

## ORIGINAL ARTICLE

# Prevalence of sickness and traumatic profile in the population of Stabilization Forces soldiers and Iraqi civilians treated in the Polish Field Hospital in Iraq

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## ABSTRACT

The aim of this study is to present the prevalence of diseases and injuries as seen on the example of Stabilization Forces soldiers and Iraqi civilians treated in the Polish Field Hospital in Iraq (according to the NATO procedures). The epidemiological analysis was based on the medical documentation of the patients treated between October 2003 and March 2004. The highest incidence of diseases and injuries was observed in the age groups under 25 years. The military personnel made up 71.8%, and civilians 28.2% of patients studied. Privates were the biggest group of treated soldiers. The predominant nationality treated in the analyzed period were Polish soldiers (49.1%), and secondly Iraqi civilians (23.7%). The results clearly showed that among the treated population ( $n = 287$ ) the traumatic profile was dominating (51.6%). The main reasons for treatment were non-battle (12.8%) and battle injuries (11.2%). Acute gastrointestinal disorders (7.9%) and acute stress disorder (7.2%) were also a common problem. Contagious, parasitic and sexually transmitted diseases caused no epidemiological threat in the analyzed period.

**Keywords:** *diseases, injuries, combat disorders, Iraq.*

## INTRODUCTION

Military service in a combat zone is burdened by a number of risk factors which can bring to high prevalence of non-battle and battle injuries. The most frequent traumas caused by war operations, car or sport accidents are cutting wounds, contusions, gunshot/shrapnel wounds, and dislocations/sprains of joints.<sup>1,2,3</sup> On the other hand, military service in the hot climate in connection with warfare and the low sanitary conditions of the region is related to raised incidence of many pathological conditions. A high sickness rate of gastrointestinal tract diseases is visible and acute gastrointestinal disorders represent the commonest pattern.<sup>4,5</sup> Another health problem, often developing among the soldiers of military missions is stress related to the realization of mandatory

tasks. The most frequent psychiatric disorders common to the members of the missions are combat stress and adaptation disorders.<sup>6,7,8</sup> Serving in the tropical and subtropical areas can cause high morbidity of upper and lower respiratory tract diseases, especially among representatives of the moderate climate, who have problems with readjustment and do not comply with the basic rules of prophylaxis in the hot environment.<sup>3</sup>

The aim of this article is to analyse the prevalence of diseases and injuries in the Multinational Division Central South (MND CS) in Iraq on the example of Stabilization Forces soldiers and Iraqi civilians treated in the Polish Field Hospital in the Karbala Province. The author of this article served in Iraq as a medical officer of MND CS, in the Field Hospital mentioned above.

## MATERIAL & METHODS

The epidemiological analysis of diseases and injuries among soldiers of Stabilization Forces and Iraqi civilians treated in the Field Hospital MND CS in Iraq was based on the hospital records of the patients from the Internal and Surgical Ward, and transient patients treated during medical evacuations (according to the NATO procedures). The medical documentations came from 287 patients of various nationalities treated from October 2003 to March 2004. The examined population was selected from over 8 thousand soldiers serving in MND CS and Iraqi civilians, mainly from the Karbala Province.

The 30-bed Polish Field Hospital in Karbala was 2+ medical evacuation level for soldiers of Stabilization Forces in Iraq, and it also provided Iraqi civilians with the humanitarian assistance. The basic tasks of the medical unit were medical care in urgent situations, stationary treatment of wounded and ill soldiers, to whom the return to service was considered (to 7 days), ambulatory treatment within internal medicine, general and casualty surgery, in other fields of medicine (ophthalmological, dermatological, psychiatrist & psychological service, dental care, laboratory and X-ray diagnostic), preparation for further evacuation, and MEDEVAC (Medical Evacuation) duty. The Field Hospital in Karbala consisted of the sick call (admission room, dermatology/ophthalmology/internal medicine/psychiatry/surgery/psychology office, X-ray department, morgue), the surgical team (surgical theatre for 2 surgical tables and intensive care unit for 4 beds),

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