

## For the War Disabled

### An ICRC achievement in Sana'a

At a ceremony held in Sana'a towards the end of March 1972, the ICRC formally handed over to the authorities in the Yemen Arab Republic the workshop which it had opened in 1970 for the manufacture of artificial limbs for the war disabled in that country.

Under the responsibility of the Ministry of Health, the Yemeni employees will henceforth use the skill they acquired in the workshop and in which five of them, thanks to grants, received further training at the Teheran specialized centre of the Iranian Red Lion and Sun Society. The orthopaedic technician delegated by the ICRC will stay in Sana'a for another six months, under an agreement with the Yemeni Government and the World Health Organization, which is providing assistance. This decision was reached with a view to easing the transitional phase.

It is a Red Cross tradition that any work started is handed over to others as soon as they are able to take over. In this particular case, an official Yemeni service took over the workshop in April, and so the action launched by the ICRC in Yemen goes on. The *International Review* has already described this action;<sup>1</sup> some further particulars will bear witness to its effectiveness.

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It was through its delegation in Yemen that the ICRC learnt that there were many people in that country who had had one or even two limbs amputated, as a result of the war. There was no means of manufacturing artificial limbs locally, so in 1968 the

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<sup>1</sup> See, in particular, *International Review*, October 1970.

Government of Yemen asked for Red Cross assistance. After a careful study, the ICRC secured the services of Mr. Gehrels, a technician specialized in the manufacture of prostheses. He arrived in Sana'a in 1970, set up a workshop and began to recruit Yemenis who were taught how to manufacture, fit and apply the prostheses.<sup>1</sup> In July, a physiotherapist joined him and started a department where amputees were prepared for the use of an artificial limb through appropriate exercises, massage and sports.

By the end of April 1972, twenty-two Yemenis were working at the Rehabilitation Centre—seventeen in the artificial limb workshop, three in the physiotherapy section, and two in administrative jobs.

By then 202 artificial limbs and thirty-one orthoses had been completed, and 306 disabled persons were due to undergo training in the wearing of the appliances.

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Thus it was that two specialists, an orthopaedist and a physiotherapist, started and developed in Sana'a ICRC work for war disabled. In the second issue of *Aspects*, a review whose recent publication we are glad to report, Mr. J. D. Ducret describes the patients whom he had occasion to observe during the two years he spent among them in Sana'a:

“ A long dark corridor leads to a small office: that is the first link in the chain, often the culmination of a long journey on donkey or camel-back that ends on all fours or on one leg, leaning on friends, guns and side arms having been left with the guard.

Someone calls me. After a summary examination of the new arrival, a conversation starts with the help of the English-speaking secretary: “ What is your name? ” “ Lotif Al Zubeiri. ” “ Your age? ” “ I don't know... ” “ Well, how old are you more or less? ” “ Maybe thirty or forty. ” “ Let's say thirty-five then! How long ago were you amputated, and why? ” And so on and so forth.

More than three hundred have registered in this way (and there are said to be over a thousand war amputees in Yemen).

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<sup>1</sup> *Plate.*

Three or four months may elapse between registration and the beginning of treatment. Usually only those who have had two limbs amputated have preferential treatment. In October 1970, a public transport bus blew up on an anti-tank mine, between Sana'a and Taiz. About twenty were killed and sixty injured, and among these were half a dozen amputees. They were immediately sent to us, and some of them—including the bus driver—have already left the Centre on their two artificial legs.

Like some "*Cour des Miracles*",<sup>1</sup> at 7.30 a.m. the entrance to the Centre is already crowded with handicapped people waiting for their training. It is an odd medley of every type of distress existing in Yemen, the sequelae of a civil war which lasted seven years. The Centre was specially constructed. It is as close a reproduction as possible of the terrain on which the disabled will have to walk in a land of mountains and desert. There is a sports ground, too, for badminton and football. These games are part of the last phase of treatment, when the patient can already walk properly on level ground or in the physiotherapy room. Each group of four takes half an hour's exercise. Amputees go from pulley-therapy to gym mats, and of course there is skipping, hopping and the parallel bars.

All of this is done in a thoroughly relaxed atmosphere, under the supervision of Saleh Mohammed Al Bariki, himself an amputee, who was equipped and trained at the Centre as an auxiliary physiotherapist. This young man of twenty-five, who in his village was a sheik, has great influence over the others, who are apt to become demanding and impatient when it comes to securing an artificial limb. They resort to all manner of excuses to try and hasten manufacture or shorten the training period. When one realizes that an affected limb may have to be re-amputated, or simply that a patient must learn to walk with crutches, one begins to understand why some of them have to remain in Sana'a for as long as six months before they can set out for their village on their two legs.

The Red Cross "home", with its Yemeni beds (a frame of wood and plaited cord), can accommodate between fifteen and

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<sup>1</sup> A haven for outlaws and beggars, in Paris during the Middle Ages.



The youngest war casualty, who has been receiving treatment at the Rehabilitation Centre established by the ICRC, is learning to walk.

## SANA'A

*The artificial limb workshop of the Rehabilitation Centre.*





**HONDURAS:**

The National Red Cross is engaged in a vaccination campaign.

**GUATEMALA:**

The ICRC delegate checks medicaments received from the ICRC for prisoners in a place of detention.



twenty, but we take only those who come from far away and who cannot afford a hotel.

The morning is set aside for men, the afternoon for women. I had the greatest problems with the latter, of course, because they were so shy. At first they would not even allow me to look at what was left of a leg. As for unveiling, that was utterly out of the question. My Yemeni assistant met with still less success than I did. Any harsh word would only have driven them away. Then I decided to ask one of the first women we had equipped with an artificial limb to help. She explained to the women what I wanted and gradually managed to persuade them that to show their legs and do exercises on the ground would not mean any loss of face, but on the contrary would bring on the time when they would once more be able to act as complete human beings. We have no such problems now, for there are always enough former patients about to put newcomers at ease.

At the opposite end of the corridor is the artificial limb workshop. Here fifteen Yemenis (three of them amputees) work with the various materials that go into the making of an artificial limb: wood, metal, leather, plastic. Nearly all of them come from Augaria, in southern Yemen, which boasts the most skilled craftsmen. They have all had to learn a new trade and now they form an extremely lively team, under the supervision of Mr. Gehrels. So thoroughly have they assimilated the new techniques which he has taught them that they are able to make almost any part of a prosthesis out of local materials. Formerly everything had to be imported from Europe.

The Rehabilitation Centre in Sana'a is something essential. Its work must not only be carried on. It must be further developed."