

(1009) Impact Of Low Intensity Conflict Trauma With Small Arms In Relevance To Health And Society In Kashmir - India

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PROBLEM

The Kashmir problem has been an irritant in the process of normalisation of relations between India and Pakistan. Terrorism in Kashmir started in 1980s. People of the region have to face violence at the hands of both terrorists as well as the security forces. The situation needs to be addressed soon to prevent further suffering of the people.

OBJECTIVES

Both India and Pakistan are now nuclear powers. Their perpetual hostility and confrontation has fuelled fundamentalism, extremism and religious intolerance to the extent that its impact is felt by the international community. They are also amongst the poor regions of this planet. It is time to bury the hatchet so that our energies are channelised to peace and development. Both the countries need to join hands to fight their common enemies like illiteracy, disease, poverty, unemployment and population explosion. Some winds of change are blowing. We should encourage more people to people contacts and other confidence building measures.

METHOD

Peoples problems as learnt from personal experiences, descriptions by individuals, community interaction and media reports formed the basis of the study.

RESULTS

62 157 militancy related incidents have been reported between January 1990 to January 2005 in which more than 50 000 people have been killed and many others disabled for life. In all cases of such trauma, irrespective of physical, psychological and social symptoms, the victims first reach the medical professionals. It has its impact on the local population.

CONCLUSION

Insecurity and fear psychosis in the public, that anything may happen anywhere and at any time, such as bomb blasts, shootouts, kidnappings etc. At times innocent civilians get trapped and suffer from loss of limb and life (collateral damage). There is violation of human rights with kidnappings, murders, rapes, mass crackdowns, loss of individual dignity, tortures, imprisonments, molestations and extortions etc. Women and children are the worst sufferers. The children feel insecure, their education suffers and at times there is damage to education infrastructure. There is loss of productivity in industry, tourisms, agriculture and other sectors. Farmers, especially those in borders areas, are affected by mine-blasts, trans-borders firings etc. The crime rate increased as law and order gets less attention. Demographic dislocation of population has occurred with migration to safer `places and loss of physical assets. The families are scattered and their social and cultural value system is uprooted resulting in late marriages, low birth rate, reduced fertility span and other social problems like low stress tolerance, increase in incidence of divorce and suicide rates, number of militancy related widows and drug abuse. Diseases such as hypertension and heart disease are seen more often in such internally displaced communities . There is a higher incidence of altered stress response with behavioural disorders like Migraine, Depression, aggression and sexual problems. A higher prevalence of life style diseases such as Diabetes and Immune Dysfunction with increased susceptibility to infections is recorded. At times overcrowding, lack of proper sanitation and water leads to exposure to acute and chronic infections like gastroenteritis, tuberculosis etc. Many times we see multi-system injuries which need interdisciplinary care teams, skilled nursing and rehabilitation. Still a large number of people may have residual physical or mental disabilities. Hospitals are over worked and there is need for extra staff and resources for such eventualities. The cost of caring in low conflict trauma and expenses on security in hospitals has become astronomical and is met largely from tax payers money with the result that other development works suffer. Violence will not lead anywhere. The issue has to be addressed through mutual dialogue with the involvement of people