



## **WikiMedicine Report from Moria Refugee Camp in Lesvos**

**By Sam Zidovetzki 9.05.17**

### **Infrastructure**

Camp Moria: 3500 residents on the island of Lesvos in Greece

Camp Kara Tepe: Smaller camp for small families and at risk persons and unaccompanied youth

The camps are primarily supported by the Greek Government and various aid relief agencies such as the UNHCR and USAID among others who help support local activities utilities and medical care.

### **Connectivity**

Several NGOs working at both locations although the medical need is much larger at Camp Moria. At any given time there are anywhere between 2-5 providers working at the same time from several NGOs including Boat Refugee Foundation, Medicine Sans Frontier and Emergency Response Centre International. Existing low connectivity internet Cosmote 3G from Greece. Reception is mainly centered around the clinical area where the doctors work so several of the camp residents crowd around the clinic to obtain network connectivity. Smartphones are widely used among Camp residents and most everyone has one. 60 patients were asked and 48 of them had ready access to smart phones.

I had roaming and one bar connectivity in the clinical rooms themselves, outside I frequently had no service or Extended Roaming which was too slow to be used in a clinical setting. When on an Emergency, I would often have no access to data in a useful way.

### **Providers**

Providers all had smart phones however network connectivity was slow and among three providers their use of IAB was significant and reviews generally positive. One provider

mentioned that this device was critical because it allowed quick access to medical information in a stressful setting. Also because of all the international cooperation different medications and treatment questions will frequently arise.

There were two aspect to providing care in the refugee camp.

- One was in clinic treating patients for primary care problems with the occasional emergency arrival.
- Second was responding to emergencies. In emergency settings the device was portable quick and fit easily into our emergency packs.

Mental Illness is a large problem in the Camp for a variety of reasons, whether it be from previous trauma, a sick loved one or the conditions of living in a refugee camp. For that reasons many of the emergencies are psychiatric in origin and can be equally life threatening as medical emergencies. Certain medications are given in cases of severe agitation, however, a different medication was found in this particular “crash bag” and because I was not familiar with it, I needed a quick resource to help me figure out what class the drug was in and how I can dose it in order to help the patient.

One device was left in country with a provider from the Boat Refugee Foundation because he said it would be very helpful for his clinical practice.

### Pros

Fast clinically relevant information

Allows for different clinical practice patterns to work together seamlessly

Light weight portable with good battery life

### Cons

Cross Zim search

Wiki EM search

Connecting and Reconnecting to the box

### Anecdotes

Elbow dislocation video

Peds dosing and information

Eye cleansing with Betadine after trauma

Haldol dosing with different formulations

### Future improvements

#### **Translation**

Integrated Google Translate

Arabic

French

Farsi

## **Content**

Orthopedic procedures and videos

Search Function

Dosing information

European Protocols: NHS, GGC medicines app (from NHS) Netherlands, MSF if possible

## **Images**













































