Task Force Session: Refugees and Displaced Persons

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Organizational Aspects of Rendering Medical Assistance to Displaced Persons from the Chechen Republic

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As events in Russia and the Northern Caucasus prove, complex emergencies lead to displacements of great numbers of people. A study of migration in the Chechen Republic showed that most of the displaced persons (DPs) remained in the Northern Caucasus; they made up 95.5% to 99% of the total number of displaced persons, and 93% to 95% of the whole number of persons remaining in the Northern Caucasus. It was necessary to establish temporary settlements for about 32,000 people.

Of the displaced persons, 12% to 19% of the persons lived in the settlements in the Ingushetia Republic; the number of DPs did not exceed 3,500 to 6,000 people in any of the settlement. The vast majority of the DPs were women (40%) and children (45%). Medical personnel were deployed within every settlement, primarily to provide emergency medical care.

In the region with the greatest number of refugees, a multipurpose field hospital was established and operated there for a long time. It also became necessary to deploy therapeutic and tuberculosis field hospitals.

Units of the Disaster Medicine service rendered assistance to about 79,000 DPs. Military conflicts are accompanied by acts of terror, realized not only near the conflict zone, but also far from it.

Keywords: Caucasus; Chechen Republic; children; disaster medicine; displaced people; emergency care; hospitals; refugees; terror; tuberculosis; women
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State, Medical and Community Response to Sectarian Violence in Gujarat, India

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The events over the past year in Gujarat (a State in Western India), have brought several processes into sharp focus that necessitate a deeper introspection about the health profession as a whole, as well as its position, role, and response during conflict situations, such as Gujarat. Following the Godhra train massacre in February 2002, in attacks against the Muslim community, some 2,000 people lost their lives, and an even larger number were injured seriously. More than 100,000 people were forced into relief camps.

While the issues of timely, appropriate, and non-discriminatory medical care are addressed automatically during a natural disaster, in a crisis like Gujarat, where social institutions break down and there is external pressure on professionals, the provision of medical care is threatened by more than access. There was no implementation of universally accepted standards of disaster assistance. Moreover, and more disturbingly, there has been what appears to be a passive approval as well as active participation by a section of the medical profession, in the violence, creating sharp polarization within the profession. This paper addresses:
1. Social responsibility of health/medical professionals in any situation of mass conflict and communal polarisation;
2. Impact of the violence on health/medical professionals as victims, participants, and as a social group; and
3. State and medical response to the physical and mental healthcare needs of survivors of mass violence, especially survivors of sexual assault.

Keywords: assault; attacks; conflict; massacre; medicine (profession); participants; polarization; professionals; responsibility; victims; violence
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Case Study: The Angkor Hospital for Children (AHC); A Response to the Ongoing Recovery from Disaster in Siem Reap, Cambodia

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Cambodia is a country that was thrown into chaos by events that occurred from the late 1970s to the turn of the millennium resulting in into social, economic, and political disaster. A huge international effort through various non-governmental organizations (NGOs) poured into the country in attempts to deal with the multitude of disasters generated by political and civil war that ranged from landmines and the loss of almost its entire population of health professionals from genocide. Close to 30 years after the events that split the country apart, it still is attempting to recover from the aftermath.

The city of Siem Reap is unique in that over half of its population are children, and it lies in a region of the country that was subjected most to the living nightmare inflicted during the era of the Khmer Rouge. The specific problems of landmines and insufficient healthcare delivery still exist. Landmine trauma and infectious disease still are major causes of morbidity and mortality.

The AHC is an example of a response to a human disaster initiated by a NGO with little medical background and without the experience of the more established and broadly focused NGOs. The world may be able to learn from its history and experience in order to be better prepared for present and future human disasters resulting from war.

Keywords: Cambodia; healthcare; human; landmines; non-governmental organization; trauma; war
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