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SANITARY LOSSES IN WARS OF THE LAST 100 YEARS, CHANGES IN THEIR STRUCTURE, AND THE IMPACT OF MEDICAL ASSISTANCE AT THE TACTICAL STAGE

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ABSTRACT

The article presents data on losses in wars over the past 100 years. In the process of studying the data obtained, the factors influencing their amount were studied, and finally, general conclusions and suggestions were made.

Key words: General losses, sanitary losses, irreversible losses, tactical stage, civilian, tactical-medical training.

INTRODUCTION

Historical, comparative, probabilistic estimation, meta-analysis, intensive, extensive indicators.

Since the time humanity has been wounded, wars and conflicts have gone hand in hand with it. In every era, wars have been shaped by the capabilities of the time, and each war has had its own scale. However, all wars have been remembered for the heavy tolls, destruction, and loss of many lives. In all wars, losses were later categorized as sanitary losses, with the quantity and structure of these losses being constantly studied.

Several factors influence the amount and structure of both general and sanitary losses. In particular, the medical assistance provided at the battlefield and at the tactical stage, as well as its capabilities and quality, are directly related to the observed outcomes.

Wars throughout history have had their specific laws and strategies. The course, scale, and general losses in modern wars are significantly changing in terms of their scale and impact.

The speed and intensity of modern wars present new challenges for military medical services, which now need to evaluate medical situations and assist both military personnel and civilians caught in the conflict zone. The importance of considering civilian sanitary losses and ensuring medical assistance to civilians as part of the overall military medical services is now being recognized as a primary measure in military medical operations.

MATERIAL AND METHODS OF RESEARCH

One of the main reasons for increased civilian sanitary losses in modern conflicts is the participation of civilians in wars, either knowingly or unknowingly, the direct targeting of civilians, and the increased use of illegal armed groups, which do not adhere to international laws of warfare. These factors contribute to an increase in sanitary losses among the civilian population.



Blue color: Percentage of sanitary losses among civilians.Yellow color: Percentage of sanitary losses among military personnel.

World War 1. World War 2. Korean War 3. Vietnam War 4. Yugoslavian War 5. Syrian Wars 6. 2. 3. 2021 Wars 7.

From the table above, we can see that the death rate among the population in major wars of the last 100 years has increased sharply in recent years.

World War I - 5% among civilians World War II - 50% among civilians Korean War (1950-1953) - 84% among civilians Vietnam War - 90% among civilians Yugoslav War - 95% among civilians Syrian War - 98% among civilians

From this table, we can observe that civilian deaths in the last few decades have sharply increased in large wars. For example, in 2017, wars were being

fought in 49 regions around the world, with 35 civilians dying every hour. This resulted in a daily death toll of around 840. In the 1994/1995 wars in Chechnya, 27,000 civilians were killed in five weeks, and between 54,000 and 62,000 civilians were killed in the fighting. In the 8-year war in Syria, 465,000 civilians were killed [1]. According to the United Nations, 13,842 people were killed in 12 registered armed conflicts in 2021, of which 11,075 were civilians. One in eight of the dead were women or children. [5] (Table 1). In 2018, about 13,000 civilians were killed and about 50,000 were injured in the conflicts in Donetsk and Luhansk (population 2.5 million) [1]. From 1945 to 1995, more than 200 wars (mainly in Asia and Africa) killed 45 million people and injured 60 million [2].

It is natural to ask why the number of sanitary losses among the population has increased in recent wars. We can explain this with a few examples. First, they are brutal and intense, accompanied by the destruction of important buildings and structures. For instance, in the Yugoslav Wars, 70% of classified objects, 40% of bridges, and 35% of power plants were destroyed. In Kosovo, 40% of homes, 32% of schools, and 88% of hospitals were destroyed.

[4]. These factors directly affected the organization of medical services. Secondly, we can see that various provocative attacks were carried out by the parties not only in the areas where the two sides were directly in conflict, but also in other places. For example, during the Second Chechen War in 1999, although the main clashes took place in the North Caucasus, terrorist groups simultaneously carried out various acts of sabotage in the Budyonnovsk region hospital, Buynaks, Moscow, Volgodonsk. [4]. This, in turn, led to irreversible and sanitary losses not only in the area of the military conflict, but also in other places.

It is shown that in modern wars, the population suffers from infectious diseases not from the direct effects of weapons, but from the secondary effects of wars, that is, due to the instability of the sanitary and epidemiological situation, and those leaving the area of hostilities (migration) also become carriers of diseases in other areas.

RESULTS AND DISCUSSION

Whether it is a military serviceman or a civilian in the area of hostilities, urgent assistance may be needed. The second part of the article discusses the medical care provided during the evacuation stages in past wars and their significance.

The type and volume of medical care provided during the stages of medical evacuation are of great importance in saving the lives of the wounded and sick and preventing subsequent complications.

The following significance of the types of medical care in the structure of causes of combat sanitary losses in the occurrence of deaths due to the lack of or untimely provision of necessary medical care is observed ("death could not have occurred if certain medical care had been provided in a timely manner"). When we summarize and analyze the data obtained from past wars, the ratio of losses at the stages of medical evacuation was as follows.

Table 2. Method Assistance and Mortanty in Evacuation 1 hases						
First aid						
First aid before a doctor (paramedic)	Pre-hospital	59,1%				
Skilled medical care						
Qualified medical care	Hospital	40,9				
Specialized medical care	inospital					

Table 2: Medical Assistance and Mortality in Evacuation Phases

Table 2 shows the importance of medical care provided at the tactical level.

We have already made a conclusion based on the number of deaths. Here, the sanitary losses in the wars of recent years were analyzed in terms of the need for medical care provided at the stages.

T /r	Wars	1st aid	Paramedic assistance	1st doctor	Qualified	Specializati on-added
	Afghanistan	3534	3534	2409	2043	936
	Argnanistan	(100%)	(100%)	(68,2%)	(57,8%)	(26,5%)
	North	1030	1030	950	910	148
	Caucasus-1	(100%)	(100%)	(92,2)	(88,3%)	(14,4%)
	North	1017	1017	754	641	89
	Caucasus-2	(100%)	(100%)	(74,1%)	(63%)	(8,7%)
	Abkhazia-2008	148	148	64	43	2
		(100%)	(100%)	(43,2%)	(29%)	(1,3%)
	Afghanistan and	18218			5647	2998
	Iraq-2001/2012	(100%)			(31%)	(16,5%)

 Table 3: Medical Assistance Needs in Different Wars

From Table 3, we can draw conclusions about the importance of medical care during the stages of medical evacuation. Almost all sanitary losses will require medical care at the tactical level.

If timely assistance was provided during the stages of medical evacuation, the number of lives saved would be as follows:

Table 4: Potential Life Saving with Timely Medical Assistance								
T/ r	Wars	1st aid	Paramedic assistance	1st doctor	Qualified	Specializa tion-added		
	Afghanistan	48,8%		51,2%				
	North Caucasus-1	45,6%		54,4%				
	North Caucasus-2	55%		45%				
	Afghanistan 2004-2014 Among British troops	87%)		13%			

We have provided analytical results based on the sanitary losses in wars, its components, and the type and volume of medical care provided during the stages of medical evacuation.

CONCLUSION

Wars are taking on non-standard forms, that is, they are being waged in several sectors at the same time:

They are being waged in cities, in populated areas, using infrastructure;

Casualties among civilians (noncombatants) have increased sharply;

The implementation of tasks for targeting at the stages of medical evacuation has become more complicated.

PROPOSAL

When assessing the situation, calculating the need for medical forces and equipment, and generally organizing its work, the medical service should plan taking into account possible losses among the population;

coordinate the provision of medical care, losses, and the need for necessary medical and force equipment between military medical units and the structures of the Ministry of Health, and develop clear algorithms;

it is advisable to form tactical and medical training skills not only among military personnel, but also among the population.

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