

## Review Article

# The Syrian Disaster Response Mission

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**Abstract**

**Introduction:** Syria is entrenched in a deadly civil war, plunging the country into a state of chaos. With 3.2 million refugees abroad, 7.6 million internally displaced persons and more than 200 000 killed, humanitarian assistance is in dire need.

**Method:** This report outlines the response to the Syrian Humanitarian Crisis by a South African based NGO. It outlines the experiences of the health care provider, the patient profiles and lessons learnt in a war zone.

**Conclusion:** Responding to a nation in need is of paramount importance. In order to maximize the response, the team should always attempt to implement measures that leave a lasting legacy.

## Introduction

The Syrian Arab Republic has a long and illustrious past. With the rise and fall of numerous civilizations, its capital Damascus is one of the oldest inhabited cities in the world [1]. With an estimated population of 18 million and a low GDP per capita, ranking it 159 in the world, Syria was already a relatively poor country prior to the war [2]. It is a small country, the size of Washington State, but less than a quarter of that is arable land [3].

In 2011, there was growing unrest amongst the population against its leadership. Peaceful protests were met with brutal government opposition. Syria was also experiencing its worst drought in history at this time and the rumblings of dissatisfaction had now reached boiling point. Civil war erupted.

At present more than 13 million people are in need of urgent humanitarian assistance, 7.6 million have been displaced within Syria and there are 3.2 million Syrian refugees abroad [4]. More than 200 000 have been killed in the war thus far. Also of note, according to the Ministry of Health, 711 out of 1,921 primary health care centres and 37 out of 92 hospitals have gone out of service since the onset of the crisis in March 2011 [4].

## Gift of the Givers

In response to the plight of the Syrian people, the Gift of the Givers Organization mobilized a large medical team consisting of 52 medical volunteers and 12 journalists. The organization is a South African based NGO and is the largest on the African continent, having already responded to humanitarian crises in 41 countries.

I was fortunate to be one of the medical volunteers on the mission, and after an adventurous journey through southern Turkey and northern Syria, we reached the small town of Darkoush in the Idlib province. Dr. Imtiaz Sooliman, the team leader and head of the NGO had already visited the area earlier, assessed the situation and had been in constant communication with the locals of Idlib to prepare for the team's arrival. During the assessment visit, he had also identified sites for the construction of a hospital and a primary health care centre.

Using local manpower and funding from Gift of the Givers, the team was pleasantly surprised to find a fully functional 60 bed hospital upon arrival. Two theatres, a recovery area, female and male wards, and an emergency department were all ready and waiting for us. All of this had been built from the rubble and fully equipped in less than 12 weeks. The primary health care facility with a dental clinic had now also been fully equipped.

Our team composition merged well with the existing facility and matched the anticipated need of the community. We had emergency physicians, anaesthetists, family physicians, dieticians, orthopaedic surgeons, a maxillofacial surgeon, an urologist, emergency department nurses, theatre nurses, a wound care nurse, dentists, and paediatricians.

The team composition might seem unusual for a disaster response mission, but from previous disaster responses we had learnt that a community is often stripped of healthcare in its entirety. Each member of our multi-faceted team was busy from the onset until departure, demonstrating the need for the varying skill sets.

## Life in Syria

The valley of Darkoush continually reverberated with the sound of shelling in the distance. Intermittent gunfire also echoed through the surrounding hillside. However, the team soon grew accustomed to this sinister background tune and began to relax and go about their tasks.

Darkoush has tremendous natural beauty, with its lush green hills and rivers, a beauty that was only matched by its people. The Syrian people were warm, welcoming and generous despite the meagre little that they had. The civilians that welcomed us had been subjected to unspeakable atrocities and many had lost most of their family members. When we arrived, they made sure that we had the best available accommodation, that we had hot water always, despite no electricity and that we were well fed every day.

Their perseverance in the face of such adversity and hope that the international community will one day help them was remarkable. And in the dusty remnants of a city, they strove to establish normality in a world of chaos. Traders and food stalls lined the main road and

rebuilding was in progress despite the constant shelling. The hospital and the clinic were the newest buildings in town and these soon became focal points as well as beacons of hope and a sign that the world had not forgotten them.

## Patient Profiles

The patient profile was very similar to what I had encountered on previous disaster response missions. By far, the bulk was primary health problems. Patients with uncontrolled diabetes and hypertension, patients with chronic headache, chronic abdominal pain, minor skin and soft tissue infections and the usual spectrum of childhood ailments proved to be the bulk of the presentations.

Also, as experienced previously in regions with little or no healthcare, victims of trauma had been subjected to substandard or makeshift operations and treatment. Our surgical teams attempted to rectify this by revising amputations, re-aligning limb fractures and debridement of wound sites. Our specialist wound care nurse proved invaluable in this regard.

The front line fighting was approximately 20km away and due to the mountainous terrain, none of the wounded from the front line ever reached the hospital in Darkoush. We did, however, attend to victims of mortar fire and long distance shelling. These victims were all civilians whose homes had been struck. We treated on average 5 to 10 such patients a day. In most instances, when a shell struck a home, most of the inhabitants were killed instantly. The survivors presented with shrapnel wounds which are exceptionally difficult to treat. For example, a 5 year old boy presented with shrapnel wounds after a mortar had struck his family home. He had approximately 75 entry wounds which had to be explored and shrapnel removed. He also needed an emergency laparotomy and spent 8 days in our intensive care unit.

Along with these presentations, there were large numbers of patients presenting with post-traumatic stress disorder, anxiety disorders, insomnia and depression. This was understandable considering the circumstances under which they lived. We had successfully taken a psychologist and a counseling team on a previous mission to the Republic of Congo and their services were desperately required here.

## Lessons Learnt

1. Planning ahead. On this mission, and unlike on many disaster response missions, the medical volunteers were met with the welcoming sight of a fully operational medical facility. Prior to the team's departure, arrangements had been made to begin the construction and equipping of the facility to maximize the team's role in Syria.
2. Attending to a population's primary health care needs will always be the bulk of the work on a disaster response mission, so come prepared.

3. Local knowledge and input is invaluable. In a disaster situation, the livelihood of the locals has largely been stripped away. With decisive leadership, this manpower can be effectively harnessed. In this way, the local population is given a sense of purpose again, instilling hope and encouragement.
4. Plan beyond the mission. To date, the gift of the Giver's hospital which is staffed and managed by local Syrian doctors has treated thousands of patients. When the South African team departed, the management of the hospital was handed over to local doctors, nurses and medical students. Staffs who are committed to the plight of their people and who refuse to leave the war stricken community. They had a broad skill set amongst them, including obstetricians, orthopaedic surgeons, anaesthetists, physicians and general surgeons. They now had a hospital in which to work in and hundreds of successful operations and procedures have since been done.
5. Educate and impart knowledge during the mission. Whilst attending to and managing patients, we continually imparted knowledge to the local healthcare workers. They were eager and very receptive and we also held daily dedicated education sessions, where basic life support skills and wound management skills were taught. Going above and beyond medical knowledge, the organization began the building of a school, again using local manpower. Today the school houses 300 school children of all ages.

## Leaving a Lasting Legacy

On every disaster response mission, we always learn and we should always attempt to do better the next time. One of the most important things that we have learnt is that we need to leave a lasting legacy. With the building of a hospital, a clinic and a school in conjunction with the distribution of hundreds of thousands of dollars of food and clothing parcels, we hope we have achieved this. We should all continually endeavour to make a lasting change on these disaster response missions to best help who need it the most.

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