

A STUDY OF DEATHS DUE TO TERRORISM IN EASTERN NEPAL

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INTRODUCTION

Terrorism is defined as unlawful use or threatened use of force or violence by a person or an-organized group against people or property with the intention of intimidating or coercing societies or governments often for ideological or political reason.' At present terrorism is biggest threat to the world and peaceful Himalayan Kingdom of Nepal is also not an exception to this. In Nepal terrorism is due to Maoist activity that have been referred as terrorist. Due to terrorism, the poor country is suffering from tremendous loss in the field of economic status, education, human rights, tourism and many more sectors. Above 9000 people have been killed due to terrorism till date, which includes security person, Maoists and also civilians. The weapons used were firearm and hence during encounter, chances of survival were very low. The increasing death trends due to terrorism has drawn attention and seem to be an important field for research work.

MATERIAL & METHODS

Present study is a retrospective study done with the help of register file and autopsy report record of department of Forensic medicine, BPKIHS, Dharan, Nepal. It comprised 35 cases that were mainly from Sun sari, Dhankuta Bhojpur and other adjoining district of eastern Nepal. The obtained data has been presented in the form of various tables and statistical method employed in data analyses is the percentage method.

OBSERVATIONS & RESULTS

Majority of victims were men (97%) belonging to age group 13-35yrs(71%)[Table -1].

Females were rarely involved (3%)[Tab.-2].

Sun sari is the district where majority of attacks took place (62%), Dhankuta comes second to Sun sari [Tab.-3].

Army/police were victim in most of cases (92%) while Maoists and civilians were rarely (8%) involved [Tab.-4].

Firearms were used as weapons in most of the cases (94%), amongst almost equal frequency of gun and bombs were seen. Sharp weapons were used rarely (6%)[Tab.-5].

Syncope was the most common mode of death (71%) followed by coma (20%)[Tab.-6]

In most of the cases, there was instant death (91%) while in very less cases (8%) survival was up to days [Table -7].

Most commonly involved region was chest (46%) followed by equal involvement of Head and Neck and abdomen (each 34%)

[Tab.-8].

Instant death occurred in almost all cases in gun shot injury (90%) and in bomb blast injury (88%). In sharp weapon injury instant death occurred in 50% cases [Tab.-9].

Gun and bombs killed Army/ police almost equally (51% and 44% respectively) while Maoists were killed only by gun [Tab.-10].

DISCUSSION

During the period 2003-2004, 35 people have been reported to be killed owing to terrorist activity. This poses a threat to the country. Victims mainly belong to the army/ police with a few civilians. The Maoists are usually not brought to the hospital. Their own colleagues bury them. Therefore this might be the reason for less availability of Maoist victims as compared to army/police.

It is seen that in our community male population are more commonly employed in army/police therefore adult segment of male were involved exclusively (97%). Most of them belonged to the age group 13-35 (71%) which is the main productive age group.

Majority of the victims faced instantaneous death (91%). The reason behind such occurrence lies due to the type of weapons used. Firearms were used in almost all cases. The frequency of use of bomb and gun were in almost equal proportion. The preference of firearm over conventional sharp weapon were due to their effectively i.e. surety of death. Deep puncture wound due to projectile bullets caused massive injury and damage to the vital organ. Similarly bombing caused diffuse destruction of the body and further harm. Our study shows instantaneous death were most in gun shot injury than bomb blasts. The reason behind may be due to the fact that bombing caused severe injury and instant death only if the victim was a t vicinity of bombing site.

The regions involved were mainly chest (46%), Head and Neck (34%) and Abdomen (34%) with rare involvement of limbs. This preference might be for the effectively of injury i. e. surety of death due to situation of vital organs in those regions.

It has also been found in study that army/police use guns only while Maoists, they use guns as well as bombs in equal proportion and this suggest they want mass destruction and are also least concerned about civilians lives.

CONCLUSION

Our study revealed that there is increased incidence of terrorist of activities these days, as 35 victims out of 243 cases reported in the mortuary of the department of Forensic medicine, BPKIHS, Dharan were as a result of terrorism during yr 2003/'04. This is an alarming and unfortunate picture of present situation in the country. There is hardly any other single disease, which has such a high mortality rate (15%), as that of terrorism. The certainty of death in the terrorist attack was due to use of modern and advance firearm weapons and involvement of regions containing vital organs.

REFERENCE

1. Sharma GR, Devkota UP. Missile injuries to the Head: an early experience after the Maoist insurgency. J Nep Med Assoc 2005; 44:31.
2. Schwab CW, Richmond T, Dunfey M. Firearm injury in America. LDI Issue Brief. 2002, 8:1-8.
3. Sheikh MI, Subramanyam BV. Study of Homicides in Surat with special reference to changing trends. J Forensic Med Toxicol 1995; 12: 8-11.
4. Hougen HP, Rogde S, Poulsen K. Homicide in tow Scandinavian capitals. Am J Forensic Med Pathol 2000, 21:281-286.
5. Rouse D, Dunn L. Firearm fatalities. Forensic Sci International 1992; 56: 59-64.
6. McLaughlin CR, Daniaal J, Reiner M et al. Factors associated with assault related firearm in juries in male adolescent. J Adolescent Health 2000; 27: 195-201.
7. Selway R. Firearm fatalities in Victoria, Australia 1988. Med Sci Law 1991; 31:167-174.
8. Cina SJ, Ward ME, Hopins MA et al. Multifactorial analysis of firearm wounds to the head with attention to anatomic location. Am J Forensic Med Pathol. 1999, 20:109-115.
9. Pal V, Paliwal PK, Yadav DR. Profile of regional injuries and weapons used in homicidal victim in Haryana. J Forensic Med Toxicol 1994; 11:42-44.

10. Cannon. Homicide mortality in Delaware variation by age, race and sex. D Med J 1994; 66: 591-597.
11. Azmak D, Altun G, Bilgi S et al. Firearm fatalities in Edinburgh 1984-1997. Forensic Sci International 1998; 95:231-239.
12. Elfawal MA, Awad OA. Firearm fatalities in eastern Saudi Arabia. Am J Forensic Med Pathol 1997; 18: 391-396.
13. Duflu JA, Lamont DL, Knobel GJ. Homicide in Cape Town, South Africa. Am J Forensic Med Pathol 1998; 9: 290-294.
14. Hardt- Madsen M, Simonsen J. Firearm fatalities in Denmark 1970-1979. For Sci International 1983; 23:93-98.
15. Krug EG, Powell KE, Dahlberg LL. Firearm related death in United States and 35 other high & upper middle-income countries Int. Jour. Epidemiology 1998; 27: 214-221.
16. www.answer.com

Table-1: Distribution of Age of the victims

0-12	13-25	26-35	36-50	>50	Not known	total
1(3%)	12(34%)	13(37%)	2(6%)	0(0%)	7 (20%)	35 (100%)

Table –2: Distribution of Sex of victims

Male	Female	Total
34(97%)	1(3%)	35 (100%)

Table-3: Place of occurrence of crime

Dhankuta	Sunsari	Bhojpur	Shankuwasava	Siraha	Jhapa	Morang	Udaypur	Mahottari	Terathum	Total
4	22	2	1	1	1	1	1	1	1	35
(11%)	(62%)	(6%)	(3%)	(3%)	(3%)	(3%)	(3%)	(3%)	(3%)	(100%)

Table-4: Affiliations of Persons involved

Army/ Police	Maoist	Civil	Total
32	1	2	35
(91%)	(3%)	(6%)	(100%)

Table-5: Weapon Used

Gun	Bomb	Sharp Weapon	Total
17	16	2	35
(48%)	(45.5%)	(6%)	(100%)

Table-6: Mode of death

Coma	Syncope	Coma and Syncope	Total
7(20%)	25(71%)	3(8%)	35(100%)

Table-7: Survival Period

Instant death	Within hours	Days to weeks	Total
32(91%)	0(0%)	3(8%)	35(100%)

Table-8: Injury and region involved

Head and Neck	Chest	Abdomen	Upper limb	Lower limb	Total
12(34%)	16(46%)	12(34%)	1(3%)	1(3%)	35(100%)

Table-9: Type of Weapon and Period of Survival

	Instant death	With in hours	Days to weeks	Total
Gun	15(90%)	0%	2(10%)	100%
Bomb	14(88%)	0%	2(12%)	100%
Sharp weapon	1(50%)	0%	1(50%)	100%

Table-10: Person Dead and Weapon Used

	Gun	Bomb	Sharp weapon	Total
Army / Police	16(51%)	15(44%)	1(5%)	100%
Maoist	1(100%)	0%	0%	100%
Civil	0%	2(100%)	0%	100%