PROFESSIONAL PRACTICE

Viewpoint

Weapons of war

Humanitarian and medical impact

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Most of us have patients who have loved ones living far away, sometimes in conflict zones or in other dangerous locations, and we share in the anxiety and distress that such situations bring to relatives.

Most of us have seen first hand the long term effects, both physical and psychological, of armed violence. Some of our patients are war veterans, or their families, some have fled war zones or situations of oppression, and some are victims of violence in their own community.

However, there is one area of health care that most Australian general practitioners, including the authors, are fortunate enough to escape – dealing with the immediate aftermath of weapons of war. One weapon receiving overdue attention for its effect on human life, is the cluster bomb. This bomb scatters a large number of 'bomblets', sometimes hundreds at a time, over a wide area. Cluster bombs result in indiscriminate harm to civilians, often long after a 'ceasefire' has occurred.

Handicap International, an organisation that assists disabled people living in conditions of poverty or armed conflict, states that 98% of recorded cluster bomb victims are civilians, and that around 400 million people around the world live and work in what are effectively 'minefields' caused by these weapons.[1] The majority of deaths and injuries occur while victims are carrying out their usual daily activities.

The July to August 2006 war in southern Lebanon has focused global attention on the cluster bomb problem (approximately 4 million cluster munitions were fired into Lebanon). This war deeply affected many Australians with relatives on either side of the conflict.

The authors were part of a delegation to Lebanon in December 2006 to investigate the impact of cluster bombs on the people of Lebanon. At the time of our visit, approximately 1 million live munitions remained, mostly scattered throughout agricultural lands such as olive groves, citrus orchards and banana plantations. Local farmers face the choice of risking death or mutilation if they harvest their crops, or abandoning their only income. Either way, the health consequences are stark.

Between the ceasefire on 14 August 2006 and 23 July 2007, the number of cluster bomb victims in Lebanon numbered 217, of whom the majority were civilians.[2] Children are particularly vulnerable because of their inquisitive nature and impulsive actions, and comprise nearly a third of the casualties. In addition, cluster bombs come in many shapes; some even hang on trees 'dressed' with white ribbons, making them attractive to children.

Beyond the physical and psychological harm incurred by cluster bomb victims, there are very significant social and economic impacts. Families, often already deprived of their livelihood, may have to care for a disabled child or an adult family member who may have been the breadwinner.

Australia's stance in relation to the problem of cluster bombs raises concerns. Following the introduction into parliament of the *Cluster Munitions (Prohibition) Bill, 2006*, which would have prohibited the manufacture, possession or use of these weapons by Australia, a Senate committee examined the issue. The committee's report, released on 7 June 2007, recommended against adoption of the Bill, giving a green light for the purchase of cluster munitions by the Australian Defence Force (ADF).[3]

Although the ADF is not purchasing weapons with hundreds of submunitions, Australia's efforts internationally appear more focused on ensuring a definition of cluster bombs that suit our requirements than on ending the scourge posed by these weapons by securing a global ban on their manufacture, possession and use.

At times, our professional responsibility may take us beyond our own shores. This is particularly so when decisions made in this country may threaten the lives and health of people elsewhere. A ban on cluster munitions would be an important step toward removing just one of the many health threats faced by civilians living in war zones, and is worthy of support by Australian doctors.

At the very least, advocacy on the part of the medical community to ban these weapons is a valuable and practical gesture of solidarity with our professional colleagues elsewhere who must manage the health consequences of these inhumane devices.

Conflict of interest: none declared.

References

1. Available at www.handicap-international.org.uk/page_709.php.
2. Available at www.ndo-lb.org/ndocorp/pdf/Victims_Analysis_UNDP_15_0.pdf.
3. Available at www.aph.gov.au/Senate/committee/fadt_ctte/cluster_bill_2006/report/report.pdf.

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