



## Art of Family Medicine

# No one should walk alone

*Practising medicine amid and bearing witness to the global refugee crisis*

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*Quis hic locus, quae regio, quae mundi plaga?*  
(What place is this, what region, what area of the world?)  
Seneca, *Hercules Furens*, with thanks to T.S. Eliot

Night has fallen on the camp. And with the night a whole new set of sounds pierces the blackness. Shouts and laughter. The cries of babes. The barking of dogs.

This is Moria, a surreal refugee camp-cum-detention-centre set on the idyllic Greek island of Lesbos. Moria has become a flashpoint for the refugee crisis that has engulfed Europe and a large swath of the world. The camp is currently home to thousands of would-be asylum seekers.

According to a United Nations report, by the end of 2015 there were more than 65 million people displaced worldwide, making this the largest movement of humanity in history—now even surpassing the mass upheaval following World War II. As disconcerting as this number might be, the makeup of the exodus is equally troubling; for example, more than half of those on the run are children, many of whom are traveling alone.<sup>1</sup>

### Inside Moria

I have been working on Lesbos as a medical volunteer in recent weeks. It is my third stint in the region over the past 12 months, and one that has a decidedly different feel than the others.

This is the purgatorial stage in the Greek chapter of the current global migration disaster. Months ago, as the flimsy rafts smashed up against the island's Aegean shores, amid all the desperation, there was hope. Hope for a future, a better way of life. A chance at freedom from terror, from hunger.

But now the boats have largely stopped arriving on Lesbos, and for many who have already made the perilous journey over from Turkey, the road ahead to the promised land has been barricaded. Involuntarily, the refugees find themselves inhabiting a liminal position, fearing deportation yet prohibited by European Union authorities from moving onward. Many have been trapped in Moria for months. The frustration is palpable.

Back when most of the boats were actively arriving, the medical problems were of the more acute variety: dehydration, diarrheal illnesses, respiratory tract infections, and the like. Undoubtedly, many carried great psychological trauma, but in general there was also a pervasive optimism among the arrivals.

People kissed the ground when they came ashore. I lost count of how many hugged me in the clinic and professed joy at making landfall in Europe.

Now that has changed. Moria is filled predominantly by young men. While at the outset of the crisis more than half the asylum seekers arriving on Lesbos were women and children, in a spasm of misguided decency—or more likely as the result of external pressure from non-governmental organizations and the United Nations—European Union authorities transferred many of those identified as “vulnerable” out of Moria to be warehoused at other locations.

The result? Moria has been left smoldering with pernicious masculinity exacerbated by fear of deportation and—increasingly—anger at perceived abandonment by the European continent. The camp is chaotic and, at times, downright frightening. For the remaining women and children, it must be especially so.

### Riot in the camp

Off in the distance, just down the road from the container that is our clinic, a chant starts up. It is barely audible at first, but the voices quickly rise in unison. And the slogan is unmistakable: “Fuck Moria!” over and over again. Then rocks begin pelting the walls and fences.

The police try to establish a presence at a strategic crossroads in the camp, which happens to lie directly in front of the clinic. They attempt an imposing, even intimidating, stance, but their anxiety—if not downright fear—is apparent. They are, after all, vastly outnumbered.

From 2 directions, crowds approach slowly but unrelentingly.

The rage in the night air is tangible. I grab a medical bag and tentatively ready myself to evacuate. I too am nervous. But the compulsion to stay is stronger.

Within a few minutes—perhaps after sizing up the crowds—the police decide to retreat. The protest chant gives rise to cheers and jeers. Rocks are thrown after the disembarking officers in an inflamed farewell gesture. Through the fence to the outside, I can see the army has arrived and are donning riot gear, preparing to move in.

But somehow, leaders from the different ethnic groups living in Moria come together and manage to stave off further conflict. Eventually the crowds disperse. Soon the sounds of Moria revert to those of a more peaceful variety. The rhythmic cadence of a drum jam

emanates from the African quarter. People once again wander languidly down the night streets.

Back at the clinic, however, things are getting busier. No one badly hurt has shown up—a good sign. But the so-called walking wounded are now congregating in the outdoor waiting area. A young man presses a dirty rag over a gash on his forehead. An older woman holds her arm. A boy sits on a bench, head in his hands.

We get down to business. Before long, the waiting area is full—as it is every night—with the most mundane of concerns. A runny nose. A bruise.

Anything to initiate human contact, I suppose. To experience a moment of compassion, however fleeting. To inhabit a safe space, if only for a few minutes.

### To have a home

The Afghan boy sits on the stretcher across from me. He claims to be 19 years old but he is clearly much younger. (Some unaccompanied minors might lie about their age to elude being shipped to the vulnerable-persons camp where they would be separated from their older traveling companions.) He injured his wrist in the riot minutes earlier.

I gently palpate the radius. It is not deformed and I cannot detect a fracture.

His eyes burn into mine. He is drunk and vibrating with emotion.

“I want to go home. I never would have come here. Fuck Moria.” Then he begins to sob. His body slumps and he bows his head.

Beneath the harsh fluorescent lights of the tiny medical cabin measuring 8×10 ft, we are distilled down to this. I do not have a response for him. His body heaves quietly.

“I want a home,” he whispers.

### Betrayal and solidarity

How could this be allowed to happen, especially in Europe? To echo Seneca’s maddened Hercules, *what place is this?*

It is not surprising that hope is in short supply in Moria, while frustration and outright fury hemorrhage through the camp. Riots like the one tonight are commonplace—and have been far worse. Some weeks ago, a massive fire ripped through the shelters, destroying a large swath of the dwellings and what few possessions the inhabitants had left.

The sense of betrayal is unmistakable. The notion of the European promised land has morphed into a false idol, but not before many sacrificed and lost everything to get here.

But where there is despair, so too lies beauty and those simple quotidian acts of kindness that render us human. Although these moments are hidden in the shadows, they do happen in Moria.

Perhaps this is where medical humanitarianism comes in. The medicine itself is easy. The simple algorithmic practice that we have all learned, and from which we, as practitioners, derive such comfort.

But in a place like Moria, there is something more.

In an increasingly cold and xenophobic world—in a global climate where borders are being slammed shut, walls are being built, and hate is being openly fomented in the public sphere—the practice of medicine is superseded, I would argue, by the obligation to bear witness to the plight of our fellow human beings.

On a more fundamental level, working on the ground amid the dispossessed, the frightened, and the forsaken, we are here to say, in the gentlest of ways, “You are not alone.” I do not know if this is enough, but here in Moria, it seems like a good place to start. 

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#### Competing interests

None declared

#### Reference

1. United Nations High Commissioner for Refugees. *Global trends. Forced displacement in 2015*. Geneva, Switz: United Nations High Commissioner for Refugees; 2016. Available from: [www.unhcr.org/576408cd7.pdf](http://www.unhcr.org/576408cd7.pdf). Accessed 2017 Feb 13.

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