

Health care response to maritime migrations arriving in El Hierro in 2023

Respuesta sanitaria de El Hierro ante las migraciones vía marítima en 2023

Inmaculada Mora Peces, Manuel Gálvez Rodríguez

The world's most dangerous maritime migration route ends on the island of El Hierro, the smallest of the Canary Islands (Spain), with an area of barely 268.71 km² and a population of 11,423 inhabitants.

During 2023, more than 30,000 migrants arrived in the Canary Islands by sea. Half of them—14,955 people—arrived in October, and half of those arrivals (7,309 people) were concentrated on the island of El Hierro. The atypical situation of political instability in Senegal and the climate crisis in the region in recent months seem to be pushing many people to leave the country, departing from its coasts, drawing a future outlook that does not seem likely to improve.^{2,3}

The small wooden or fiberglass boats reach the island after navigating some 1,400–1,800 km over 8–15 days. The journey takes place in conditions of absolute overcrowding and without life jackets, with exposure to seawater from the waves, sun, wind, extreme temperature changes, and lack of food and fresh water. In addition, immobility, having to urinate or defecate on themselves, accidents, lack of communication, conflicts on board, assaults (including sexual violence), and, of course, fear, make this journey a nightmarish life experience. And if for an adult it can be a terribly traumatic experience, it is unimaginable what children—who often travel either with their parents or alone—must endure.

The health care resources available upon arrival are often insufficient to meet the clinical conditions of these people, and all professionals have had to work extra shifts for several months. There are three Health Centers and one primary-level Hospital, located 45 minutes from the La Restinga pier, the usual landing site. It is the second smallest hospital in Spain, with 30 inpatient beds. In the emergency department (ED), we work with 2 physicians (one of them assigned to the island's only advanced life support ambulance) and 2 nurses. The hospital does not have an intensive care unit, so emergency physicians are

responsible for critically ill patients until they are transferred by helicopter to the referral hospital in Tenerife. For this reason, as professionals, we must be self-sufficient from a healthcare perspective in any clinical and social situation—that is, to practice Emergency and Critical Care Medicine in the broadest sense of the specialty.⁴⁻⁶ We also have several on-call specialists, including internal medicine, nephrology, gynecology, surgery, traumatology, pediatrics, psychiatry, and hematology, who have also had to care for inpatients outside their specialties and usual conditions. In addition to the initial assessments upon arrival at the docks performed by the technical staff of the Canary Islands Emergency Medical Service and, of course, the health care staff of the Spanish Red Cross, as the reader may imagine, the clinical activity in these cases—and the coordination between care levels and cross-disciplinary professionals—becomes a true disaster medicine scenario, an equally important part of our specialty.

Most people on arrival present with severely compromised physical and emotional health. At the very least, a large proportion have resting tachycardia that persists for up to a week after arrival, likely due to an adrenergic surge during the journey. We have had to assess, diagnose, and treat up to 22 critically ill patients simultaneously in the ED, in addition to the usual cases among local residents and tourists. This surge in arrivals has forced us to adapt non-clinical spaces, such as the auditorium, and to accommodate three patients in 2-bed rooms. Performing cardiopulmonary resuscitation under these conditions feels like working at the limit—though, as a side effect, it strengthens team cohesion.

By the 2nd half of November, a total of 239 people transferred directly from the dock to the hospital due to critical condition had been treated in the ED. A total of 10% (22 patients) required urgent helicopter evacuation (6 immediately upon arrival, 1 of whom died in flight), and another 16 after admis-

Author Affiliations:

Servicio de Urgencias,
Hospital Insular Nuestra
Señora de los Reyes,
El Hierro, Spain.

E-mail:

mgalvezro@hotmail.com

Article Information:

Received: 27-11-2023.

Accepted: 7-12-2023.

Online: 3-1-2024.

Editor in Charge:

Guillermo Burillo-Putze.



Figure 1.

sion. Three people died in the ED, and 4 more during hospitalization due to causes such as severe hypothermia, necrotizing fasciitis, sepsis, severe acidosis, and encephalitis—all complicated by the language barrier.

As a measure to decongest the island, given its limited capacity for accommodation, the Spanish Ministry of the Interior has accelerated the transfer—within less than

48 hours—of all adults not requiring hospitalization to Tenerife and from there to mainland Spain.

Due to the shortage of physicians and nurses affecting Spain, the Canary Islands, and particularly El Hierro—limiting the hiring of additional healthcare staff—professionals from the Canary Islands Health Service have formed a network to update information on all incoming boats, identify when reinforcements are needed, create clinical and diagnostic protocols, and study how to improve coordination and care without neglecting that of the island's residents and visitors.⁷

Forecasts suggest that this situation will end by March 2024, after the Senegalese presidential elections, but common sense indicates that El Hierro will continue to be the final point of hope for these desperate human beings.

Health care professionals are facing truly extreme survival situations, affecting mostly young and previously healthy people who have suffered indescribable physical and psychological trauma. All professionals involved in care have prioritized teamwork, initiative, creativity, and above all, humanity and respect for human life. We have tried to turn a small hospital into a giant one—although, as the saying goes, a sandcastle cannot stop a tsunami.⁸

ARTICLE INFORMATION

Conflict of Interest Disclosures: None reported.

Funding: The authors declare the non-existence of funding in relation to this article.

Ethical Responsibilities: The authors have confirmed the maintenance of confidentiality and respect for the patient rights, agreement of publication, and transfer of rights to *Revista Española de Urgencias y Emergencias*.

Article commissioned and internally reviewed by the Editorial Board.

Note of the editors: This is a BOWMAN-generated English translation of the officially indexed Spanish-language article, which should be cited as *Rev Esp Urg Emerg*. 2024;3:1-2. In this translated version, the editors have supervised the process; however, it cannot be ruled out that some errors resulting from the artificial intelligence translation process may have gone unnoticed.

REFERENCES

1. Ministerio del Interior. Gobierno de España. INFORME QUINCENAL. INMIGRACIÓN IRREGULAR 2023. DATOS ACUMULADOS DEL 1 ENERO AL 15 OCTUBRE. (Accessed 15 November 2023). Available at: https://www.interior.gob.es/opencms/export/sites/default/galleries/galeria-de-prensa/documentos-y-multimedia/balances-e-informes/2023/19_informe_quincenal_acumulado_01-01_al_15-10-2023.pdf
2. Rodríguez Del Rosario C, Núñez Díaz S, García De Carlos P, Rodríguez Palmero I, Mahtani Mahtani V, Hernández Rodríguez MA, et al. Características de la asistencia sanitaria a la llegada de inmigrantes africanos a las Islas Canarias. *Emergencias*. 2008;20:411-8.
3. Matos Castro S, Padrón Peña MP. Necesidades de asistencia urgente a los inmigrantes ilegales recién llegados en cayuco a Tenerife. *Emergencias*. 2008;20:405-10.
4. Diéguez S, Krompiewski VA, Serrano L, Pardo S, Llorens P. Análisis comparativo de los Programas de Formación Sanitaria Especializada de Medicina Familiar y Comunitaria, Medicina Interna, Medicina Intensiva, Anestesiología y Reanimación y Medicina de Urgencias y Emergencias. *Emergencias*. 2022;34:55-63.
5. Pérez Rosales JM, Matos Castro S. Evolución de la enfermería militar y su relación con la civil. *Rev Esp Urg Emerg*. 2023;2:63-4.
6. Millán Soria J, Vázquez Lima M. El último paso para la especialidad de Medicina de Urgencias y Emergencias en España. *Rev Esp Urg Emerg*. 2023;2:189-90.
7. Hernández Sánchez MJ, Segura Clavell J, Burillo-Putze G. Papel clave de los servicios de emergencias en la tragedia de la inmigración ilegal por vía marítima. *Emergencias*. 2008;20:377-9.
8. Matsumoto M, Wimer G, Sethi A. Health needs of refugees: port of arrival versus permanent camp settings. *East Mediterr Health J*. 2019;25:306-14.