

The Unspoken War in the Middle-East: Yemen on the Brink of Oblivion

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Introduction

Whilst healthcare professionals around the world battle an invisible public enemy, they also silently fight an unspoken war in the middle-east that rages on with no end in near-sight. Yemen, which is already the part of the lowest economic strata of the World Bank Regions, is a nation, ravaged by the Four Horsemen of the Apocalypse. War- their civil war since 2015, Famine- a food crisis that has worsened currently due to the COVID-19 pandemic and 90% of their food resources being imported; pestilence- COVID-19 & Death- a resultant all the aforementioned. The COVID-19-stricken world has turned a blind eye to ravaged Yemen, where over 20 million people are reliant on aid they no longer receive, in what the United Nations is calling the worst humanitarian crisis in the world.

The catastrophe in Yemen grows every passing day, in a vicious cycle of need, lack of fulfillment, and eventual despair. Ever since armed conflict ensued in 2015, the country is rife with one health crisis after another. The 2019 UN estimate quotes that 80% of the population of Yemen (24.1 million people) were “at-risk” of hunger and disease, of which the needs of 14.1 million people were emergent. And why wouldn’t they be?¹

The pinnacle of global health - Universal Health Coverage can only be achieved in lower-income World Bank Region countries if basic healthcare necessities are met. But for countries like Yemen, basic healthcare necessities are a luxury.

A war-torn Yemen has no critical infrastructure to sustain a healthy population, where lesser than half of existent hospitals are operational (19.7 million without sufficient healthcare),² 46%

¹ World Bank Team, *The World Bank in Yemen*, THE WORLD BANK (May 1, 2020), <https://www.worldbank.org/en/country/yemen/overview>.

² R. El Hage, *Yemen: War in the time of cholera*, INTERNATIONAL COMMITTEE OF THE RED CROSS (Aug 16, 2017), <https://www.icrc.org/en/document/yemen-war-time-cholera>.

of the Under-5 Population is underweight due to malnourishment and 17.8 million people are deprived of safe water and sanitation.³

Poor access to healthcare, restriction of access, and lack of availability of services, apart from the previously mentioned lack of basic necessities all contribute to a very high global (and, local) burden of preventable communicable diseases. As of 2020, these diseases would be Cholera and Dengue, both of which are synchronous with lack of 'safe water' and sanitary practices. Case management and infection control of community health disorders cannot be carried out without due participation of the community itself. However, there is only so much a community can contribute. Yemen is a country wherein its capital city Sanaa, municipal workers don't get paid, with mountains of garbage and rubble towering the city squares, a crippled water system, and a defunct sewage system, highlighting Yemen's deplorable state. One hospital bed serves as a safe haven for over 4 patients and fatigued, overburdened, and helpless healthcare workers are no longer paid. Essentially, Yemen has gone from being a war in the times of Cholera (the 2017 outbreak) to a war in the times of Corona, merely three years later.⁴

Headfirst into Oblivion

Yemen presently endures a catastrophic domino effect: a citizen (and refugee) population under attack, the savagery of armed conflict rendering citizens unfit to work or access sustainable nutrition or human services; an economic breakdown that has prompted an ascent in criminal activity; and now a staggering healthcare emergency.

One of the aspects to dismal maternal and child healthcare is a high maternal, infant, and neonatal mortality, as well as the increasing trend in the global burden of any communicable disease, is that war-torn Yemen imports almost 100% of its surgical instruments, drugs, and other medicinal supplies.⁵

It is an often reiterated fact, that a significant percentage of these diseases could have been prevented by access to better nutrition during pregnancy (preventing anaemia), safe, sanitary

³ Saber Al-Sobaihi et al., *Undernutrition among children under 5 years of age in Yemen: Role of adequate childcare provided by adults under conditions of food insecurity*, 11 JOURNAL OF RURAL MEDICINE 47, 57 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5141376/>.

⁴ Johannes Bruwer, *The horrors of Yemen's spiralling cholera crisis*, BBC NEWS (June 25, 2017), https://www.bbc.com/news/world-middle-east-40369804?ocid=socialflow_twitter.

⁵ Anees Mahyoub, *Health system in Yemen close to collapse*, 93 BULLETIN OF THE WORLD HEALTH ORGANIZATION 665, 740 (2015), <https://www.who.int/bulletin/volumes/93/10/15-021015/en/>.

and specialized obstetric care, seamless referral systems between rural and urban healthcare facilities, antibiotic and antimalarial therapy during pregnancy and essential neonatal care, including national immunization.⁶

However, Yemen and its fractured healthcare system, absent health information system, extremely low doctor-patient availability ratio (1:1000),⁷ and lack of interoperability cannot yield positive change or even fathom the creation of even a remotely-functional essential healthcare system. As communication, humanitarian, and even medical supply shipments are now seriously impeded and restricted due to the global pandemic, the domino effect is set into motion.

Since the health system of the country is already so dependent and ill-equipped to deal with essential services, emergency healthcare is non-existent in the country. As of 2020, this is a far-fetched dream, as not only is the country unable to fend for the safety of its' citizens, but also its' doctors and other healthcare professionals, who lay down their lives for the mere possibility that it may give a patient the hope and light to see another day.⁸

The COVID-19 Pandemic might just be the last nail on the coffin. On 2 June, benefactors Saudi Arabia, the US, the UK, and Germany swore a total USD 1.35 BN to help aid life-saving ventures in Yemen, at a virtual conference. Be that as it may, the aggregate sum fell beneath the assessed USD 2.4 BN target. The United Nations and its partner organizations (ICRC and MSF) aiding Yemen at present require an additional 1.64 BN USD for the 18 million Yemenis reliant on worldwide humanitarian aid.⁹

As aforementioned, emergency services and ventilators are not available in Yemen. For the COVID-19 pandemic, that is catastrophic. The overcrowding and absolute lack of social distancing within hospitals, non-availability of personal protective equipment for doctors and patients alike- all serve as additional burdens that may soon exterminate the already-crippled

⁶ INSTITUTE OF MEDICINE (US) COMMITTEE ON IMPROVING BIRTH OUTCOMES & BALE JR ET AL., *IMPROVING BIRTH OUTCOMES: MEETING THE CHALLENGE IN THE DEVELOPING WORLD 2* (National Academies Press, 2003).

⁷ Abduljebbar Zayad, *Health workers targeted at least 120 times in Yemen conflict – report*, THE GUARDIAN (Mar 18, 2020), <https://www.theguardian.com/world/2020/mar/18/health-workers-targeted-at-least-120-times-yemen-conflict>.

⁸ Anees Mahyoub, *supra* note 5, at 665.

⁹ UNHCR Team, *Yemen Operational Update: IDP Response*, UNHCR OPERATIONAL UPDATE (June 4, 2020), <https://reporting.unhcr.org/sites/default/files/Yemen%20Operational%20Update%20-%204%20June%202020.pdf>.

healthcare services of Yemen. This is without taking into consideration the scores of refugees that still arrive in Yemen, to this very day, from the Horn of Africa.

To add to Yemen's hopelessness, a six-week ceasefire actualized to suppress infection spread, lapsed a month ago. The brutality between the warring parties has reprised and the nation is thus, handling an unspoken war on many fronts.¹⁰

A Doctor at War

As a healthcare professional, one is trained to never stop yearning for the possibility of universal health coverage and the development of health infrastructure, no matter which region of the world one is in. Optimism and love for their duty can only take wartime physicians this far. Reality often catches up and can break even the most resilient spirit. An analysis co-published by the organization Physicians for Human Rights (PHR) and Mwatana, a Yemeni human rights group, in March 2020 compiled a comprehensive list of incidents and attacks inflicted upon healthcare personnel in the past few years. The report states that there were over 120 targeted attacks to healthcare personnel, that could be sectioned into categories- aerial strikes, ground attacks and military occupation of healthcare facilities, destruction of humanitarian aid supplies, as well as the assault and murder of healthcare workers.¹¹

Doctors are not soldiers. Despite the now-popularised comparison, due to the terminology '*front-line warriors*', and the fact that both soldiers and healthcare providers prioritize service before self. Moreover, a non-military doctor isn't trained to enter his/her profession with the expectation that they shall be approached to put their own lives (also the lives of their families) on the line, as a part of the job requirement. It is a matter of anxiety for medical students, as well as doctors- their fearful face, reflecting through their patient's eyes. As impulsive as it is to go into war without weapons, doctors, for the most part, do not expect to go to work without being armed by powerful medicines for their patients or insurance for themselves. But in Yemen, that line of distinction is blurred.

¹⁰ Khaled Abdullah, *Yemen truce expires amid fears of coronavirus disaster*, AL JAZEERA (Apr 23, 2020), <https://www.aljazeera.com/news/2020/04/yemen-truce-expires-fears-coronavirus-disaster-200423165957767.html>.

¹¹ *Yemen's Warring Parties Attacked At Least 120 Health Facilities and Personnel: PHR/ Mwatana Report*, Physicians for Human Rights (Mar 18, 2020), <https://phr.org/news/yemens-warring-parties-attacked-at-least-120-health-facilities-and-personnel-phr-mwatana-report/>.

Conclusion

Yemen's man-made health crisis has taken a turn for the worse. This is an interplay of unfortunate circumstances, starting with the 2015-present Civil War, famine, cholera pandemic, COVID-19, and the failed interaction of United Nations humanitarian aid with an inept government. Whether there may be 20 or 20000 humanitarian aid agencies, if the Yemen Civil War does not cease, the brink of oblivion shall be actualized. Yemen has failed its citizens, doctors, and even the countries coming to its aid. This becomes another example elucidating how a geopolitical mess can bring an entire country, every rung of its healthcare system, as well as every organization attempting to aid it- to its knees.

However, countries of the world cannot take Yemen's sufferings and imminent doom for granted. An attempt must be made to request the warring parties for political reconciliation that may aid the provision of a conducive environment for rebuilding essential infrastructure, healthcare, and economy.

Collective action must define humanity over national borders. It is ingrained in our spirit to fight until our last breath. Now we must fight so that Yemen doesn't breathe its last.