

Impact of the South Asian Earthquake on Disabled People in the State of Jammu and Kashmir  
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**Abstract:** On the morning of October 8, 2005, a devastating earthquake, measuring 7.6 on the Richter scale, struck the Kashmir region with its epicentre near Muzzafarabad in Pakistan-administrated Kashmir. It took a while for both India and Pakistan to comprehend the scale of destruction that the quake had unleashed. In the two weeks following, the quake had left over 50,000 dead on the Pakistani side of the India-Pakistan border and claimed 1,300 lives on the Indian side. A second wave of deaths was expected with the onset of the region's notorious winter.

Our thoughts immediately went to what may be happening to disabled people in the State of Jammu and Kashmir, though we knew the answer, based on our bitter experiences of seeing disabled people being neglected even in the so-called normal scenarios. Our National Disability Network partner in the mountainous and violence ravaged State confirmed our fears of the “general neglect” being compounded in the wake of this calamity.

With information gained from the Asian Tsunami and impending legislation on Disaster Management on the floor of Indian Parliament, we decided it was imperative to draw up the difficulties that disabled people face during natural disasters to facilitate some churning of our national consciousness and possibly a policy intervention. What follows is an account of a fact-finding mission, its findings and recommendations, on the impact of the Kashmir quake. It is a story of persistent neglect, which turns grave when calamities strike.

**Key Words:** disaster, Kashmir earthquake, disability

### Introduction

Late last year, a devastating earthquake shook the Himalayan region of the Indian subcontinent. The two rival nations, India and Pakistan, were united in grief as the scene of death and destruction unfolded. But as this event showed, just like Hurricane Katrina almost halfway across the globe, those who are collectively consigned to the margins of policy focus and safety plans are not only the worst sufferers of disasters, but also the least attended. India did not have a disaster management policy when the South Asian Earthquake took place. It was in a phase of finalisation. But the policy makers once again failed to focus on the needs of over 700 million disabled and aged people, as the final draft of this plan did not make even a single mention of these sections of the population.

### Impact of South Asian Earthquake on Disabled People

On the morning of October 8, 2005, a devastating earthquake, measuring 7.6 on the Richter scale, struck the Kashmir region with its epicentre near Muzzafarabad in Pakistan-administrated Kashmir. However, it took a while for both India and Pakistan to wake up to the scale of destruction that the quake had unleashed. In just the two weeks since, the quake had left over 50,000 dead on the Pakistani side and taken 1,300 lives in India. The toll rose substantially by the second wave of deaths with the onset of the region's winter.

Immediately after the quake, the National Centre for Promotion of Employment for Disabled People (NCPEDP), Disabled Peoples' International – India (DPI – India), and the National Disability Network (NDN) contacted the NDN State Partner, Javed Ahmad Tak of Helpline, a Non-Government Organization (NGO) working for the rights of disabled people in the remote parts of Jammu and Kashmir. Through him we came to know stories that went beyond what the newspaper headlines could capture, particularly with regards to the status of people with disabilities. Their plight was multiplied manifold due to the reported lack of coordination and inaccessibility.

With these concerns in mind, a team consisting of myself, Senior Project Coordinator with NCPEDP and Mukhtar Ahmad and Muzzamil Yakub, both from a local disabled peoples' NGO Helpline, visited quake affected areas in Kashmir from October 18<sup>th</sup> to 20<sup>th</sup> to take first hand stock of the status of the rescue, relief, and rehabilitation process with a specific focus on people with disabilities. The objective was to get disability included in the long-term rehabilitation plans being mooted by sensitising the State's polity and the civil administration. Further, we also wanted to understand the disability scenario in the region: the administrative framework, implementation of the Disability Act, and the existence of disability NGOs— including their functioning, reach, and awareness levels that will help in planning their work for the future.

We visited hospitals, relief camps, and villages in Baramulla, Uri, Tangdhar, and Salamabad. During the course of our visit, we contacted the Honourable Governor, Lieutenant General Shri S.K. Sinha, State Social Welfare Minister Shri Mula Ram, and the State Human Rights Commissioner Justice A. Mir. We also spoke to other personnel, including several local officials, medical staff, and doctors, as well as quake-affected people. But before detailing our first-hand experience of the chaos and ordeal of people in the State, it is important to conceptualise the unique and not so-unique aspects of the State, particularly its status as a conflict zone.

### Kashmir: Disaster and Disability in a Conflict Zone

The State of Jammu and Kashmir has had a history of violence and political turmoil ever since India and Pakistan attained political independence from British rule in 1947. The two neighbours have fought full-scale wars in 1947 and 1971, besides a near-war like conflict in 1999 called the Kargil War, over the region. The bone of contention between the two nations has been the treaty of accession that was signed by the then ruler of Jammu and Kashmir and Lord Mountbatten in 1947 through which the state was ceded to India. Pakistan has refused to accept this fact.

The State was thrown into turmoil in the 1990's as Islamic militancy grew roots in the region and enlisted thousands of local youth into the vortex of violence. Today the State has the largest deployment of soldiers and para-military in any single region in India. This conflict combined with political discontent among the locals has given birth to an extremely complex sociophysiological situation in the State. Deaths, gunfire, blasts, disabilities, and unaccounted disappearances have subjected the local population to trauma associated with a conflict zone for several years. The impact on vulnerable groups has been severe, particularly women and disabled people. A number of civil society groups are engaged in providing support to a wide

social group undergoing mental health issues, including widows, rape victims, and orphaned children.

The State dubbed by many past rulers as “a heaven on the earth” for its breathtaking mountainous beauty, offers difficult living conditions due to its severe winters and inaccessible terrain that is compounded by poor infrastructure. The people here are predominantly Muslim and have a strong ethnic identity. A large part of the State formed a very volatile border with Pakistan until a recent cease-fire agreement came into force. The cross-border shelling and heavy artillery fire has been a constant feature for people living in the bordering villages. This shelling and artillery fire has been a major cause of physical disability, along with insurgency related causes.

It needs to be underlined here that, at least so far as our Indian experience is concerned, disabled people and issues related to them are way down the list of social and administrative concerns as the so-called pressing issues that confront a much larger or visible vote-bank are given a precedence. This situation holds true for Jammu and Kashmir as well. However, what makes it worse here is that the agenda of development has found a very myopic interpretation here, as this unending violence has not allowed any sustained growth.

Various institutions like schools and hospitals reflect a lack of even basic accessibility features. Javed, our local disability NGO partner, has been fighting for years now to get some disability-friendly changes initiated in the Kashmir University. After each incident of violence that gets noticed nationally, authorities almost spontaneously issue token compensation and artificial limbs to disabled people. This effort, however, is never sustained to make those affected economically and socially independent. Curfews are an order of the day in the streets of the Kashmir Valley and incidents abound of people being shot in the dark of the night because they were too slow in responding to a call by troops to move away or step into the light. Problems of sanitation, portable water, and transport make life for disabled and aged people very tough.

## Relief Distribution Left Disabled People Unattended

After the earthquake, it was a clear display of the Darwinian theory of the survival of the fittest when it came to relief distribution, which for the most part was a hit-and-run drill of dumping relief materials by NGOs, political parties, and charitable trusts. This scene was apparent all along the National Highway No. 1/A from Baramulla onwards. Though there was plenty of aid, the takers of the relief material distributed through this method were ironically very limited in number. These were largely young boys who could slug it out in the jostling crowd. We saw this at least at a dozen points starting from the outskirts of Uri.

As we spoke to persons with disabilities who received aid, we were astonished by their stories. One said:

“I have walked here with great difficulty. My braces are my only mode of travel as the artificial limb that was given to me by the Indian Army at the Bone and Joint Hospital in Srinagar (winter capital of India-administered Kashmir) has cracked and I will need a new one... There is a mad rush when relief is being distributed. People are desperate. My father is very old and I have five sisters.

This makes me the only one in the family who can come out and hunt for relief. My house has got destroyed completely and we have been camping in the open for past eleven days.”

The 22-year-old man had lost his right limb a few years ago when a shell landed on his house. He was trapped in the ensuing fire. He had been trekking over seven kilometres each day, since his house was destroyed in the quake, to the District Medical Centre in Uri to try his luck and get some blankets.

This experience is indicative of why a targeted approach is needed for people with disabilities, who face unimaginable difficulty in accessing relief in times of disasters. This problem was compounded in the case of Kashmir due to its mountainous terrain and the general inaccessibility of the region. The small settlements in the area defy the usual conception of a village and might be no more than a set of six to eight houses far from the navigable road. As I moved around the fringes of the highway that led to the neighbouring Pakistan border, I kept hearing of families stuck near their destroyed dwellings in the hills as the able-bodied male members came out to get in touch with lower-level government employees who almost always double as relief workers in case of calamity.

The Uri region has been a focal area for projects run by state power and construction companies. They were one of the first institutions, after the Indian Army, who had set up relief and first aid centers. I spoke to some of the officials manning these and was told that they had not seen any disabled person coming over from the villages in the hills. "It is unlikely that a disabled person would trek so far in these circumstances. We have sent teams out on foot, but in my knowledge they have not reported having met any in this area (Salamabad)," said an official manning a small centre set up by Hindustan Construction Company.

My personal observation revealed three disabled people slugging it out in the crowds that had gathered at relief distribution points. This struggle for relief material brought to my mind the general neglect that disabled people face in the country on account of lack of policy focus, which in turn is fostered by lack of empowerment and awareness among people with disabilities.

### Lack of Coordination and an Existing System with Specific Focus on Disabled People

According to an estimate of the disability sector, there are over a million people with disabilities in the state of Jammu and Kashmir. A large number of these people have been disabled due to incidents relating to mine explosions, shelling along the Line of Control, and militancy-related violence. In view of the above situation, the lack of attention that the civil administration and its officials displayed in terms of attending to people with disabilities came as a surprise.

As happens after every disaster in the sub-continent, the employees of Union and State governments are rushed to these areas to open rather ill-equipped so-called relief centres. These junior-level employees are not trained to deal with such scenarios. "There is no specific brief to be kept in mind so far as disabled people are concerned. I will definitely help them on account of humanity. We know things can be tough for them," said an official at a point set up by the National Hydro Power Corporation.

We visited an Information Centre set up by the State Administration outside the Sub Divisional Magistrate's office in Uri to find out if any disabled people had approached them for

help. The officials on duty told us in general that those approaching them were NGO workers, and not victims. "Can you tell me what villages we can go to? I have been waiting to find an area where we can help victims affected by the quake...it has been two days," said David Martin from US-based charity called Helping Hands. "All of us have been affected by the quake. Why are you enquiring only about people with disabilities? They will ultimately receive some help," said an official outside the District Hospital in Uri.

My interaction clearly brought out the general lack of coordination. People from affected villages blamed politics or apathy as the reason for the lack of timely relief. It also highlighted the absence of orientation towards the needs of disabled people.

### Quake Injuries Indicate A Likely Rise in Disabilities

During our visit to hospitals in Baramulla, Uri, and Srinagar we attempted to take stock of the kind of treatment people with disabilities needed, the assistive or orthopaedic devices they needed, and the nature of the injuries that were being reported. Dr. S.A. Rashid, Medical Superintendent of the Bone and Joint Hospital in Srinagar stated:

“The true picture of rehabilitation that these victims will need would emerge only in the coming months. Most of these injuries were caused by dislodged objects. Quite a few of these people would not be able to function as before. There are cases of compound fracture that may get complicated, and some of them may even need amputation.”

The office of Medical Superintendent at Sher-e-Kashmir Institute of Medical Sciences voiced the same opinion. Doctors on duty said that the majority of the 211 cases related to the earthquake were of injuries to the limbs and head. Dr. Samina of Sher-e-Kashmir Institute of Medical Sciences added that:

"Three amputations have taken place so far (till 20th October). These include two men and one girl. They have been referred for surgery. In fact the girl's amputation was done today itself.”

I also observed reluctance on the part of doctors and hospital medical staff in sharing information, possibly because of heavy politicisation that saw leaders of all hue frequenting these hospitals.

Dr. Jatinder Singh of the Bone and Joint Hospital in Srinagar told us of three amputations in his hospital. He also mentioned that several other cases could end up with amputations. For instance, he added a seven-month-old infant had suffered multiple fractures and was brought in 12 days after the earthquake and there was a great chance that he could end up with a disability. He also informed us about one patient, Khalid, who had a disability on account of severe dislocation of a knee and was now on the verge of amputation, even as the doctors were trying to save him from it. These visits clearly highlighted the need for both immediate and long-term intervention for providing aids and appliances, apart from medical intervention to avoid or minimise instances of disabilities.

I was also told about a team of doctors from the National Institute for the Orthopaedically Handicapped, Kolkata [Calcutta], having visited these hospitals and meeting some of the victims who have undergone amputations. But as highlighted by the doctors, there is a need for more organized and exhaustive undertakings.

I came across some NGO workers who were engaged in counselling of victims suffering from trauma. One such group, from Delhi, was manning a small centre beyond Salamabad, barely 5 kilometres from the Line of Control (unofficial India-Pakistan). "In a single day we have received about 120 people coming in for the first time since the quake. Most of these people have very minor problems and are here more because this is their first touch with compassion, after being shocked and traumatized by the destruction and death around them," said an NGO worker.

The valley has had a known prevalence of trauma cases since the time insurgency took root, and with the quake it is going to increase. We felt that the people need a greater engagement by the way of easy and accessible counselling, as short-term/temporary measures would not help.

### Rehabilitation Must Take A Macro-Approach to Integrating the Needs of Disabled People

Moreover, Commanding Officer of 56 Rashtriya Rifle, an elite anti-terrorist unit of the Indian Army that operates in the Uri sector stated that:

“As our men were close to the area of impact and are well-versed with the topography here, we reacted immediately to carry out rescue operations. We continue to coordinate with the administration and civilians in getting across the relief. But our role cannot be long-term or stretched beyond a point. The civil administration will have to step in and rehabilitate the people affected by the quake.”

This quotation sums up the challenge with which the civil administration is confronted. This phase of rehabilitation in Kashmir is going to be as important as that of relief, as the availability of a cover over the head would mean a difference between life and death.

"Our homes have got destroyed by the wrath of nature. As it is, the life is difficult here. We are among the lucky few who are putting up in the tent city. But we will have to return to pick up pieces and rebuild our lives," said Noor Mohammad who is putting up at the tent camp near Tangdhar, an area which has sustained the greatest damage on the Indian side of Line of Control, in terms of property. While some families in Tangdhar and Uri districts have decided to reconstruct the damaged houses using re-usable material, the state government is providing each of them with financial assistance of Rs. 100,000 [100,000 rupees] for reconstruction work. In addition, 450 engineers of the state government are being trained in two batches to guide families in rebuilding their damaged houses. Building demonstration centers are also being set up in six places in the two districts.

Almost 26 villages have been adopted by various agencies including the Army, Air Force, Border Security Force, the National Hydro Power Corporation (NHPC) and the Delhi Government. But on the projected requirement of 30,000 tents, the Government has managed to procure just over half that number.

Despite two major disasters in recent years, the Asian tsunami and the Kashmir earthquake, governments have failed to wake up to the need for placing an administrative system in place to make special provisions to ensure expeditious rescue and relief for disabled people. The long term policy measures that have been announced since then also do not reflect any learning on the part of the governments on the devastating impact that disasters have on disabled people who are not only worst hit, but also last to get any rehabilitation. An explanation for the complete neglect of disabled people by policy makers can be found in the corresponding lack of awareness and political rights of disabled people in this part of the world. A society and polity attuned to the rights of its marginalised sections is the only solution for an effective and inclusive disaster policy.

Another issue that will have to be addressed is that of the lack of a technical knowledge-base that impedes a systematic response to these disasters. The chaos that follows these disasters is also responsible for overlooking marginalized sections of the population. The training of disaster response teams and civil and administrative coordination in such situations would have to be addressed and while doing so the needs of vulnerable sections would have to be prioritized.

### Recommendations

Following this visit, we made following broad recommendations to the Government of India:

1. There is an urgent need to collect data on disabled people who have been affected by the earthquake. Not only should we look at the data of those who have been rendered disabled, also that of those with a disability who have survived but are affected and people with psychosocial problems compounded or caused by the disaster.
2. Concrete and time-bound plans must be made to address disability concerns in revival of livelihoods, achieving convergence among all on-going programs of sustainable development, and reconstruction.
3. Disabled-friendly and inclusive built environments must be considered when reconstruction of shelters (temporary or permanent), schools, health centres, housing facilities, water and sanitation facilities, etc. takes place.
4. International and other N.G.O.s supporting the Government in relief/rehabilitation/reconstruction work should include disability on their agenda.
5. Disability should be a priority area for any policy that is being formulated for preparedness, mitigation and management and other efforts to prepare us to face similar challenges with confidence, and competence in the future.
6. This is a good opportunity to correct the mistakes. The Disability Act should be enforced in the State.

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