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NURSING IN REFUGEE CAMP TOLUMBAT  
AUGUST 1944 - SEPTEMBER 1945

photo

The following is a brief and informal summary from somewhat incomplete records of the nursing activities in Tolumbat Refugee Camp from August 1944 to the closing of camp October 1945.

In August 1944 the first registered nurse Miss Needham came to Tolumbat to be the matron of the camp and to organize the nursing services for the expected refugees.

The camp population at that time was 400 and the medical services consisted of only an M.I. Room in which all the out-patient work was done and two adjoining sick bays with a capacity of six beds each.

There was at that time one doctor in addition to the P.M.O. The nursing was done by five Yugoslav Red Cross Aides under the direction of a British serjeant, a nursing orderly.

A large empty building, consisting of two main pavilions, a kitchen and several small working rooms, was now adapted for use as a hospital by the addition of latrines and other fixtures.

Refugee arrivals

The refugees now began to arrive in groups.

August 11th a group of 281 mothers and children arrived from Camp Khatatba.

September - Two groups of approximately 500 each mostly mothers and children arrived from El Shatt.

In November when Khatatba was closed another large group arrived at Tolumbat bringing the camp population up to about 2,200 of which about 1,000 were children under 10 years of age. Out of this number about 200 were Greeks and Italians the rest being Yugoslavs.

Development of Camp Nursing Projects

The picture presented by the Tolumbat children at that time was indeed a sad one. The older children sat around quiet and apathetic, their pale strained faces telling stories of deprivations and fearful experiences. Those under two years of age suffered generally from malnutrition. Especially pitiful were all new born babies of that time. Like old wizened men and women with claw like hands and old gray faces, they made their appeal for help to strengthen and restore that very slim grip they had on life. Accompanying the malnutrition were eye and skin infections. The eye infections - a conjunctivitis of undetermined origin } attacked a large number of children in the camp and many adults. This infection reached its peak in October and November. The skin infections were of different types with a prevalence of scabies.

There was no time to be lost to meet the urgent needs of the people and the following projects were started and developed.

1. The M.I. Room and Skin and Eye Clinics.
2. Baby Clinic and Milk Bar.

The M.I. Room continued as a clinic for adult patients as before, minor treatments being looked after by the M.I. personnel



and those requiring further treatment being sent to/hospital.

A separate skin clinic was set up in a room adjoining the M.I. Room. As there was a prevalence of scabies infections a scabies treatment centre was set up in a section of a bath house. Here treatment was carried out by the refugee women under supervision of the Public Health nurses.

The eye infections were treated in a separate room again, the purulent conjunctivitis cases being kept separate from the non-purulent cases.

There is no definite record of the number of cases treated when the infection was at its peak. But in December when it had subsided considerably there were still as many as 200 being treated twice daily in the M.I. room, this outside the patients who were in hospital.

The eye infections gradually subsided with the improvement in the general health of the refugee population, till in May 1945 the number of cases in camp were down to 20.

With the event of the fly season and hot weather there was an increase again in eye infections up to 90 cases. These cleared up quite rapidly however when cooler weather set in and once the fly situation was under control.

#### Milk Centre and Baby Clinic

To meet the needs of the small children in the camp a Baby Clinic and Milk Station was opened in August 1944. In one section of the building, a paediatrician held medical consultations for children while in the other end of the building a Milk Bar was set up.

Here milk and other formulae and special foods were prepared according to prescription and served to the small children at different periods of the day.

The following types of meals were being prepared and served in the Milk Bar:

1. Full milk formula,
2. Half milk,
3. 2/3 milk,
4. Biscuit porridge,
5. Rice water,
6. Cocoa,
7. Milk rice,
8. Tea,
9. Camomile

In addition to these foods, vitamins in tablet form as well as oranges and lemons were served.

In the beginning before the children's feeding programme had been established in the camp kitchens, some 700 children were served in the milk bar daily.

As the condition of the children improved and with the establishment of a camp children's feeding programme in the kitchens, the attendance in the milk bar decreased down to 80 a day when camp closed.

The diets in the milk bar were prepared by refugee women



under the direction of a nurses' aide who also served the diets according to cards presented by the mothers, the whole set up being supervised by the Public Health nurses.

By the end of November the camp boasted a well organised public health nursing programme under the supervision of Miss Jean Harper assisted by Miss Louise Smith.

In addition to the above mentioned projects, the following had now been organised as well.

A prenatal clinic which was held once a week and was continued regularly until the end of June when with only three prenatal patients they were routed to the M.I. Room clinic.

A Well-Baby clinic was organised in November. This clinic was held three afternoons a week entirely supervised by Public Health nurses and nurses' aides. The babies were weighed, inspected for general health and immunized as necessary. Those who were under weight and in need of medical supervision were referred to the baby doctor.

The plan was to examine all children from infancy to 3 years once each month.

At the last baby clinic in September it was a pleasure to compare records and note the splendid general health of the smiling lot of clean, well nourished children.

Classes for mothers in Child Care - Regular classes were held for mothers of small children and they were given a course in child care with practical demonstrations by the nurse. These courses were given through an interpreter who also assisted with the tent visiting.

General Tent Visiting was organised for purposes of follow up visits of patients discharged from hospital, as well as for supervising mothers of small children.

Tent Inspection - The Refugee Camp Committee had one member responsible for health and hygiene. Under her direction a group of refugee women made regular tent inspections.

General tent hygiene seemed one of the greatest problems and several meetings were held by the sanitary engineers, public health nurses and refugee tent inspectors for instruction purposes. Under the direction of this group camp clean up campaigns were held at different times and during fly season fly campaigns were organised.

Immunisations were carried out on a small scale of 80 a day or so until a large immunisation parade was held in May, when immunisations for the whole camp were completed. That is for typhoid, typhus, smallpox, diphtheria. In September the whole camp was given typhus boosters.

School Health Programme - This was worked out with the fourteen refugee teachers in January 1945. It included a physical examination of all children. A course of lessons in hygiene <sup>was</sup> given by the refugee teachers and children were referred to camp dentist and doctors as necessary.

Teeth were a special problem. All the children practically required dental attention. With only one dentist in camp, only the most urgent needs could be filled.

Tuberculosis control - This was another project. Contacts



of known cases and old healed cases were supervised and periodically sent for examination and X-rays to Alexandria.

The HOSPITAL - As mentioned before the hospital opened with an initial census of 5 patients 19 August 1944. With the increase in camp population, the census increased rapidly as follows:

End of August: 47 patients most of these children under five suffering from malnutrition.

Average daily census:

1944-	September	: 47 -	Children	39 -	Adults	8
	October	: 45 -	"	40 -	"	5
	November	: 44 -	"	38 -	"	6
	December	: 50 -	"	41 -	"	9
1945-	January	: 53 -	"	41 -	"	12
	February	: 60 -	"	48 -	"	12
	March	: 47 -	"	34 -	"	13
	April	: 45 -	"	32 -	"	13
	May	: 37 -	"	25 -	"	12
	June	: 30 -	"	18 -	"	12
	July	: 21 -	"	11 -	"	10
	August	: 21 -	"	14 -	"	7
	September	: 22 -	"	16 -	"	6

In September and October 1944, there was a small measles epidemic in the Camp as many as 12 children at the most being hospitalised with measles.

To provide isolation for these cases, tents were put up at the back of the hospital.

In December and up to February inclusive, the hospital census increased due to a prevalence of respiratory conditions such as colds and pneumonia.

The Hospital carried its peak load in February. Nursing in those days was not easy

The rains had come beginning the end of November and not really letting up until March. The ground on which the hospital was situated was very low, consequently the tents were flooded out and any remaining infectious patients had to be accommodated in the hospital proper. With only two large wards, makeshift isolation quarters had to be arranged by the use of curtains, screens, etc. And the hospital roof leaked. The writer arrived at Tolumat hospital in December on a day when the rain came down in torrents and in the hospital every possible container was set up to catch the water, but still it ran in little streams and rivulets along the concrete floor. Beds were shoved into those areas where the roof did not leak and for the protection of the patients covered with ground sheets.

Meanwhile there were workmen upon the roof, which was constructed of sheets of corrugated iron held on by sand bags, trying to stop the leaks.

And it was cold. The few kerosene heaters we had were inadequate to heat the large wards with their high ceilings. Consequently children were in their beds fully dressed, some even wearing their coats.

During the nights in January and February, the temperature inside the Hospital went down to 4° above freezing several times.



That with rain and wind made hospital night duty quite unpleasant for the night nurse. The patients were covered but the nurse somehow had to keep warm while she did her work.

Hospital Linen - One of our hospital problems was to keep the linen from disappearing. It was not only removed from the hospital, but exchanged as well, that is old worn pieces being left for good pieces that were removed. This went on in spite of locked linen room and a system of counting linen out and in to the laundry.

The Arab dhobie washed the hospital linen for a few months, then in January a laundry was set up for the hospital.

The laundry consisted of an ablution hut with three concrete ablution tables each having a drain along the centre and cold water faucets. Hot water being obtained from heaters outside. Here the refugee women washed the linen on the flat surfaced tables, then hung it up on the lines to dry. In the afternoon it was brought in by the women folded and checked by a sister before being put away. During the rainy season, we draped diapers and baby clothing over beds and chairs to dry it.

Hospital Routine - The hospital was not equipped for surgery or obstetrical work. So any patients requiring surgery, all obstetrical patients and any seriously ill patients requiring examinations that could not be done in camp, were sent to hospitals in Alexandria. So our patients were mainly medical.

We had our patients segregated as follows. To the infants' ward which had a capacity of 50 beds, we admitted children under 2 years of age. Children over two years of age were segregated in the adult ward.

It was several months before we had a definitely established ward routine.

For instance during the cold winter months it was very difficult to carry out a definite bathing schedule. The wards were much too cold to strip and wash patients. Most of the time the only hot water available had to be heated outside the hospital and carried in. Then also the Yugoslav mothers were horrified at the idea of complete baths in winter. To gain their confidence and make them feel that they could trust their children to our care, we had to be very careful in introducing new procedures.

Finally in March, an improvised wood burning stove was put up in a corner of each ward and this gave us an idea for a bathing centre. Mrs. Perry, who was then in charge of the hospital, procured an ablution table from somewhere and set it up behind the stove. With screens we partitioned a nice little room all around the stove. Here two at a time we undressed our children and gave them tub baths. Our Yugoslav aides, the bolnicarka, would not assist us with the bathing procedure at first. But when they realised that the children were warm and comfortable and came out looking fresh and clean, they finally accepted this new procedure and took it over as their duty. The mothers too accepted it and daily baths, or twice a day during the hot weather became accepted routine.

Feeding children - The fifty beds in our infants' ward



were occupied mostly by children suffering from malnutrition. Some of these children were admitted to the hospital when they arrived in August and September 1944 and a few of the cases were still in hospital when it closed October 1945.

The rehabilitation of these undernourished children was probably the most important work done in the hospital by the doctors and nurses and it certainly was work that required much patience.

The children were all treated on an individual basis. A diet feeding schedule that would be successful with one child might not work at all with another. So step by step and very slowly these children were nursed and fed and helped to regain their hold on life. It required unlimited patience to break faulty feeding habits in many cases and to teach better ones. There were always the mothers to cope with. To this day some mothers did not absorb what they were taught about feeding children, others again learned very quickly.

It was a great satisfaction to see thin little faces fill, eyes become bright and limbs straighten out as the months rolled past. And then to have the first teeth appear even if they were late and babies beginning to walk at 16 - 17 months of age. Why relief work was really fun we thought.

Our adult patients were mostly cases of gastritis, dysentery, a few cases of typhoid, malaria, pneumonia and general debility.

When repatriation began in May, the health of our adult population improved remarkably. The women were happy looking forward to going home. Then when transportation facilities were cut off and repatriation stopped, there was a general despondency among the women and M.I. Room attendance increased noticeably.

Nursing Personnel - As the camp population increased last fall, suitable young women were recruited from the refugee camp population for work with hospital and clinics.

The best qualified of these young women were sent to El Shatt camp for a 3 months' course in Elementary Nursing. Others were trained informally in the hospital and clinics by demonstrations and informal lectures given by nursing sisters.

These nurses' aides or bolnicarka were for the most part willing and interested and on the whole did good work. The nursing sisters will always remember many amusing little incidents that occurred in the training of these girls. Such as finding a young lady administering the medicines in the proper and approved manner but no shoes on her feet "because it is too hot"!! Or coming into the ward and hearing a regular chorus "Dalmatisha" bolnicarka while making beds and patients joining in lustily.

Did the sister's mind fly back home? Quiet hospital wards, white tiling, shiny furniture, well cared for patients, immaculate white clad nurses, silent, swift - professional atmosphere.

These patients too are well cared for and these singing girls have made them comfortable. They have never been in a modern hospital, many of them have had only 4 years elementary school. They really learned much and most of them truly



appreciated being taught.

The language difficulty was not too much of a problem. Some of the nurses did very well, learning to speak and understand Yugoslav. And some of the bolnicarka understood quite a lot of English.

On the whole we understood each other quite well and with an interpreter to help us out occasionally, we had little trouble. For after all nursing is essentially "doing" and it requires few words to show a patient that you are interested in her or his welfare. A refreshing sponge, a clean sheet, a comfortably arranged pillow and a pleasant smile are understood by any patient of whatever nationality.

Nurses at Tolumat - The nurses at Tolumat were recruited by UNRRA from many different countries. England, U.S.A., Canada, Australia, Palestine, Czechoslovakia and Egypt.

It was an experience and an opportunity to work with nurses from other countries. It made one realise more than ever that the personal attributes and professional skills that make a good nurse in America, or Canada, or England are also the attributes and skills of the good Palestinian nurse. Certainly there could not have been a better way of getting acquainted than by working together during those rainy nights, over those poor feeding problems, or during the bright summer days when the results of all our efforts were so obvious in the happy care free children all around the Camp.

Nursing was not all that was required of the nurses either, perhaps not as much nursing as they had expected. There were hours spent in working over kerosene stoves and trimming wicks of hurricane lamps, improvising and making do with the equipment available, keeping warm while on night duty, etc. etc., mending hospital linen, devising ways and means of preventing its disappearance, soothing the mothers of our little patients and persuading them that their children were in good hands.

In other words it meant adapting yourself to your environment, improving conditions when possible, accepting these that could not be improved, then doing what could be done cheerfully.

#### Numbers and Distribution of Nursing Personnel

August 1944 - Opening of Hospital & Camp Activities -	
Camp Population:	400
Registered Nurses	2
Bolnicarke	17
February 1945 - Health activities at their highest peak.	
Camp Population:	2,200
Registered Nurses	11
Nurses Aides Trained	8
Bolnicarke	30



Distribution:

Matron ...	...	...	...	...	...	1
Public Health	...	...	...	...	...	2
M.I. Room	...	...	...	...	...	1
Secretary to P.M.O.	...	...	...	...	...	1
Hospital	...	...	...	...	...	6

Total : 11

September 1945 - Prior to Camp closing.

Camp Population: 1,300

Registered Nurses ...	...	...	...	...	4
Trained Nurses Aides	...	...	...	...	5
Bolnicarka ...	...	...	...	...	19

Distribution Nurses:

Matron ...	...	...	...	...	...	1
M.I. Room	...	...	...	...	...	1
Hospital	...	...	...	...	...	2

Distribution Trained Aides:

Public Health	...	...	...	...	...	1
M.I. Room	....	...	...	...	...	1
Hospital	...	...	...	...	...	3

Working hours for Nurses and Bolnicarka

As soon as it was possible an eight hour day and six day week was instituted. As the work became more organised it was possible to allow one and one half day per week. During the last four months, the bolnicarka worked only a six hour day.

Illness among Nursing Personnel

During the months January to September, nursing days lost through illness and subsequent leave of absence.

Nurses and trained Aides ...	...	...	...	194
Bolnicarka ...	...	...	...	300

The bolnicarka nursing days were lost due to colds, pleurisy and other minor ailments. Among the nurses, there were four cases of infectious jaundice and one case of paratyphoid followed by pneumonia, two cases of dysentery besides a few colds.

The following is a list of the registered nurses and trained nurses aides who were on the Tolumat nursing staff.

Nurses:

Miss I. Needham	- England
Miss B. Sawyer	- "
Miss Morris	- Australia
Miss C. Zieglerova	- Czechoslovakia
Miss N. Hernley	- U.S.A.
Miss M. Suchich	- U.S.A.
Miss J. Harper	- U.S.A.
Miss L. Smith	- U.S.A.
Miss J. Polson	- U.S.A.
Miss M. Lomnasan	- U.S.A.
Miss J. Magley	- U.S.A.
Miss H. Eldred	- U.S.A.
Mrs. M. Perry	- Canada



Nurses:

Mrs. E. Troop	- Canada
Miss H. Reimer	- Canada

Trained Aides:

Miss A. Mosse	- Germany & Palestine
Miss E. Cohen	- Egypt
Miss G. Buchsbaum	- Holland

CLOSING DOWN

We began closing down some of our health operations in May and June as our population decreased.

In the hospital we concentrated all our patients in one Ward since our hospital census had dropped to 21 patients this was not difficult.

On 4th October when the last group of our remaining 1,400 refugees left for El Shatt, the hospital was closed and with it all remaining health activities such as Milk Bar and M.I. Room.

Tolumbat is being dismantled. The tent city that for over a year was the desert home of some two thousand homeless men, women and children is no more. Gone are the laughing sun burned children and their serious peasant mothers. There will soon be nothing left but the sand which covers all. And the sea only will remember the story of Tolumbat.

*H. Reimer*  
H. Reimer,  
Matron.