

# **Southern Kyrgyzstan Traumatised communities lack access to health care**

## **Executive Summary**

On 10 June, violent clashes between Kyrgyz and Uzbeks erupted in southern Kyrgyzstan, lasting five days, leading to major population displacement both in and outside the country. Médecins Sans Frontières (MSF) began its emergency response on 15 June.

Five weeks after the clashes began, the violence still continues and access to health care, particularly for the Uzbek community, remains problematic.

MSF teams on the ground note that the presence of armed personnel in and around some health facilities is deterring many people from seeking the medical and psychological assistance they urgently need. A climate of deep fear and mistrust exists between the Kyrgyz and Uzbek communities, and the fear of not receiving adequate and impartial health care further impedes people from visiting a health facility.

Violence remains a daily reality. Each day, MSF medical teams are providing treatment for patients who have suffered beatings and other forms of violence. Since the start of the current crisis, MSF has provided over 1,400 medical consultations. Although MSF has launched a mental health program, there is still an overwhelming demand for psychological support.

MSF is calling upon responsible authorities to immediately ensure the necessary conditions are in place to allow access to health facilities. In a context of sustained tension, it is essential that medical facilities remain neutral ground, so that all people, regardless of their origin, can be provided safe referral and access to health care. In the current circumstances, the presence of armed personnel in the facilities deters people from receiving the care they urgently need.

## **Background**

The violence that began in Osh on 10 June, and which spread throughout the south of Kyrgyzstan, lasted five days. Although there were wounded and dead people on both sides, the most affected areas and communities were Uzbek.

The United Nations estimates that 2,277 houses were damaged or destroyed (1,805 destroyed and 72 severely damaged houses in Osh Oblast; 400 destroyed houses in Jalal-Abad Oblast).

An estimated 375,000<sup>1</sup> fled the violence in the cities, 75,000 of whom found refuge in neighbouring Uzbekistan. Tens of thousands remained in the border areas for nearly two weeks.

By 25 June, the majority of displaced had returned to the cities. Some 37,500 people<sup>2</sup> found their houses burnt and destroyed and are now living in the remaining rubble or sleeping on the ground under a makeshift roof or under tents.

## **MSF response to the crisis**

MSF teams began their emergency activities in the south of Kyrgyzstan on 15 June, responding to the medical needs of populations affected by the violence. Today, 45 MSF employees, including 19 international and 26 national staff are running the current emergency operation. Already active in Kyrgyzstan with a program providing care for tuberculosis patients in the penitentiary system, the organisation was able to mobilise its teams quickly. Medical teams treated and referred war-wounded people for surgery, and organised assistance for those who fled the main cities to seek refuge in rural areas in Kyrgyzstan or in neighbouring Uzbekistan

One team comprising a medical doctor, a nurse and a psychologist is based in Jalal-Abad and provides support to the communities in Jalal-Abad and Bazar-Korgon. Three teams are active in the city of Osh, running daily activities in different communities (Tashlack, Kyzyl-Kyshlack, Furkat, Onadyr, Sheyit Tepe, Cheryomushki and some others). Teams have also been supporting 25 health structures with ad hoc donations of drugs and medical equipment.

Since the start of the current crisis, MSF has provided over 1,400 medical consultations through its four mobile teams in and around Osh and Jalal-Abad cities.

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<sup>1</sup> According to the Office for Coordination of Humanitarian Affairs

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In total, MSF has provided 20,000 displaced and affected people with medical care, and also with hygiene kits, cooking sets and other goods. Medication and medical equipment was donated to improvised health centres and the Ministry of Health's facilities. Surgical equipment, drugs and medical material were provided to the secondary and third level health facilities in Osh and Jalal-Abad.

Today, 30 percent of consultations given by the organisation's medical staff are related to conditions linked to psychosomatic symptoms due to the patients' constant exposure to fear and stress. Around 20 percent of consultations given by MSF teams address chronic diseases such as hypertension, diabetes, lung and cardiovascular diseases. Some patients need to be referred to hospitals for elective surgery or because of medical emergencies.

Additionally, MSF medical teams are currently seeing more and more people who have been beaten, averaging at least two cases per day.

## **Today's reality: daily violence and threats**

During the last four weeks, MSF has provided care to 51 severely beaten patients. At least five of these patients reported having been victims of acts of torture. These figures were gathered within a short time after the peak of violence, during a period of 'relative' stability. Moreover, as MSF operates only in a limited area of Kyrgyzstan, these figures are a strong indication of the level of violence still taking place, and are also unusually high according to MSF's experience.

Violence between civilians is frequent in Osh. On 10 July, an Uzbek woman was beaten up by a group of Kyrgyz women in front of a police station. She was later treated by an MSF medical mobile team. Out of fear, very few Uzbeks dare to leave their neighbourhoods, or even their houses.

In a context where police raids occur in the mahallas<sup>3</sup>, where armed men patrol the streets and enter houses searching for weapons and "suspected criminals," teams have directly witnessed several public episodes of beatings, arrests and quite aggressive behaviour by the police force. During medical consultations, patients have mentioned that frequent arrests are often carried out at night and are followed by disappearances. This is contributing to a heavy climate of fear in the Uzbek districts, only adding to the trauma people suffered five weeks ago.

The two communities within the cities remain polarised. There is mistrust among the Uzbek population towards decisions and actions being taken by government and law

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<sup>3</sup> A mahalla is an Uzbek neighbourhood

enforcement bodies. Many are afraid to go to public facilities, including hospitals, and they are retreating even more into the mahallas.

*"I don't know how they came into my house, we were sleeping. We weren't sure whether they were police or not.... They took me and my brother to the police station and shouted: "Let's make Uzbek football." They took me to the basement, my brother in another room. I could hear him shouting. They beat me for 20 minutes and interrogated me. They wanted to know whether my brother was responsible for the killing of two policemen. After 20 minutes of beating, I said yes. How can they think that he did it? He is a community leader and devout Muslim. They let me go but my brother is still in jail. They are not feeding him. They will not allow lawyers to visit him. Please help."*

38 year-old man from Osh

*"We are afraid for our young people. They have to hide, they don't sleep at night. Five days ago, the police came to our neighbour's house and wanted to take away the boys. Their mother refused strongly. They got away but came back at night and took them anyway."*

50 year-old woman from Osh

*"Three days ago, some men with knives came to see people who live in tents. They made death threats and left. We alerted the authorities, but they are indifferent to this situation"*

Uzbek community leader

## **Obstacles to health care: fear and armed presence in hospitals**

During the first days, from 11-16 June, medical facilities were overflowing with wounded patients. Medical personnel have provided care for many patients from both communities. Nevertheless, in some cases, wounded members of the Uzbek community, out of fear, would not go to secondary or tertiary level governmental health facilities, which were guarded by heavily armed policemen. They preferred lower level primary health care clinics, closer to where they lived, or they even stayed hidden, meaning they did not receive medical assistance.

Now in mid-July, health-related needs have changed, but access to medical care remains difficult, if not impossible, for many Uzbeks. Even primary health care clinics inside the mahallas are far from being accessible, as people are simply too afraid to leave their homes. Even less accessible are secondary and tertiary level facilities for

those who need specialised care or hospitalisation. Small private initiatives are popping up within or around households, where medical professionals live. Uzbeks are not going to the hospitals because of the presence of armed men and their fear of arbitrary arrest and physical harassment.

The continuous presence of armed personnel, perceived as involved in the violent events, is a major deterrent for people seeking health care. In this context of sustained tension, it is essential that medical facilities remain neutral ground.

Although Uzbek and Kyrgyz medical staff are now working together again in some health facilities, many patients are still afraid to come to the hospitals. MSF doctors are accompanying patients to hospitals to reassure them and ensure they are well-received and cared for. MSF ambulances have been able to refer 25 patients to these facilities for specialised diagnosis and treatment. Of those, three have fled the hospital at night out of fear. Despite this service offered by the organisation, more than a dozen patients have refused to go to the hospital out of fear, even though they would have been accompanied by MSF.

*“During an assessment in a destroyed area, we were called by an old woman to a burnt compound where a wounded man, her son, was staying. His dressings needed changing, but he would not leave his place. As his wound resulted from a bullet shot, he was scared to the bones that he would be considered as a combatant and be arrested. Every little noise in the street would make him stress.”*

MSF nurse

*“This 5-year old boy had fallen from the second floor of his house. He had a severe head trauma and needed to go to a hospital. We took him and his mother in an MSF ambulance, but when we approached the hospital, the mother saw armed men in front of the gate. She was really scared and refused to go in. We had to turn back and go to a primary health care facility where we work, to take care of the boy ourselves. But there are many cases like this every day, including people suffering from chronic diseases, and we do not have the capacity to take care of all of them.”*

MSF nurse

## **Traumatised communities in need of psychological support**

Currently, there are huge gaps in the psychological support that is being offered in this crisis. MSF has therefore added mental health support to its emergency response. Four MSF psychologists are present in Jalal-Abad and Osh. They are

providing individual and group support sessions in primary health care facilities and during the mobile teams' visits in affected areas.

MSF doctors, nurses and psychologists have reported a large list of trauma-related complaints: sleeping problems, intrusive thoughts, nightmares, sadness, lack of energy and hopelessness, palpitations, headaches, stress, fear of seeing people in uniform, high blood pressure, lack of appetite, fear of living in their own houses or fear of turning on the lights.

Last week, MSF psychologists provided more than 180 people with mental health support – including children who are particularly affected by the recent events. In addition, they are currently training the Ministry of Health's medical staff, as well as 20 local counsellors, and aim to reach more people in the coming weeks and months.

People receiving assistance from MSF teams, or people the teams have met in the streets - all want to share their traumatic experience. People are complaining about the atmosphere of fear and insecurity, and this is only adding to their individual mental suffering.

*"In both communities, many people are in urgent need of psychological support. And for Uzbek people living in constant fear in the mahallas, it is even worse. For them, it is like surviving an earthquake every day."*

Anja Wolz, MSF field coordinator in Osh

*"I can't sleep. And even when I am so tired that I close my eyes, the nightmares come. I am always afraid. At night, my daughter sleeps with me and my boy with my husband. I can not look at the burnt houses around anymore, it hurts so much. I don't want to discuss with the family or the neighbours about the violence, again and again. And I prepare food for the family because I have to, but really I would prefer not to do it. If my kids don't like the food, I get angry. I can not control myself, I don't know what's happening to me."*

MSF patient in Jalal-Abad

*"The lack of safety is an important constraint for mental health activities; people feel threatened and humiliated most of the time and express their anger. They say they are hopeless because in case violent clashes start again, the border with Uzbekistan is now closed for them."*

MSF psychologist

## ***MSF projects in Kyrgyzstan and Uzbekistan today***

*MSF has worked in Kyrgyzstan since 2006, providing medical treatment to tuberculosis patients in the penitentiary system, including those suffering from the most resistant forms of this disease. Teams are also currently carrying out emergency activities in response to the recent violence in Osh and Jalal-Abad.*

*In neighbouring Uzbekistan, in Karakalpakstan, an autonomous republic within the country, MSF is treating patients with drug resistant forms of tuberculosis in Nukus and Chimbay. Teams also provided humanitarian assistance, including psychological support, to refugees from Kyrgyzstan following the recent crisis.*