

Consequences among protest survivors of 2006 in Nepal

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Abstract

This study is based on the secondary data gathered from various health institutions, human right organizations, a political party and news agencies in Nepal.

The Centre for Victims of Torture has its own primary data of traumatized victims from the mobile medical rescue team and from observing for human rights violations. There have been gross human rights abuses. Even the rescue team was not found to be safe from the incident. Moreover, the head and neck along with the vital organs of the body were made the target. The injured people were managed in different hospitals. Many victims suffer from the aftermath of this brutality through combat fatigue, also called acute crisis reaction. They are in need of comprehensive rehabilitation in the form of medical, psychological and social assistance.

Key words: consequences, protestors, victims, acute crisis reaction, rehabilitation

Introduction

Many people were injured and killed in the

peaceful rally organized by the seven party alliance, civil society, and the Nepal Communist Party (Maoist), which took place from Chaitra 23, 2062 BS (April 5, 2006) to Baisakh 13, 2063 BS (April 26, 2006). To date it is the largest movement in the history of Nepal.

Many health sectors, the mobile rescue team, the Red Cross Society, the United Nations, human rights' organizations, and volunteers from Nepal and around the world have been involved in the rescue of the protestors.^{1,2} The Centre for Victims of Torture (CVICT), one of the leading organizations in the field of rehabilitation of torture and trauma survivors was involved with three principle objectives: Rescue of the injured through the medical team, observation for human rights violations and an outcome assessment of trauma survivors.³

Results

Data collection and analysis was performed quantitatively, using simple random sampling.

According to various news agencies, it is assumed that about 6000 people were victims of trauma and 21 people were killed. A sample from the analysis of trauma survivors taken at the following treatment centers shows a total of 1211 documented victims (Table 1).^{1,2,4,5}

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Table 1. Number of trauma survivors at treatment centres. ⁵⁻¹²

| Treatment Centre | Frequency |
|--|-----------|
| B&B Hospital, Kathmandu | 24 |
| Binayak Nursing Home, Kathmandu | 317 |
| Centre for Victims of Torture, Nepal | 140 |
| Kathmandu Model Hospital, Kathmandu | 520 |
| Kathmandu Medical College, Kathmandu | 24 |
| Medicare Nursing Home, Kathmandu | 27 |
| Nepal Medical College, Kathmandu | 3 |
| Nepal Orthopedic Hospital, Kathmandu | 13 |
| Om Hospital & Research Centre, Kathmandu | 12 |
| TU, Teaching Hospital, Kathmandu | 131 |
| Total No. of Victims | 1211 |

Table 2. Data of the torture victims.

| Age (year) | % |
|---------------------------------|------|
| < 15 | 6.9 |
| 16–30 | 60.4 |
| 31–45 | 24.7 |
| 46–60 | 7.1 |
| > 60 | 0.8 |
| Site of injury | % |
| Head and neck | 39.2 |
| Upper and lower limbs | 44.8 |
| Thorax and spine | 14.1 |
| Abdomen and pelvis | 2 |
| Total | 100 |
| Sex wise distribution | % |
| Males | 90.9 |
| Females | 9.1 |

All data was recorded and analyzed using the SPSS 10 WINDOWS programme. The findings (Table 2) show the age group 16-30 years as being the largest in number. This is significant as this is the productive age group that is most prone to become incapacitated and dependant due to a handicap. The male/female ratio shows males are more involved and made targets for victimization, but females are not completely safe from the trauma.

39.2% of the victims received head and neck injuries, while 14.1% sustained thorax and spine injuries. 2% had abdomen and pelvis injuries and 44.8% injury to limbs (Table 2). We can therefore see that vital organs are made the target for physical assault by the security forces.

The mode of assault predominantly included tear gas, rubber bullets and the lathi charge. In some instances metallic bullets were used as well. Many victims sustained injury in the stampede. In many instances physical assault also included the random beating of a victim by groups of police, with the objective of preventing the person from attending the next protest.

The newly formed government has

promised compensation to the victims in the form of treatment, employment, education and income generation programmes.

Physical consequences

Early consequences such as abrasions, bruises, lacerations, wounds, fractures, and dislocations, are injuries that could be healed by effective treatment and the natural course of healing. But the late sequels will remain in the form of scars, infections, mal-united bones, deformity, disfiguration, mutilation of body parts/amputation, impairment of vision and hearing, broken teeth, muscle atrophy, chronic pain, gait abnormality, hyper or hypo mobility of joints, and the dysfunction of various body parts.^{13,14}

Psychological consequences

There are many psychological sequels. The important ones are: acute crisis reaction, post-traumatic stress disorder, anxiety disorder, depressive illness, headaches, sleep disturbances, memory problems, lack of concentration, decreased self esteem, seizures, and alcohol and substance abuse.

Acute crisis reaction is of special interest in a time of war crisis. Following over-

whelming traumatic experiences, three types of symptoms have been recognized:

1. Re-experiencing of the torture events in intrusive memories as unwanted recollections of the incident in the form of distressing images, nightmares and flashbacks.
2. An attempt to avoid reminders of the torture events including person, place and even thoughts associated with the events.
3. Increased arousal resulting in loss of sleep, irritability, emotional blunting, detachment from other people, being unresponsive to surroundings and exaggerated startle response.

In addition, those victims mentally impaired have to face the social stigma of criticism. They are in need of comprehensive rehabilitation in the form of extensive medical, psychological and social assistance. The health care delivery system in Nepal is equipped to offer medical services, but psychosocial intervention is still required for the victims, even if it is not developed well.^{15,16} CVICT has staff available for various types of psychosocial interventions as well as psychosocial counselors, however this may not be adequate depending on the flow of victims.

Notes

1. Kantipur Daily Magazine, 2063 Chaitra 23 (April 5 2006) to Baisakh 20 (May 3 2006).
2. Nepal Samachar Patra, 2063 Chaitra 24 (April 6 2006) to Baisakh 20 (May 3 2006).
3. Centre for Victims of Torture, Kathmandu, Nepal. www.cvict.org.np
4. Kathmandu Model Hospital, Nepal. www.loktantrahrf.org
5. TU Teaching Hospital, Nepal.
6. Samudayak Swasthya Kendra, Gongabu, Kathmandu, Nepal.
7. Vinayak Nursing Home, Gongabu, Kathmandu, Nepal.
8. Nepal Medical College, Jorpati, Kathmandu, Nepal.
9. Kathmandu Medical College, Sinamangal, Kathmandu, Nepal.
10. Medicare Hospital, Chabahil, Kathmandu, Nepal.
11. Nursing Home, Chabahil, Kathmandu, Nepal.
12. Nepal Orthopedic Hospital, Kathmandu, Nepal.
13. Istanbul Protocol, Professional Training Series No. 8. Manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment.
14. Declaration of Tokyo of the World Medical Association. 29th World Medical Assembly, October 10, 1975, Tokyo, Japan.
15. Gorst-Unsworth C, Goldenberg E. Psychological sequelae of torture and organized violence suffered by refugees from Iraq. Trauma related factors compared with social factors in exile. *Br J Psychiatry* 1998;172:90-4.
16. Shrestha NM, Sharma B. Torture and torture victims. A manual for medical professionals. 1995.