Afghanistan 10 years on

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In the autumn edition of BON 2002, I wrote about my first experiences as orthopaedic adviser to Sandy Gall's Afghanistan Appeal (SGAA). Since then I have been able to visit Afghanistan once or twice a year for two to three weeks at a time. Much has changed for the better but sadly, particularly in the political and security field, much remains the same, if not worse.

Afghanistan (© Lonely Planet)

When I first went in the spring of 2002, the Taliban had just been driven out by the Americans. There was a mood of excitement and optimism even though an adult male was considered improperly dressed if he did not carry a Kalashnikov rifle and a bandolier of bullets. We were regularly stopped at road check-points by Afghans who were armed to the teeth but grinning from ear to ear. The names Sandy Gall and SGAA were a magic password which let you through with a wave and a smile. With the Taliban gone, boys could fly their kites and listen to their radios without being beaten by the Taliban enforcers. Women could walk outdoors without a male relative as chaperone and could return to school and university. At the gates of the main hospital in Jalalabad you were met by a notice in words and pictures (as many Afghans from the rural community cannot read) saying 'No Weapons in the Hospital'. Nowadays only the Afghan police, Afghan army and International Security Assistance Forces (ISAF) including the Americans, British and many other nationalities are officially allowed to carry weapons. Official establishments such as government offices, embassies and the offices of non-government organisations (NGOs) such as the International Red Cross, Healthnet International and the Swedish Committee for Afghanistan (SCA) are now surrounded by concrete blocks and razor wire. Security rules for NGO staff, whether Afghan or expatriate, are much tighter than before.

In 2002, the only way for us to visit Afghanistan was to fly to Pakistan (Islamabad or Peshawar) and then drive over the Khyber Pass, or to hitch a lift with the International Red Cross on one of their regular flights from Peshawar to Jalalabad and Kabul. Nowadays, there are regular commercial flights from Dubai to Kabul as well as direct flights between Kabul and Frankfurt. The main roads, which were dusty dirt tracks with a maximum speed of 15-20 miles per hour, have been rebuilt after a very extensive mine clearance operation. A journey of around 80 miles from Jalalabad to Kabul which used to take 4-6 hours now takes 2-3 hours but the number of serious road accidents has probably quadrupled. All cars have seat belts but the Afghans do not wear them unless they work for a NGO, which insists on the wearing of seatbelts, or if they have returned from abroad where seat belts are compulsory. Typically, on a recent hospital ward round there were five patients from the same car accident. Four had serious injuries but the one who had returned from the UK after 15 years to visit relatives and was wearing his seat belt had just fractured his clavicle.

SGAA minivan on the Jalalabad-Kabul road

Two major changes in my role as orthopaedic adviser to SGAA have occurred since 2002. First, in 2003, Mrs Jeanne Hartley, senior paediatric orthopaedic physiotherapist from Great Ormond Street Hospital, asked if she could come with me to Afghanistan for SGAA. I was delighted as I was teaching male and female physiotherapists as well as prosthetists, orthotists, local surgeons and medical students. She has returned regularly ever since and has been an enormous help particularly with the teaching of the female physiotherapists who remain very formal in the presence of any male who is not a relative. She has transformed their attitudes to treating children. She has been instrumental in introducing the Ponseti method of treating clubfoot, which seems to be 2-3 times as common as in the UK, perhaps due to the fact that the average Afghan family has at least 5-10 children, although infant mortality is of the order of 30-40% by the age of 10 years. Interestingly this is similar to the figure for infant mortality in the East

End of London when the Queen Elizabeth Hospital for Children, for a time linked with Great Ormond Street and where both Jeanne and I worked, was founded in 1867. Another factor is consanguinity: the vast majority of marriages are arranged and more than 50-60% of Afghans marry their first or second cousin. As a result, the incidence and range of children's congenital abnormalities seen in the clinics is amazing. It is not uncommon to see all three major congenital lower limb deficiencies (femoral, fibular and tibial) in the same clinic. If the security situation was better, I would very much like to suggest that an orthopaedic trainee should come with us to see the remarkable range of conditions seen in patients attending our clinics.

The second thing which has changed our visits is that in 2005 the committee which runs the charity SGAA decided that we should amalgamate with the Swedish Committee for Afghanistan (SCA) to give ourselves a larger and more stable base. Sandy Gall and his wife Eleanor were both in their 70s and had been running the charity as a family affair from their home in Kent since the early 1980s, raising £200-300,000 a year to train and maintain a staff of over 100 Afghans in clinics in Jalalabad and the surrounding area. The SCA were old friends as they had also been working in Afghanistan since the early 1980s. Although a charitable organisation, they have government-backed financial support through the Swedish International Development Agency (SIDA). Their main interests are in education, health, with a particular interest in rehabilitation of Afghan disabled (RAD), and human rights. They run clinics in the north of Afghanistan based in Mazar-i-Sharif, Konduz and Taloqan providing similar orthopaedic, physiotherapy, orthotic and prosthetic services to the SGAA clinics in and around Jalalabad in the south-east. As a result, Jeanne Hartley and I, accompanied by John Lamb, orthotist/prosthetist from Perth, and Philip Henman, orthopaedic surgeon from Newcastle (when they can get two weeks leave from their National Health Service commitments) find ourselves visiting clinics and hospitals in these three important towns and the surrounding countryside in northern Afghanistan.

Jeanne Hartley teaching physiotherapists

Dr Rahimullah in the Mazar clinic with a child with fibular deficiency

The range of orthopaedic problems in the north is similar to that seen in Jalalabad except that Developmental Dysplasia of the Hip (DDH) seems to be remarkably common. Sadly, virtually no treatment apart from a shoe raise is offered for this condition as closed reduction is not undertaken, let alone open reduction of the hip. Similarly, the idea of neonatal screening for DDH is unheard of. Consequently, we are trying to introduce a pilot project for clinical screening for DDH. Local health workers are enthusiastic but it takes time to introduce testing for a condition which, unlike clubfoot, is not obvious at birth and only becomes noticeable once a child starts to walk. Catherine Duffy, paediatric orthopaedic surgeon from Belfast, has been twice to the main hospital in Mazar-i-Sharif to teach and perform closed and open reduction for DDH but at present surgical, anaesthetic and aftercare provision remain inadequate. SGAA have sponsored a 4th-year orthopaedic trainee, Dr Rahimullah, who has been working in the SGAA/SCA clinic in Mazar-i-Sharif for a year's training in paediatric orthopaedics at the Christian Medical Hospital in Vellore, Southern India. Professor Vrisha Madhuri, Head of Paediatric Orthopaedics at Vellore, who spent some time training in the UK in Newcastle and the Midlands, has been most helpful in arranging this. Training in India allows 'hands on' experience of the range of orthopaedic conditions which are common in Afghanistan and which would not be available in Europe or the USA particularly to someone who only has Afghan qualifications. I receive enthusiastic emails from Dr. Rahimullah about the experience and training he is obtaining and which he hopes to be able to put into practice when he returns to Mazar-i-Sharif after his year in India.

The people of Afghanistan have now endured more than 30 years of fighting and insurgency with the consequent disruption of normal family life which perhaps only those in this country who lived through the bombing of the Second World War can begin to understand. The majority want peace and security. They would like to manage their own affairs but are fearful of what may happen if the foreign troops leave too early and an internal power struggle erupts again as it did after the Russians finally left in February 1989. The Taliban are not generally popular but did provide some degree of law and order though of a very harsh and oppressive kind, particularly in relation to women. As in Vietnam, peace talks to end the hostilities with involvement of all parties have recently been suggested for Afghanistan, but if the Vietnam peace talks, which lasted nearly five years, are anything to go by this will take a long time during which law and order in the country must be maintained. I am sure that whatever happens in the future there will be a major role for NGOs such as SGAA and SCA to play in supporting health services, particularly for the disabled, in Afghanistan for many years to come. ■