



feature



## nursing out of your comfort zone: Iraq and Lebanon

**Ruth Tisdall** shares her experiences on a recent trip to support refugee communities in the war torn Middle East

**W**ith an interest in the Middle East, I took the opportunity to go to Iraq and Lebanon with a CMF team and see the work that Health

Outreach to the Middle East (HOME) do with refugees and Internally Displaced People (IDPs). The aim of the trip was to learn more about HOME as an organisation and what opportunities there may be for Health Care Professionals (HCPs) to work with them, either in the short or long term. I was looking at this from the perspective of nurses in particular.

## Kurdistan

In Erbil we were hosted by Dr Janin who works in both government and private hospitals and volunteers with HOME running clinics in camps for IDP. He was able to tell us about the situation in and around Erbil, Kurdistan and Iraq in relation to the IDP crisis and the country's medical provisions. We visited, as well as ran, pop-up GP clinics in a few camps in and around Erbil to experience providing treatment for the Kurdish people, and learned from Dr Janin what the needs were in each place. Overall there is great need in the camps, and indeed the country, for continued treatment for chronic illnesses such as diabetes and hypertension in

the older generations, and nutrition and health education and wellbeing for the younger generation and children (but of course this is important for every generation).

The biggest gap we saw across all generations was the lack of mental health care, which was openly acknowledged by Dr Janin. However there seemed to be little that was being done to solve this problem. I saw many people with physical symptoms typical of acute and chronic stress and cases of Post-traumatic stress disorder in the children physically and in their behaviour. We spent a very short amount of time there but it was clear to see that they are open to having help, both short and long term. However, what this looks like exactly is unclear at the present. Our experience was quite focussed on the healthcare available to IDPs; however with just one visit to a government hospital it was clear to see that the country's general medical needs were considerable.

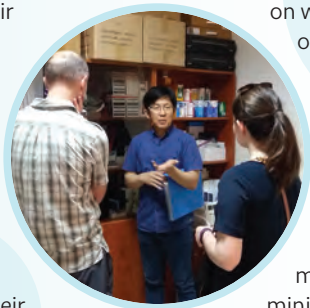
## Lebanon

The situation here was quite different. Lebanon has done very well rebuilding its infrastructure after the wars. However it is now providing services for an extra two million refugees, and there are not enough

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HCPs to do so. In Kurdistan we got no sense that becoming registered there to work as a HCP would be a problem. However, in Lebanon international HCPs cannot register (to protect jobs for Lebanese HCPs) and therefore do not have freedom to work to their full capacity as they would here.

For example, the Korean husband and wife who ran HOME in Beirut are a fully qualified surgeon and nurse respectively. However, they are only able to do very basic observations, consultations and prescribe medication. Most of their work is administrative and clinical work is done by voluntary Lebanese HCPs, both Christian and non-Christian. This poses obvious limitations for international HCPs to help the refugees. It is possible to go under the umbrella of an organisation and volunteer on trips to do clinics in camps, however, there are many restrictions and, from the perspective of HOME, short term mission trips were not always helpful. Commendably, their goal is to



build up Christian Lebanese HCPs to treat and minister to the refugees. However, with the current lack of these, many secular HCPs volunteer (to their credit) and provide the much needed care. However, as one of the team shared with me, there was a clear difference with the care given to a patient depending on whether it came from a Christian or secular doctor. The Christian doctor was seen to be much more compassionate and caring, and giving the patient time.

Overall, to serve in Lebanon you need to go with a much more open mind as to what ministry would look like. Nurses can serve in many areas, of which nursing is just one, whereas in Kurdistan, nurses could easily go as 'tentmaker' missionaries.

For information about volunteering with and supporting the work of HOME, visit [homeforhim.org](http://homeforhim.org) or contact CMF at: [nurses@cmf.org.uk](mailto:nurses@cmf.org.uk) 🌟

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