

Libyan exodus creates refugee and health worker crisis

Aid agencies are scrambling to respond to the physical and mental health needs of tens of thousands of refugees who have fled the fighting in Libya. Samuel Loewenberg reports.

Colonel Muammar al-Gaddafi's brutal crackdown on the uprising, which began Feb 22, has left thousands dead and made more than a quarter of a million people refugees. Aid agencies are scrambling to respond. The first difficulty has been to even assess the needs on the ground—no international medical teams have officially been allowed to enter Gaddafi-controlled conflict zones in the western part of the country. So far, international agencies are focusing their attention on the humanitarian needs of refugees streaming across the Egyptian and Tunisian borders.

By March 14, Gaddafi's forces had started to bomb the port city of Ajdabiya, an important medical centre and the strategic gateway to the rebel stronghold of Benghazi, which has one of the country's only fully functioning medical centres. Aid agencies do not have direct access to the conflict zones in the west, but there is concern that food and stocks of drugs there will last for only a few more weeks.

It is virtually impossible to enter or find out information about conditions in western Libya, said Duccio Staderini, Médecins Sans Frontières (MSF) deputy programme manager for emergencies.

"It reminds me of the second war in Chechnya, in which we had no access," Duccio said the Libyan doctors in the west with whom they have been communicating are no longer reachable. Medical teams on the western border report that almost no wounded have crossed over from the conflict zone. This has fuelled rumours that Gaddafi's forces are executing patients in hospitals and getting rid of the bodies. The reason for this could be to make room for their own wounded, or, some speculate, to hide evidence of human-rights abuses. As *The Lancet* went to press, there was no independent confirmation of these charges.

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Reports from refugees from the Gaddafi-controlled areas in the west are that medical staff and patients are being forcibly held and threatened by the government forces. Two doctors who had recently escaped across the border, told Andrew Gleadle of the International Medical Corps (IMC) that people in the health facilities are frightened: "They are running out of supplies, there is a climate of real fear and intimidation", Gleadle told *The Lancet* from across the border in Tunisia, where he is leading an assessment and logistics team. Gleadle said that the team is preparing for two eventualities: first, if they gain access to western Libya and can start coordinating medical assistance, and second, if the war continues and they are suddenly faced with a massive outpouring of refugees.

Aid agencies estimate that 1 million people—400 000 refugees, and 600 000 inside Libya, will need

humanitarian assistance. The fighting is so harsh in some areas in western parts of the country that people are afraid to venture out of their homes for food, according to reports.

Refugees continue to pour out of the country into Egypt and Tunisia, at a combined rate of about 6000 per day—but that could increase rapidly as fighting continues. Since fighting erupted on Feb 22, more than 267 000 people have fled over the borders into Egypt and Tunisia, according to the UN. Many of the refugees are guest workers, on which the Libyan economy heavily depended. While Egyptians fleeing the country have received substantial assistance from the Egyptian Government, others, particularly workers from Bangladesh and sub-Saharan Africa, are continuing to mount up in the camps without any means to return home.

The lack of latrines, clean water, and long food lines are a critical problem in the refugee camps in Tunisia, according to UN assessments. More than 16 000 people are at the al Choucha refugee camp just across the Tunisian border, many of them Bangladeshi, the rest from sub-Saharan Africa. Officials from the Tunisian ministry of health reported an increase in influenza-like illnesses, respiratory infections, and diarrhoea among the refugees. As of March 15, there have been no signs of an epidemic.

One big problem in the camps is that hundreds of single women and families are mixed in with the general population. Aid officials are pressing the Tunisian military, which runs the camps, to set up a separate space for these vulnerable groups, and to provide facilities for neonatal care.

Meanwhile, on the Egyptian border, an estimated 4500 people are stranded. They are living in "very harsh



A sandstorm hits the al Choucha refugee camp just across Libya's border with Tunisia

conditions", sleeping without shelter and facing hard rain and cold, according to the UN High Commission for Refugees. Also worrying is an expected influx of migrants into northern Niger, which could be as many as 60 000, according to UN estimates. Niger, one of the world's poorest countries, is not equipped to handle so many refugees, the International Organization for Migration's Vijaya Souri told reporters. "The infrastructure is weak", he said. "There is no running water, only wells." One local official expressed concern that the large amounts of refugees could trigger a disease outbreak. "There is no hygiene infrastructure", he said.

Meanwhile, the UN World Food Programme (WFP) mounted a US\$39.2 million emergency operation to feed more than 1 million people in Libya, Egypt, and Tunisia over the next 3 months. Last week, the WFP brought a convoy of trucks with 70 metric tonnes of high-energy, fortified date bars to the eastern port city of Benghazi. Another shipment of the date bars, which are locally produced, is being sent, as well as 150 metric tonnes of wheat flour.

So far, no western aid organisations have been allowed to enter western Libya, where the fighting is taking place. "We are deeply concerned with the denial of access to medical care and the plight of patients in public health facilities within government-controlled areas", said Bruno Jochum, director of operations at MSF, in a press statement. MSF teams on the Tunisian border and in Benghazi have been providing medical supplies where possible, but they have been cut off from entering the conflict zones. MSF has medical teams poised at the Tunisian border, but so far they have been prevented from entering the country.

The MSF team in eastern Libya has distributed 22 tonnes of medical supplies, including drugs, burn kits, dressings, sutures, and external fixators. An operating-theatre nurse is working in the surgery ward of the hospital in Ajdabiya, which is about 160 km from Benghazi. The nurse

is assisting the hospital's medical staff, which requested MSF's support after new clashes west of Ras La Nuf, according to a spokesperson.

In the first 5 days of violence in February, 1800 wounded were treated at the hospital in Benghazi, according to an MSF team. In Benghazi, the IMC assessment team found a shortage of hospital staff, particularly nurses, as many were foreign and have fled the country. This exodus has created serious gaps in critical care, especially in specialties such as paediatrics, gynaecology, and orthopaedic, and reconstructive surgery.

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Medical supplies in demand included drugs and other items for surgeries, acute illnesses and lab testing, as well as antibiotics and anaesthetics. Although both food and medical supplies are sufficient in eastern Libya at the moment, as the fighting moves closer, a disruption in the supply chain could deplete existing stockpiles within weeks. Fuel shortages are already occurring.

WHO, with funding from the Norwegian Government, was able to provide eastern Libya with ten surgical kits, which are sufficient to cover 10 000 people for 10 days. Yet, as bad as the current situation is, efforts are bolstered by a strong medical infrastructure. In fact, the Libyan medical system has been well funded in the past, with first-class equipment, said Ted Tuthill, who is leading the IMC Emergency Response Team in Benghazi. Further, the region received a 3-month shipment of medical supplies in early February, before the fighting broke out.

Although most of the focus from the outside world is on dealing with victims of the war—both MSF and the Red Cross have sent surgeons to



There are serious gaps in critical care in eastern Libya due to a large exodus of nurses

the area—Tuthill said that one of the biggest health threats in the rebel-controlled eastern section of the country will be the lack of care for people with chronic diseases, especially with the large exodus of nurses. That, at least, is the medium-term forecast, but with the increased penetration of Gaddafi's forces into the west, war casualties could substantially increase.

Meanwhile, treating mental trauma in refugees streaming across the borders is one of the most pressing problems. Five psychologists have been deployed at the al Choucha camp, providing services mainly for women and children. Volunteers are also being given psychological first-aid training, to help people deal with the mental trauma.

With no end in sight for the conflict, and the prospect of a protracted civil war, Gleadle said he is concerned that media attention, and therefore public attention, will wane—yet the need will still be there more than ever. Gleadle, who has worked in crisis zones for two decades, said, "my experience is that as soon as it drops out of the media, the focus moves on, and there is another emergency in the world, yet when that political and media interest moves on, you always have people who are left behind to struggle by themselves."

"Years later people could still be living on this border in tents and plastic sheeting."

Samuel Loewenberg