

YEMEN AND ADEN

As Narrated by Two Doctors

The International Review has often described to its readers the main aspects of the medical work undertaken by the International Committee of the Red Cross for several years past in war-torn Yemen. This medical activity has changed considerably from the former field hospital at Uqd in the heart of the Yemeni desert to the mobile medical teams working today in the North of the country. These teams tend the wounded and sick combatants and civilians they encounter on their travels in a region where there are no other doctors or medical services.

The following account shows how essential is this relief work, improvised wherever found necessary or at temporary bases set up in caves serving the purpose of operating theatres and surgeries. What follows is an account given recently by a doctor on his return from the Yemen where he was a member of one of the ICRC's medical teams.

His team arrived at Djihaena in December after a trying journey across the desert.

On the edge of the desert the stone houses of the Yemeni village alongside the dirty streets stand out against the night sky. We go into the courtyard of the Government building which has been seriously damaged by bombs. Then we have a short interview with the Prince's adjutant.

On leaving the building, we went by chance into an ill-lit neighbouring house where groans could be heard. The light of our electric torches revealed a shocking sight. Against the walls lying on the stony ground were some thirty seriously wounded men, women and children who turned their eyes towards us as we entered. The air was heavy with the suffocating stench of gangrene and decomposing flesh.

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We take stock of the situation; even for a doctor it is horrifying. Six or seven patients are lying there with legs blown off, the stumps black and rotting, covered with dressings of dirty rags. They are all groaning and delirious. An eight year old boy has one leg blown off by a mine. Several inches of the femur show below the stump. Next to him lies his mother, her right foot a spongy mass smelling abominably with a gaping wound right through her foot. She has been lying there with her son in a state of shock for a fortnight. Beside them a ten year old girl has been lying for four days; someone has treated the bullet wound in her stomach, but she has peritonitis and a high fever. Further away is an old man, wounded in the forearm, the humerus fractured and splintered, the forearm hanging by the decayed tissue of a large gangrenous wound. Another man lies with his hip bone visible; a bomb had blasted the upper part of his thigh and blown off the great trochanter. He is lying twisted on a piece of sacking and suffering from infectious peritonitis.

Further away lies a soldier with a bullet wound in the neck, above one of the cervical vertebrae. The wound is running and his head fixed in opisthotonos. Another man has a piece of shrapnel as large as a door key in his left eye and no one dared remove it for fear of taking the eye with it. One young man has had his left hand blown off by a mine. The stump has been coated with hot wax to prevent his bleeding to death. Another young man's right knee is pierced and completely destroyed by a bullet; he has been lying here in agony for ten days.

There is no need to continue this catalogue of agony! The condition of the other people can be imagined!

We immediately sent for the rest of the team with the equipment and then set up a dressing station on the first floor with lighting from our power generator. We improvise a sterilizing plant. Conditions are primitive in the extreme and we cannot keep out all the dirt and dust of the desert which covers everything. We operate throughout the night, using a stretcher as an operating table, until six o'clock in the morning, by which time emergency treatment has been given to all the casualties. At sunrise, we retire to a cave. The next night we shall go to the hospital. During the day two Yemeni male nurses administer sedatives.

The ICRC also provides medical assistance to the republican part of the country. In February it sent half a ton of medical supplies to Sanaa, partly from its own resources and partly donated by the Rumanian Red Cross. In addition, an ICRC mission went to Sanaa to examine in conjunction with the authorities the prevailing situation and medical requirements. It saw clearly that there was a great and urgent need of medical supplies. With a view to remedying this situation, the ICRC appealed to a number of National Red Cross Societies for their help in supplying this acutely needed medical relief which the ICRC will forward to Sanaa. This programme is at present under way.

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The ICRC is also carrying out medical assistance work in Aden. This does not involve mobile medical teams which may suddenly find themselves confronted with terrifying situations as described above. The ICRC doctor delegates in Aden work in the hospitals where they met a difficult situation at the end of December due to the fact that the British administration came to an end and hospitals were a sort of "no man's land". Action by the Red Cross became necessary and was in fact requested by the local authorities.

Since Aden became independent there has been a shortage of surgeons with the departure of those who were of British nationality. The Red Cross immediately filled the breach which had so suddenly occurred and for which Red Cross intervention was requested by the authorities themselves. One of the doctors sent by the International Committee to Aden gives his account.

We three surgeons left Geneva on November 28 and were met in Aden by the ICRC delegates already on the spot.

So far as we know there were three hospitals in Aden at the beginning of 1967: the municipal (QEH), the RAF hospital for British military personnel and their families, and the KBH for officers and other ranks of the Army of the Arabian Federation as well as for their families. Most of the surgeons were members of the RAF. Many doctors were Indians. In addition, in the town—or rather in some quarters of the town which were in several cases very distant from each other—there were dispensaries and a convalescent

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home. In the hinterland—the former protectorate—there were seven hospitals. It appears that the doctors and specialists had little by little deserted Aden and the hinterland. Only one field hospital still had a doctor when we were in Aden. We visited this 85 bed hospital. In Aden itself, few doctors had stayed behind. The RAF hospital had been evacuated and closed and was not in operation when we arrived. Then there was the Queen Elizabeth Hospital (now the municipal hospital and renamed “Al Gouriem”) and the Kormakshr Besh Hospital (KBH).

On the whole the QEH (where we took over the Surgery Section) was a vast complex having lost its driving force—the mainly English staff—which functioned with creaking protest and had to meet the needs of a population of about 300,000 in Aden and its surroundings. Apart from the KBH this was the only hospital in the country (with one and a half million inhabitants) where surgery of any complexity was possible.

The KBH was in perfect order; everything was ship-shape, operating theatres ready for use, instruments laid out in bags ready for sterilizing, blouses and galoshes in place and everything probably kept just as well as when the British were there. In short, it was in perfect order with full equipment and personnel ready to act, waiting for the ICRC surgeons to bring it to life.

On the evening of our arrival we performed our first operation. From then on, each one of us had our responsibilities allocated to us and we were all able to rely on the vast store of good will and professional dedication of the nursing staff.

By mid-December we had restored the surgical department to normal and conditions were probably very much the same as they had been in peacetime. Both at the QEH and the KBH smooth running had become routine and reliable.
