HELPING LIBYA IN THE NETHERLANDS

Libyan doctor Abdel Hakim (35) has never voted in his life. Gaddafi's dictatorship subjected his country to 42 years of suppression. But Gaddafi and his regime are now gone and Libya is moving towards democracy. On June 7th 2012 the first elections were held, a major step towards a more pluralistic Libya. However, Dr Hakim was not able to vote. At that time he was staying in the Netherlands where there is no Libyan embassy. There he assisted Holland InterCare with medical aftercare to 52 Libyan patients with severe injuries. "It was disappointing I couldn't celebrate this major event in Libya. But helping my fellow citizens abroad felt enormously rewarding too."

Times are changing in Libya. The country is rebuilding. But the devastation left in the wake of the past year's events has seen many unprecedented challenges for Libya's new leaders: rebuild the damaged infrastructure, form institutions, formulate a constitution, create a legal system and revitalise the country's shattered health system, to name but a few. Due to its modest population of approximately 6 million people, Libya was, on a per capita basis – at least on paper – the third richest country in Africa. According to World Health Organization (WHO) figures, Libya lead the way in having the highest number of hospital beds per capita in the region. However, due to poor management, medical services were lacking in quality and many beds remained unoccupied. Hakim: "We could have achieved so much more. Gadaffi's regime destroyed our minds and disgraced our country."

During the civil war, Hakim worked at the emergency room of a field hospital near Tripoli. With limited means he treated hundreds of patients. After huge calamities Hakim sometimes had to deal with three patients at once. He had to take immediate decisions of life or death. Thumbs up for chances of survival, thumbs down for lost causes. It was a stressful and arduous time. "I can't remember how many consecutive hours I worked. There was a constant stream of patients. You just kept going. A doctor has to." He vividly remembers the ambulance he accompanied was fired at heavily. He and the other doctors were injured. But they remained focused on caring for their patient.

NOT TAKING SIDES

As a child Hakim always dreamt of growing up to be a doctor. He was motivated by his interest in medicine and an unconditional support to his country. "As a doctor you never take sides. You treat everyone, wherever they're from or whoever they are." As the eldest of a wealthy Libyan family from Benghazi, he was the first to go to university. He graduated in 2005 from Tripoli University and specialised in emergency medicine. "Taking urgent action for people in a critical state gives me thrill. You can help on the spot."

In the emergency room Hakim was put to the test not to take sides in Libya. For decades his family in Benghazi was suppressed and punished by Gaddafi's regime. In the early nineties his uncle and cousin were plotting against Gaddafi. The coup failed. Hakim's uncle was killed and his cousin was captured. Gaddafi sought revenge by putting Hakim's father and uncles in prison, destroying the family homes, not paying salaries, cutting off electricity and preventing Hakim's brothers and sisters from going to university. Hakim was lucky as he already got the chance to study medicine at the Tripoli University. Though he couldn't use his blemished family name as there was a fair chance of being forced out of the university by the regime.

SHATTERED HEALTHCARE SYSTEM

Since his graduation Hakim had worked at the emergency room of local (trauma) hospitals in Tripoli. The healthcare system was "managea-

ble" according to Hakim. But the 2011 conflict shattered the system and took a heavy toll on the people of Libya. Although there are no accurate figures for the numbers of people killed, missing or injured, estimates are usually in the tens of thousands. The scarce medical services and facilities were badly damaged and hospitals were stretched to the breaking point by the thousands of people wounded. On top of that, many of the foreign health workers who staffed Libya's health services fled the country. The remaining Libyan doctors could not deal with the amount of patients and specific war wounds like bullet wounds and shrapnel wounds. To ensure proper medical care, thousands of patients were sent abroad. From November 2011 on, countries as the US, India, Turkey, Germany and the Netherlands provided treatment not available in Libya and eased the pressure on Libyan hospitals.

LIBYAN WAR-WOUNDED PATIENTS TREATED IN THE NETHERLANDS

The Netherlands took care of 52 Libyan war-wounded patients. Their treatment and stay were paid by the National Transitional Council of Libya – Libya's interim government – and coordinated by Holland InterCare (HIC), a private company with over 15 years of experience of mediating very sick patients from several worldwide countries to the Netherlands.

The patients were selected in Libya by a Dutch medical team on the basis of their injuries. The Calamity Hospital in Utrecht received these patients for a first check-up. After testing, screening and first treatment they were moved further to other Dutch hospitals throughout the country. To make the patients feel as comfortable as possible, HIC arranged Arabic speaking buddies, psychologists, a Libyan point of contact, mobile phones and halal food. Muslim prayer halls were close by. After patients were dismissed from hospital, they received ambulatory and aftercare in Dutch hotels and nursery lodges until they were ready to return to Libya. HIC asked Hakim to assist in the Netherlands. His experience and knowledge of the current healthcare situation in Libya was needed to make profound decisions on whether patients were able to return to Libya. The help was reciprocal as Hakim has learnt about Dutch medical treatment. "It was an interesting experience to see and meet my fellow citizens in such a different world. One of

them was really scared and wasn't able to walk. We tried everything. His future looked bleak and we didn't know what treatment could help him. But then a Dutch physiotherapist used a holistic approach and treated the patient more as a friend. All of a sudden the patient opened up and took his first steps. Now he can walk again. It felt like a miracle. This approach was new to me and is hardly used in Libya."

DUTCH AFTER-CARE

HIC's and Hakim's main concern was the health of the Libyan patients, which need to be continued in their home country. Knowledge from Hakim and his contacts provided insight regarding the actual Libyan healthcare situation. And whether or not Libya was able to provide proper medical care for the remaining patients in the Netherlands. Furthermore, Hakim investigated in what way a sustainable relationship between Dutch and Libyan medical services could be realised.

At the moment there are still too many war-wounded patients and not enough beds in Libya, particularly in rural areas. One critical problem is the lack of primary health care facilities, such as local clinics and district hospitals. Most hospitals are overloaded and there is a lack of medical equipment. Hakim thinks sending patients abroad is still inevitable. "There are patients who are in desperate need of proper medical care which Libya cannot currently provide."

Apart from that, there are other short term solutions for immediate, practical help. Rather than receiving patients in the Netherlands, Dutch medical facilities could help on the spot in Libya by setting up local medical and physiotherapy centres , sending ambulances, medical equipment and increasing the pool of trained doctors and nurses. Libya has well-educated doctors but lacks some specialties such as neurology, advanced surgery, mental health and psychosocial support. Furthermore, Libyan nurses appear to be badly trained and in need of better education. Hakim: "At the ER I prefer working with international nurses from India or the Philippines. You had to explain everything to Libyan nurses, which takes too much time." As Libya is slowly moving towards democracy, more opportunities are arising for setting up long term relations between Dutch and Libyan medical

services. Libyan healthcare needs to be rebuilt and Hakim thinks the Netherlands could assist. For example by setting up and improving medical protocols, creating new systems, scaling up primary healthcare, strengthening and improving laboratory and radiology services. The Netherlands could also assist by creating allied healthcare programmes including physical therapy, speech therapy, clinical social work, laboratory sciences, and nursing. This way countries like the Netherlands could facilitate creating and strengthening Libya's healthcare system by making it more sustainable.

Hakim hopes to follow a post-graduate programme in emergency medicine, preferably in the USA or Germany because of their perceived high standards. After spending months in the Netherlands the University of Amsterdam is another option too. "There are interesting post-docs over here. And I like your capital. It's organised, open-minded and the people are friendly and helpful." But he will return to Libya as soon as possible. "My country needs my hands. Especially now. We can achieve so much more now Gadaffi is gone. I can't wait to be part of a new, democratic Libya."