**Dermatology and human rights in the most known refugees camp in Beirut-Lebanon**

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A “refugee camp” is a temporary settlement built to receive refugees and people in refugee-like situations. But sometimes, it can be a place of hope and relief.

One of the oldest refugee camps in the current era exists in Lebanon: Chatila refugee camp.

Originally set-up for Palestinian refugees in 1949, this camp is located in Chatila, Southern Beirut, and houses more than 9842 registered Palestinian refugees. Since the eruption of the Syrian civil, the camp has swollen with Syrian refugees. As for 2014, the camp’s population is estimated to be from 10.000 to 22.000.

**History**

Chatila was set up by the International Committee of the Red Cross to accommodate hundreds of refugees who came there after 1948 conflicts in northern Palestine (currently Israël). In 1982, the camp was the breaking news because of a 38-hour massacre of many civilians mostly Palestinians.

Since the eruption of the Syrian civil war in 2011, Lebanon’s population has swelled by more than 1 million Syrian refugees. The camp has also swollen with Syrian refugees.

The camp compromises approximately 1Km2 and thus has an exceptionally high population density.

**Dermatology in Chatila: a practice or a prayer?**

In winter 2014, I had the chance to visit Chatila for the first time in my life. Although I am Lebanese, the camp is autonomous in a way, and does not have a good reputation because of the fear of the hosting population. It is my work with Professor Aldo Morrone that opened the door for me to make a trip behind the grey walls of Southern Beirut’s overrun Chatila camp.

Professor Morrone who is an incredibly dedicated dermatologist and master in skin diseases was taking care of these people affected by all sorts of diseases. Before we head there, he was talking to me about his Ethiopian experience. Based on his words, I felt that this man does not practice Dermatology, it is rather his own way to meditate, think and pray.

**Behind the scenes of the first journey**

We arrived there. A kind woman, Palestinian, who works with the United Nations Relief and Works Agency (UNRWA) welcomed us and took us for a walk. We had to see for the first time what extreme non-human conditions are! Monica, a member of the team was controlling her tears. Despite these unusual scenes for us, young children were playing, men were chatting animatedly…what was unusual for us was real life for them!

A painting of Yasser Arafat’s face overlooks the camp, while posters incite young people to join the perennial fight to liberate the motherland. It was more Palestine than Lebanon.

Professor Morrone was asking the kind woman about living in the camp, going to school, environmental health conditions…he was interrupting her answer to take photos with some children who recognised him: “this is the Italian doctor”!

“The camp was originally built for 3000 in 1949, it is now home for up to 22.000”, the woman said. Electricity is intermittent at best, and the salty water that runs through the pipes in not drinkable.

The woman also explained that according to UNRWA, 56% of the population do not have jobs, and 66% live on less than 6$ per day! Environmental health conditions are extremely bad: damp and overcrowded shelters with open drains…

Most people were welcoming us as tourists having a tour with the well-recognized face of the kind woman. Some others were previously treated by Professor Morrone during older medical trips. Some bread was baked, some sweets, but the majority of the “stores” were closed because the timing was early. The walking round was fast, we had to start seeing patients.

A crowded queue was formed with mothers bringing their children or their older relatives to be examined for skin conditions. Professor Morrone and I had to examine these families in the mobile clinic in parallel because of the huge number of people asking questions. For me, it was a fast but condensed review of my Dermatology textbook: eczema, scabies, pubic lice, hair lice, leishmaniasis, fungal skin infections, herpes, psoriasis, warts and condylomas, actinic keratosis,…In a short time, I reviewed many chapters, with live lesions, interesting locations of diseases, unusual presentations where I had to get back to Professor Morrone’s experience. And also, it was interesting to discover the culture, the language, the mentality and the conditions behind every answer they gave in reply to my medical questions.

**By the end of the day: only thoughts and reflections!**

On our way back, every member of the team had his own feelings and thoughts of the day. What a blessing I lived in by going to a school! How can I live in a city without knowing what was happening behind the walls of its most known camp?

But Professor Morrone came up with 2 more reflex ions for me to think about:

* “We examined, he said, a lot of skin conditions. But imagine how many more interesting cases we missed because what we saw today is only one percentage of the whole!
* “Imagine after all what we saw, how could these people, especially the children smile?

Life inside the stark grey walls, in a cramped and overcrowded concrete labyrinth means being deprived of basic human rights. When migrants and refugees are on the move, they often experience disrupted or uncertain supplies of safe food and water, as well as poor sanitation conditions. But when these conditions become the way of living for more than 60 years, one must ask about the respect of the dignity of these refugees! These people have a lot of lessons to teach us in terms of solidarity, yearning for justice, and of smiling despite the non-human conditions. And as Professor Morrone has always told me, it is through the skin that we can live such experiences, have all these thoughts and reflections.