

## Health and human rights

### The trauma of war in Sierra Leone

Civilians are increasingly targeted in today's wars. To reduce military casualties, civilians are used as protective shields; to facilitate guerrilla warfare, they are abducted or enslaved; torture, rape, and executions are carried out to undermine morale and to eradicate the cultural links and self-esteem of the population. Most civilians in zones of conflict witness war-related traumatic events such as shootings, killings, rape, and loss of family members. The extent of psychosocial problems that results from this mass exposure to traumatic events may ultimately threaten the prospects for long-term stability in society.

We present the main findings of an assessment of traumatic stress by Médecins Sans Frontières (MSF) in Freetown, Sierra Leone after a period of intense violence in January, 1999. The war in Sierra Leone has claimed thousands of lives and resulted in more than 400 000 refugees. During 9 years of conflict, civilians have repeatedly been subjected to extreme and long-lasting hardships.

In December, 1998, rebel forces launched a major offensive against the West African ECOMOG forces that were defending the democratically elected President Kabbah in Freetown. During the first 3 weeks of January, 1999, the population of Freetown was the focus of extreme violence: 6000 people are estimated to have died in Freetown and 150 000 were displaced from their homes.

After these events MSF began a psychosocial-care programme in Freetown. In planning for programme expansion, MSF carried out a survey among the residents and internally displaced people of Freetown in the first 2 weeks of May, 1999. The survey assessed three indicators of traumatic stress: exposure to traumatic events; the psychological impact of these events; and the number and frequency of non-specific health complaints.

Structured interviews were based on a questionnaire consisting of four sections. The first section documented demographic factors and personal background. The second section assessed exposure to traumatic events. Both the number of

traumatic experiences and their length are important risk factors in the development of trauma-related mental disorders such as post-traumatic stress disorder (PTSD). The third section measured the consequences of traumatic events through the Impact of Event Scale (IES),<sup>1</sup> a well-known psychometric instrument that assesses two central dimensions of coping with drastic life events: intrusion (ie, flashbacks, nightmares, preoccupation) and avoidance (of situations, locations, conversations, or people). The final section assessed non-specific health complaints. Traumatic stress and PTSD are frequently associated with somatisation; victims of violence often suffer from various non-specific physical complaints such as headaches, stomach problems, general body pain, dizziness, or palpitations.

A two-stage cluster sampling method was used. The sample consisted of 30 clusters of eight respondents, covering almost all areas of Freetown. Survey teams included two trained local counsellors who carried out the interviews. Referral to professional counsellors was available for those in need. The total number of respondents was 245 (minimum age 15 years).

The survey results show that almost everyone was exposed to conflict. The most frequent incidents included attacks on villages (206, 84%), exposure to cross fire (206, 84%), explosion of mines (69, 28%), aerial bombing (203, 83%), mortar fire (159, 65%), the burning of properties (152, 62%), and destruction of houses (179, 73%). 105 (43%) of the respondents reported that they had been abducted. Of these, half had been abducted more than three times.

Loss of loved ones and witnessing their violent death are serious risk

factors for the development of mental disorders such as PTSD. 122 (50%) of the respondents lost someone to whom they were very close; 100 (41%) actually witnessed their death. The witnessing of events such as torture (131, 54%), execution (100, 41%), (attempted) amputations (78, 32%), people being burnt in their houses (68, 28%), and public rape (34, 14%) can also impose serious psychological stress.

The results of the IES showed that 99% of respondents had scores that indicated very high levels of disturbances, indicative of severe PTSD in western Europe. Although the IES has not yet

been validated for Western Africa and the applied cut-off scores are mostly based on European data, it has been used worldwide and consistent structures have been found across samples and situations.

Responses to traumatic stress are strongly associated with physical complaints. Frequently, these complaints cannot be related to a physical disease or disorder. This can pose an additional burden to a poorly functioning health system (in Sierra Leone there is one doctor per 14 000 people). Since the onset of the violence, 206 (85%) perceived their health to have worsened. Non-specific physical complaints were reported by 191 (78%) of respondents. 103 (42%) had visited the health post or clinic at least twice in the preceding 4 weeks.

Fighting has once again broken out in Sierra Leone. The inadequately funded Disarmament, Demobilisation, and Reintegration programme, established after the signing of the Lomé Peace Agreement last year, resulted in only partial disarmament. While armed soldiers and ex-soldiers continue to roam the countryside, no measures have been taken to ensure protection of civilians. A stronger UN role in ensuring peace

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Berno Neelissen

A victim of the conflict

has always been urgently needed, but any prospects of this have potentially been jeopardised by the recent capture of 500 UN peacekeepers by rebel forces.

The presence in Freetown streets of former perpetrators of human-rights abuses is a continuous trigger of traumatic memories for those trying to overcome the horrific experiences. The failure to prosecute those responsible for serious human-rights violations has essentially

ensured that the atrocities will continue. An end to the fighting will not bring an immediate return to normality. Basic trust and moral values take time to be restored. Even when a sense of security returns, the war may continue in people's minds. The overcoming and integration of the traumatic experience is essential if people are to develop new expectations, restore respect, and acquire new ways of living together. Psychosocial

and mental-health programmes are important tools in these processes.

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## The damage done to Chechnya's medical establishment

Even though Grozny, Chechnya's capital, is now firmly in the hands of Russia's federal forces (RFF), this republic's demolished health-care infrastructure and ravaged population still suffers. Since the resumption of hostilities in November, 1999, Chechnya's battlefield has known no bounds—high-intensity fighting has raged from the streets of Aldi to the operating tables of Alkhan Kala.

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extrajudiciary detention, and torture. Almost half of 326 respondents analysed in the preliminary assessment saw civilians who had been killed by the RFF. Of the 100 (44%) who had seen someone killed, 28 (8%) saw a member of their own household killed. In addition, 16 (4%) of the families reported that a household member had been tortured by the RFF.

PHR also found prevalent and corroborated accounts of civilian witnesses seeing many hospitals, including Grozny City Hospital and Grozny Ambulatory Clinic, come under direct artillery fire and aerial bombardment. Dr Zainab Estamirova, head physician at the Ambulatory Clinic, reported fighters from the Chechen side using her hospital as a barrack. These actions, a few examples of the spectrum of medical neutrality violations perpetrated by both sides, not simply degrades the level of treatment given to civilians, it also forces further population displacement by denying any form of a "safe haven" to the critically wounded.

Dr Hasan Baiyev, a Chechen surgeon whose story has been featured in both the *New York Times* and *Washington Post*, has provided the most detailed and accurate description of the climate this "cleansing" of medical facilities has created. Known for performing a stump revision on the Chechen warlord Shamil Basayev's right leg, Dr Baiyev operated at the tiny Alkhan-Kala war hospital during the first conflict in Chechnya, only to return and rebuild the shattered clinic when war again ignited in the

Caucases. Facing the daily threat of fatal reprisals by both Chechen insurgents and Russian federal troops, Dr Baiyev continued to operate on whoever was placed on his operating table. His stubborn and courageous refusal to compromise the principles of the Hippocratic oath forced him to flee Chechnya fearing for his life. He should never have had to choose between the responsibilities of his profession and his own survival.

The brutal dialectic of force and fear the Russians have imposed on Chechnya's medical establishment pits the moral obligation to treat all comers against the understandable desire of doctors to stay alive. As Russian President Putin continually refuses to let foreign non-governmental organisations and aid agencies enter Chechnya, even blocking the International Committee of the Red Cross from dispensing care, no indication exists that Chechnya's civilian population is able to receive the most rudimentary treatment.

Societies in Kosovo and Bosnia can both give testament to the necessity and challenge of rebuilding relations between doctors, the government, and their colleagues in the wake of violent conflict. President Putin's merciless campaign in Chechnya has destroyed more than buildings, it has smashed the very trust that protects and sustains the medical profession. Without insuring the future safety and neutrality of health workers in Chechnya there can be no healing, only more pain.

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### Displaced family from Shamashki, Chechnya

In February, 2000, Physicians for Human Rights (PHR) carried out a survey of civilians that had been displaced from Chechnya into Ingushetia, a neighbouring republic. The team's findings clearly demonstrate the intentional targeting of medical facilities, health-care workers, and patients by Russian federal forces. As outlined in the Geneva Conventions, this type of behaviour by soldiers, and the bureaucrats who deploy them, is a war crime.

Preliminary findings of PHR's randomised survey of 1000 displaced individuals from a population of about 180 000, revealed widespread and systematic abuses of Chechen civilians, including executions,