

Journal of Conventional Weapons Destruction

Volume 6
Issue 3 *The Journal of Mine Action*

Article 26

December 2002

Upsetting Lives: The Public Health Impact of Landmines in Africa

Sarah Taylor

Follow this and additional works at: <https://commons.lib.jmu.edu/cisr-journal>



Part of the [Defense and Security Studies Commons](#), [Emergency and Disaster Management Commons](#), [Other Public Affairs, Public Policy and Public Administration Commons](#), and the [Peace and Conflict Studies Commons](#)

Recommended Citation

Taylor, Sarah (2002) "Upsetting Lives: The Public Health Impact of Landmines in Africa," *Journal of Mine Action* : Vol. 6 : Iss. 3 , Article 26.

Available at: <https://commons.lib.jmu.edu/cisr-journal/vol6/iss3/26>

This Article is brought to you for free and open access by the Center for International Stabilization and Recovery at JMU Scholarly Commons. It has been accepted for inclusion in Journal of Conventional Weapons Destruction by an authorized editor of JMU Scholarly Commons. For more information, please contact dc_admin@jmu.edu.

Upsetting Lives: The Public Health Impact of Landmines in Africa

This issue may be outdated. [Click here](#) to view the most recent issue.

Affecting Africans both directly and indirectly, landmines seriously weaken the public health of entire nations. Several experts in the field offer their interpretations of this complicated issue.

by Sarah B. Taylor

Introduction

Just three percent of all arable land in Angola is currently under cultivation. One in every 334 Angolans is an amputee. Five to 10 mine casualties occur each week in Ethiopia. The statistics are astounding.

Landmines are an immense problem throughout the continent of Africa, specifically in the way they affect public health; the International Federation of Red Cross (IFRC) and Red Crescent Societies (RCS) estimate that as many as 140 million Africans live in countries where the threat of injury or death due to landmines is high or very high. These menaces are found in villages, towns, and fields, and around roads, wells, schools, and health clinics. Both directly and indirectly, landmines have many adverse effects on the public health of the people of Africa. It is not only the physical injuries that affect the inhabitants of these nations; even the threat of landmines slows development. In Angola, studies illustrate that more individuals have died from poor water and sanitation, disease and malnutrition than direct injuries. By affecting water safety, agricultural development, public health campaigns and the socio-economic and emotional state of many inhabitants, landmines certainly hinder the well-being of entire African societies, while also killing, injuring and disabling over 12,000 African people per year.



A woman who lost her leg in a landmine accident sits on the ground, her crutches beside her, holding her twin babies in a center near Luanda, Angola for those displaced by the civil conflict.. c/o Ruth Ayisi, UNICEF

Water Safety

Throughout most of Africa, running water is not available; it is up to individuals to obtain water for the family. Landmines make this daily task daunting. Often those who have been injured or those who know someone who has been injured by a landmine on their way to obtain drinking water will refuse to return to this freshwater source and instead will walk to other landmine contaminated areas, increasing the risk of injury and unsafe water. Michael Gerber of the

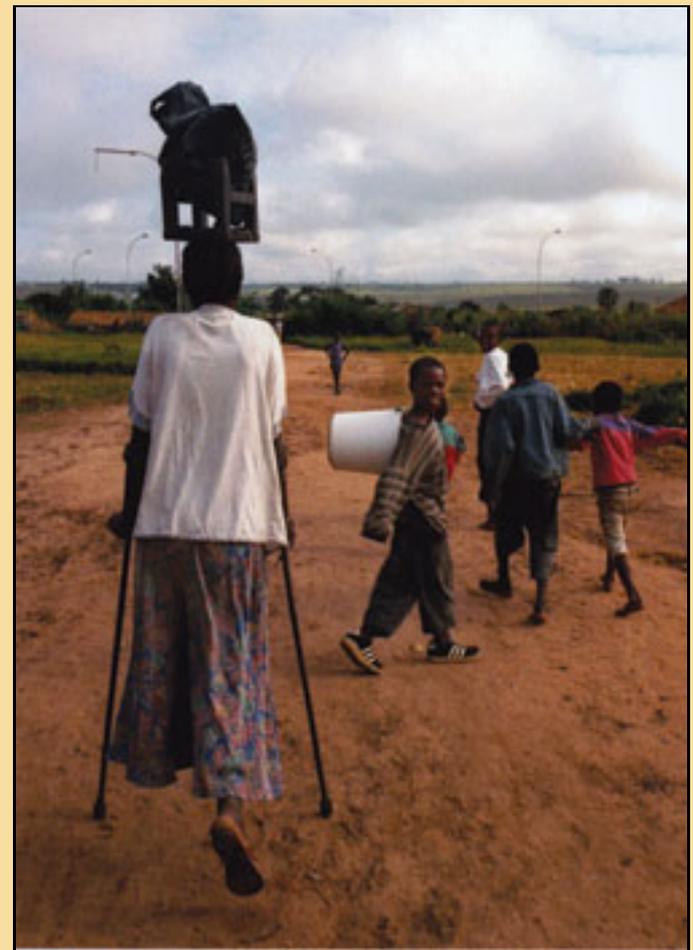
International Emergency and Refugee Health Branch at the Centers for Disease Control and Prevention (CDC) knows of this dilemma. He states, "It's a mixed message. On one hand, not going back to a water source because you think it's unlucky or cursed does not make a lot of rational sense. But avoiding the area because you know people have been injured there is smart prevention. The bottom line is the international community needs to map the unsafe areas so people know where they can and can't go."

Women and children, who are often responsible for this task, are especially affected. Dr. James Cobey, a surgeon at Physicians for Human Rights, sees this as a central dilemma. He comments, "People often get blown up getting water, and women are the ones who get water. They often walk a mile or [more] to get water. Half the day is spent getting water for the family. Water is a key thing." By detouring people from fresh water supplies, landmines put people at risk for physical injuries and contaminated water.

Agricultural Development

The presence of landmines and even the threat of landmines often disrupt agricultural development and consequently, the health of numerous Africans. Christine Knudsen, a children and war specialist at Save the Children recently spoke of the many effects landmines have on agriculture throughout Africa. She stated, "This is what we're talking about in terms of a weapon of terror. Landmines affect things in so many ways because of that threat, that potential. Just having a couple of landmines in a field puts those fields out of commission." For example, much like Angola, less than five percent of Mozambique's arable land is cultivated, and approximately one million acres of the Zambia-Zimbabwe border is also desolate because of landmines.

Pat Patierno of the U.S. Department of State's Humanitarian Demining Program (PM/HDP) recently discussed this problem in Angola. He stated, "It may not have the most landmines, but that is not the most crucial indicator of the problem. People are dying at the rate of 200 per month from starvation and malnutrition. The reason: fields which are fertile are mined. So we're not just talking about people who step on landmines, we're talking about people whose lives are affected because there are landmines there instead of fruit that they can reach."¹ Inhabitants of Zambia are also frustrated by the isolation of their farmland. A large population of pastoral peasants, people who have lived off this land for generations, inhabit the area. The peasants want to cultivate the land but do not because of the landmines. Instead, they are often forced to rely on international aid for food, while fertile land lies unused. A new mine clearance effort by the United Nations Mine Action Service (UNMAS) and the Zambia Campaign to Ban Landmines (ZCTBL) hopes to clear much of this land in the near future. Until then, the peasants cannot become self-sufficient. Somalia is another country severely affected by landmines and also faces numerous agricultural disruptions due to the presence of landmines. The mines are located throughout the large grazing lands between the areas of Burao and Erigavo and in the towns of Burao, Erigavo and Berbera. These landmines have not only stalled agriculture but have also killed large amounts of livestock.



An Angolan woman injured by a landmine makes her way back from the market in Cuito. c/o AP

Landmines not only obstruct the development of agriculture, but they also hinder economic developments in general, again sacrificing the well-being of local people. An excellent example of this is Dr. Ken Rutherford's, of Southwest Missouri State University, experiences in Somalia.

Rutherford was working there as a credit union training officer when the vehicle he was traveling in struck a landmine, he was severely injured, eventually becoming a double amputee. His purpose in Somalia was to help improve the economic situation of recently returned and terminally displaced Somalis, yet he notes, "Landmines caused relief workers to be injured, which in turn was an impediment to the future development of the infrastructure of Somalian society. Because of the landmine accident, the program was put on hold."

Public Health Campaigns

The known presence of landmines in and around African villages and towns also prevents the access and delivery of essential health care to communities. This is especially true when landmines are found on roads that access public health clinics and public meeting places. "This has often been a problem in countries like Sudan, Angola and Mozambique," states Gerber, adding, "There have been many cases where mines, UXO and other war-related causes have injured or killed public health workers in immunization and surveillance activities." The threat of injuries is even higher during what he calls "active conflict zones." He notes, "During active conflict, mines, fighting and UXO often prevent basic health care services from being offered." Accordingly, this greatly affects the public health of mine-infested nations. For instance, Angola has one of the lowest immunization rates in the world and after a breakout in 1999, is one of only 10 countries in the world to be classified as "polio-endemic."² The state of Angola's health care system is especially detrimental for children who suffer in large numbers from tetanus, measles, whooping cough and meningitis; among others, malaria is especially deadly, as this disease causes approximately 50 percent of deaths in children under the age of five.

Landmines have also had a large impact on public health campaigns throughout Zambia. The Gwembe-Tonga Development Project, a program that was designed to bring safe water, roads, schools and health centers to the area, was halted in May 1999. Funded by the World Bank, the project was forced to stop when its officials were either killed or severely injured by an AT mine.

Dr. Steve Mannion, a physician at Malawi's Against Physical Disability in Malawi, also notes these security issues. He states, "Landmines cause logistic and security problems for government health services, NGOs and international aid agencies to access communities in need of healthcare programs and other forms of support. For HIV, this causes difficulty in establishing educational initiatives [and] testing centers, improving treatment, etc,...at least this certainly has been my experience."

Socio-Economic Impact

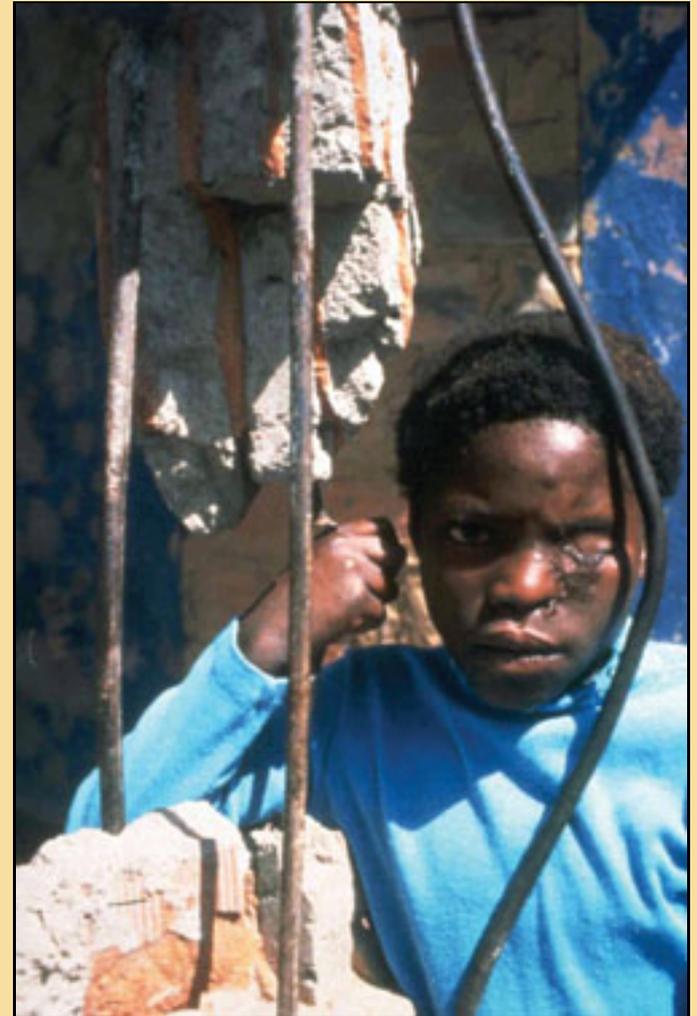
As most African countries are agrarian, disabilities such as the loss of a limb prevent inhabitants from carrying out everyday activities; this in turn severely affects both the social and the economic capacity of the disabled. Gerber comments on this dilemma. He states, "Data show that people involved in agriculture are more likely to be injured by mines and UXO than their urban counterparts." He also notes that the majority of landmine injuries leave the injured physically unable to complete their jobs, stating, "In less developed countries, subsistence as well as commercial agriculture is a manual process. There is little automation. A person—whether an amputee, blinded or disabled—is often no longer capable of working as a farmer. If you are not able-bodied in Africa, you are likely not able to work in agriculture." Laura Hamilton, an occupational therapist and the Director of International Programs at the Center for International Rehabilitation (CIR), has witnessed the societal impact of these physical landmine injuries. She notes, "Usually people with disabilities are no longer considered functional members of society, so they are not really allowed to work; or it is not really expected for them to work or be the bread winner of the family." This societal mentality of many African communities (and throughout much of the world) also has a dramatic economic impact. Hamilton states, "They're not expected or even wanted to continue working in the workforce, so they're kind of barred access to jobs. There is no such thing as returning to work." Thus, when a member of a family is injured, especially one that supplied the primary income, the dynamics of the entire family changes. Hamilton agrees, "[Children] have to quit school so they

can go help the family earn a living, or the mother, who often was at home with the children, is now out foraging. She's putting herself at risk for being injured too because she's out hunting food and gathering firewood, [tasks] that maybe she hadn't done before."

Gerber knows that disentangling this predicament is problematic. He states, "The challenge in Africa and elsewhere is to retrain people who cannot return to their pre-injury vocations for jobs that they can do after their injuries. A farmer becoming a tailor, a teacher, a baker, etc."

Emotional/Psychological Impact

The physical impact that landmine injuries cause to those scarred is immense itself, yet these wounds, along with their socio-economic consequences, also have severe emotional and psychological effects. Hamilton agrees: "I always focus on the emotional impact that it has on the family and how that carries out to someone's self-esteem. Somebody viewing themselves as worthless or a nobody, then the emotional impacts from that impact the whole dynamics of the family." The emotional status of landmine victims is important because disabled individuals often turn to alcohol and drugs, another serious public health problem. This, Hamilton notes, makes physical rehabilitation even more difficult. She states, "The more somebody's in that mindset of 'my life's over, I'm useless,' the harder it is for groups to come in and offer rehab programs and occupational rehabilitation because you're dealing with a societal mindset and not just an individual case-by-case [mindset]." To deal with these issues, she believes that the way of thinking of the entire society must be altered and that education and awareness are key in making this happen. For instance, she points to the United States Americans with Disabilities Act as an important step in changing a population's approach to the disabled by "...educating Americans about disabilities..." and thus allowing the disabled to find employment. This she sees as key, stating "We see people out working in the workforce and there's nothing like that." She states, "You're dealing with the whole. You have to give public education to the families and the person. You need awareness of what the disabled can offer and what they can do." While she speaks of the promise of education, Hamilton is also aware that it cannot completely remedy the current situation, noting, "Even if someone does go back to work, nothing is accessible; if [people are] bilateral amputees and they're in a wheelchair, nothing is accessible to them, mobility is difficult. [A disabled person is] in a wheelchair in total rubble conditions, and they're trying to roll it." This is nearly impossible.



A young Angolan mine victim stares through bars. c/o CARE

The mere presence of landmines also drastically impacts the emotional well-being of African societies, especially children. For instance, several NGOs report that 56 percent of all children in Angola have observed someone set off a landmine. In addition, many young Angolans express symptoms of trauma including irregular sleeping patterns, anxiety and fear.³

Conclusion

While landmines certainly hinder the status of public health throughout Africa, it is also important to note that they often are only a small part of the larger picture of fragile or even nonexistent public health systems. Knudsen's experiences in northwest Somaliland illustrate this. She states, "The impact of landmines had been made worse because of the state of public

health. There, there is very little in public infrastructure, very little in terms of health structure. They have no centralized way of doing vaccinations and very, very poor health services throughout the area." Thus, finding both emergency and rehabilitative healthcare for victims is extremely difficult.

"To me, it's the fear effect of not being able to get water and not being able to get to clinics. The fear of moving." Dr. Cobey reiterates the horror of the landmine situation. The mere threat of the existence of landmines, let alone their actual presence, disrupts everyday activities such as fetching safe water and cultivating fields for food. It also deters public health campaigns and dramatically alters the social and economic state of the injured and their families, ultimately affecting the structure and well-being of entire societies. Unfortunately, Gerber notes, programs that help alleviate the effects of landmines on both communities and individuals, whether physical, social, psychological or economic, are not as well-funded as mine clearance projects, making it difficult to establish wide-ranging improvements in the living conditions of African nations littered with landmines.

References

1. Online. Internet. 27 May 2002. Available: <http://www.allafrica.com>.
2. "One of the Worst Places in the World for Children." UN Integrated Regional Information Networks. Online. Internet. 8 May 2002. Available: <http://www.allafrica.com>.
3. "One of the Worst Places in the World for Children." UN Integrated Regional Information Networks. Online. Internet. 27 May 2002. Available: <http://www.allafrica.com>. May 8, 2002.

Contact Information

Michael Lipton Gerber
International Emergency and Refugee Health Branch
Centers for Disease Control and Prevention
4770 Buford Hwy., NE
Mailstop F-48
Atlanta, GA 30341
Tel: (770) 488-3520
Fax: (770) 488-7829
E-mail: mcg9@cdc.gov
Website: www.cdc.gov/nceh/ierh/default.htm

Laura Hamilton, MPH, OT
Director of International Programs
Center for International Rehabilitation
351 E. Huron, 2nd Floor Annex
Chicago, IL 60611
Tel: (312) 926-0596
E-mail: l-hamilton@nwu.edu
Website: www.worldrehab.org

Christine Knudsen
Children and War Specialist
Save the Children
2000 M Street, NW
Suite 500
Washington, DC 20036
Tel: (202) 530-4367
Fax: (202) 293-4167
E-mail: cknudsen@dc.savechildren.org
Website: www.savethechildren.org

Surgeon

Physicians for Human Rights *Journal of Conventional Weapons Destruction, Vol. 6, Iss. 3 [2002], Art. 26*

2029 K Street

Washington, DC 20006

Tel: (202) 298-7111

Fax: (202) 223-6534

E-mail: cobey@worldnet.att.net

Website: www.phrusa.org

Dr. Ken Rutherford

Landmine Studies Coordinator

Department of Political Science

Southwest Missouri State University

901 S. National Ave.

Springfield, MO 65804

Tel: (417) 836-6428

Fax: (417) 836-6655

E-mail: kenrutherford@smsu.edu

Website: www.smsu.edu/polsci/landmines

Dr. Steve Mannion

Physician

Malawis Against Physical Disability

E-mail: mannion@sdp.org.mw

[Top](#)