The idea that health care might be refused on the basis of a person’s sex seems preposterous in Canada. Yet that is what many women in Afghanistan face today. The restrictions on women’s mobility ordered by the Taliban regime, the edicts against women’s rights and freedoms, the denial of education and employment, and even the dress code that is brutally enforced by the Ministry for the Propagation of Virtue and the Prevention of Vice have had a disastrous effect on the health of the country’s women and children. Taliban rule has also created a dire shortage of female physicians, making women’s access to health care even more difficult.

Today, women who want to offer such care have been forced underground in order to stay alive. Members of the Revolutionary Association of the Women of Afghanistan (RAWA, www.rawa.org) risk their lives daily to provide for the sick and teach home health care to women. Founded in Kabul in 1977, the organization has been relentless in fighting for what most North American women take for granted — the right to basic health care, education and employment. At a time of great peril for Afghans, they are the backbone for some of the most vulnerable people in that country: refugees, women and children.

Afghanistan’s Taliban rulers would have it otherwise. Images of the burqa, the head-to-toe covering Afghani women must wear, are now familiar in North America, but what is less well known is that it is made of polyester, worn over regular clothing and is stifling on hot days. With only one thick mesh covering the head to toe, women find it almost nil for women with eye problems. “It is difficult to get around in them; women must never make noise as they walk,” Fatima, a RAWA member who goes by her first name only, told CMAJ. “Widows who cannot afford the burqa are left to die, since they cannot leave home without one and have no means of supporting themselves.”

In today’s Afghanistan, windows must be painted lest women be seen from the outside. It is ironic that without this “law,” clandestine nursing courses would be crippled. Even though hospitals run by females still exist, training of female personnel is discouraged by the Taliban. Likewise, working conditions are heavily controlled in the areas they inhabit, and religious police patrol health facilities to enforce strict dress codes for doctors. “They can expose faces and fingers only,” says Sahar Saba, another RAWA member. “Some who break that rule have been beaten in front of patients.” Even male physicians must tread carefully, they say.

Dr. Lynn Amowitz, a researcher at the Harvard Medical School and Physicians for Human Rights (PHR, www.phrusa.org), represented PHR in several investigations in Afghanistan over the past year. “Where you are in the country and what theology the Taliban group in power holds determines how severe the punishment will be, if any. The Taliban are predictably unpredictable.”

RAWA, however, says things are more clear cut; in its view, health care is segregated to an extreme degree. “If there are no female physicians, women and children are denied help, even if they are dying,” says Fatima. Reports vary widely across the country, but one theme persists: men should not be looking at women. Even in places where this is tolerated, doctors are barred from examining body parts not directly affected by the ailment.

Policies confining care for men and women to separate hospitals were first announced by Taliban officials in January 1997. Later that year, the Ministry of Public Health forced all but one hospital to cut off medical services for Kabul’s half million women. A widespread ban on the use of female medical workers also took effect. The bans were lifted in November 1997 after the International Committee of the Red Cross intervened. “Since that time, international assistance has improved health care access and quality in many areas of Afghanistan,” says Amowitz.

Up-to-date reports are hard to obtain. Until recently, RAWA had runners meet its members at border crossings, and would then post news on its Web site. One RAWA member estimates that there are only 10 or 15 female physicians still practising in the country. Amowitz does not paint such a grim picture, but states that “the overall ban on education for women has created an abyss in health care.”

RAWA has focused extensively on the education of Afghan women. Many women got their start at the Malalai Hospital, founded by RAWA in Quetta, Pakistan, in 1986. At one time it served 400 patients a day, and with one of the most heavily land-mined countries in the world on its doorstep, it also developed a reputation as one of the best hospitals in a region where this was unheard of — in Pakistan, you often pay for both. When the hospital was forced to close 10 years later from lack of funding, the Afghan Women’s Mission was founded to raise the funds needed to resurrect it. Given the current situation, RAWA says this project couldn’t be more urgent.

Jessica Mendes, Toronto