

Travel report about a journey into the autonomous region Kurdistan of Iraq – humanitarian aid for yesidic und syrian refugees

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At the beginning of 2015 it became clear that the problematic of the wave of refugees sweeping Europe would not bypass rural Brandenburg and us in Cottbus. Political, local, and also our own medical structures were unprepared, many things weren't regulated. Bit by bit structures emerged, but more decisively – a great wave of voluntary help from civil society also emerged in our region. While searching for my place in this situation, I started to take on coordinating tasks in my own area of expertise, medical care, here in Cottbus. I organized primary care at the Cottbus branch of the primary registration facility (Erstaufnahmeeinrichtung, a type of facility where refugees are taken when they first arrive in Germany) Eisenhüttenstadt, I talked to the city authorities, colleagues, refugee aid institutions...

And so I didn't have to think a lot when Mrs Wähling from the Centre for Human rights asked if I didn't want to accompany an aid convoy to Northern Iraq with my medical expertise. Of course I wanted to help wherever I could. Not just here locally, but also where the people are coming from. Nobody knew at that point what kind of medical needs existed there, but initially it was all about finding out what kind of professional help was needed in the first place. What was clear was that material of any kind was scarce there, be it assistive technology like wheelchairs, walking aids, Zimmer frames, hospital beds, or medicine of any kind.

These aids and medicine were collected by IGFM and the Human Rights Centre Cottbus and sent on their voyage on a large lorry beforehand. Shortly after that, we traveled to Erbil and from there continued to the region of Dohuk, close to the Turkish and Syrian borders in Northern Iraq/the autonomous region of Kurdistan.



Dohuk is a city of about 1 million inhabitants. In the region around Dohuk lives another million or 1.5 million refugees, partially as so-called IDPs (internally displaced people), the other part as “proper” refugees from neighbouring Syria. The IDPs are mostly Iraqi Yazidis displaced by the Islamic State. In the areas taken by the IS, the IS has mercilessly killed all boys and men over the age of 12, kept the younger boys to train them as child soldiers, and taken women and girls captive to sell them in slave markets to IS fighters for little money. Some of the girls who have been successfully bought out report having been sold on eight times during half a year and being abused time and time again... a situation that in Central Europe we only know from history books about the Middle Ages, but which is a daily reality for many people in the region.

Whoever could had fled, preferably to safe Kurdistan. The autonomous region of Kurdistan has its own militia, the Peshmerga, a volunteer army that protects its country, women, and children. Even many Yazidis, who according to their religion should not use violence even in arguments and are especially not allowed to kill, view the current situation as a clear situation of emergency defence and have joined the Kurdish Peshmerga.

It's one thing to read these stories sitting in the warmth at a desk, but another to here them personally on location and to look people in the eye as they tell them. That's one of the reasons I went.

Now these people live in large camps in the region. Camps that have been constructed well and professionally by large organisations such as UNHCR, Unicef, and several European governments. In agreement with and supported by local authorities we visited some of these camps and got an impression in particular of the medical situation there.

The "official" camps must, as a rule, be equipped with a small medical centre. The Kurdish government and the camp leadership ensure that these centres are medically staffed at a basic level. One day, our group was invited by the camp's head physician to hold consultation hours together with him. An offer myself and one colleague gladly accepted:



I could see that the local colleagues were doing excellent work. They're well trained and are very good diagnosticians. The frequency and the speed at which they worked in order to keep up with the amount of patients moved me. Only seriously ill people get looked at more closely. The many milder psychosomatic muscular aches or those caused by the environment remain untreated or receive a small amount of painkillers. Normally, people who have lost everything, don't have a chance to work and live off what they've been able to rescue from home, have to pay for their medicine. Generally, there's a shortage of drugs. In the meantime, the other two doctors in our group went to a smaller camp and reported that there they'd run out of their last painkillers several weeks earlier. It's similarly problematic with really serious diseases. An ambulance can be called only in acutely life-threatening cases, and it will take

the patient to a hospital where they're supposed to pay for 20% of their treatment. I couldn't find out what happens when that money is not available. It probably just gets written off with a shrug. But in many cases, planned surgeries such as gallbladder and cancer operations, chemotherapy etc. just don't take place for financial reasons.

Another day, together with an interpreter, I visited the families of severely disabled children and adults. I mainly wanted to gauge the need for wheelchairs (width of the seat, support for the upper body, side cushioning, headrests, straps...) and give the parents some basic physiotherapeutic training.

What I saw and heard when I visited the families in their tents, in their private living environment, moved me a lot: many children smelled strongly of urine, and suddenly there were a lot of flies that usually didn't play a role in the camps. The parents frustratedly shrugged and told me there were no paper nappies, no pads, and that water was also rationed. They said they couldn't even wash as much as they'd have to, that the child was just always wet, as was the mattress it was lying on. Some families dealt with it better than others... But even apart from that these children get no care at all. Independent of their mental state they obviously don't go to the camp school, they don't receive any physio, log-, or ergotherapy. Sometimes there's enough money for their anti-epileptic medicine. Sometimes they just have to deal with their seizures. They only receive wheelchairs, support pillows and wedges, and beds if aid organisations bring something over and someone has written their name on a list. Even I only went where I was taken.



But the most impressive and at the same time the saddest thing was the unfaltering hope that we in Europe, especially in Germany, would be able to heal a disability. I tried to explain the medical background in simple terms, saying that I also have a disabled daughter that I couldn't heal even in Germany and even with her being my own child, because it was just like that. I explained that through good care and a lot of attention, a lot of suffering can be eased... but nevertheless, I was disappointed. These people would've been willing to invest all their remaining money, as well as that of their friends and relatives, to flee to Germany via a dangerous route, in the only hope that we might be able to heal their children. This pervaded all educational levels and my interpreter kept asking me if I really wanted to be that honest, given that I was taking away people's last hope. That I couldn't do that. But could I let them spend all their money on a hope that's unfounded, that can't become real? I think there's still a lot of work to do here.

The different supply levels at the different camps were also noticeable. In one of the bigger camps (Sharia) there was a medical centre with a total of six medics of different specialties, a laboratory, a labour room, and a relatively well-stocked pharmacy. In another, smaller camp (Shekhan) there was also a small medical centre, but according to my interpreter, who was familiar with local conditions, there was almost no medicine left, especially no painkillers.

While my colleagues and I tried providing some medical support here, other members of our group talked to people and found out that there's a particular lack of opportunities for occupation and work. Often, things would need to be transported but there are no cars or lorries.

So in the end I returned home with the feeling of having made a start that is now looking for its continuation. Ours being a smaller group, our project leader Mrs Wähling of the Human Rights Centre Cottbus wants to focus on the more scarcely supplied small camp of Shekhan. For keeping occupied, five sewing machines could be delivered with our convoy. The fabric for them can be obtained as well. Also, we have gotten the idea to find vans and bring them to the camp, be it to take children from the surrounding "wild" camps to school, or to carry out any other necessary kind of transport.

For the medical part, I would like to think of a more sustainable project for the next time. Maybe we could get in touch with or form a group of interested volunteers at Shekhan and train them with basic knowledge about disabilities, care work, basic stimulation and simple physiotherapy, so that they can accompany and take care of the local families, and keep in touch with me over the Internet for complicated cases. That way, the help provided during the short time I can be there myself wouldn't be lost again right away



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