A Neurosurgical Community Under Attack

Philippe Schucht
Jack Rock
Kee B. Park
Yoko Kato
Russell J. Andrews

See next page for additional authors

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Authors
A Neurosurgical Community Under Attack

Philippe Schucht1,3, Jack Rock4, Kee B. Park5, Yoko Kato6, Russell J. Andrews7, Isabelle M. Germano8, Franco Servadei9

On February 19, 2021, a 19-year-old woman was shot in the head in Nay Pyi Taw, the capital city of Myanmar, as she participated in a nonviolent civil rights protest march against the military’s overthrow of the democratically elected government on February 1. She was treated by neurosurgeons but died of her injuries after 10 days in intensive care.

Her death was the first in a tragic series of similar events: On February 20, a 16-year-old boy died instantly after sustaining a bullet injury to his head during protests in Mandalay; on February 22, a 7-year-old survived a projectile injury sustained in Myitkyina in northern Myanmar. Then, on February 28, another deadly head shot killed a 20-year-old man in Yangon, and 3 additional casualties occurred in Mandalay, 2 of which proved fatal. Although the earlier-mentioned victims were part of peaceful protest groups, 1 young mother aged 32 years was shot even though she was standing apart from the protestors.

Gunshot wounds to the head have so far been an exceedingly rare cause of injury in Myanmar. In 1962, the military regime at the time confiscated all firearms owned by civilians, and although some licenses for firearms for self-protection have since been granted, very few people in Myanmar own a gun. As a result, the university trauma centers of Myanmar altogether see fewer than 10 patients with gunshot injury to the head per year. This has now changed in a tragic way. Trauma care for gunshot injuries, triggered by the military’s unrestricted use of violence to contain protests, is likely to rise as the protests swell. Beyond the individual tragedy of the victims, the use of violence to contain protests, is likely to rise as the protests swell. Beyond the individual tragedy of the victims, the neurosurgical care system is at risk of collapse as already scarce and desperately needed resources are diverted away from other patients in need.

The previous half a century of military rule left Myanmar’s health care system neglected, critically underdeveloped, and catastrophically underfunded.1,2 When the civil government took over 10 years ago, neurosurgical care for a population of more than 50 million was provided by only a handful of neurosurgeons, leaving countless patients untreated and suffering unnecessarily.3 Several European, American, and Asian initiatives have since been set up to improve neurosurgical care in Myanmar. Together with local neurosurgeons and in close collaboration with the local universities they have increased both capacity and quality of neurosurgical care through comprehensive programs of workshops, educational visits, and fellowships.3,5

The still small and fragile, but recently thriving health care system is now under attack. Fearing that a return of the devastating military rule of the 20th century would sweep away the remarkable improvements recently achieved in health care provision, doctors and nurses in Myanmar were among the first to join the Civil Disobedience Movement.3 Neurosurgeons now provide free care in charity clinics and private hospitals while reducing their work in the government hospitals to a minimum. Regular neurosurgical services are unlikely to be restored any time soon as the military continues to harass and arrest health care workers, medical staff, and the deans of the medical universities.

As the country slips rapidly back into international isolation, neurosurgical care is likely to deteriorate. Much-needed foreign investment in health care infrastructure is likely to erode and the opportunities for young Myanmar neurosurgeons to learn state-of-the-art neurosurgery in foreign centers of excellence vanish. Eventually, many promising talents will be tempted to look for better work environments abroad, and the population will face a depressing return to the medical neglect of the last century.

The violence against peaceful protestors, including gunshots to the head, as well as the ongoing harassment of medical and university personnel is inexcusable and must cease.

We therefore ask the global neurosurgical community to support our Myanmar colleagues at this time of crisis, and to show our solidarity by joining them in their protest and speaking out against cruel and pointless violence toward the demonstrators to prevent untold damage to the newly evolved health care system.
REFERENCES


