

Health and human rights

Angola's suffering behind a pretence of normality

Last month Angola celebrated 25 years of independence, a date which also marks 25 years of war between the Angolan Government and UNITA rebels. According to the Angolan government, which claims to control more than 90% of the territory, the situation is returning to normal. This talk of new-found stability is echoed by increased economic investments from the international community. It is estimated that recently discovered oil deposits will double oil output in the next 4 years, and the oil industry is expected to invest \$US3.5 billion a year in offshore Angola during the next decade.

However, this return to normality is far from evident for the vast majority of Angola's war-stricken population. Civilians are increasingly displaced by the ongoing violence and forced into situations in which they are totally dependent on diminishing levels of humanitarian aid. In Kuito, for example, 130 000 of the town's 240 000 inhabitants are displaced, while in

Kaala the number of displaced is estimated at nearly 24 000, half of whom live in camps.

Widescale population displacement has provoked a severe food crisis, affecting both residents and the displaced. Food reserves and harvests have been stolen. Malnutrition, poor sanitary conditions in the towns, and lack of access to health care have had a serious effect on the health of the population.

Médecins Sans Frontières (MSF) has been working in Angola since 1983 and currently runs 11 medical and nutritional programmes in nine of the country's 18 provinces. In MSF's latest report¹ extensive medical and nutritional data are presented, detailing the scale of the current humanitarian catastrophe in Angola.

Retrospective mortality surveys carried out by MSF in different regions of the country revealed that daily mortality rates earlier this year exceeded alert thresholds (crude mortality rate one death/10 000 people; under-five mor-

tality rate two/10 000). Daily crude mortality rates between 1.4 and 1.7/10 000 were found, whereas under-five mortality ranged from 2.6 to 4.3/10 000, with the highest rates among the displaced.

There has been a substantial increase in admissions to emergency services, with high numbers of civilians wounded by close-range gunshot, mines, unexploded ordnance, and a high proportion of trauma deaths in hospitals. In Kuito, emergency hospital admissions have increased during the last 2 years. In 1999, 75.4% of operations carried out were emergency cases. The number of surgical operations increased from 649 in 1998 to 804 in 1999 and to more than 1200 for the first 9 months of 2000. The number of surgical operations related to mines and unexploded ordnance has increased ten-fold.

Malnutrition rates have increased compared with previous years and greatly exceed the 5% alert threshold. In Malange, for example, MSF reported 31% global malnutrition and 15% severe malnutrition in July, 1999, compared with 2.4% and 0.4%,

Children and torture

Rosaura Portillo and her sister Glenda may be approaching 30 years of age, or they may have died in Guatemala in 1981 at the time of their "disappearance" at age 10 and 9 years respectively, victims of an intense and brutal conflict. They are just two of thousands of documented disappearances of children in Guatemala during the civil war which ended 4-years ago. Their mother, Adriana Portillo, travelled to Geneva on Nov 20, 2000, to take part in an International Children's Day event organised by Amnesty International which highlighted the effects of such disappearances on the relatives of the disappeared and to urge the UN Committee Against Torture to take account of the psychological suffering of relatives of the disappeared.¹ Adriana, who lost a further four members of her family to disappearances—including her 18-month-old half-sister—spoke eloquently of the pain and suffering: a human-rights violation which has not received adequate consideration in the medical literature.

Fatma Tokmak, a Kurdish woman born in 1970, was arrested together with her 30-month-old son on Dec 9, 1996, in connection with charges that her husband had joined the armed opposition group, the Kurdistan Workers Party (PKK), and that she herself was a PKK member. According to reports, the police officers tortured her son, Azat Tokmak, by administering electrical shocks on his fingertips and stubbing cigarettes out on his hands. She was subjected to other forms of torture herself, including sexual torture, in the presence of her son. A short period later Azat was taken by police and to an orphanage without his mother being informed. All attempts to bring the perpetrators to justice have failed.

These two examples of gross human-rights violations against children are by no means exceptional. In September, 2000, Save the Children UK² published a major report on children and torture, which addressed the torture of children by states and armed opposition groups documenting current examples of the current use of torture against children as well as the effects of armed conflict, detention, and social violence on those aged less than 18 years. The report made recommendations concerning the protection of children to governments, international bodies, UN mechanism, and donors.

On Dec 10 (Human Rights Day), Amnesty International presented compelling evidence of the widespread abuse of children and the need for strengthening remedies against such abuses. Among these is the need for prompt access to medical care for those juveniles in detention. The other was to ensure the prosecution of police who beat children. The report suggests that beating was taken for granted and that "it apparently did not occur to them [the children] to suggest that the police should be prevented from beating children in custody".

Health personnel have a role to play in child protection and meeting the needs of children after the experience of torture. Although professional opinion differs as to the most effective way of viewing traumatised children's needs and meeting those needs,³ there is a widely shared commitment that torture of children must be stopped. The Convention on the Rights of the Child is the international standard with the largest number of ratifications, but to date it continues to be flaunted across the world.

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1 Amnesty International. Guatemala: "Disappearances"—Briefing to UN Committee against Torture. AI Index: AMR 34/44/00, November, 2000.

2 Man N. Children, torture, and power: the torture of children by states and armed opposition groups. London: Save the Children, 2000.

3 Summerfield D. Children affected by war must not be stigmatised as permanently damaged. *BMJ* 1998; **317**: 1249.



Alma Argentina

respectively, in May, 1997. In March, 2000, in Kaala, 20.5% global malnutrition was reported among the displaced and 7.1% among residents.

Faced with manifest medical and nutritional needs, the Angolan authorities display a striking lack of interest in the health of their population. In 1999, only 2.8% of the total State budget was allocated to health. Health personnel are paid little and infrequently and, as a result, motivation is low and staff absenteeism high. At the end of September, the Ministry of Health had not paid wages for 4 months. 2 months of wages were paid only after health staff threatened to strike.

Medical supplies are insufficient and often do not correspond to basic health needs. MSF has calculated that only 1.2% of the needs of Kuito Hospital are covered by the Angolan Ministry of Health. In Kaala, MSF provides nearly all drugs and medical materials for the city hospital and three health centres. In Menongue, one of only three annual government deliveries was 3 months late, and 60% of the material was missing on arrival.

As a result, aid organisations are substituting for the Ministry of Health. This is unacceptable in a country such as Angola with substantial oil and diamond resources. Oil production is estimated at 850 000 barrels per day, yet there is no diesel for hospital generators, the only source of power in most large hospitals.

Some regions, especially those under UNITA control, remain completely inaccessible to humanitarian aid organisations. The resumption of the conflict in 1998 and the resulting insecurity forced MSF to close programmes in 18 locations across seven provinces. In 1997 in Malange, 152 408 consultations were carried out among a total population of 200 000 people in 14 health structures supported by MSF in five districts. These programmes had to close in May 1998 and MSF has been unable to return. Reports from UNITA-held areas are that there have been no functioning health structures since fighting resumed.

Even in the zones claimed to be under government control, towns, roads, and fields remain mined and prone to attack. Work outside of provincial capitals and a handful of large towns is impossible. Insecurity and landmines mean that supplies

must be provided by air, but poor infrastructure makes this unreliable.

The government's claim that the situation is simply a consequence of the war belies the cause of the continued suffering. Parties to the conflict continue to subject civilians to violence and use them in war strategies; the government relocates displaced individuals in spite of ongoing insecurity, and willfully neglects the health needs of the

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Angolan landmine victim

population; and UNITA continues to deny humanitarian access to populations in need. Meanwhile, the international community accepts this policy of "normalization" for the benefit of its own

economic interests. The UN in Angola has long ago renounced the principal of impartial and free access to those in need. Instead, aid programmes are tailored to fit government relocation policies. The UN's World Food Programme, for example, is planning

to redefine the beneficiaries of its general food distribution, limiting recipients to those displaced persons who accept relocation by the government.

Both the government and UNITA must provide safe access for humanitarian organisations to populations throughout Angola, while the government must commit definite and proven financial resources to rebuilding the country's health infrastructure. The international community must acknowledge the continued gravity of the situation and insist upon respect for human rights and humanitarian law, including the impartial delivery of aid. Without these fundamental commitments, the population will continue to suffer and any mention of normalisation will be nothing more than a façade.

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1 Médecins Sans Frontières. Angola, behind the façade of "normalization"—manipulation, violence, and abandoned populations. Luanda: MSF, 2000

The Turkish government's crackdown on freedom of expression

On Oct 20, 2000, in Izmir, Turkey, the meeting on prison health and human rights was over before it started. Convened at the Izmir Medical Chamber offices by the Turkish Medical Association (TMA), this gathering of Turkish medical professionals and their colleagues from more than 12 countries planned to discuss the health conditions of inmates and political prisoners in Turkish prisons and detention centers.

Days before the conference was scheduled to begin, however, the government objected. The TMA, believing it had an obligation to learn about and discuss questions of public health in Turkey as part of its responsibility as a profession, decided to proceed. On the day of the meeting, the police arrived and demanded to videotape the proceedings. Deputy President of the TMA, Metin Bakkalci, was forced to cancel the meeting. This interference may appear mild, but it is part of a larger and extremely troubling problem—the Turkish government's continued harassment and imprisonment of physicians carrying out their professional responsibilities.

In the past year, Dr H Zeki Uzun, Dr Veli Lok, Dr Alp Ayan, and Günseli Kaya have been arrested and charged with criminal acts. In the case of Zeki Uzun, the crime he committed was simply upholding his internationally protected professional obligation to care for all patients regardless of their political affiliation. Günseli Kaya, Alp Ayan, and Veli Lok were charged for exercising their rights of freedom of expression and association.

The Turkish government's campaign to restrict and repress has been specifically aimed at impeding the courageous efforts of Turkish medical professionals. During the past few years, the TMA and the Human Rights Foundation of Turkey have become targets of unjustified attacks, even though both of these organisations contribute in a consistent and responsible manner to the promotion and protection of health and human rights in Turkey.

The European community and NATO, organisations that count Turkey as a valued participant, must not turn a blind eye to the Turkish governments blatant and severe abuse of the freedom of speech, the most fundamental and essential of human rights. The USA, who has conditionally promised military sales to the Turkish government on the basis of Turkey's progress on human rights, should see this transparent pattern of abuses as grounds for halting military sales until this severe harassment of medical professionals stops. Nations that care about human rights have a responsibility to rebuke Turkish authorities, including Prime Minister Bilet Ecevit, while commending those who speak loudly in opposition to them.

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