

Palestinian territories face huge burden of disability

Annabel Ferriman *BMJ*

Doctors in the Palestinian territories are deeply concerned at the level of disability that will result from the present conflict with Israel and the restricted facilities that are available to deal with it.

Research carried out by the Institute of Community and Public Health at Birzeit University, near Ramallah, shows that about 13% of the injuries sustained by Palestinians during the conflict so far are likely to result in permanent disability. A total of 33 000 injuries have been sustained up to now, so the number of people left disabled will be substantial.

Yet the Palestinian territories have only four centres to deal with such problems. All are situated in the West Bank, except for one in the Gaza strip, and their bed occupancy is more than 100% most days.

One centre has managed to increase its beds from 22 to 30, but the others, which between them have 41 beds, have not been able to do so. All the centres are non-government centres

run by charitable organisations.

Many of the people injured in the conflict are children or young people. An analysis of the 6071 injuries sustained during the first three months of the current intifada (Palestinian uprising) in the West Bank (from 28 September 2000 to the end of December 2000), carried out by Dr Samia Halileh and her fellow researchers, show that 25% were schoolchildren and 60% were aged 18-34.

Dr Halileh said that the injuries most likely to lead to permanent disability were those inflicted by the fragmented bullets fired by Israeli M-16s, a US lightweight field rifle. The bullet often breaks into tiny pieces after penetration, ripping up muscle and nerve and causing multiple internal injuries, much like the internationally banned dumdum bullet.

Dr Robert Kirschner, a physician and forensic expert with the University of Chicago Medical School, who visited the area with Physicians for Human Rights, noted the same thing: "By



Two Palestinian children wounded in West Bank clashes wait to travel to Germany for treatment

inflicting these leg wounds, it's a form of summary punishment. It causes a permanent disability." (*Washington Post Foreign Service*, 2000 Nov 30.)

The mortality and morbidity

data used by Halileh and colleagues were original, raw data collected retrospectively from the Red Crescent and the Ministry of Health, checked, and analysed. (See p 361.) □

Congo health officials draw up measures for war conditions

Mark Hunter *Leeds*

When Mount Nyiragongo erupted in the Democratic Republic of Congo last month it was merely nature's contribution to a public health disaster that has been continuing throughout four years of bloody civil war.

Indeed, aid agencies are already concerned that, with pictures of the lava devastated town of Gomo no longer featuring in daily news bulletins, the world will once again turn a blind eye towards a catastrophe described by the World Health Organization as "one of the greatest humanitarian disasters of all time."

It is estimated that over 200 000 civilians have been killed directly by violence in the republic over the past three years. But this figure pales almost into insignificance when set against

the number of deaths caused over the same period by simple, curable diseases.

The WHO estimates that 2.5 million excess deaths occurred in the country between 1998 and 2001. The *World Health Report 2000* ranked the expectation of a life in full health in the Congo at 179 out of 191 countries studied. Infant mortality has been reported as high as 370 per 1000, and a maternal mortality of 3000 per 100 000 has been reported in the eastern part of the country.

In 2001 the World Food Programme expressed surprise on finding that in one province malnutrition seemed to be more prevalent among adults than children. They concluded that most of the malnourished children had already died.

Almost all these excess deaths can be attributed to the disruption of health services caused by civil unrest and war.

The recent violence began shortly after the 1997 uprising by Tutsi and other anti-government forces, which, backed by Rwanda, overthrew President Mobutu and renamed Zaire the Democratic Republic of Congo.

Over the next four years a complex civil war, involving soldiers from Rwanda, Uganda, Burundi, Angola, Namibia, and Zimbabwe, split the country into at least three rival territories.

Despite several UN mediated ceasefires the war rages on. Last year the UN claimed that many of the warring parties were deliberately prolonging the conflict in order to plunder the country's plentiful natural resources.

The effect on the civilian population has been devastating. Of the total population of 52 million, at least two million have been displaced within the country, while over 300 000 are refugees in other countries.

Health services have all but collapsed, routine vaccination programmes have been discontinued, and the one public health programme to survive—the UN's polio eradication programme—recently came under fire from the International Rescue Committee for consuming too much of the Ministry of Health's time and resources.

However, one ray of hope has recently emerged. In September last year health officials from four rebel controlled areas met with officials from the Kinshasa government's Ministry of Defence, the WHO, Unicef, and a number of non-governmental organisations operating in the republic.

Over the next four days the group developed a package of public health measures designed to operate in war conditions. Although the plan at this stage is little more than a list of minimum services, it does indicate that public health can remain a priority even in a time of war. □