

# **BEYOND INJURIES: HEALTH CARE EXPERIENCES OF CIVILIANS INJURED DURING PROTESTS IN KASHMIR**

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## DECLARATION

Date: 26/07/2016

This is to certify that the dissertation titled "**BEYOND INJURY: HEALTH CARE EXPERIENCES OF CIVILIANS INJURED DURING PROTESTS IN KASHMIR**" submitted by me under the guidance of Prof. Ritu Priya Mehrotra and Prof. Ramila Bisht in partial fulfilment for the award of the degree of **Master of Philosophy** is my original work and has not been previously submitted for any other degree of this University or any other University.

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## **Dedication**

Dedicated to my grandmother, and to all victims of violence in the  
state of Jammu Kashmir.





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# LIST OF ABBREVIATIONS

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- AAJ:** *Antodaya Anna Yojana.*  
**AD:** *Allopathic Dispensaries.*  
**AFSPA:** *Armed Forces Special Power Act.*  
**AIIMS:** *All India Institute of Medical Sciences.*  
**APDP:** *Association of Parents of Disappeared Persons*  
**APL:** *Above Poverty Line*  
**BPL:** *Below Poverty Line*  
**CAPD:** *Consumer Affairs And Public Distribution*  
**CHC:** *Community Health Centres*  
**DAA:** *Disturbed Areas Act*  
**DH:** *District Hospital*  
**DLHS:** *District Level Household & Facility Survey*  
**FIR:** *First Information Report*  
**GMC:** *Government Medical College*  
**HM:** *Hizbul Mujahideen*  
**HRW:** *Human Rights Watch*  
**IBC:** *Iraqi Body Count*  
**IAK:** *Indian Administered Kashmir*  
**IPTK:** *International Peoples' Tribunal on Human Rights and Justice in Kashmir*  
**JI:** *Jamait-E-Islami*  
**JKCCS:** *Jammu Kashmir Coalition of Civil Society.*  
**JKLF:** *Jammu Kashmir Liberation Front*  
**JKPSA:** *Jammu And Kashmir Public Safety Act*  
**JVC:** *Jehlum Valley College*  
**LD:** *Lala Ded Hospital*  
**LOC:** *Line of Control*  
**MUF:** *Muslim United Front*  
**NC:** *National Conference*  
**NFHS:** *National Family Health Survey*  
**NGO:** *Non-Governmental Organization*  
**NWFP:** *North Western Frontier Pakistan*  
**PAK:** *Pakistan Administered Kashmir*  
**PCBS:** *Palestinian Central Bureau Of Statistics*  
**PDP:** *Peoples Democratic Party*  
**PHC:** *Primary Health Centres*  
**PHR:** *Physicians For Human Rights*  
**SASB:** *Shri Amarnathji Shrine Board*  
**SDH:** *Sub- District Hospitals*  
**SKIMS:** *Sher-I-Kashmir Institute Of Medical Sciences*  
**SMHS:** *Shri Maharaja Hari Singh Hospital*  
**U.S:** *United States*



# INTRODUCTION

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Armed conflict has predominately remained as one of the major factors that have shaped the human race. From the evolution of hunting weapons to the development of modern warfare, these armed conflicts have remained one of the major causes of death and destruction. Conflicts have favored some by providing them the power to control the rest of population while it has also marginalized those who have been at the losing end of the battle or war or armed conflict. The history of the world is full of stories about war and its counter implications like mortality, related morbidity, displacement and other related atrocities. History retrieves how the wars have been fought by different societies according to their said rules or norms and how the victims were treated after the termination of conflict by these particular communities. Depending on the norms and the cultural milieu of the winning party the fate of the captured victims was decided. The victims were either killed or kept for some sacrifices or sold in slave markets, sometimes their women were raped. Sometimes they were taken hostage or recruited in their army, forced to convert or change their religion, or were sometimes treated with mercy by the victorious party (Schütte; 2014).

Armed conflicts have proved as the biggest scourge in the history of mankind. The destruction caused by it is immeasurable. This pestilence has taken an uncountable number of lives and has left deep imprints on the lives of the human beings. The destruction of the world wars was so much that it took years to come out of that horror which it had created in the minds of the people. Though having crippled the different sectors besides hunting the human race, wars may have ended but in turn gave rise to a different phenomenon called *civil wars*. A huge number of civil wars broke out after World War II engulfing nearly each and every part of the world. The toll of these armed conflicts is as large as 225 and has occurred in the period from 1946 to 2001 (DeRouen & Heo; 2007, p. 2).

The areas surrounding the conflict have been studied to a larger extent with its focus on the different implications of the war. The available literature focuses on war casualties in the context of the armed groups. There are also studies exploring the relationship between conflict and disease. However, studies focusing on ‘civilian casualties’ are very few. Mabry et al. in 2000 determine the variation in injury between soldiers equipped with modern body armor. Studies have been conducted in Palestine which focuses on the injuries among civilian in the conflict-ridden zone (Younis et al. 2011; Emile and Hashmonai, 1998). Injuries from the weapons in a conflict zone provide a serious threat to the civilians as well as to the combatants. The threat is not only during the conflict but also after it (Meddings, 1997).

#### Armed conflict and the issue of injury in Kashmir:

India, while being the world’s largest democracy is not immune to armed conflicts. Before independence, India was gripped by the communal violence with huge human costs. The communal violence not only divided India but also divided the social fabric, social ties, and the families. After the independence from British rule and the formation of India and Pakistan as a result of partition, the princely states which were 565 in numbers were provided with the option of either joining India or Pakistan or remaining independent. These states were to be incorporated into the union of India or Pakistan based on the prerequisites like geographical location, population and mainly the ruling party was given the right to decide than the people of the state itself (Pullin, 2007; Mangrio, 2012). Dramatic accessions and inclusions of many areas resulted in a wave of nationalism among people of many states. These waves of nationalism lead to an escalation of armed conflict at some places.

Independent India continued the trend of armed conflicts and the country was affected by some of the armed conflicts that took place post-independence. From north to south and from east to west many parts of the country were engulfed in a wave of local nationalism and thus waged wars against the Indian state. Armed conflicts arose in Punjab in (the late 1970s), Tamil Nadu (1983), northeastern states (1963 and ongoing), Kashmir (1989 and ongoing), and a Naxalite movement (1967) also started

in the central part of the country. The ruling powers in the country used different tactics to minimize the influence of these conflicts. Operations were started against those who raised a voice in order to exterminate them and these operations were backed by special judicial measures. One of the long-standing conflicts in India is on the issue of Kashmir. The conflict of Kashmir which started primarily in the year 1947 following partition has its deep historical roots as well (Suri; 2011). In order to understand the Kashmir conflict, one needs to peep through the political history of the state of Jammu Kashmir (which has been discussed in chapter 3) and the different phases and shifts that took place post-1947.

The conflict in Kashmir has been a leading cause of death, destruction and suffering besides its negative impact on the development and prosperity of the region. The endemic violence in Kashmir has gone through many phases yet it is not showing any stable decline. The injury and other mortality figures often pop up with the rise of violence in the conflict-hit state. Injury due to conflict related incidents is not new to Kashmir. Since the start of armed struggle it has emerged as a public health problem. Even though it emerged as a dominant epidemiological entity it still faced lack of focus. Injury became a larger entity as common people got injured in cross-firing, in massacres, in detention centers and a huge number from the population died because of the conflict. However, it is hard to ascertain the total number of injured civilians due to lack of reporting on it.

Injury became a dominant phenomenon after the state was hit by mass political unrest and the state agencies retaliated with weapons. Many violent incidents engulfed the state in the year 2008 when peaceful demonstrations resulted in death and injury (Navlakha, 2008). Demonstrations were controlled through war tactics which further escalated the numbers of dead and injured. Bullets were used as an effective demonstration mechanism and they eventually resulted in more human damage. The successive two years of 2009 and 2010 saw more violence. People in order to show their dissent participated in the demonstrations and eventually became victims of state repression. New and modern methods were employed like the use of pellet guns and pepper gas which further escalated the mortality and morbidity figures. The years of

2011 and 2012 saw very few violent incidents, however, 2013 again engulfed the region with violence. In February 2013, another unrest occurred when Afzal Guru was executed and protests emerged which resulted in many deaths apart from injuring dozens (Amnesty International, 2015).

The protest demonstrations in Kashmir are often peaceful wherein the popular social action method of sloganeering is done. However, these demonstrations usually turn into violent ones after there is retaliation by the armed forces. Protestors use stones as a weapon while the armed forces are equipped with gadgets and weapons. The armed forces are first protected by their safety gear/gadgets and then they use a wide variety of modern as well as ancient weaponry on the unprotected civilians. This vulnerable state of the protestors often exposes them to various kinds of injury. Weapons which are used by the armed forces constitute: conventional guns, pellet guns, tear gas canisters, tear gas fired through different guns, pepper gas, stones, marble slingshots and batons –both wooden as well as of polycarbonate. This wide range of weapons used by the police and paramilitary personnel often results in grave injuries to the civilian protesters and bystanders or those passing by. Since 2014 the duration of protests has decreased but the violence has not ceased. The state is currently caught in an ongoing unrest, which has resulted in huge morbidity figures besides adding to the mortality.

The endemic violence in the state has emerged as a severe threat to the society due to its high costs which are social, political, cultural and economic in nature. The conflict has devastating effects on the lives of the Kashmiri people. Though people often talk about the immediate effects of the conflict wherein the issue of killings is put forth in discussion, the long-lasting implications are often neglected thus sidelining the whole issue of injury, the related disability caused by it and the other social impact. Injury related to conflict situations is more severe and in much numbers as compared to the mortality . The injury related deprivations can make an individual or family destitute throughout his life. The long-term physical, psychological and economic implications of injury are the least discussed matter. The psychological and economic implications can cause havoc in an individual's life, on family and society in general, yet very little



is spoken about the conflict induced injuries. Injury can prevent a person from conducting his social responsibilities thus disabling his social ties and affecting the vital social fabric. The present study is an attempt to understand the injury and its implications from a victim's perspective. The study hopes to explore the subjective lived experience besides looking into the experiences of access to health care in a highly complex environment (Kashmir).

The dissertation is divided into five chapters. Chapter one focuses on a review of the studies conducted throughout the globe on the issues of armed conflict and injury. Chapter two looks into the methodological aspects of the study. Chapter three provides a brief account of the political history of the state and gives the respondents profile and their injury characteristics. Chapter four analyzes the field data gathered from the injured and their families as well as healthcare providers. Chapter five provides a discussion on the field findings and their implications.



# CHAPTER 1: REVIEW OF LITERATURE

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## 1.1. Introduction:

While the nature of civil conflict and violence is different in scale and degree from context to context, and generalizations have to be made only with reference to the context, some common features are discernible. The literature review in this chapter attempts to summarize the nature of studies and data available from such contemporary situations across the world.

The current chapter is divided into two broad sections in which the first section will focus on armed conflict and public health impact. The section will more specifically try to look into injury as a dominant public health phenomenon. It will look into the demographic characteristics of injury apart from looking into the different causes of injury that arise in the conflict situations. It will also attempt to look into studies that focus on the categorization of injuries in terms of body part involved and also the medium through which injury was caused. The section will also focus on the non-lethal weapons that are primarily used to control civilian demonstrations and the injury caused by them.

The second section of the literature will focus on the response of the health service system in situations of civil protest. The section will look into the basic questions of availability, accessibility, and affordability and will also look into the concerns of accessibility during conflict situations.

## 1.2. Armed conflict and public health impact:

The present chapter will focus on the studies concerning the area of injury. It will try to review the scholarly writings focusing on the area of injury and its impact on the injured and the society as a whole.

### 1.2.1. Injuries of civilians because of armed violence as a dominant public health phenomenon:

Injuries pose a serious threat to the basic survival of a human being. In this part of the chapter the intent is to review the different studies which focus on injuries as a dominant public health phenomenon. Injuries are emerging as a dominant event that needs proper health care assessment and subsequent tackling mechanism. Quoting from a report ‘Injury in America: A Continuing Public Health Problem’, Segui-Gomez and Mackenzie in their study titled “Measuring the Public Health Impact of Injuries” conducted in 2003 states:

*“Injury is caused by acute exposure to energy, such as heat, electricity, or the kinetic energy of a crash, fall, or bullet. It may also be caused by the sudden absence of essentials, such as heat or oxygen, as in the case of drowning. Injury may be either unintentional (accidental) or deliberate (assaultive or suicidal)”* (Segui-Gomez and Mackenzie, 2003, pp. 3–4).

Hicks et al in “Casualties in civilians and coalition soldiers from suicide bombings in Iraq, 2003–10: a descriptive study” states suicide bombing as a dominant public health issue in Iraq. It analyses the different bomb subtypes used by the suicide bombers and the subsequent civilian injuries and coalition force casualties that resulted from such bombing. The study found that a total of 1003 events were documented in the reference period which caused 42,928 (19%) civilian casualties out of 225,789 total casualties and 30,644(26%) civilian injuries out of 117,165 total civilian injuries and 12284 (11%) of civilian deaths out of total 108,624 deaths. The ratio between the injured and killed was 2 persons injured to one person killed. The findings of the study show a substantial impact of suicide bombs on public health in Iraq and interprets that these suicide bombers kill more civilians than coalition soldiers. It suggests that the population in Iraq experiences huge public health burden because of the suicide bombers. The study concludes that the suicide bombs are used strategically and effectively to cause more destruction thus adding to the public health burden.

Murray et al in 2002 in their paper “Armed conflict as a public health problem” state armed conflict as a major cause of death and injuries throughout the globe. It highlights the issues faced in situations of conflict for quantifying its health impact. The study reviewed the existing knowledge focusing on health consequences of armed conflict. It suggests the ways through which quantification can be done in an effective manner. It also highlights the risk assessment for prevention and minimizing the fatal consequences of conflict. Stating about the ratio of injuries and deaths the study highlights the reported ratio ranging from 1.9 to 13.0 injuries per death. It states that the burden of conflict contains a huge range of injuries and the true incidence of such injuries is hard to ascertain.

### 1.2.2. Injury in relation to demographic characteristics:

The implications of the injury are different in different groups when the population is divided demographically. The rate of exposure cannot be same for males and females although for counting the ratio of injury it is usually denoted as a number of injured civilians per death. The demographic differentiation provides a different outlook towards the casualties caused by the armed violence or conflict. Hicks et al, in 2009 conducted a study titled, “The Weapons That Kill Civilians — Deaths of Children and Noncombatants in Iraq, 2003–2008” tell about the extent of casualties among the civilian population. Terming the armed violence a threat to global health the study states about its impact which results in injuries, deaths, social, economic and psychological implications and the trauma which the population goes through. It further states that armed violence impedes in the provisioning of health services in situations where there is armed conflict. The study uses data from the Iraqi Body Count (IBC) which contains details of deaths and injuries that happened because of conflict in Iraq. It focuses on the deaths of civilians including adult males, females and children, however, it does not include those who were injured. From the demographic analysis, the study states that the coalition gunfire caused more mortality among women and children and they constituted a significant proportion of the civilian deaths. Most of the deaths were attributed to unknown perpetrators followed by the coalition forces.

A wide range of weapons used during the conflict situations has varied impact on the different populations' subgroups. Hicks et al in "Casualties in civilians and coalition soldiers from suicide bombings in Iraq, 2003–10: a descriptive study" try to analyze variation in casualties among different groups due to suicide bombing. The specific aim of the study was to analyze total civilian deaths and injuries that were documented because of suicide bombs and its subtypes, the distribution of casualties in relation to time and demographic features, the lethality of the incident of bombing in relation to the individuals injured per fatality. The study further tried to look into the details of deaths caused per event, the number of child casualties and the comparison between the documented deaths of civilians and coalition soldiers due to suicide bombs in Iraq. The data was used from two data sets, one covering the reports of soldiers killed by the suicide bombs and other dataset covering the deaths and injuries of civilians because of armed violence. The study also distinguishes the different bombers based on the gender and age differentials. Further, it informs that during the period from 2003 to 2010, 200 coalition forces soldiers were killed by suicide bombs in 79 different events. According to the study, on an average more civilians (12 deaths per event) were killed when compared to coalition soldiers (3 deaths per event).

Similarly, a report carried out by human rights watch in 2005 states about the civilian casualties caused by the insurgents in Iraq. The report titled "A Face and a Name: Civilian Victims of Insurgent Groups in Iraq" categorizes the different civilians in nine distinctive categories and states about the systematic onslaught on them. The report gives a detailed description of the events and highlights the attack on civilians as well as the reason for attacking the civilians. The study highlights the fact that the attacks are even justified by the insurgent groups while targeting the civilians. The study gives a chronology of attacks that were carried out in Iraq from the year 2003 up to 2005.

### 1.3. Weapons and injury:

In recent decades there has been attention given to weapons to be used in civilian conflict. Weapons have been categorized into 'lethal' and 'non-lethal'.

Lethal weapons are deadly weapons that are capable of causing bodily harm or death. It can be any device, firearm, material, substance or any other instrument with a capacity to kill or cause severe injury<sup>1</sup>. Definitions.uslegal.com defines lethal weapons as:

*“A lethal weapon means a deadly weapon. Any firearm, device, instrument, material, or any other substance that is capable of producing great bodily harm or death from the manner it is used or intended to be used, may be referred to as a lethal weapon. A gun, sword, knife, pistol, or the like, is a lethal weapon, as a matter of law, when used within striking distance from the person assaulted”.* (Definitions.uslegal.com/l/lethal-weapon/)

Non-lethal weapons, also termed as less-lethal weapons or less than lethal weapons, are a broad category of weapons which were specially designed to incapacitate individuals without exposing them to lethal injuries. From war zones to civil areas, these weapons have taken place and are used in mass scale. Over the last two decades, these weapons have developed to a mass extent and the range includes technologies which use kinetic energy, optics, chemicals, electronic shocks, lasers and other mechanics. These weapons include a water cannon, bean bags filled with lead shot, truncheons, plastic bullets, strobes, CS gas, flash blinding lights, barrier foams, pepper spray, batons, stun guns and belts. These weapons also include a range of lasers which are capable of tagging, dazzling, and blinding besides other mechanics which are capable of throwing nets, caltrops and even barriers (Lewer, 2003; Suyama et al., 2003).

Tracing the historicity of non lethal weapons, it was in 4<sup>th</sup> century B.C that caltrops<sup>2</sup> were used by the foot soldiers to stop the enemy cavalry. In the early 20<sup>th</sup> century the US military developed guard round as a non-lethal weapons to save its army personnel from mistaken identity or accidental shots. During the height of the great depression, rock salt was used against people who traveled to countries illegally in search of jobs. It was only in the 1960s, that non-lethal weapons (baton rounds) were used by the British in Hong Kong and since then these weapons are in a

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<sup>1</sup> Definitions.uslegal.com/l/lethal-weapon/

<sup>2</sup> A multi-pointed hand grenade sized projectile which was used by the foot soldiers during 4<sup>th</sup> century B.C. It was made of metal in which several pieces were welded together in form of triangle.

developmental phase<sup>3</sup>. The development of such weapons has advanced over the period of time in many developed nations like USA and Germany who are now engaged in their production and promotion. The utilization of non-lethal weapons and its effect on the people on whom these are employed has been documented by various scholars and human rights organizations. A section on the non-lethal weapons and their impact has been reviewed below.

### 1.3.1. Non-lethal weapons: an emerging phenomenon in weapon advancement:

A wide variety of new weapons have developed over the contemporary period that can be used in civilian areas in the absence of warfare. These new types of weapons are called non-lethal weapons and the US Department of Defense defines them as:

*A discriminate weapon that is explicitly designed and used so as to incapacitate personnel or material while minimizing fatalities and undesired damage to property and environment. (Lewer, 2003, pg. 1)*

The interest in such weapons has developed mainly due to advancements in weaponry and the needs or operational requirements. These advancements and adherence to such technology is described by Lewer (2003) as push and pull factors. The existing non-lethal weapons spread over broader categories or technologies. The range of non-lethal weapons contains rubber bullets, plastic bullets, pellet guns, water cannon, CS gas, pepper spray, stun guns, batons, belts and other weapons which are under development in many parts of the world.

Non-lethal weapons were first used by the British in the late 1960s in Hong Kong in the form of wooden bullets. These wooden bullets were excessively used in 1967 by the British army in controlling protests in Hong Kong. They used to fire these projectiles on the ground and due to reflection, it was supposed to cause blunt injury

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<sup>3</sup> Weapons Of The Future - America Inventing Non-Lethal Weapons Documentary - History Documentary Films is a documentary stating about the development of non lethal weapons. The documentary can be seen through: <https://www.youtube.com/watch?v=Djs4YvtDyMU>



in knee areas or any other body part. However, these bullets proved fatal as they reflected more at times and resulted in fatal facial injuries. Then more research and developments were done which resulted in the creation of rubber bullets for crowd control<sup>4</sup>.

Rubber bullets are termed as the conventional non-lethal weapon for their continuous use over the last four decades. Tracking the history of rubber bullets in his paper, Whitlock states that these were first used by the British army in 1970 as a crowd control mechanism. In the year 1976, these rubber bullets were replaced by plastic bullets which had a better efficiency and strike effect than its counterpart. Both rubber and plastic bullets were known to cause severe injuries when fired from a close range and when the target area was face or head (Whitlock, 1981). Similarly Mahajna et al. states about the historicity of rubber bullets and also throws light on the technical aspects of these bullets (Mahajna et al. 2002).

Over the period of time, the applicability of these non-lethal weapons have lead to discussion and debates about their operational relevance. Many scholars have argued about their functional aspects and the infliction caused by them. Hardcastle,(2013) in, “What’s new in emergencies, trauma and shock? Pellets, rubber bullets, and shotguns: Less lethal or not? ” discusses the non-lethal weapons and their impact on the people who get injured because of these weapons. Taking the case of pellet guns the study gives a detailed description of pellets, in terms of their technical specification and usage. The paper makes a clear distinction of guns through which pellets are fired and differentiates them from toy guns which don’t use gunpowder. The paper also highlights the use of rubber bullets and the potential of threat caused due to it. In conclusion, it states that less lethal weapon can result in severe injuries and appropriate measures should be taken to save a life.

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<sup>4</sup>Weapons Of The Future - America Inventing Non-Lethal Weapons Documentary - History Documentary Films is a documentary stating about the development of non lethal weapons. The documentary can be seen through: <https://www.youtube.com/watch?v=Djs4YvtDyMU>

Tracking the developments in non-lethal weaponry have taken place in many parts of the world Lewer (2003) writes about the various advances in this field. He argues that such weapons are used primarily on civilians in order to control demonstrations or riots. The paper argues that at certain points these weapons has been exclusively used for maintaining peace and order while at times it has resulted in huge hostilities and raises some key concerns. These concerns are mainly because these weapons are against the treaties and can be the reason for mass human rights abuses in terms of torture and adverse biochemical implications. The paper argues that some analysts fear that these weapons have a capacity of being misused for social punishment and manipulation in order to bring political control over dissenting voices (Lewer, 2003).

### 1.3.2. Nature of injury and location of injury:

Injuries caused by the category of weapons that are often represented under the category of non-lethal weapons are grave and under-represented. The current portion of the chapter will focus on analyzing the works that focus on nature of such injuries and the lethality of the incident. Work that analyzes the injuries in terms of the location or body part involved will be also highlighted.

Injuries resulting from the use of force by the law enforcement agencies can be grave in nature. Mahajna et al in “Blunt and penetrating injuries caused by rubber bullets during the Arab Israel conflict in October, 2000: a retrospective study” analyzed medical records of patients who were injured in October 2000 and were admitted to two hospitals. A total of 595 patients were received of which 152 with rubber bullet injuries were included in the study. The paper analyzed the injury in relation to the type of bullet received, region of injury and outcome. It also analyzed the severity of the injury as per injury scale and tried to calculate the severity score of injury. While stating about the location of injury the paper states that 73 had an injury in limbs, 61 in head, face or neck, 39 had in the chest, 16 had in back and 12 received in the abdomen. The study also reflects on the nature of the injury and states that 61% had a blunt injury whereas 39% had penetrating injuries. It also reveals that the severity of the injury was dependent on many factors which comprised of ballistic features of the

rubber bullet, range or distance from which it was fired and anatomic site of injury (Mahajna et al. 2002).

Conducting a retrospective study Suyama et al. in “Injury patterns related to use of less-lethal weapons during a period of civil unrest”, states about the pattern of injuries resulting due to the use of non-lethal weapons in major U.S city<sup>5</sup>. The study states that the majority (61%) of the injuries was as a result of a beanbag and the injury sustained was contusions or abrasions. The injuries caused by the rubber bullets resulted in lacerations. The difference between the two types of injuries in the study did not reach any statistical significance. In the study, it was observed that majority of injuries involved the extremities and back/buttocks. Similarly, the paper by Whitlock gives a thorough description of the causes and nature of facial injuries that were addressed in a tertiary care hospital during civil unrest in Ireland. The paper provides a review of different kinds of injuries that resulted from different weapons used in crowd control (Whitlock, 1981).

Another study conducted by Emile and Hashmonai in 1998 titled “Victims of the Palestinian Uprising (Intifada): A Retrospective Review of 220 Cases” finds out that most of the Israeli soldiers (109 out of 153) were injured due to striking stones and a majority of them (78%) were discharged immediately. Most of the Gaza civilians in the study (31 out of 39) were injured by the firearm used by the Israelis and two were dead because of grave injuries. The Israelis had injuries mostly in head or neck due to stones while the firearm used by the Israelis on Gaza civilians resulted in multiple injuries (15 cases) and in extremities (17 cases) (Emile and Hashmonai, 1998).

Some studies focus on the nature of the injuries so that it can aid in the proper management of such injuries in future. Adedipe et al in their study “Injuries associated with law enforcement use of force” state about the need to identify

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<sup>5</sup> In order to maintain anonymity the study does not include the names of hospital where the injured were treated and the study was conducted. The study however includes the names of four cities (Seattle, Quebec, Tucson, and Ohio) in the introduction part where the protests happened both prior to the reference period and also during the reference period.

different injuries and issues that arise in the situations of civil demonstration. It states that the spectrum of injuries varies in such situations due to the varied methods of law enforcement utilized by the law enforcing agencies in order to control crowds or demonstrations. The study states that the magnitude of injuries for most of the time is not grave or serious but is minor in nature. The study highlights the fact that there is a need to keep the health professionals updated about the different methods and their relative impact in terms of injuries which will aid in the proper evaluation and subsequent treatment of injuries of such nature (Adedipe et al. 2012).

The less lethal weapons are used to incapacitate individuals instead of inducing fatal injuries in situations where there is need to neutralize or disperse rioting crowds (Wahl et al. 2006). The less lethal weapons can cause severe injuries and at times may result in the death of the victim. A report carried out by US department of Justice, states about the usage of the impact munitions. The report titled, “*Impact Munitions: Data Base of Use and Effects*” states about the mortality and morbidity patterns while using the impact ammunition (Hubbs and Klinger, 2004). Due to different less lethal weapons, the injury inflicted by them differs. Some of the weapons can cause severe penetration like in the case of rubber bullets, some can cause multiple penetrations while others, like water cannons, can cause little impact. Some of these weapons are known to cause respiratory problems like in the case of pepper gas while some can cause severe skin infections like in the case of Pepper ball Tactical Powder. The various types of non-lethal weapons are discussed below.

#### A. RUBBER BULLETS:

Rubber bullets used as a riot control mechanism have resulted in severe penetrating injuries at times. Whitlock in 1981 in “Experience gained from treating facial injuries due to civil unrest” states that injuries through the rubber bullets cause serious infliction (Whitlock, 1981). Similarly Mahajna et al in “blunt and penetrating injuries caused by rubber bullets during the Arab Israel conflict in October, 2000: a retrospective study” states about the injury caused by the rubber bullets. The study attempts to understand the underlying factors that contribute to the severity of injuries both blunt and penetrating as a result of using these rubber bullets. The study states

that the resistance of the body surface determines the type of injury (whether penetrating or blunt). The study also highlights the mortality factor of these injuries and states that two persons died because of receiving bullets in the eye and then subsequently in the brain and one died of postoperative aspiration (Mahajna et al. 2002).

Conducting a study on the less lethal weapons Khonsari et al. states that less lethal weapons are used to incapacitate individuals by causing a blunt injury. However, the use of such weapons can cause severe injuries in the facial area of the victim. The paper titled “Severe facial rubber bullet injuries: Less lethal but extremely harmful weapons” discusses the management of such injuries. The study reports that in five cases the attack was a mere misuse of the weapons and it highlights the lethal nature of using such weapons. It concludes that less lethal weapons have a potential to cause severe injuries which halt the functionality of a person and have serious social connotations. The fact that people who receive such injuries from the non-lethal weapons need proper primary care is very well highlighted by the study (Khonsari et al. 2010).

Lavy and Asleh in 2003 in “Ocular rubber bullet injuries” tried to analyze the pattern and severity of orbital and ocular injuries caused by the use of rubber bullets. The study group consisted of 42 patients with the ocular or orbital trauma that were received over 3 months and were followed for six months in order to document the clinical outcomes. The study found that 54% of the patients had eyelid or skin lacerations. Apart from that 40% were suffering hyphaema, while 38% had ruptured globe, 33% had an orbital fracture, 26% had retinal damage, and 21% had retained rubber bullet in or around the orbit. During the intervening period of follow-up, the study found that 53% patients suffered visual acuity which was less than 6/60, while 7% had less than 6/18 to 6/60, and 40% had 6/18 or even better. The threat posed by the weapons that are termed as less lethal is at times similar to what lethal weapons can do. Lavy and Asleh in 2003 in their study highlight the lethality of the rubber bullets and states that 9 out of 10 victims who have sustained eye injury due to rubber bullets had an abnormal vision or had no perception of the light. The term rubber

bullet is in itself misleading as it causes severe damage to the exposed vital organs and at times leads to their dysfunction. This highlights the fact that eyes are more vulnerable to devastating injuries by such rubber bullets. Keeping in view the lethality of such weapons there is a need to restrict the scope of functioning of such elements (Lavy and Asleh, 2003).

Similarly Mahajna et al in “blunt and penetrating injuries caused by rubber bullets during the Arab Israel conflict in October, 2000: a retrospective study” highlights the mortality factor of these injuries and states about two cases who died because of receiving bullets in the head. The paper also comments on the different limitations of the bullet which eventually leads to rising in mortality. The study concludes that keeping in view the limitations of such ammunitions; it should be considered as an unsafe method of crowd control (Mahajna et al. 2002).

The injury caused by the non-lethal weapons is often lethal enough to kill a person. Lewer in “Non-lethal weapons: operational and policy developments” states that there is documentary evidence which proves the lethal implications of non-lethal weapons like rubber bullet or plastic bullets. It also highlights the debates that took place to ban certain weapons which were categorized as less lethal. The paper concludes that though research on such weapons is going on and they are not developed fully but such weapons will raise the questions of proper treatment which will heal its psychological impact as well as a physical effect (Lewer, 2003).

#### B. BEANBAGS:

Conducting a retrospective study Suyama et al. in “Injury patterns related to use of less-lethal weapons during a period of civil unrest” states about the pattern of injuries resulting due to the use of less lethal weapons. The study only includes those patients who have visited a tertiary care hospital which is level one trauma center from 10<sup>th</sup> of April to 18<sup>th</sup> of April 2001. The study was intended to serve as an objective review and guide to practitioners regarding the different types of injuries which are caused by

the less lethal weapons. Only 25 patients met the criteria and were included in the study. A majority (76%) of the patients were males. The study shows that 32 % had multiple penetrations and 68% had a single penetration due the use of less lethal weapons. The study highlights the lethal aspect of these weapons which when mishandled can cause severe morbidity and mortality (Suyama et al.2003).

### C. FLASH BALL AND OTHER WEAPONS:

Weapons like teargas cartridge both has an implication on mortality as well as morbidity. In case the cartridge hits a person directly it can cause either injury or at times leads to death. The exposure to the harmful gas contained inside these cartridges has at times increased the number of casualties. A report carried out by Physicians for Human Rights in Bahrain states that a total of 13 people died because of exposure to tear gas (PHR, 2012)

The injury from a broad range of the non-lethal weapons often challenges the clinicians due to the varied injury pattern. Wahl et al. in “Injury Pattern of the Flash-Ball, a Less-Lethal Weapon Used for Law Enforcement: Report of Two Cases and Review of the Literature” highlights the possibility of receiving severe injuries due to it. The paper uses two cases where the magnitude of injury was more severe than expected. The injuries that are associated with internal organs causes major trauma. The paper in the discussion part throws a detailed light on the different methods of crowd control and their respective implications in terms of the magnitude of injury caused by them. The study highlights the fact that the use of less lethal weapons has increased but their impact on the physical health of injured has not been studied to a great extent. The study concludes that energy delivered by such weapons is lethal enough to cause severe injuries (Wahl et al. 2006).

Hay et al. in “Skin injuries caused by new riot control agent used against civilians on the West Bank” states about the chemicals used in occupied Palestine as a crowd control mechanism. The agent was used by the Israeli army against the unarmed

citizens of Palestine who were protesting against the building of a separation wall in West Bank. The agent is known to cause severe skin injuries and results in irritation of areas which are exposed to its chemicals. The study uses one such munition and forwards it to two laboratories from where the chemical composition of the agent was ascertained. The study states that the results from the laboratory helped to identify the agent which was called Pepper ball Tactical Powder. The study states that the chemical is known to cause irritation while few of the cases showed more severe injuries. The authorities in Israel were reluctant to identify the agent which they were using and the probable reason was that they were not supposed to use it in a territory which was not domestic (Hay et al. 2006).

Similarly, Whitlock argues in his paper about the injuries that were caused by using low-velocity bullets. It states that in 1969 the older weapons that had low velocity were used as crowd control however they also caused perforating wounds at times. The paper goes on discussing the different mechanisms of weapons used and discusses the variation in injury caused by them. It also throws light on the injuries caused by bullets, high-velocity bullets, and bombs. The paper states that in the past decade due to the civil unrest in Ireland, there were more than 2000 deaths and left 21,000 persons injured (Whitlock, 1981).

#### 1.4. Health service provisioning & response:

This section of the chapter will focus on the provisioning of health services in volatile states. States which have entrenched problems of conflict are often left with devastations due to injuries and killing of millions, which is further worsened by the lack of access to health services in such situations (Alberti et al., 2010).

##### 1.4.1. Nature of health care provisioning and experiences of organizing and providing health care in an unstable area:

Conflict situations expose the population to a lot of vulnerabilities. It is evident from Syria how parties to the conflict make systematic attempts to attack the health care



facilities as well as the professionals that are part of such facilities. The distribution of resources other than human resource gets severely affected by the conflict. The distribution of health services is often implicated due to the systematic assault faced by the health service system. Very often hospitals or supply chains are often attacked to maximize the output of offensive attack as has been seen in Syria, Bahrain or Palestine. Conflict poses a barrier to access services that are usually accessed by a human being in normal circumstances. At the times of conflict, the situation is often aggravated due to unavailability or inaccessibility of services. Conflicts often leave families homeless and destitute. There are studies that focus on the barriers faced by the asylum seeking or refugees while accessing health care. These studies of the people displaced because of conflict focus on health care needs (Spiegel et al., 2010); out-of-pocket expenditure (Coutts, & Fouad 2013); and restriction of services (Langlois et al., 2016).

Working under the situations of conflict involves a greater deal of risk for the health care professionals. The attacks on the health care professionals in Syria in the recent past (since the start of armed conflict) points towards the atrocities committed against those who help the sick and injured (Devi, 2016). These systematic attacks not only affect the health care professionals but also have a severe effect on the overall health system. These attacks cause a major drain of valuable human resources who usually leave these areas in order to save their lives, thus making the population susceptible to varied health problems (Rubenstein & Bittle, 2010). These health problems not only include the various diseases but also a variety of health events that arise mainly because of conflict.

A report brought out by one of the international human rights organizations states about the experiences of health care services during a civilian political unrest in Bahrain. The report by Physicians for Human Rights, titled “Under the Gun: Ongoing Assaults on Bahrain’s Health System” tells about the systematic attack on the health care professionals and patients in a public hospital. Protests were held in order to bring about reforms in the political structure of Bahrain. These protests were dealt with utmost force by the Government of Bahrain and many riot control methods were

utilized which resulted in casualties. In order to minimize the magnitude of injuries, the patients visited healthcare institutions but even the health care professionals who treated the wounded in the hospitals were subjected to detainment and torture. The report states about the assault on the country's biggest hospital and the violations that were done through the Bahraini government forces. The report also highlights the politicization of health sector in Bahrain (Sollom and Atkinson, 2012).

The healthcare professionals who work under such circumstances are exposed to vulnerabilities. On the one hand, they have to abide by the principles of medical neutrality while on the other hand, they have to safeguard not only their life but also the life of one who is in need of care. While working under such circumstances doctors in the public hospitals face the dilemma of treating patients with injuries. Providing treatment under such circumstances would not only invite trouble for the patients but also for the providers. On several instances, the health care setups were visited by the police to track injured civilians and to obtain information from them (Lancet, 2011). Such acts are not only for obtaining information but also for crushing the dissent which is often raised against the authoritative regimes. By torturing the injured victims it gives a message to the broader public for refraining from such activities. A similar trend was seen during the civil unrest in Bahrain, where the crackdown of government forces had severe implications on the health system (PHR, 2011).

Numerous reports have been brought out by human rights organizations, professionals, and individual researcher to highlight the state of health and health system in areas affected by conflict. These reports provide a glimpse of the state of affairs in such conditions and the subsequent impact of such conditions on the survival of human beings. A report carried out by Lancet in 2015 states that a total of 633 health care professionals were killed in Syria and 271 facilities were attacked (Sekkarie, Murad, & Sahloul, 2015). The systematic attack on the health care professionals, patients and health care infrastructure in Syria has left the health service system in shambles (Brundtland et al., 2013). In the beginning of the conflict when the health care establishments were bombarded in Syria the health care professionals worked on a field basis. Patients which got injured during the

demonstrations were taken to local establishments and were treated there. Such response was essential for avoiding the unnecessary detention of the injured victims. However, these patients were tracked down by the police with the help of blood stains (Shetty, 2013). These reports highlight the ordeal of the health system in tackling the huge number of casualties under a highly unfavorable environment. Another report carried out by Lancet about the crises in Syria states that the health care provisioning in opposition-controlled areas is done under temporary circumstances in makeshift field hospitals. These hospitals though are providing services to some extent however they lack necessary equipment and other logistical support. Most of the permanent hospitals are destroyed and 70% of the medical professionals have left Syria (Coutts, & Fouad 2013).

#### 1.4.2. Basic questions of availability, accessibility, and affordability:

Availability, accessibility, and affordability of health services are often under question in conflict situations. The peculiarity of the conflict situations makes the services more distant from the seekers. Abu-Zaineh, et al., in “Measuring and decomposing socioeconomic inequality in healthcare delivery: A microsimulation approach with application to the Palestinian conflict-affected fragile setting” states about the compromised state of financial and physical accessibility in terms of health services in occupied Palestine. While highlighting the issues of access, by quoting the results of a survey (PCBS, 2004b) the study states that:

*“Rich people were twice as likely as ‘people living with financial hardship’ to access hospital care. Furthermore, the survey found that the number of people needing more than an hour to reach an appropriate health facility had increased tenfold due to the mobility restrictions, particularly in the West Bank region where multiple checkpoints exist across different agglomerations, resulting in additional direct costs, such as transportation costs, and indirect costs, such as queues and waiting time at checkpoints”.* (Abu-Zaineh et al. 2011, p. 135)

Thus it highlights the issues pertaining to the specific conflict situation. The study advocates policy measures to reduce financial barriers while accessing care.

Conditions in conflict situations are often aggravated due to the hindrances created by the situations of the conflict itself. A report carried out by The Lancet in 2015

deliberates about the state of health in conflict-ridden Syria. Hinting towards the non-availability of services in the opposition-controlled areas of Syria the report states that the aid agencies are prohibited from sending material with the assumption that such services are used by the rebels who are fighting against the Syrian government. The siege that is in place in different areas has made health services potentially inaccessible to the civilians in Syria (Sekkarié, Murad, & Sahloul, 2015).

The effects of siege in a conflict-ridden area have a severe effect on the services that are to be accessed by the local populace. While highlighting the effects of the siege on healthcare Smith (2015), attempted to critically analyze and explore healthcare under siege in Gaza. The paper titled, “Healthcare under siege: Geopolitics of medical service provision in the Gaza Strip” unpacks the implications of the siege on the health service system. It argues that by holding the resources and material and by undermining healthcare at a systems level these factors have severe implications for healthcare provisioning. It further argues that the siege results in suspension of the flow of necessary material, which further hampers the smooth functioning of services and results in deterioration of the healthcare sector (Smith, 2015).

#### 1.4.3. Concerns of accessibility:

The management of health services becomes challenging due to the political uncertainty or turmoil. Managing the load and extra burden becomes a tough task for the health care providers in such situations. Hamdan et al. in “Organizing health care within political turmoil: the Palestinian case” states about the nature of health care provisioning in a highly volatile state. The occupied state of Palestine was given authority to control their health services only in late 1994 and since then it has gone under reformation and attempts have been made to develop it in a better way. The study draws attention towards the different sources through which the health sector expenditure is managed. The paper raises the concern of accessibility with the basic questions of availability, accessibility, and affordability. Though the health sector is available, accessibility gets severely hampered due to Israeli policies of the closure of areas that are between the West Bank and the Gaza strip.

Accessibility is often hampered in the conflict situations through a systematic attack on the avenues of treatment seeking. Not only through the process of physical blocks but also through the mental blocks which incapacitate the people fully. These blockades are brought forward with an aim to crush the rising dissent and to send a message of fear. Like in the case of clashes in Syria, due to the prevailing mistrust among the people, those who were injured while protesting refrained from visiting the public hospital. This dilemma was mainly faced because of the presence of government forces near the hospitals. The regular crackdown of hospitals forced these patients to go for other avenues of treatment which were ill equipped. These alternative hospitals or makeshift hospitals have restricted the supply of essentials and are risky for life (Lancet, 2011). Similarly during the protests in Bahrain many injured protestors who were accessing healthcare were held captive by the government forces and were subjected to torture. These acts develop fear and mistrust among the masses, which then resort to other sources of care which are secure only in terms of security (PHR, 2011).

Conflicts throughout the world pose different threats to the people who are experiencing it. Similarly, in the case of Palestine, the population is facing severe physical barriers while accessing the health care. These barriers are not only directed towards the health service system but also on the other sectors through which proper healthcare can be accessed. The blockades levied by the Israeli army in terms of movement restrictions, closure of roads, has severely affected the Palestinians as these blockades not only cause extra expenditure in order to avail services but also refrains them in accessing such services. These barriers not only affect the service receiving population but also affect the service providers.

Vitullo et al., in 2012 conducted a study to analyze the experiences of those Palestinians who applied for travel permits in order to access health services or for work purpose in east Jerusalem. The study titled “Barriers to the access to health services in the occupied Palestinian territory: a cohort study” states that a total of 19% applications were rejected by the Israeli government. The study further states that ambulances were allowed to enter East Jerusalem on 49 (5%) instances out of 1074

instances. 18- 40 years were the age group of whom maximum pleas got rejected. The study concludes those permits are causing severe difficulties and a major barrier in accessing health services.

1.4.4. Need to keep the health professionals updated about the different methods and their relative impact in terms of injuries which will aid in proper evaluation and subsequent treatment of injuries of such nature:

Health care professionals witness a variety of injuries while treating their patients. The injury caused by a fall will be different from injury caused due to sharp objects. Due to the varied nature of injuries, there is a need to tackle them in different ways as per their typical nature. Similarly, injuries sustained in eye needs a different and specialized care than bruises or injuries sustained by legs or hands, and injuries sustained through bullets need different management than injuries sustained through splinters or shrapnel.

With the development of warfare the management of war casualties became more complex and advancements were made to tackle these casualties. Due to the varied nature of casualties, the development of methods of management also started to surface. The whole area of military medicine flourished due to such developments. With the advancement in weaponry, different issues emerge and these issues needed a different antidote. With the passage of time, high-intensity conflict or wars faded away but more and more disruptions started to emerge which needed a different way of management than conventional wars. These disruptions gave birth to different categories of weapons which were used to incapacitate the trouble makers and thus resulted in less fatal outcomes. However, these new agents of peace caused varied injuries which needed different care and management.

Adedipe et al in their study “Injuries associated with law enforcement use of force” state about the need to identify different injuries that arise in the situations of civil demonstration and at the same time issues that pertain due to such injuries. The study

highlights the need to manage the different types of injuries differently. It states that the spectrum of injuries varies in such situations due to the varied methods of law enforcement. The study categorizes the different weapons and methods and at the same time highlights the injuries that can be caused by them. Although these actions result in less fatal injuries most of the time, however, there is a need to keep the health professionals updated. Health care professionals should be kept updated about the different methods and their relative impact in terms of injuries which will aid in the proper evaluation and subsequent treatment of injuries of such nature (Adedipe et al. 2012). Similarly other papers state about the proper primary care management of such injuries by the medical professionals (Khonsari et al., 2010).

Injuries which are not visible often pose a severe threat to the survival of those who sustain them. Wahl and his associates while studying the impact of Flash-Ball on the protestors conclude that energy delivered by such weapons is lethal enough to cause severe injuries. Weapons like Flash-Ball may not cause penetration but it can severely affect the internal organs and such weapons should not mislead the physicians (Wahl et al. 2006). The development of such weapons is continuously going on and the injury impact which these weapons have on the human beings is documented. Debates are going on to include some of the non-lethal weapons in the lethal category because of their capacity to cause severe injury or to neutralize. And the injury caused by weapons raises the questions of the proper approach to treatment which will not only have a physical effect but psychological impact as well (Lewer, 2003).

### 1.5. Conclusion:

The review of literature in this chapter maps the different studies and reports that focus on conflict-induced injuries in civilians. Starting with studies which demonstrate the civilian injuries as a dominant public health phenomenon, the demographic characteristics of injury show that young males are the most affected. The varied nature, agent, anatomical location and cause of injury that arise in the conflict situations were summarized. The review of studies that are concentrated around the area of non-lethal weapons and the infliction caused by them found that

they can cause serious injuries, concentrating largely on the physical disability and death.

Literature around the area of health service system response and access to health services for the injured in political conflicts highlighted the key issues of availability, accessibility, and affordability in such situations. However, no such studies were found for conflict in Kashmir. Nor was any study found that focused on the social dimensions of impact on the lives of the injured. This study attempts to explore these two dimensions in the specific context of Kashmir. The next section will focus on the methodological aspects of this study conducted in the Kashmir Valley.



## CHAPTER 2: METHODOLOGY

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### 2.1. Introduction:

The present study attempts to explore the subjective lived experiences of civilians that were injured during protests in Kashmir, with special focus on the access to health care. The current chapter looks into the broad methodological aspects of the study. Starting with the conceptualization, the chapter gives a brief outline of the epidemiological picture of injury in Kashmir. The sampling method, the various methods adopted in the field, and the process of data collection will be also discussed. The chapter highlights the obstacles faced by the researcher during the whole process of data gathering and the various ethical considerations that had to be addressed in such a situation.

### 2.2. Conceptualization:

Studies revolving around the conflict and its impact, in general, have been explored in great depth in various parts of the world. In the Kashmir context though the studies revolving around the conflict and its implications have been explored to some extent but there is a need to further look at the obscured areas of the conflict. Much of the scholarly works in Kashmir are centered towards understanding the historicity of the conflict and taking stock of different developments that took place during the period of conflict (Bose, 2003; Suri; 2011; Mangrio, 2012; Margolis, 2002; Schofield, 2000; deBergh Robinson, 2013; Faheem, 2013). Similarly, attempts have been made by different scholars to understand the problem of conflict from a gendered perspective in a patriarchal society like Kashmir and in view of the experience of violence against women by the armed forces in such conflict situations (Qayoom, 2014; Sangra, 2011; Kazi, 2012; Bhat, 2011).

Attempts have been made by a few scholars to study the institutional justice system and its improper functioning in Kashmir (Duschinski & Hoffman, 2011; Batool et al.,

2016) and there are reports formulated by human rights organizations which focus on the different human rights issues pertaining to the disputed state (Mohan, 2012; Dixit, 2014; Physicians for Human Rights and Human Rights Watch, 1993; IPTK and APDP, 2012; IPTK and APDP, 2015). Ample numbers of literary works are revolving around the unseen scars of the conflict (Peer, 2008; Pandita, 2013; Shah, 2013; Makhdoomi, 2013). The area of mental health has received some attention, were in scholarly works focus on the different mental health problems that have arisen in the Kashmiri society because of the conflict (Margoob et al, 2006; Hassan & Shafi, 2013).

People often talk about the issue of killings while other long lasting implications are often neglected thus sidelining the whole issue of physical injury and the related disability caused by them. Injury related to conflict situations is often severe and in large numbers. Injuries have emerged as a dominant public health phenomenon both in developed countries and the developing countries. The developed countries are focusing on the prevention of injuries while such intention is absent on part of developing countries. Injuries emerge as a major epidemiological phenomenon in the conflict-affected countries. In such countries, the conditions of injured get deteriorated due to the use of conflict tactics. So in order to achieve the objectives of the present study, there is need of adopting a holistic public health approach for understanding injury in relation to its impact on victims. As opined by Banerji, in 1992, a holistic public health approach looks into the different and relevant dimensions of a health event. There is a need to understand injury from an epidemiological and social epidemiological dimension in order to understand it holistically. With such understanding in background and the focus of studies on the clinical front of injuries the present study will try to understand injury from the victims' perspective. A similar pattern of protests has happened in the past in Kashmir but these protests were not studied by researchers. Protests of such nature took place in Bahrain in 2011, however, these protests have hardly been studied by academicians (PHR, 2011; PHR, 2012).

The subjective lived experience of the civilians who get injured during protests in Kashmir, including their health care experiences is a peculiar issue due to the complexity on varied fronts. On the one hand there is an armed struggle going on and on the other hand, civilian demonstrations have become a routine. The complexity and peculiarity of the situation is such that the protests in Kashmir are held against the government and its agencies and at the same time the health care provisioning in the state is primarily done through the public hospitals which are managed by the government. This evidently results in narrowing down the choices of people with health needs. On the other hand, the protests that are held against the government often result in severe injuries. These conflict-induced injuries often need special care and attention which is partly absent in the conflict-hit state due to the absence of well-developed super specialty care in private hospitals. Thus evidently this absence makes the public hospitals as the sole providers of specialized treatment in Kashmir.

The protests in Kashmir are dealt by the state agencies with varied tactics and they result in injuries of varied nature. The different weapons used are of categories of arms that have been termed as lethal and non-lethal arms. In the lethal category are the firearms with bullets that are used at times as a control mechanism. The non-lethal category consists of a variety of arms and ammunition which includes items like sticks –both wooden and plastic used in a *lathi charge* for direct hits on the body, stones pelted, and marble slingshots, along with tear gas, pepper gas, and pellet guns. Even the tear gas shells which are used consist of different kinds including those with metal shells and those with plastic shells. It also includes those which are fired from a gun, those thrown with the arm and those which are fired from a vehicle which fires seven shells at a time. All these arms cause different injuries among the people who are not only participating in the protest but also the bystanders.

The study also tried to explore whether the injured civilians prefer to go to hospitals for treatment or they go elsewhere. Studies show that in such situations there is a tendency of being caught and taken to custody as has been seen in the case of illegal immigrants and fugitives in US (Goffman, 2009), or has been seen during the public protests in Bahrain in 2011 (PHR, 2012) or they prefer to go to some other

practitioners as has been seen during the conflict in Syria (Aciksoz, 2015). Bearing in mind that the provisioning is done by the public hospitals where there is a tendency of getting caught by the police who place different sources to track and nab the injured protestors, the dilemma in accessing services becomes clear. The study will try to capture the issues faced by injured civilians in Kashmir while seeking health care and how their experiences are different from other conflicts of the world.

The study will also attempt to understand the burden of injuries that are inflicted, as each injury is unique in itself though being inflicted by the same weapon at the same anatomical location. The socio-economic context of these injuries also makes them different from one another. The burden of such injuries exposes the inflicted individual to a lot of vulnerabilities. It not only affects the individual but has implications on his families, friends and the larger society. The present study will make an attempt to understand the economic, political and social vulnerabilities that these people are exposed to.

The outcomes of the conflict are often dependent on the context where it takes place. Certain outcomes of conflict are more or less same throughout the globe, which includes outcomes like; deaths, disability, displacement, disease, destruction of public infrastructure so on and so forth. The uniqueness of present study lies in the context in which it is studied. The context of Kashmir makes it peculiar from other conflicts since the conflict of Kashmir is a low-intensity conflict wherein the revolutionary warfare is simultaneously being fought along with insurgency warfare. The context of Kashmir makes it peculiar because of the parties involved<sup>6</sup>. The studies concerning the area of conflict-induced injury are least explored in Jammu and Kashmir. Apart from that the social dimensions and subjective experiences of civilians who are injured in conflict situations are rarely investigated. The study will attempt to foreground the experiences of injured victims in the context of a low-intensity

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<sup>6</sup> As discussed earlier the context of Kashmir makes it different since the parties involved are the government backed armed forces and the local population. Even the health services in Kashmir are managed and controlled by the government due to the absence of larger private sector with super specialty hospitals. Over the period of time there has been mushrooming of private hospitals in Kashmir however these hospital are focusing primarily on providing maternal services.

conflict. It will try to explore, what it means to be injured and what difficulties they face bearing in mind the complexities of conflict.

### 2.3. Epidemiological picture of injury in Kashmir:

Injuries can result in temporary disablement; however they can also leave many disabled throughout their life. The whole process is supplemented by the other outcomes of armed conflict in the form of diseases which increase the morbidity and the mortality figures in the fragile, conflict-hit areas (Zwi, 2004).

The conflict in Kashmir has been a leading cause of death and destruction besides its negative impact on the development and prosperity of the region. The figures of casualties in the Jammu Kashmir region are often contested between the government and non-governmental organizations and human rights groups which have been following the conflict over a period of time, and there are discrepancies in figures of various official agencies themselves<sup>7</sup>. The endemic violence in Kashmir has gone through many ups and downs. The injury and another mortality figures often showed a growth with the rise of violence in the conflict-hit state. Injury in Kashmir is not a recent phenomenon; since the start of armed struggle injured people have constituted a huge population. People injured in cross-firing, in massacres, in detention centers constituted a large population who had injuries inflicted on them. However, it is hard to ascertain the total number of injured civilians. Although, hypothetically it can be assumed that their numbers might be much more than the people who died since the armed struggle escalated in Jammu and Kashmir.

The violent incidents that engulfed the state in the year 2008 were much higher than previous years. The first uprising left 57 people dead besides taking the toll of injured

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<sup>7</sup> However there is contestation between the official figures of Jammu Kashmir police and the MHA (Ministry of Home Affairs). From a period of 1990 to 2002 the police figures related to deaths were 94000 while MHA claims it to be 34709. Of these figures 60000 were presumed to be militants (15000 according to MHA), 30000 civilian deaths (11000 according to MHA), 4000 armed force personals (4000 MHA), and 3921 disappearances besides leaving tens of thousands injured (Navlakha, 2004, pg.145).

to 2000 in a matter of two months (Navlakha, 2008, Pg46). The people who sustained injuries were mostly because of live bullets which were used on them as a protest management mechanism, which can be hardly seen in any part of the world in the present times. The second uprising in the summer of 2009 after the rape and murder of two women in Shopian also led to many violent incidents that left many injured. The third consecutive summer of 2010 left many people dead besides adding to the toll of the injured (Bhatia et al, 2011). The ophthalmology section of SKIMS (Sher-i-Kashmir Institute of Medical Sciences) hospital alone received 98 cases of eye injuries from January to December 2010, of which 77 percent were turmoil or protest-related injuries (Mir *et al*, 2014, Pg 468-469; Mir *et al*, 2014, Pg1230-1231). In another study conducted in SKIMS from June to September 2010, 634 patients were received in emergency reception. Out of the 634 patients, 325 had sustained firearm injuries, 98 were injured by stones and 211 by alleged beating by armed forces. In the firearm category, 88 had bullet injuries, 39 tear gas shell injuries and 198 received pellet injuries (Mushtaque *et al*. 2012, Pg 256-257). In February 2013, another unrest occurred when Afzal Guru was executed and protests emerged which resulted in many deaths apart from injuring dozens (Amnesty International, 2015).

Kashmir has seen much civil unrest and there are many instances when peaceful protests have ended in violence. Though the duration of protests has decreased but the violence has not decreased to any extent and the protests are still occurring in many places at different times. In an annual report of a human rights group for the year 2014, a total of 8 cases were mentioned who were injured due to pellets (JKCCS, 2014, Pg3). The report does not include those who are injured by other methods of crowd control or protest management in Kashmir. Another report by the same human rights group claims that a total of 40 youth got injured due to pellet injuries in 2015 only (JKCCS, 2015, Pg5). However, the same report is not identifying the other modes of injury among the civilian protestors in Kashmir. A report carried out by one of the separatist organizations claimed that 45 civilians<sup>8</sup> were injured only due to alleged use of pellets in Kashmir. However, there is little record of the other modes of

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<sup>8</sup> <http://www.kashmirlife.net/hurriyat-m-human-rights-report-2015-92973/>

injury which are caused in Kashmir due to the various weapons used by the armed forces.

#### 2.4. Objectives:

With the broader objective of exploring and documenting the impact of injury on a population that is affected by a civil conflict in the conflict-ridden Kashmir, the study more specifically attempted to:

1. Explore the subjective lived experience of becoming injured and being injured.
2. Understand the different treatment avenues available and the options resorted by the victims keeping in view the complexity and vulnerability.
3. Explore the experiences of healthcare providers in the situations of conflict.

#### 2.5. Research Questions:

The different questions that were developed to address the objectives are as under:

1. What does it mean to civilians to be injured during a civil protest in Kashmir valley? How and in what ways has the injury changed their lives? What are the different social, mental and economic ramifications of the injury which is inflicted upon them as a result of conflict?
2. What are the different treatment options available at the time of injury? Which option is considered and the reasons for considering that particular option?
3. What were the different costs incurred during treatment and how were these costs managed by the victim and his family?
4. What are the experiences of injured civilians while accessing the various treatment options? Are there any issues which they have faced while accessing?
5. What are the challenges faced by healthcare providers who provide services to the injured civilians? What experience have they regarding the delivery of services in such complex situations?

## 2.6. Methodology:

Based on the field inquiry and the aforementioned objectives an exploratory research design was adopted in the present study.

### 2.6.1. Area of study:

Geographically, the Jammu and Kashmir state is divided into four zones. First, the mountainous and semi- mountainous plain commonly known as Kandi belt, the second, hills including Siwalik ranges, the third, mountains of Kashmir valley, and Pir Panjal range and the fourth is Tibetan tract of Ladakh and Kargil. Administratively, the state of Jammu and Kashmir is divided into three distinct regions comprising of Jammu region, Kashmir region and the Ladakh region. Bearing in mind the concentration of conflict and the varied parties to the conflict the study will primarily focus on the Kashmir region. In Kashmir region, the present study was restricted to Srinagar district only keeping in view the continuous and prolonged instances of violence in the capital of the state.

### 2.6.2. District Srinagar:

The district Srinagar is the summer capital of Jammu and Kashmir. With a total area of 294 square kilometers, Srinagar's population is 12,36,829 of which the urban agglomeration had 12,19,516 population. The Srinagar district has a literacy rate of 71% and has a child population of around 12%. The total population is constituted of 53% males and 47% females. The sex ratio of the district is 888 females per 1000 males (<http://srinagar.nic.in/>).

Srinagar being the commercial hub and summer capital, major health facilities are located within it. The health service system in the Kashmir division falls under two categories: one is the services under the Department of Health and second are services provided through hospitals administered and managed by the Department of Medical Education. Sher-i-Kashmir Institute of Medical Sciences (SKIMS) is the premier



institute which provides tertiary care along with other associated teaching hospitals of Government Medical College (GMC) Srinagar. The specialty hospitals which are under GMC are Shri Maharaja Hari Singh Hospital (SMHS), Lala Ded Hospital (LD, a maternity hospital), GB Pant Children's Hospital, Bone and Joint Hospital Barzulla, Chest Diseases Hospital and Psychiatry Hospital. Under the aegis of Ministry of Health, other public health infrastructure is managed at the levels of the district which comprises of District Hospital, Sub- District Hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs), Allopathic Dispensaries (ADs) and Sub-Centres (JKCCS, 2015). Though the absence of a private super specialty hospital or big hospitals is clear in the conflict-hit fragile region, there are a few private nursing homes functioning across the city. The major nursing homes which provide services are Florence Hospital, City Hospital, Modern Hospital, Ahmad Hospital, and Khyber Hospital. Beside these, there are army hospitals in the cantonment area which are primarily for the army personnel and are inaccessible to the common citizens.

### 2.6.3. Study population:

The study population comprises of all the individuals who were injured during the protest demonstrations in the Srinagar district in the past three years (i.e., since January 2013). This period was chosen so as to delimit the study and also have a reasonable recall period. These included:

- a) Those who were active participants during any protest gathering or demonstration.
- b) Those who were mere bystanders and did not participate in the protest demonstration.

In order to identify these categories of people, records held by local human rights organizations and local contacts were utilized. The injured persons included men and women from different age groups, place of residence, socio-economic background and other distinctions, thus providing an opportunity to document or record rich accounts and unique experiences of injured civilians in a rigorous and highly detailed manner.

#### 2.6.4. Sample and sampling method:

Bearing in mind the complexities added by the conflict in Kashmir it is hard to identify the people who receive injury during protests. The injury affected civilians often stay away from public glare as they fear getting identified and penalized. So *snowball sampling* method was utilized keeping in view the requirements of the present study. Inclusion and exclusion criteria were followed for recruitment of respondents during the whole course of field work as given below.

Inclusion criteria: any civilian (irrespective of age and gender or any other distinction) who suffered non-fatal injuries during protests or after protests<sup>9</sup> between 1st January 2013 and the period of study was included in the study.

Exclusion criteria: any person who got injured before 1<sup>st</sup> January 2013 was excluded from the study.

During the course of field work, a total of 60 cases were identified of which 43 met the inclusion criteria. Out of 43 cases, 27 agreed to take part in the research process, however only 18 cases could be properly completed. While the 18 case studies were carried out in the different localities of Srinagar district, it was hard to cover the different distinctions based on gender, place of residence, class, ethnicity etc, and hence the study attempted to include such distinctions wherever possible in order to catch the different dimensions. Keeping in view the complexity and unpredictable nature of conflict situation in Kashmir valley the sample size was kept open as there was a tendency of drop-out cases.

In the case of the health care providers, 3 doctors were selected in the major departments of Ophthalmology, Orthopedics, and Emergency of the Government

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<sup>9</sup> People not only get injured when the protests demonstrations are taking place in any area. Rather there is a tendency of receiving injury even after the protests demonstrations in an area are over. Even after the demonstrations are over, the conditions in such areas remain tensed due to the deployment of the armed forces and the subsequent restrictions placed on the movement of the local people.

Medical College Srinagar. Apart from that two chemists were included from the different localities of Srinagar. These providers were selected purposively for inclusion in the current study. Although generalizations cannot be drawn out of studies of this nature, however, such study can help in analyzing and understanding the covert features which are not studied in statistical studies. Thus this study is intending an in-depth analysis through which it is hoped to contribute to literature regarding injury in conflict situations and bring attention to the suffering of those injured in civilian conflict.

#### 2.6.5. Methods:

The present study employed the method of the *case study*. The techniques utilized in getting data were *in-depth interviews* with the civilians who were injured in a procession or protest demonstration irrespective of their nature of participation in the protest or they were bystanders. Unstructured interviews were employed with the healthcare providers and human rights defenders/workers in order to understand their experiences embedded in such situations. For the health care providers and human rights organizations an unstructured interview guide was formulated and employed to aid the process of data collection.

#### 2.6.6. Data collection process:

The initial meetings with the respondents were solely for the purpose of building rapport with them. Respondents were provided full information regarding the aims and objectives of the research. A serious attempt was made in order to clarify all the doubts which arose in the minds of the respondents. The place of gathering data was chosen by the respondents so that it can provide ease and comfort to the respondent. Things which were pivotal for the research were discussed beforehand with the respondents and the related risks were ascertained and discussed before employing the tool of data gathering.

Though the study focused on the subjective lived experiences of the injured civilians and their health care experience, it attempted to bring in all stakeholders that primarily consisted of the victims themselves and their family members, their health service providers, and human rights defenders. The collection of data was done in two phases.

*Phase I* consisted of informal interactions with human rights organizations through which victims were identified. After the initial identification, more victims were identified through the snowballing method. During the data collection process, a large number of injured was identified (60 persons) of which only 18 respondents cooperated and participated in the whole interview process. Among the 60 persons, only 43 met the due inclusion criteria and were further approached by the researcher to include them in the study. After the initial visit with the 43 victims, only 27 agreed to be part of the present study. The 16 respondents who did not want to be part of the study quoted different reasons which primarily pointed towards their security concerns. Among the 27 respondents 5 left the interview process in between and were therefore not included in the analysis. However 4 respondents could not be interviewed because of their absence from home. They gave different time slots for the interview and were visited by the researcher at their respective venues but they were not present at those venues which lead to their exclusion from the study. Thus, only 18 respondents participated in the whole interview process. With those 18 respondents, unstructured interviews based on a checklist of issues were duly conducted. During the first phase, informal interviews were also conducted with the human rights defenders who worked under different NGOs on a full-time basis or were working as volunteers.

In order to build rapport with the respondents, they were visited many times. The first visit was kept for building rapport with them and in the second meeting, the unstructured interview schedule was discussed with them. If the respondents were comfortable then the interview process was carried forward, if they were not comfortable then time for the further meeting was requested from them. If they were

reluctant to participate then principle of self-determination was duly acknowledged and they were not contacted any further.

*Phase II* constituted of informal interactions with health care providers. This included visiting different health care provisioning institutions that are present in the different locations of Srinagar district. Considering the research question, a proper unstructured interview based on a checklist of issues was conducted with 3 doctors and 2 private chemists who work in the localities where demonstrations are frequently held. During the second phase, a medical superintendent was approached who heads an associated hospital. He further made the researcher move to another office in which meeting with a Head of the Department was sought. The head of the department further made the researcher visit the Dean of the Colleges who holds the authority over all the associated hospitals. The researcher was further made to visit the dean's office many times, which later on refused to cooperate on any front. It was only then that an informal visit was made to one of the hospitals from where a doctor was identified who was ready to participate in the study. After that other hospitals were visited and other doctors were identified and they participated in the research. Therefore only a small number could be included.

### 2.7. Analytical framework:

Keeping in view the defined objectives of the study, qualitative data collected from the field was duly processed into case studies and analyzed manually. The processed data was further divided into different themes and sub-themes. Analysis was done bearing in mind the specificity of issues like the causality of injury, its impact on the victim and family, vulnerability added due to injury, injury affecting the different dimensions of life, specificities at the management level e.g. management of injuries by the health sector, pressures witnessed during treatment, issues faced etc. The following themes emerged and assisted in interpreting the field data in an organized and rigorous manner.

1. Subjective lived experience: It refers to the experience of a person and his/her life events as a subject. It is related to the personhood and how he/she perceives things that happen to him/her as a person. The subjective lived experience varies from person to person as each person is unique and the factors that affect the state of being are not uniform among different individuals. For the broad analytical understanding the subjective lived experience was divided into four areas which focus on reasons of injury and how they became injured during conflict situation; impact through the different implications of the injury; outcome, focusing on the different outcomes of the injury; and finally the support, hindrances and redress mechanisms, focusing on the support received by the injured victims and barriers faced by them. It was also focused on the different channels through which issues of the injured can be addressed as explicated by the victims themselves.
  
2. Healthcare experience of injured civilians: It refers to the experience or the series of events through which a victim goes during his attempt to get health care and the course of hospitalization. It includes the sum total of all events that took place during the treatment period. The current section is divided into three different sub-themes focusing on (i) Experience of victims prior to hospitalization. It will look into barriers to access wherein the delay experienced due to varied reasons by the victim will be highlighted; breach to medical neutrality and its impact on treatment in relation to the victim. (ii) The second sub-theme will look into the treatment experience of the victims. It will more specifically look into Treatment avenues resorted at the time of injury (wherein the responses related to different treatment avenues resorted by the respondent will be analyzed); Hospitalization experience (wherein responses related to treatment given in hospitals will be summarized and analyzed); Treatment avenues resorted outside Kashmir (wherein responses related to treatment avenues resorted by the respondents outside Kashmir in order to get specialized treatment will be analyzed); impact of long and arduous treatment (which will focus on the impact of long and arduous treatment procedures and its impact on the health of victim). (iii) The third and final sub-theme will look into the economic aspect of treatment (which will focus

on the different economic ramifications of the treatment process on the injured victim and his family).

3. Experiences of healthcare providers: It refers to the experience of the health care providers while treating and managing injuries of conflict victims. Under this section different subheadings will be summarized and analyzed which include management of injuries by the different providers; which will focus on the increase in numbers of injured, severity of injury, Requirement of primary care and higher levels of medical management; pressure faced during management, and problems faced due to limitations of the health service system.

## Analytical Framework chart:

Subjective lived experience	Health care experiences of injured civilians	Experience of health care providers
<ul style="list-style-type: none"><li>• <b>Reason</b><ul style="list-style-type: none"><li><i>a.</i> Cause of injury</li></ul></li><li>• <b>Impact</b><ul style="list-style-type: none"><li>• <i>a.</i> Disruption of life.<ul style="list-style-type: none"><li>• Impact on injured person and family</li><li>• Disruption of economic activities.</li><li>• Disruption of education.</li></ul></li><li>• Economic burden of treatment.</li><li>• Disruption of social activities.</li><li>• Emotional response.</li><li>• Anxieties about future.</li></ul></li><li>• <b>Outcome</b><ul style="list-style-type: none"><li>• <i>a.</i> Injury as a challenge.</li><li>• <i>b.</i> Beyond injury: restricted to room reasons and effects.</li><li>• <i>c.</i> Rise of a new routine.</li><li>• <i>d.</i> Fear, Stigma and Guilt.</li><li>• <i>e.</i> Life then and now.</li></ul></li><li>• <b>Support, Hinderances and Redressal</b><ul style="list-style-type: none"><li><i>a.</i> Support and hinderances.</li><li>• <i>b.</i> Channels to address issues.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Experience prior to hospitalization</b><ul style="list-style-type: none"><li>• <i>a.</i> Physical barriers to access.</li><li>• <i>b.</i> Psychological barriers to treatment.</li><li>• <i>c.</i> Breach of medical neutrality and its impact on treatment</li></ul></li><li>• <b>Treatment experience</b><ul style="list-style-type: none"><li>• <i>a.</i> Treatment avenues resorted at the time of injury.</li><li>• <i>b.</i> Hospitalisation experience.</li><li>• <i>c.</i> Treatment avenues resorted outside Kashmir:</li><li>• <i>d.</i> Impact of long and arduous treatment.</li></ul></li><li>• <b>Economic aspect of treatment.</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Management of injuries</b><ul style="list-style-type: none"><li>• <i>a.</i> Increase in number of injured.</li><li>• <i>b.</i> Severity of injury.</li><li>• <i>c.</i> Requirement of primary care and higher levels of medical management</li></ul></li><li>• <b>Pressure faced during management of conflict induced injuries.</b></li><li>• <b>Problems faced due to limitation of health service system</b></li></ul>



## 2.8. Ethical considerations:

The different ethical dilemmas that were considered before conducting the study are stated below.

There was need of taking utmost care while conducting a study on the experiences of the injured civilians bearing in mind the sensitivity of issues in conflict situations. Societies which are engulfed by conflict possess the problem of mistrust and insecurity. A deep sense of insecurity prevails among the civilians in the conflict zones. The threats or the security concerns of the respondents were dealt with utmost care by utilizing confidentiality and anonymity and assuring the respondents of the same. Apart from that, the places of interview were chosen as per the preference of the respondents. The venues where interviews were done were mostly at the home of the victim while at other times interviews were done at victims shop or at the playground or at a public park.

Bearing in mind the sensitivity, complexity and added vulnerability of the position a proper track for research was followed without compromising on the ethical possibilities and fronts. Written consent was taken from the respondents before the start of the actual research process (the form has been added as an annexure). Permission was taken from the respondents in order to record the audio of the whole process of the interview. In case, when permission was not granted by the respondent attempts were made to take notes and document the case thoroughly

In order to maintain confidentiality, no attempt was made by the researcher during the whole process of research to comprise on the fronts that would breach confidentiality. In order to ensure confidentiality data was coded, identifiers were removed and data was accessed by the primary researcher only. During the process of data analysis and presentation, pseudonyms were used in place of original names of the respondents for both victims as well as health care providers.

The respondents were informed about their rights wherein they can give information that they are ready to share and that they can terminate the whole interview process anytime according to their will. Respondents who didn't want to speak on certain issues were not forced to do so. However the interview process was continued and such interviews were termed as incomplete or invalid. No promises were made by the researchers and no false hope was raised. It was made clear to the respondents that the participation in the research will not yield them any monetary benefits.

The techniques of generalization, individualization and empathy were adopted to aid the interview process and to very well manage the psychological and emotional position of the respondents. The study, in essence, followed the principles of autonomy, individualization, confidentiality, and anonymity. The respondents were made aware about the duration and the termination of the research process with them. The trauma related to the conflict has grave effects on the local population. Kashmir conflict being one of the longest ongoing conflicts throughout the globe has traumatized the population since a long time. In order to minimize the traumatic effects of the conflict on the psychology of the respondent a peaceful environment was chosen which further aided the process of interview. Besides it helped in minimizing the aftershocks and recalls of the traumatic events through which the respondent underwent. In the case of such adverse event (breakdown of respondent), the process of interview was paused and no attempt was made to further ask questions. In case if the respondents asked for help, possible gateways were adopted and they were linked to NGOs who worked on such nature. Utmost attempts were made to terminate the process of research meaningfully in such a way that it was fruitful for the research process and at the same time was not resulting in any hurdle in the normal functioning of the respondents.

#### 2.9. Obstacles faced during data collection:

Working in a conflict-ridden context such as of Kashmir is full of obstacles itself. One never knows when the researcher can face conditions that are unfavorable for him and at times for his survival.

1. The first and the biggest obstacle faced by the researcher were to identify the respondents who were injured in the reference period. It was hard to move in the localities of Srinagar with a framework that one will interact with shopkeepers or any person of a locality and will ask him about details of anyone injured in their locality. Going with such frame in mind would have caused trouble to the researcher and the research ultimately. Neither was it possible to reach to the victims through police records as it would have resulted in the researcher being labeled as a collaborator and thus would have invited trouble. Nor was it possible to check hospital records as most of the victims gave false names during admission to avoid police wrath. So it was thought that the human rights organizations and different rights group were the best option, not only to get information about the victims but also to enlighten one about the wide range of injuries sustained during protests in Kashmir. With such a view the researcher approached many NGOs that were working on different conflict related issues. With the help of the NGOs the researcher was able to identify many victims but most of them were falling outside reference period.
2. Another obstacle faced in the field was the high rate of dropouts of the respondents from the research. Many victims were identified and a preliminary visit was paid to every respondent and they were informed about the nature of the study. After paying the first visit a second visit was scheduled with them as per their convenience. However many of them did not participate in the research process due to their personal reasons which were respected and further cases were identified to continue the research process. One of the respondents who left the study, later on, told the researcher that:

*I don't know who you are then why should I trust you. Even after seeing your identity card or any relevant document, how can I trust you? These documents can be created. Today it's no big deal to make documents like this. We live in a situation where many agencies work as agents to aid the armed personal and under such circumstances how can I trust you.*

The deep mistrust is mainly because they don't want to invite any trouble and face legal consequences even if they had done nothing.

3. Strikes and security checks posed a serious threat to movement of the researcher during the fieldwork. There is no guarantee when the atmosphere turns hostile against Kashmiris. Being a Kashmiri one is supposed to carry an identity card with him as at any point or place a Kashmiri is subjected to thorough questioning and investigation. There is a similarity between the Palestinian ordeal and the Kashmiri ordeal when it comes to security checks. Vehicles are stopped, identity is ascertained and then one can move on and carry forward his work. Strikes were also there to serve as hindrances while moving to the field. There were few instances when there was a strike due to which the researcher could not move into the field. At one instance the researcher was caught in such area that he could not move outside for almost a week due to the strike and during that period internet was also blocked in that area. On another instance, though there was no strike called by any separatist group however the different areas of Srinagar were visited by the then chief minister and that resulted in strikes and stone pelting in that area.
  
4. Utmost attempts were made to include more female respondents in the field. However most of them were injured outside the reference period and those who were injured in the reference period, all except two respondents did not consent to be part of the current study. Even among the two respondents who initially consented, only one participated in the study while the other female respondent was inaccessible despite making many attempts to reach to her by visiting her home.
  
5. The process of data gathering was more problematic in the case of the healthcare providers. Different officials were contacted and requested for providing permission to carry on the research. However, all those attempts made by the researcher proved futile. The health care officials used denial and excuses and made the researcher move desk to desk in order to get information related to the research, which was finally not given.

### 2.10. Conclusion:

Thus, with the conceptualization, objectives and research questions delineated for the study, an exploratory design was adopted. The chapter has explained the methodology in detail and also throws light on the various obstacles, faced by the researcher during the whole process of data gathering. The next chapter focuses on the context of the conflict in which the injuries were sustained, summarizes the available data on the injured civilians in the Kashmir conflict and provides a brief outline regarding the socio- economic and demographic characteristics of the respondents of this study.



# CHAPTER 3: VIOLENCE IN KASHMIR- A POLITICO-HISTORICAL ACCOUNT

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## 3.1. Introduction:

This chapter is divided into two sections in which the first section looks at the conflict of Kashmir from a historical prism. It describes the different important phases of the conflict. It also throws light on the problem of injury that emerged in Kashmir as a result of the conflict. The second section of the chapter throws light on the socio-economic characteristics of the respondents of this study. Further, it highlights the injury pattern among the respondents of the present study.

### *Section I*

## 3.2. Conflict in Kashmir: From historical purview

History provides the vital base for understanding the different problems which arise due to the conflict in a region. Looking through a micro prism much can be contemplated on the conflict of Kashmir which has predominantly remained as one of the major threat to the peace in the south Asian region. Conflict of Kashmir has taken much of its toll on the different spheres of life in the state of Jammu and Kashmir. The literary works surrounding the conflict of Kashmir are vast and are covering the different issues pertaining to the nature of the conflict. Examining the historicity of the conflict of Kashmir, and the various developments that have taken place over the years, a brief narrative of the political struggle in Kashmir is stated below.

### 3.2.1. Unending ‘Tehreek’ :

The conflict of Kashmir is not a partition phenomenon since it was a princely state ruled by an independent ruler called the *Dogra Maharaja* and before him, it was ruled by others. One of the popular words that resonate from nearly every mouth of

Kashmir is ‘Tehreek’. It is an Arabic origin word which is used and acclaimed by both Urdu as well as the Kashmiri language. The word Tehreek signifies the continuous struggle with an aim to achieve freedom or independence. In the words of Duschinski:

*“The tehreek is informed by Kashmiri collective memories of exploitation and oppression by successive alien rulers, including Mughuls, Afghans, Sikhs, and Dogras, through a long history of zulum (injustice)”*. (Duschinski, 2009, pg. 696)

So the movement for Kashmir’s struggle for the right to self-determination is not recent but has been there for centuries. It was there against old oppressive rulers and it stands still against a modern one.

Tracing back the history of the Dogra rule in Jammu Kashmir the currently disputed state was given as a token of treachery which Gulab Singh committed against the Sikh rulers in Punjab. The current Jammu in the Jammu Kashmir state was gifted by the British to Gulab Singh over his role in the Anglo-Sikh war and the rest, including Kashmir along with Gilgit-Baltistan, was sold to him. A treaty was signed by the parties which came to be known as Amritsar treaty of 1846. Under this treaty not only the land of Jammu Kashmir was sold to Gulab Singh but also all its living inhabitants both wild and civilized ones. The price paid for buying the Jammu Kashmir was compensated by a systematic tax policy which was a stringent one and did not give respite to people even during droughts. The policy of Dogra was clear, they were the masters and Hindus were treated as second-grade citizens while Muslims had a much problematic position as that of an inferior, an alien in their own land (Mangrio, 2012).

The policies of Dogra were always ruler friendly but lacked the basic tenet of people’s development and upliftment. Small groups protested against the anti-people policies of the Dogra rule however they were not able to make any substantial impact. It was in the year 1931 that different incidents culminated in a strong protest<sup>10</sup>. This opposition got momentum under the slogan of *quit Kashmir movement* which

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<sup>10</sup> <http://www.kashmirilife.net/13-july-1931-a-chapter-of-kashmir-61908/>



eventually faced state repression and led to the death of many Kashmiris (Bose, 2003; Suri; 2011).

### 3.2.2. Broken chains of imperialism:

The chains of imperialism got loosened during 1947 however it left its traces in a divisive manner that led to the creation of India and Pakistan. The princely states which were huge in numbers (more than 500) had to decide their own future in terms of acceding to India or Pakistan or to remain independent. Jammu Kashmir which was also a princely state was supposed to follow the same procedure however the different developments that took place thereafter led to a dramatic division of the state each occupied by India and Pakistan and a part later occupied by china. This whole process created a sense of ambiguity, people who had to decide their fate saw attacks, plundering, a dramatic accession to India, and the promises of the plebiscite by the democratic republic rulers of India. However over the period of time both India and Pakistan had further tightened their grip on Jammu and Kashmir through military and authoritative measures (Bose, 2003).

The attacks from the northern side of the state were led primarily by the poonchi's with the support of tribals from the Pakistan's NWFP. These attacks which were meant for the liberation of Kashmir resulted in more atrocities. As a result, it led to the dramatic accession and division of Kashmir with a promise of plebiscite (Bose, 2003; Margolis, 2002; Schofield, 2000). Due to the accession, the Indian army was able to interfere in the security matters of Jammu Kashmir. The deployment of Indian army which was supposed to be temporary in essence was rather systematic. Army created camps and settlements and employed the local people forcefully without paying their labor. People who refused were labeled as traitors and were subjected to humiliation and torture ( deBergh Robinson, 2013).

The interference in the matters of the state was very much restricted due to the special provisions laid down by the constitution of India. The areas of foreign affairs, defense and communication were the areas which could be altered or interfered. However with the passage of time, all the constitutional provisions were systematically altered

and abused. The whole period from 1953 up to 1987 can be stated as the period during which democracy was annihilated in the state of Jammu and Kashmir. This whole period earmarked the multiple attempts to manipulate elections, arrests of leaders and only titular heads were given the opportunity to rule the state which further added harm to its special status.

Sheikh Abdullah's demand for the promised plebiscite was dealt with high handedness and he was subjected to imprisonment till he compromised on his stance. The compromise ended with an agreement between the central leadership and Sheikh Abdullah that declared Kashmir as the constituent of India and thus virtually ending the possibility of self-determination. This, however, resulted in the first fair elections in the state in the year 1977. The subsequent actions of the central government in the affairs of the state led to many issues<sup>11</sup> in the state. The issues gave rise to the development of a new political group namely Muslim United Front (MUF) which was against the central government as well as Abdullah's party (i.e. National Conference). The 1987 elections were blemished with allegations of rigging and the subsequent arrest of several members of MUF resulting in a huge public outrage.

### 3.2.3. 1987 and political strife:

Like many other elections, 1987 was also rigged but the party in the opposition was Muslim United Front (MUF). MUF as a party had assembled to fight democratically against the national conference. However like other elections it met the same fate and its leaders were arrested in an unconstitutional manner and were subjected to torture. It developed outrage in young minds, many of whom resorted to violent measures thus giving rise to armed conflict. 1987 is the time when the democratic process was thought to be a futile exercise and violent measures were adopted to fight injustice (Kazi, 2012). A report carried out by Physicians for Human Rights and Human Rights Watch, in 1993 states about these developments (Physicians for Human Rights

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<sup>11</sup> Issues were varied in nature the premier was the loss of voice of the people which resulted as because of the unfair elections in which the popular voice got subsided by the manipulated elections. Other issues were the subsequent interference of the central government in the affairs of the state, the attack on the autonomy of the state which was granted by the accord of 1947 signed by the republic of India and the maharaja of the Jammu Kashmir state.

and Human Rights Watch, 1993). Similarly, Mohan in his paper argues about the vital period of armed resistance in Kashmir (Mohan, 2012). All these developments marked an important phase in the Kashmir conflict. In the words of Kazi,

*By 1989–90, democratic channels to articulate popular grievance in Kashmir were not available. The slogan of Azadi (freedom) symbolized not just popular resentment and protest against the denial of democracy in Kashmir, but also 'freedom' from Indian rule over Kashmiri land (Kazi, 2012. p. 5).*

The rebellion started throughout the valley and young adults from different corners of valley even some from the Jammu region started to move to the other part of Kashmir administered by Pakistan. In the other part of the Kashmir, these young rebels were trained all the military tactics involving strategies and handling of weapons. In the late 1988 and early 1989, these trained rebels started to surface in Kashmir and they systematically started an oppressive assault on the symbols of government. There were many attacks on the government offices; sympathizers of the government were neutralized (both Hindu as well as Muslims). It resulted in a protracted guerilla warfare, in which the Kashmiri insurgents were standing against the mighty Indian forces. The counterinsurgency tactics of the government were initiated and they were more horrific than militant actions themselves. These measures resulted in huge loss of lives primarily in the Kashmir region and many areas of Jammu region (including the areas of Doda, Kishtiwari, Banihal, Poonch etc).

The period from the 1990s earmarked an area where crackdowns, civilian detentions, torture of detainees, shooting of unarmed pro-freedom demonstrators, custodial killings, disappearances, and curfews became a daily ordeal in Kashmir. These events also led to the exodus of the pandits from Kashmir. Numerous human rights reports have been documented by different human rights organizations. These reports state about the daily accounts of blasts, fierce gun battles leading to death and injuries, extrajudicial killings, disappearances, torture and so on (Bose, 2007). Since then the conflict of Kashmir has seen many phases along with the insurgency. The guerilla war which showed a bulge in the early 1990s, slowly declined in the late 1990s (Bose, 2003; Behera, 2006). The subsequent years from 2002 up to 2008 saw less violence as compared to years before that. The elections in the year 2002 were the first free and

fair elections after decades. The subsequent developments that took place in the state are discussed below.

#### 3.2.4. The era of armed resistance:

With the advent of a mass uprising particularly in the valley itself, the uprising was marked by a mass movement of men towards the Pakistani occupied Kashmir (*Azad Kashmir*) in order to receive armed training. The era of the 1990s started with bloodshed in which the political executions were done at first and later it engulfed the whole society. The 1990s marked a phenomenal shift in the long-standing conflict of the Jammu Kashmir. It resulted in a protracted guerilla war in which the Kashmiri insurgents were standing against the Indian forces. The counter-insurgency tactics of India in Kashmir and other parts of Jammu has resulted in huge losses. Crackdowns<sup>12</sup>, shooting of unarmed pro-freedom demonstrators, civilian detentions, torture of detainees, custodial killings, disappearances, curfews were rampant in Kashmir. There have been daily accounts of fierce gun battles, blasts, extrajudicial killings, disappearances, injuries and so on. Indian sources cite that at least fifty thousand are killed while the non-official sources claim the figures to be more than hundred thousand (Bose, 2007).

The political scenario fueled the insurgency and men started to cross LOC in 1988 in order to receive arms training and they returned in 1989. These initial groups carried out the bombing, assassinations, and a hostile environment was created against those who supported the government. Massive demonstrations started in the central city and in nearly every town of the valley with the advent of the 1990s and it soon turned out more ugly when paramilitary troopers who were brought to contain the protests killed hundreds instead. It was a shift itself in the situation as people who waited decades in order to get their basic rights finally started to fight against the authoritarianism by wielding arms. Sumantra Bose while reflecting on Kashmir in her book '*Contested Lands*' states:

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<sup>12</sup> Disturbing and brutal search operations where in whole villages or urban neighborhoods were cordoned and the inhabitants were subjected to severe mental and physical harassment by the Indian armed forces.

*Four decades of authoritarianism— the blatant disregard for civil rights and fundamental liberties, the imposition of puppet governments through bogus or doctored elections, and the effective revocation of Indian-controlled Kashmir's autonomy despite that autonomy being guaranteed by the Indian constitution—ultimately produced its nemesis in the form of the AK-47-wielding insurgent (Bose, 2007. P. 178).*

The conflict of Kashmir particularly the armed resistance has gone through many ups and downs and has transformed a lot in itself. While using Bose's classification of the shifts in armed struggle, I will try to contemplate on the situation of Jammu Kashmir during the brief period of 1990 up to 2002.

- a. **The *intifada* or uprising phase:** the phase started in 1990 and lasted till 1995. This was the significant phase in the history of armed rebellion in the disputed Jammu Kashmir. With the advent of the 1990s, a large number of Kashmiri insurgents started arriving in Jammu Kashmir after receiving the arms training in the other part of Kashmir popularly known as Azad Kashmir. These young men started to execute the politically affiliated personalities and a wave of protests started throughout the valley in which the popular demand was Azadi (freedom). These protests were dealt with suppressive methods by the Indian armed forces. The suppression added more fuel and violence started to escalate throughout Jammu Kashmir. Some of the outcomes of the protest management by the Indian forces resulted in massacres famous of which are Gaw Kadal in 1990, at Sopore in 1991, and at Bijbehara in 1993 (Mathur, 2016). At these places, protests were managed in such a manner that caused more chaos than addressing the chaos. The ill management resulted in a huge number of deaths besides leaving thousands injured. The counter-insurgency tactics were such that it led to high volume of sexual violence against women in many parts of Jammu Kashmir. Reports of sexual violence (Duschinski & Hoffman, 2011; Batool et al., 2016) committed by the Indian armed forces started to come and were dealt strategically by the Indian media and government (like in the case of Kunan Poshpora<sup>13</sup> or Shopian)<sup>14</sup>.

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<sup>13</sup> Often recited as Kunan Poshpora and thought as a one village. Kunan and Poshpora are two small hamlets in northern part of the Kashmir valley. These hamlets are famous since a mass rape was done in 1991 by the Indian armed forces, they drove the whole male folk out of the houses and females were subjected to gang rapes. Many independent investigations were done on the issue and they found out

Martial laws were enacted in the Jammu Kashmir which provided special powers to the Indian armed forces between July and September 1990 so that they can act in a free manner. Martial laws like Armed Forces Special Powers Act (1990)<sup>15</sup>, Disturbed Areas Act (1992)<sup>16</sup> and earlier enacted Jammu Kashmir Public Safety Act (1978)<sup>18</sup> became persistent in Jammu Kashmir thus providing Indian armed forces a license to kill. This was also supplemented by a huge influx of Indian armed forces in the Jammu Kashmir thus turning it into a huge garrison wherein everybody apart from Indian forces was seen as suspects. The period also witnessed the mass exodus of Kashmiri pandits who were systematically and strategically<sup>19</sup> thrown out of the valley.

The period from 1990 onwards glorified the gun culture and many people joined the armed struggle. With the examples of the Palestinian intifada and the expulsion of the Soviet from the Afghanistan, the war against the illegal occupation of India got escalation. The victory of Mujahedeen in Afghanistan provided a boost to the morale of insurgents apart from providing arms and ammunition. Mainly youths started joining the armed struggle in Kashmir and people joining the armed struggle were treated as heroes devoid of their past affiliations. The insurgent groups were also increasing in numbers. The dominant Jammu Kashmir Liberation Front (JKLF) of the 1990s was taken over by the

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that atrocities were committed by the armed forces and compensation was demanded for the victims, which was approved by the government of Jammu Kashmir. The victims are still fighting for justice,.

<sup>15</sup> Armed forces special powers act of 1990. Also known as, The Armed Forces (Jammu & Kashmir) Special Power Act, 1990. This Act enables certain powers that are conferred upon the members of armed forces in the whole state of Jammu Kashmir. ([http://www.satp.org/satporctp/countries/india/states/jandk/documents/actsandordinances/J&K\\_Special\\_poweract.htm](http://www.satp.org/satporctp/countries/india/states/jandk/documents/actsandordinances/J&K_Special_poweract.htm))

<sup>16</sup> The disturbed areas act of 1992 was enacted with an aim to provide better provisions for suppression of disorder and restoration of public order in Jammu and Kashmir. [http://www.nipsa.in/uploads/country\\_resources\\_file/1116\\_J-and-K\\_disturbed\\_areas\\_act.pdf](http://www.nipsa.in/uploads/country_resources_file/1116_J-and-K_disturbed_areas_act.pdf)

<sup>18</sup> Jammu and Kashmir Public Safety Act of 1978 which extends to the whole state of Jammu and Kashmir thrives for the preventive detention safeguards and remedies. <http://jkhome.nic.in/PSA0001.pdf>

<sup>19</sup> The Hindu population which was roughly 130,000-140,000 (4 to 5 percent) was displaced during the conflict. However there is variation in arguments and pandits claim that they were forcefully thrown out of Kashmir by the Muslim insurgents where as Muslims of the valley are of the view that they were systematically made to migrate in an active and deliberate manner by the then governor of Jammu Kashmir Shri Jagmohan, who in order to stigmatize the freedom movement tried to label it as sectarian and fundamentalist (Bose, 2003).

Hizbul Mujahideen (HM) which was partly facilitated by Jamait e Islami (JI) and partly by Pakistan. The pro-Pakistani stance of HM ended in intergroup conflicts which lead to more fatalities. On the other hand, the tactical operations of India resulted in operations like 'catch and kill' which added fatalities manifold and added fear among the population. In the late 1995-96, India strategically utilized the intergroup conflict and it's counter-insurgency strategies which gave rise to a new breed of violators called renegades (Ikhwan in local language) who acted as axillaries to the Indian forces in Kashmir. The whole period resulted in huge bloodshed and devastated the vital fabric of Kashmiri society (Bose, 2003; Bose, 2007; Behera, 2006).

- b. **Period of demoralization and atrophy:** the phase started in 1996 and lasted up to 1998. The period saw a marked shift of insurgency wherein the base of insurgency which was earlier in urban areas and the rural towns shifted to the villages near mountains. During this period elections were also held in Kashmir after a span of nearly a decade. The violence did not go away during this period and many guerrillas were terminated. The support of renegades was utilized properly to suppress the ongoing freedom movement in Kashmir. The renegades proved to be an effective tool against the Kashmiri guerrillas who knew no bound of brutality and started to operate in Kashmir. The renegades were mostly the former guerillas who were weak hearted (those who thought that they cannot fight the huge Indian forces), with delusion, politically weak towards commitment and thus proved to be an effective tool not only in demoralization but also in suppressing the freedom movement (Bose, 2003).
  
- c. **The *fidayeen* (suicide squad) phase:** this phase started in 1999 and lasted till 2002. This phase marked the renewal of insurgency and its tactics. Series of attempts were made by the foreign guerrillas (mostly Pakistani and Azad Kashmir inhabitants) supported by the local ones to infiltrate in the army camps and to carry out suicidal attacks. The aim of these attacks was not only to create maximum casualties but also to fight a psychological warfare which will lead to deep imprint in the minds of the Indian armed forces. These attacks were not only

concentrated in the Kashmir region but also spread to the Jammu region (Bose, 2003).

- d. **The non-militant<sup>20</sup> phase:** With the advent of 2002 the political dimensions of the state got a new outlook with the inception of PDP (Peoples Democratic Party) in the state politics and the formulation of a coalition government between Congress and PDP. The tenure of this government brought in policies which reduced the number of violent episodes to a significantly lower level. The number of guerillas operating in the valley witnessed a steep fall. The coalition government divided the tenure into two equal halves where, in the first half PDP retained the seat of chief ministerial-ship, and in the next half by congress. During this period of time in a deliberate attempt, the forest land was transferred to Shri Amarnathji Shrine Board (SASB), thus violating the Forest Conservation Act. On 3<sup>rd</sup> June 2008, a spokesman in Raj Bhawan made it public about the transfer of land to the SASB and the controversy started. This resulted in a series of events and gave rise to a new way of showing resentment in the form of popular civil protests, which was later termed as agitational terrorism.

### 3.2.5. Civil protests: an old adopted strategy:

The year 2008 gave a new outlook to the resistance movement in the disputed state of Jammu Kashmir. It can be argued that this period marked the third shift in the political scenario of the dispute itself. The first two phases as discussed earlier were in the first phase which was long in duration and lasted from 1947 till the late 1980s and the struggle was mostly political and non-militant in nature. The second phase started with the advent of first Intifada and it gave rise to the actions which were militant in nature. The second phase resulted in a huge number of direct casualties which rose

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<sup>20</sup> The phase can be termed as the non-militant phase because of the drastic decline of the militant actions in the state. However this doesn't mean that the militancy was not present in the state during this phase, it was present on a very small scale compared to the other years prior to this stage or phase. This phase witnessed a different political scenario in the conflict ridden state. The gun movement which was glorified in the earlier period of conflict gave way to a different type of resistance which was less militant and more popular in nature. This stage witnessed mass involvement of local people in the resistance movement which was in the form of protests against the atrocities or any uncivil move of government and the occupational forces.



because of the armed struggle and the counter-tactics for its suppression. The third phase was totally different from the earlier two phases as the public irrespective of any class, professional or other distinctions started to protest against the authoritative moves of the government and its agencies. These new forms of peaceful demonstrations were dealt with utmost high handiness and when resentments started at a mass level, these were termed as acts of terrorism. These protests got recognition through the print and electronic media and soon the occupational language termed protests as agitational terrorism and gunless terrorism.

Civil demonstrations are not new to this part of the world. Civil demonstrations were done during the Dogra rule and even after that. Civilian demonstrations were done during the 1990s<sup>21</sup> as well, during death of any militant or civilian due to army action. However, a new wave of demonstrations engulfed the valley in 2008 when forest land was transferred to SASB<sup>22</sup>. For countering the protests in Kashmir, traders and other right based organizations arranged a counter protest in Jammu. These were not only simple demonstrations but entailed a fully fledged sanction which eventually led to the blockade of the Jammu Kashmir national highway. The protestors in Jammu threatened the goods carriers plying on the road and stopped them from carrying the essentials towards Kashmir. These sanctions or economic blockade in real terms led to further protests in Kashmir where protests demanded the opening of the road to Muzaffarabad (the capital of Pakistan-administered Kashmir). The protests in Kashmir were dealt with utmost state repression while the same protests were not managed in Jammu that way. The repressive tactics that lead to state violence in Kashmir resulted in the death of 57 civilians besides injuring more than 2000 (Navlakha, 2008, Pg46). The majority among the injured in Kashmir had sustained bullet injuries.

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<sup>21</sup> Like in the case of Bijbehara massacre in 1993 where in more than forty people were killed by the BSF forces. These people were protesting against the Hazratbal Mosque seize. Or there are numerous other such examples where in peaceful protests were dealt with such brutality that it cost many lives.

<sup>22</sup> The economic blockade was such that it resulted in scarcity of essential commodities in the valley. Medicines, baby foods and all other commodities were totally unavailable in the valley. The truckers who tried to ply on Jammu Srinagar highway were stopped threatened. This eventually led to Muzaffarabad chalo given by fruit growers association. The call was responded by many sections of the society including the mainstream party PDP. The states counter action to this step took lives of many besides leaving many others wounded. Retrieved on august 31, 2015 from Greater Kashmir Web site: <http://www.greaterkashmir.com/news/gk-magazine/amarnath-land-row-chronology-of-events/38658.html>

In 2009 unrest happened and people demonstrated against the rape committed by the armed forces. This time, it was Shopian and it engulfed the whole of the valley with it. Again in the year, 2010 on June 11<sup>th</sup> a seventeen-year-old teenager died because of a tear gas shell which left his head open and he died on the spot. Soon the violence gripped the central part of Kashmir i.e. Srinagar where two more youth fell to the bullets of armed forces. These events were further supplemented by a case of fake encounter which came into limelight had happened in Machil sector in which three local youths were killed in a brutal manner and labeled as foreign militants (Gupta & Basu, 2010). The whole Kashmir erupted against these incidents and that year was earmarked as one of the violent years in the Kashmir history wherein 120 youth died because of peaceful protests. The district Baramulla witnessed a bloody summer in the year 2010 in which more than 43 were killed in the district alone<sup>23</sup>. The summer unrest left many people wounded, the total number of which is hard to ascertain.

The unresolved issue which was not in the forefront till 2008 suddenly became the main guiding principle for the protests. People came out demanding freedom and it was the main motive behind all protests. Stating about the uprising of 2010 Bashir Ahmad Dabla in his paper published in Nyla Ali Khan's book titled, "The Parchment of Kashmir" states about the protests and the human loss due to state repression. He states:

*It was because of this uprising that the unresolved Kashmir problem, which mainstream organizations assumed could safely be put on the back-burner, reemerged at national and international levels. But during the five months of this mass mobilization, State and Central Security Forces crushed this uprising by forcefully suppressing the youth and children and by denying the basic civil and democratic rights of the entire populace. I witnessed the quelling of what I would characterize as an "indigenous" movement for the transformation of political and social institutions by state terror, in which the tragic deaths of young people marred the landscape of the state. (Dabla, 2012. pg 188)*

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<sup>23</sup> The violence engulfed the whole valley and death and destruction was the common tale. Nearly 60 percent of the victims were students. Out of 120 people killed nearly 92 were in the age group of 11-30 years. Retrieved on August 31, 2015 from The VOX Kashmir Web site: <http://www.thevoxkashmir.com/2011/09/16/2010-kashmir-unrest-a-recollection-of-what-happened/>

These protest management tactics in Kashmir were mere repression of the population. The repression is done in a manner that it becomes exemplary for the rest of the inhabitants. The trend of violence in the successive years of 2008, 2009 and 2010 leads us to a fact that the violence in Kashmir is a form of deliberate state repression which is directly protracted against the people. The attempt of the security forces was to maximize the casualties –which comes out from the fact that there was no attempt made by the armed forces to take the wounded to the hospitals and even the ambulances carrying the wounded were stopped frequently thus delaying emergency care. There were instances when the health professionals were beaten up by the armed forces. Even the hospitals were not spared. It is noteworthy to mention that the emergency hospital which is catering to the needs of injured patients also came under attack of armed forces twice or more (Bhatia et al, 2011; Dhawan, 2008).

The violence in Kashmir often escalated after news reached to people about any unjust act of the governing forces. After the news of protracted violence comes forth the people start to protest against atrocities committed by the armed forces by coming out on the streets. In order to avoid the contestations, the premises are laid by the Indian ruling class that these protests are Pakistani-backed or are instigated by some fringe elements. However, the validity of such explanations and assumptions can be contested and questioned. It is hard to comprehend how people can risk their lives in order to gain monetary benefits of a few hundred rupees (Jamwal, 2010; Navlakha, 2010). On the contrary, involvement of a person in such activities can result in loss of life besides leading to disability which may be temporary or permanent, torture, harassment, detainment which is often done under the special judicial clauses and ransom for removing a person's name on an FIR and stone pelters list)<sup>24</sup>.

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<sup>24</sup> A list formulated by the police and other state agencies in which details of youth are given, who are accused of being involved in anti-state activities or in other words protests. The list is then used to get hold of youth and many names in the list are booked by the state agencies under different draconian laws.

### 3.2.6. Health care system and management of conflict-induced injuries in Kashmir:

The large scale macro surveys that are conducted on a regular basis provide a picture of overall health outcomes and health services in Jammu Kashmir. While accessing these data sets one gets an impression of the service utilization by the people. The macro level surveys reveal better health outcomes of Jammu Kashmir as compared to India. (However the latest rounds of these data sets including NFHS 4 and DLHS 4 are not made available yet).

The health care system in Jammu Kashmir is primarily concentrated in urban centers where the majority of infrastructure and the human resources are concentrated. Srinagar, the summer capital of Jammu Kashmir, has the majority of public health infrastructure which is further aided by a developing private sector. A brief profile of the health service system in the Srinagar district is given in the next chapter.

### 3.2.7. Injury in Kashmir:

The conflict-induced injury is not a new phenomenon in Kashmir. Conflict-induced injuries have been there since the start of the armed conflict. During the armed conflict civil demonstrations often faced the repressive action of the armed forces and resulted in injuries. Civil human rights reports focused on the death caused by the action of armed forces on the people. However, very little is spoken about the injuries or the scale of injuries in conflict-ridden Kashmir. The focus towards the injuries shifted mainly after the civil uprising of 2008 and since then many studies have been conducted which primarily look into the causation of injury and its subsequent treatment. The current section will summarize the studies which have been conducted in Kashmir to understand the prevalence and typology of conflict-induced injuries.

In 2012 Mushtaque et al. carried out a study to determine the presence of pellet gun injuries among the agitated mob in Kashmir. Conducted in a tertiary hospital which received 634 patients of which 325 had firearm injuries, 98 stone injuries, and 211

were injured because of beating by the armed forces. Among the 325 cases of firearm injuries, 198 had pellet injuries and were part of the study. The study found that the most common site of injury is extremities (47.9%), abdomen (36.3%) and chest (31.3%). The study demonstrates the mortality factor of such weapons and states that 6 patients died because of fatal injuries caused by the pellet guns.

Mir et al. carried out a study to determine the prevalence and pattern of ocular injuries in patients who were admitted to the only tertiary care hospital during the civil unrest of 2010 in the Indian occupied Kashmir. The study which was conducted in a hospital where 98 patients were admitted with ocular injuries. The results of the study demonstrate that the majority of the cases were injured because of stones (28.57%); pellet injuries (15.30%) and the rest were injured due to sticks, gun butts, marble sling shots, tear gas shells and rubber bullets. The study further states that the turmoil related injuries outnumbered occupational and other forms of injuries that happened over that period of time.

Conducting an institutionally based study from June 2010 to September 2010, Khan et al. attempted to study the pattern of ocular injuries among the stone pelters in Kashmir valley. A total of 60 persons were included in the study and the classification of injuries was done on the basis of the magnitude. The results of the study demonstrate that 48.33% were injured by stones, 30% by pellets, 8.33% by rubber bullets and 10% by marble sling shots. The study classifies that 60% of the injuries were closed globe type mainly caused due to stones where as 40% were open globe type mainly caused by the pellet guns. The study concludes that due to the perforating nature of injuries there is a trend of poor prognosis among the victims of pellet injuries. The control mechanism of these protests is very risky due to the use of weapons in it. The study further states that bearing in mind the seriousness of damage caused by the counter-protest mechanisms, alternative methods should be advocated that will be less lethal and more humane. Similarly, Rashid et al. in “Pellet Gun Fire Injuries in Kashmir Valley – Cause of Ocular Morbidity” studied the ocular injuries due to pellet guns in Kashmir. The study found hyphaema in 82.60% of eyes, corneoscleral tear in 78.26% and vitreous hemorrhage in 47.82% of eyes. The study states

that ocular injuries are a challenge due to poor visual prognosis despite the development of advanced micro-surgical techniques. Due to the ill effects of the pellet guns the study advocates for alternative methods of crowd control which is more humane.

Dhar et al. in their study about the pattern of injuries due to rubber bullets demonstrate about the injury due to rubber bullets in 28 patients. The results of the study show that out of 28 patients with rubber bullet injury, 19 patients were having an injury in lower limbs where as 9 had injuries in upper limbs. The techniques used by the police to control the civil disturbances should be effective and should avoid serious injuries which can be done by avoiding fatal targets and maintaining a fair distance during firing rubber bullets. The study highlights that the weapons like rubber bullets are lethal and should be reclassified. Another study by Wani et al. in “Pattern, presentation and management of vascular injuries due to pellets and rubber bullets in a conflict zone” states about the injury caused by non-lethal weapons. The paper gives details about the extent of injury and its management. It states that the non lethal weapons are equipped with potential to cause severe harm.

Tabish et al. in, ‘profile and outcome of the violence related injuries of the patients during civilian unrest in a conflict zone’ states about the injury during civil unrest. A total of 630 patients were included in the study who visited the hospital’s emergency care during the brief period of 5 months (i.e. from May 2010 to September 2010). It was found that the majority of injured (51.90%) were young and in the age group between 13-24 years and (76.33%) were literate and the population comprised of mostly men and only 4.1% were females. Among the patients studied a total of 35.11% had bullet injuries, 15.26% had pellet injuries, 12.72% had tear gas shell injuries, 14.50% were injured by stones while rest of 22.34% had injuries due to assault and the incidence was highest in the month of august. The recovery rate was good 82.44%, apart from 2.54% disability and 7.12% mortality and 5.59% referrals to other hospitals. The study in the discussion part highlights the lethality of the pellet guns, apart from stating the implications of severe injuries due to the use of different

arms for crowd control. The study highlights the fact that due to multiple ruptures from pellet guns a tendency of poor diagnosis arises.

Abrar et al., in “head injury caused by tear gas cartridge in teenage population” studied the impact of tear gas projectiles among the teenage population. The study found that all 5 subjects had developed skull fractures with brain contusion due to which one patient died and one was in a vegetative condition. Highlighting the lethality of such canisters the study states that tear gas cartridge which is considered as a benign method of crowd control has a potential to cause serious injuries and mortality. There is a need to train personnel who operate such ammunition how to reduce direct hits. The study also stresses on the change in the design of such projectiles so as to minimize the human harm. Similarly, Koul et al., in “Effects of pepper grenade explosions on non-combatant bystanders” states about the ill effects of pepper gas. The study was a community based survey in which 500 respondents (stone pelters as well as bystanders) who were exposed to pepper gas were asked about their experience in relation to the exposure. The study shows that among the bystanders (which constituted 294) 97% revealed that they had developed cough and irritation immediately after the contact with gas. The results of the study show emergence of respiratory problems, sleep disturbances, dermatologic symptoms, and mood changes among the respondents who were exposed to pepper gas. The study concludes that exposure to such gases can cause serious acute symptoms and stresses on the use of alternative methods.

#### 3.2.8. Conclusion:

The brief narrative of the historical processes over the different phases, that were pivotal in shaping the resistance in Kashmir provide the context in which violence is being witnessed in Kashmir since 2008. Summaries of studies on the nature and management of injuries during the conflict in the region provide a glimpse of the extent and nature of injuries and their change from bullet injuries in 2008 to pellet and stone injuries after shift to non-lethal weapons.

Focusing on the clinical aspects, these studies highlight the injuries which have emerged due to the use of non-lethal weapons in Kashmir. Over the last half decade, the injuries during the protests in Kashmir have shown a steep escalation. With the emergence of latest protest controlling mechanisms like pellet guns, the situation has further deteriorated. Injuries in vital parts of the body like face and eyes have emerged as a new challenge for physicians and clinicians. Pellets fired from a pellet gun have a tendency to cause multiple ruptures, and thus arises the problem of poor prognosis and complicates the management of such injuries. Apart from the pellet guns, the firearm injuries are still a major cause of morbidity and mortality.

The next section of the chapter will look at the profile of respondents of this study and the characteristics of their injuries.

## ***Section II.***

### **3.3. Profile of the respondents and their injury:**

A total of 18 persons were interviewed who were living in different parts of the Srinagar district. All these persons were injured during or after the protests and had explored varied avenues for treatment in different hospitals and private clinics in Srinagar. Some of these injured civilians even went outside Kashmir in order to receive specialized treatment. The interviews were conducted with the person directly on 14 instances while on 4 instances the interviews were assisted by either of the parents of the respondent. A majority of the cases were males which constituted of 94.4% (17 cases) while females constituted only one case.

#### **3.3.1. Age:**

Respondents in the current study were young with their age ranging from 09 years up to 23 years. The majority of the respondents 55.6% (10 cases out of 18) were in their most productive phase of their lives which is 18 years to 39 years. Among these 10 respondents, 09 were males while 1 was female. The rest of the cases (44.4%) were children of school-going age (09 years up to 17 years). This whole population



constituted of males only. The average age of the respondents was 17 years (17.33 years approximately).

### 3.3.2. Education:

None of the respondents was illiterate and one of them had visited some formal school for 4 or five years. 4 out of 18 respondents (22.2%) stated that they were either visiting a middle school or had visited up to the middle school. 13 out of 18 respondents (72.2%) stated that they had education up to senior secondary or were continuing education in senior secondary level institutions. 01 out of 18 which was the only females among the respondents stated that she perused education above senior secondary.

The dismal thing about the education of the respondents was the rate of dropouts among them due to the injury. It came out that the state of being injured affected the level or consistency in acquiring education in the majority of them. Among the respondents, a total of 9 cases of dropouts were encountered among which 03 had left education because of their personal reasons while a total of 6 had left education mainly because of the injury. Among the 9 respondents 22.2% (2 respondents) had left education in middle schools and those two had left because of personal reasons. Similarly, 22.2% (2 respondents) had left in secondary schools because of injury while 44.5% (4 respondents) had left schooling in senior secondary schools (among these 4, 1 has left because of personal reasons while 3 had left mainly because of injury). 01 out of 9 respondents was the only female among the respondents stated that she left studies above senior secondary and the only reason was her injury.

### 3.3.3. Social category:

Since the fieldwork was done in Srinagar district only and the sample size was restricted, it was hard to capture the social distinctions among the respondents. All the respondents belonged to the general category and none of them was from any weak or marginalized social class. Srinagar with its population of 12,36,829 has a very little

representation of scheduled castes (0.009%) and scheduled tribes (0.72%), thus making it evidently quite difficult to catch such distinctions in the field (census, 2011).

#### 3.3.4. Marital status:

While analyzing the marital status of the respondents it was observed that all of the respondents were unmarried.

#### 3.3.5. Occupation:

Half of the respondents stated that they were students going to school. Living in the urban center only 5.6% (that is one respondent) stated that he is doing a job as a laborer in the informal sector. Apart from him, 44.4 percent of the respondents (8) were sitting idle as they had left their job or studies mainly because of the injury. Among the 8 respondents, one respondent who was working as a laborer had to leave his work because of disability caused by the injury. Another respondent stated that he was working as an apprentice in a copper shop but due to injury he had to leave his work. The only female respondent who was also now idle stated that she was earlier doing a part time job and studying at the same time, but after the injury, she was not able to do any of the two. Rest of the 5 respondents were students who had to leave their studies because of the injury.

The only respondent who was working as a laborer in the informal sector stated about his ordeal. He stated that he was working in a private company and was doing a job in marketing. Due to his injury, he was not able to continue his job for few weeks due to which he got fired from his job and so now he is working as a laborer in the informal sector.

### 3.3.6. Type of ration card:

The allotment of ration cards is done by the government through its institution of CAPD (Consumer Affairs and Public Distribution). The allotment is done as per the economic spectrum of the beneficiary as divided into three broad categories consisting of Above Poverty Line (APL), Below Poverty Line (BPL) and Antodaya Anna Yojana (AAY). APL is given to those consumers who come above the poverty line as stated by the government and BPL is for those who are below that income line. AAY is given to the poorest sections of society who are economically marginalized and vulnerable. The distribution is done through the assigned ration depots which are usually assigned in the different localities of the village, town or city. Based on the address and the locality factors these ration cards are provided to the state subjects only.

In the case of the present study, the respondents revealed that the ration cards were allocated on the name of their fathers and none of them owned any ration card. 14 respondents which comprise 77.8% stated that their families were availing the ration at APL rates. However, 4 (22.2%) of the respondents stated that they were availing the benefits of a BPL ration card. None of the respondents of the present study were availing benefits from the AAY category of ration cards.

### 3.3.7. Agricultural land:

None of the respondents claimed of owning any agricultural land.

### 3.3.8. Livestock:

None of the respondents owned any kind of livestock.

### 3.3.9. House and House type:

The majority of the respondents 55.5% claimed that they were living in an ancestral house that was not constructed by them or their fathers. However, 38.9% respondents

claimed that the house in which they were dwelling was owned and constructed by their father. Only 5.6% that is one respondent claimed that they did not own any house rather their family was living in a rented building.

Data collected on the type of housing from the respondents of the present study reveals that a majority of them 50% (09 out of 18 respondents) were living in pucca houses. Those living in semi-pucca houses constituted 38.9% (i.e., 07 out of 18 respondents). Only 11.1% (i.e., 02 respondents out of 18) claimed that they were living in Kutcha house and one among was them was living in his owned house while the other was living on rent.

The next subsection will provide a brief outline of the injury pattern and characteristics among the respondents with the given demographic and socio-economic characteristics.

#### 3.3.10. Injury pattern and characteristics:

The data collected from the respondents of the present study reveals that a majority of these cases 55.5% (i.e., 10 respondents out of 18) got injured because of pellets that were used by the armed forces during various periods (that constituted both during protests and post protests). There was a particular respondent who was injured twice during the study period and had received live ammunition (bullet) while in the recent incident he was injured because of pellets. Four respondents (22.2%) stated that the injury was caused by an assault by the policemen and assaultive weapon which was used was baton and canes. One among these four respondents recalled about his horrific experience where he was assaulted multiple times by the canes and baton and then he was thrown from two floors which resulted in grave injuries in his back and head and after that, he was again assaulted while he was lying on the ground.

Three respondents (16.7%) revealed that their injury was because of a tear gas cartridge. Among the three, two respondents received injury as the cartridge was directly aimed at them while one respondent who was minor in age got injured when he started playing with an unexploded shell. One out of 18 respondents (5.6%) revealed that the mode of injury was a stone thrown by an armed forces person with an aim to neutralize him.

**TABLE 1.1: RESPONDENTS DETAILS ALONG WITH MODE OF INJURY, AREA OF INFLECTION AND ITS OUTCOME.**

S.No	Name	Age	Mode of injury	Area inflicted	Outcome
01	Rashid	22 yrs	Beaten with canes and thrown from two floors	Head and spinal cord	Permanent disability
02	Siraj	15 yrs	Pellet gun	Abdomen, face, hands	Temporary disablement
03	Bashir	19 yrs	Pellet gun	Back, hands, legs	Temporary disablement
04	Shafi	16 yrs	Pellet gun	Face and eye	Vision impairment
05	Bilal	09 yrs	Tear gas cartridge	Face and hands	Vision impairment
06	Sheikh	12 yrs	Canes	Legs	Permanent disability
07	Saif	15 yrs	Tear gas cartridge	Liver injury	Temporary disablement
08	Hussain	18 yrs	Canes	Arm	Temporary disablement
09	Iqra	21 yrs	Tear gas cartridge	head	Vision impairment
10	Farooq	18 yrs	Shooting stone	head	Vision impairment
11	Sajid	18 yrs	Pellet	Head, face, body	Vision impairment

12	Wani	20 yrs	Live bullet and pellet	Bullet in abdomen and pellet in face	Vision impairment
13	Parvez	17 yrs	Pellet	Face, back	Vision impairment
14	Khan	16 yrs	Canes and gun butt	Head and the whole body	Vision impairment
15	Ahmad	23 yrs	Pellet	Whole body on back side	Temporary disability
16	Zahoor	19 yrs	Pellet	Head	Vision impairment
17	Latif	18 yrs	Pellet	Head	Temporary disability
18	Yasir	16 yrs	Pellet	Head	Vision impairment

#### 3.4. Conclusion:

Given the socio-demographic variables and nature of injury of the respondents, set in the context of the socio-political conflict in Kashmir, the next chapter will focus on analyzing the qualitative data gathered through this study.

# Chapter 4: The Experience of Conflict-Induced Injury

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## 4.1. Introduction:

This chapter analyses the qualitative data gathered from the field, providing insights into the lived experience of the victims of this violence. Based on the broad analytical categories this chapter is divided into three broad themes which are further divided into sub-themes. A detailed analytical framework plan has already been discussed in the methodology chapter.

## 4.2. Theme 1: Subjective lived experience of victims

The subjective lived experience of the victims has been analyzed for four areas constituting of the cause of injury, impact, outcome and support, hindrances and redress mechanisms.

### **I. Cause of Injury**

The subjects of the present study have different experiences with relation to the events when they got injured. The respondents were asked questions related to the conflict in Kashmir in order to open the conversation and the process of data gathering. Some revealed that it was an accident that they were caught in the midst of a situation and their presence during that situation ended in an infliction committed against them by the state machinery. They were neither part of any gathering nor were they committing any action against the state still they were subjected to inhumane behavior. In the case of Rashid he got injured while he had gone to fetch money from his debtors, and on his way back, he got caught in an unfavorable condition which eventually ended in the infliction. While in the case of Siraj, Hussain, Parvez, Shafi, and Khan, they were moving towards the market to get some essentials and also got caught in an unfavorable condition, which resulted in their injury. On the contrary,

Iqra got injured when she opened a window of her room to call her brother. She received a tear gas canister on her head which lead to severe injuries. Saif, Bashir and Latif got injured while they were performing their religious duties. Among the respondents, it was Bilal who got injured when he started to play with an unexplored tear gas shell used by the police for controlling the protests that he had found on the street.

*On 11<sup>th</sup> of November as I came back from the work, without washing my hands I went straight to bring milk from the shop which is in next neighborhood. I was accompanied by my sister and she stopped near the greengrocer's shop and told me to buy milk from a shop which was at few meters distance from the place where my sister stopped. It was a strike on that day and the road was closed but the armed forces had left the streets. So it was quiet and calm. While walking straight my focus was on the shop from where I had to buy milk. With a utensil in my hand, I was walking calmly and I didn't look at the other side and just moved straight. While I reached close to the shop a policeman came in front of me and fired a full volley of pellets close range. The pellets penetrated my face, abdomen and the area near the stomach. I couldn't understand anything and I ran towards a house while entering I closed the gate (Siraj, age 15yrs, male).*

For Sheikh it was a daily routine job to go and help his father who is a street vendor by profession. While he was moving towards the location carrying a lunch box with him, he got caught in an unfavorable situation and resulted in his injury. He states:

*My father is a roadside vendor and stays usually near the (Jamia masjid) grand mosque in Srinagar. I usually visit that place to help my father as well as to deliver his lunch during the day. On that day my mother told me to drop the lunch and as I was carrying the lunch box with me, I reached near the market and saw people running because of intense shelling and firing. I don't know how but I fell down and someone walked over me and I became a victim of stampede. As I tried to get up and check my injuries, I was severely beaten by the police. I started wailing and crying for help as they kept on beating me till I passed out and fell unconscious. I don't know what happened after that (Sheikh, age 12 yrs, male).*

Even performing the religious rites and rituals can land a person in an unfavorable condition. Protests outside the grand mosque of Srinagar have become a common practice since 2010. The countermeasures for the protests are more severe in nature as they result in unfavorable conditions. These conditions are so severe at times that



they cannot only cause infliction or injury but also threaten the life of a human being. While recalling his encounter with such a situation Saif, who went for performing prayers came back with a severe liver injury.

*It was Friday and it was the month of Ramadan. A night prior to that my mother heard the call for prayers and she told me that tomorrow we will offer prayer in grand Masjid. So next day I along with my mother left for prayers to be offered in the grand masjid. In masjid, there are two segments in one the males have to offer prayer and in next the females offer. These two sections (one for males and other for females) are detached from each other and entries are different. After offering my prayer I went outside in order to look for my mother. In the meanwhile, the police had started teargas shelling and youth started to respond by stone pelting. I couldn't find my mother so I again went inside the male compartment. After some time I again left and moved towards the gate from where the females enter the masjid but I was not allowed to go inside so I left from there and approached towards the road to check whether my mother is there or not. As I reached the main road something stuck me so terribly that I fell unconscious and opened my eyes in the hospital (Saif, age 15 yrs, male).*

Playing is the delight of the childhood. During our childhood, we play and we love to do so. Playing not only adds to leisure and joy but also adds to the knowledge of things. While playing, we explore things, we learn a lot of things and we learn it well. For “Bilal” playing was the biggest lesson of his life. He used to play with things while walking and used to kick things on roads and sometimes used to pick them as well. But this time “Bilal” played with a wrong object at a wrong place he reverts:

*On that very day of September 2015, I was going for my tuitions and after was supposed to bring milk after finishing my tuitions. So as I finished my tuitions on that day I left the house of my teacher and walked towards the shop where I was supposed to get milk. As I walked through the lane I reached the main road and saw few boys of my age playing with a tin can. I started to play with them and I took the can in my hand and suddenly it burst with a noise and flames came out. The flames were so severe that they burnt my face and hands (Bilal, age 9 yrs, male).*

## **II. Impact of Injury:**

The brunt of injury often leaves a person helpless. It affects each and every aspect of their lives. The current part of the analyses will focus on bringing out the brunt faced

by common people while getting injured due to conflict. This section is further divided into four sub-themes in order to get a better picture of the injury as a problem.

a) Disruption of life

Injuries often have a grave impact on the life of injured. It disturbs each and every aspect of his life and his family. People, who are studying, witness a severe implication if unfortunately they get injured. They get affected by it, not only physically rather their studies are severely affected because of that injury. It was found that the respondents who were of school-going age had to stop their studies during the whole period of ailment. They were affected by their absence from schools due to injury. It was not only victims that got affected rather families were affected. Their parents' lost various economic opportunities, as they were busy in taking care of their wards. The valuable social ties got affected as they were not able to concentrate on them and perform various social responsibilities. The treatment of their condition in itself drained a lot of economic resources which further affected the family by making it economically vulnerable.

b) Impact on injured person and family:

For Rashid, the impact was not only his injury but also his state of continuous being which not only disabled him but also disabled his family. Without giving space to worries and threats from either strike, or his own illness, or harsh climate of the winter outside his house, his father has to move on to work and to bring money which is used for the treatment of Rashid. His mother feels it really difficult to carry on the social responsibilities as she has to take care of her son. According to Rashid, his family members have been more affected than him. He further states.

*This was the time when my family needed me most I was young and in my productive phase of my life. Unfortunately, I am restricted to bed and am immobile. How can I help my family when I am the reason for their suffering? I worry about my elder sister as she is yet to get married and for that, I always had dreamt of managing and taking initiatives in her marriage for full filling her desires. Unfortunately, it has remained as a never fulfilling desire. My mother cannot go to relative's house on days of joys and sorrows because she*

*has a burden like me at home. This is my life and at times I ponder is it worth living (Rashid, age 22yrs, male).*

The responses that came from the field showed a similarity in terms of implications on the family as such but every human being has a different story and the contextual reality of the person plays a major role in his positioning in the society. The injury inflicted on the affected person had a physical appearance on the person but it also has implications on each and every member of the family. The family suffers the burden mentally, economically and socially as well. It hampers not only the victim or the sufferer of the injury but also has a grave impact on the daily life of the members of that family who are unable to carry on their normal routine.

c) Disruption of economic activities:

The respondents revealed about their injury and its impact on them and their family members. They stated how their injury resulted in the disruption of economic activities in their family which further ameliorated their condition. A few responses in this regard were:

*The business of my father got halted he couldn't focus on the business as all the time he was with me, taking care of me. He accompanied me to many places so that I can get treated and thus lost numerous economic opportunities. With the lack of economic flow towards the family, the family witnessed economic problems (Parvez, age 17 yrs, male).*

*My father was continuously taking care of me, he is an auto rickshaw driver by profession and he is the only earning hand. With his absence at home, my mother and siblings faced a lot of difficulties (Bilal, age 9 yrs, male).*

Persons who get injured and are hospitalized are accompanied by their family members irrespective of their livelihood getting affected by the days for which they remain off from their routine work. It's easy for people who are employed in the government sector; as they will get leaves approved and will even receive money covered under employee health insurance. This leaves the person who is not employed in the government sector to different threats. The above responses revealed

that how their parents lost the valuable days of labor and how it had an implication on the family at large. While in the case of Ahmad the injury had affected his own job. In his case injury not only resulted in suffering but also had a severe implication on his job. He lost his employment as due to injury he was unable to continue his job. Ahmad, who earlier used to work in a private company, had to change his routine altogether. From an employee, he has become a roadside hawker. He states:

*There was a time when I used to work in a private company and used to enjoy a lot. I used to earn good amount and now I am restricted to a roadside bed and my day starts near the bed and it ends near the bed. Due to my injury, I stayed mostly at my house and during this period my job got affected. My injury caused a great harm to me as because of it I stayed for 3 months at home and due to which I got fired from my job. Getting fired from job snatches one's livelihood and leaves one economically fragile and weak (Ahmad, age 23 yrs, male).*

Similarly, in the case of Iqra she was working before her injury as a part timer in a private firm and now she is restricted to her house as of injury.

*Earlier I used to work in a private organization and after the injury, I had left that. During that period I was able to provide a little respite to my father and now I am stuck at home doing nothing (Iqra, age 21 yrs, female)*

For a person who is employed and gets injured faces lot of difficulties and particularly when he or she is in the private sector. They are more vulnerable as due to their prolonged state they are unable to continue their jobs. These responses revealed how they are left economically vulnerable by their injury.

d) Disruption of education:

The daily routine of receiving education was severely halted in some of the cases. People who had primarily received injuries in their head had even complained of non-ability to focus on the studies. The schooling going routine was halted due to hospitalization. Some of the respondents stated about their inability to focus on studies for several months after the injury. Some of the responses related to the educational process of respondents that were documented during the field are:

*My education was affected badly. I used to study a lot and due to that break of two months I couldn't catch that pace and thus lagged behind from fellow students. It severely affected my grades in the schools (Saif, age 15 yrs, male).*

It was not only the immediate effect of injury on the bodies of the respondents that inflicted their education but also the long term consequences of their injury. People with infliction in the face and particularly eyes stated about their difficulties in reading the texts. Some of the respondents stated about the graveness of the pain in their head when they started to concentrate on books, few of the responses are:

*Slowly I have started to move in my life but earlier the case was not such, the injury left a grave impact on my life. I was studying well and after the injury, I was not able to study not because I didn't want to but because I was not able to concentrate and it caused more frustration in me. Whenever I wanted to study and tried to concentrate on books I usually would end up in having a severe headache. Due to the low vision, I was not able to read properly and more stress on the eyes created more pain (Latif, age 18yrs, male).*

*The biggest setback was in terms of my education. The injury which was inflicted on me ruined my career, after the injury I was not able to focus on the studies and whenever I tried to open books it would end up in headaches which were so severe that I used to throw my head on walls ( Yasir, age 16yrs, male).*

*I am not able to study properly as I start to study or read I develop a severe headache. This also affects my eyes and I witness severe pain in my eyes. The pain is so severe that I am unable to open my eyes for minute's altogether (Bilal, age 9 yrs, male).*

The above responses reveal about the difficulty faced by the respondents in carrying out their studies. The injuries they receive often result in loss of valuable school days. However, there were certain respondents who had received eye injuries stated about their prolonged condition of not being able to carry on their education.

e) Economic burden of treatment:

In the majority of cases, the economic implications were much grave and the families had to take loans in order to provide treatment to their children. Reflecting on the economic vulnerability of their families Iqra and Farooq states:

*Till date treatment cost incurred on me and managed by my family is more than two lakh rupees. The treatment cost at the time of injury was very less but it started escalating after the operation. The implications of my injury were much severe in my family. It derailed the economic stability of my family. My family borrowed money for my treatment they even spent all the savings, they sold the valuables and it has not ended and is still continuing. Now I need another surgery and for which we are unable to manage money. We are already in debt and we don't know how to manage the cost of surgery (Iqra, age 23 yrs, female).*

*The cost incurred on my treatment is more than two hundred thousand and this cost was managed with the help of my relatives. It was only with the help of my cousins that my family managed my treatment costs. Even the medicines which I take currently are sent by my cousin who works outside Kashmir. My father cannot afford my treatment and I don't know how to manage my operation. The doctors have advised that I need to undergo a surgery for replacement of my damaged eye; however I can't do so because of economic instability and I can't even ask my cousins for help as they have already done a lot for me and my family (Farooq, age 18 yrs, male).*

Similarly, Latif states about the economic implication of his injury on his father and his family as a whole. He states:

*Due to my injury, my father developed psychological issues. With our low income, it was hardly that we used to meet our two ends but now he has to think of my medicines. My father is a roadside vendor and his business got affected. He kept on caring for me and as a result, his business got a setback. He didn't visit his place of business for a whole time (when I was injured and was on rest at home) (Latif, age 18yrs, male).*

Similarly in case of Farooq who used to work hard and help the family besides studying states:

*Economic implications were much severe on me as well as on my family. Being an earner hand in the family because of injury we lost our main two income sources –one source was my father who went into depression and the second source was me and I am not capable of earning now because of injury.*

*It's only with the help of my cousin that we are continuing our life (Farooq, age 18yrs, male).*

Injuries often leave a severe blow to the economic stability of the family. It can not only be a cause of drainage of the viable economic sources that are important for the basic or normal functioning of the family but also can result in the annihilation of family assets. Many of the respondents stated how the families spent valuables for their treatment. The small pieces of gold which the family had managed to buy and had kept for daughter's marriage were sold in seconds for the treatment purpose only. Bearing in mind the current spending on the treatment of the injury and the exhaustion of resources in some of the families the basic query arises that how these families are going to manage the treatment in future. In the case of Parvez, his father even sold his car for the one-fourth price as he was in desperate need of money which he could use for the treatment of his only child.

*My father sold his car and that car was like an arm to him. He used to use his car in the workshop and this way he used to give extra time in the workshop. Since the workshop is away from home now he has to close down that early or he will get stuck in there for night (Parvez, age 17yrs, male)*

For some economic vulnerability is a major hindrance in the normal functioning of the individual. These are the families where the low income is hampering the treatment of the members. Due to low economic options, the family is not able to provide better treatment to their wards. The hurdles that they are facing at this point of time can be traced or documented. But it is really hard to calculate negative implications of not getting proper treatment. Many of the respondents who had got injured because of the pellets revealed how some of the pellets were still inside their body and they were unaware whether they will cause any harm to their health or not. Because of the less economic options they were not able to remove them or detach these foreign elements fully from their body.

f) Disruption of social activities:

All the respondents revealed about the implication of the injury on their daily routine. They stated how the situation that arose because of injury severely served as an impediment in their daily routine. It not only affected a particular aspect of their daily lives but also had its implications on the wider spectrum of their lives. Khan while stating about his life post injury reflected that:

*Injury severely affected my daily routine, I couldn't continue tuitions. I stayed inside the house so my schooling got affected. I used to play with friends and that also received a setback. While talking about the implications, the implications are beyond measurement. As the pain through which I have gone or my parents have gone, no one is going to understand that (Khan, age 16yrs, male).*

Likewise in the case of people who are enthusiastic about learning a particular trade received a setback. Their routine of learning by doing received a serious setback. They couldn't pursue a proper training in their respective interested fields. While reflecting on their work routine two respondents stated:

*My injury has taken a huge toll on my life and on my routine. I used to work (handwork copper carving on utensils made of copper and are famous in Kashmir) in order to add economically to the family and I used to study as well and now I am not able to do anyone of these. At times if I try to work I cannot do it for more than an hour. My head starts to ache and then I have to stop doing it. I used to roam with friends and now my friends stay away from me (Farooq, age 18 yrs, male).*

*I cannot move outside and I cannot learn what I used to learn. This time, my life is at a standstill and I hope I will be on its normal track soon. (Siraj, age 15yrs, male)*

Similar reflections were documented from the different respondents about the impact of their injury on their daily lives. They stated:

*The injury affected my life severely besides having some bodily implications. I was not able to do my usual work for a long time. I was not able to perform my religious duties. My education got halted because of this (Hussain, age 18yrs, male)*

*My daily routine before the injury was simple I used to wake up early, perform prayers then I used to go to school and after school, I used to play at times. I*



*used to go for tuition every day apart from that I visited Darasgah<sup>25</sup> where I received religious education. My routine got severely affected by my injury and for first two months, I didn't visit my school as well. Currently, I am not able to play as I am advised to restrain from running or jumping (Saif, age 15yrs, male).*

*He used to play and used to help his father as well. Now after the injury, he is not able to play. He used to go to school, visit tutorial and offered prayers and now his movement is restricted. He is not advised to jump or play (mother of Sheikh, age 35yrs).*

g) Emotional responses:

The field observations points out to the fact that people were very much concerned about their state of being. Like in the case of Iqra, she was hit by a tear gas canister, when she looked through the window to call her brother. The injury was not merely an infliction in her body but also a severe and deep scar on the emotional wellbeing of her life.

*I was studying in 1<sup>st</sup> year of graduation, my exams were yet to finish, my dreams were yet to reach my goal and all of sudden life showed me never ending pain. I kept on thinking that due to injury I won't be able to see. I will be a burden on my parents which I don't want to be it's better to die and I was praying for my death (Iqra, age 23 yrs, female).*

For people who love to live their life in a joyful manner, an injury is a dreadful event in their life. The attempts to normalize the life after being hit in the eyes are often futile because of the inability to sight things properly. Sajid who was keen about his cricketing skills loved the game more than anything. His fate had different plans and the injury caused him disability. About his injury Sajid states:

*I weep at times when I think of what my life used to be and what it is now. Earlier I used to do a lot of things used to go to school, play games, roam with friends and days were full of fun. Now my life is my room where my day and night ends. I was fond of playing cricket and had played at many places in the valley and now look at me I am not being able to move outside, not being able to play. When I see people playing in grounds, my disability hurts me more than anything (Sajid, age 18 yrs, male).*

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<sup>25</sup> A religious seminary which is small in size and where Islamic education is imparted.

The emotional torment on the state of being injured is not easy for people who earlier were the main members in managing the affairs of home. People who are the main bread earners of their families face difficulty when they are not able to do so. They feel traumatized on their state. Being a hard worker “Rashid” states that more than 60 percent of the support to the family was provided by him. He was an ardent worker. He used to work very hard and simultaneously was taking part in every aspect of his life. He states that after working hours he used to come back home and then he usually met his friends and started chatting on different things bringing smiles on their faces. On account of his injury he states that:

*Being disabled made my life miserable and it resulted in chaos and frustration. I keep on thinking that I used to help my family and at this point of time I am dependent on my father and brother. Even if my father is not well he still has to move out and work otherwise he cannot buy medicines for me. This thing hurts me more when at times I see my father who is old and weak moving out of the house in search of labor. The frustration of being disabled makes me angrier day by day and usually it is the poor mirrors and cups on which I vent my anger and frustration. Earlier my support towards the family was more and now I am the biggest consumer in my family (Rashid, age 22yrs, male).*

#### h) Anxieties about the Future

Families where there is an injured member face difficulties constantly and continuously. However, the field data and observations reveal that in certain families the issue was not so much anxiety about the current state of health of their child as it was the speculation about the ill impacts of the injury that may arise in the future. Certain families termed the state as more worrisome and revealed how the future can unfold certain horrific truths which can devastate their life and specifically the life of their children. Taking on such issues the mother of Siraj stated:

*Currently, we are taking care of our son and we don't know what the future will unfold. I worry that in future he should not complain about health issues because of the current state of injury. What if we are not there when he needs us in future, what will happen to him? Will his brothers come to his rescue? I often wonder about such things and these things hurt me a lot (mother of Siraj, aged 42).*

Similarly, father of Saif while stating about the current condition of his son and the future probability of reprisal of his son's ill health stated:

*My son is young and at this time he is not able to ascertain the magnitude of his injury. And the worrisome fact is that his injury and its implications may resurface and he won't be able to carry on his life normally at that time. Life comes with no guarantees and what if I am unable to support him in future. This thought has caused a lot of problems in my normal functioning and it keeps me thinking about it (Father of Saif, age 38 yrs)*

### **III. Outcome:**

Outcome refers to the final result of the injury. It highlights the issue of injury besides focusing on its different aspects. This section is further divided into broad five sub-themes which are discussed below.

#### **a) Injury as a challenge:**

Injury not only poses a serious threat to the person on whom it is inflicted at the point of contact, it also poses a serious challenge to his daily existence. The state of being injured in itself is a challenge and it exposes the person to multiple health threats. In the case of a severe injury, which leaves a person disabled for his life, also exposes him to other challenges that emerge as a threat to cause other diseases. Many of the responses that came from the field revealed the injury as a challenge to the very existence of life. Some people were so dreadfully injured that the family lost hope of recovery. Like in the case of "Rashid" who had not only suffered traumatic brain injury but also had received an injury in the spinal cord. He was unable to move his lower half of body and still is facing it as a challenge. He further reflects on the challenges faced by him because of his injury:

*It is not only a challenge it is a reality of my life. The challenges which I faced because of injury are grave. I developed bedsores (pressure sores) and the challenge was to restrict the magnitude of infection in them. To this dreadful implication of injury, I have lost my few fingers (Rashid, age 22yrs, male).*

Injury has come up as a bigger challenge in the normal functioning of individuals. People with injury induced aberrations in the eyes are often advised by the doctors to take care of sunlight apart from taking care of dust and water. For people with such injuries, it was recommended to stay away from such things. Injury has also come up as a challenge when it comes to food intake. People with injury often revealed how they were advised to take certain things. They had no idea that a small consumable from the food market may cause severe implications. On one such instance Siraj states how a normal thing from market resulted in a dreadful infection, he states:

*On one occasion after my injury, I bought a chewing gum from the market and started to chew it. It was the only thing which was from the market and which I consumed after my injury. After chewing it on the next day I developed fever and sour throat and was not able to eat properly. The body temperature kept on rising and then my family decided to take me to the hospital. On reaching the hospital, the doctors asked about the things that I consumed during past three days and it came up that the infection was mainly because of the chewing gum. I was hospitalized for 4 days and strong antibiotics were administrated. They told me not to consume such things again (Siraj, age 15yrs, male).*

That data in the field revealed that for all of the respondents, injury has been a major hurdle or challenge in their proper functioning. Injury posed a serious challenge and hampered the recreational capability of the respondents. It was only due to the injury that they were not able to play. For some of them, the injury was a major challenge in carrying on their education. They faced the challenge of reading and concentrating as few of them had sustained an injury in head, while few in eyes. For few, the prolonged hospitalization and the rest at their respective homes posed a challenge in their schooling and studies got hampered.

b) Beyond injury: Restricted to room: reasons and effects

For some challenge was not the injury itself but its implications. Many of the respondents revealed about the different difficulties they face because of injury. People who have received an injury in their eyes state about the difficulties they face in sighting the objects. People who have received eye injury state about their interaction with the common things or daily usage things and its implications on their

health. Some revealed that how the water used to wash the face resulted in pain and infection.

*While using water for my eyes, I tried to wash them and later during the night I witnessed severe pain in my eyes and then I was taken to the hospital. I was kept in observation for that night and next morning I was discharged from the hospital and it was advised not to wash the eyes with tap water (Parvez, age 17 yrs, male).*

Like in the case of Latif who was good in his studies wanted to a study hard and pursue a career in medicines and had the ambition to become a doctor. He states that he was much dedicated towards his studies and wanted to ameliorate his father's condition. Talking about the issues of confinement to own house Latif states:

*Due to injury, my mobility got affected and I restrain from walking on sunny days. This way I stay more at home and by staying at home my friends don't meet me either (Latif, age 18yrs, male).*

Similarly, for Zahoor the rigor and zeal to move out of the house and to meet friends has ended. He is not interested in doing any activity even the prayers which he performed five times a day before the injury has been stopped by him. Talking about his current life he states:

*Now the only thing which I do is to stay at home and think of what has happened to me. How my life was ruined by the occupying forces (Zahoor, age 19yrs, male).*

It is really hard for a fun loving person to restrict himself to a place. Staying at one place means curtailing his freedom. Sajid who was one of the best cricketers in his locality is now facing a challenge to even locate the ball. While elucidating on his feelings Sajid states:

*Since my injury, I got stuck at my home. Doctor has advised me to take precaution from many things like going out during the day when sunlight is much, to stay away from dust and dirt, to take precaution while cleaning eyes. So I prefer to stay at home. I used to study and now I am not able to do so. Earlier I used to do a lot of things used to go to school, play games, roam with friends and days were full of fun. Now my life is my room where my day and night ends (Sajid, age 18yrs, male).*

Similarly, Shafi who is just 16 years of age reflects on the negatives of being restricted to a particular place. He recalls that he used to play with his friends in the lanes and the by-lanes of his locality and now he is not able to move and all his friends are making merry outside. He states that at times when he hears his fellow neighborhood boys playing and he being confined to a room, makes him angry and frustrated. While reflecting on the events that are currently going on his life he states:

*My mobility got affected I used to play earlier and now I restrict myself to my home. Earlier I used to meet my friends and relatives at their places and now I m alone spending all the time in a dark room (Shafi, age 16yrs, male).*

Injury or the solitary confinement, these are the harsh realities of people who suffer head injuries and particularly injuries in eyes. People who are inflicted with such severe injuries have restricted mobility. They can't even move out of their houses like normal human beings. They can't feel the sun or can perform activities like everyone does. For them, life is more or less restricted to the rooms where they stay. Since most of them have been advised by the doctors to remain indoors and this severely affects their social life. Some of them were brilliant students before injury while others were budding athletes and sportsmen. The responses from the field state about the difficulties faced by the victims due to their state of injury and their prolonged stay at home.

c) Rise of a new routine:

The impact of injury on the different aspects of life devastates the regular functions that a person carries forward with only minute fluctuations. He would have adjusted his preoccupations in accordance to the availability of time and in accordance with his needs. Injury can be disastrous and it can lead to a different situation altogether, wherein a person is forced by his state of being to do what he was not doing. Stating about the new routine Rashid states:

*I have a different routine now, if there is sunny outside then I will be moved outside on a wheelchair and if it is not sunny then the whole time will be spent on the bed. This is my new routine (Rashid, age 22yrs, male).*

d) Fear, Stigma, and Guilt:

Conflict situation gives rise to a lot of issues and these issues pertain in a different manner in different places. Fear and stigma are the two important outcomes among many others (death, destruction, injury and so on) of the conflict situations.

I. Stigma:

Stigma is one of the dominant factors of human behavior and perception. We stigmatize many things and behavior knowingly or unknowingly in our life. Stigma is attached to a lot of things and we tend to attach more stigmas to the things which affect us negatively. A general observation from the field was that people who were affluent and were in good positions often tended to stigmatize the behavior of those who get injured. The stigma to the injury was also attached because of the fear that was attributed to it due to the involvement of police as a party to the conflict. The stigma is also attached because of the legal ramifications. Being a stone pelted (one who hurls a stone at the armed forces) or being suspected as a stone thrower may land a person in jail, whereas to being jailed, stigma<sup>26</sup> is attached<sup>27</sup>. While highlighting the issue of stigma Farooq states:

*Stigma is attached when people are taken into custody by police. Friends, relatives, and neighbors then usually stay away from that person who has been arrested (Farooq, age 18yrs, male).*

Conflict-induced injuries often result in severe implications on the physical, social, mental and emotional wellbeing of the people. The vital social fabric also gets distorted due to such injuries. The stigma attached to being a stone pelted and its ramifications in terms of police actions often leads to end of certain social relations. Relatives and friends of stone pelters worry about the fate of their own children and they think that their children would be caught or would be taken into custody if their friends are booked by police for pelting stones. This process results in termination of communication between friends and often ends in the end of social ties. With such an example Saif states:

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<sup>26</sup> <http://www.kashmirawareness.org/Article/View/1373/tortured-boys-unable-overcome-lock-up-trauma>

<sup>27</sup> [http://sacw.net/index.php?page=imprimir\\_articulo&id\\_articulo=1106](http://sacw.net/index.php?page=imprimir_articulo&id_articulo=1106)

*With a stigma that I might be involved in stone pelting, few of my friends restricted their communication and stayed away from me (Saif, age 15yrs, male).*

And the explanation to such assertion was that, when a person is picked by the police, he is subjected to torture. Torture is done with an aim to get information about the people who were accompanying him at the time of stone pelting. Even after his release, he is kept under continuous surveillance and that is the reason of stigma. So in order to safeguard their children many relatives, neighbors force their children to stay away from the person who are framed under stone pelting by the state authorities.

Similarly, stigma is also attached to the injury-related disability, particularly for women. In the case of Iqra who got injured in her house when a teargas canister was directly aimed at her head. While reflecting on her injury she asserted that being injured means to face hurdles in life and when one's life is full of hurdles then who is going to marry that person. People will not consider marrying a disabled person.

*When I got injured I thought that this is the end of my life and throughout my life, I will remain as a burden on my parents. I don't want to be a burden so I thought death is a better option and I started to pray for my death (Iqra, age 21yrs, female).*

Similarly in the case of Zahoor, though he didn't give a direct indication of his conditions impact on his marriage but his words were pointing out loud on his worries.

*I usually keep on thinking about the disability with which I have to live throughout my life. Thinking about the incident makes me more worrisome and it ends in more tension (Zahoor, age 19yrs, male).*

## II. Fear:

For people who are injured in a conflict situation, fear arises from different circumstances. Some fear that due to injury they may not be able to function as they were functioning before. For others, the fear arises mainly because of the threat that on their lives. People who were caught in unfavorable circumstances often show fear.



People fear about the injury or the extent of the injury and relatively its impact on the individual. Iqra who developed psychological issues after her injury visited the psychiatrist hospital and got treatment from there. She visited the hospital continuously for more than a year. While highlighting the fears that had clinched her mind and few that are still hurting her, she states:

*I developed psychological issues –fear was predominant as I kept on thinking that due to injury I won't be able to see. I will be a burden on my parents which I don't want to be it's better to die and I was praying for my death. At times when there is noise outside, I feel scared of that and usually keep my eyes and ears shut till the time I feel things are normal. The precious years of education which I lost because of injury also kept me distracting. At the time of injury, I was working as well as studying and both of them depressed me. Life has totally changed and now it is a burden (Iqra, age 21 yrs, female).*

The other way round to these injuries is the fear that has gripped the parents of the young generation in the conflict-torn Kashmir. Panic grips every home when they hear the gunshots or any unusual sound even the sound of firecrackers is often confused with firing. Even if there will be noise outside the home people will prefer to keep their children inside the home. At times the parents prefer to stay with their children even if they move outside the gate of their houses. This curtails the personal space of children but least can be done in terms of threats like this. During the fieldwork, I came across one such boy who states about the fear that has engulfed his family after his injury. He states:

*My mother developed psychological issues, whenever I go for tuition now my mother accompanies me and even comes at the time when I leave from tuition. She has developed fear that police might again harm me, so stays with me almost all the time (Hussain, age 18yrs, male).*

### III. Guilt:

People feel guilt when undesired things happen and the remorse will be on why did that happen? This sense of guilt is not constant and arises at times due to the situations. During the whole course of fieldwork, a lot of people were encountered and it was observed that according to their situations they had a sense of guilt. At times it was merely on the economic implications and the related trouble that would

make people feel guilty. And at times it was beyond economic ramifications that would invoke such feeling. Although a lot of people were encountered who would have probably participated in the stone pelting but did not possess a bad feeling about it. A similar case was encountered during the field where he was not having remorse on pelting stones rather he was feeling guilty that someone who helped him got into problems. While stating his ordeal Zahoor:

*I won't say that I don't pelt stones. Why should I lie when I used to do so? It's not like that someone pays to me and I am not that fool that I would risk my life for few hundred rupees. I was charged by police so many times for instigating stone pelting even when I was outside Kashmir for treatment. So everybody in the police station of our area knows me. But on that very day when I was injured, I was not part of any protest that happened on that day. And I feel guilty that people who saved my life and took me to the hospital got in trouble because of me. While they were leaving the hospital after my family came, they were taken into custody and were released only after 1 month and that too on bail. The reason for their culpability was clear that they helped me and landed in the police station (Zahoor, age 19yrs, male).*

Likewise, people feel guilty when their families get into trouble because of them. In the case of Yasir, the ordeal was not only his injury but the trouble it caused to his brother and father. He was having a deep sense of guilt that his father and brother got into trouble because of him, Yasir states:

*They even took my father and brother at times and demanded that I should come to the police station and then they would be released. They would come and drag my father and brother, humiliate them and the humiliation which my father and brother had faced has left deep imprints on my soul. Apart from spending thousands on my treatment, my family gave more than sixty thousand to the police (Yasir, age 16yrs, male).*

Similarly, Wani was having the same feeling about the sense of guilt. Wani and Yasir both were not feeling guilty for the trouble they encountered but it was the guilt about the burden which their families were carrying along. The ordeal was about the issues pertained to the family that invoked the guilt in them. Wani states:

*My family has seen many problems because of me. At times when police raid the house and if I am not present they humiliate my father. At times they even took my brother instead of me and demanded that I should visit the police*

*station and then they are going to release my brother. My brother received severe beating from police because of me (Wani, age 20 yrs, male).*

e) Life then and now:

For people, unplanned halts often create a problem and affect their lives and especially for those who are economically deprived and vulnerable. It can lay deep scars on the lives, which will take years to heal. It was observed during the fieldwork that there were cases where who used to roam everywhere and now the situation compels them to stay at a place. For some life was a smooth journey and due to injury, the smoothness has changed into a harsh battle of survival. People who were toiling hard to make their ends meet are now toiling hard to survive. The injury has not only inflicted a part of the body rather it has implicated the whole body and beyond individuals. In the case of Zahoor, he used to do a lot of things before he was injured. It not only encompassed the personal work but he showed a great interest in helping his father. He was performing all the activities with a keen interest and now about his life he states:

*Life is not what it was before the injury. I feel disabled now. I lost interest in things. The pain through which I am going can't be measured. Seeing me in such a situation my family goes through more pain than me but I can't help it out. It is more depressing and distressing (Zahoor, age 19yrs, male).*

What about the ambitions of people, one who has seen deprivation throughout the life is deprived further to the extent that he cannot rise in his life. Keen about his studies and keen to help his father to move out of the web of deprivation and poverty Latif received a setback when he was injured during performing his religious rites. He states that on that very day, being a Muslim it was my biggest joy of year as I was celebrating Eid. I didn't commit any crime, I didn't pelt stone and I was just leaving mosque when they fired on me. While reflecting on his life Latif states:

*Earlier life was not prosperous but it was not bad either. My life has changed totally now after the injury. My social ties got dilapidated, my education got affected, and psychologically I got depressed because of these factors. My*

*family's economic condition worsened. This is how my injury had taken a toll on me and my family (Latif, age 18 yrs, male).*

The question of living life and counting days is quite different. For people whose days and nights are same and they don't have the choice to change it, can we state that they are living a life. Rashid who starts his day on his bed and ends that on the same bed can we state that he is living a life. Things which he wished for in his life have remained as mere wishes. He has no option to ameliorate his condition, rather he sees himself as a burden on his father. He states about the harsh realities of his life where in his mother is not able to move even outside her house because she is busy in nursing her adult son. His father who is laborer cannot skip his day on work even when he is ill as he has to take care of his family and his ailing son. Life is never smooth for everyone but for Rashid life is not what he had wished for. Similarly, in the case of people who have received severe head injuries in this ongoing conflict life is full of challenges and hurdles. In the case of Wani, Sajid and Khan life is different from what it used to be for them. They state that:

*Life is full of complications now. After sustaining eye injury I feel life difficult to live. Although I had earlier received a bullet in my abdomen but at that time after complete rest for a month or two, I became normal and I moved ahead. Now, this time, it has been more than a year since I got injured but the problem still persists, I am not able to focus on things. I used to play games and now I don't play because I can't play (because I cannot sight things properly). I feel disabled in such conditions where my mobility got a total set back. I couldn't carry on my studies the way I used to but I didn't give up (Wani, age 20yrs, male).*

*Before my injury, life was full of happiness and fun. I weep at times when I think of what my life used to be and what is it now. Earlier I used to do a lot of things used to go to school, play games, roam with friends and days were full of fun. Now my life is my room where my day and night ends (Sajid, age 18yrs, male).*

*For me, life is a struggle now. I don't know when I will become normal. Currently, I feel disabled and I have developed disinterest in things now. I don't like to move out from my house. I am not able to study now. I cannot tolerate noise. It's a total flip of my life. Before the injury, I was living life and now I am compromising with it (Khan, age 16ys, male).*

In the case of Saif, he believes that he can move ahead in life. He hopes that things will change and future would bring respite in his condition. He states:

*My life has slowly started to come to the normal. But my mobility has been severely affected as I fear to move outside my house on Fridays particularly. Apart from that, the continuous medication has affected my health. I hope the future will unfold good things for me and my family (Saif, age 15 yrs, male).*

#### **IV. Support, hindrances and redress mechanism:**

This final section of the subjective lived experience focuses on the support that was received by the victims from different sources, the hindrances they faced and the best possible ways stated by them through which their issues can be addressed.

##### **a) Support**

The rights groups working in Kashmir as a prerequisite has to consider a number of issues before working with people who get injured during the protests in Kashmir and that too particularly when they extended their hand for economic support. These organizations are continuously under the scanner of the police and therefore have to take due care before providing financial support to the victims. During the fieldwork, I came in contact with one such local NGO that was working on education and the major reason for providing monetary benefit was to aid in the process of the victims continuing their education and reducing dropouts due to injury. So a section of respondents was benefitted from their intervention to some extent, particularly those who were studying and had got a setback due to injury.

From the responses in the field, it was quite clear that the social support which people need during the crises situation like injury or emergency was provided in abundance. Common people, especially relatives, would throng to hospitals when they got news about their relatives being injured and taken to the hospital. However, when it came to economic support which the families need due to their prevailing weak economic conditions, support was lagging or missing. In the case of Saif, the respondent stated

the economic support he did receive, but it was insufficient for all the additional costs incurred due to the injury and therefore the situation his father faced:

*No one came to our rescue when I was injured. It was only my father who managed the whole burden of cost that was incurred on my treatment. Apart from that, I received a small support from a local NGO in order to aid my education. And I used the whole amount on transportation from my home to school (Saif, age 15yrs, male).*

In the case of Farooq, the support came only from his relative. Farooq spoke about his ordeal and how his cousin made every effort to help him. He narrated the trouble which his relative took towards making him normal, about his ordeal and the support he received:

*After admission in the critical care unit of the hospital, I was operated and was under observation for more than 12 days. My family members were continuously looking after me and took care of me. During this period journalists visited often and tried to take pictures in the hospital which I denied. My house was also visited by one of the leaders of the pro-freedom group to show solidarity with me. But none of these extended any support financially which I was in desperate need of. After that, I stayed for more than a week at home and then my family especially my cousin made arrangements and took me outside Kashmir for treatment. While visiting the hospital in Aligarh the doctors suggested that I should undergo treatment and come back after a span of six months. So I took the prescribed medicines and went back to Aligarh after six months. At that time I was operated again and a lens was inserted in my eye. After that, I came back home and stayed at home for more than seven months. I visited many doctors who have private clinics in Kashmir and all the financial support was managed by my cousin. Even the medicines which I take currently are sent by my cousin who works outside Kashmir (Farooq, age 18yrs, male).*

While for some only the family managed the cost with little support from other sources, in others it was relatives outside the immediate family who managed the cost and supported the family in every aspect. In one case, a little support was provided in the beginning but the graveness of his injury was such that it needed continuous support. For Rashid, the support came from many fronts and still it proved inadequate and provided little relief. When stating about his ordeal 'I' stated that he needs medication every day besides that he has to use other items on a regular basis. These items include few ointments for his bed sores, sanitary items and continuous dressing of wounds. He stated that earlier he had received rupees thirty-five thousand from an NGO but after that, his plea was rejected as the NGO that revisited his application

termed him as unproductive and thus rejected his plea. About the support which he is currently receiving, he states:

*My family mostly takes help through other sources like Zakat<sup>28</sup>, Sadkaat<sup>29</sup> and earlier when I was hospitalized my family used newspapers as a medium to extend our call for support due to which many people got to know and extended support at that time. Currently, I am helped by some people whom I don't know, they come twice or thrice in a year and bring clothes for me, apart from money (Rashid, age 22yrs, male).*

b) Hindrances:

Hindrances can be of different nature and altogether have a different impact on the life of the injured. The economic hurdles that were faced by the respondents have been dealt with earlier and this part will focus on the hindrances that are political in nature and involved political parties, the police, and other security agencies as a hurdle in the way of treatment seeking. If anyone is injured the armed forces reach the hospital before he reaches the hospital. Moreover, health can be achieved physically only and psychological well-being is necessary for enhancing the overall health of an individual. Like in the case of Zahoor, the continuous vigil of police, while he was in the hospital, created a sense of fear in him. He suffered psychological distress, feeling threatened that the police can take him into custody anytime once the doctors declare him fit. When asked about the hindrances he faced during treatment he was of the view that:

*I think hindrances that I faced were partly because of the occupying system which includes all the civil administration, political parties, and armed forces. The main player among them is police which stayed outside the hospital for many days and tried to take me into custody even during my stay at the hospital (Zahoor, age 19yrs, male).*

Similarly, Saif witnessed the same events during his injury and hospitalization period. The hurdles were not physical in nature but they had a strong psychological ramification and meaning. Saif states that:

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<sup>28</sup> Considered as one of the pillars of Islam, Zakat is a monetary amount that is to be paid by every financially able male or female Muslim as a support to the weaker sections of society.

<sup>29</sup> A form of charity often used interchangeably for Zakat.

*Police created hindrances during my treatment and they kept on visiting the hospital creating a sense of fear in me. Although I was not charged with anything but their presence invoked fear in me (Saif, age 15yrs, male).*

Comparatively, there were few respondents that had witnessed physical hurdles while reaching to the hospital. Only some said that they had to take different routes to the hospital or had to visit other hospitals when they got a hint about the risk involved in visiting a hospital where there is already the presence of police and paramilitary. Some of the respondents (in the case of Rashid) even stated that the vehicles that were carrying them were attacked by the police and even government ambulances were not spared. Some said that there were attempts by the police to take them away from the bed in the hospital and it is only due to the intervention of the treating doctors that they were spared. In the case of Farooq, police tried to take him into custody when he was unstable and fighting for his life. The resistance of doctors in the hospital saved his life and he was not taken into custody at that time. While reflecting on the hurdles he states:

*Police were the hindrance which was there at the time of treatment but this hindrance was averted by the doctors there. They tried to take me but doctors stopped them and briefed them about my condition (Farooq, age 18yrs, male).*

c) Ways to address issues of the Injured:

People gave varied responses to the question of ways of addressing their issues. The responses came mostly based on their perception of the magnitude of the problem and their own experience in tackling it. It was also observed that the mode through which infliction caused was a reason to shape their perception about its handling. For some, it was the helping hand of fellow beings that was necessary for minimizing the implications of the injury. However, most of them were of the view that the use of non-lethal weapons against civilians should be banned in Kashmir. The respondents termed these non-lethal weapons as lethal as they were aware of the lethality of such ammunitions. A few responses of such nature that were documented during the fieldwork are:

*People who get injured should be helped in every possible way. One who is injured should get help in such a way that he should never get the feeling of*



*being deserted and deprived. I am disabled and I strongly feel that we should be the first helping hand for those who are severely injured in protest and support their family in every possible way (Rashid, age 22yrs, male).*

While stating about the channels through which issues can be minimized Rashid lays emphasis on the society which should come forward to help the injured.

*The problems faced by people like me needs support from the community. If anyone is injured other people should visit his house, support them economically. If the victim is bread earner then the community at large or the leaders should help that person's family. Most importantly the weapons used to suppress the common voice of people should be banned. Pellets used in Kashmir should be banned as they don't hurt people but they kill them and make them dead throughout their life (Sajid, age 18 yrs, male).*

*I think people who are injured need support from others. They should be supported economically –by providing them money for treatment and medicines. If a person gets injured he should be given proper treatment in the first instance. Police should not interfere and he should get legal support for that. I think more problems start when an injured person is caught by the police (Latif, age 18yrs, male).*

*People should come for help in the first instance. If anyone is having enough economic resources he/she should come upfront and become a source of support for those who are injured in Kashmir. The government should also make provisions to ban the so-called non-lethal weapons which are snatching not only life from the person who is injured or killed but also from their family (Siraj, age 15yrs, male).*

*People who get injured should be provided proper facilities in order to minimize the damage that has been inflicted on them. They should be provided economic support as well and that should not be politicized. Every Kashmiri should come up front and help the other fellow beings (Hussain, age 18yrs, male)*

While for others the problem was political in nature and needed to be looked at through that prism only. They stated how according to them the best solution of the problem can be reached and how that will aid in removing the problem from its roots. A few responses in this regard were:

*Addressing the issues of the injured is difficult as this problem will continue till we get our freedom. Once our issues are resolved the problem of injury will itself get resolved (Iqra, age 21yrs, female).*

*I think the best thing is to avoid conditions which lead to injuries. End the occupation of Kashmir and it will end the story of conflict injuries. Apart from*

*that, the use of arms like pellet gun and pepper gas should be banned. Police should be advised not to fire erratically and they should be properly dealt. It is the armed forces that create disruption (Ahmad, age 23yrs, male).*

Apart from those, there was a unique response from one of the youngest respondents of the study. He was injured while playing with an idle unexploded shell while coming back from tuition. According to him, the things used by the police to restrain or restrict the protests in Kashmir should be stopped. While highlighting the role of police in such scenarios he states that:

*Firstly the things used by the police should be banned as they cause a lot of harm to human beings. The Police, which is using different things to contain protests, should also check for the unexploded shells which they use. So that it cannot harm the innocent people and particularly the children (Bilal, age 09yrs, male).*

Certain responses that were documented in the field highlighted the issue of police acting as an agent of increasing the woes of people besides giving rise to the problem of fatal injuries due to firearm in Kashmir. A few responses in this regard were:

*Police should not become a hindrance in the treatment of injured persons. If a person is injured he is not helped rather police comes to take him to custody and FIR is lodged against him. Most of the people get injured because of pellets and these should be banned (Farooq, age 18yrs, male).*

*It is the police that creates problem. For them, one who is injured or who is caught during stone pelting is a mobile bank. They catch you demand money and then release you and then this whole thing keeps going on. I think these fatal weapons should be banned and police should not be allowed to take injured people from hospitals. There should be separate wards for those who are injured and police should not be given access to move there (Parvez, age 17yrs, male).*

*Well suggestions won't work until and unless police will be restricted and they won't abuse their power. I think police should also be questioned and they should be made accountable for their actions (Khan, age 16yrs, male).*

*Nothing is going to happen unless and until police is made accountable for their actions. They instigate violence, they kill at their will but nothing happens to them. Nobody questions them for their actions (mother of Sheikh, age 35yrs, female).*

Certain responses merely focused on the banning of injury causing firearms and ammunition as the solution of the problem. Respondents highlighted the grave injuries caused by such fatal arms and stressed on the extinction of such materials. In the words of Zahoor, the police action is inhumane, unprovoked and unaccounted and the infliction they cause is worse than killing. The responses of Zahoor and Yasir stated that:

*Pellet guns should be banned as the first step. I think it's better to kill a person than disabling him. By killing a person one only snatches his right to life but by disabling him you snatch that right from his family too. And dying for the motherland is the death of a martyr (shaheed ki mout). So it's better to kill (Zahoor, age 19yrs, male).*

*I think in order to address the issues of the injured there is a need to ban all the injury causing arms and ammunition. Apart from that, there is a need to remove the bunkers of armed forces which are in nearly every street of the valley. The powers of armed forces should be restricted so that they are restrained from using position unnecessarily. At the first hand if such things are done there would be no injury and injured (Yasir, age 16yrs, male).*

There was also a response that focused on the neutral working of the health care provisioning institutions as important besides laying stress on banning the lethal weapons used in the Kashmir. The respondent states so since his experience with the health care providers was not good:

*The health care providers should not become the cause of hindrance for those who are seeking their help. Apart from that, the government should ban the lethal weapons like pellet gun (Bashir, age 19yrs, male).*

#### 4.3. Theme 2: Healthcare experience of injured civilians:

This section deals with the sum total of all events that took place during the treatment process and before it. It is divided into two themes, one focusing on experience prior to hospitalization which is further divided into two sub-themes i.e. delays and barriers faced and breach of medical neutrality and its impact on treatment. While the other theme is focusing on treatment experience which is further divided into three sub-

themes i.e. hospitalization experience, the impact of long and arduous treatment process and the economic aspect of treatment.

### **I. Experience prior to hospitalization:**

The victims of violence go through a series of events before the start of hospitalization and treatment. This section mainly focuses on the issues of access that were experienced by the respondents before their hospitalization.

#### **a) Physical Barriers to access:**

Physical barriers often resulted in a delay in treatment as the patient were not able to reach the hospital on time. Rashid met a physical barrier while his family was taking him to a hospital. While moving to the hospital in an ambulance the ambulance was attacked on the way by the armed forces. They created unnecessary barriers in his treatment process and caused a delay in his treatment. While stating about his ordeal he says:

*A team of doctors in JVC hospital accessed my condition and then referred me to SKIMS (Sheri Kashmir Institute of medical sciences). While traveling from JVC to SKIMS the ambulance was attacked by stones and marble sling shots at many places (Rashid, age 22yrs, male).*

Similarly, in the case of Bilal, the physical barriers were laid by the armed forces which resulted in an unnecessary delay of his treatment. He was stopped while moving towards hospital, he states:

*We went to many places for treatment. First, they took me to a local dispensary, then to a private clinic and then we boarded a car and started to move towards SMHS but on the way we were stopped by the police and paramilitary. The car in which we were traveling was seized by the police near the hospital gate and the driver was beaten up. We were detained for some time (Bilal, age 9 yrs, male).*

Siraj faced one such physical barrier, while he reached to the hospital he was stopped by the police and they tried to take him into custody even before providing him first

aid. They didn't care about his condition as he was lying on the hospital bed. Stating about the barriers faced by Siraj he states:

*The police first being responsible for my condition came to the hospital to take me away but they received a stiff resistance from the doctors who told them that I can die anytime because of my severe injuries. So then they left the spot and never came back (Siraj, age 15yrs, male).*

On the contrary, people at times faced the risk of getting caught, so in order to evade arrests they preferred to stay away from proper treatment. A few responses in this regard were encountered from the field data. In the case of Bashir who tried to move to the hospital faced the risk of getting caught and thus left the hospital without getting treatment. He states:

*The boys who were protesting there took me towards the ambulance which is kept in the premises of the grand mosque. The paramedical staff present in the ambulance refused to take me to the hospital. Then one of my friends took me on his motorbike and we reached the Gousia Hospital. We didn't witness any hindrance while traveling towards the hospital but as we reached the hospital the authorities said it's a police case and they called the police and we ran from there. Then my friend took me to his home without getting any medical attention. I agreed as there was a much severe risk to life because of police (Bashir, age 19 years, male).*

Similarly, in the case of Ahmad the treatment avenues were many but he had to settle untreated just to safeguard himself from the clutches of the police. Bearing in mind the risk involved in visiting a public hospital he moved to a private clinic for availing treatment. Regarding his injury and the treatment avenues he resorted to, he states:

*I didn't tell my family about the incident as I thought they might panic. Rather I showed it to my friend and he said there are more than hundred small penetrations because of pellets. So I stayed same way and waited for night to pass. But I bought iodine and applied it with the help of a friend who was doing his training in nursing. I told him to remove the pellets keeping in mind the risk involved in going to the hospital. He removed more than 30 pellets but advised me to go to a doctor. On next day I went to the hospital but I left the hospital without visiting the doctor. I went straight to a doctor who was doing his private practice and paid his fees and waited for my turn. The doctor advised for an x-ray and after that when I showed him the same he strongly recommended that I should visit a hospital. I knew if I would have gone to the*

*hospital and told them that I have been injured by pellets, next day I would have landed in jail, so I did not go (Ahmad, age 23 years, male).*

In the case of Ahmad though he received severe pellet penetrations but he was hesitant to visit the hospital as he feared he might get arrested. He removed some of the pellets with the help of his friend, however, the majority are still inside his skin. He is unaware of the health implications of such foreign agents inside the body. While intervening he states that he might visit the hospital when the need arises.

*b) Psychological Barriers to treatment:*

Barriers that were the reason for unnecessary delays in the treatment of the injured civilians were not only physical in nature but also psychological. For some, it was the presence of armed forces in the hospital that created both physical as well as a psychological barrier in treatment seeking.

When Zahoor was injured, two boys riding a bike picked him up and took him to the hospital. As they reached the hospital they were taken into custody and he was kept under strict surveillance. The boys who helped Zahoor were released only after one month and that too on bail. While for Zahoor the police stayed outside his ward for days together in order to take him into custody. The fear created by the presence of police created a psychological barrier in his treatment, he states:

*For consecutive 10 days, police was keeping vigil outside the ward in which I was admitted. They speculated that I might run away from the hospital. After 10 days they left and confirmed my date of discharge from the doctors. The doctors told them that I will be discharged only after 15 days as I was operated and was in need of observation. After they left I fled from the hospital and my father took me to Amritsar for specialized treatment as well as for keeping me away from the police (Zahoor, age 19yrs, male).*

The fear of being caught often acts as a potential barrier to seeking treatment. In the case of Sajid, the fear psychosis resulted in improper treatment as he left the hospital without doctor's advice. He left the hospital as he thought that he would be caught by police and will result in the destruction of his career. While stating about his ordeal he states:

*I got to know that police usually checks the hospital in the morning in order to look for the injured. So in order to save my life from the web of police I fled early from the hospital and reached home (Sajid, age 18yrs, male).*

Similarly, in the case of Latif, the fear of being caught was more severe than the injury itself. He did not care about the severity of his injury rather was more concerned about his detainment. He didn't want to get arrested as it would have resulted in problems which he would have to tackle throughout his life. The fear of getting caught was so much that his family took him away from the hospital without getting proper treatment. They didn't even consult the doctors rather they left the hospital just to evade the police case. He states:

*We stayed for an hour there but we had to flee keeping in mind that police might come anytime and there would be unnecessary trouble. One of the pellets was in my left eye and it was a grave concern for both –parents as well as doctors. But we somehow managed to flee from there (Latif, age 18 yrs, male).*

c) *Breach* of medical neutrality and its impact on treatment:

According to the principle of medical neutrality, a doctor or any health care professional is supposed to provide treatment to his patients irrespective of caste, color, creed, gender or any other distinction. This principle does not only apply to normal situations rather is applicable in the situations of war or any other conflict and is guided by different international treaties, declarations, and covenants. According to this principle, a medical professional has to provide necessary treatment to injured human beings irrespective of their affiliation to different parties of war. The medical professionals have to provide treatment to injured human beings without making any distinction. However, this principle often gets violated in the situations of war or conflict.

Studies suggest that these medical professionals are often prosecuted by the state actors for treating those who are against the state. Doctors were prosecuted in different regions of the world for raising voice against the atrocities committed by the

state agencies. Doctors in Syria, Turkey, India (in the case of Kashmir) and Bahrain were prosecuted for treating the people who opposed the state or highlighted the state atrocities (Sekkarie et al, 2015; Aciksoz, 2015; Gossman & Iacopino, 1993; PHR, 2011). On the contrary, this principle of medical neutrality is at times violated by the medical professionals themselves. One of the respondents while stating his ordeal reflected on the breach of this principle by the medical professionals. When he was injured, he visited a hospital where he was denied treatment by the hospital authorities terming it as a police case. To his bad luck, his condition got further worsened when the authorities approached the police and he had to leave without getting treated. Bashir states:

*We didn't witness any hindrance while traveling towards the hospital but when we reached the hospital the authorities said it's a police case and they called the police, and so we ran from there. Then my friend took me to his home without getting any medical attention. I agreed as there was a much severe risk to life because of police. Police were looking for me but I managed to escape and later I paid them eight thousand and thus evaded the arrest (Bashir, age 19 yrs, male).*

Similarly in case of Rashid the breach of medical neutrality was also done at the behest of medical professionals. In his case, he was refused treatment on approaching the hospital due to some security reasons but later was admitted and was provided a proper treatment. While recalling his ordeal, Rashid states:

*Doctors refused to help me and were not taking responsibility because of security issues. My relative kept persistently requesting them for help and then only was I admitted (Rashid, age 22yrs, male).*

## **II. Treatment experience:**

Regarding the experience of obtaining treatment by the respondents, treatment avenues availed at the time of injury, the issues faced during hospitalization, treatment availed both inside and outside the state and its impact, medication, and its issues were all narrated by the injured persons.

a) Treatment avenues resorted at the time of injury:



Srinagar being the biggest urban center and summer capital of Jammu Kashmir is equipped with the majority of health service infrastructure. The majority of hospitals of the Kashmir region are concentrated in Srinagar. Since the data was collected from the Srinagar district only, the respondents had the advantage of the opportunity to avail of services of these hospitals. During the fieldwork, it was revealed that in many cases they were taken by their family members or friends to different government or private hospitals for treatment. Many of the respondents had also been taken to hospitals by some unknown person, strangers who came to their rescue. Based on their injury they were taken immediately to the nearest hospitals from where they were referred to other hospitals. In the case of Rashid after sustaining severe injuries he was taken to his house first from where he was taken to the nearest hospital and from there the doctors after assessing his condition referred him to a tertiary care hospital. While stating about the treatment avenues he narrated the sequence of events:

*I reached JVC hospital where a team of doctors assessed my condition and then referred me to SKIMS (Rashid, age 22 years, male).*

Similarly in case of Bilal who was taken by the boys of the locality where he got injured, he was taken to a local dispensary for treatment where he was advised to visit a hospital and then he visited the hospital in order to get treatment. While stating about the treatment avenues he resorted to, he states:

*We went to many places for treatment, first, they took me to a local dispensary, then to a private clinic and then we boarded a car and started to move towards SMHS (Bilal, age 19 years, male).*

#### b) Hospitalization experience:

Hospitalization experience was formed by various events in certain instances negative while in others there was a positive reflection. In the case of Saif, the experience was positive in nature as he got due care during the period of hospitalization. He received all the necessary treatment and upon discharge was advised to adhere to his treatment schedule. Regarding his experience he states:

*At the hospital I was kept under observation for more than 4 days after that I was discharged. During those four days, I was properly taken care of. But I felt some psychological pressure because the police were visiting the hospital continuously and I feared that I might be taken to police station, fortunately, that didn't happen. After discharge, I was advised by the doctors to follow the treatment schedule strictly. I stayed indoors for more than 45 days at my home. During these 45 days, I showed minimum activity and hardly moved out of my bed (Saif, age 15 yrs, male).*

Similarly, Parvez received timely and proper treatment at the hospital. He was kept under observation for many days and then was discharged appropriately. He states:

*The doctors at the SMHS hospital while assessing my injury revealed that I have received more than 150 pellets of which mostly are in head and neck and rest in other parts of the body. At the hospital, I was being operated once and I stayed in the hospital for more than 10 days (Parvez, age 17 yrs, male).*

In the case of Bilal, there was a delay in the treatment due to the severity of his injuries. He was made to wait for some time before being assessed. He states:

*At the hospital, there was some delay in the treatment for unknown reasons. Maybe they were waiting for a particular expert to look at my injury and prescribe treatment. On the next day, police visited the hospital and they inquired about my injury. They even took photographs of me and wrote a report about my injury then they left. After leaving the hospital I am on complete rest till date (Bilal, age 9 yrs, male).*

For many respondents, the stay at the hospital came out to be harmful to them. In the case of Shafi who had received pellets in his eye had a negative experience regarding his hospitalization. According to him, he did not receive proper care at the hospital due to which his condition got severely complicated.

*During my brief stay at the hospital for the treatment purpose, a surgery was done in my eye. I cannot see far-sighted things and one of the pellets is still inside my eye. I visited another consultant who termed my earlier surgery as a failure and advised for a new surgery (Shafi, age 16yrs, male).*

Similarly in case of Farooq, he was operated at a government hospital first but with the very little positive result. Due to his injury, he suffered severe eye problems which persisted even after getting treatment in Kashmir in the hospital and in many private clinics. Then he further moved outside Kashmir in order to seek special treatment, and is currently on medication, he states:

*I was operated again and a lens was inserted in my eye. After that, I came back home and stayed at home for more than seven months. I visited many doctors who have private clinics in Kashmir. All these attempts proved futile and I had to take consultation outside Kashmir (Farooq, age 18yrs, male).*

Some respondents faced unnecessary delays at the hospital which resulted in further deterioration of their health. While stating about his ordeal Zahoor states:

*The treatment done in the SMHS hospital was not that much effective. Firstly they delayed the treatment without any reason. And later the delayed and ineffective treatment resulted in the loss of vision. My left eye has less than 5 percent of vision left (Zahoor, age 19yrs, male).*

c) Treatment avenues resorted outside Kashmir:

Treatment of injuries often requires long-term management protocols in which a victim has to get regular assessments of their injuries done; taking regular medicines. It involves visiting different avenues at times if they don't feel satisfied with their treatment. Responding on the treatment avenues that the subjects of the present study resorted to, the field data gives a clear picture of such options and avenues. In order to get specialized treatment, many respondents reverted that they went outside Kashmir for getting proper treatment. In the case of Parvez, he visited many hospitals for getting fully rehabilitated. He states:

*After being treated at SMHS I developed complications so I consulted one of the leading ophthalmologists but it was of little help. Then my father took me to Amritsar from where I was referred to Indore. I even consulted AIIMS, APOLLO Hospital and Venu eye institute and research center in Delhi, but currently, there is no respite (Parvez, age 17 years, male).*

In the case of Yasir who got unsatisfactory treatment from the hospital, he visited a private consultant. While assessing his injuries he was advised by his consultant to go outside for specialized treatment.

*I went to one of the reputed ophthalmologists in the valley and he advised me to go outside for specialized treatment. He said that my left eye is fully damaged and it needs special care and attention. After 6 days from the day of injury, I was taken to Chandigarh for specialized treatment (Yasir, age 16yrs, male).*

Similarly, in the case of Farooq and Shafi, they visited different centers/hospitals in order to get proper treatment. They state:

*My family made arrangements and took me outside Kashmir for treatment. I along with my family visited a hospital in Aligarh where I received further treatment. (Farooq, age 18 years, male).*

*I even took consultation from a private consultant in Amritsar. The consultant termed my earlier surgery as a failure and advised for a surgery which is going to be done in the month of March (Shafi, age 16 years, male).*

On the contrary, the risk of getting caught is severe at times for people who get injured during the protests. They often move outside in order to evade arrests<sup>30</sup> and at the same time get proper treatment<sup>31,32</sup>. While stating his ordeal Zahoor states:

*After facing issues in the hospital my family took me to Amritsar for specialized treatment as well as for keeping me away from the police (Zahoor, age 19 years, male).*

#### d) Impact of long and arduous treatment:

Injuries need to be tackled through proper assessment and management of wounds which often is supplemented through medication in order to avoid infection and help in speedy recovery. The injuries that were observed in the respondents were varied in nature and thus required different management. For some injuries which were smaller in magnitude or nature, the process of medication was temporary and the treatment would end in a period of few days or months. The injuries which were severe in nature often required long-term management.

The respondents often complained about the change in their behavior due to the administration of medicines. They stated that medicines often lead to different side

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<sup>30</sup><http://indianexpress.com/article/india/india-news-india/why-pellet-victims-from-valley-see-refuge-in-punjab-hospitals/>

<sup>31</sup> <http://www.kashmirink.in/news/coverstory/blinded-by-the-state-ignored-by-society/82.html>

<sup>32</sup><http://www.greaterkashmir.com/news/front-page/pellet-victims-avoid-treatment-in-kashmir-to-evade-arrests/201641.html>

effects comprising of headaches, mood swings, and annoying behavior. In the case of Rashid, the injury was severe in nature and it leads to permanent disability. Due to the severity of the injury, Rashid is on continuous medication. He has to take medicines many times a day and such medication is creating problems in him. He feels angry because the medicines have affected his behavior. While stating about his ordeal Rashid states:

*I am continuously on medication and I think due to it my behavior has changed. I feel annoyed at small things apart from feeling angry most of the time (Rashid, age 22yrs, male).*

Similarly in case of Siraj, the injury has resulted in many problems which are now confronted by him on a continuous basis. He cannot even eat a thing without thoroughly investigating its impact on his health. He stated about one instance wherein he ate a chewing gum and it resulted in severe infection. The infection was so severe that he was hospitalized for days altogether. He was advised to strictly follow the prescribed diet and to avoid any market food. Since then he strictly follows his diet chart. While stating about his condition he states:

*I am on continuous medication and since then my life has got severely affected, I cannot eat what I like and I have to eat what I don't like. I cannot move outside and I cannot learn what I used to learn (Siraj, age 15yrs, male).*

### **III. Economic aspects of treatment:**

The management of such injuries brings in the economic burden which is often to be managed by the family. The management of such burdens leaves the family vulnerable and destitute, at times assisted by other relatives. For injuries that have long-term implications, management of costs is often challenging. It affects each and every aspect of their lives, and moreover often on a continuing basis.

In the case of Rashid, the injury was not the merely the physical infliction but a condition that has threatened his survival and also the survival of his family members.

His injury has caused severe economic hardships in his family. His family has to earn in order to get his treatment requirements fulfilled. While stating about his ordeal:

*Till date, more than six lakh rupees have been spent on my treatment. For the regular dressing and other medicinal expenditures I usually have to spend Rs 300 per day (Rashid, age 22yrs, male).*

Similarly in case of Siraj who received severe abdominal injuries that resulted in multiple perforations, he stated he does not know about the total treatment cost since he is on continuous medication. He is supposed to follow a strict diet chart which further increases the costs that are incurred on him due to his injury. Besides taking the medicines he is supposed to eat only those things which his doctor has advised.

*My family has spent more than seventy-five thousand on my medicines only and it is still continuing since I am on continuous medication (Siraj, age 15yrs, male).*

The treatment cost is often so high that it is unaffordable for the family due to their prevailing economic conditions. Such conditions often lead families towards debt traps. In the case of Sheikh, his injury brought serious implications on the family, besides creating economic hardships it resulted in other consequences as well.

*His father is a roadside vendor he hardly makes our times count but in the contrary injury of his son left him in shock. It created more problems. We have borrowed money from different sides in order to get our son treated (mother of Sheikh, age 35yrs)*

Similarly, in the case of Bilal, the family resorted to different avenues in order to get their child treated. The treatment cost was much higher than what the family could have afforded. Bilal states:

*The treatment cost was high so that my father not only borrowed money from his friends but also applied for a loan. Till date, my father has spent more than 3.7 lakh on my treatment alone. This included costs incurred on surgery, medicines, consultation fee and other costs directly related to my treatment (Bilal, age 9 yrs, male).*

The economic burden of injury is so high that it affects the family in every aspect. The spending at times ranges from two thousand rupees per day to several thousand rupees in weeks of treatment altogether. It brings a family under the clutches of poverty and makes them deprived of many amenities. Families that were living a peaceful life got deprived of everything. They had to keep their valuables and assets on mortgage with an intention to get their family members treated. In the case of Parvez, his father took him to many places with a sole purpose of getting him back to his earlier health. They visited many clinics and hospitals and even spend their assets to bring some respite to his condition. While stating about his ordeal Parvez states:

*My father took me to Amritsar from where I was referred to Indore. I even consulted AIIMS, APOLLO and Venu Eye Institute and Research Centre but currently there is no respite. Till date, more than 82 thousand rupees were spent on my treatment alone. My parent sold valuables, the savings got spent and my father even sold his old car and the money was used for treatment (Parvez, age 17 yrs, male).*

Similarly, in the case of Sajid, the family had to give their rooms on rent in order to meet the treatment requirements of their son. All income of the family was diverted towards the management of treatment costs. It deprived the other family members of many amenities. While stating his case Sajid reverts:

*Economic stress emerged in the family and family had to give rooms of our house on rent in order to generate more economic support. Till now, I have spent more than 70 thousand and its counting. I usually have to spend more than two thousand a week on my treatment and I am unemployed so it's my father who is managing this burden (Sajid, age 18yrs, male).*

#### 4.4. Theme 3: Experiences of Healthcare Providers

Health care providers who are treating and managing injuries of conflict victims experience various problems of medical and non-medical nature and have to deal with them within the given health institution.

## **I. Management of injuries as per health service providers:**

As per the health service providers in the civilian hospitals, the injuries which they treat at their hospitals constitute of various agents starting from stones up to live bullets. These injuries are caused by the different weapons used by the armed forces to contain protests. Injuries caused by shooting stones, marble sling shots, batons and canes, tear gas canisters, pepper gas canisters, pellet guns, live bullets and rubber bullets and injuries caused by beating are all treated at the different associated hospitals.

### *a) Increased numbers of injured*

According to Doctor Frank who works as a consultant in the orthopedics department, injuries that are received in their department constitute mainly of fractures which happen due to various methods adopted by the police and paramilitary.

*Injuries caused by unintentional accidents were tackled in our department since its inception. Conflict-induced injuries were administered for the first time after the 1990s and were not much in number. However, conflict-induced injuries showed a steep rise after the turmoil that hit the valley after 2008. Since 2008 we have been receiving and treating patients who are injured because of confronting the armed forces. We treat patients who have developed bone injuries because of bullets, tear gas canisters, and ruthless beating by the forces.*

### *b) Severity of injuries*

In the ophthalmology department of the hospital, the injuries related to eyes were being managed. According to one of the doctors in the department, eye injuries have emerged as one of the major concerns in the recent protests. The department is visited by patients who have received severe trauma during protests besides tackling those with other unintentional injuries and adverse health issues. While stating about the injuries doctor Ray states:

*Many youths with slingshot injuries on the face and eyes are seen by us. These shots are quite fatal as they result in severe ocular fractures. Many of these youth will not retain their eyesight due to the severity of trauma. Even the*



*pellets that are fired for controlling the mob are deadly. They are nightmarish for both the patients and doctors as they are hard to manage. Each patient has multiple ruptures which make it really hard to rehabilitate that patient fully (Ray).*

The emergency department of the hospital receives patients who are in severe trauma, constituting patients with severe head injury, injuries to the abdomen and other vital parts of the body. Stating about the nature and magnitude of injuries Doctor Smith states:

*We receive patients with severe trauma mostly. Their condition at the time of admission in the hospital is usually critical. We have treated many patients of which some have died while few recovered. Patients with bullet injuries, canister injuries, stone injuries and pellet injuries in different parts of the body are provided emergency care in our department. Here our goal is to minimize the trauma and to bring stability to the patient (Smith).*

*c) Requirement of primary care and higher levels of medical management*

The private clinics that operate through the different localities have a different view regarding the injuries that are sustained by the civilian protestors while confronting the armed forces. For them, it is an act of foolishness as a stone cannot stand in front of a bullet.

*I have seen a lot of people getting injured in this part of the city. They come to me and seek help. Most of the time my advice to them is to visit a hospital. In the cases of minor bruises, I would do the first aid and give them few medicines. But at times some of them hesitate to visit the hospital because of the fear of getting caught by the police. On those instances, I help them to the level I can, while in those cases they have to visit the hospital after few days. The first aid which I provide them is temporary and they get an opportunity to visit the hospital when things settle down (Lee).*

Similarly other chemist states about his encounter with the injuries, he states.

*I have been working in this shop since last 25 years and I have seen mutilated bodies. People with minor injuries caused by pellets, canisters and at times victims of the physical harassment visit my shop. They are reluctant to move to hospitals as they fear that they will be identified and then booked by the police. If their injuries are manageable then I accept to help them otherwise I*

*refuse and tell them to visit a good doctor or hospital. Fearing the police some of them even move outside for treatment as it helps them in evading arrest and at the same time getting better treatment (Ramesh).*

## **II. Pressure faced during management of conflict-induced injuries:**

Doctors are often forced by the state agencies to unveil the identity of their clients who are injured while protesting against the state, failing which the doctors are at times penalized by the state. In the protests that occurred in Turkey in 2013 and in Bahrain in 2011, the state made a systematic attack on the doctors for treating the injured civilians who raised voice against the state. A similar trend of attacks was seen in Syria wherein a systematic attack was launched against the health service system in opposite controlled areas by the state (Aciksoz, 2015; PHR, 2011; Sekkarie et al, 2015).

Working in such situations is often challenging for the health care providers. On the one side is the systematic pressure created by the police and other military establishments while on the other side is the pressure that is often created by family members, friends and relatives of the victim. Stating about the dual pressure that is faced by doctors while managing such cases Doctor Frank states:

*On the one hand, we have law enforcement agencies; they have deployed their informers in the hospital, while on the other side is the family and friends of the victim who at times thrash the doctors for not attending their patients properly or if they suspect that we have told police about the victim (Frank).*

Similarly Doctor Ray and Doctor Smith states;

*We live in a difficult situation where we feel pressure even during having rest. At times we are visited by some police officials who warn us for not disclosing the identity of our patient. They tell us to inform them as soon as any injured patient visits the hospital (Ray).*

*I think we face pressure most of the time from police. We are being watched by police every time; they come and look for the protestors who are injured. Even at times, they try to take the injured victims with themselves even barring them from having treatment. It is only when we protest and force them to leave*

*the patient alone they will let us treat them. Sometimes the trauma is so severe but they won't care (Smith).*

### **III. Problems faced due to limitations of the health service system:**

The issues of available facilities are majorly faced in conflict situations across the world due to the destruction of health service infrastructure, issues faced in the procurement of medicines and other equipment, loss of valuable human resources, destruction of public transport etc. (Aciksoz, 2015; Sekkarie et al, 2015). According to one of the doctors, the issues faced by them in Srinagar are more related to lack of necessary equipment. Doctor Frank states;

*We possess a very good human resource but on the equipment front, we lack much of the modern and sophisticated machinery that is necessary for providing a proper rehabilitative treatment to the victims. So at times based on the magnitude of the injury we advise certain patients to visit big hospitals like AIIMS in order to get them treated. Even the medicines which are prescribed to an injured victim are costly. There are no or very few arrangements for providing medicines to the victim (Frank).*

While on the other front it is the problems of a poor referral system that is more dangerous to the ailing victim. Trauma patients are often referred from the primary level and secondary level hospitals to tertiary care, which means they have to travel more and thus risking lives of patients. The lack of trauma centers also poses a severe threat to not only injured protestors but also to every patient who needs immediate trauma care. Patients who are suffering from severe trauma and are unable to receive proper care at the first contact are at much higher risk. Dr. Ray while reflecting on the issues faced by them due to the prevailing state of health service system states:

*We are in desperate need of trauma centers since injured victims are at times referred from other hospitals thus putting their lives at risk. By referring patients from the different locations puts their lives at risk as it results in an escalation of trauma level besides wastage of valuable time (Ray).*

Similarly, Dr. Smith highlights the need for ambulances with life support system, he states:

*Patients from different corners of the valley are often referred to the hospitals that are situated in its central part. The ambulances that carry those injured from a trauma do not possess any trauma care facilities. We need such ambulances as a load of injured victims from the primary to the tertiary level is quite high (Smith).*

#### 4.5. Conclusion:

The findings of the present study elucidated some valuable insights about the life of an injury affected civilian and the various problems that are faced by such civilians after getting injured in conflict situations. It highlighted the issues and problems faced by them in their day to day life. The data also provided insights about the healthcare experience of such civilians. It stated about the barriers that were faced by people while accessing healthcare. It also throws light on some of the issues faced by the healthcare professionals during management of such injuries. Contrary to the narrow bio-medical understanding of implications of injury, the above findings clearly show the wide spectrum of issues that emerge merely because of injury inflicted in a conflict situation. The findings highlight the complex social realities that emerge after the injury.

# Chapter 5: Discussion and Conclusion

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## 5.1. Introduction:

As a public health problem, injuries are a much neglected phenomenon. The injury is often being neglected by the researchers, policy makers, and even health workers. Injury constitutes one of the most persistent phenomena as is shown by the historical data of various industrialized countries (Van Beeck, 2004). Globally injury emerges as one of the main causes of morbidity and mortality. Its burden is increasing worldwide with its greater thrust on the developing countries. These countries lack in proper injury estimation systems which is necessary for planning services (Hafezi-Nejad et al, 2015).

The bulk of the existing literature focuses on injury among the war victims, with its focus on the different armed conflicts around the world. Studies have been conducted by scholars who look at the impact of injuries by employing different scales (Segui-Gomez and Mechanize, 2003). The theoretical frameworks concerning the area of injury are primarily focusing on the causation of injury and its prevention. Many scholars have used 'Haddon's model' in order to understand the problem of injury and have suggested remedial steps for its prevention (Runyan, 2003; Kelly et, al. 2009). These studies state injury as the interaction between *host, agent, and environment*, wherein the focus is on the changes that affect the relationship between these three factors and thus has an impact on the injury itself.

However, the present study attempted to understand injury from a victim's perspective and the life experience of the victim. It tried to bring into the focus the different aspects of injury in a conflict situation. Based on the understanding from existing literature and the lack of focus on the social aspects of injury the study hoped to address the questions that have been raised in the methodology chapter. With the broader understanding of injury, the data of the study was divided into three broad

thematic areas focusing on their experience as injured persons, experiences of access to health services and the experience of health service providers in such situations.

### 5.2. Non-lethal weapons and their public health impact:

Much of the existing literature reviewed for this study is primarily laying emphasis on the different aspects of the conflict, besides focusing on injuries as a dominant public health phenomenon. The literature focuses on injuries in accordance with the different demographic characteristics. Studies have focused on the different causes of injuries focusing on nature of injuries and its anatomical location while getting injured from non-lethal weapons. Debates are emerging globally over the operational validity of usage of non-lethal weapons when it comes to their tendency of causing grave infliction. However in the context of Kashmir, such debates have been absent. Since 2010 such weapons have been utilized on a mass scale and the infliction caused by them is huge. The study found that such weapons are causing severe injuries which are life threatening at times. These injuries can cause severe disability among the victims. The respondents of the present study highlighted the fact of serious injuries due to such weapons and laid emphasis on their ban. The findings from the present study also highlight the fact that the injuries from non-lethal weapons have severe implications beyond the physical disability. The implications which they cause are more severe than death itself as they have to carry on the burden of injury throughout their life. Injury due to non-lethal weapons is a major concern in adding disability, particularly loss of vision when the weapons are fired in upper body parts.

While this dissertation was being finalized, fresh violence broke out in July 2016. Newspaper reports in leading national dailies show that this latest spate of violence in Kashmir, which is undergoing, has resulted in injuries of a large number of civilians (3140). These injuries are mainly due to the use of ‘disproportionate’ force by the armed forces. Among the 3140 more than hundred have received severe injuries due to pellet guns and the injury is particularly received in the eyes<sup>33</sup>. The condition was

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<sup>33</sup> <http://www.thehindu.com/news/national/other-states/curfew-continues-in-kashmir-valley/article8858745.ece>

so severe that the central government had to rush<sup>34</sup> a team of doctors<sup>35</sup> to assess the situation and help the injured civilians<sup>36</sup>. The doctors recommended that a halt should be put on the operation of such weapons<sup>37</sup>. Similar results were seen in the studies conducted in various parts of the globe which highlight the issue of injury due to non-lethal weapons (Mahajna et al. 2002; Suyama et al. 2003; Wahl et al. 2006).

The results of the present study as well as the earlier studies, on the issue of injury due to non-lethal weapons, points out towards the fact that such weapons are misleading. The injury they cause is not only severe in nature but also has a long-term impact on the victim. These weapons have more disturbing implications as they snatch the very basic right to life from the victims. ‘These weapons violate the international standards as they cause severe injuries’<sup>38</sup> and are against different Geneva conventions.

Thus, the findings of the current study lead to the policy implication that, to prevent unnecessary severe injuries, the operational ability of such weapons should be halted in the civilian conflict. This is even corroborated by the findings of team of doctors sent by the central government who visited Kashmir. The threat they are causing to the civilians is severe as they halt their normal functioning and make them dependent throughout their life.

### *5.3. Impact of injury on the victim:*

The existing socio-economic and political condition of a person has a direct impact on his state of being. When these conditions interact with injuries in a highly volatile

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<sup>34</sup> <http://www.ndtv.com/india-news/as-kashmir-hospitals-struggle-with-eye-injuries-centre-rushes-doctors-team-1431152>

<sup>35</sup> <http://indianexpress.com/article/india/india-news-india/jk-kashmir-protests-aiims-eye-specialists-pellet-injuries-2912009/>

<sup>36</sup> <http://www.huffingtonpost.in/2016/07/13/centre-rushes-eye-specialists-to-kashmir-to-help-protestors-inju/>

<sup>37</sup> <http://indianexpress.com/article/india/india-news-india/kashmir-violence-burhan-wani-protest-victims-eye-injury0airlifted-pellet-guns-aiims-smhs-2914800/>

<sup>38</sup> <http://www.aljazeera.com/news/2016/07/kashmiri-doctors-lament-injuries-pellets-protests-160712201432612.html>

political situation, it becomes a matter of concern for the victims who are inflicted. It often leaves a deep socioeconomic and psychological brunt on the victims.

The data of the present study highlights the issue of injury from a victim's perspective. Very few studies have focused on injury from victim's perspective. It brings to light the different issues related to the conflict induced injury. It classifies the different situations which resulted in injury. It highlighted the fact that injury in Kashmir does not necessarily occur due to participation in any protest demonstration. Irrespective of the participation, people receive severe physical injuries in areas where demonstrations are held. The results of the study show how some were performing their religious duties and got injured; while some got injured when they were moving in that area; and some got injured while performing daily duties and some while playing (with unexploded tear gas shells).

These physical injuries not only have a deep physical impact on the victim but also distort his other facets of life. The results highlight the disruption it brings to the life of an individual by affecting his routine and making him fully dependent on the others. It highlighted the fact that many of the respondents lost their valuable school days and had a deep impact on their education. For people who were working, the injury resulted in the loss of employment and thus making them economically dependent on others. The injury had a grave effect on the social wellbeing as the victims were stuck in their rooms and thus it affected their social ties.

The study also highlights a deep impact on the family of the victims. Families are often exposed to stressful situations when their children are victims of such (injury) infliction. It highlighted the fact that many of the parents lost their valuable economic opportunities as they were busy in taking care of their children. Due to the injury, the family of the victims witnessed an economic drain as much of their income and savings were exhausted in treatment. The lack of economic flow towards the family had not only impacted on the victims but also on the other family members. The results also show a negative impact of the injuries on the social relations of the



victims' family. The results of the present study highlight the emotional trauma which the victims had to suffer due to their condition. The emotional response to their state of being was disturbing in the case of people who were earning before the injury and are now totally dependent on their families. The study also highlights the future anxieties of families in relation to their children who are affected due to injuries. Many families highlighted the concern of health vulnerability which may arise due to the injury sustained by their children.

The impact of injuries is severe on the victims as it implicates every facet of his/her life. Though the injuries have a physical location it also has a deep social economic and psychological impact on the individual. The results establish the fact that many of the victims perceive injury as a bigger challenge in their life wherein they are unable to perform their usual tasks and activities. Many of the respondents with eye injuries and back injuries referred to their condition and its impact on their life. They revealed how they are now dependent on their family members in performing even routine mundane tasks. The study also highlights the emotional feeling of guilt; the social problem of stigma; and the psychological issue of fear which is witnessed by people after getting injured.

The focus on injuries in conflict situations is not explored to a greater extent in academic literature. A few studies have focused on injury and its implications among the war veterans. However, the focus on injuries among the civilians from a social science perspective is very limited. The study conducted by Khonsari, et al, in 2010 highlights the high social cost of injury states through a case of a bus driver. It states that due to severe injury the inflicted driver won't be able to carry on his routine job, thus resulting in high social implications for him and his family.

#### 5.4. Health care experiences of injured and access to health services:

The study concludes that the people who get injured while protesting or get injured in a situation of conflict when they were not even participating in the protest, had a bitter

experience related to the health service system. The injured were often tracked and traced in the hospitals when they were accessing care. The results of the present study highlight the negative results of such tracking of the injured while accessing care. A similar trend was witnessed during the civil protests in Bahrain, where many injured protestors who were accessing healthcare were held captive by the government forces and were subjected to torture. These acts develop fear and mistrust among the masses, which then resort to other sources of care which are secure only in terms of security (PHR, 2011).

Accessibility is often hampered in the conflict situations through a systematic attack on the avenues of treatment seeking. Not only through the process of physical blocks but also through the mental blocks which incapacitate the people fully. These blockades are brought forward with an aim to crush the rising dissent and to send a message of fear. Like in the case of clashes in Syria, due to the prevailing mistrust among the people, those who were injured while protesting refrained themselves from visiting the public hospital. This dilemma was mainly faced because of the presence of government forces near the hospitals. The regular crackdown of hospitals forced these patients to go for other avenues of treatment which were ill equipped. These alternative hospitals or makeshift hospitals have restricted the supply of essentials and are risky for life (Lancet, 2011).

The study revealed about the physical barriers that respondents faced because of police. They stated that they were stopped while they were traveling towards the hospital. The physical barriers which the respondents faced often resulted in a delay of treatment. The study also highlights some of the psychological barriers faced by the civilians when they were injured. It discusses the impact of the long and arduous treatment on the lives of the injured civilians. The study highlights few cases wherein the breach of medical neutrality was also done on the part of medical professionals, while in other cases the doctors prevented the forces from taking them away from hospital due to the medical condition of the injured person.

The findings of the present study corroborate with findings from other studies conducted in different conflict zones. A similar trend was seen in Syria where patients who got injured during the demonstrations were taken to local establishments instead of hospitals and were treated there. Such response was essential for avoiding the unnecessary detention of the injured victims (Lancet, 2011). A report carried out by Amnesty International; on conflict-affected Syria published on Oct 25, 2011 states that the doctors face a dilemma every time they receive a patient with firearm injuries (as the central blood bank is the sole provider of blood and is controlled by the Syrian Ministry of Defence). The dilemma arises among the medical fraternity that if they request blood, it will alert the authorities and put the patient at risk of getting arrested which will subsequently result in his torture or even death.

The respondents of the present study shared their horrific experience when some of them faced the threat of being penalized even before getting the medical attention. They thought they might be taken into custody even before treatment was initiated on them. Some of them even reverted on the mental pressure which they faced when they continuously saw police making rounds in the hospital where they were hospitalized. For few, the presence of police resulted in evading of treatment while for some the threat of arrest was the reason for leaving the hospital before the discharge date. And for few, the threat of being identified and penalized made them seek treatment from chemist shops rather than the hospitals, thus risking their lives. Literature suggests a similar trend in Syria where due to public fear and mistrust of state-run hospitals, wounded individuals are increasingly avoiding treatment at these supposed sanctuaries. Instead, individuals are turning to private and field hospitals, where they can be treated without fear of arrest. However, such hospitals have restricted access to essential medical supplies, putting lives at unnecessary risk (Lancet, 2011).

##### 5.5. Health service providers in situation of conflict:

The healthcare professionals who work under such circumstances are exposed to vulnerabilities. The findings of the study also establish that even the medical

professionals working under conflict-induced situations are vulnerable to its ill effects. Conflict situations often make people vulnerable to adversities. At times, systematic attempts are made by the different parties to the conflict to attack the health care facilities as well as the professionals that are part of such facilities. Even the distribution of resources other than human resource also gets severely affected by the conflict. Very often hospitals or supply chains are attacked to maximize the output of offensive attack as has been seen in Syria, Bahrain or Palestine. Conflict poses as a severe barrier in terms of accessing services in a volatile situation which is often aggravated due to unavailability or inaccessibility of services.

The results of the present study revealed about the ordeal of the health care professionals under such circumstances. Working in such situations is often challenging for the health care providers because of various parties involved. On the one hand, they face pressure at the hands of police and other military establishments while on the other hand pressure is exerted on them at the hands of victims' family members, friends, and relatives. The assault on the health care providers at times is more grave and serious. Numerous reports have been carried out by human rights organizations, professionals, individual researcher to highlight the state of health and health system in areas affected by conflict. These reports provide a glimpse of the state of affairs in such conditions and the subsequent impact of such conditions on the survival of human beings. A report carried out by Lancet in 2015 states that a total of 633 health care professionals were killed in Syria and 271 facilities were attacked (Sekkarie, Murad, & Sahloul, 2015). While the reports related to attack on health services in Kashmir are limited, there are few reports which highlight attacks on the ambulances<sup>39</sup> in Kashmir (Dhar et al., 2012). The attacks on the health service system in Kashmir and particularly on doctors often go unreported or underreported<sup>40</sup>.

Working under the conflict situations is often life threatening for the health care providers. They have to risk their lives in order to provide services to the conflict-

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<sup>39</sup> <http://www.hindustantimes.com/india-news/50-ambulances-attacked-in-kashmir-activists-blame-security-forces/story-bCmMFbQZl4x6bzzl4jXTwO.html>

<sup>40</sup> <https://www.amnesty.org.uk/press-releases/jammu-and-kashmir-attacks-hospitals-and-medics-must-be-prosecuted>

affected population. Globally health care professionals have been attacked by the different parties to conflict. A recent example in this manner is the systematic attacks on the health care professionals in Syria since the start of armed conflict. These systematic attacks not only affect the health care professionals but also have a severe effect on the overall health system. These attacks cause a major drain of valuable human resources who usually leave these areas in order to save their lives, thus making the population susceptible to varied health problems (Rubenstein & Bittle, 2010).

Even the doctors were penalized at times for highlighting the atrocities committed by the armed forces. Globally the existing literature focuses primarily on the issues faced by the healthcare professionals at the hands of the parties of war. A report carried out by Physicians for Human Rights, one of the international human rights organizations, states about the experiences of health care services during a civilian political unrest that occurred in Bahrain in 2011. The report titled “Under the Gun: Ongoing Assaults on Bahrain’s Health System” states about the systematic attack on the health care professionals and patients in a public hospital. The report states that the health care professionals who treated the wounded in the hospitals were subjected to detainment and torture (Sollom and Atkinson, 2012). Literature suggests a similar trend in Syria, where the systematic attack on the health care professionals, patients, and healthcare infrastructure had deep implications on the health service system (Brundtland et al., 2013).

#### 5.6. Conclusion:

The results of the present study reveal some of the important findings related to the social dimensions of injury with its impact on health. A person who gets injured in conflict situations faces issues that are varied in nature. The injury is not a singular phenomenon rather encompasses multiple facets or dimensions of life. The study shows that the implications of the injury are not only physical but also have a grave impact on the different aspects of life that are psychological, social, economical and emotional in nature. These implications are not only serious for the individual who is

inflicted rather has implications on each and every member of the family. An attempt has been made in the study to highlight such issues that were faced by the victims as well as their families mainly due to injuries. These findings contributed to the better understanding of conflict-induced injury from a victim's perspective and the life experience of the victim.

By taking the case of physical injuries, the present study focused on the health care experiences of civilians injured during protests in Kashmir. Given the complexity of the Kashmir conflict, the study highlighted the experiences of civilians in a complex situation. The study found that the victims had varied experience in relation to the cause of injury. The pattern of injuries was different and injury had a different impact on each individual. The findings of the present study are important as they show the impact of injury on the victim. They look at injury from an individual's perspective and try to bring in the different factors that affect the person with injury; its impact on him and his family; the larger socio-economic and psychological dimension. The study highlights that irrespective of participation in protests one can be victim of injuries during protests in Kashmir. The unique experience of victims in relation to the cause of their injury is documented in the study.

The findings of the study also throw light on the experience of injured civilians in relation to health care. It highlights the issues related to health care experienced by the victim during pre-hospitalization, hospitalization and post hospitalization periods. The issues faced in accessing treatment –while moving towards the hospital, the threats they faced while seeking care, issues related to long and arduous medication, were shared by the respondents. The present study also tried to explore the economic dimensions of injury and treatment.

The study found that the health rights of the injured civilians are often curtailed in such situations. They are often traced and tracked while they are accessing the health services and during certain instances, the health care facilities were utilized by the armed forces to capture the injured civilians, which clearly violates their basic human

rights. Such trend which was also seen in Bahrain and Syria needs to be criticized as it violates the basic tenets of human rights.

The primary and secondary level hospitals present at the different locations are ill equipped and are unable to manage the trauma patients. The situation in Kashmir is volatile and shows fluctuations where incidents of injuries and death due to violence often surfaces. The management of such incidents is only done in the tertiary care hospitals which are concentrated in the Srinagar district. The study highlights the need of fully equipped primary care centers wherein the primary management of wounds can be done which will minimize the impact of the injury. The referral system needs to be overhauled with proper facilities of critical care ambulances. The study also found the need to establish trauma centers at different locations which would help in catering the needs of all types of injured (intentional, unintentional and conflict-induced injuries).

Overall, the findings of this research are important as they help to both support and extend research related to the broader understanding of conflict-induced injury. Using a public health perspective, they highlight the serious, lifelong, multi-dimensional impact on the lives of young people who get injured even by what are termed as ‘non-lethal’ weapons. They suggest several policy measures that will help to prevent unnecessary severe injuries among the civilians, and improve their access to health care when they get injured. Ultimately, of course, it is only with a political solution to the conflict in Kashmir that the violence and injuries can be eliminated as a major public health issue.





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# ANNEXURE

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## *Annexure–I (A):*

### **Consent for participation:**

This informed consent form is for the civilians (victims who are injured) who are invited to participate in the research titled **“Beyond Injury: Health Care Experiences of Civilians Injured during Protests in Kashmir”**.

I am Aadil Farooq and I am doing M.phil at Centre for Social Medicine and Community Health in Jawaharlal Nehru University. I am doing research on the civilians who are injured in Kashmir because of the police action during protests or post protests. The participation in the research is at your discretion. Before deciding let me brief you about the nature of research. Please don't hesitate to ask any question which rises in your mind at any point of time.

The study is an attempt to explore the treatment venues available for a person who is injured in Kashmir because of the conflict. It will try to explore the different treatments options available, hindrances encountered by the injured during and after treatment. Your participation is requested in an interview which may take about one hour of your precious time. I request your participation in the research because I feel that you encounter with such a situation will contribute in the understanding of the problem.

The participation is entirely voluntary and the information recorded will be private and confidential. The name and different identity related factors of the respondent will be kept anonymous. A particular code will be given to each successful interviews thus maintaining anonymity. If you feel uncomfortable or don't want to answer any particular question, you can skip that without giving any reason or clarification. You have the right to withdraw from the interview at any point of time and the responses will be repeated at the end of the interview. You can remove or add anything before finalizing and terminating the interview process. There is no direct benefit for you and

you won't be provided any monetary reimbursement. Your participation will help in understanding the problem more vividly.

**I have read the aforementioned information or have been read to me. I have had opportunity to pose questions related to it and my questions were answered in a satisfactory manner. I consent to be part of this research.**

**Name:**

**Signature:**

*In case respondent is illiterate or minor:*

**I bear witness that the consent form was read accurately to the potential respondent and he had opportunity to ask questions. The questions and queries were dealt up to satisfaction. I confirm the potential respondent has given his consent freely.**

**Thumb impression of participant:**

**Name of witness:**

**Signature:**

Checklists:

*I will strictly adhere to the ethics of the research. No such attempt will be made which will breach the principles of confidentiality and will have an effect on the respondents. Anonymity and confidentiality will be maintained throughout the process of research.*

*Signature of researcher:*

SOCIO-ECONOMIC AND DEMOGRAPHIC INFORMATION

- Name.....
- Code of respondent.....
- Address.....
- Age.....
- Sex.....
- Social category.....
- Educational status.....
- Marital status.....
- If married number of dependents.....
- Occupation.....
- Type of ration card.....
- Family assets
  - Agriculture Land .....
  - Livestock.....
  - House..... (Ancestral), (Newly Constructed), (Rent).
  - Type of house.....

INTERVIEW GUIDE FOR RESPONDENTS

- What is your view regarding Kashmir and the conflict that has gripped the Kashmir since a long time?
- What were the implications of the conflict?
- How has it affected you and your family?

- How and when did you get injured? How did you get treated or how did you deal with the situation?
  - Who was accompanying you when you got injured? Did he sustain any injury?
  - How many got injured at that time?
  - How severe was your injury?
  - Where you taken to hospital? Yes or no. in any case please specify your answer?
  - Was there any delay during travelling to hospital? If yes, what were the reasons?
  - Was there any delay in treatment at hospital? If yes, what were the reasons?
  - For how many days were you hospitalized? Did you face any issue during hospitalization?
- Where all did you get treatment?
- Can you state about your hospitalization experience?
  - Who took care of you in hospital?
  - What was the total treatment cost? Who managed this cost?
  - Who took care of your family? In case the victim was the only earner in family?
  - Did you have to remain at home even after the discharge from hospital?
- For how many days you remained inside your home as because of injury?
  - What implications it had on your daily routine?
  - What was the total cost incurred on medicines?
- Has the injury affected your life? How, please specify?
  - Social dimensions.....
  - Economic dimension.....
  - Psychological dimension.....
  - Any other.....
- Did you receive any support?
  - Own community
  - Administration

- Political parties
  - Security forces
  - NGOs
  - Any other
- What were the different hindrances that you encountered during treatment and through which channels?
  - Administration
  - Political parties
  - Security forces
  - NGOs
  - Any other
- How was your life prior to injury and state the changes in your life that you are encountering now?
- How and in what ways have your injury effected your family members?
- Any suggestions to address the issues of injured? How can their issues addressed to ameliorate their conditions?

*Annexure–I (B):*

**Consent for participation:**

This informed consent form is for the health care providers (doctors who treat the injured) who are invited to participate in the research titled “**Beyond Injury: Health Care Experiences of Civilians Injured during Protests in Kashmir**”.

I am Aadil Farooq and I am doing M.phil at Centre for Social Medicine and Community Health in Jawaharlal Nehru University. I am doing research on the civilians who are injured in Kashmir because of the police action during protests or post protests. The participation in the research is at your discretion. Before deciding let me brief you about the nature of research. Please don't hesitate to ask any question which rises in your mind at any point of time.

The study is an attempt to explore the treatment venues available for a person who is injured in Kashmir because of the conflict. It will try to explore the different treatments options available, hindrances encountered by the injured during and after treatment as well as the hindrances encountered by health care provided. Your participation is requested in an interview which may take around one hour. I request your participation in the research because I feel that your experience with the injured patients will contribute in the understanding of the problem.

The participation is entirely voluntary and the information recorded will be private and confidential. If you feel uncomfortable or don't want to answer any particular question, you can skip that without giving any reason or clarification. You have the right to withdraw from the interview at any point of time and the responses will be repeated at the end of the interview. You can remove or add anything before finalizing and terminating the interview process. There is no direct benefit for you and you won't be provided any monetary reimbursement. Your participation will help in understanding the problem more vividly.

**I have read the aforementioned information or have been read to me. I have had opportunity to pose questions related to it and my questions were answered in a satisfactory manner. I consent to be part of this research.**

**Name:**

**Signature:**

INTERVIEW GUIDE FOR HEALTH CARE PROVIDERS

- What are the different kinds of conflict induced injuries that you treat in your hospital?
- Is there any time period during which the injury cases increase?
- Do you encounter any kind of pressure during treatment of such cases?
- Which are the different problems faced by you because of the health service system?
- What changes you want in the existing system? Any suggestions to improve it?