

## In the Yemen

### ICRC MEDICAL TEAMS AT WORK

South-West of the huge desert waste stretching further than the eye can see lies a region where a barrier of mountains and immense rocks forms the horizon; this is the Yemen where the ICRC, three years ago, decided to bring relief to the prisoners taken in combat and to the military and civilian wounded and sick.

In the heart of the desert and under the protection of a large red cross sign, the hospital at Uqhd, which was brought in piece by piece, rendered signal service. More than sixty thousand people received attention there and over two thousand surgical operations were performed in the hospital clinobox.<sup>1</sup> The hospital does not exist today as the situation has changed in this country where everything is made difficult by sand, climate and the absence of communications. ICRC action today has taken on a new form.

The medical teams of the International Committee are continuing their activity in North and East, in areas where, without them, large numbers of wounded and sick would be deprived of all care. They are working in places difficult of access and often find themselves in precarious conditions.<sup>2</sup>

One of these teams, consisting of Dr. Liechti, medical student Wagner and male nurse Hangartner, is installed at Amlah, half-way between Ketaf and Adula where it has set up a permanent medical post and distributes food. It is sited in a cave guarded by four or five policemen. The local authorities have also placed camels, donkeys and a stock of petrol at its disposal.

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<sup>1</sup> See *International Review*, April 1965.

<sup>2</sup> *Plate*.—ICRC medical teams at work in caves at Jauf in North-east Yemen.

A report from Dr. Liechti gives the following information:

" Our camp, ten minutes from the site (Amlah), comprises a large cave for living quarters and a smaller one nearby which is our kitchen, as well as a tent 50 yards distant on the other side of the rock which is used as a store for medicines and a consulting room.

Since February 18, 1967, we were prepared to receive our first patients from Adula (about 4500 inhabitants), Ketaf (4300) and Amlah (13 000). In 22 days we had 780 further patients. The average visit is from 3 to 4 for each patient, making a total of about 2500 consultations, which means rather more than 100 daily.

The most frequent sicknesses are: tuberculosis, bilharzia, amebiasis, otitis, conjunctivitis, trachoma, infections of the digestive and urogenital systems, pulmonary infections (bronchitis, pneumonia), influenza (coughs, high temperatures, colds). Patients react extremely well to antibiotics and in general to all forms of treatment. The psychological effect of any medicine is of importance. There has only been one death, the case being beyond recovery.

We have performed about ten surgical operations (stitching of wounds, removal of shell and bullet fragments and one orthopaedic operation). There was one emergency operation: as a result of a rocket bombardment, a child of about 14 years old was hit in the shoulder by a projectile which perforated the pleura before coming out again on the level of the collar-bone. He was also suffering from other wounds in the neck and on the knee. Thanks to transfusions, antibiotics and other medicines, it was possible to save his life".

Doctors and nurses are also working in other parts of the country, maintaining contact with the ICRC mission in the Yemen and with Geneva by radio. The illnesses they have to treat are the same. Some of them have observed that the most frequent troubles affect the eyesight, such as the many lesions of the cornea, inflammation, blindness due to injured eyes or to vitamin A deficiency. Vitamin deficiencies are in fact general.

First-aid post and infirmary locations are chosen as far as possible for their immunity to attack from the air and for the shelter they provide from wind and sun. These requirements cannot always be combined. Dr. Duchini, for instance, has written: " The cave we live in may be considered satisfactory for safety and comfort.

## INTERNATIONAL COMMITTEE

Our infirmary is near to the cave but it is only partly sheltered from the sun and not at all from wind and sand ”.

Several doctors have commented on the excessive number of consultations they sometimes have to give each day; as many as a hundred and fifty patients have been known to queue up in the “corridor” with their wives and children ranging from babes in arms to adolescents. Every one of the gun-bearing patients wanted to be treated first!

We would also mention that sometimes medical treatment has to be supplemented with relief action, the ICRC delegates issuing food to the needy and war victims. At one post, for instance, onions, edible fat, tea, rice and tuna fish have been distributed to 218 families.

The ICRC medical teams have no easy task, but all the messages reaching Geneva from the Yemen testify to the enthusiasm and satisfaction of giving service.