



A Mobile Health Unit In Syria

On New Frontiers

CONSIDER the disinherited of the earth, homeless refugees benumbed by poverty, famine and pestilence, pioneering on farm lands in the Near East. With empty hands and broken health, they are trying to found new homes for their children in Greece, Syria and Bulgaria. In their remote and lonely colonies, babies are born bereft of their birthright and there is small hope for youth. Through emergency war relief, the American people came to know and understand refugee background and suffering. Through Near East Foundation, the opportunity is here to vitalize that knowledge with practical assistance during these crucial years of rehabilitation. Mobile Health Units, equipped and maintained by friends in America are working in isolated new settlements, among sick and discouraged families, to help them combat disease, grim foe to the success of their hopes.

Without Health There Is No Future

Refugee Village

DISEASE, most of it preventable, causes appalling loss of life in the Near East. Malaria, tuberculosis and diseases resulting from intestinal parasites, are uncontrolled. Trachoma, with its threat of blindness, is a menace to everyone. Scant crops bring poverty, malnutrition and lowered vitality. Ignorance of child care results in a high infant mortality. In one area, 720 babies out of every thousand died in their first year.

The death rate from tuberculosis in Greece is twelve times that in the United States. Malaria is virulent in refugee camps and villages. It is not uncommon for an entire village to be incapacitated by the fever while crops rot in the fields.

Hospitals and doctors are concentrated in coastal cities. The interior is almost entirely without medical service and rural peoples know nothing of disease carriers or of the simplest laws of health. Homes are incredibly dirty, dark and unventilated. Drinking water often is polluted. The sick are not isolated. Children are neglected.

In Refugee Villages

Such conditions, typical of backward native villages, are intensified in refugee centers where disease too often reaches epidemic proportions. The situation in Syria can be duplicated wherever refugees are located.

About 100,000 Armenians exiled from Turkey, who found refuge in Syria, have been living for ten years in great camps in Aleppo, Alexandretta and Beirut, in squalor beyond words. Now, from funds contributed in America, England and France, refugee families are being aided to leave the overcrowded camps. They are allotted a small plot of land, some building materials and supplies to last until the first harvest. With this inducement, many refugees have gone to northern Syria, where they form communities of 50 to 150 families to engage in farming.

Joy fills their hearts at the thought of a real home again and the chance to plan better things for them and their children. But years of camp existence have ill equipped

Refugee Camp



If the new farm colonies fail, the refugees must return to slum city camps such as this.

broken in spirit. This is a gloomy picture of what has happened in some villages. It need not happen. Syria offers the exiles their one chance for a home. But Syria has no governmental program of health and education and the refugees are too poor to provide their own. Our aid is encouraging the new colonists to hold to their purpose.



Inspired by the Foundation's Health Nurse, this swamp has been drained and crops now grow there.

HEALTH PROJ

Albania: Malaria Prevention and

Greece: Tuberculosis Prevention (Athens)

Village health and bet

Syria: Mobile Unit for refugee

\$3,000 will buy and co

\$1,000 provides an Ameri

\$25 provides a native nurse

\$5 buys a case of condensed milk
12 children for

them for the hazards and demands of rural pioneering. Their isolated settlements, among impoverished Arab fellahen (peasants) have little contact with organized civilization.

Refugee homes are huts of sun-baked mud, closely huddled to save the cost of extra walls and roofs. They are too poor to buy window glass and so sunlight and fresh air are barred. A hole in the roof often is the only ventilation. Their only fuel is dung which they form into cakes and plaster upon the walls to dry. There is no proper sanitation. Few villages have an adequate water supply. Children have no schools. The neglected soil needs several years of cultivation before it can produce adequate food. Stomachs are empty, resistance is low.

Progress Depends on Health

Their first high hopes are dashed by the onslaught of disease. Parents watch helplessly as their children sicken and die. Even the strongest adults succumb to malaria. They can't work. Everything falls to neglect. A village soon becomes demoralized. People who have lived through the nightmare of deportation and camp life, are crushed beneath this added discouragement. They drift back to the city refugee camps,



They crowd our clinics. Like mothers everywhere, these refugee women want their children to be well.

EFFECTS FOR 1931

and Village Health . . .	\$6,000
in a refugee camp	9,000
ment in Macedonia!	6,600
and native villages	7,450

quip one healthmobile.
 can nurse for six months.
 o-assistant for one month.
 (48 cans) — extra feedings for
 one month.

village. It also serves as a clinic along lonely roadsides and in settlements where there is no room clean enough for clinic uses. The Healthmobile carries a supply of milk and cod-liver oil which is saving many children's lives. It brings the posters and pictures which are used to illustrate health talks. When necessary, it conveys a patient to the Aleppo hospital, five hour's drive away.

When the Healthmobile reaches a village on its schedule, all who are not needed in the fields, are waiting to welcome it. In some colonies, the people have put up a native hut as Health Center and headquarters for the nurse. At the center, or in lieu of that, beside the Healthmobile, a clinic immediately gets under way. Nurse and doctor diagnose and treat an average of a thousand cases a month. Children, with few exceptions need trachoma treatments and almost everyone requires quinine to counteract malaria.

In the Homes

Miss Slack visits each home, winning interest in better child care, home-making, pre-natal care and other modern aids to disease prevention. Her presence is the occasion for a general scrubbing up and her campaign for cleanliness has earned her the title of "Miss Water Soap." The children are the chief objects of her attention.

Unkempt hair is cut away from sore eyes and a thorough bathing supervised. She organizes play for the youngest and games and handcraft groups for the older ones, teaching in this fashion, lessons of personal hygiene and good habits. Supplementary feeding is supplied for the undernourished and a record is kept of the conditions of all the children under the nurse's care.

Village Improvement

Each evening, after the men return from the farms, there is a meeting of the adults to discuss village improvement projects. In one village the men were encouraged to drain the local swamp, performing the necessary labor after a hard day's toil. As a result, the village has more acreage for cultivation and malaria has practically disappeared. In another community suffering from lack of water, Miss Slack brought in an expert from Aleppo to advise the people how they themselves can solve the problem.

Under her leadership, each Health Center has become a center of village progress and a demonstration in cleanliness. In all villages served by the Health Unit, better ways of living slowly are supplanting insanitary habits and despair has been replaced by a new spirit of hope.

WITH the regularity of a commuter's train, Near East Foundation's Mobile Health Unit is making the rounds of new refugee farm villages in northern Syria, caring for the sick and working among the village people, refugee and Arab alike, to help them control the diseases which afflict them.

An American public health nurse, Annie Earle Slack, is director of the Health Team. Miss Slack studied under Mme. Curie and has had nursing experience in many lands. With disease prevention her goal, she is developing a health program that reaches into every corner of the people's lives and uses every native resource for village betterment. The team includes a local graduate doctor from Beirut University, a local practical nurse and a chauffeur-assistant. Each member is assigned specific duties in the village health program.

The Healthmobile

An American ambulance, known as the Healthmobile, transports the Health Team from village to village. It also serves as a clinic along lonely roadsides and in settlements where there is no room clean enough for clinic uses. The Healthmobile carries a supply of milk and cod-liver oil which is saving many children's lives. It brings the posters and pictures which are used to illustrate health talks. When necessary, it conveys a patient to the Aleppo hospital, five hour's drive away. When the Healthmobile reaches a village on its schedule, all who are not needed in the fields, are waiting to welcome it. In some colonies, the people have put up a native hut as Health Center and headquarters for the nurse. At the center, or in lieu of that, beside the Healthmobile, a clinic immediately gets under way. Nurse and doctor diagnose and treat an average of a thousand cases a month. Children, with few exceptions need trachoma treatments and almost everyone requires quinine to counteract malaria.

Roadside Clinic



Nurse Slack and the local doctor diagnose and treat an average of a thousand cases a month.

Do You Know That

Disease, next to war, is the greatest enemy of Near Eastern peoples.

THE HEALTH PROGRAM OF NEAR EAST FOUNDATION IS THEIR ALLY AGAINST DISEASE.

Malnutrition and ignorance are primary causes of disease.

THE FOUNDATION IS PROVIDING MEDICAL CARE AND HEALTH INSTRUCTION.

Rural peoples are remote from doctors and have no medicines.

THE FOUNDATION BRINGS THEM MEDICAL CARE AND A COMMUNITY HEALTH PROGRAM.

In refugee villages and camps, people are undernourished, broken in morale and a special prey to disease.

THE FOUNDATION IS WORKING WHERE THE NEED IS GREATEST THROUGH CLINICS, SUPPLEMENTARY FEEDING, HEALTH INSTRUCTION, HOME VISITING.

Prevention of disease is more to be desired than curing disease.

THE FOUNDATION ENABLES 50 PRE-TUBERCULOUS CHILDREN TO RESIST INFECTION FOR THE COST OF CARING FOR ONE TUBERCULOUS PATIENT IN A SANITARIUM FOR ONE YEAR.

Will You Help Us Fight Disease?

MAKE CHECKS PAYABLE TO

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Let Us Help To Free The Children From The Burden Of Disease

