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Landmines: A Survivor’s Tale

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Landmines: A Survivor's Tale

I am a bilateral lower leg amputee as a result of a 1993 landmine accident in Somalia. Many readers of the Journal of Mine Action know the horrible landmine casualty statistics and facts. I hope that you will also contribute to making the world safer for all of us and help prevent similar stories.

I am Dr. Ken Rutherford, Assistant Professor, Department of Political Science, Southwest Missouri State University. Published by JMU Scholarly Commons, 2002

On December 16, 1993, my life was changed forever. My credit union staff in Lugh (located in the Gedo region, near the Ethiopian and Kenyan borders) decided to conduct site visits to legitimate time producers whose manufacturing locations were several miles outside of town. The four lime producer applicants got in the Landrover back seat, while the three directors and the union managers, Abdulahi Farah Ali, got in the front seat between my driver Abdul Raman and Somali counterpart Mohamed Hassan Duley.

After about 10 minutes of our excursion, we were coming to a ridge of a small gully. Then the Landrover spun hard to the left, the roof hit the road, my head hit the door frame, and I was forced to lie on my back, bloodied and with my left foot still attached. We were stopped by Captain Abdulahi and my other Somali staff and said that I enjoyed working with them and that we did our best. I found out that help arrived around 30 minutes later. The first "rescuer" down the ridge was Ken. I asked him if he could put my right foot back on. I meant it in a humorous way because I already realized that it would be nearly impossible to have a normal foot again and that it hurt too much to cry.

He and the Somali rescuers picked me up in a craddle position, holding my legs and arms under the shoulders, and then placed me in the back of a white pickup truck with my head on the lap of an Islamic Fundamentalist soldier leaning against the back of the cab while holding my head and his machine gun. My left hand was held by another soldier sitting on the side of the pickup truck with his gun as well. I remember looking up and into his eyes, with both of us squeezing each other’s hand. Ken was trying to keep my right foot on the leg while trying to maintain his balance in the bouncing truck. I remember thinking how great it was that Somali Islamic Fundamentalists were trying to save my life. Only several hundred miles away, in Mogadishu, they were trying to kill Americans.

Once I was placed in the truck, the pain set in. In the Lugh hospital courtyard I was loaded onto a metal roll-away cart, and taken into a medium-sized room. The room was full of Somali medical personnel, spectators and Tamera Morgan, an American nurse with extensive trauma experience. My forehead was pressed down and men were holding me down my arm so they could keep me from moving too much. I kept struggling to deal with the pain and to cry and raise myself so that I could look at my mutilated feet. I could not believe that they were so destroyed.

About 30 minutes later, I was taken back out to the hospital courtyard, where the pickup truck had remained during my time at the hospital. Several men transferred me from the table to the truck. There was a roll bar across the back of the truck located above the tailgate. During the transfer I grabbed it with both hands for support. Before the transfer, I had felt the large numbers of people that had crowded into the hospital courtyard and beyond. I told myself not to make a face of agony, pain, fear or suffering, but to present a face that everything was OK—no problems. I didn't want them to think that I was just another American or international relief worker leaving out of fear or warning. Before the accident, I wanted to prove that Americans and Somalis could work productively and cooperatively together to provide many with a new start in life and that the events in Mogadishu between Americans and Somalis had no influence over our work.

Lying in the back of the pickup, I remember Somali touching my legs and arms saying "sorry." I thought to myself "Who is going to help these people? Who is going to continue the credit union work here? We have over 400 applications still in process for Lugh's credit union." On the flight to Nairobi, I only remember moaning and mumbling "Oh my God" so much from the pain that I thought the pilot and crew were about to throw me in the air. I was probably giving him a headache. In the plane, I almost died. To keep me alive, Tamera and a Belgium Doctor Juris

by Dr. Ken Rutherford

A Survivor's Tale

Rutherford: Landmines: A Survivor’s Tale

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Vandelanotte saved my life by not only giving wonderful emergency medical care, but also giving me blood from their own bodies by direct transfusions.

Upon arriving in Nairobi, I was transferred to one of eight beds in a large room at Nairobi Hospital. I started begging to save my right leg, knowing very well that it was gone, but trying to protect my left leg. I figured that if I let my right leg go easy, then it would be much easier for them to cut off my left. I was twisting and struggling from the pain. The professional, patient and efficient hospital staff then strapped both my arms stretched out to each side as if preparing for a crucifixion. The last thing I remember before the operation was a nurse apologizing as he cut away my maroon T-shirt—the one that I wore at my going away party in Colorado that my family and friends had given before my departure five months earlier.

I woke up with the medical staff holding down my shoulders explaining that they had to cut off my right leg to save my life. I asked if I still had my left. When someone said “yes,” I started saying the first of my many thank yous to the hospital staff.

Before my departure, the nurse wheeled Dwayne in. It was the first time we had seen each other—at least consciously. I had seen him once on one of the metal carts at the Lough hospital—times the accident. He looked beat up. I remember his eyes being semi-closed. I stretched my left arm towards him, since I couldn’t roll over to give him my right.

He took my hand, and we held each other’s hand.

I was flown to Geneva on an SOS evacuation flight. In the plane, I was laid on a stretcher with sheets covered by a belt. My head was several inches from the window. Every three hours I was allowed a morphine shot. That last hour went by so slowly. The pain was incredible.

The first scenes were of the northern Kenyan, Ethiopian and Sudanese deserts, vast expanses of open space. We stopped to refuel in Egypt and I was looking at our plane window at some Egyptian soldiers. I was thinking “What am I doing? I’m on a plane in Egypt; I’ve lost my right leg; my left leg is in jeopardy....and yesterday I was working and fine.” Our lives can change in a split second—anybody’s. Later, during the night, I could see the lights of Italian and Swiss cities.

The arrival in Geneva was at night. Out of my small window, I saw Kim, my father and Steve Richards, the IRC Executive Vice President, plus airport security guards and ambulance personnel. I gave the thumbs up through the window as the plane was coming to a stop. Once the door opened, Kim rushed on the plane. As I saw her coming in the hands, I took off the oxygen mask, then we hugged. I was immediately taken in an ambulance to the hospital. My first memory of the hospital were getting X-rays of my foot and then being put under. We did not know if I would come out with a foot or not. This was the first of three operations in five nights in Geneva to save my left foot. During my five-day stay in Geneva, I was in tremendous pain and agony. My father, Kim and Steve would visit several times each day. It was so great to see them—to be alive. Yet I was so tired of trying to cover up the pain that I was feeling. Moans would unconsciously come out of me, without my controlling the sound or timing.

On December 22, 1994, I was flown to Denver, Colorado, then transferred by ambulance to the Institute for Limb Preservation at Presbyterian/St. Lukes Hospital. Over the next six days, I had three more operations, led by orthopedic surgeon David Hahn, who had experience dealing with munitions and weapon injuries while serving as a U.S. Army doctor. I was lucky to have him on my team. The last operation lasted 12 hours. The doctors had used my stomach muscle to replace the lost foot tissue. They sewed the blood vessels together. They also moved the pinot toe to the place of my missing fourth toe. So far, I had been in four hospitals in four countries in one week, while going through seven operations on my left foot and the amputation of my right leg in 12 days in three countries. I was transferred to my fifth hospital, Boulder Community Hospital Mapleton Center, in mid-February. I remained there for three weeks.

Since that time, I have undergone four additional operations in two other hospitals on the left foot, including its amputation by another U.S. Army surgeon, Dr. Christopher Attinger, at Georgetown University Hospital. As a bilateral amputee with two prosthetic legs built by Charlie Crone at NASCOTT Rehabilitative services in Arlington, Virginia, and a service provider to several other American landmine survivors. I am able to play basketball, golf and soccer with my four children.

Nevertheless, the real point that I would like to make it what about the other landmine victims? I am so lucky. I am lucky to be an American—to have the best medical care, therapy and prostheses available. Thus far, my medical care costs are in the neighborhood of a few hundred thousand dollars. What about the Somalis who are hurt by landmines? Who is going to help them? Who is going to pay for their care and therapy? There are thousands of victims around the world in places where having one’s legs and arms is key to economic survival. They are the farmers, herders, traders and merchants, who need their limbs to work. These people do not have access to any medical facilities, let alone any of the quality that we have here, and they cannot quickly transfer from one career to another.

I was able to contact help by my hand-held radio. My employer had the organizational capabilities to get me evacuated to receive excellent medical treatment. Excellent medical and rehabilitative support have been instrumental in my recovery. Most people do not have such blessings. As you have learned, the medical consequences of mine injuries require prompt and repaired surgical care, not so readily available to civilians in many parts of the world. From the moment my vehicle hit the landmine, I found myself in a position that is not familiar to me in my role as a humanitarian aid worker. I had become a victim and disabled. Like so many others who have been victimized, I found myself questioning my life. As I struggled to save my remaining leg and recover, I discovered an overpowering wave of support and assistance both for myself and for my family that has me humbled, and I have realized that most mine victims are not so lucky.

In 1997, I started an organization, the Landmine Survivors Network, with another American landmine survivor, Jerry White, to help landmine survivors help themselves, primarily by helping them to recover and reclaim their lives. We traveled the world trying to figure out how to help, which included supporting the inclusion of victim assistance language in the Mine Ban Treaty (Article Six, Paragraph Three).