ORIGINAL RESEARCH

The Intersection between Armed Conflict and the Health Service System in the Rolpa District of Nepal: An Ethnographic Description

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"Terror warfare attacks not just the body, not even just the body politic, it attacks core definitions of humanity." (Nordstrom, 1998)

Abstract

Background: In the Nepalese district of Rolpa, local political battles, national level power conflicts, and bureaucratic crises led to a chronic state of social exclusion and a continuous disregard for the people's health. These historical problems were aggravated by the Nepal Civil War.

Research Question: This paper examines the way in which the Nepal Civil War affected the people's health, the health service system and the social well-being of the population both during and after the conflict.

Metodology: Ethnographic survey (85 subjects) and direct observations.

Results**:** During the civil war in Rolpa, both sides in the conflict fought for control of the health services system. Forced "donations", forced involvement in medical care (to benefit the belligerents), and the contradictions of performing dual roles simply to stay alive discouraged health workers from remaining in the war-affected region. Health centers were damaged and destroyed at a time when all work on developing the health services infrastructure was halted. Frequent security checks, fear of ambushes and landmines, potential cross fire, and disinformation campaigns discouraged people from traveling and accessing health care. Other negative effects of the war included disruption of the supply of medicines, vaccination programs, family planning services and DOT programs. Our research demonstrated many instances in which international humanitarian principles and basic human rights were violated by both sides. Finally, the ongoing crisis of primary health care has led many people to seek health care outside of their local communities, traveling as far away as India.

Conclusions: The health service system is an integral part of the political system and should be supported by the political structure. This was not the case in Rolpa either before, during, or after the civil war .

Keywords: exclusion, conflict, health service system, cross fire, health and illness, post conflict situation, Nepal.

Background

Rolpa is a hill district in mid-western Nepal. It is bordered by the districts of Dang to the south, Puthyan to the east, Salyan to the west, and Rukum to the North. The indigenous Kham Magar ethnic group is predominant in Rolpa; other groups include Brahmin, Keshtriyas, and the so-called untouchable caste groups. Rolpa was the birthplace of the Nepalese Civil War (1995-2006), popularly known as "Maoist Movement of Nepal." Rolpa's long history of social exclusion is reflected in extremely low standards of living and a lack of basic infrastructure. These conditions led the population to resort to violence in pursuit of their aspirations for a better life.

The "People's War" initiated by the Com-

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munist Party of Nepal (CPN, Maoist) was an armed insurrection. To suppress it, the Nepalese state launched various counter-insurgency "Operations" against the Maoists. The South Asia Forum for Human Rights (SAFHR) reported in 2000 that military operations, such as Kilo Sierra 2 launched in 1998, had resulted in extra-judicial killings, disappearances, arbitrary arrests, rape, and torture. Supporting the SAFHR allegations, Thapa and Sijapati, writing in 2003, noted that the killing of Maoists supporters and other civilians escalated to unprecedented heights in 1998. Kilo Sierra 2 operations during this period were spread out across all the "Maoist affected" regions of the country in contrast to the earlier Operation Romeo which had concentrated on a particular area in the western hills. These kind of inhuman actions were reported by different Nepali human rights organizations and Amnesty International.

The decade long civil war ended in 2006 with the signing of a comprehensive peace accord between the Nepalese government and "insurgent" CPN(Maoist). Currently, the Community Party of Nepal (Unified Marxist Leninist or UML) heads a coalition government and the UCPN (Maoist)[1] is in the opposition.

Nepal has not only one of the world's worst health service systems but also some of the world's worst health indicators; it is ranked as the 12th poorest country in the world. As noted by Collins, "Its notoriously unstable politics and mountainous terrain hinder development."(Collins 2006) Life expectancy at birth is 62 years for males and 63 years for females. The prevalence of malnutrition in children under five reaches 48%. This is associated with a under five-mortality rate is 76/1000. Maternal mortality ratio per 100,000 live births in 2004 was 740. HIV prevalence is reported to be 0.5%. (WDR 2007). As noted by the author (Ghimire 2008) the Nepalese State is clearly not fulfilling its responsibilities to ensure citizens the right to health and the satisfaction of other basic human needs.

[1] The UCPN is allied with another left front, the United Liberation Front.

Literature Review

The intersection between conflict and health is an emerging field of study. Research on armed conflicts suggests that this "man made" disaster is destructive not only of human lives, but also of human civilization. It has become evident that armed conflict destroys the health and life of individuals, damages health service systems, prevents health care delivery and outreach programs, and leads to violations of medical neutrality. Each of these problems has been documented in the Nepal Civil War:

Damage to the Health Care System: Singh noted that "[the civil] war in Nepal had led to widespread destruction of limited infrastructure and had adversely impacted access to health-care services and personnel, affecting family planning, maternal and child health programs, and immunization services throughout the country. Likewise, attacks had damaged many health facilities, and staffs were often reluctant or unable to travel in rural areas. Many women were reported to have died during childbirth because they could not reach emergency obstetric care." (Singh 2005) Similarly, Ghimire and Pun highlight the disturbances in the health services system during the war, noting that "40 health posts were completely destroyed between January, 2002, and December, 2004, and tens of others were rendered unusable. Some of these health posts were attached to the offices of the village development committee, which were the Maoists' favourite targets." (Ghimire and Pun, 2006) Likewise, Thapa and Sijapati write, "the ministry of Finance's Economic Survey, 2001/ 02 reported that not a single hospital, health post, or health centre was added during the review period. The numbers of primary health centers only rose by 20 while the number of sub health posts actually went down from 3171 to 3161." (Thapa and Sijapati, 2003:145) Potter commented that "though the conflict severely worsened the government health care system, it is important to note that it was not a well-functioning system prior to the conflict either. It will likely suffer most of the same inadequacies in the future that it did ten years

ago." (Potter 2007)

Disruption of Health Care Services: International humanitarian principles make it clear that health workers should be allowed to fulfill their duties even in conflict zones. But, in the context of the civil war, many health workers were tortured, abducted and killed, creating a climate of fear among health personnel. Stevenson has documented a series of challenges for medical personnel attempting to care for wounded and traumatized patients. These included the cross-fire between government force and Maoist militants, as well as threats and abuses from both sides of the conflict. (Stevenson 2002) Potter writes, "one of the chief causes of project delays was Maoist-announced *bandhs* (transportation closures/strikes), where roads and highways could be shut down at any time, sometimes for hours, sometimes weeks. Those who refused to adhere to the closures risked facing consequences, ranging from verbal warnings to explosive devices on highways. As a result, many staff could not travel to and from field sites as easily, supplies were not always delivered on time and project-related trainings were occasionally postponed." (Potter 2007)

Violations of Medical Neutrality: Stevenson writes that during the civil war Maoist insurgents arrested by Nepalese army were often tortured to the point of death; physicians were then forced to produce false reports documenting that death had occurred as a result of crossfire. Moreover, a "directive from the Nepal Ministry of Health was issued that instructed all doctors to immediately provide information to security officials about individuals seeking treatment for wounds linked to the conflict; mainly bullet wounds and injuries caused by explosions. Doctors who disobey this directive are considered supporters of terrorists according to the Terrorist and Disruptive Ordinance 2001 and liable to arrest and imprisonment." (Stevenson 2002) This directive was severely criticized.

The International Red Cross also criticized the Nepalese government for applying a double standard in the provision of health care by not delivering prompt medical treatment to all those injured in the fighting. Stevenson argues that while the government agreed in principle that "necessary [medical] treatment be given at the earliest possible opportunity to anybody who approaches a health center after being injured and that the patient must be treated immediately without inquiring where and how he or she was wounded or fell sick", this was often disregarded in practice. (Stevenson 2002)

Damage to Individuals: Mental health is an important dimension in the study of conflict and health. Dahal's study of internally displaced war widows documented how "increasing work burdens as a result of difficult economic situations further underpins their psychosocial health problems." Dahal's study insightfully explored the multiple dimensions of the physical and mental health for this group of war victims. (Dahal 2007)

Internal displacement can have profoundly negative impacts on both physical health and mental wellbeing. Singh and his colleagues note that "currently, ordinary civilians constitute a large proportion of those displaced: the displaced now include the affluent landowners, government officials and teachers who are threatened by the Maoists as well as the poorer civilians who have fled violence and insecurity, including young men and women who have fled their villages for fear of forced recruitment and harassment by the Maoists and intimidation by the security forces. A recent cross-sectional survey among 290 internally displaced people in Nepal found high rates of post-traumatic stress disorder (53.4 per cent), anxiety (80.7 per cent) and depression (80.3 per cent)". (Singh et. al 2007)

Post-conflict Period: In post-conflict Nepal, reconstruction and repatriation have assumed important dimensions. Collins writes "a ceasefire has now been declared and a source close to the Maoists assures *The Lancet* that they guarantee the safety of health workers and of internally displaced people who wish to return home." (Collins 2006) However, displaced persons are still reluctant to return to their homes and many commitments of peace accord remain unfulfilled.

Research Question

This research was undertaken to explore the interconnection between the Nepal Civil War, the Rolpa health services system, and the health of the Rolpa population. Specifically, this research explores the crucial role of conflict in the suffering of people and in accessing health care. It also examines changes that have occurred in the post-war health service system.

Methodology

Data collection: Data was collected during a month-long ethnographic survey in Rolpa in December 2008. The author conducted in depth interviews using a survey guideline as well as direct participant observation. In all 85 respondents were interviewed. Of this group, 40 were patients visiting health centers (purposive sampling). Twelve respondents were individuals affected or wounded in the conflict (snowball sampling). Fifteen health care professionals, three members of the PLA (People's Liberation Army), seven Maoists, and eight civil society members were interviewed.

Ethical Issues: Prior to undertaking this research, the author clarified the interest and purpose of the study. In order to protect respondents from additional harm, the researcher protected their anonymity by not taking photographs or recording names or identifying information. In this paper any individuals named have been assigned pseudonyms.

Theoretical perspective: A critical perspective in ethnography is necessary to understand the political and economic relations and other social dimensions in a setting of armed conflict. Critical ethnography is necessary for studies of resource contestation, conflicts of interests, and exercise of power over suppressed and oppressed groups. Pains, sufferings, tragedies and social fragmentation cannot be isolated from their social context in any study of human beings..

Conceptual Framework: "Conflict can originate either in goal incompatibility or in hostility, and that it involves a unique type of behavior against each other to attain incompatible goals or to express their hostility." (Bartos and Wehr 2002:13) Therefore, "the definition of conflict offered here implies that conflict behavior can occur not only because the parties have incompatible goals because they feel hostility toward each other." According to these authors, such incompatibility of goals consists of incompatibility of roles, incompatibility of values, and contested resources. These kinds of incompatibility of roles and values arise from whole-part differentiation, task specialization, separation and difference in size and technology.

Bartos and Wehr note that resources are contested when there is a sense of injustice, illegitimate power, and different level of absolute and relative deprivation. Violence (or the threat of violence) is one of the major means of contesting resource allocation. (Bartos and Wehr, 2002:29)

“[F]rom the health perspective violence is seen as any act of verbal or physical force or life threatening deprivation directed at an individual that causes physical or psychological harm, humiliations and that perpetuates subordination."(Sinha, 1997). Incompatibility of goals or values that are expressed though violence will impact on human health. Ill health is, thus, an unavoidable consequence of armed hostility. "Violence is a cause of ‘non health’ and death.” (Sinha 1997) Violence is negative energy for human lives.

For the purposes of this research, the terms violence, conflict, and war are used interchangeably. “Conflict" in this study represents the civil war that was existed in Nepal during 1995-2006. Moreover, "Civil War", "People's Movement", "Maoist Movement", "Revolution" all denote aspects of the armed conflict in Nepal during this period. In this war, there were two opponents: the government Special Forces (SF) and the Maoists. “Health service system” is defined as the health resources of the Nepal state. The incompatible goals of these two parties became very detrimental for people's health as well as the health service system, part of the state’s resources.

Health workers caught in cross fire.

During the civil war, government health staffs had to play dual roles. Both sides in the fighting considered the government health system as a "state resource" to be contested. Health workers were compelled to act like government supporters in front of the Special Forces (SF) while simultaneously agreeing to the demands of the People's Liberation Army (PLA).

Health workers in Rolpa who failed in this dual role often suffered violence. Typical incidents described by informants are as follows: Maoist insurgents beat up the Community Medical Assistant (CMA) of the Ranghsi sub-Health Post (SHP). In Serum, the office assistant of the SHP, D. B. Rokka, was kidnapped and killed by the Special Forces. The Village Health Worker (VHW) of Kureli was tortured and beaten up by the Special Forces and subsequently suffered from post-traumatic stress disorder. The VHW of Jaya Maa Kachala was severely tortured in police custody. At the Thawang Health Post, the assistant was severely beaten up by the Special Forces and the health post blasted using a rocket launcher. The Special Forces accused the health post of performing "incompatible roles" by providing treatment to Maoists. On the day of polio vaccination, L. Rokka, a Female Health Volunteer (FHV) was abducted by the army and accused of providing treatment to the Maoists.

These actions are in violation of the principles of the International Red Cross which sets out the obligation of warring parties to "respect and protect medical and religious personnel, medical units and means of transport." (DFID et. al. 2003:18) In Rolpa health workers were tortured, killed, and displaced from their regular jobs.

Regular army operations, danger of potential combat, and fear of ambushes were additional factors that discouraged health workers from visiting district headquarters to collect medical and surgical materials. Some low-level health workers were able to develop the proper ideological and emotional solidarity with the Royal Nepalese Army (RNA) and the PLA, and they decided to stay in the villages. Developing such kind of ideological and emotional solidarity eventually meant trying to develop values compatible with both fighting opponents. It could be fatal for health workers to favor either side and yet it was difficult for health workers to maintain absolute neutrality.

Targeting the Health Services System

During the Civil War it was impossible to carry out any improvements in the Ropla health services system. Moreover, there were severe disruptions in existing services such as vaccine distribution and the organization of the vasectomy camp.

The disruption of the vaccination campaign provides one example of the situation in the conflict zones. Informants from remote areas such as Thawang and Mirul Kureli stated clearly that there was no immunization program during the civil war. This is consistent with observations made by international organizations.[2] Curiously, reports from the District Board of Immunization document very high vaccination rates during the same period. It appears that the government provided incorrect statistical data which exaggerated the extent of vaccine coverage. Because of the hostility between fighting opponents, the vaccination program was severely affected and the government was compelled to report false statistical data demonstrating high rates of coverage. Both fighting opponents had hindered the health delivery system in their demonstration of incompatible goals.

Contesting government health resources

Control over government health resources was a highly problematic area for medical personnel during the civil war. As an insurgent force, the Maoists were committed to maximum utilization of government resources. When they felt it was needed, the Maoists forcibly took medicines from the health services system. Health personnel found it generally necessary to share up to 50 percent of

[2] "Health programmes have been dislocated and in the most affected districts like Rolpa there has been a break in the immunization program." (SAHFR 2000)

medical supplies (including items such as condoms and acetaminophen) with the Maoists in order to avoid the suspicion of holding incompatible roles and values. This "sharing" occurred because government control over the villages was often weak. At times Maoists would take medicines needed for their wounded even when this broke prior verbal agreements with government medical personnel. To raise any kind of reservation during this "resource sharing" meant placing oneself at maximum risk for physical torture or death.

It was compulsory for health post and sub health post personnel to assist in the construction of the Martyr's highway[3] by providing medicines, dressing kits, and other needed supplies. Of note, allopathic medical workers were not the only ones forced to support the Maoists. The staff of a homeopathic hospital was under similar pressure and was forced to supply the People's Liberation Army (PLA) with first aid kits.

The Government was clearly aware that the Maoists were using their resources and attempted to stop this. One technique was to limit the flow of medical supplies to the health posts and sub health posts. Supply of medication to the SHP had to be approved by the District Police from a list of supplies vetted by medical personnel.[4] As a result, health personnel in Rolpa generally agreed that very few medicines reached the health centers during the civil war.[5]

Donation by Terror

The Maoists forced all government workers (including health care personnel) to make "voluntary" contributions from their salaries. These contributions took various forms. There was a yearly special donation amounting to a month's salary; school teachers were required to donate two month's salary. An additional five percent of salary went to support the Maoist insurgents. Elderly people were also supposed to donate 5% of their pension. Though presented as voluntary, in reality this was a "do or die" situation for the employees. Workers who refused to make the donation were considered to demonstrate "incompatible values" and were threatened, tortured, or killed. Many villagers were not in a condition to disobey. To avoid these levies many, including a large number of health workers, chose to flee the villages for the relative safety of the larger towns. Ironically, workers who remained at their post faced suspicions from the government of being Maoist sympathizers.

There is some evidence that in towns controlled by the Maoists health services improved in certain respects. Maoists increased the supply of medicines in order to attend to the health needs of their own combatants. The PLA also forced health care personnel to remain in the villages.

The irregular supply of health workers (commonly called "doctors" in local dialects), long term absenteeism, lack of health facilities, and lack of medicines in the government health services system discouraged people from visiting government facilities. Poor people turned to shamanism, faith healing, and locally available herbs.

While the distrust of the health system started during the civil war, it has continued to the present day.

[3] The Martyr's Higway was a two lane road that connected many remote villages of Rolpa. Maoists named the road as a tribute to all "great" martyrs during the civil war.

[4] In Rolpa, "VDCs like Jinabang, Rank, Iribang, Ramkot, Jangkot, Vhabang, Korcabang, were prohibited to send medicines. Excluding those place if there was demand of medicines from other places, it was necessary to take recommendation from District police office."(Aryal 2005.) "In district police office, there was a team of medical persons; it used to provide suggestion to police force about the control of medicines those may be useful for Maoists."

[5] "Health personnel were particularly vulnerable when transporting drugs and medical supplies. In areas affected by the conflict, the transportation of medication involves delays and requires lengthy coordination and negotiation with the security forces. Sometimes, they seize drugs, dressings, and bandages" (DFID et. al. 2003). In Rolpa "local administration has ordered not to distribute hard antibiotics and medicines those could be useful for Maoists."(Aryal 2005)

Post conflict situation.

The end of the civil war found the people of Rolpa with an inefficient health service system characterized by lack of infrastructure, shortage of staff, dysfunctional administration, and poorly maintained equipment. By comparison to the conflict period the condition of health services system in Rolpa is comparatively functional, but the overall standard of health services has seen no change at all. Shortage of health professionals, untimely supply of vaccines, lack of medicines, poor supervision and monitoring, and a dilapidated infrastructure are all common problems at the present time.

The Nepalese government has recently launched a Free Health Service at the SHP, HP and PHC levels. The system is supposed to guarantee free registration, free services, and free medicines. However, the Government has not taken into account that, without giving special priority to strengthening the health service system, it is not possible to launch a special program that provides universal coverage of health services. In Rolpa today, the health service system completely fails to fulfill even its most basic functions.

The deplorable state of the health services in Rolpa was evident during field work. Some examples are described here:

The District Hospital lacks a cafeteria or waiting space for visitors. Male and female patients share the same latrine whose condition can only be described as sickening. Patients suffering from nausea, vomiting, and other gastro-intetinal diseases could literally not breathe inside the latrine.

Thawang, a village regarded as the strong hold of the Maoists, has received little support in its attempts to build a health post. The contractors who had been hired to build the post seemed more interested in quick profits and left the community with a poorly designed, poorly built, and poorly functioning facility. At the time this research was being carried out, the facility was not in use. On the day of the BCG vaccination campaign, mothers had to bring their babies to a temporary health post run out of a small house.

The police station of *Kotgaon* and the police station of *Powang* operate from the cafeteria of the district health office and health post building respectively. The practice of carrying patients in "*Doko*' (a bamboo basket) from home to health centers continues. The cost of this service varies according to distance from home to hospital, running from two to three thousand Nepalese rupees (30 to 40 USD). However, the government has announced plans to provide around one thousand Nepalese rupees (approximately 12.7 USD) as an incentive to support safe motherhood for hill districts.

Since the government health service system has not been able to provide satisfactory services at the primary care level, people are forced to make long journeys to access health services either at the District Hospital or even outside of Rolpa. People visit Dang, Kathmandu, Nepalgung even bordering areas of India such as Luckhnow and Delhi. This is a form of additional social suffering that patients have to bear. Similarly, the influx of patients from non-functional primary facilities represents a burden on tertiary care centers. If tertiary centers are overwhelmed by patients with simple ailments such as headache and stomach ache, they cannot perform their role as referral centers.

Major political parties in Nepal, including the Nepali Congress (NC), CPN(UML), and UCPN (Maoists), have incorporated population-wide primary health care into their election manifestos. But in reality, none of the Nepalese governments have made significant efforts to improve the condition of the Rolpa health service system. In Rolpa, the primary health care system remains in crisis and the health service system is grossly inadequate. Once someone gets sick, the family is forced to spend large amounts of money accessing health services outside the district. The deplorable state of the public health system creates a chronic situation of medical dependency.

Conclusions

In Rolpa both sides in the conflict fought for control of the health services system. Forced

donations and forced involvement in medical care (to benefit the belligerents) were only two of the many reasons that health workers felt insecure in the conflict zone. The contradictions of performing dual roles simply to stay alive in the war zone finally discouraged health workers from remaining in the war-affected region. Absenteeism among medical personnel had a significant adverse impact on people's health. Health centers were damaged and destroyed at a time when all work on developing the health services infrastructure had been halted. Many poor people were obliged to rely on Shamanism, faith healing, and irrational medical practices. Frequent security checks, fear of ambushes and landmines, potential cross fire, and disinformation campaigns discouraged people from travelling and accessing health care. Other negative effects of the war included disruption in the supply of medicines, vaccination programs, family planning services, and DOT programs. Especially hard hit were tuberculosis patients who had to visit the health centers to follow DOTS and whose mobility was highly disturbed because of the war. Our research demonstrated many instances in which international humanitarian principles and basic human rights were violated by both sides in the civil war. Finally, the ongoing crisis of primary health care has led many people to seek health care outside of their local communities.

The difficulties of the health care system in Rolpa did not originate with the civil war. Rolpa has faced a long history of exclusion, characterized by a shortsighted government, a dysfunctional bureaucracy, and low levels of awareness by the population. Geography has not facilitated development in this hilly district accessible primarily via steep, narrow trails. To these problems were added the burdens of the civil war. Tragically, the harm done by the civil war lives on in post conflict Rolpa where conditions seems little different from the time of active conflict.

The armed conflict in Rolpa has aggravated pre-existing low levels of awareness, poor living standards, lack of basic facilities, and a continuous level of dissatisfaction at the micro level. This crisis could be seen as a structural determinant of ill health. The solution lies in a structural transformation affecting the local political structures where the majority of the people struggle to maintain healthy lives. Such a transformation should address questions of accessibility, the rational distribution of basic health and education facilities, and should guarantee the inhabitants of Rolpa sanitation, food, housing, and employment.

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