

Nina Fritz

Healthcare of migrants at the Reception Centre Brežice

Abstract

Slovenia first faced the migrant crisis in 2015, after the conflict in Syria started, since the country presents an important transit point on the Balkan migrant route. Besides the socio-political issues, this also proved to be a serious public healthcare challenge. At first, migrants were entering Slovenia from neighbouring Croatia in the municipality of Brežice. To handle the first groups, a reception centre was initially set up at the Brežice police station and later on expanded to the area of the abandoned foundry, factory Beti and the Dobova railway station. Emergency medical care was also set up within the reception centre while those in need of extensive medical care were taken to the General Hospital Brežice. Slovenia was not prepared for the 2015 migrant wave. It turned out that during peacetime healthcare systems are not prepared for extreme events such as the mass migration in 2015. Nevertheless, the Slovenian public came together and quickly made the necessary preparations to welcome and attend to the migrants who were oftentimes in poor health. With the incredible engagement of everyone involved, both healthcare providers as well as volunteers, we were able to manage the situation.

1. Introduction

Migration or the displacement of people is a complex global phenomenon that countries all over the world are facing. According to the World Health Organization (WHO), 68 million people had to leave their homes due to violence and find shelter outside their native countries. Refugees, asylum seekers and migrants are vulnerable population groups. This rapid increase in human migration significantly affects public health and thus requires an appropriate response from the healthcare system. In accordance with the constitution of the WHO, every person has the right to enjoy the highest attainable standard of physical and mental health. To protect migrants and re-

fugees, including their right to health, there are ratified international standards and human rights conventions. However, numerous refugees and migrants do not have access to medical services and health protection.¹

In the autumn of 2015, a record number of migrants arrived in Greece. This also directly affected the Western Balkans migration route, as people who entered the European Union (EU) in Greece tried to make their way to Western Europe through the former Yugoslav republics. Throughout 2015, the region recorded 764,033 illegal border crossings of migrants, sixteen times more than in 2014. Most of them were Syrians, followed by Iraqis and Afghans.²

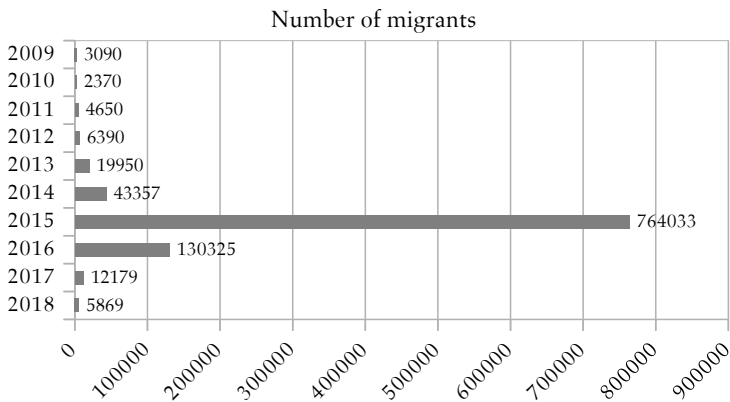


Figure 1: Illegal border crossings on the Western Balkans migrant route in numbers

Between September 2015 and March 2016, approximately 470,000 refugees and migrants from troubled parts of the world crossed the territory of Slovenia, resulting in a large-scale humanitarian disaster that required lots of coordination from numerous governmental and non-governmental organizations.

¹ World Health Organisation: Refugee and migrant health: Draft Global Action Plan »Promoting the health of refugees and migrants« 2019–2023. <https://www.who.int/migrants/GlobalActionPlan.pdf?ua=1> (accessed 18. 9. 2020).

² Frontex: Migratory Routes. <https://frontex.europa.eu/along-eu-borders/migratory-routes/western-balkan-route/> (accessed 18. 9. 2020).

In cases of large-scale natural and other disasters we must quickly implement measures to prevent or reduce the number of casualties and other negative consequences, employing interdisciplinary collaboration of various protection and rescue services.

2. Methods

For this article, a descriptive research method was used, involving data gathering, critical review, evaluation, and analysis of domestic and foreign literature dealing with the issue of medical care of refugees and migrants. As for the operations at the reception centre Brežice, we contacted local healthcare organizations and the Ministry of Health, which provided us with various documents and reports on the activities of healthcare organizations during the migrant crisis in Slovenia in 2015 and 2016. While the reception centre was operational, it had to submit daily reports to the Ministry of Health on its activities. We analysed the obtained data and present it here in the form of tables and charts. So far there are no published studies on the migrant crises available in Slovenia.

3. Results

3.1. Terminology

Refugee is a person running from armed conflict or persecution. The position refugees find themselves in is often so dangerous and intolerable that they will cross national borders and seek safety in neighbouring countries. After being officially recognized as a »refugee«, they can get help from countries, the United Nations High Commissioner for Refugees (UNHCR) and other organizations. Refugees are entitled to this status because it is too dangerous for them to return home, which is why they need to seek shelter elsewhere. The 1951 Refugees Convention defines who is considered a refugee and defines their fundamental rights, which every country must uphold. The basic principle established by international law is that refugees may not be deported or returned to the surroundings where their life and freedom would be in danger. They must be allowed to live with dignity

and in security in the country in which they have taken shelter, while at the same time a long-term solution must be found for them.³

Migrant is a person who migrates mostly to improve his/her quality of life by seeking work, not due to direct danger of persecution or death. In some cases, migrants migrate on account of education, family reunification or other reasons. Unlike refugees, who cannot return home, migrants do not face such obstacles. If they decide to return home, they will enjoy protection from their government.⁴

Reception-registration centres were set up due to increased illegal migrations at some locations along the border with Croatia. These were temporary, established in order to ensure the safety of people living near the border. The purpose of these centres was to process all persons that the police intercepts illegally crossing the border as close as possible to the border and point of return to Croatia. Migrants are supposed to be held at the reception-registration centres for a short time, 72 hours at the most, during which their movement is limited. During this time, foreigners were returned to the safe country, from which they illegally entered into Slovenia, or accommodated at the Centre for Foreigners or the Asylum Centre if they applied for international protection. The reception-registration centres were therefore temporary in nature, closed off and under constant police supervision. All transports to and from the centre were carried out by the police, thereby ensuring oversight over the migrants. Migrants were offered emergency medical assistance at the centres, children and unaccompanied minors were also taken care of.⁵

³ Adrian Edwards: UNHCR viewpoint: ›Refugee‹ or ›migrant‹ – Which is right? UNHCR, the UN Refugee Agency (11.7.2016). <https://www.unhcr.org/news/latest/2016/7/55df0e556/unhcr-viewpoint-refugee-migrant-right.html> (accessed 18.9.2020).

⁴ Edwards: UNHCR viewpoint (Note 3).

⁵ Government of the Republic of Slovenia: Pomoč beguncem, odziv Slovenije [Aid to refugees, Slovenia's response]. http://vlada.arhiv-spletisc.gov.si/pomoc_beguncem/odziv_slovenije/index.html (accessed 18.9.2020).



Figure 2: List and locations of reception and accommodation centres⁶

3.2. Timeline of events at the reception centre Brežice

3.2.1. First migrant wave

In Slovenia, we noticed the first increased number of migrants crossing into our territory in the middle of September 2015. The first wave of migrants crossed Slovenia between the 17th and 22nd of September 2015, when approximately 3,500 people passed through our territory. The border crossings with the Republic of Croatia in the municipality Brežice – Obrežje and Rigonce – were the main entry points for migrants. Slovenia was a transit country for the migrants, which is why they were taken care of, offered accommodation and processed in accordance with Slovenian and European law. Most migrants were issued a temporary permit to stay in the country, meaning they could

⁶ Government of the Republic of Slovenia: Seznanitev Vlade Republike Slovenije s poročilom o opravljenih aktivnostih ob drugem valu migracij na ozemlje Republike Slovenije v času od 15. 10. 2015 od 8. 12. 2015 s predlogi sklepov – novo gradivo št. 2 [Acquaintance of the Government of the Republic of Slovenia with the report on the activities carried out during the second wave of migration to the territory of the Republic of Slovenia in the period from 15. 10. 2015 to 8. 12. 2015, with proposals for resolutions – new material No. 2.]. (22. 12. 2015). http://vlada.arhiv-spletisc.gov.si/fileadmin/dokumenti/si/sklepi/seje_vlade_gradiva/VRS-migrant2-3_20_68.pdf (accessed 18. 9. 2020).

move freely around the country and had an open path to Austria at the same time.⁷ During the first days, medical care was provided by the Brežice Medical Centre and its team for emergency medical assistance (NMP). However, they soon realized that they will no longer be able to ensure adequate treatment for their citizens due to the numerous interventions at the border crossings of Rigonce and Obrežje. On their own initiative and employing their own human resources, they activated an additional NMP team. And on the 18th of September 2015, an outpatient clinic was established by the medical centres Brežice and Krško on the premises of the Brežice police station, which also served as a migrant reception centre. On the 19th of September 2015, a coordination group for the integrated medical care of migrants in the Lower Sava region was established, and the group began to set up an additional emergency medical assistance system with outpatient services at the reception centre at the Brežice police station. A trailer for mass emergencies for the Dolenjska region was also activated. Healthcare institutions from the wider region participated in the activities – Health centres in Brežice, Krško, Sevnica, Novo mesto, Šmarje pri Jelšah and General Hospital Brežice. The work equipment at the clinic and in the field was brought from Health centres Brežice and Krško, medicine and sanitary preparations were provided by Health centres Brežice and Krško during the first days, and later some were also brought in from the national supply. On the 22nd of September 2015, the coordination group was dismantled, there was also no further need to organize additional medical teams at the reception centre at the Brežice police station, as the flow of migrants (temporarily) stopped.⁸

3.2.2. Second migrant wave

The second migrant wave began during the night of 16–17 October, after Hungary decided to close its border, and lasted until the 8th of

⁷ Mojca Pristavec Dogič, Marjana Križaj: Migrantska kriza – Primer Slovenije. Podatki [Migrant crisis – The case of Slovenia. Data]. Državni zbor, Raziskovalno-dokumentacijski center (30.6.2016). https://fotogalerija.dz-rs.si/datoteke/Publikacije/Zborniki_RN/2016/Migrantska_kriza_v_Sloveniji_-_primer_Slovenije.pdf (accessed 20.9.2020).

⁸ Coordination Group for Integrated Medical Treatment of Migrants in the Lower Sava region: Report on the implementation of medical treatment measures and the establishment of an emergency medical assistance system for treating refugees in the Lower Sava region at the reception centre in Brežice and ensuring medical assistance at two border crossings. Rigonce, Obrežje 2015.

March 2016, when the decision to close the Western Balkan migration route was made. In only a few days, the number of migrants entering into Slovenia reached numbers significantly above the agreed-upon quotas. Once again, the inflow of migrant was largest in the municipality of Brežice, where besides the reception centre on the premises of the Brežice police station two additional reception centres were set up in a very short time in Dobova (Livarna located at a former foundry and one at the factory Beti). Every day between 8,000 and 9,000 migrants arrived, and occasionally even more than 10,000. The record was reached on the 21st of October 2015, when a little less than 13,000 migrants entered the territory of the Republic of Slovenia. The number of migrants at individual reception centres exceeded 2,000 several times, which is why security issues arose from migrants expressing their dissatisfaction with having to wait to undergo registration procedures implemented by the police. At the reception centre in Brežice, a serious incident occurred on account of this, namely a fire. Some migrants also caused disturbances at the reception centres, thereby compromising the safety of others. The situation improved after additional police officers and members of the Slovenian Armed Forces were sent to the locations. From the reception centres, migrants were transported with trains or buses to accommodation centres within the country (Vrhnika, Celje, Gronja Radgona and Šentilj), from where they were brought to the agreed-upon entry points at the border with Austria.

After the 4th of November 2015, the flow of migrants decreased slightly due to the sailors' strike in Greece. Approximately 6,000 to 7,000 migrants arrived every day, though towards the end of November the numbers began to drop to 2,000 to 3,000 per day. So it was mostly possible to hand over the migrants to the Austrian security authorities on the same day. With the coordinated efforts of all parties involved, the majority of migrants did not spend more than one day in Slovenia. The scope of the migrant situation required the deployment of additional workforce and resources, and the broader international community has also been called on for assistance.⁹ During the second migrant wave, medical aid has been organized in a similar fashion as during the first wave. For the most part, the migrants ar-

⁹ Government of the Republic of Slovenia: Seznamitev Vlade Republike Slovenije s poročilom (Note 6).

rived at the border crossing at Rigonce in an organized manner and Slovenian authorities escorted them from there to one of the reception centres or transported them to accommodation centres.

Until the 30th of October 2015, the reception centre in Brežice had four sites where migrants received first aid. At the reception centre on the premises of the Brežice police station, two clinics offering emergency medical assistance were operational. On average, 4,000 people were accommodated there, and an independent dispatch centre was also established.

At the border crossing of Rigonce (green border), between 1,500 and 3,000 migrants awaited further processing. Here, interventions were mostly implemented in the field. Migrants in need of assistance were brought for examination to the clinic at the Brežice police station. Numerous field interventions were carried out along the route the migrants had to walk to get to the reception centres, especially on the embankment along the river Sava.

At the location Livarna in Dobova, a team of the Hungarian Caritas agency was active with its field clinic consisting of 4 doctors and 4 nurses. Slovenian teams offering emergency medical assistance implemented emergency transports when required. On average, between 3,000 and 5,000 migrants were accommodated there.

On the premises of the factories Beti in Dobova, between 1,500 and 3,000 migrants were accommodated on average. A clinic was set up at this location, with medical students also participating in its operation.

After the 30th of October 2015, only the site at Livarna Dobova remained open, where the Hungarian Caritas continued to carry out its activities (later replaced by a team from Slovakia), and the site at the railway station in Dobova, where domestic teams worked.

During the second wave, the following healthcare institutions participated in offering medical assistance to migrants in the region of the reception centre Brežice: Health Centres in Brežice, Krško, Sevnica, Novo mesto, Celje, Ljubljana, Slovenske Konjice, Ivančna Gorica, Trebnje, Črnomelj, Kočevje and Metlika, Patient, Slovenian Armed Forces, paediatric residents, the Faculty of Medicine Ljubljana and Faculty of Medicine Maribor with support from their medical students, the Faculty of Health Sciences Ljubljana with support from their healthcare students, General Hospital Brežice, as the regional hospital, and the Slovenian Red Cross. International collaboration has also been established with the aforementioned Caritas, Doctors

Without Borders (MSF) and an emergency medical assistance team from Slovakia.¹⁰

After the 1st of December 2015, medical treatment of migrants at the reception centre Brežice has mostly been implemented by the international organization Women and Health Alliance (WAHA) and, if required, also with the participation of medical personnel of the Republic of Slovenia (teams for emergency medical assistance, hospital staff and volunteers from the healthcare sector).¹¹

3.3. Statistics of treatments at the reception centre Brežice

3.3.1. First migrant wave

Statistical data on medical treatments have been kept as of the 18th of September 2015 onwards and are incomplete.

Date	Number of people examined at the reception centre clinic	Number of field interventions	Number of people examined in the field	Total number of people examined
18.9.2015	42	11 (NMP ZD Brežice)	16	58
19.9.2015	71	1 (NMP ZD Brežice) + 4 (from SC Brežice)	16	87
20.9.2015	29	6 (from SC Brežice)	6	35
21.9.2015	26	0	0	26
Total	168	22	38	206

Table 1: Number of medical treatments at the reception centre Brežice during the first migrant wave¹²

¹⁰ Coordination Group for Integrated Medical Treatment of Migrants in the Lower Sava region: Report of the coordination group for integrated medical treatment of migrants in SC Brežice for the 2nd wave of migrants from the 17th of October 2015 to the 3rd of November 2015. Rigonce, Obrežje 2015.

¹¹ Ministry of Health of the Republic of Slovenia: Report on the Ministry of Health’s activities regarding the provision of medical care to migrants. Ljubljana 2016.

¹² Coordination Group: Report (Note 8).

It is assumed that we can add at least 100 unrecorded treatments to the total number of medical treatments. According to data from the Ministry of Health, six migrants have been transported to General Hospital Brežice during this time. The medical personnel mostly treated migrants suffering from dehydration, chest pain, urinary tract infections, upper respiratory tract infections, injuries (muscle pain, particularly in the lower limbs, blisters, ankle sprains) and fatigue. They also treated a couple of pregnant women.

3.3.2. Second migrant wave

All data published here is summarized according to sources of the Ministry of Health of the Republic of Slovenia.

3.3.2.1. Activities of Slovenian medical teams between the 18th of October 2015 and the 30th of November 2015

For the period between the 18th of October 2015 and the 4th of November 2015 we have relatively reliable statistical information, gathered by the coordination team. Within this time period, approximately 100,000 migrants entered Slovenian territory via the border crossing Rigonce. Slovenian medical teams provided medical assistance to 1,064 migrants, 663 of whom were adults and 402 children. The most common health problems among the migrants are presented in the table below.

Health problem	Number of migrants
Acute respiratory infection (ARI)	262
Abdominal pain, gastroenteritis	201
Injuries	63
Dehydration	59
Muscle and joint pain	57
Rash	50
Febrile state	42
Gynaecological problems	40
Hypothermia	32
Collapse	26
Urinary tract infection	21
Diabetes with complications	20

Headache	19
Eye problems	17
Problems of psychogenic origin	17
Toothache	16
Hypertension	12
Wound dressing	11
Allergy	7
Urgent surgical conditions	6
No diagnosis recorded	50

Table 2: Most common health problems of migrants between the 18th of October 2015 and the 4th of November 2015

We only have indicative information about the activities of the Hungarian Caritas agency for this time period, stating that they treated 631 migrants.

After the 4th of November 2015, when the flow of migrants somewhat decreased due to the sailors’ strike in Greece, the number of medical treatments also decreased. For the month of November, the statistical data is insufficient. There is only data on the daily number of migrant examinations. The daily number of examinations ranged from 5 to 32 treatments per day.

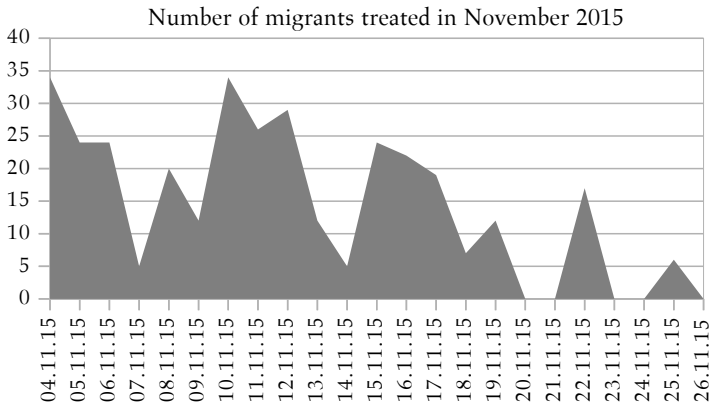


Figure 3: Number of migrants treated in November 2015

By the 16th of November 2015, 281 migrants had been treated at the General Hospital Brežice.

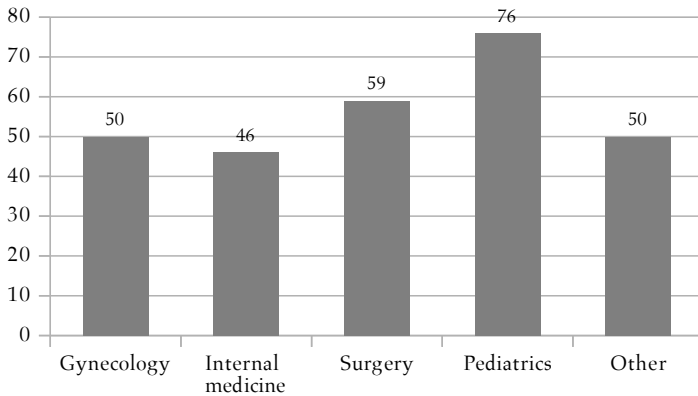


Figure 4: Number of migrants treated at individual departments of General Hospital Brežice

The most common health problems of migrants were abdominal pain, sprains, dehydration, hypothermia, hypoglycaemia, exhaustion, otitis media, intestinal infections, bleeding and pregnancy check-ups. On the 2nd of November 2015, one migrant was put on dialysis, and on the 3rd of November 2015, one migrant with suspected tuberculosis was transferred to the University Clinic Golnik.

We have no data on the treatment of migrants by the Hungarian Caritas for the period after the 4th of November 2015.

3.3.2.2. Period between the 1st of December 2015 and the 8th of March 2016

At the end of November 2015, the Ministry of Health set up a system of daily reporting on the number of treated migrants via a special application. For this period, we only have very imprecise data on the number of examined migrants and their medical problems. In this period, the majority of medical care was provided by foreign medical organizations, with the help of domestic emergency medical assistance teams.

Month	Number of medical treatments	Number of medical treatments – children	Number of medical treatments – pregnant women	Births
December 2015	2816	961	94	0
January 2016	2261	774	55	0
February 2016	1549	612	41	0
March 2016	170	66	6	0

Table 3: Number of medical treatments of migrants December 2015 – March 2016

Month	Number of people taken to the hospital	Number of people taken to the hospital – children	Number of people taken to the hospital – pregnant women	Number of field interventions
December 2015	51	19	1	40
January 2016	32	9	4	32
February 2016	12	1	2	12
March 2016	0	0	0	0

Table 4: Number of hospital treatments and interventions December 2015 – March 2016

Approximately 80 % of all problems that demanded medical treatment in this period encompassed acute respiratory infections, around 10 % abdominal pain and gastroenteritis, while other medical problems were ascribed to only a small proportion of all treated people.

4. Discussion

Slovenia was not prepared for the 2015 migrant wave. Between September 2015 and March 2016, approximately 470.000 migrants and refugees crossed Slovenian territory, resulting in a humanitarian disaster and creating a crisis that required close cooperation between numerous governmental and non-governmental organizations. It turned out that during peacetime, healthcare systems are often not prepared for extreme events such as the 2015 migrations. Adult applicants for international protection and other migrants are only entitled to emergency medical assistance on account of their status. The health problems of migrants are often excluded from emergency medical assistance, at least by definition and under existing legislation.¹³ During the first days of the crisis, existing emergency medical assistance teams provided medical aid to migrants. It was soon evident that the available personnel will not be able to ensure adequate medical treatment for the inhabitants of the municipalities of Brežice and Krško as well as all incoming migrants at the same time. As the situation was new and unexpected, no guidelines or instructions were available on how to best organise and provide assistance to so many people in such a short time. The situation most resembled a mass disaster. In accordance with the guidelines for action in the case of a mass disaster, a coordination group was set up, ensuring work organization and communication with the Ministry of Health. In a very short time, additional teams had to be assembled, as well as sanitary materials and medicine, and an information system established for recording treatments and the amount of materials and medicine used. Even though applicants for international protection are entitled to emergency medical assistance, health workers soon face the question of who will pay for all the services provided and to what extent they can even treat the applicant. The healthcare of applicants for international protection is determined by the Act on international protection, which stipulates that the national budget covers the applicants' healthcare expenses.¹⁴ At the beginning of the crisis, the personnel, medicine and materials were provided from the supply of

¹³ Helena Liberšar: Legal framework of the Slovenian healthcare system and access to medical services in Slovenia. In: Helena Liberšar (Ed.), *Medical Treatment of asylum seekers*. Ljubljana 2017, pp. 65–66.

¹⁴ Liberšar: Legal Framework (Note 3).

Health Centres Brežice and Krško at their own initiative, therefore it was important to set up a system for recording the use of resources, as precise data on costs were required for reimbursement. Because the first wave was so short, there were no official written instructions made available to the coordination group, and most communication took place via email or telephone. However, during this short period, the people responsible were forced to get organized and they were thus better prepared for the second wave.

Official instructions were issued more quickly, plans for various scenarios were drawn up, and persons responsible nominated. Additional people were also mobilised, from local medical residents to medical students, and medical organizations from all over Slovenia. A network of Slovenian voluntary medical professionals was set up. Several international voluntary medical organizations also offered assistance. The healthcare of migrants must be considered from a broader perspective, in the context of their refugee experience (journey, trauma, fear, persecution, mortal danger, etc.), and even in medically non-urgent cases adequate medical treatment, that does not complicate or worsen their health condition, must be ensured.¹⁵ When examining the health problems that made migrants seek medical assistance, we find that acute conditions, which could cause serious consequences if left untreated, were the most common. However, the medical condition of migrants can quickly be improved, with simple measures. As the migrants were at the reception centre for only a brief period of time, by definition a maximum of 72 hours, and in practice they were transported to accommodation centres on the same day, no suspected deteriorating chronic diseases were recorded among the treated illnesses. Wishing to get to their final destination as soon as possible, usually Western European countries, the migrants also kept certain health problems to themselves when entering Slovenia. Considering the length of their journey and the conditions in which they travelled, one would expect to find more injuries and locomotor apparatus issues, but the migrants probably mostly withheld these problems due to the aforementioned reason and decided to seek treatment at a later point in time. The migrants' mental state is also a distinctive, extremely exposed aspect of their health. Entering a country and starting the process of obtaining international protection first inspires hope for a better life. But during their time at an accommo-

¹⁵ Liberšar: Legal Framework (Note 3).

dation or asylum centre, the migrants face numerous stressful circumstances, from social isolation, financial uncertainty, loss of their role in society and family, limited access to healthcare, work and other activities, any of which can rob them of their dignity, sense of purpose and hope.¹⁶ More susceptible individuals can thus develop anxiety and depressive disorders, somatisation or start using psychoactive substances. The fact that upon arrival at the reception centre the migrants still hope for a better life, is the key reason that so few psychological issues are recorded. We must also take into account the language barrier that the migrants face. It is hard enough to talk about psychological issues, let alone do it in a foreign language or with the assistance of interpreters.

5. Conclusion

The migrant crisis of 2015 presented a great challenge for Slovenia and Slovenians. Nevertheless, the Slovenian public came together and quickly made the necessary preparations to welcome and attend to the migrants who were oftentimes in poor health. We managed to handle the situation with the maximum activation of all parties, both healthcare providers and volunteers, and make all the necessary arrangements in only a few days to be able to receive and treat migrants. When treating migrants, it proved essential to address healthcare in a wider context, especially with regard to their journey and the circumstances that made them leave their homeland. We must also account for the possible differences in perceiving medical conditions, their religious beliefs and the language barrier, which we were able to overcome quite efficiently with interpreters.

¹⁶ Liberšar: Legal Framework (Note 3).