World Orthopaedic Concern

Newsletter No 131 June 2013

Distributed from:- laurence.woc@gmail.com

and through Websites:- www.worldortho.com & www.wocuk.org

This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those who may not be connected through the "net." It is addressed to all interested in orthopaedic surgery in areas of the world with great need but Limited Resources.

The SAVAR TRAGEDY **Dhaka**. (report, from Prof **Iqbal Qavi**)

Bangladesh has one of the largest garment industries in the world, providing cheap clothing for major Western retailers, who benefit from low cost labour and cheaply constructed factories. Tragic accidents are common; the authorities concerned always become active in safety maintenance, but memories are pathetically short and the surveillance is brief. Hence disasters continue to occur.

The worst accident took place on Wednesday, 24 April 2013, in a place called Savar, about 20 km from the capital city Dhaka. An eight story building housing several garment factories collapsed at around 8.30 am, during working hours. About 3,000 workers were in the building at that time. The search and rescue work has now run into its 9th day, today, with more than 388 deaths, 2,437 survivors, more than 650 admitted in hospitals, and hundreds still under tons of rubble. The possibility of any more survivors must be poor, but the desperate scramble continues. The episode has come to be known as the "Savar Tragedy".

As we emerge from one of the darkest weeks in Bangladesh's history, we will need to look back and assess not only the cause of fatal collapse of a sub-standard building, but also our ability to respond to a national crisis of this magnitude. This catastrophe, the worst civilian disaster in our history, has been a record of extraordinary solidarity.

As news of the collapse broke early on Wednesday morning, little time was wasted in mobilising the paucity of rescue equipment. The immediate need is the physical release from crushing, suffocating rubble. Bare hands preceded heavy lifting gear. Everybody, irrespective of class, creed or occupation, organised themselves instantaneously. Volunteer organisations, university students, corporate offices, civilians and local residents grouped and regrouped in ceaseless, desperate effort, manually pulling and carrying, providing assistance to the army, police, and fire services, purchasing water, creating collection points, arranging blood donors, and raising funds. In the rapidly changing situation, the priorities varied from minute to minute.

The initial trauma load was taken at a local 400 bed Medical College hospital, at a 50 bed local government hospital, and about a dozen small private clinics. There was no shortage of medical personal as Government, NGOs and Volunteers participated in the immediate medical care, on site and in these local hospitals. Patients are being transferred when necessary, to specialised hospitals in the capital city Dhaka, 20 km away. The full breadth of complex medical care is at once at work. There is no dearth of medical manpower or facilities; and to date, all who have been taken to hospital have survived.

As we near the end of the initial phase of disaster response, it is important to realise that the medical work is only beginning - the long-term treatment of the seriously injured, the rehabilitation of workers who have lost limbs and have no jobs to return to, and most importantly, the well-being of families that have lost their primary breadwinner. In moving forward, we can only hope that the unfailing solidary of the past week will extend not only to the rehabilitation of the Savar victims, but also to all safety issues that have been so painfully revealed.

Iqbal Qavi (Bangladesh)

This urgent report (above) needs no elaboration. Its strength lies in the silence that seems to emanate from the page, and the sense of proud self-sufficiency, coming from a National Medical Profession that has developed rapidly, through catastrophe of various sorts, ever since the birth of the Nation.

CONGO (Democratic Republic of) A letter from Dr James Cobey (from O.O, Orthopaedics Overseas, and HVO).

“I have recently returned from the DRC where I was planning to start a program like the one Ed Blair started in Malawi, training orthopaedic clinical officers (OCO). I spent last summer in Malawi studying the cost-effectiveness of the program. There are a great many doctors, with very varying skills, in the DRC. I have the feeling (unexpressed) that local medical professionals may be apprehensive of competition that might come from OCO's, even though 80 % of all the doctors, for the 70 million population, are in the capital city of Kinshasa, with a population of 10 million.

“This pattern is of course mirrored in every land in the world in which the national economy reflects low income. Standard radiographs are beyond the family budget of the vast majority. The Operating Rooms in hospitals throughout the country are grossly under-utilized, since patients cannot pay for hospital care. Many decline to come to the hospital at all; others wait for days in Emergency Rooms, while their relatives try to raise the cash.

Surely there is an urgent need for fundamental healthcare reform. In Malawi everybody can get emergency care and urgent surgery.

What a challenge!

James C. Cobey, M.D., M.P.H.

Thoughts that lead on from James’ report, recall that the vast majority of injuries, occurring in the greater part of the country – the rural areas – have only the “traditional healers” to appeal to for help. Occasionally these very experienced carers make mistakes, but the service they provide and the number of people they serve, amounts to a commodity beyond price. Pride must not be allowed to intervene where lives are at stake.

The features of modern living carry with them the dangers of collateral damage – heavy machinery, motor vehicles, weaponry, jungle clearance, tall buildings and the exploration for the minerals demanded by modern industry. Care of its casualties, follows at an interval. A challenge, indeed!

RESEARCH

Medical Logistics intrude upon any and all who presume to contribute to the health of the globe. None has addressed this situation so clearly and constructively as **Dr Adnan A. Hyder** (Johns Hopkins International Injury Research Unit, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD) in his Editorial in the journal, "**Injury**," (Vol. 44 (2013) pp 579–580). "**Injuries in low- and middle-income countries: a neglected disease in global public health**." The following sentences are extracted from Professor Hyder's important essay. He presents the framework of data, essential to any meaningful appeal to responsible authority. The salient references include that from **Dr Lewis Zirkle's** unit, - "Injuries: the neglected burden in developing countries". Bulletin of the World Health Organization 2009;87. The whole Editorial deserves careful study.

Dr Hyder writes with the authority of the World Health Organization. "The Global Burden of Disease (GBD) study, (from WHO) is the only major source of global aggregate data; although the gap in regional and country-level data persists, especially regarding intervention effectiveness and economic impact. In short, the appalling inequality of healthcare has yet to be placed before the statisticians of Geneva, because the mass of statistical information has not yet been collated.

"More than 90% of deaths and 94% of disability resulting from injuries (DALYs), occur in low- to middle-income countries (LMICs). There is a lack of attention paid to injuries, even within the health and development sectors. Though many reports and events have called for a coordinated response to injuries, effective policies and governance remain woefully lacking where resources are scarce.

"The simple transfer of interventions from high-income countries to LMICs, fail in their impact because of the problems of maintaining equipment where engineers and technicians are untrained. Additional work is needed to determine the cost and also the effectiveness of interventions in low-resource settings. Trauma has been given low prioritization, by Ministries of Health due to a perception that they are 'less' important and 'different' from other health issues."

The world's major Charities perform sterling work, on behalf of photogenic poverty, but only Governments can bring about the fundamental alteration required; and they are unlikely to be moved by anything short of reliable statistics. Dr Hyder, again - "The need to include key actors in transport, education, labour, police and justice sectors is obvious for a comprehensive response to injuries. Using these principles, I propose that injury prevention work is not currently fulfilling the mandate of a true public health approach in LMICs."

{Extracted with appreciation and apologies, from the original, Dr A A. Hyder.}

NEPAL

Further correspondence, received before the "Savar Tragedy" relates to regional training.

Dr Ram K Shah writes from Kathmandu, to tell about plans for comprehensive orthopaedic training for the trainee surgeons of Nepal, in collaboration with their near neighbours in Bangladesh. He has drawn up a curriculum for a Regional Rotating Course in Orthopaedic Trauma (M Ch Orth & Tr). He hopes that **NITOR**, (Dhaka) should adopt this course and take candidates (who have passed MS Orth) from developing countries in Asia & Africa and organise, supervise and support regional clinical training. His plan is that in the first phase, Nepal, Bangladesh and Afghanistan should collaborate. He seeks support (both educational and financial) from SICOT, WOC and other organisations, to run this regional course.

In every endeavour we undertake, training is at its root. That word is not the same as teaching, - it implies the creation of the ability, through supervised practice, to perform a service in trauma and orthopaedics. There are many steps in the planning process, beginning with the organisation of training instruction and supervised performance, leading to the award of a recognized diploma/fellowship/mastership, through a University or Medical College. There are many "hoops of accreditation" to be negotiated.

M. Laurence