

Response by Author

Terrorism and Health: The Responsibility of Intellectuals?

Madam, we read with interest the comments by Dr. Hunniya Waseem on our article "Terrorism and Health: the responsibility of intellectuals?" We like to reiterate that Pakistan has seen a dramatic rise in suicide bombing incidents in recent years with steady increase in numbers of those who require immediate care. To cope with the current scenario, we need dedicated efforts to ensure optimum disaster management. Emergency care needs to be well planned and coordinated at all levels of care; from the occurrence of an event in the community to the provision of appropriate care at the hospital.¹

We agree with Dr. Hunniya that initial steps have been taken in the right direction, but concerted efforts are required in order to have meaningful results. We recognize that in recent years, various governmental and non-profit, private organizations have established emergency transport services in certain urban centers of the country, however, such services are restricted to few areas.¹ Poorly organized rescue services and dearth of on-stage triage still constitute a major handicap in appropriate management of suicide blast victims in most parts of the country. The ambulance services, for example, in the largest metropolitan city of Pakistan, Karachi, are performing a decent job, but many of them still lack ambulance staff well trained in on-stage triage.²

Uniform disaster management guidelines to assist national and regional planning and proper implementation of emergency medical services and in-hospital trauma care systems for blast victims are yet to evolve.³ As a consequence, the task force available for on-stage triage and hospital based management differs widely. Available

personnel and their skills often do not match the situation we now face. The front line staff lacks essential communication skills needed to deal with the wave of grieved family members and attendants. The specialists counseling services, geared towards addressing the psychological needs of the victims are also nonexistent. Lack of expertise was noted and stressed by concerned authorities in the wake of a recent blast incident in Peshawar.⁴ The lack of coordinated response in the context of suicide terrorism was also highlighted in a recent workshop organized by Provincial Disaster Management Authority in Karachi.² We need indigenously devised disaster management guidelines to effectively deal with suicide blast victims. Further research in this context is also highly warranted.

Syed Faraz Kazim,¹ Haider A. Naqvi²

Department of Surgery,¹ Department of Psychiatry,²
Aga Khan University, Karachi, Pakistan.

References

1. Razza JA, Hyder AA, Akhtar T, Khan M, Khan UR. Assessing emergency medical care in low income countries: a pilot study from Pakistan. *BMC Emerg Med* 2008; 3: 8.
2. Salman P. Experts stress coordinated response to disasters. *Dawn* (Online) February, 2010. (Cited 2010 June 14). Available from URL: <http://www.dawn.com/wps/wcm/connect/dawn-content-library/dawn/the-newspaper/local/06-karachi-experts-stress-coordinated-response-to-disasters-120-rs-03>.
3. Siddiqui MA, Jawad A, Minhas S, Ansari A, Siddiqui A, Mehtab S. Pakistan: the new target of terrorism. Are Karachi's emergency medical response systems adequately prepared? *J Pak Med Assoc* 2009; 59: 441-4.
4. Pakistan: Bomb-blast victims lack trauma care, counseling. *IRIN Asia* (Online) November 2009 (Cited 2010 June 14). Available from URL: <http://www.irinnews.org/Report.aspx?ReportId=86937>.