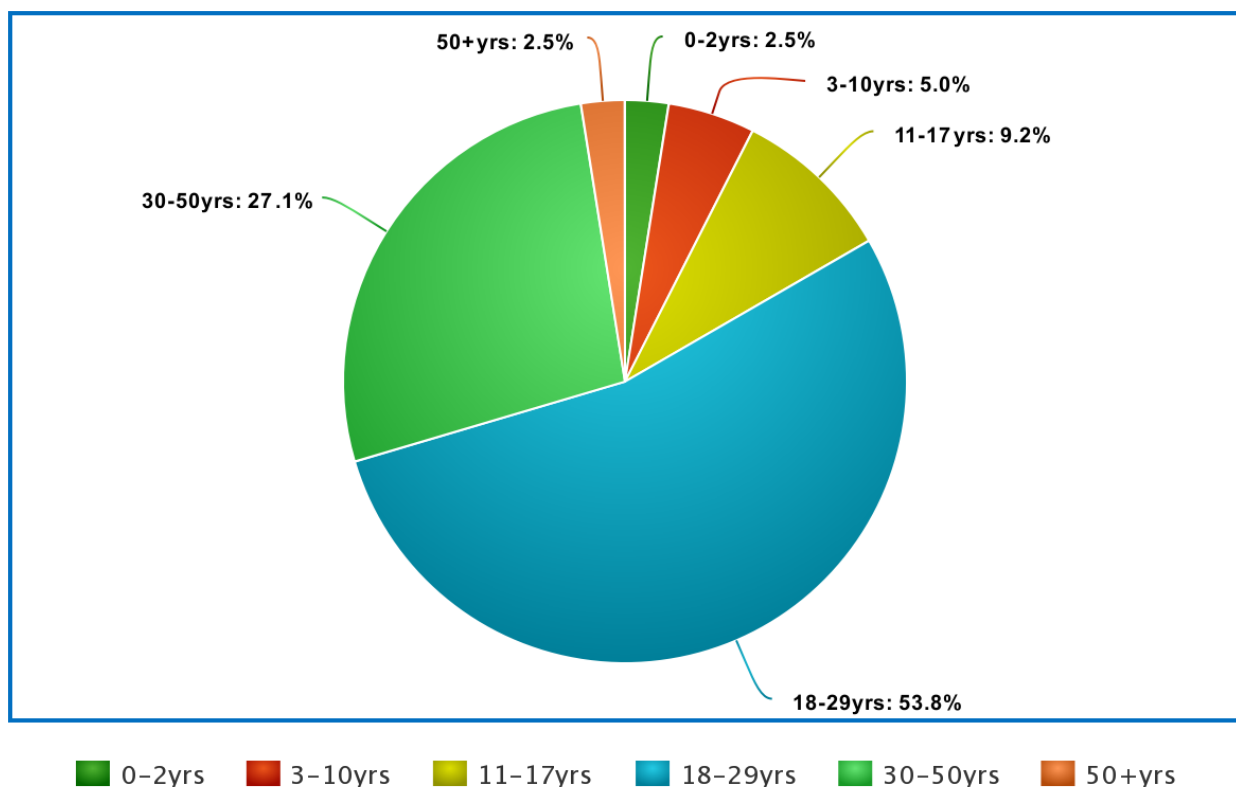
BOSNIA



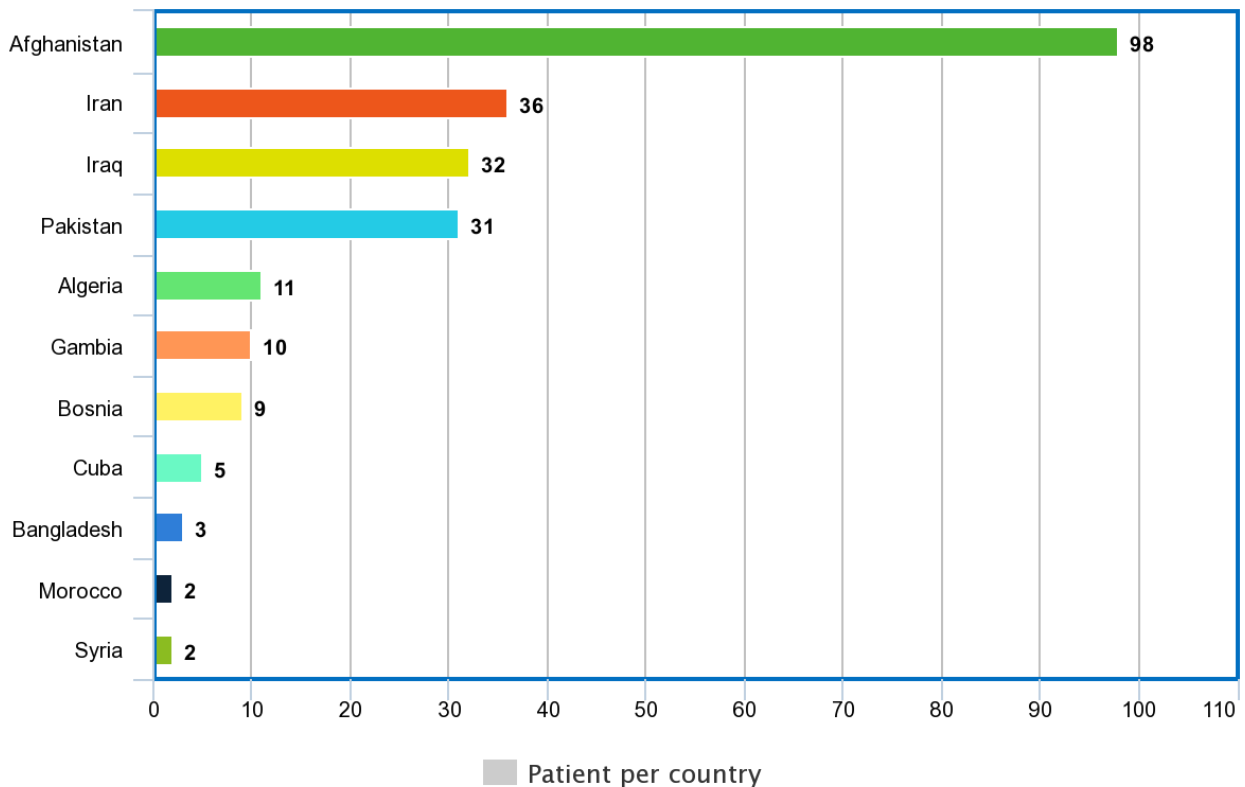
## Demographics in Bosnia, February 2022

The one doctor, one nurse team in Bosnia saw 241 patients in February. During the cold weather, there are fewer people on the “game”, the term used amongst those on the move for the act of crossing the border. There were more people staying in camps throughout Bosnia but particularly in Sarajevo. With the warmer weather coming in March/ April, we expect to see numbers rising but not to the extent of previous years due to routes that the people on the move (POMs) take changing toward Serbia and Romania. However, there are still people in need in Velika Kladusa, Bosnia with living conditions in squats contributing to health conditions and injuries from pushback and endless cycles of going on the “game”. The team has been working hard to ensure that people receive the healthcare they desperately need.

Just under 25% of patients the team saw were female. This is due to the extreme living conditions found on the external EU border here, meaning that we do see a high number of males in the area. Females also, when with a family, stay in camps during the winter months. Most of the patients were in the age range of 18 - 29 years old but the team saw 18 children under the age of 10 years old, and 22 between 11 - 18 years old.

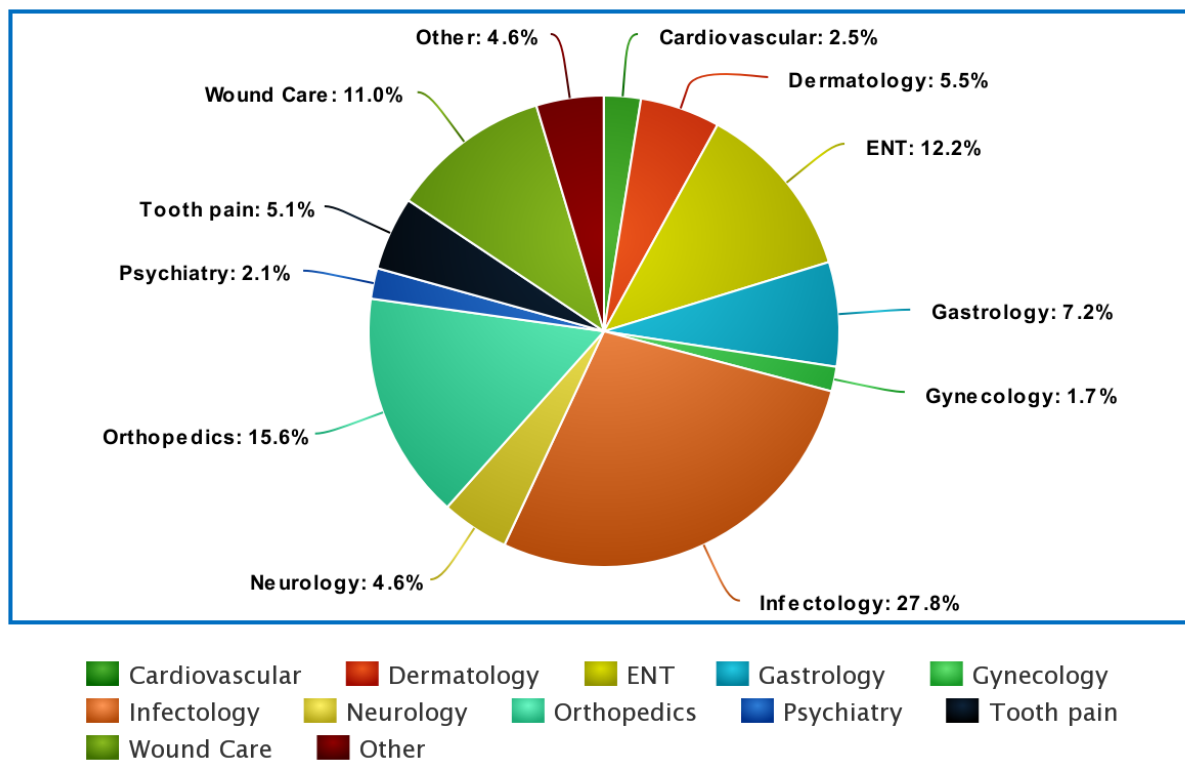


Nearly 60% of our patients were from Afghanistan in February, mostly due to the Greek government declaring Turkey as a safe country for Afghans meaning their asylum applications will be rejected as inadmissible. The next two highest countries of origin are Iran at 15% and Iraqis at 13%.



The first half of February saw less movement of people due to the low temperature. The people who the team were seeing had been there for some time meaning they could see them many times allowing the medics to address their problems in more depth, focusing on other aspects like psychological health and preventative care. In the latter part of February, the temperatures started to rise, and more POMs were seen in the area. A lot of families came from the camp, often big groups of 10-15 people including kids of all ages. These groups walk every day to the border. A lot of these people are only in the area a few weeks and as a result of trying very frequently are successfully crossing the border and making it further away to prevent a pushback.

In general, the major complaints have been those of physical exhaustion, pain from walking, etc. Wounds, respiratory infections including Covid-19, and scabies are common. The team has also seen more chronic suffering, such as long-term pain in joints, head, and in the stomach. They had some cases of chest pain, paresthesia, shaking; as well as full-scale anxiety and depression.



The medical doctor working on the team describes how “the more you sit and listen to people, the more evident the effect of the lives they are leading become. Once you have established trust, people will more openly express their mental distress. Often they are quite aware of the effects that long-term stress and physical alertness have on their bodies. Many have told us how abuse of alcohol and marijuana is their strategy to handle sleeping problems and pain, as well as grief and hopelessness. A personal reflection that comes from listening to their stories is how the feeling of life slipping through their fingers affects them. Often a person's youth, in some sense their prime of life, is being spent far away from their family and friends, without basic security and with no realistic outlook on a meaningful future. Adding to that is the guilt of not having made it further when everyone back home is hoping for/counting on you. The point to make from a medical perspective is that this mental distress is a probable explanation to some of the symptom burden previously described.”



Although most of the cases for the POMs that were seen in Bosnia were small primary care issues, treating them when they are small, prevents bigger problems in the future but also vastly improves the patient's quality of life. However, the team also saw some more serious cases.

The team saw an 18-year-old man from Pakistan. He was just 14 years old when he left his hometown in Pakistan. The squat that he is living in is particularly bad and he has no social support. About 1 month ago, a friend he met whilst on the move gave him some Lyrica (the street name for pregabalin that is used to treat nerve pain) which gives you the sense of feeling relaxed and boosting your mood. However the desperation of this young man combined with him not understanding the effects of the drug lead him to take 20 tablets. He became delirious and walked into the forest and fell asleep with one heel in the snow without shoes. This caused substantial tissue damage in the form of frostbite.

He went to the refugee camp and transferred to the hospital where they did minor surgery which for tissue damage like this, is not the correct way to treat it. It was not until a week after this that he was seen by the medical team. There was some deep tissue damage and necrotic parts of the heel. He was treated with frequent wound dressings after the team consulted with specialists back at home. Treatment was difficult due to compliance, treated frequently with wound dressings. The team gave him crutches so as not to put weight on the heel which sadly means he can't go on the game in the last month and this next month.



Another case is that of a 23-year-old man from Afghanistan. He presented to the team with signs of depression and has a previous psychiatric history which remains unclear as he lost his medical documents on his journey. In Afghanistan and Iran was seen by a psychiatrist and was on medication. He met the criteria for major depressive disorder. Sadly, as a coping mechanism, he started to abuse cannabis. His needs were hard to assess however he has started with online Seawatch psychotherapy sessions which are carried out online via a tablet device as arranged by the team.



A 26-year-old man from Pakistan was seen as he was complaining of chest pain. He fainted in camp one month ago and was taken to hospital. His medical documents describe a psychogenic collapse. Maybe a vagal response as he describes suffering from chest pain, nausea, vomiting, and blurred vision before him collapsing. Sadly the hospital he was taken to did not do much and blamed these symptoms on Covid and recommended he drank more water and took some vitamins even though his ECG has signs of Left ventricular Hypertrophy. This needs to be investigated further by a cardiologist and echocardiologist.

The team's medical doctor spoke to a Swedish cardiologist back at home. After this event, he had chest pains at night, sweating shaking, numbness in the body, all sounds like anxiety and panic attacks. A lot of these symptoms can be psychosomatic but with an abnormal ECG, the team really would recommend further investigations. This is an ongoing case that the team is supporting the patient with. However, it did raise an interesting question to the team's doctor as to if the Bosnian doctors are giving migrants the same care as they give to the Bosnian people

A tough moment highlighted by the team's doctor is him hearing about how the children on the move talk about the “game”, the border police, and the brutality they have experienced. It is heartbreaking. They are too young to understand, and how could they? Still, with everything they have been through, they show courage and keep their spirits up, taking on responsibility that probably weighs heavy on their shoulders. This is not a childhood.

The team continues to cover an area that stretches for over 50kms along the northern Bosnian border with Croatia.





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