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HEALTH

# Practising medicine, under fire



STERILE ZONE: "The main challenge for us was, and is, to ensure that all actors in the war and area respect the neutrality of medical facilities." Picture shows a part of Yemen after an air strike, in August 2016. — PHOTO: AP | Photo Credit: Hani Mohammed

**Dr. Nishanth Arulappan, from Vellore, Tamil Nadu, worked in war-torn Yemen, in 2016. His ground report**

My family worried about me every time they heard somebody exclaim: "Nishanth has gone to Yemen? Of all the places in the world to work, why did he choose to go there?" My parents never told me this when I was there but I got to know from others in the family that this was the general mood.

Although I'd worked in Yemen in 2014, it is no longer the country I had known it to be. If there is one song that sums up the reality of Yemen it would be the lyrics of "Civil War" by Guns N' Roses: "Look at your young men fighting/Look at your women crying/Look at your young men dying/The way they've always done before..."

Working with Doctors Without Borders/Médecins sans Frontières (MSF) in Yemen from August-December 2016, and keeping in mind core humanitarian principles of neutrality, impartiality, and independence, I practised medicine while watching the war tear apart this already poor and battered country even further. The challenges were of a different kind this time because of the fragile and sensitive political situation.

## Under siege

The distinction between civilian and military objectives has hardly been respected in this war. Since March 2015, supplies of critically important life-saving drugs and food have been strained. The prices of most essential commodities have skyrocketed. Most schools, hospitals, marketplaces, bridges, stadiums, and university buildings have been reduced to rubble. In the last 15 months, four MSF health facilities, one of them in Hajjah, have been hit by air strikes or projectiles.

In fact just a few days before I left for my assignment, the MSF-managed hospital in Hajjah was hit by an air strike. My family was worried but searches on Google about safety and security allayed their fears to an extent. Even then I had to constantly reassure them that things were alright at our site.

I don't regret a single moment of my time spent in Yemen. Why? I had the opportunity to experience the resilience of the Yemeni people. Markets were open, children tried to go to some schools and university students tried to write their exams even as fighter jets were bombing the locality. Once while in transit in the capital, I saw a wedding procession with all the music and dancing. Without warning, there was an air strike nearby. There was a deafening sound, the characteristic pressure wave and then dust, rattling any loose windows left. The sound of the fighter jets faded and then the music came back again with the dancing, the revelry continuing late into the night. The war has raised the threshold of what is "normal".

MSF's work in conflict areas is extensive and intense. Unlike some other international non-governmental organisations, we are action-based, offering medical care on-site. All our activities in Yemen are funded by private and individual donors, which allows us to be independent of political currents and intervene solely based on medical needs. Being impartial and neutral, we treat patients irrespective of their ethnic, tribal, religious, or political affiliations.

MSF has worked in Yemen since 1986, and continuously since 2007, when a civil war was fought between the state then and Houthis, and following the Arab Spring repercussions in the country. However, following the current war, MSF has expanded its projects to several areas where access to quality medical care still remains a challenge.

## Compelling stories

In 2014 we were treating conflict-related injuries on a fairly regular basis – twice or thrice a week. But this time we were quite close to an active front line, and were receiving the war-wounded on a daily basis, often not having enough space to accommodate the rapid inflow of patients.

Some of the stories are, quite frankly, unbelievable. The fact that a bullet "chose" a particular trajectory, or decided to stay where it is, made the difference between life and death for many.

There was a 22-year-old woman, pregnant with her second child. Drying clothes on the roof one day, she suddenly felt sharp pain and felt something in her upper back. Thankfully, she was able to walk and there was no muscular weakness or any altered sensations in her limbs, an indication that her spine was not damaged. Once at the hospital, a clinical examination showed a minor entry wound in the left upper back and a palpable, firm mass on the other side of the spine. The bullet had "ignored" the spine and the baby was unaffected. We removed the bullet under local anaesthesia and gave it to her husband who promised to make it into an ornament for the baby!

There was this man who came to the emergency room in a slightly irritable mood. Imaging revealed that a bullet was lodged in the left side of his brain, without affecting the areas critical for survival. He was operated later in the day and discharged a week later.

We also saw several patients struck by stray bullets from shootings during weddings and social gatherings – so-called "happy shootings" – and who unfortunately did not survive. Even if the war didn't exist, Yemen would probably still have a fair amount of injuries due to accidental firearm discharge.

The main challenge for us was, and is, to ensure that all actors in the war and area respect the neutrality of medical facilities and abstain from using the space to further their political objectives. It requires continual dialogue from us to explain our principles to the political actors and needs their understanding and cooperation to ensure the smooth and efficient conduct of humanitarian operations.

Medical facilities are protected under international humanitarian law. But in a conflict this is not the case. Where warring parties do not always differentiate between civilian and military targets, medical facilities have been attacked. Sadly, it has become a trend in investigative reports to blame this on faulty intelligence or targeting errors, and there is no real accountability or prosecution of these incidents, some of which amount most probably to war crimes.

As the war goes on, humanitarian needs in Yemen grow by the day. Medical work is needed to treat the wounded, and to witness and advocate on behalf of a people whose lives and dignity may otherwise lie buried forever beneath the rubble of this war.

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