

Laïcité is not anti-religious whatsoever. On the contrary, it makes possible a way of living together for the different spiritual denominations. Since *laïcité* is an essential component of the ethics of responsibility within the hospital, it must be protected with conviction if threatened.

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High mortality in displaced populations of northern Uganda

Sir—Since June, 2003, populations of the Teso region, northern Uganda, have been subjected to repeated attacks by the Lord's Resistance Army. In the Soroti district, 400 km northeast of Kampala, this situation has led to displacement of tens of thousands of civilians. Internally displaced people settled in 32 sites set up in Soroti town (43 000 inhabitants).

At the beginning of September, 2003, Médecins Sans Frontières initiated

health and nutritional programmes, in Soroti. However, in October, while a national mass vaccination campaign against measles took place, the number of deaths and measles cases reported by the regional hospital rose sharply. From Nov 10 to Nov 15, 2003, a systematic sample survey was undertaken in 22 of the 32 major sites of Soroti town. A standard questionnaire documenting deaths, separations, and disappearances covered two recall periods: June 15 (the first attack) to Oct 9 (Independence Day); and Oct 10 to Nov 13, 2003.

467 internally displaced families were interviewed, representing a total of 5877 individuals living together in their home villages on June 15, 2003. Of these people, 398 (6.8%) were reported dead, 106 (1.8%) disappeared, and 1027 (17.5%) were separated from their families. The 398 deaths reported were equivalent to a crude mortality rate (CMR) of 4.6 deaths per 10 000 per day (table). The under-five mortality rate was 10.4 per 10 000 per day. Nearly 15% of children younger than 5 years died at recall after 152 days. During the second recall period, the CMR was 6.0 per 10 000 per day and under-five mortality was 22.2 per 10 000 per day. Nearly half (47%) of the 168 deaths, reported in children younger than 5 years, occurred during the second 35-day recall period.

47% (186 of 398) of deaths were attributable to violent events, mostly during the first recall period when deaths due to violence represented 81% (157 of 193) of all deaths in individuals aged 5 years or more and 11% (10 of 89) in children younger than 5 years. Gunshot wounds, beatings, and villages being burnt have been reported.

Medical causes account for 53% (212 of 398) of deaths, of which 92 (46%) were reported during the second recall period. During this time, 79 (68%) deaths were in children younger than 5 years.

Our findings show high excess mortality indicative of the situation encountered by Soroti internally displaced people. Mortality rates in the total population, and in children younger than 5 years, were five to ten times higher than expected in Uganda.¹ An

unacceptable rate of violence, including killing of women and children, was the main cause of death during the first months of the surveyed period. However, during interviews, measles was mentioned frequently and probably contributed to the excess mortality during the second recall period. Based on surveillance data, a measles outbreak affected the population of Soroti during September and October, with a peak in mid-October. The ongoing measles outbreak has probably caused a high number of vaccine-preventable deaths in addition to those attributable to violence. Although relief programmes have focused on malnutrition, water, and sanitation, less has been done to prevent and fully control the negative effect of the ongoing measles epidemic.

These results confirm previous reports of human rights violations in northern Uganda.² The effect on prevention of human-rights abuses and health-related deaths needs urgent attention.³

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Photographic faux pas

Sir—I was surprised to see a quite inappropriate photograph accompanying a Feature relating to alcohol advertising by an Aboriginal television station (Feb 28, p 710).¹ The photograph shows an Aboriginal artist at work with a can of Victoria Bitter beside him. Look carefully at the beer can, however: it has had its top removed and appears to have a black straw protruding from it. But even Australians do not drink beer through straws or from cans that have had their tops cut off. The beer can is surely filled with water in which the indigenous artist has placed his paintbrush.

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	Number of deaths		Mid-term population		Mortality per 10 000 per day	
	Total	Age <5 years	Total	Age <5 years	Total	Age <5 years
First recall period						
All deaths	282	89	5736	1100	4.2 (3.7–4.7)	6.9 (5.6–8.4)
Violence	167	10			2.5 (2.1–2.9)	0.8 (0.4–1.4)
Second recall period						
All deaths	116	79	5537	1016	6.0 (5.0–7.4)	22.2 (17.8–28.1)
Violence	19	2			1.1 (0.6–1.5)	0.7 (0.1–2.0)
Total survey period						
All deaths	398	168	5678	1061	4.6 (4.2–5.0)	10.4 (9.0–12.0)
Violence	186	12			2.2 (1.9–2.6)	0.7 (0.4–1.3)

Mortality rate by age-group and period, June 15–Nov 13, 2003