

Legacy of Conflict

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The world is ailing. Suffering from diseases, conflict, death, and destruction. As if nature's fury was not enough, it is time for humans to inflict pain and misery on each other.

In the last 2 years, the coronavirus disease-2019 (COVID-19) pandemic alone has claimed more than 60 lakh lives to date. Added to this are the victims of natural calamities worldwide like earthquakes, cyclones, floods, volcanic eruptions, landslides, and even bush fires and forest fires. At present, we are witnessing unrelenting war, with state-of-the-art man-made instruments of destruction being used on humanity.

How does war affect human health and diseases?

In the Napoleonic wars, it was seen that mortality due to infectious diseases was eight times more than deaths on account of war injuries. The conflict has been reported to increase death by diseases so much so that they have been named to be the "third army." In the American civil war, deaths of soldiers by trauma were exceeded by pneumonia, typhoid, malaria, and dysentery. Similarly, World War 1 was followed by an epidemic of Spanish flu that killed 20–40 million people.¹

The resurgence of well-controlled diseases is another aftermath of prolonged unrest and instability in any society, not to forget biological weaponry that may wreak havoc on entire populations.

Long-term consequences of civil war are a chronic lack of investment in health, education, and public welfare that are ultimately manifested as increased morbidity in the population.²

What are the underlying factors for this?

- Mass movements
- Overcrowding
- Scarcity of clean water
- Poor sanitation
- Lack of shelter
- Malnutrition
- Collapse of the health infrastructure

War results in the displacement of large populations into temporary settlements or camps. This causes overcrowding, rudimentary shelters, and insufficient safe water and sanitation. Unsanitary environmental conditions led to the proliferation of rats in postwar Kosovo and resulted in a tularemia outbreak among the displaced population.³

People have to flee from their homes to other countries, traveling long distances on foot without food or water, being exposed to disease vectors. More than 1 lakh persons fled to Afghanistan, reintroducing malaria parasites when in 1994, they returned to Tajikistan, which re-established *Plasmodium falciparum* malaria in the country.⁴

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Populations may be predisposed to infection and disease because of chronic undernutrition, lack of immunization, or long-term stress.

Also, ongoing conflict can hamper detection, response, and containment of infectious diseases.

In prolonged civil wars or post-conflict situations, morbidity and mortality are escalated due to the collapse of health systems, scarcity of trained staff, cessation of existing disease control programs, and destroyed infrastructure.

Aid workers, United Nations peacekeeping forces, and businessmen are also at risk of contracting infections and spreading them to other areas.

Poor access to supplies and medications with disrupted implementation of control measures is also universal.

Vaccination campaigns may also be interrupted for months to years during protracted conflict due to long-term inadequacies in cold chain and logistics or ongoing insecurity. Low vaccine coverage has played a major role in the reemergence of poliomyelitis in conflict-affected countries and has also pushed back global polio eradication targets.

Pathogen resistance to drugs can contribute to disease emergence. Resistance may develop more rapidly in conflict situations because of inappropriate diagnoses or irrational drug regimens and outdated drugs. Treatment compliance may be poor because of the purchase of insufficient quantities of drugs, noncompliance due to sale or saving by patients, or interrupted treatment with sudden displacement or irregular access to healthcare facilities.

Humanitarian partnerships with NGOs, international organizations, community groups, and ministries of health may not work in sync, which is essential to ensure disease surveillance, prevention, and control in conflict-affected countries for proper implementation of disease interventions.

A consistent and transparent policy for military humanitarian interventions, as well as civil–military liaisons may also be deficient that is warranted for holistic well-being in war-ravaged countries.⁵

EFFECTS ON MENTAL HEALTH

War along with its accompanying trauma and insecurity result in symptoms of depression, anxiety, and post-traumatic stress disorder in up to 30–40% of people.⁶ Among children, parents have reported aggressive behavior, bad scholastic performance, bed-wetting and frequent nightmares. It has also been noted that more refugee than non-refugee children behaved aggressively.⁷

Thus, a population maligned by death and disability signifies stagnation of economic, social, cultural progress, and prosperity.

Where do we see ourselves in 10 years?

Alive or dead?

Functional or bedbound?

What happens to our children?

An age-old Bengali poem resonates as relevant today, as it ever was ...

“An inscrutable darkness clouds our consciousness—

So dark ...

It’s easy for the blind to find their foothold.”

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