

# Spectrum of Humanitarian Help to migrants of War from Multi-ethnic vs. Mono-ethnic Regions (Note)

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Original Article

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## Abstract:

After armed conflict due to invasion of Russian Fed forces to Ukraine, humanitarian help from neighboring countries emerged, mainly Poland, Slovakia, Czech Republic, Hungary,

Romania, Moldova, etc. The aim of this short research note is to compare the type of humanitarian assistance from a multi-ethnic area of Rimavska Sobota (multi-ethnic area with about one fifth of Hungarian; a third of Roma population; a district of highest unemployment; to the Bratislava area with lowest unemployment with Slovak nationals in majority.

## Introduction

War conflicts have been fueling media especially when they emerged outside of Europe (Eritrea, Yemen, Libya, Syria, Iraq, Afghanistan) and the Middle East was considered as the most affected region. Therefore, so called small conflicts in Central Europe have unfortunately escaped from attention of major humanitarian HMO, starting from the Balkan War in Croatia, Serbia, Bosnia, Kosovo with about 200,000 victims; Karabakh, with 20,000 victims; and currently in Ukraine, with up-to-date about 5 million refugees of war, declared as the biggest migrant refugee and internal displacement event within last 80 years. The aim of this note is to compare humanitarian assistance collected from the less developed multi-ethnic district in Slovakia, Rimavska Sobota) to Bratislava, the highest financially developed mono-ethnic district within the first 3 weeks of war. (1-3)

## Methods

Open label cohort comparison of funds per capita/per student and type of intervention was done comparing Rimavska Sobota with 50,000 (district) 3-ethnic population (Slovak, Hungarian, Roma) versus 10 times higher populated capital of Slovakia, Bratislava (500,000 inhabitants per district), between 24.2. to 6.3.2022, during first 2 weeks) Items were independently compared such as:

- a. financial funds
- b. food and drinks/water
- c. clothing/shoes
- d. medication
- e. staff health care/social work

## Results and discussion

As seen from Table 1., the food and hygiene items per student/capita was surprisingly highest from Rimavska Sobota, followed by Michalovce, Presov and Skalica, in comparison to Bratislava which is economically the most developed district with highest per capita income. The student teaching centers situated closer to the border, Presov and Michalovce, were the earliest at the border; Rimavska Sobota and Skalica, contributed to humanitarian help concerning food and medicines. Bratislava contributed most massively with Michalovce and Presov to Health Care; Bratislava with doctors and rescuers; Michalovce and Presov with nurses.

Currently, Michalovce and Presov Centers, with Bratislava support, are covering most nursing

and health care services at both hotspots closest to the border. And, the Step In Group and John Paul II are on steam to the social mission inside of Ukraine. Even the team from Dept. of Social Work has its Ambassador in Melitopol inside of the occupied part of UA administrative regulated from the Donetsk Republic backed by

**Table 1** Comparison of the amount and value of humanitarian assistance to refugees of war to UA/SK border and UA within first period of refugee wave due to the armed conflict (population of students in first column)

Student center / population	Timing / days from conflict	Staff	Food	Other/kg
Rimavska Sobota 185	Day 6	2 yes	1,250	
Skalica 288	Day 12	1 yes	1,500 plus med	
Michalovce 605	Day 1	8 yes	nursing/soc. workers	
Presov 420	Day 1	4 med	nursing staff	
Bratislava 2,025	Day 4	3 med	rescue, doctors	

Russian troops; taking care of wounded; performing food distribution. Surprisingly, there were no security events in any of those operations not even in Melitupol and other sites of UA to the humanitarian staff from the group of authors reported up-to-date.

## Conclusion

Even students from poorest districts in Slovakia with lowest per capita income and highest unemployment rate have very rapidly showed their solidarity independently of nationality, race, and religion. Probably low socio-economic housing and lifestyle levels may positively influence the willingness to help with social work, food, assistance, and most rapid transport to affected areas.

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