

Q: Okay so how does the South London GP end up working in a refugee camp in Greece?

A: Salam Alaikum. So I am going to answer about how a South London GP gets into working in a refugee camp in Greece. I mean the story probably goes back to an intention I made to become more actively involved in giving direct aid. Maybe 10 years ago, maybe closer to the Boxing Day tsunami in 2004 when my parents were trapped in Sri Lanka when the tsunami hit and for 3 hours of my life I didn't know if I was ever going to see them again. Fortunately my parents were not one of the victims of that particular disaster. But increasingly over the years I found myself drawn to do more and more charity work and it didn't feel enough to just be fundraising, packing and putting clothes and sorting through clothes. It just didn't feel like enough and I really, as I watched the horror of the war in Syria unfold. Over these last few years I felt that this was so close now. You know it was affecting areas that I frequently traveled to such as Turkey, the Mediterranean. You know we were there for our holidays and I felt I could possibly do something if I could get just that little bit closer and so an opportunity arose just around the time when I started to take a sabbatical from work. I'm a full-time GP, I have been for 15 years in a partnership and sort of practicing in medicine for 30 years having trained in South London. In St. George's Hospital. So I feel the time was right when this opportunity came up in a charity asked me to join them on a medical expedition. They were going to go to Lesbos, the island that was most affected at the time by an influx of refugees and so I grabbed that opportunity with both hands. It was me and whoever else I could summon up. I managed to get a team of four others and our small team went ahead. We did some last-minute dot com flights. Didn't know what to expect, I packed my sleeping bag. I was ready to for it to be rough. Probably never fully understanding how rough it could be and we were there and from then, I mean that five-day trip I didn't

actually return with my little group of four. I ended up staying on, I cancelled my return ticket. I stayed on, because the need was so great and I was persuaded to stay on for a further three months after that and became more and more involved as I found it wasn't just my medical ability. The fact that I have actually learned a little bit of Arabic along my life, that was really helpful. Speaking with mostly Arab speaking refugees and communicating and dealing with them, plus the experience of being a GP, a primary health care provider who's aware of the multiple types of situations and also knowing you know my limits and knowing when things needed to be moved on further. So that's how I started and over the months it became clearer that the charities around me were mostly providing non-medical care, they were providing clothing, food distribution. But there was a real gap in the medic for services and particularly as the bigger organizations, the MSF were there, MDM met some demands. Both French organizations provided care for core hours between 10.00 pm and 4.00 pm. the reality is that the majority of the boats, 70 boats in a week. 100000 people in the month of October arriving in the middle of the night, soaking wet. With sickness, with children who are sick, pregnant women and so most of the volunteer organizations like ours at the time realized that actually most of the work needed to be done in these unsavory times. When European Union working directives didn't have a rule for that. So we stayed, we did what we had to do. we were up most nights all night long and sometimes even at you know 9,10,11 when you're expecting the next shift of medical team to arrive, they wouldn't arrive and you would stay on until you know your job was done. So my organization started developing when I realized that I was fulfilling a niche that was a definite gap of medical care. Also I was providing a way for doctors and nurses to come and provide short-term help and so coordinating and organizing that getting their necessary permissions for them to work safely themselves in this situation.

Q: So you set up a small charity when you're there in Greece? So what does your charity do?

A: I set up my organization with the help of volunteers who were with me at the time, we called it Katrina's health care. Katrina's if I say it correctly means yellow in Greek. So if you Google the word yellow in Greek, it comes up as Katrina's and that just depicts the fact that we decided to go mobile. We bought a couple of ambulances, one was actually donated and the other we bought and ambulance tend to be yellow and it seemed an app to sort of name without any emotion attached to it and it did a beautiful job of following the refugees. So we realized that to really serve this population we needed to be mobile. Because the population was mobile and they were running for their lives from a war through European, the European countries where barriers were being put up, walls were being built and politics was working fast against them. So they were all in such a rush and it was so important to be able to keep up with them. So that's what we did. We set up an organization that could do that. When the borders with Macedonia in the northern part of Greece closed, idomini, the infamous Idomini impromptu camp was set up where you would see in the news tents upon tents of families trapped. Some of them tried to cross big dangerous rivers, even pregnant women risking their lives again you know having survived a war or escaped a war and then finding this treacherous journey. Many of them had come across the snowy mountains of Turkey. Some of them with just sort of sandals and flip-flops on and so we were treating things like frostbite. You know it's just very very difficult and unimaginable. People were describing walking through thigh high levels of snow carrying small children as they made these journeys and then water and risking drowning. Some people did drown. So we provided the necessary care where it was needed, when it was needed as much as possible and during the times it

was needed. so the bigger organizations I mean you know Red Cross, Red Crescent made it very very clear in a big UN meeting that they were not providing any medical care on the island of Lesbos for the duration I was there and in fact they became a bit resentful of anybody using the red cross symbol even to depict providing first aid. but you see so there was a huge gap and our organization found that it was our duty to stay and provide the care that was needed and fortunately a growing group of volunteers about 300 now on our database agreed with us and have supported us, have come back to work with us time and time again and so our organization provides the facilities for them to do that or for medication we provide a place for them to stay, we provide transport to help them get to the camps and follow the people around.

Q: Are there any particular cases that have stuck in your memory that you've come across?

A: There are so many stories I need to tell of the people I have met. The children, the families, parents, elderly people like my parents, pregnant women. You know so many stories and I suppose the ones that come to my mind vividly when I first arrived in my first five days there, there was a young girl. she was about 14 years old and the camp at the time was very very full, 100000 people and during the night shift which is the time when we used to work, there would probably be a maximum of ten policemen for the whole camp. so you know if you work out the ratios you can see that immediately the policemen were at a disadvantage and so I don't know how well-trained they were for this scenario. but the crowd control measures at times could become extreme and in one particular night, the measures they use, they tried to get everybody to squat down in front of them as a means of stopping the crowd pushing forward against the gates and somewhere

along the line there was a sort of a stampede of some sort and the policeman ended up the riot with their riot police, the riot shields pushing forwards and this little girl got her leg trampled on. She was brought in to me in pain and very very distressed and I remember examining her and thinking my goodness her legs fractured. It was fractured in not just one place, but three places from her ankle right up to her thigh. I didn't have a proper couch to examine her on. But we made a makeshift stretcher out of material and some bits of metal. I had to splint her leg up and she was one of the few cases where I actually successfully managed to what we call fast-track her registration process. It was something that just didn't happen. There were so many medically vulnerable patients around, people around that eventually I think it became really difficult for the administrative part of this process to sympathies and it would take me in her case because she was one of the first who was really seriously injured in front of my eyes. I managed to personally advocate for her and get her pushed through. Because she clearly needed to be in a hospital. later on her brother sent me a photo of and she's basically been received a plaster cast from her foot all the way to her hips and this was a young girl, 14 year old girl who couldn't now even dress properly. I just remembers, you know she was so embarrassed not being able to wear her proper clothing. So never mind the fact that most teenagers are a bit aware of how their bodies looked. This was a Muslim teenage girl who was normally in very modest clothing. So that struck me about her. There was a young boy who'd tried to escape being crushed and he pulled himself across over the barbed wire fence and his hand was virtually shredded from his injuries. Now these are things that as a South London GP I'm not used to seeing actually. But again thankfully for my personal experience I knew that I needed to do sensible things and you know we managed to find an ice pack to cool his hand down, get the swelling down and I just remember him particularly despite how torn his hand was, while I was working on him he was so calm and so quiet. not a single wince,

not a sound came from him and I remember thinking at the time what must have he, what could he have been through to get to this point where you know having surgery on his hand you didn't feel a thing without anesthesia. So those are just one or two of the more horrific cases I suppose in the early stages. But I have so many stories to share. Some of these may be found on our website actually, [Katrinashealthcare.com](http://Katrinashealthcare.com) and Facebook. We have a Facebook page, where we try to write some blogs about the various cases and incidences that we come across. The people can keep up to date by looking at that. So people can keep up to date.

Q: So what are the projects Katrina's health care been doing. We've talked about some of the emergency medical care. But I know you've done some other things as well.

A: So as where our primary job we're set up to provide is basic medical services or primary medical care. Some psychological support. What became very apparent, very quickly as times gone on the boundaries and the borders have closed and people have become trapped, something like 60000 people continued to be trapped in Greece alone in makeshift camps is that their everyday diseases still need to be looked after. Their coughs and colds and the minor end of the spectrum. But also blood pressure, diabetes, people who have had strokes, people who've had serious war injuries and on chronic pain from it. there was a lot of chronic medical diseases that need to be looked after and of course as people have become trapped for and weeks turn into months, months turn into now most of the patients I've been looking after personally have been there for over a year and potentially will stay for at least another year if not two is that their psychological well-being really needs to be addressed. I have to say I wasn't succeeding with the conventional methods of treatment such as

antidepressants. I also wasn't finding it a conducive environment to start psychological therapy where you know normally one would start psychological therapy and want to offer these for several weeks or several months and their situation is so unstable, they moved from Camp to camp. There's no way of instituting that process. So we started fortuitously a friend who was supporting me while I was working. She just came as a friend to help me look after my own child who was traveling with me. She had her bag of knitting with her and this, she was, while she waited for me to finish my endless clinics, she was sitting on a bench outside and start knitting and slowly I noticed that a group of women would start gathering around her intrigued by what she was doing and to be honest it became apparent that they were highly skilled women coming from a very productive society such as Syria. Who were very quickly took on knitting themselves. We've applied them with a knitting needle here and there and I remember one particular woman who was really very depressed. I mean she was experiencing seizures, pseudo seizures which were a manifestation of her deep psychological distress and I really didn't have any way of treating her as she, we were possibly even at the verge of losing her as a patient. Because she felt like we couldn't do anything to help her. She was one of the ones who started to be transformed by this process of taking on a project for knitting and she produced some amazing clothes that we as volunteers came along and we'd buy them for ourselves, for our children and with that she would continue to reinvest and this made her blossom. She just, you know she started smiling again. She was able to have a normal conversation and she was clearly lifting out of a very very deep state of depression and I think medically speaking we probably provided her with a form of occupational therapy and that helped us to develop the sew and knit project we ended up making enough to exhibit around Christmas time in Greece and that went down very very well. People were very pleased both it was, you know reciprocal arrangement. The refugees were pleased to be useful and the

people around or pleased to see that the human side of what a refugee. We also did a gardening project. We called it the Garden of Hope. Because you know I know personally I love gardening and I love being in my garden. It's a time when I forget and so we started you know bringing them, not just possibly plants for providing sustenance. But also for pleasure. So flowers Greece is full of amazing flowering and fruit trees and we have started a little corner where they've put down a little bit of, hopefully around about now and now its spring that will be starting to bloom. one of the ways I suppose that the local community here became involved last year was, we coming up to the month of Ramadan. We started to, I realized that these women out there and the families out there suddenly not only away from what was familiar and recovering from war, but they were also in a country where their own beliefs and their and their spiritual needs were not being taken care of. so things like, a simple thing like women would come to me and ask me if they could have a scarf and I realized that having looked at theirs that they must have been wearing theirs for some while and they had no opportunity of in the western part of the world to get a hijab or some sort of modest clothing. so for Ramadan I brought this message back to my local community and all our friends and families, we gathered together about, I think about 50 of us in the end packing hijabs, a little bit of perfume, some toys for the children and we made men's packs, women's packs. I was aiming for 1000, and the community surprised me and got me, 3000 and we got these driven across and distributed them around the time of Ramadan and Eid. Which was amazing and it was just the way for the community to be involved directly in what we were doing. In fact some of the friends who helped me pack chose to come with me then and we flew out together to help with the distribution on the ground and it was very very rewarding.



Q: That leads me on to the next question actually. So how can people here back at home get involved with your charity?

A: So people in our community, they can help us in many many ways. I mean on our website and Facebook you'll see the many ways that other volunteers have come out have helped us. Primarily as I say I am a medical organization, Katrina's healthcare. But we have team Katrina's who work in many ways by fundraising here occasionally. I need extra medication. People will help me to either collect unwanted medication or fundraise to purchase extra medication or equipment. We are always encouraging people to come and volunteer with us. Although we prefer to take at this stage medical professionals. If you have a personal skill for example, knitting, sewing something that you might like to do a side project. We have someone on the ground at the moment doing yoga and meditation classes with the women. You might like to you know approach us. Because we're not a very big organization. We try to work alongside the bigger organization, fulfilling gaps and it's quicker for us therefore to make decisions and enable small projects like that to happen. We're starting now to plan for upcoming Ramadan in the, at the end of May and thinking about providing dates. I know that there's going to be a convoy driving that way. So we'll be looking to fill the convoy with probably more medical aid and medical equipment from my point of view. But you know if you have any good ideas I'm always willing to listen and email through our website [info@Katrinashealthcare.com](mailto:info@Katrinashealthcare.com). We'll get you straight through to us and my core team here. if you're not someone who is able to travel or you can also help here by helping us with the administrative side of things as I'm a growing organization I continuously need support with administration, bookkeeping with social media. so the management of our social media and our website, keeping the word out in public is obviously where the situation has got to in terms of the crisis, it's not a very it's not as

dramatic as it used to be with people coming off the boats. Now people are just stuck and possibly forgotten and I feel part of my job now is to remind those around me that about the ongoing need.

Q: I think you've done a brilliant job so far, dry Fiona Sheffield. Thank you for talking to us today.

A: Thank you