Features
Chroniques

Canada’s Kosovar refugees “surprisingly healthy”

Barbara Sibbald

Think of a cluster of 8 trailers, some tents and 2 World War II hangars, all joined together by plywood tunnels, and you’re picturing the “medical mall” near Trenton, Ont., that was home to hundreds of Kosovar refugees during their first night in Canada. It was a beehive of activity, because all initial medical screening for Ontario’s new arrivals took place here.

Between May 4 and 23, roughly 250 ethnic-Albanian refugees arrived in Canada every day; half were sent to Trenton, the rest to Greenwood, NS. All told, 5000 refugees were expected. Although most were “surprisingly healthy” after their ordeal, the logistics of organizing screening and health care were daunting tasks, said Commander David Carpenter, the military’s area surgeon for land forces in Ontario.

After the armed forces had taken care of the logistics, Citizenship and Immigration Canada — with help from Health Canada — took over. Some service personnel, including Carpenter, stayed to provide continuity. Carpenter’s civilian counterpart, Dr. Colin Harwood, a former military physician now with Health Canada, was in charge of professional staff. He had to coordinate some 150 volunteers and contract workers from a half-dozen organizations and was busy “solving problems all day, every day.”

By May 12, busloads of volunteer physicians and nurses from University of Ottawa teaching hospitals were arriving every second afternoon. On average, 10 doctors and 10 nurses volunteered per shift; some nurses were also hired to check for head lice and fulfil other public-health duties. A Red Cross volunteer and translator accompanied every family, since only about a third of the new arrivals speak any English.

In Trenton, the refugees arrived at about 5 pm every second evening. The first step was “airport triage” to spot the critically ill — “the reds” — who needed immediate help. Generally, there were 1 to 4 “reds” on each flight. Those who needed more limited care were called “yellows.”

The new arrivals included a 90-year-old woman with heart problems, a patient diagnosed with tetralogy of Fallot, and a pregnant woman who was vomiting. The “red” cases were sent by ambulance to a hospital in nearby Belleville.

“They were more fit than we thought they would be,” said Lieutenant (N) Ronald Goldstein, a doctor with 2 Field Ambulance. “They were exhausted emotionally and there was psychological trauma. The first few days takes care of the physical problems, and after that we see a lot of psychological components.”

Social workers, psychologists and counsellors were waiting at the various military bases where the refugees were eventually sent to acclimatize to Canada. “It’s really sad,” says Goldstein. “They may look like us, but we have no idea of the trauma they’ve gone through.”

After the airport triage, “green” (relatively healthy) refugees were taken on a 30-minute bus trip to the cluster of buildings on a seldom-used, World War II-era training airfield called Mountain View. The children were given “Zeddy Bears,” courtesy of Zellers. “We saw their first smile then,” says Harwood.

After a night’s rest in hangar 1, medical screening began at 7 am. Family groups, some with as many as 25 members, were kept together as they made their 2- to 3-hour trek through the “mall.” Processing took 12 to 16 hours per planeload.

This initial screening was intended to catch infectious diseases that might pose a public-health risk; the refugees received their full immigration screening after settling at a receiving base. At Mountain View, each refugee underwent a 10-minute screening medical. Those older than 12 received a chest x-ray (to detect active tuberculosis); they were also deloused, urine samples were taken and blood work was done, and standard immunizations were updated.

Harwood said many of the refugees were dehydrated, and as a preventive measure he ordered water and electrolytes put aboard all planes bringing the refugees to Canada. Dental problems were endemic. “The teeth on these kids were rotten to the core,” says Harwood.

Although the medical challenges were not too severe, other challenges lie ahead. “Superficially, the children don’t look worse for wear,” says Carpenter. However, pictures adorning the walls of the plywood tunnels in the medical mall tell a different story. They show planes dropping bombs and homes on fire.

Flight 7. How did 8 physicians cope with 266 refugees? A story of logistics, patience and gruelling hours in the next issue of CMAJ.