



## BULLETIN

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### *Health and Political Violence*

	Page
<b>Editorial Introduction By Meredith Turshen</b> -----	1
<b>Reconstructing Health in Post-War Mozambique By Julie Cliff</b> -----	3
<b>A Critical Comment on “Reconstructing Health in Post-War Mozambique” By Karim Hirji</b> -----	6
<b>Violence, Gender and Illness in Post-War Mozambique By Robert P. Marlin</b> -----	9
<b>The Uprooted and the Forgotten By Asma Abdel Halim</b> -----	16
<b>Women and Conflict in Africa By Meredith Turnshen</b> -----	19
<b>Some Reflections Arising from “Women’s War Stories” By Karim Hirji</b> ----	25
<b>Removing Landmines--One Limb at a Time? By Warren “Bud” Day</b> -----	31
<b>The Photographer, His Editor, Her Audience, Their Humanitarians: How Rwanda’s Pictures Travel Through the American Psyche By Niranjana S. Karnik</b> -----	35
<b>Professional Accountability: Lessons from the South African Truth and Reconciliation Commission By H. Jack Geiger</b> -----	43
<b>CHISA: The Committee for Health in South Africa</b> -----	45
<b>ACAS Membership Form</b> -----	47
<b>Book Announcement</b> -----	49

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## Editorial Introduction

Meredeth Turshen  
ACAS Political Co-Chair

As I write, the Chiefs of Staff are hunkered down in the Pentagon war room, waiting to give the signal (once again) to bomb Iraq. And, once again, there is a last-ditch attempt to forestall the horrors of war: UN Secretary-General Kofi Annan is in Baghdad trying to negotiate a settlement with Saddam Hussein, although the Clinton Administration has given him no (public) margin for compromise. The Iraqi situation brings a sense of urgency to this issue of the *Bulletin* on health and political violence, which continues the theme of intervention and conflict presented in issue no. 48/49 (Fall 1997), this time from the perspective of those who suffer the consequences. The articles published here are drawn from two panels that ACAS organized with the Current Issues Council (CIC) and the Committee for Health in Southern Africa (CHISA) at the 1997 meeting of the African Studies Association in Columbus, Ohio.

With conflict in Africa so pervasive--more than twenty countries have been or are involved in recent wars--there is growing recognition that the development business cannot go on as usual, that policy makers have vastly underestimated the extent of war damage, and that planners must take into account the psychic as well as the physical devastation of war.

Mozambicans (among far too many others) have experienced international attempts to ignore the past; for example, they have witnessed the IMF block rebuilding in the country. And they are internalizing the wounds of war deeply. Julie Cliff has been working in Mozambique for the past twenty years, in the Ministry of Health and at the Faculty of

Medicine. Throughout the long nightmare of the civil war with Renamo, which was supported by South Africa and funded privately by U.S. citizens, we depended on Dr. Cliff for reports on the impact of the war on health and health services in Mozambique. In this contribution, she recaps that history and analyzes the post-war scene--the introduction of private medicine, the dependence on external aid, and the far-reaching and intrusive presence of NGOs. Karim Hirji of Tanzania, who was to be the panel discussant but who, like Julie Cliff, was not able to attend the ASA conference, sent us a critique of her paper, which we publish here.

Robert Marlin, a doctoral candidate in anthropology at Rutgers, is just beginning an important investigation of the psychic wounds of war in Mozambique. His is a rare contribution to the tiny body of literature on the impact of civil war that focuses on mental health, and his emphasis on the gendered differentiation of outcomes makes it that much more interesting.

Asma Abdel Halim is a Sudanese lawyer who defends human rights, women's human rights and women's legal rights. Active in campaigns against violence against women, she is an advocate for the eradication of female circumcision. Asma Abdel Halim is a member of the Sudan Human Rights Organization and Women in Law and Development in Africa (WiLDAF), and she is involved with Peace in the Horn of Africa, a group of U.S. NGOs that are addressing the issue of civil war in southern Sudan and the Horn of Africa. This paper on Sudanese refugees from the civil war is drawn from her chapter in a new book, *What Women*

*Do in Wartime: Gender and Conflict in Africa*, edited by Meredith Turshen and Clotilde Twagiramariya.

My own contribution to this issue of the *Bulletin*, Women and Conflict in Africa, is an abbreviated version of my introductory chapter to *What Women Do in Wartime*. I sent an early draft of the chapter to Karim Hirji, who was preparing for his role as discussant on the ACAS panel. Because the issues he raises have broad significance beyond the scope of the paper, his response to it is published here, although the version you will read is different from the one he comments on.

Hirji comments on the role of corporate media in projecting U.S. governmental policy. We are witnessing this kind of media campaign in the attempt to whip up support for the Clinton Administration's intention to bomb Iraq. Bud Day, in his passionate appeal to ban landmines, describes another kind of media coverage--the attention Princess Diana drew to this issue and the increased public support of a ban since her death, as well as the publicity generated by the award of the Nobel Peace Prize to the International Campaign to Ban Landmines. None of this has been enough to put the U.S. government's signature on the treaty: ACAS activists need to bring far more pressure to bear on our policy makers and legislators.

Niranjan Karnik pursues the theme of media impact in his inventive commentary on a fundraising advertisement for refugee relief following the Rwandan civil war. He addresses what some are calling "the pornography of poverty"--the essentialist and stigmatizing images of Africans used to appeal for money. The use of powerful symbols like the white female caregiver and black male perpetrator of violence is but one of the ethical dilemmas facing humanitarian organizations in their work in complex emergencies.

The last article is a brief note from Jack Geiger about his work on medical accountability for the Truth and Reconciliation

Commission of South Africa. Dr. Geiger participated in a mission to assist the Truth and Reconciliation Commission (TRC), which was sponsored by the American Association for the Advancement of Science, CHISA, and Physicians for Human Rights in June 1997. Those of us who were lucky enough to attend the ASA remember the graphic details of TRC testimony that Dr. Geiger brought us, and we look forward to publication of the mission's report.

Finally, we include a brief description of CHISA and an invitation to ACAS members to participate in a redefinition of that organization's mission in the post-apartheid era. At the last two organizational meetings of ACAS, the membership approved closer collaboration with CHISA, and CHISA's participation in ACAS and CIC panels last year at ASA was an instance of that new linkage. One idea is to turn a page of the *Bulletin* over to CHISA for use as a newsletter. Other suggestions are welcomed. Please send your comments to ACAS at one of the addresses listed on the inside cover of this *Bulletin* or direct to CHISA, PO Box 268, Englewood, NJ 07631.

## **Reconstructing Health in Post-War Mozambique**

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It is now five years since the war between the Frelimo government and Renamo ended with the signing of a peace accord in 1992. It is three years since elections in 1994 resulted in a Frelimo victory. This war was part of South Africa's destabilization strategy against its neighbours. It began in the late 1970s when Rhodesia carried out counter-insurgency operations in Mozambique and created Renamo as a resistance movement. With the independence of Zimbabwe in 1980, South Africa took over Renamo and intensified the war. As a result, around five million of the population of 16 million were displaced within Mozambique to cities and rural settlements. Another 1.5 million were refugees in neighbouring countries.

The end of apartheid and the cold war paved the way for peace and Mozambique is now held up as an example of a successful peace process. Not least among the successes has been the reconstruction of the health services. It is still, however, an incomplete and ongoing process.

This presentation is part of a book chapter that will summarize the impact of the war on health. Here, I will focus on post-war reconstruction of the health services. Before I address this issue, I will set the context by briefly describing the impact of the war on the health services.

### **The War (1980-1992)**

Mozambique's pre-war health services were considered a model by many, because of their emphasis on primary health care prevention. Shortly after independence from Portugal in 1975, the health services were nationalized and private practice was banned. The resulting National Health Service (NHS) quickly expanded in the post-independence years. Primary health care units tripled from 400 to 1,200 between 1975 and 1982.

The health services were a target for Renamo, as they were a visible sign of government success. Around 40% of the 1,200 peripheral health units were destroyed or forced to close. This led to an increase in the already existing bias toward urban health care.

The quality of the health services worsened during the war years. This decline in quality was due to the combined effect of the war and economic structural adjustment policies. A structural adjustment package was introduced in 1987, at the height of the war. Government spending on the health sector declined nearly 40% in real terms between 1980 and 1989. This led to a dependence on external aid. By 1992, external aid accounted for approximately 60% of all expenditure compared to 29% in 1986. Donor dependence had a number of negative consequences. Instead of an integrated health service, vertical disease control programmes were strengthened. Some donors set up their own management and supply systems, which weakened the health service system. Large numbers of international NGOs

came to provide relief in the rural areas. On the one hand, they provided a valuable service and filled a vacuum. On the other hand, many of their projects were costly and unsustainable. In this period, the Ministry of Health had to change its role from managing an integrated NHS to dealing with donors and crisis management.

In spite of the overwhelming demands made on the Ministry, policy makers managed to develop post-war reconstruction plans in the early 1990s. These plans provided the basis for post-war reconstruction, with priority given to reconstructing the rural health care system.

We can divide the reconstruction process into two periods: an immediate post-war transition, when relief and rehabilitation proceeded simultaneously, and a later period when reconstruction predominated. Let me now examine the main features of these two periods.

### **Immediate Post-War Transition Period (1992-1994)**

After the 1992 peace accord, there was a massive return of refugees and displaced people to their homes. The vast majority of these people returned spontaneously. This put an enormous strain on the health services; around 5 million people needed services in new locations. Those returning to rural areas were often suddenly deprived of health care.

This period was chaotic. Many agencies began reconstructing peripheral health units without coordination and without reference to Ministry of Health plans. Some NGOs who had played an important role in relief during the war found it hard to adapt to the transition to peace. In the rush to reconstruct, they sometimes did not adhere to national standards, e.g. they used poor quality building materials. In addition, they did not take staff and equipment needs into account.

During this period, the Ministry of Health was subject to budgetary constraints and wage caps imposed by the IMF. The number and

type of new health personnel that could be employed was severely limited. At the same time, the Ministry was meant to assume the recurrent costs and place staff in reconstructed health units. In 1996, about 100 health units were still closed or operating below acceptable standards owing to lack of funds and staff shortages.

Refugees returning from neighboring countries had a powerful advocate in the United Nations High Commission for Refugees (UNHCR). High priority was thus given to providing health services to returnees from neighboring countries. UNHCR rehabilitated or constructed more than 130 health units, of which 30 were in ex-Renamo areas. This reconstruction was mostly carried out in partnership with international NGOs. The internally displaced within Mozambique had no such advocate. Many of the refugees had also previously benefitted from higher quality health services in their country of refuge than that available to the internally displaced. Reconstruction sometimes exacerbated existing inequalities. For example, in Zambezia province, the health network was restored to almost pre-war levels in three years. But this rehabilitation perpetuated and worsened pre-existing inequalities, favoring easily accessible districts. There was also the delicate task of reintegrating Renamo health workers. As many Renamo health workers did not meet formal government training criteria, special upgrading courses were organized.

### **Post-War Reconstruction (1995-1997)**

Post-war reconstruction and development have been hampered by short-falls in donor funding. Since 1993, the money available for the health services has been declining. Although the Mozambican government allocation has increased, it is insufficient to cover reconstruction and recurrent costs, and will be for the foreseeable future. The Ministry of Health has given high priority to expanding and re-establishing the primary health care

network. Impressive progress has been made, with around 75% of the pre-war network reconstructed. Coverage and service consumption are expanding, with indicators such as consultations per head and vaccine coverage improving. This improvement has been possible because of increased efficiency.

In this period of reconstruction, bilateral donors have played an increasing role. Major donors such as the European Union, France, and Finland have reduced the proportion of their aid channeled through NGOs. They have increased support to Ministry of Health programmes and provincial health services. A major exception is U.S. AID, which still uses international NGOs to channel most of its funds in health. These NGOs often use a separate, project-oriented approach, and they are often not well-integrated with the health services.

The physical reconstruction of the health services has been impressive. However, the quality of the service remains a major concern. A major contributor to low quality is poor staff morale because of low wages. For example, the monthly wage of a nurse fell from the equivalent of \$140 in 1991 to \$40 in 1996. In 1997, a 30% increase raised the wage to \$57. Health workers often work fewer hours, as they have to earn a second income elsewhere. Corruption is widespread, with patients facing a series of parallel charges for services. They often have to pay extra illegal charges for consultations, medicines, and laboratory tests.

The low wages have also had an adverse effect on personnel retention. Some health workers have left the health service and gone to work in private practice or for NGOs. Many women health workers have left to work in the informal sector.

Private practice was reintroduced in the early 1990s. As well as private practice, patients can pay more to get better service and be seen at special clinics in hospitals. Thus a two-tier system has emerged. In the upper tier, income determines access to services. In the lower tier, patients are dependent on a National

Health Service, where charges may put the service out of their reach. In conclusion, the Mozambican health service proved remarkably resilient during the war. With peace, it has been rapidly rebuilt. It remains to be seen whether it can provide good quality care for the poor as the pressures of market capitalism increase.

For further reading, see the bibliography at the end of Robert Marlin's article.

## **A Critical Comment on “Reconstructing Health in Post-war Mozambique” by Julie Cliff**

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Julie Cliff’s paper first overviews the impact of war on the health sector in Mozambique. It then outlines post-war attempts to reconstruct it. The author notes three main aspects of the pre-war health service: stress on primary care and prevention, nationalization of the health delivery system and banning of private practice. The effect of war on the health sector was twofold: (1) it reduced governmental spending on health, and (2) the health infrastructure was a direct target for the Renamo fighters. The first problem was compounded by the structural adjustment program imposed on Mozambique in 1987. In the post-war period an attempt to reconstruct the health sector has been undertaken. This was a difficult task due to the need to resettle hundreds of thousands of refugees, the shortages of donor funds, staff shortages, the closure of many health centers as a result, and the lack of coordination among donors. U.S. AID is specifically critiqued on the last point. Overall, it is concluded that an impressive effort to rebuild the health sector has been underway. Many obstacles remain. These include: the problem of corruption, low salaries of the health staff, the problem of retention of staff, and the introduction of a two-tier system that may exacerbate inequality.

At first glance the paper appears to be a concerned and factual analysis of an African country facing massive problems. However, I do not think that that is the case. In my view, it has serious flaws and is based on a superficial and therefore a misleading view of the situation. Let me elaborate on this.

First, the paper fails to give any hint that the problems facing the health sector in Mozambique are not unique. The problems noted for Mozambique are, in their essential

aspects, also those in, for example, the health sector in Tanzania, a country which did not undergo military destabilization and civil war. Why is that so? In my opinion, this oversight stems from absence of an understanding of capitalism as a global system, of the integral relationship between health and economics, and of the historical roots and continuity of the trends visible in Mozambique today.

Let us note an example of the lack of a global view. The war in Mozambique is noted as a part of a South African destabilization strategy. But that is only half true. This war was a part of the U.S. post-World War II strategy of destabilization of nationalist or “unfriendly” states. In some places, the job was done by proxy or allied regimes. In other places, it was done directly. In Angola, the job was carried out by the CIA with the assistance of Mobutu and South Africa. In Mozambique, the hand of the U.S. government was not directly visible. However, there was firm support for the murderous Renamo gangs among right-wing U.S. circles. They were regarded as “anti-communist freedom fighters” in much the same vein as the Nicaraguan Contras, and funds were raised for them. Further, the direct targeting of health services and personnel by Renamo bore an uncanny resemblance to the tactics employed by the Contras in Nicaragua.

Making the above point is not just a matter of correcting a part of the historical record. In its most basic aspect, it relates to not viewing the basic ties of the Mozambican economy to the global economy and how that factor is the most critical force influencing the health of the Mozambican people. Non-perception of fundamental international connections permeates

the entire fabric of the paper. To take another example, consider the nature of the critique of “structural adjustment” given. No reasons are given as to why that happened. It appears to be something that came out of the blue. I think structural adjustment was a logical outcome of the policy of continued integration into the global capitalist system that was pursued by the Frelimo government. The internal and external factors are linked. We need to analyze these links to attain a clear view of how things came to be what they are and how they can be changed.

If a broad view of the health sector in Mozambique is taken, one would ask why the health sector in Tanzania, which had the same three features noted by the author for Mozambique, is also facing identical problems despite their different political histories. The policy of the Mozambican government to emphasize primary health care was not unique. Tanzania had a similar strategy. But it too failed. Many rural clinics had to be closed, and now hardly anything remains. I hold that in both cases, the failures were integral to the bureaucratic way in which they were carried out, to the heavy dependence on donors which underlay the effort, and to the very superficial nature of the effort involved. Further, in the long run, the attempt to promote health was, in both cases, in direct contradiction to continuing the emphasis on export crops at the expense of food crops, and of the colonial policy of integrating the economy into the world market as a supplier of primary products. In my view, the health sector in Mozambique would have failed, whether there was a civil war or not. Given the overall economic direction, the superficiality of the Marxist rhetoric by an anti-worker regime which suppressed unions while fostering dependence on international capital, that was just a matter of time. Civil war no doubt hastened the process and led to a more drastic and ruinous impact. But the basic roots of decline lay in the post-independence economic and political strategy of the Frelimo government. There was no attempt in post-war Mozambique to challenge the structural fabric of the colonial society. To talk of banning private health care in Mozambique is a

misnomer; there was hardly anything to ban, in the first place.

Cliff’s paper does not educate us on the internal factors which led to the decline of health services in Mozambique. These internal factors were the other side of the external factors as well. Connected with these factors was, as in Tanzania, the view that donors rather than the people were the basic promoters of economic development. In fact the donors, whether multilateral or bilateral, Soviet or Western, were and are one of the main causes of the problems facing the economic and health sectors in Mozambique today. Failure to see this leads Cliff to a critique of the donors that looks at the form rather than the substance of their effort. They are critiqued in terms of a lack of coordination. This, on the other hand, implies accepting the terms and direction of economic and health “development” dictated by the donors.

The problems the author relates for Mozambique are universal problems facing health sectors all over Africa. The solution to them is not in donor funds. That solution will only emerge when the people of Africa can take their destiny into their own hands and have governments that are not beholden to global financial institutions and multinational corporations. It is a problem of lack of genuine democracy, a problem of lack of self-determination, and of being crushed by odious debt.

Absence of a comprehensive analytic view also leads the author to make some astoundingly naive statements. For example, in reference to “the pressures of market capitalism” the author says, “[i]t remains to be seen whether it can provide good quality care for the poor...”! What does the example of other African countries, China, Vietnam, and the former Soviet bloc countries show? If one is prepared to take a look, then there is nothing that remains to be seen. The lesson is clear--even the minimal health services which the poor (that is, the vast majority) had, will disappear. Such a trend in health care availability for the poor is clear even in the U.S.!

There is also a problem of ethical double standards that I will note. This is shown in the phraseology of the introductory part of the paper. According to it, the peace process in Mozambique was a “successful peace process.” By what standards? When an entire nation is terrorized, as for example, in Nicaragua, and when the only terms under which that terror will be lifted are those acceptable to the sponsors of the terror, it is strange to consider acceptance of those terms by an exhausted populace as a successful outcome. Successful for whom? In Mozambique, there was no accountability for those who carried out the mass murders, and none at all for those who sponsored them. Why is it a success in Africa for murderers to be allowed to get away with their deeds while the Nazis have to be prosecuted even after fifty years! Not only that, but when the outcome of the peace is continued misery and economic domination of the people of Mozambique, what kind of success is that? At the time of the post-war election in Mozambique, it was noted by an astute observer that whoever won the election (Renamo or Frelimo), it would make little difference in the life of an ordinary Mozambican. That life and future was already decided by the external economic overlords.

The ethical basis of Cliff’s analysis is similar to that one finds in the general U.S. media when it comes to Africa. Let us take an example. The December 28, 1997 issue of the *Los Angeles Times* has a news story by Pat Reber entitled “U.S. Businessman Eyes Prospects for Wildlife Park in Mozambique.” It relates to the proposal by an American financier “to build a huge game park and resort complex in the 580,000 acre territory” in southern Mozambique. Several concerns are noted by the writer. These include the possibility of changing the environment, that about 15,000 people would be displaced and their way of life dramatically altered, and the by-passing of the normal channels through which such projects are supposed to be approved. On the other hand, the project would bring in \$800 million worth of investments and generate many jobs. It is also noted that the businessman in question, John Blanchard III, had in the past supported

“anti-communist rebels in Nicaragua” and “the conservative Mozambique Resistance Movement.” The latter, it is said, “earned the government’s respect for his interest in the country.”

So what we have is a businessmen who backed terrorist organizations in Nicaragua and Mozambique which brutally butchered ordinary villagers, blew up schools and health centers, and engaged in all sorts of horrific atrocities, being welcomed by the Mozambican government to come and “develop” the country and provide jobs. First of all, any shred of common sense would make us question what kind of “development” is in store for the people of Mozambique. Further, even a modicum of decency would make us ask whether, whatever the nature of the project involved, whether such a funding source can ever be acceptable. Imagine a Swiss banker who had derived his fortune from the gold looted from the Nazi holocaust victims coming to invest his fortune in Israel in a tourism project that would displace many local residents and create environmental degradation. Imagine him being welcomed by the Israeli government and imagine the *Los Angeles Times* reporting that in a nonchalant manner. Yes, he supported the Nazis but after all, he was an anti-communist! Of course, you cannot imagine that. But for Africa, that is possible.

I do not think that the long-run interests of the people of Africa are served by the superficial and naive analysis given in this paper. Such an analysis cannot bring to the fore how those problems are to be resolved. To deal with those problems, we have to call a spade a spade. We should also follow the advice of Albert Einstein who once remarked: “Imagination is more important than reality.” For the people of Mozambique and Africa, we must be able to imagine possibilities vastly different from those imposed by global capitalism, and not be confined in our analysis and actions by the conceptual tools and the so-called practical options imposed by capitalist ideology.

## Violence, Gender and Illness in Post-War Mozambique

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*Alete is 46 years old and has nine living children. She has given birth 11 times. During the war between government forces and the Mozambican National Resistance, she fled, along with many others from Tete Province in north-central Mozambique, across the border into southern Malawi. There she lived in a camp for Mozambican refugees with her children and others from her village. Her husband was in the army and they were separated during most of the war.*

*When she returned to her village in 1994, her husband also returned, bringing with him a second wife, ten years younger than Alete. Now three years later, he has taken a third wife. Alete has tried to become pregnant, but without success, and she now worries about how her husband will treat her. She is looking for an n'anga, an indigenous medical practitioner, to treat her "infertility".*

*Albano is 34 years old and unmarried. In 1983, as the war in Tete was beginning to intensify, he joined the army to fight the Mozambican National Resistance, known as Renamo. He served in Tete Province, and in Inhambane and Gaza Provinces in the southern part of the country. After ten years of combat, he was demobilized when the war officially ended and he came home to Tete Province. Most of his family had taken refuge in southern Malawi during the war, and they now returned as well. Currently, he lives with his sister.*

*Albano will not talk about his experiences during the war. His sister knows, though, that he was involved in a number of battles in which many people were killed. Since his return, he stays home and does not work. He says very little and is easily startled. When he*

*encounters a stranger, he becomes extremely frightened and agitated. His sister says that when he first came home from the army he was not "right", but that he had been to an n'anga who was able to help him, at least temporarily.*

This paper examines the impact of violence and community dislocation on local idioms of illness among former refugees and displaced persons in north-central Mozambique. Specifically, it focuses on the relationship between cultural conceptions of illness and gender-power relations in a historical context of violence and social destabilization in Mutarara District, Tete Province. The population of Mutarara District was dispersed throughout north-central Mozambique and southern Malawi during the decade-long war in Tete Province between the forces of Renamo (Mozambican National Resistance) and those of the ruling party, Frelimo (Front for the Liberation of Mozambique). The conflict officially ended with the October 1992 peace agreement between the two parties, and the majority of those physically displaced were able to return to their original areas of residence during the next two-and-a-half years (Wilson 1994b; Koser 1996; UNHCR 1996).

Despite this, the destabilization of Mozambican society produced by this conflict continues to reveal its effects upon the daily lives of communities throughout the country. The massive dislocation of the population and the violence inflicted upon them tore apart the social fabric of communities (McCallin and Fozzard 1990; Nordstrom 1992, 1995; Wilson 1992; Cliff and Noormahomed 1993). While great attention was focused on the situation at

the height of the conflict, with international relief and aid agencies providing health care assistance to the displaced, such attention has waned since the completion of the relocation program sponsored by the United Nations High Commissioner for Refugees (UNHCR 1996).

As the number of official and unofficial refugees has increased dramatically in recent decades, anthropologists have begun to study the social impact of dislocation and violence on refugees and internally displaced persons (Hein 1993: 43-44; Wilson 1994a; Malkki 1995a, 1995b; Hansen and Oliver-Smith 1982) and to establish the links among gender, illness and violence in displaced populations (Jenkins and Valiente 1994; French 1994). Most of these people forced to flee their homes are in fact “internally displaced” persons who have not crossed international boundaries and are, therefore, not entitled to assistance from the United Nations and other international bodies as “refugees” (Lee 1996). Although refugees and internally displaced persons are still distinguished by international law, states and aid organizations, I will use the term “displaced” to encompass both populations. As many of these displaced populations are now beginning to be repatriated, this provides an opportunity to examine not just the impact of flight, as was possible in camps and host countries, but the experience of return, and of long term violence, on the dialectic relationship between gender-power relations and illness.

My inquiry is premised upon two notions from medical anthropology and the anthropology of gender: namely, within medical anthropology, that the body is no longer regarded as comprising separate physical and mental selves, and conceptions of health and illness are now seen as socially-based and intersubjective (Kleinman 1980; Feierman 1985; Feierman and Janzen 1992; Scheper-Hughes and Lock 1987; Good 1994; Csordas 1990; Guarnaccia et. al. 1996); and that the study of gender now includes the study of power relationships which exist among men and among women, and between men and women and institutions (Martin 1987; Hodgson

1995; Hunt, Liu and Quataert 1997). Drawing upon these theoretical frames, this paper will focus on three illness complexes which demonstrate the interactions between violence and gender-power dynamics, and between violence and local idioms of illness: AIDS-*chitaiu-aborto*, Post-Traumatic Stress Disorder-*njumba-susto*, and infertility. Each of these highlights the contribution of violence and social destabilization to the transformation of local conceptions of health and illness; the role of violence and dislocation in the reconfiguration of gender and power relations, which are integral to such conceptions of illness; and the role of health as a site of struggle for control between men and women, and between male-dominated hierarchical social structures and “the state”.

The majority of the population in Mutarara identify themselves ethnically as Sena. Colonial era ethnographies of the region prior to the civil war describe Sena society as marked by a strongly patriarchal and hierarchical social structure (Rodrigues Pereira Gens 1956; Rego Martins 1960; Váz Pereira Brites 1960). My own ethnographic research carried out in Mutarara during July and August 1997 confirmed that this is in fact still the case in the district. This, coupled with the conflict between Renamo and Frelimo forces, and the subsequent social destabilization and dislocation, seems to have increased the social and physical violence inflicted upon women in Mozambique (McCallin and Fozzard 1990; Marrato 1994; Wilson 1992). Now that the conflict is officially over, and there is no longer an external enemy to attack, violence generated during the war appears to be redirected internally against individuals and communities, and this pattern of self-directed attack closely resembles that seen following other extended low-intensity conflicts and dirty wars (Young 1995; Desjarlais, Eisenberg, Good and Kleinman 1994). Carolyn Nordstrom, focusing on the impact of war on social institutions, believes that Mozambicans want to diffuse the culture of violence which has developed during the course of decades of conflict, but find this

especially difficult to accomplish as violence has not only become embedded in everyday life, but now determines its structure (1992).

Prior to the recent civil war, Frelimo forces fought a decade-long war of independence with the Portuguese. By the time the conflict between Renamo and Frelimo officially ended, Mozambique had been engaged in armed conflict on and off for three decades, and more than one generation grew up with collective violence as normative. Theories of violence and gender in other societies suggest that when men are allowed to express themselves without censure and women are socialized to be silent and deferential before men, women may be left as the final recipients of this increased violence (Marrato 1994; Desjarlais et. al. 1994; Jenkins and Valiente 1994).

At the same time, illnesses believed to derive from social conflict are defined in Mutarara as originating from within the realm of women, as is the case in much of the region and across the continent (Meena 1992; Mullings 1984). Women are held responsible for such illness, either as agents of actual sorcery or as sources of social imbalance and conflict (Meena 1992). Sexually transmitted diseases, for example, are seen as a “woman’s disease” as women are seen as inherently unclean (McFadden 1992: 159, 185; Mullings 1984). Do women become victims of violence because they are seen as unclean, or do they become unclean because they are the victims of violence? Is Sena society realizing the magnitude of the violence inflicted upon women and assuming that there must be an outlet for this, in the form of witchcraft, perhaps? If this is true, then illness supposedly caused by women may, in fact, ultimately be caused by violence. As Allen Feldman notes, the body altered by violence “traverses both subject and object poles” (1991: 7).

Abortion provides an example of this conception of illness spreading out from the social realm of women in Mutarara. When a Sena woman has a natural abortion, or miscarriage, her family is mandated to perform a ceremony to discharge the potentially harmful

effects of such an event. If no such ceremony is performed, it is believed that any subsequent man who has sex with this woman will be stricken by an illness, known in Chisena as *chitaiu*. The symptoms of this illness resemble AIDS, as it is defined by biomedicine (Green 1994). Here, the woman is regarded as the source of the man’s illness. This, despite epidemiological studies which have shown that men in Eastern and Southern Africa, who often have multiple spouses and/or sexual partners, are the ones infecting women with HIV (Fleming 1993; McFadden 1992; Turshen 1991; Wallman 1996).

The dominance of men within gender relations has been shown to be augmented by social change and destabilization (Hodgson 1997; Hunt, Liu and Quataert 1997). In Mozambique, the ratio of women to men in the population has increased since the war and men in north-central Mozambique are now taking significantly more wives and sexual partners (Marrato 1994). For women in Mutarara, coupling with a man is a necessity as access to land and other economic resources are available only through men. And just as is true in much of the region, the social value men place on wives is directly related to their ability to produce children (McFadden 1992: 192; Meena 1992: 16). While newer, younger wives are starting or continuing to produce children, older wives are often entering a period of life when they are physically no longer able to reproduce. With increased numbers of wives, older wives often become more concerned that their inability to produce offspring will jeopardize their status (McFadden 1992:186). Many of these women, who until recently might have simply been categorized locally in Mutarara as “beyond reproductive age” or post-menopausal, are now considering themselves “infertile” when they stop bearing children and are seeking out indigenous medical practitioners to treat their “illness.” The possibility of male infertility, however, is not considered as an explanation. As Inhorn discusses in the case of Egypt, responsibility for reproduction lies solely with women, and

the blame for a lack of reproduction is also assigned to them (1994).

This exemplifies the notion of the body as a gendered site of the negotiation of power (Bourdieu 1977; Martin 1987). Who has control of the body? Who has ownership? Here the sexual act serves as the appropriation of woman's bodies and their fertility, and this is institutionalized throughout the region in the male-controlled structures of marriage and *lobolo*, or brideprice (McFadden 1992). This struggle extends beyond that between men and women, however, to the relationship between dominant men and the state.

Many village-level male authorities will not allow children in villages under their control to be inoculated, and many discourage women and men from seeking out biomedical care and information at hospitals and health centers. Access to such information would provide women with an alternate understanding of how STDs are spread, how STDs lead to infertility--and these authorities do not want this to happen. They associate biomedicine with the power of the state, and see themselves as engaged in a struggle for control of the population (Green 1997; Barker 1985).

Prior to, and just after independence, the Frelimo government denounced indigenous medical practices and traditional local authority as contrary to the efforts of scientific socialism and biomedicine (Barker 1985; Green 1994; Geffray 1990). Since then, many patriarchal authorities in central Mozambique have defined themselves as opposing the state, Frelimo, and its efforts to promote biomedicine. Until recently, Frelimo was hostile to "tradition" in general, including health care and local leadership. This disaffection with state usurpation of power helped to fuel the conflict between Renamo and Frelimo (Geffray 1990). Ken Wilson (1992) notes that Renamo violence is based on ideas of male power, and that this power is threatened on two different fronts: by female impurity and uncleanness, and by the state. The most visible sign of the state in rural Mozambique is the presence of health care facilities, and this is why Renamo specifically

targeted the health care infrastructure in its campaign to banish the state from rural, male-dominated society (Cliff and Noormahomed 1993: 844; Wilson 1992).

In the end, I hypothesize that this violence and destabilization, which has increased the power of men over women, has simultaneously decreased men's own power in relation to themselves and other men. Although men are not hindered by the same social restrictions as women, they may be internally silenced by their experiences and bodily memories of trauma, which seem to correspond to the biomedical designation Post-Traumatic Stress Disorder (PTSD) (Young 1995; Marsella, Friedman, Gerrity and Scurfield 1997). This is referred to as *susto* (Portuguese), *njumba* (Chisena), or "fright" in Mutarara. Those afflicted with *susto* are silenced by the ever present but unspoken tension which is the aftermath of the conflict between Renamo and Frelimo. Forced to flee or participate in the conflict (Brennan 1986; UNHCR 1996; Wilson 1991; Borges Coelho 1993), and living now with their memories of trauma, many men lie in fear of a new outbreak of war in the region. Others with PTSD often find voicing such memories and fears to be too painful, too destabilizing (Young 1995; Scarry 1985; Kinzie 1986), and many men in Mutarara quietly seek out the aid of indigenous medical practitioners to ameliorate their suffering, if only temporarily. While such treatments, available throughout the region, are less than efficacious, available biomedical treatments do not address this issue at all (Nordstrom 1992; Reynolds 1996; Gibbons 1994).

As the number of "official" refugees has soared in recent decades, anthropologists have begun to study the social impact of dislocation and violence on refugees and displaced persons. As many of these displaced populations are now beginning to be repatriated, this provides an opportunity to examine not just the impact of flight, as was possible in camps and host countries, but the experience of return, and of long term violence, on the mutual relationship between

gender-power relations and illness. However, most of these studies have taken place in countries of asylum, and have not examined the case of returned refugees and displaced persons.

As the political situation in Mozambique has only recently stabilized, research on the long-term social and cultural effects of the conflict between Renamo and Frelimo has yet to be carried out. Some research, though, was carried out during and immediately following the civil war. Findings from such research have been used to argue that the war in Mozambique has served as a means of social transformation: survivors can heal themselves and reconstruct their social lives using the changes brought about by war and violence to their own advantage (Marrato 1994); and civilian targets of war are social agents and not merely passive recipients of violence (Nordstrom 1992, 1995; Marrato 1994; Wilson 1992, 1994b; Wilson with Nunes 1994). While this is true, such resilience may be overemphasized, and does not completely counter the negative impact of such violence. The effects of the war are not completely clear as Mozambique is only now beginning to emerge from years of violent conflict. The true impact of community dislocation, social fragmentation and violence on Mozambican society will only be clarified through continued long-term research.

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## The Uprooted and the Forgotten

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The war in southern Sudan is the longest running civil war in the world to date, yet it is the least known. This tragic war began on 18 August 1955 when some southern soldiers in the town of Torit waged an armed protest against the British-instigated policies that discriminated against southerners. The Torit uprising was, in fact, symptomatic of a greater social malaise that plagued the nation prior to independence. That malaise laid the roots for the discord which was to tear through the social fabric, demoralize the nation and shatter its very existence. Experience teaches us that the problem of the south rests on deeply ingrained injustices suffered by the south at the hands of successive Sudanese governments. The civil war in the Sudan has been raging for 32 of the 42 years of independence. There has not been an equitable power-sharing mechanism that would guarantee the south its central role in the affairs of the country. In the past 30 years, southern resistance to the north's monopoly of power has resulted in the displacement of nearly four million people from their homes. In these circumstances, some migrate north to the center of power; others, with proximity to an international border, would not miss the opportunity of taking refuge in those neighboring countries.

Little is documented about violence against women fleeing the war-plagued southern Sudan. The numbers of those displaced inside the country or who took refuge in other countries is anybody's guess. The numbers usually range between two and four million uprooted people. The international community has unfortunately remained taciturn about the plight of these invisible women, despite the evidence that is mounting on its shelves. Forsaken by their own government, some women in the war-torn areas of the Sudan have

abandoned their traditional locales and have ventured into the northern cities where they fall victims to further marginalization and near dehumanization.

Racially and religiously diverse, the Sudan reflects all that Africa suffers from; it is its microcosm. The capital city, Khartoum, has inhospitably housed populations fleeing the war-devastated southern states and the drought stricken Western and Eastern States. Major streets of Khartoum are now thronged with dark, tall, dignified women fleeing the south for dear life. But in their new safe heaven, things are hardly any brighter. Winning a piece of bread is another battle to wage in their new urban setting.

The southern women, however, are not known to have been beggars, something that they have to practice in the streets of the cities of their refuge, and they are not good at it. Traditionally, they lived in tightly knit social structures where the community lent unfettered support to all its members. Wherever their itinerant life style carried them, they unselfishly shared whatever resources were available to them with their less fortunate relatives and friends. Houses of relatives in the north, big or small, would host relatives coming from the south. One southerner noted that the war and the consequent displacement have created a lot of radical changes in their behavior.

...war has affected our traditional behavior that is distinctive to us. We are doing many things that should have been the responsibility of the community but are now individual responsibility...Failure to share and live together as family or as tribe has encouraged adoption of individualistic

behaviors which are not helpful to our communities. Even eventual help that we could receive from organizations are not meant for groups but for individuals, e. g. UNHCR identity cards, grants, jobs or even problem solution. The community oriented behavior turned into an 'I don't care for the others' attitude'.<sup>1</sup>

Women find this behavior frustrating and painful, especially when they realize that all the changes brought by being uprooted, whether bad or good, are permanent.

Times have changed and the dignity of the southern women has systematically been swept away, leaving these victims to survive disappointed and tearful. But amidst this tragedy, one senses a mounting will among the women and a determination to continue living in spite of the odds.

Women caught up in the war zone endure both mental and physical violence in a situation where killing and maiming of civilians are everyday occurrences. Research by uprooted southern women living in Cairo shows that mental suffering not caused by physical violence is no less severe than that caused by physical violence.<sup>2</sup> Often women do not know the whereabouts of their spouses; they could as well be soldiers on either side of the war or dead or simply alienated from their families. Left to fend for themselves and their children, these women flock to the most accessible areas in the region in hope that they will find some peace and security away from their devastated homes.

While in the cities, these unfortunate women quickly become the dart board on which the morally righteous Islamic government of the Sudan tests the efficacy of *Shari'a* law. The Islamic penal code outlaws the consumption of alcohol and punishes those who violate this sacred ordinance with 40 lashes. Displaced southern women are known to brew liquor to earn income and provide for their children. Under no circumstances will the government, charged with the protection of public morals, allow these morally suspect

women to corrupt the community. They must be punished in accordance with the provisions of the *Shari'a*, no matter what factors impelled them to break the law. Daily, the system sends out its representatives in a frantic hunt for these socio-cultural pariahs, catches and incarcerates them in filthy custody cells. Soon, they will be taken to the court to answer to the criminal charges of brewing and selling liquor or prostitution. At the criminal court, justice seems to reinforce the sense of injustice suffered by the southerners in the civil war. What was customary in their communities has turned into a punishable offense without notice. The court summarily sentences them to imprisonment, and in prison they are subjected to further forms of degradation.<sup>3</sup>

The UN Special Rapporteur who visited the women's section of Omdurman prison twice in 1993 reports that the prison was designed to house less than one hundred prisoners, but during the last three years the number of inmates was constantly over six hundred, in comparison with the years before 1989 when less than a dozen women were detained in the prison at any one time.<sup>4</sup> Except for periodical releases, it appears that the competent authorities did not undertake any of the measures requested by the UN to improve the situation or to deal with the social causes of this phenomenon, which overwhelmingly affects southern women living in Khartoum.<sup>5</sup>

War and displacement also have contrary, unexpected, and positive effects. Displaced men have found it hard to forget their degrees and higher education and accept manual work that brings in an income. Women immediately feel that their families have to survive and they go out to work as housemaids or nannies or workers in different institutions. The men are content to baby-sit the kids while women go out to work. One interesting result of these responses is the change in women's status due to their changed role from housewives to breadwinners. Women have vowed never to give up this change and never to revert to the status of being owned or inherited or of being revered only as mothers and wives without having any property or freedom of movement.

Many Sudanese, especially men, are not optimistic about a future with women who have real power. Women are predicting that violence could result if women insist on their newly acquired status.

The women who have made it to the north seem to be luckier than those who have stayed in the war shattered areas. In the north, they live on the outer fringes of the cities. In the south, their daily existence is bedeviled by the fear of being raped, enslaved or killed, or by the horror of witnessing their loved ones expire in routine aerial bombardments carried out by the government against southern villages.

Until recently, women's bodies were seen as private and were not of concern to the international community, with the exception of sexual assault against women civilians during armed conflict. Humanitarian law requires occupying powers to protect the civilian population, and soldiers who rape may be punished as war criminals. This is the case whether sexual assault is part of an international strategy to suppress or punish the civilian population or the result of failure by commanders to exercise proper discipline over their troops.<sup>6</sup>

The women are raped either to show the enemy how they were defeated or because the women are thought of as booty and do not have the right to object to the masters' whims. Southerners believe that this is a genocidal war. Ethnic lines that hold southern tribes or ethnic groups together will forever be destroyed in the region. The women endure mental violence when they become creatures without rights and are forced to bear unwanted children fathered by the enemy. At the same time they suffer separation from their own children. They also suffer the physical violence of forced labor and forced reproduction, over and above the rape that destroys their souls and their self esteem.

The experience of other civil wars in this century proved that crimes committed against women are no longer private nor are they negligible. Experience also shows that evidence may be hard to come by. The gathering of documentation and statistics in the

war zones should be coupled to a process that records evidence of such crimes.

In all war zones around the world, women are holding social life together, they are keeping the markets open, and they are longing for peace. But do we see them at any table where peace is being negotiated? The decision to go to war was taken without consulting them or obtaining their consent, and the peace process is taking whatever direction it is taking without their input. The peace talks and agreements have so far been among those who qualify as war criminals, and no women were involved in any of the talks. Not only that, but we have yet to see a woman in a decision-making position at any level in the opposition. Women suffer doubly from war atrocities because they did not participate in the decision to go to war and are not party to the peace process. The government should be pinned down to its international responsibility to treat women and women's rights as integral parts of the peace process. The state should take responsibility for seeing that women are represented and their human rights protected.

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#### Endnotes

<sup>1</sup>Malou, M. J., "Uprooted Sudanese Women Between Today and Tomorrow," Paper prepared for the International Sudanese Studies Conference, Cairo, 11-14 June 1997.

<sup>2</sup>Reported at the International Sudanese Studies Conference, Cairo, 11-14 June 1997.

<sup>3</sup>The Fund for Peace published a booklet on marginalized groups. Reports obtained from the Sudan documented the horrifying state the women prisoners. They may be taken for sexual favors to prison officials or male inmates from the male prison next door.

<sup>4</sup>Reports of the UN Special Rapporteur on the Human Rights Situation in the Sudan, E/CN.4/1997/58 and E/CN.4/1996/62.

<sup>5</sup>On 5 December 1996, the President of the Sudan ordered the release of nearly 200 women from Omdurman prison. State television reportedly showed the prisoners, some carrying babies, shouting with joy when the Justice Minister announced the presidential decree. On different occasions women would be pardoned. Every time the prison overflows women get an early discharge. NGOs doing legal aid work apply for amnesty and raise funds to get mothers out of the prison.

<sup>6</sup>Fitzpatrick, J., "The Use of International Human Rights Norms to Combat Violence Against Women," in *Human Rights of Women: National and International Perspectives*, edited by R. J. Cook (Philadelphia: University of Pennsylvania Press, 1994).

## **Women and Conflict in Africa**

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Armed conflict has characterized the recent history of far too many African countries. Wars of liberation, civil wars, and the use of force to stay in power have increased militarization, created new state and private security forces, and escalated the level of state-sponsored violence. Millions of deaths have occurred since 1980 as a direct or indirect consequence of war in Africa. More than one million people died in Rwanda in 1994 alone; perhaps the same number of deaths have occurred in Ethiopia, Mozambique, and Sudan. The conflicts have created some nine to twelve million refugees and internally displaced persons.

Many of these wars, and almost all of the weapons, are the legacy of colonial powers, superpower rivals, or commercial interests.<sup>1</sup> I cannot here discuss the complicated and varied causes of these conflicts, but I can say generally that international economic, fiscal, trade, and aid policies, which have weakened African states and helped to create power vacuums, have contributed to the rise of armed conflict. By imposing financial austerity and structural adjustment programs that shackle the hands of welfare states, the International Monetary Fund and the World Bank have undermined the ability of legitimate African states to govern and respond to people's needs.

Since the end of the cold war, the number and type of weapons supplied to Africa have changed. There are fewer tanks, aircraft, missiles, and other expensive heavy weapons and many more landmines, cheap rifles, and machine guns. An AK-47 can cost as little as \$6, as weapons are recycled from one conflict to the next.<sup>2</sup> For women, the consequences of

this change from high to low technology are dramatic. The ready availability of light weaponry has made their lives more miserable and dangerous. The threat of rape is magnified by firepower, and guns diminish women's ability to resist rape and survive.

The proliferation of light weapons has had another, unexpected, result: it has made children effective frontline fighters, children who are too slight to manipulate heavy and cumbersome hardware become fearsome when armed with an assault rifle. Boys and girls have been enlisted in Angola, Ethiopia, Liberia, Mozambique, Sierra Leone, Sudan, and Uganda.<sup>3</sup> Children who returned to civilian life in Mozambique were reported to be aggressive, aloof, agitated, restless.<sup>4</sup> Like landmines, child soldiers continue to have an explosive effect in peacetime. Older women report that rape by young boys is especially humiliating because traditionally Africans hold elders in high respect; but this morality is breaking down under the stress of war.

### **Gendered Violence**

Women as well as men perpetrate violence. In South Africa, women warders practiced institutionalized violence, inflicting torture on imprisoned women, even pumping water into women's fallopian tubes and attaching electric shocks to women's nipples. Women organized prostitution in men's single-sex hostels, and African women caught up in township violence between rival political parties were central to the necklacing of informers. The fear and uncertainty of civil war impact family life and force some women to act even against members

of their own family. Some, of course, were tricked or threatened into such behavior, sometimes by the state itself.<sup>5</sup>

Rape is the most common form of gendered violence; it is one in which men assert their power over women and groups of men assert their power over other groups by overpowering “their” women. Feminists brought the use of rape as a strategy of war to international attention during the Yugoslav civil war in which, it is estimated, between 20,000 and 50,000 women were raped.<sup>6</sup> Five times that number of women were raped in the Rwandan civil war.<sup>7</sup> In Africa the strategy of raping or forcibly abducting women was also used systematically in Mozambique, Uganda, and Zimbabwe.

In wartime there are grey areas in which it is not clear whether women are coerced or consent to have sex in exchange for food, clothing, shelter, protection. The issue is defined by one’s standpoint: women may feel raped when they are coerced or have no choice but to submit if they are to survive, while society may brand even victims of forcible rape, including very young children, as collaborators, adulterers, provocative, or worse. How society responds conditions a woman’s experience of rape. In this sense the rape experience is socially constructed. In societies where women cannot talk about their ordeal for fear of being stigmatized by the community, the sexual trauma is often compounded by feelings of humiliation, shame, and guilt.<sup>8</sup> On the other hand, if abortion is socially acceptable and available on demand, if abortion facilities are accessible and affordable, if medical staff are sensitive, if the police response is sympathetic, then the psycho-social impact of rape can be mitigated.

### **Health and Social Consequences of Rape**

There are many health consequences of rape: physical and mental injury, shock and paralyzing fear, sexually transmitted diseases including HIV infection, and pregnancy. If abortion is not an option for material or

religious reasons, pregnancy may inflict further mental trauma including denial, severe depression, and neglect or rejection of the child after birth. Wartime rape carries additional trauma associated with war: “death of loved ones, loss of home and community, dislocation, untreated illness, and war-related injury.”<sup>9</sup> Rape by familiars is particularly detrimental and leaves women fearful, distrustful, paranoid.

Many women who have been raped need health care but cannot afford it, or cannot afford the stigma attached to rape, or cannot bear public acknowledgment of the shame. A gynecologist at University Hospital in Butare has examined hundreds of Rwandan rape victims since the genocide. He describes the patients as very difficult to cure, even two years after the war.

Initially, they come in with infections, vaginal infections, urinary tract problems--problems that are sexually transmitted. You cure the direct illness but psychologically, they are not healed...they continue to be sick. And there are no services that specifically deal with the problems these women have. There are some groups for widows, and the like, but there are no groups to help women who have gone through this [rape].<sup>10</sup>

In Rwanda, sexually transmitted diseases including HIV are highly prevalent and more than half of AIDS cases occur in women. Before the war, 45 to 60 percent of Rwandan soldiers and an even higher percentage of the officer corps were infected with HIV.<sup>11</sup> Thousands of pregnant girls and young women who were raped in 1994 have tested positive for HIV.<sup>12</sup> Some of the rapes were said to be “tantamount to attempted murder because the perpetrators knew they were carrying the Aids virus.”<sup>13</sup> But Human Rights Watch concluded that it was not possible to reach any firm conclusions about the transmission of AIDS during the genocide because of the difficulty of ascertaining when a given individual was

exposed to the virus. An AIDS awareness center based in Kigali asserts that the national percentage of HIV carriers has remained the same since the genocide--25 percent. After the war a large number of people returned from Burundi, Zaire and Uganda--all high-risk countries for HIV.<sup>14</sup> What is clear is that with one of the highest incidences of AIDS in Africa, Rwanda is not able to provide adequate health services for women with this debilitating, usually fatal, disease.

### **Displacement and Dislocation**

The number of people uprooted in Africa's civil wars is staggering. Half the population of Liberia, half of Rwanda, five million Mozambicans, over five million Sudanese, three million Somalis, one and one-half million Ethiopians and Eritreans, over one million Angolans, half a million Sierra Leoneans, three million forced relocations in South Africa and more than a million people forced to flee their homes in KwaZulu. And significant numbers in Burundi, Chad, Congo (Kinshasa), Kenya, Mali, Mauritania, Senegal, Uganda, and Western Sahara.<sup>15</sup> The physical, psychological, social, and economic effects of the violence from which people flee spill over into the refugee experience.<sup>16</sup>

Women refugees are particularly vulnerable to rape during flight from home, at borders, and in camps. Hundreds of thousands of Somali women crossed into Kenya from 1991 to 1993 to escape political violence and rape only to face rape in the camps in which they sought shelter.<sup>17</sup> Many women arrive in camps traumatized by rape and by atrocities they have been forced to witness. Before feminists called attention to the plight of women in refugee camps, the gender of refugee populations was ignored and the special needs of women received little attention beyond, perhaps, the supply of sanitary pads. Now there are guidelines on the prevention of sexual violence against refugees.<sup>18</sup>

Flight is one among several strategies adopted in wartime. Families rush their young daughters into marriage in an effort to protect them from rape and abduction. In Somalia, girls were married off early for their own security or to establish alliances with local militia to safeguard their families.<sup>19</sup> A Nigerian woman who was twelve years old at the time of the Biafran war remembers that rape was considered a fate worse than death and her older sisters were rushed into marriage. But for some women, the military represent security: during Uganda's civil war, women fleeing the destruction of the Teso economy left their villages to seek security next to armed military camps.<sup>20</sup>

### **Widowhood and Isolation**

In many African countries, up to 5 percent of women aged 25 to 44 are widows, 20 to 25 percent of women aged 45 to 59 are widowed, and over 50 percent of women over 60 years of age.<sup>21</sup> That was before the recent upsurge in civil conflict, which has killed many more men. There is talk now of the increase of women-headed households in Africa but little connection to war as a cause.<sup>22</sup> It is a truism that war creates widows. In Rwanda, it turned independent women into charity cases; women who before the war had access to land through their husbands are now destitute and dependent on relatives or social workers. War widows who were raped are stigmatized and find it hard to remarry; widowed rape victims with children are ostracized.<sup>23</sup> The psychological toll is heavy; social workers in Rwanda say that women suffer from extreme depression, nightmares, and in some cases violent fantasies against the babies.<sup>24</sup> In polygamous societies, the physical and financial insecurities of war may drive many women into subservient positions as third or fourth wives,<sup>25</sup> for women who have fought against polygamy, this is a retreat. But some see it as preferable to dependence on grudging relatives or to prostitution.

War increases the isolation of many women, not only widows. Where violence is entrenched, insecurity confines women to their homes, and refugees who flee rural areas for the security of cities may find themselves imprisoned in the new urban environment. Sudanese women uprooted from the south who seek refuge in Khartoum find painful the change of environment from life in the open to life behind four walls.<sup>26</sup> Because war increases poverty for many women, it can also bring about the loss of social life, as when women can no longer afford to reciprocate invitations with customary hospitality. That everyone is in the same boat ought to mitigate the isolating experiences of the loss and grief that are endemic to war, but pain destroys language and for some women there is no solidarity, no sharing of misfortunes. In the type of war in which enemies are clearly delineated and geographically separated, a collective attitude of “us against them” may result in solidarity among women. But in civil wars the old distinctions are blurred or destroyed, and ethnic identities create new divisions.<sup>27</sup>

### **Health and Political Violence**

The stress of political violence leads to health problems, both mental and physical, not just disease and injury, but also diffuse malaise--nervousness, vague bodily pains, weakness, and fatigue--new conditions of ill-health and dis-ease that have no medical terms. Medical services can treat physical ills, war-related injuries, and the ghastly effects of landmine explosions. Rehabilitation services can fit the limbless with prostheses, bring victims of torture back to the community. Public health workers can stop the epidemics associated with massive population movements, like cholera outbreaks in refugee camps, and can help restore sanitation and safe water supplies. The restoration project is enormous, not least because in these civil wars health services and health care workers are targeted for destruction. The reconstruction project is too large for charities to handle, it

must be undertaken by governments. But in this era of austerity, privatization, and structural adjustment programs, the International Monetary Fund is denying Mozambique and other governments aid for social spending.<sup>28</sup>

The feelings that women describe in response to their trauma--the fear, pain, grief, guilt, anxiety, revulsion, hatred, loss of dignity, and sadness--are associated with the breakdown of social life, the loss of language and cultural meanings, the disruption of experience, of family and community. These conditions cannot be treated by existing medical, rehabilitation, or public health services. For one thing, we know too little about them and almost nothing about how to treat them in nonwestern cultural contexts. A major volume on world mental health notes that few studies of mental health consequences of civil violence have been undertaken outside of Northern Ireland!<sup>29</sup> We lack a conceptual framework to understand what happens to families and communities in places like Liberia and Somalia where the state ceased to exist. There is remarkably little literature on social and psychological aspects of violence in situations of prolonged civil unrest.

Women's sense of responsibility and guilt for the trauma they have suffered seem to be heightened, rather than dispelled, when the sequelae of violence are treated on an individual basis. Violence needs to be addressed at a collective level, and the social forces that contribute to and legitimate such violence must be dealt with.<sup>30</sup> If violence is political, if the context of the violence is a civil war, even when the violence has been called “random” or “meaningless”, the health care must also be a political act integral to a social context.<sup>31</sup> Not only psychiatric symptoms but also social and moral harms must be attended to. The most helpful rehabilitation services are those that reintegrate members of a community in meaningful, durable, and politically valued ways.<sup>32</sup>

For victims of torture, there is more hope, as centers open in Africa and as nongovernmental organizations assist projects in Eritrea, Ghana, Guinea, Mali, Rwanda, Sierra Leone, and South Africa.<sup>33</sup> But the specifics of gendered methods of torture are only beginning to surface because women are ashamed to speak of their experiences. As painful and moving interviews with torture victims make clear, there is no division between physical and psychological methods of torture; the torturers play upon women's fears for the well-being of family members as well as apply brutality aimed at their sexuality for the purpose of destroying their basic humanity. "Although the physical symptoms of torture tend to lessen over time, psychological, behavioral, and social problems often persist for years...For women in particular, rape and sexual abuse suffered during detention often affect their sexual and emotional well-being for years after the abuse."<sup>34</sup>

### **The Scope of The Damage And Its Costs**

War is economically paralyzing: it disrupts regional transportation networks, interferes with farming, food production, marketing and trading, and deters national and international investors and donors. Child mortality soars, health systems and health standards decay, and education largely comes to a halt in war zones. Education and health programs deteriorate sharply under the burden of numbers in refugee camps. Many African families fleeing war break up, and many traumatized orphaned children witness the violent deaths of their parents.<sup>35</sup> Women and children are abducted or enslaved. Rape, coerced sex, and forced prostitution are common. Advice to use condoms or "just say no" is ludicrous.

In Africa, military spending contributes to budget and foreign exchange imbalances and the squeezing of investment and social welfare. Although governments are spending less money on expensive heavy weapons, the withdrawal of American, European, and Soviet patronage means that African governments

must rely on their own armed forces to maintain control. Thus levels of militarization may be rising, not declining, and the light weapons governments can afford may be matched by those acquired by the nonstate forces they face.

The amount of money needed to reconstruct war-torn countries is enormous. The United States spent approximately \$700 million in Rwanda in the eighteen months following the genocidal violence in 1994, roughly the same amount as was spent in 1994 in total bilateral development assistance in sub-Saharan Africa.<sup>36</sup>

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### Endnotes

<sup>1</sup> For example, on the role of the Shell Oil Company in the struggle between the Ogoni minority and the Nigerian government see Osaghae, E. E., "The Ogoni Uprising: Oil Politics, Minority Agitation and the Future of the Nigerian State," *African Affairs* 1995, 95: 325-344 and Damu, J. & D. Bacon, "Oil Rules Nigeria" *The Black Scholar* 1996, 26 (1): 51-54.

<sup>2</sup> After the multiparty elections in Mozambique in 1994, AK-47s formerly used in Mozambique's civil war could be bought for US \$6 along the border between Mozambique and Zimbabwe; these weapons have sustained the fighting in KwaZulu/Natal (Daley, S., "In Mozambique, Guns for Plowshares and Bicycles," *New York Times*, 2 March 1997, A3.

<sup>3</sup> UNICEF, *The State of the World's Children 1996* (New York: Oxford University Press, 1996), 14-18.

<sup>4</sup> Desjarlais, R. et al., *World Mental Health: Problems and Priorities in Low-Income Countries* (New York: Oxford University Press, 1995), 125.

<sup>5</sup> Goldblatt, B. and S. Meintjes, "South African Women Demand the Truth" in *What Women Do in Wartime: Gender and Conflict in Africa* edited by M. Turshen and C. Twagiramariya. (London: Zed Books, 1998).

<sup>6</sup> Valentich, M., "Rape Revisited: Sexual Violence Against Women in the Former Yugoslavia," *Canadian Journal of Human Sexuality* 1994, 3 (1): 53-64.

<sup>7</sup> Human Rights Watch, *Shattered Lives: Sexual Violence during the Genocide and its Aftermath* (New York: Human Rights Watch, 1996).

<sup>8</sup> Desjarlais, R. et al., *World Mental Health*, 124

<sup>9</sup> Swiss, S. & J. E. Giller, "Rape as a Crime of War," *Journal of the American Medical Association* 1993, 270 (5): 612-615.

<sup>10</sup> Quoted in Human Rights Watch, *Shattered Lives*, p. 73.

<sup>11</sup> WorldAIDS quoted in *Civil-Military Alliance Newsletter* April 1995, 1 (2): 3.

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<sup>12</sup> *Umuhuza: Monthly Newsletter Dedicated to Serving All Rwandese*, 1995

<sup>13</sup> Crary, D., "Generation of rape is born in Rwanda," *The Guardian* 11 February 1995.

<sup>14</sup> A study of 500 pregnant women who had come in for pre-natal counseling was conducted at Kigali Central Hospital in May 1995. Of the group, 25 percent tested positive for HIV--the same as before the war. Sixty per cent of this sample were living in Kigali before the war and 40 percent were living abroad. Of the 127 women who tested positive, 96 of them had been living abroad before the war. "This study underscores the difficulty of making any firm conclusions about the transmission of AIDS during the genocide." (Human Rights Watch, *Shattered Lives*, 76)

<sup>15</sup> Figures from U.S. Committee for Refugees, Washington, DC

<sup>16</sup> Desjarlais, R. et al., *World Mental Health*, 140.

<sup>17</sup> Human Rights Watch Women's Rights Project, *The Human Rights Watch Global Report on Women's Human Rights* (New York: Human Rights Watch, 1995), 120.

<sup>18</sup> UNHCR, *Sexual Violence Against Refugees: Guidelines on Prevention and Response* (Geneva: UN High Commissioner for Refugees, 1995).

<sup>19</sup> Littlewood, R., "Military Rape," *Anthropology Today* 1997, 13 (2): 10.

<sup>20</sup> Joan Vincent, personal communication, 2 April 1993.

<sup>21</sup> Overall, about 12 percent of North American and West European women and 9 percent of African women above age 15 are widows; what is striking is that African women are widowed at much younger ages (United Nations, *The World's Women 1995: Trends and Statistics*, New York: United Nations, 1995, 10-11).

<sup>22</sup> In the United Nations document produced for the Fourth International Conference on Women in Beijing, *The World's Women 1995: Trends and Statistics*, a section devoted to women-headed households notes an increase and the importance of widowhood as a cause, but it makes no mention of war as a cause of widowhood.

<sup>23</sup> McKinley, J. C., "Legacy of Rwanda Violence: The Thousands Born of Rape," *New York Times*, 23 September 1996, A1, A9.

<sup>24</sup> *Ibid.*

<sup>25</sup> El-Bushra, J. and C. Mukarubuga, "Women, War and Transition," *Gender and Development* 1995, 3 (3): 19.

<sup>26</sup> Malou, M. J., "Uprooted Sudanese Women Between Today and Tomorrow," Paper prepared for the International Sudanese Studies Conference, Cairo, 11-14 June 1997.

<sup>27</sup> Witness this account of civil war in Guatemala: "...army irregulars, the local 'voluntary' civil patrols, a coerced and unpaid service...organised under local

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chiefs, installed in all villages in 1982, served as the army's eyes and ears, though ostensibly they were set up to eradicate 'subversives' and 'bandits' in the local area. After carrying out a massacre they silenced villagers by threatening them that if they spoke about what had happened they would suffer further violence. Their activities effectively destroyed all social relationships, networks, and solidarity among civilian populations." (Zur, J., "The psychological effects of "La Violencia" on widows of El Qiché, Guatemala," *Focus on Gender* 1993, 1 (2): 27-30).

<sup>28</sup> Hanlon, J., *Peace Without Profit: How the IMF Blocks Rebuilding in Mozambique* (Oxford: James Currey, 1996).

<sup>29</sup> Desjarlais, R. et al., *World Mental Health*, 121.

<sup>30</sup> *Ibid.*, 127.

<sup>31</sup> *Ibid.*, 130.

<sup>32</sup> *Ibid.*, 131.

<sup>33</sup> The African Centre for Research and Diffusion of Information on Torture and Human Rights in Africa and the African Centre for the Rehabilitation of Victims of Torture and Repression are projects of the African Commission of Health and Human Rights Promoters (Samoura, D. K., "African Commission of Health and Human Rights Promoters" *Health and Human Rights* 1996, 2 (1): 145-150). In addition, there is a Trauma Centre for Victims of Violence and Torture in Cape Town.

<sup>34</sup> Desjarlais, R. et al., *World Mental Health*, 124.

<sup>35</sup> Copson, R. W., "Africa's Internal Wars: Thoughts on a Stronger Regime for Protecting Civilians," Paper prepared for the 33rd meeting of the African Studies Association, Baltimore, MD, 2 November 1990.

<sup>36</sup> American Assembly, "Africa & U.S. National Interests," Report of the Ninetieth American Assembly, 13-16 March 1997, Columbia University, New York, 13.

## **Some Reflections Arising from “Women’s War Stories” by Meredith Turshen**

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It was not without some hesitation that I ventured to appraise this paper which forms an introduction to a compilation of papers I have not seen. The paper reflects the broad span of the book and more. A fair assessment needs a study of the edifice on which it rests. So I do not evaluate the paper as such. Instead I use it as a spring board to highlight a set of conceptual issues I deem central to contemporary Africanist analysis in the U.S.A.

Before embarking on that road, I comment on some aspects of Turshen’s paper. First, it is evident from both the table of contents (which I did see) of the forthcoming book (Meredith Turshen and Clothilde Twagiramariya, eds., *What Women Do in Wartime: Gender and Conflict in Africa*, 1998) and from Turshen’s overview of the papers in it that this work brings to the fore concerns and voices of those victims of war that until recently were rarely heard. Furthermore, Turshen’s paper posits several crucial theses about women and war. She notes that women are both victims as well as actors in war, that double standards towards rape and the plight of women in war-torn nations are commonplace, that viewing civil war in Africa as simply due to cultural and indigenous factors is erroneous, that the role of externally driven economic policies and trends in inducing conditions conducive to social conflict has to be stressed, that at the present time violence does seem to be an embedded part of the social fabric in Africa, and that the health consequences of such violence are deep and long term. Her writing glistens with keen insights into the issues. It certainly calls for attention from all concerned with the plight of the people of Africa.

The methodologic issues I discuss in this comment, and which to a degree exemplify the strength or shortfalls of Turshen’s paper, are fourfold. These are: (1) the interweaving of “conventional wisdom” or imperial prejudice with academic scholarship, (2) the disconnect between economic and socio-political analyses, (3) the skewed presentation of the recent African history and the dissimulation of the role of Western governments, corporations and agencies in molding, fine-tuning and ensuring the persistence of social and economic catastrophes in Africa, and (4) the shaky ethical standards in Africanist analyses. I elaborate on these issues below.

### **Conventional Wisdom and Academic Scholarship**

Turshen begins with a nuanced but nevertheless sharp distinction between conventional wars fought by armies, and contemporary conflicts that embroil and directly victimize civilians. She notes the dirty war tactics used by authoritarian governments in recent times. The main point, however, is: “Guerrilla fighters attack civilians, particularly women, to an unprecedented extent.” To one who views CNN or CBS, and relies on *The New York Times* or *The Los Angeles Times*, the statement is a self-evident one. Images of Pol Pot’s Cambodia, or recently, from Bosnia, Afghanistan or Algeria readily come to mind. Nevertheless, let us take a second look at it.

Let us note cases projecting a different image, starting with World War II. We may reflect on the rapacious behavior of the Japanese army in Asia and the German forces

in Russia, the Nazi death camps, the massive air bombing of German cities by the Allies, or the atomic evaporation of Hiroshima and Nagasaki. Moving on we see the diversion of food supplies by the British in India which contributed to the extensive famine during the period surrounding the war.

A further step on the historical lane reminds us of the massacres perpetrated by the French in Algeria; the more than a million civilian deaths resulting from the unprovoked U.S. invasion of Vietnam; and the U.S. inspired and abetted butchery by the local armed forces of non-combatants in Guatemala (two hundred thousand or so), Indonesia and East Timor (nearly a million), Chile and Argentina and other South American nations (tens of thousands). One may also reflect on the million or so civilian dead in the Iran-Iraq war, a war fought by governmental forces; the repeated targeting of civilian residential areas and refugee camps by the Israeli armed forces and their proxies in South Lebanon; the murderous rampage of Saddam Hussein's army in Kurdish areas; the ongoing shelling of Kurdish villages by the U.S. supplied Turkish air force; or the indiscriminate bombing by the Russian forces in Chechnya. In Africa, we reminisce on the brutalities of the armed forces of colonial Portugal, Mobutu, Siad Barre, Mengistu, Samuel Doe, Idi Amin, apartheid South Africa, and the role of the Rwandese army in the 1994 genocide, and of the French in training and supplying the army even after the slaughter had begun. We also go behind the scenes and note an aspect of the carnage in Algeria that has been downplayed or omitted in the U.S. media, namely the complicity of the governmental forces in the massacres attributed to religious fanatics. We also take account of long standing military rule in countries like Nigeria and Burma. And, quintessentially, we gaze at the Gulf War of 1991 and its aftermath, a calculated onslaught of sophisticated technology to decimate the basis of life of an entire nation and inflict widespread suffering on civilians.

The reader may add other egregious examples to my list. But what is the point? It is to contrast the above quoted statement from Turshen with the following: "The modern military has refined and practiced the art of inflicting extensive misery and death on women, children and the elderly to an unprecedented degree."

Not only is there ample precedent for the allegedly unprecedented but there are some counter-precedents as well. The no doubt factually based point Turshen makes about guerrilla forces needs to be viewed in the light of the guerrilla forces which remained highly disciplined in conflict and showed respected the rights of civilian populations to "an unprecedented extent" (that is, to a greater extent than the governmental or imperialist forces did). That was, for example, the view of the observers who compared the Kuomintang warlord armies with Mao's guerrilla army, the pro-U.S. South Vietnamese army with the anti-imperialist South Vietnamese fighters, or the Portuguese colonial army with the Frelimo forces in Mozambique.

It has been a basic tenet of U.S. foreign policy in the Third World to regard the official armed forces as guarantors of stability and a business friendly environment and to brand guerrilla forces as harbingers of conflict and chaos. A major aspect of the post-World War II U.S. policy has thus been to promote and support, in deeds when not in words, military dictatorships or pseudo-democracies where the generals command the real reigns of power. Even Saddam Hussein's Republican Guard is preferable to a government derived from a popular uprising in Iraq. Of course, at times, the labels are reversed as when the terrorist Nicaraguan Contras became "freedom fighters" and the Panamanian armed forces turned from friends to drug peddling foes overnight.

The corporate media and pro-establishment scholarship project images generally in line with the U.S. governmental policy. That is not a surprise. The point I am making is that nowadays these biases are inadvertently creeping into the writings of even those who

adopt a critical view. There is an increasing permeation of popular prejudice into critical academic scholarship. Street talk or “conventional wisdom” is bandied about as empirically derived discourse. That concerned and well meaning scholars repeat it without skeptical analyses is disconcerting. I can cite a number of examples from Turshen’s analysis. My point is to not belabor a particular one. I want to stress that critical scholarship has to probe beyond the realm of the obvious. It has to reflect the breadth and depth of history and assist the construction of a dynamic explication of why things are the way they are. We cannot and should not analyze modern-day capitalism, be that in the metropole or the periphery, with conceptual tools infused with the biases of the system, and which can call into question only the excesses of the system but not the system itself.

### **The Relation Between Economics and Politics**

Turshen cautions against a purely cultural or ethnic analysis of conflict in Africa. As noted above, she draws attention to the structural adjustment policies imposed on Africa which have laid a fertile foundation for social instability. Compartmentalization is a standard aspect of pro-corporate analysis of Africa. Culture and politics on the one hand, and economics on the other, are treated as separate domains not only for the purpose of study but intrinsically as well. Such a conceptualization serves more to obscure than to enlighten. In that regard, I could not agree more with Turshen.

Let us take the critique a step ahead. The fusing of economic and political analyses, imperative as it is, has to be done in a sound manner. In particular, an exclusive focus on this or that straw man falls short of this goal. For that reason, I caution against an automatic critique of IMF/World Bank policies in Africa that does not incorporate the internal and external structural and historical forces on which the policies are based. Imperialism is an

evolving global system. The adjustment policies are an aspect of it. In Africa, they were a logical culmination of the economic trends since independence. One needs to take note of the types of economic dependencies reinforced or created, the role of foreign “aid” and capital, and the class formations engendered by the broad economic policies that made structural adjustment in a sense inevitable. Structural adjustment is not an imposition that just emerged out of the blue. And the tale is not simply one of how it was resisted by some nationalistic leaders. By itself, that is far from the truth. Structural adjustment followed from the economics under Mobutu as well under Nyerere and Kaunda. In both types of cases, the formation of a comprador bourgeoisie within a dependent economy laid the basis for the current handover of the wealth of Africa, lock, stock and barrel, to the multinational corporations. But the specific dynamics of each case have to be elucidated.

Superficial economic analysis is not better no economic analysis. The former occurs when the political and economic spheres are not viewed in an organically integrated manner but are just latched on to one another. That too is an inclination we need to guard against. Else one can make contradictory pronouncements and not realize it. To illustrate, consider the portrait of Uganda under Museveni that Turshen gives. At the end of the paper, she cites it as a silver lining on the dark cloud hovering over Africa. That is, at least in terms of the position of women in society. But I was not convinced. First, the specific illustrations noted are not far from the superficial institutional changes also seen elsewhere (e.g. post-independence Mozambique or Tanzania). These did not produce lasting or fundamental transformations for women in those countries. Second, and this relates to the methodologic point I make, it is also a curious commendation in the light of (1) that this regime has been praised by the World Bank and IMF for instituting structural adjustment in a thorough going manner, (2) the deterioration of the

position of women that generally ensues from such adjustment, and (3) Turshen's own castigation of such a policy. When the economic, cultural and political analyses lack connectivity, an inconsistency of this sort is not unpredictable.

On the other hand, the call for a sound and integrated analysis is not a call for lapsing into the obscure jargon of economics. Economic reality can be explained and related to political trends in a straightforward way accessible to the non-specialist. What is needed is the inclination to do it.

### **Africa and The West**

Recently, a "donors" conference was held in Tanzania. The local (private and state) and foreign media were awash with the concern the "benefactors" (*wahisani*, as they were called in Kiswahili) had about corruption in the country. Not a single word of dissent was heard in this symphony of polite platitudes. No note of the role the "donors" played in creating the dire conditions in the country was struck. And this was in a country with an extensive tradition of critical scholarship.

Not that dissent is absent. It exists, if only in nascent forms. But it is stifled. Self censorship and the confluence of media and finance turn it into a non-newsworthy item. I cite this to give an example of a dominant trend in Africa today. The history of the past five decades, especially that relating to Western involvement in Africa, does not deserve attention. Forget it. Just deal with the current problems in a pragmatic manner. That is what Africa hears today.

The same trend is seen in contemporary Africanist scholarship in the West. What happened earlier, if acknowledged, is done so in passing and is justified in that it occurred during the cold war. Now it is time to get on with democracy, free trade and liberalization. Do as directed and a heavenly future awaits Africa. It does not matter that the "donors" are the same institutions, if not with the same persons, who yesterday funded, trained and

armed mass murderers, or undertook bogus "development projects". The representatives of governments who backed the Mobutus and Renamos roam Africa giving lectures on human rights. Organizations like the World Health Organization, which instituted disastrous health policies in Africa (for example, in malaria control), continue to wear the mantle of the guardians of people's health. What is there to show that this time around their actions will benefit Africa? No evidence is needed. A frank account of what they actually did, why they did it, and what the consequences were, is irrelevant. History has nothing to teach us in terms of showing a way forward. That is the dominant line of the day.

To her credit, Turshen does not fall into that trap. She does not shirk from mentioning the brutal role of Western agencies in Africa. She notes, for instance, the strategic military role played by some relief agencies, and the role of U.S. intelligence agencies in the worst atrocities in Chad. However, my concern is with the limited manner in which such critique is often made. It is not done in the framework of imperialism as a global system. When one only notes a misdeed here and one there, an impression is conveyed that these were anomalies rather than a primary feature of the relation between Africa and the West. They seem as deeds of rogue operators rather than the imperatives of a global policy. We cannot run away from the past, more so since it folds onto the present and beyond. Africanist scholars must confront, in their entirety, the dark deeds of the Western governments, "aid-agencies" and corporations in Africa, and relate that to their barbaric behavior in the rest of the globe. That is not simply for historical accuracy. Most importantly, it is needed so as to assess what lies in store for Africa, and to participate in working out avenues for a better future.

### **What Ethics?**

The above discussion take us to the question of ethics. What are the moral

imperatives for Africanist scholars today? Dealing with ethical issues in research in and on Africa is in vogue for now. A debate on it rages among scholars. Does that imply that issues which need to be raised are indeed being raised? I do not think so. On the contrary, I think the current debate on ethics is more of a diversionary type which deflects the fundamental moral issues aside. In my view, it pushes under the rug the principal ethical quagmires about Africa today. Let me elaborate.

During my recent visit to Dar es Salaam, I witnessed the “tobacco war” waging there. Bus stands are painted with cigarette company logos whose enticing billboards also decorate strategic street junctions. Previously state-owned (and highly profitable) firms have been taken over by British and American corporations. Hence the brand-name competition, a euphemism for a premeditated assault on the health of the youth of the nation. The attempt by a national regulatory agency to put warning labels is rebuffed by the tobacco multinationals. Upon return to Los Angeles, I was confronted by another kind of tobacco war. From January 1, 1998, one is prohibited by law to light a cigarette in virtually any public enclosed space, including bars and night clubs. However, I have yet to see a move on the part of Californians (including university pension funds) to stop profiting from premature death elsewhere and to divest from tobacco stocks. As tobacco faces declining sales and stringent rules in the U.S., its harmful power is being unleashed abroad, and a predictable global epidemic is in the works.

There is no dearth of such examples of dubious moral standards in the Western world in relation to Africa and the Third World. That is a staple of main stream media and political discourse. And it is nothing new. What bothers me is that of recent even concerned scholars who deal with African and Third World issues may be infected by this ideological virus. One impact of the virus is to shift to the right the center of gravity of the debate on ethics and responsible scholarship.

Consider, for example, the debate among Africanist scholars in the U.S. regarding the National Security Education Program (NSEP). Under the program the academic study of Africa, among other things, is to be associated with the U.S. Department of Defense and the CIA. The debate is conducted in terms whether to take part in NSEP or not. The opponents point to misdeeds of the past of these agencies and call for protection of academic freedom.

The U.S. newspaper headlines today are filled with calls for the return of stolen gold and art work by the Nazis in World War II. To this day, the Nazi war criminals continue to go on trial. In that light, the ethical timidity of the NESP critics is curious. Where is the call for accountability and compensation in relation to the more recent crimes against humanity in Africa? Are not those who funded and collaborated with butchers like Mobutu for three decades or so also butchers in the first degree? Are they not more so, as their deeds were on a multi-continental scale? Those Western and international agencies who poured millions into Mobutu’s and Samuel Doe’s coffers while the people of Zaire and Liberia writhed in agony, those who stole the wealth of Africa that such despots made available to them, those who funded and armed the Savimbis to blow up the limbs of the children, women and elderly of Angola--do they not have to answer for their deeds? What about the presidents, politicians and corporate bosses who were behind the actual perpetrators? Where are the calls for a truth commission, indeed for criminal sanctions? Who bears the responsibility for the death of Ken Saro Wiwa? Just the Nigerian generals or those whose funds and arms keep the generals in power as well?

As for the ordinary citizens of Nazi Germany, and so with regards to the pronouncements of Africanists in the U.S., the main problem of ethics is not in what is said or done but in what is not said and not done. Silence on critical issues is the principal ethical deficiency of the day. It is, in my view, absolutely incorrect to attribute that quietude to any intrinsic racist or jingoistic mentality.

Surely not, as any study of African and U.S. history shows. It is, as Noam Chomsky puts it, but a manifestation of imperial triumphalism. On the other hand, there are some valiant voices on the U.S. scene whose moral standards the Africanist scholars need to take note of. I will mention two. First, I am reminded of the debate on national TV between the journalist Alan Nairn (who firsthand witnessed and was also a victim of the atrocities in East Timor) and Elliot Abrahams, the U.S. administration's point man in Central America in the 1980s. Alan Nairn graphically detailed the complicity of the U.S. administration in the savage murders of the indigenous people in Guatemala and went on to tell Mr. Abrahams that what was needed was a Nuremberg type of trial with people like him on the dock! As an aside, I note that those who wait for such a trial are out of luck. Today, Mr. Abrahams is the Director of the Center for Ethics and Public Policy in Washington, DC. Second, I am reminded of the unrelenting efforts on the part of Ramsey Clark to bring the plight of the children of Iraq to the attention of the world, and the related war crimes tribunal that he organized.

What Ethics? That is the central question. Is it one concerned about informed consent in an HIV trial but not with the fact that no consent of the people is taken when banned pesticides, unlicensed drugs, adulterated products and weapons are dumped on Africa by the firms in which one's retirement fund invests? Is that an ethic which refrains from posing questions required by elementary human decency? Is that an ethic that condemns the African gangsters and forgets about their American partners? One hopes not. Otherwise, to quote and paraphrase Gabriel Kolko from his latest work: "When people cease to be willing to [pose these uncomfortable questions] when they should and must, a dark night of despair will overcome our world."

At a time when Africa is being recolonized, when the U.S. is supplanting other Western nations as the dominant imperial power, when

the burden of odious debt makes any talk of autonomy and self-determination of the people a mockery, when even elections have become a device for choosing those who will facilitate the further looting of the continent by the multinationals, when the arms dealers have reduced the value of human life there to virtually zero, I continue to hope that Africanist scholars in the U.S. will rise to the challenges of the day and have the audacity to call a spade a spade. Turshen has taken a positive step in this light by noting that, with regards to Africa, "few truth commissions deal with the role of international financial institutions or foreign governments in internal political violence, letting off the hook the industrial powers that funded, armed, and trained the parties to the conflict."

The principal ethical challenge with respect to Africa today is to uncover, discipline and control, with the same zeal with which the last Nazi criminal is hunted down, and to the last detail, the principal internal and external actors, institutional and human, consciously responsible for the enormous suffering, hunger, disease and death inflicted on the African people since the 1950s, as well as to take adequate action with regards to those who derived (and continue to derive) enormous financial and material rewards as a consequence of the chaos and lack of responsible government on the continent. We need to do this not to exact revenge but so that we can with confidence proclaim, "Never Again." For Africanist scholars in the U.S., the ethical imperative is to issue a clarion call for a congressionally sanctioned but independent American Truth Commission to probe into and take appropriate action with regards to the role of the U.S. government, agencies and corporations in Africa since World War II.

## **Removing Landmines --- One Limb at a Time?**

Warren "Bud" Day  
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Co-convener of the Northern Arizona Peace and Justice Network

Anti-personnel landmines, left in the ground after military conflicts are over, are strewn across Africa, with very heavy concentrations in several countries. Angola tops the list for concentration, with one landmine per person, while Mozambique has been struggling with mine clearance as several million refugees sought to return to their lands. Until recently, these landmines were being removed one limb, or life, at a time...a process that would last for centuries, with millions of victims. Now, with some mine clearance programs in place, the estimated time for total clearance is a mere 100 years!

An individual woman peasant farmer seeks to prepare her field for planting...and loses a leg in a landmine explosion. A couple of children playing lose their lives as their game takes them into an area of landmines. A mine clearance expert, risking his life to help stop the carnage, ends up in a hospital and requires prosthetic assistance. The statistic of 25,000 casualties per year worldwide is composed of such individual cases. In too many African nations, nearly everyone knows a victim or a survivor of such unnecessary tragedy. With 100,000,000 landmines yet to be removed, several million more are being added each year. Anti-personnel landmines, easily held in one hand and scattered by various means, have killed more people than all the cold war weapons of mass destruction combined.

But, is it just the immediate victim who is killed? What about the child who did not receive a vaccination because the landmine terror over-stressed the health sector? Or the

malnourished family which cannot till fields strewn with landmines? It is hard to measure. Unfortunately, the immediate impact is minimal compared with the wider disruption of social interaction. A mere 28 mines (as was later discovered) were enough to keep Mozambicans off several thousand kilometers of major roads in one area, for fear of being blown up. Returning refugees had to choose between remaining in holding camps and risking tragedy in their own fields. Livestock have suffered. The health sector has been stressed with new demands for assistance, including the need for a new prosthetics industry, diversion of medical personnel and limited medications from other major concerns. All of this due to the widespread dissemination of many varieties of cheap landmines, costing about \$3 each to produce, but \$1000 each for removal.

### **The Maputo Conference**

In a series of nongovernmental international conferences across the world, Maputo was the site for a February 1997 gathering of nearly 500 delegates from over 60 countries, half from Africa. Originally planned for Harare, Zimbabwe, this conference of the International Campaign to Ban Landmines was moved to Maputo, for closer identification with the reality of widespread landmines. Delegates visited the UN-sponsored de-mining training program, an actual field being cleared--the slow but safe way--and an awareness training class in a primary school. A series of

workshops provided opportunity for sharing mutual concerns such as the impact on women's lives, the cost of health measures, the task of organizing across the region.

This event proved to be a key element in the mushrooming worldwide demand that such landmines be banned---their production, sale, export, and use. Calling for a landmine-free Southern Africa, the conference highlighted South Africa's declaration, announced just days earlier by President Mandela, of an immediate ban, including destruction of stockpiles. President Chissano opened the conference, having been introduced by Graça Machel with a strong hint that Mozambique should follow suit; within hours that happened, triggering a move across Southern Africa and most of Africa for similar declarations in following weeks.

It was noted that only Mauritius and Lesotho had escaped the scourge of landmines in Southern Africa. Nation by nation, the conference looked at the horrendous impact across the region, including the future costs of de-mining operations, for which major international assistance would be required.

As one of twenty-five American delegates at the Maputo conference, I was inspired by the commitment of landmine survivors from many countries, thrilled at the strong statements by most countries in support of an immediate ban, and embarrassed by my own country's demands for exceptions. The U.S. government representative listened to our position, then tried to soft-sell the need for exceptions by proclaiming major U.S. support for de-mining. But the most important immediate task was to stop the source!

### **Ottawa Process**

With dynamic leadership from the Washington, DC-based International Campaign to Ban Landmines, only 5 years old, strong national committees accepted the challenge to prepare their own nations for a positive response to Canada's invitation to sign a treaty

banning production, sale, export, stockpiling, and use of anti-personnel landmines. Throughout 1997, nongovernmental groups (1,000 of them worldwide) gave support and input to the governmental process of preparing a treaty. One by one, nations of the world began to declare their support. But, Russia, China, India, Pakistan and others, including the United States, were not ready to sign. The embarrassment grew stronger, since President Clinton had made such an eloquent plea before the UN only a year earlier, calling for a total ban as soon as possible.

With Princess Diana's public support of a ban, intensified by her untimely death, even apathetic citizens at least knew the issue. When the International Campaign to Ban Landmines, and its American coordinator Jody Williams, received the Nobel Peace Prize, there was even more reason to join the surge of humankind's demand for the removal of this indiscriminate weapon of destruction. These opportunities helped galvanize public opinion, so much so that when the U.S. campaign made a bus tour from San Francisco to Ottawa prior to the treaty signing, overwhelming local support was expressed in song, dance, rallies, and media events.

### **Treaty Signing**

In early December, 1997, 125 nations signed the treaty in Ottawa, Canada. Leaders from Canada, Norway, Belgium, Austria, and South Africa were honored for their special role. The UN General Secretary noted that this was a major breakthrough toward banning an unwanted weapon, perhaps a precursor of others. Primary appreciation went to the International Committee to Ban Landmines and coordinator Jody Williams, who declared that the treaty was the product of efforts of many people from all across the world, in a "new super power," a coalition of concerned nongovernmental groups and small governments, responding to the will of the people.

Beyond the treaty signing (yet to be ratified by at least forty nations to take effect), Ottawa hosted major workshops preparing an agenda for mine action. Nations pledged \$10 billion over the next 10 years to help rid the world of landmines. Among those presenting suggestions for action was David Gowdey of Mine Action Associates. Having led the United Nations de-mining programs in recent years (the UN is involved in this operation three times as much as all others put together), Gowdey emphasized the need for humanitarian de-mining, not contractual technological operations by profit-seeking corporations or military units. His basic premise is that people cannot sit around waiting for decades for mine removal, but rather need to live their lives today.

### **Local Involvement**

Returning to his home base in Northern Arizona, where he and the Peace and Justice Network were instrumental in local education and advocacy over the past year, Gowdey elaborated on this concept. An integrated program is needed, involving (1) actual mine clearance, using new technologies being developed, (2) surveying and marking major mined areas to remind people to avoid them, (3) emergency clearance of all mines near hospital units and other key areas, (4) widespread mine awareness training, including programs in the schools, and (5) medical support and rehabilitation for landmine incident survivors and surviving relatives of victims.

The Flagstaff City Council and the Coconino County Board of Supervisors, having learned about the landmine issue, voted unanimously a year ago to call for an international ban; this was the third such local American governmental advocacy, following New Haven and Chicago. Since then, with educational and advocacy programs led by many U.S. civic organizations (including various U.S.-based development NGOs, Association of Concerned Africa Scholars, the

American Public Health Association, and the Vietnam Veterans of America Foundation), the demand for US support of the ban has grown. Last year, over half of the Senate and one-third of the House of Representatives were poised to pass such resolutions; that process will soon be launched again in 1998. Local support will be essential for success.

### **Clinton Administration**

Despite beautiful oratory by Bill Clinton, Madeleine Albright, William Cohen, and others, the bottom line thus far is that the Pentagon is calling the tune, namely, that the U.S. cannot sign the treaty because of several needed exceptions. Most prominent in their continuing argument is the protection of South Korean citizens (and American troops) from possible invasion from North Korea. And yet, in the Pentagon's own words, U.S. landmines are counter-productive and have caused more casualties to U.S. troops in Vietnam and Korea than any other weapon! Somehow, the media fails to expose this hypocrisy. Bobby Muller, co-founder of the campaign and himself a landmine survivor, contends that the Pentagon is institutionally incapable of ever renouncing even the most counter-productive weapon unless there is firm pressure from the Commander-in-Chief.

The Landmine Ban Treaty is still open for signatures. The American people, led by the ongoing U.S. Campaign to Ban Landmines working with Senator Leahy of Vermont and others in Congress, will express themselves and will succeed in the effort to join the world community in both a ban and the intensified removal of landmines from across the world. It is only a matter of time. But, every 22 minutes, there is another landmine victim.

### **Conclusion**

Africa-oriented scholars will continue to hear the pleas of colleagues across Africa that the treaty be signed by all nations, that it be implemented and monitored, and that de-mining be carried out in a humanitarian manner and with extensive support. This may mean as a first step that local governmental, educational, religious and academic leaders will need to speak out, demand that the will of the American people be heard, demand that the U.S. sign the treaty now, and hope to regain some of its lost moral leadership on this issue.

For us in Northern Arizona, where there are no landmines in the ground, it has meant a mind-stretching activity, helping us link with people across the world in this endeavor. As County Supervisor Louise Yellowman stated, "In our Navajo tradition, when a baby is born, some of the finest soil is brought into the hogan and the baby's head is placed on that soil, symbolic of our identification with the land, with nature. It is inconceivable that a landmine in that same land might someday kill that child." When this story was shared with delegates at the Maputo conference, there was silence and a sense of the oneness of humanity.

For further information about this issue, contact the U.S. Campaign to Ban Landmines c/o Vietnam Veterans of America Foundation, 2001 S Street, NW, Suite 740, Washington, DC, 20009, phone 202-483-9222, E-mail <banminesusa@vi.org> You can request to be added to the E-mail network for updates. Or, contact <warren.day@nau.edu>, from whom a selected bibliography is available.

## **The Photographer, His Editor, Her Audience, Their Humanitarians: How Rwanda's Pictures Travel Through the American Psyche**

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The photographic image... *is a message without a code.* (Roland Barthes 1961).

Just as paintings get their meaning in a world of painters, collectors, critics, and curators, so photographs get their meaning from the way the people involved with them understand them, use them, and thereby attribute meaning to them. (Howard Becker 1995).

### **Seeing Images of Suffering**

Images have power. They have the power to spur action and silence debate. The power they wield can wring tears from our eyes and force us to turn away in shock. If the aphorism that "A Picture Is Worth A Thousand Words" holds true then perhaps images of suffering are worth several thousand words. Thus, depictions of suffering have much higher stakes and consequently much higher risks than average images because of the power they retain.

This paper addresses the issue of looking at suffering through imagery and examines closely some of the images from recent events in Rwanda. These images come to the American public from two major sources--the news media and humanitarian fundraising appeals. These two sources create images and produce different meanings while also reinforcing one another's tropes regarding Africa, suffering and the "Other."

Studies of Western portrayals of Africa form one major arena within African Studies

and also throughout the related disciplines of literary criticism, postcolonial studies and history (cf. Pieterse 1992). Nevertheless, very few studies engage the act of seeing suffering or what Arthur and Joan Kleinman have termed "the appeal of experience and the dismay of images."

The appeal of experience is when we see on television a wounded Haitian, surrounded by a threatening crowd, protesting accusations that he is a member of a murderous paramilitary organization. The dismay of images is when we are shown that the man and the crowd are themselves surrounded by photographers, whose participation helps determine the direction the event will take. (Kleinman and Kleinman 1997, 9).

Such a perspective not only implicates the journalists who surround the event but also the onlookers, who sit comfortably in their homes reading the newspaper or watching the television, safely distanced from the violence of the world. What is their stake in the events and what prompts them to act either by sending money to some worthy humanitarian group or, more rarely, by political participation? Thus the experience of seeing suffering forms a key point through which actions, both positive and negative, can move. In this "seeing" is quite different from "witnessing", which holds in it a connotation of historical preservation the former category does not. Seeing suffering and making sense of it are the challenges for

viewers, and what they do may be the consequence.

### **Criticism and the Interpretive Tradition**

Recently, Julian Stallabrass of the *New Left Review* has argued that photojournalism and documentary photography, formerly seen as radical devices for change, are caught in a double bind.

The trend in the commercial news world has been to strip such photography of its critical function, to produce a photography which reports, but only what is novel and up-to-the-minute, what is sensationalist or bloody, and to do so in flash-lit, often highly mannerist styles which change from year to year. The trend in academia, by contrast, has been to criticize documentary photography for being insufficiently critical, particularly of its own practice, and to move towards work which is more self-reflexive, and based on an interrogation of signs and representation (Stallabrass 1997, 135).

While many scholars and even photojournalists themselves have criticized photojournalism (Hagaman 1996) for many of the reasons that Stallabrass cites, interrogating photographs as signs is one entry point to a wider discussion of their effects and meanings.

In this respect, I follow Michel Foucault's starting point in looking at visual representation. Foucault argues in relation to work of artist René Magritte, that images which present a contradictory stance or a loss of meaning within the image are types of heterotopias or images with multiple meanings. He argues that this leaves the viewer moving from one possible interpretation to the next, with two possible outcomes. In the first the viewer simply moves toward what is most familiar in relation to what is seen. In the second instance, the viewer essentially puts the

image into a separate or new category because he or she cannot make sense of it (Foucault 1983).

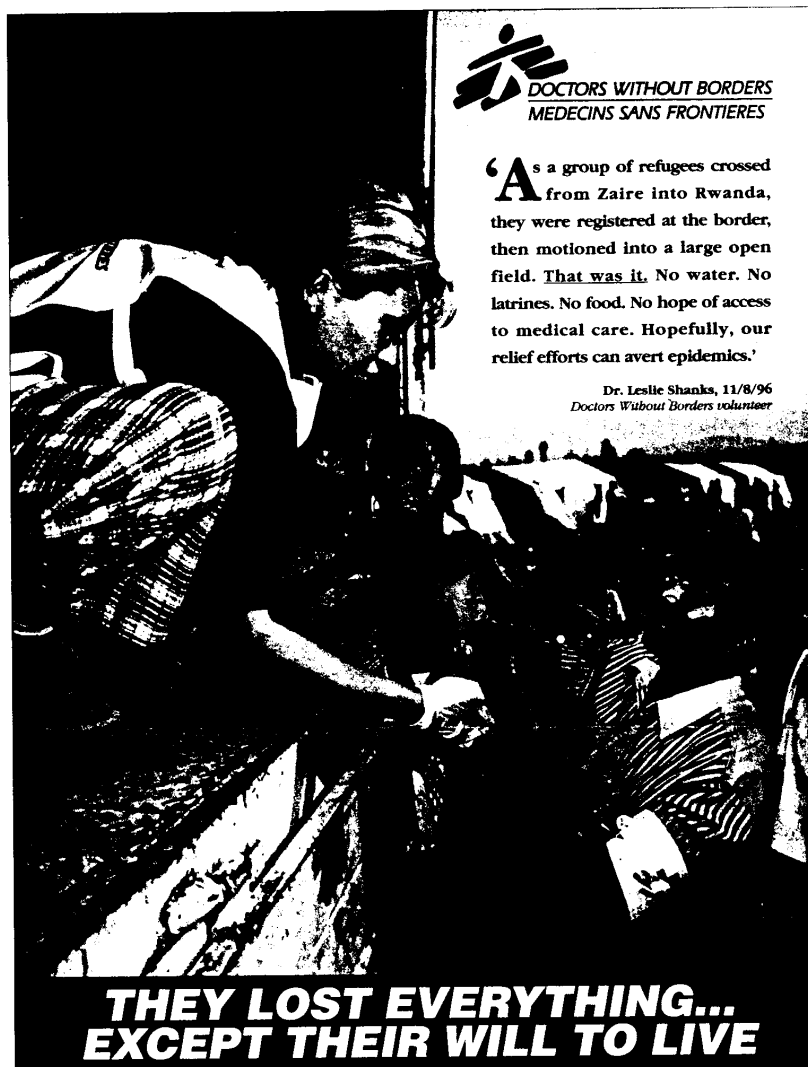
The later possibility has been effectively closed off as an option to viewers of suffering. The attempt, both on the part of news agencies and humanitarian groups, has been to universalize suffering in telling the story to the American public. Image producers and users have actively pushed viewers to suffering through an essentialist lens wherein suffering exists as a universal archetype. Regrettably, readers have for the most part accepted this type of superficial coverage and have been slow to realize or reluctant to insist on more depth. One example of this trend can be seen in the success of the national newspaper *USA Today* whose high-tech color and brief sound-byte format testifies to the direction of recent changes in the media. Sociologist Howard Becker has described the situation as one in which photojournalists feed to readers a pre-formatted conceptual package.


Today's photojournalists are literate, college educated, can write, and so are no longer simply illustrators of stories reporters tell. They have a coherent ideology, based on the concept of the story-telling image. Nevertheless, contemporary photojournalism is, like its earlier versions, constrained by available space and by the prejudices, blind spots, and preconceived story lines of their editorial superiors. Most importantly, readers do not expect to spend any time deciphering ambiguities and complexities in the photographs that appear in their daily newspaper or news magazine. Such photographs must, therefore, be instantly readable, immediately interpretable. (Becker 1995).

This universalizing process and reduction to a single interpretable formula makes use of certain tropes and concepts which can only be discerned from the images through the use of deconstructivist and interpretive techniques. In

this case, I use some of the methods from art history incorporating elements of formal analysis, postmodernist, and postcolonial understandings.

## Humanitarian Images



  
**DOCTORS WITHOUT BORDERS**  
**MEDECINS SANS FRONTIERES**

**'As a group of refugees crossed from Zaire into Rwanda, they were registered at the border, then motioned into a large open field. That was it. No water. No latrines. No food. No hope of access to medical care. Hopefully, our relief efforts can avert epidemics.'**

*Dr. Leslie Shanks, 11/8/96  
Doctors Without Borders volunteer*

**THEY LOST EVERYTHING...  
EXCEPT THEIR WILL TO LIVE**

Doctors Without Borders, Fundraising Flyer, 1996

Every few weeks it seems, I receive a mailing from the medical relief organization, Doctors Without Borders (DWB)--the U.S. affiliate of Medecins San Frontieres. Since the tragic events in Rwanda during 1994, the cover page of virtually each flyer pleading for money has contained the same dramatic photo of a female relief worker accepting a child from a local man. The dynamics of this photo tell a story just as Becker claims and this story takes place along several key axes.

### **Gender**

The image of a white woman accepting a child from a black man makes for a stark contrast. In many respects, it codes for a certain belief on the part of the viewer who is likely to empathize with the white relief worker. She represents the power and humanitarian will of the Western world accepting the stricken child from the poor disorganized Non-Western (read dark skinned) world. This classical image of maternal protection and safety is counterpoised against the black males who populate the right portion of the photograph. The image reads as a story where the black African males are the ones who caused the violence and destruction while the American white woman is present to save the child and protect him from his environment.

### **Light and Dark**

The original image from which the above figure was reproduced was primarily in black and white with some red highlights added to the lettering at the very bottom and red spot color on the DWB symbol and text at the top of the page. The result is an image which plays with contrasts in powerful ways to further highlight differences between Africans and their humanitarian saviors. The woman's light skin tone is further accentuated by the white tunic she wears with the last few letters of MEDECINS SANS FRONTIERES just visible on her back. Notice that she wears a full tunic while the male worker, who is likely a local man recruited to assist DWB, only wears an armband

with the DWB logo. His spot of white is quite small against a backdrop of dark figures and light colored tents (another symbol of humanitarianism).

The picture highlights these differences by the nearly even cut down the center of the photo formed by the side of the truck. The original photo likely contained a much wider view but here a decision was made to crop it in a way that produces a 50-50 split between the truck (which contains the Western power) and the landscape which depicts a crowded Africa.

Lastly, the only other key spot of white are the gloves that the female relief worker wears as she takes hold of the child. Notice that she wears the gloves while the local relief worker is bare handed. She likely wears the gloves to prevent her from getting or spreading infectious diseases such as cholera and dysentery which were ravaging the Rwandan refugee camps at the time of the refugee crisis in 1994-5. A wise precaution. But the logic that prevents the local man from wearing gloves is inconceivable. Is he somehow protected from these terrible diseases because he is African or Rwandan? Or is it simply too expensive to provide protection for all of DWB's workers? Or tragically, is her life worth more than his? Finally, could it simply be his own decision to avoid these precautions? Whichever of these logics drives the decision, it is a poor one and one which the photo leaves ambiguous thus producing Foucault's heterotopias at a spiraling rate.

### **Savior/Victim: Issues of Agency**

This photo shows a great deal about the perceived nature of agency relationships between humanitarian groups and the victims of tragedy. The motif of suffering in this picture centers on the child. As viewers we are made to understand that he is the one suffering from some malnutrition or other weakening disease. The image shows the local man dutifully handing off the child to the able relief worker. There seems to be little dispute in their dynamic. But it is the agency issues that remain outside of the field of vision that are the most troubling.

Just adjacent to the man is there a mother crying because she believes her son is being taken from her? Or, is there a soldier eating the food rations that should have been this child's? DWB faced one of its worst ethical dilemmas in Zaire in the wake of the Rwandan genocide. The camps became a refuge for Hutu militiamen who hid among the thousands of innocent refugees who fled in fear of their lives. The soldiers used the other refugees as a cover to rearm, retrain and resupply themselves in order to continue to fight against the Tutsi led Rwandan Patriotic Front. DWB responded with unusual force and shut down their operations pending the departure of all soldiers. Nevertheless, other relief groups refused to leave and allow the thousands and millions of other refugees to suffer.

These ethical questions of who is saving who from what are difficult and I by no means want to criticize DWB for their decision. The institutional debates will likely continue within the organization over what must have been the worst possible scenario for those eager to help (Fox 1995). What I want to emphasize here is that this picture has the potential to open these debates as well as many others such as the international forces which acted to produce conditions in Rwanda conducive to civil war, the major actors who hold responsibility for the killings, the inaction of the West in the face of genocide, and finally the nature of humanitarianism as a tool for international policy (Karnik forthcoming). As Leigh Star (Star 1991) has argued leaving agents who do not appear in the picture but whose actions or inactions can be discerned is tantamount to simply reifying existing power structures. These actors remain squarely outside the boundaries of the picture hidden from the viewer who should absorb the simplistic tale depicted for them.

## News Images

I do not wish to dwell on newspaper images for too long simply because I have previously analyzed all of the *New York Times* photojournalistic coverage of the Rwanda crisis from 1989-1994 (Karnik forthcoming). Here I simply want to discuss one exemplar from early 1997 which depicts the aftermath of the Rwandan crisis, and discuss a few of the patterns which emerge from this image.

On April 5, 1997 the *New York Times* (NYT) published a front page photograph of Rwandan refugees taken by Sebastião Salgado (Salgado 1997) who is the same the photojournalist that Peter Stallabrass actively supported and touted as being one of the best at using photos for political change (Stallabrass 1997). Nevertheless, Salgado's picture published in the NYT suffers some of the same problems as the DWB picture. Salgado's picture is a bleak, desolate place. Smoke or steam rises slowly in the background across a set of railroad tracks which disappear into the distance of people. In the foreground hunches a woman with a child strapped to her back. She looks pensively at the camera with some degree of skepticism but has apparently acquiesced to the photo by placing her belongings on the ground.

Once again, gender plays a key role in this depiction of suffering. Women and children occupy the most central positions of the photo and come to garner the viewer's focus. In addition, the landscape is devoid of Westerners with the exception of the photographer who stands invisibly behind the camera.

The dark/light motif continues to create something that looks like a wasteland. Tiny huts are barely visible off to one side of the image frame and the people in the photo seem to wander lost in the bleak landscape.

## Tropes in Common

Both types of image, the humanitarian and the newspaper, share several tropes in common.

They speak to a common universal theme of suffering women and children. Many other images of Rwanda show directly the violent men or bodies simply lying on a road or amid a pile of corpses. But these later images are of death and violence and speak to a wider essentialism of Africa. In focusing on the image of the sufferer which is nearly always a woman with child or child alone, we will get closer to understanding the nature of seeing suffering.

Africa throughout these photos is presented as a desolate place. Very little agency is ascribed to the people themselves. The DWB image breaks slightly with this pattern by showing the local male worker assisting with the child. Nevertheless, Africans are shown as helpless, passive and in need of assistance. While the NYT picture focuses purely on Rwandan refugees, the DWB picture presents the solution to these problems in the form of the female relief worker.

The essential universal message, which emerges through the heterotopias as the simplest most understandable message, provides within itself the solution to its own dilemma. In this sense, DWB and NYT are speaking the same photographic language to the viewer-- women and children are suffering--and the DWB continues the message--please send money to help us help them.

Throughout this self-reinforcing process between the news media and the humanitarian groups, we find that they make use of half Foucault's possible alternatives in viewing images. They gravitate toward increasing resemblance which he defines as an increasing common agreement or understanding. In the same process they shy away from creating new categories of understanding which constitutes the opposing arm of Foucault's possibilities.

To create more resemblance, the photographer and their editors also need to continue to increase the amount of suffering that they depict to get a better response. What the humanitarians and news media need to happen is not simply for the viewer to look at the photo and say to themselves "yes, that is Africa and its poor people." What they need is for the viewer

to take the next step and say "and I must do something about it." To help produce the latter effect, the images presented continually increase the level of suffering depicted over previous pictures. The depiction of increasing suffering does not take place in the short term or during a single event, instead this process has been in effect over the long term, perhaps even over the course of the history of photography and its coverage of violence and suffering.

Arthur and Joan Kleinman see this process as a commodification of suffering and as something akin to a type of voyeurism.

Ultimately, we will have to engage the more ominous aspects of globalization, such as the commercialization of suffering, the commodification of experiences of atrocity and abuse, and the pornographic uses of degradation (Kleinman and Kleinman 1997, 19).

### **A Possible Way Out?**

Such a perspective seems to create an impossible dilemma – how do we continue to respond to suffering without essentializing it or stigmatizing those involved? How can we encourage the media to cover Africa more closely and allow humanitarian groups to continue with their often brave and noble work while also helping to prevent the more damaging long-term Orientalist discourses from blanketing out all others?

We must go along a new road in the presentation of imagery. In this new form of presentation no picture should be presented without context. As People With AIDS (PWAs) argued during the early phases of the HIV epidemic in the US, to present pictures without context essentializes the images and strips individuals both of agency and of their unique stories. These stories disrupt and continue to challenge our commonly held biases regarding AIDS and who is at risk, how they get the disease and the social processes that underlie the epidemic. Similarly, I believe that recontextualizing images in both news and

humanitarian advertising will lead to a more widespread disruption of our understanding of Africa, civil war, and suffering. Such a move will require extra work. No longer can pictures of people be presented without naming those people and telling their stories.

But how do we tell the story and what will the relationship be between text and image. A great deal of analysis within the field of media studies has gone into trying to discern patterns which link the story to image but very few have tried to reimagine these links clearly. Foucault's analysis of René Magritte's work may provide us with another set of alternatives to the essentialism of resemblance.

By resemblance we demonstrate and speak across difference: The two systems can neither merge nor intersect. In one way or another, subordination is required. Either the text is ruled by the image (as in those paintings where a book, an inscription, a letter, or the name of person are represented); or else the image is ruled by the text (as in books where a drawing completes, as if it were merely taking a short cut, the message that words are charged to represent) (Foucault 1983, 32).

I believe that humanitarian and news images all follow the latter form in their presentations of suffering. Either the photo stands independent and shows suffering as a free floating self-explanatory reality or it is hoped that the suffering simply adds drama to the text in which the news is embedded.

But what if we actively push toward the first of these possible hierarchies in subordinating text to the image. In using the text to contextualize the image and tell the story of what happens outside the narrow frame of the photograph and give more clearly the names of the people in the photo, we may in several senses rehumanize suffering while also showing the uniqueness of the circumstance. These words and the photos they help us to understand may bring us yet closer to the subject without

needing to increase the drama, the exotic or the suffering depicted.

This process of recontextualizing images needs to include two vital strategies. First, we need to extend our frameworks to include a transnational perspective. In other words, context is not simply the local or the personal. Context needs to be at once local and global, reaching deep into the personal stories while expansively tying local events to global processes. Thus the events in Rwanda and the suffering that came with them exist in tandem with global processes of weapons trafficking, international finance, and geopolitical strategy all of which are rooted in a history of colonialism, postcolonial dictatorial regimes, and the unmet promises of democratic and capitalist ideals (Karnik forthcoming).

Thus, in the Rwandan case it may be far more appropriate to show an image of suffering alongside a picture of the Chicago Commodity Exchange in operation, because one of the precipitating factors behind the Rwandan crisis was a crash in coffee prices which left many large areas of Rwanda impoverished to the point of desperation. Further images which could be traced out would include the role of international institutions like the World Bank and International Monetary Fund (IMF) in removing social and economic safety nets in Rwanda which further exacerbated an already volatile situation (Chossudovsky 1996). Reflecting on the connectedness of the world and politics of international finance in this example could allow viewers to see the ways that they are implicated in a situation far away. Why do Mexico and South Korea merit financial bailouts for crashes in their economies while Central African countries are left to sink deeper and deeper into poverty? Powerful visual imagery could capture some of these transnational questions in showing runs on food and desperation in Mexico at the time of the peso crash to be similar in form to poverty in Rwanda following the coffee market crash.

Second, in perhaps an even more radical move, we could encourage photographers to turn the camera itself over to the "victim" and

enable them to try and frame their own experiences. What they would capture and in what ways remains to be seen, but in this scenario the photographer could continue to play the vital role of facilitating the process, assisting the local people themselves to reflect upon their circumstances. Such a process may enable some aspects of healing to begin while also gathering images which show the experience of the situation through a different vantage point. I have found in some of my field experiences that local informants often have complex views of the linkages between their situations and those of international superpowers, corporations and global institutions. Allowing them to capture these connections in their own images may form the strongest genesis points for humanitarian action.

Suffering in its most mundane form may become something which people can empathize with, respond to and feel for, while also learning about the place they are seeing. Africa need not be stigmatized as the place of warring peoples who lack the ability to help themselves. It could instead be seen as a place of unfortunate circumstance, impoverished by its postcolonial location, and struggling to find a secure position in the global political economy.

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## Professional Accountability: Lessons from the South African Truth and Reconciliation Commission

H. Jack Geiger, M.D.  
President, Committee on Health for Southern Africa

So for us even the hour of liberty rang out grave and muffled, and filled our souls with joy and yet with a painful sense of prudence, so that we should have liked to wash our consciences and our memories clean...and also with anguish, because we felt that this should never happen, that now nothing could ever happen good and pure enough to rub out our past, and that the scars of the outrage would remain within us forever, and in the memories of those who saw it, and in the places where it occurred and in the stories that we should tell of it. Because, and this is the awful privilege of our generation and of my people, no one better than us has ever been able to grasp the incurable nature of the offence, that spreads like a contagion. It is foolish to think that human justice can eradicate it. It is an inexhaustible fount of evil; it breaks the body and the spirit of the submerged, it stifles them and renders them abject; it returns as ignominy upon the oppressors, it perpetuates itself as hatred among the survivors, and swarms around in a thousand ways, against the very will of all, as a thirst for revenge, as a moral capitulation, as denial, as weariness, as renunciation. (Primo Levi, *The Reawakening*)

From 1974 to 1994, at least 15 societies have attempted to solve this dilemma by creating Truth Commissions--official bodies set up to

investigate a past period of human rights abuses or violations of international humanitarian law. From Uganda in 1974 to the most recent--South Africa--they have varied substantially in scope, authority, and methods; South Africa's Truth and Reconciliation Commission is unique, however, in conducting a searching examination of the participation of the health sector--medicine and the other health professions, medical and nursing schools, professional societies and regulatory bodies, and the provincial and national health departments--in such abuses.

That investigation included Truth and Reconciliation Commission (TRC) public hearings in Cape Town in June 1997 on the crimes and complicity of the health sector under apartheid. The best-known and most notorious of these was the case of the black consciousness leader Steve Biko who was killed by South African security police, assisted by the professional dereliction of duty of two District Surgeons. Although Biko had already sustained a severe head injury during his "interrogation" in jail, one of the physicians knowingly issued a false medical certificate on his condition, permitting his transport--semi-conscious and naked in the back of a police wagon--on a 600-mile trip to Pretoria, where he died. The South African Medical and Dental Council asserted that there had been no professional misconduct--a decision it was forced to reverse only after a long struggle that took the case to the Supreme Court. The Medical Association of South Africa (MASA) conspicuously avoided taking any position on the matter.

The TRC hearings in June were typical of its work in other areas. Victims came to testify to their experiences; individuals and institutional representatives came to plead *mea culpa* (or, occasionally, to deny any responsibility) and promise that they have been transformed. A five-foot tall stack of written submissions to the TRC does more than document the indifference of the medical community to the torture of political prisoners and detainees, and the complicity of some physicians in participation and cover-up. The submissions illustrate the extent to which most (but not all) health professionals were willing to ignore both human rights concerns and ethical mandates and live comfortably within an apartheid system of segregated and inferior hospitals, segregated physician waiting rooms, and appalling racial disparities in morbidity and mortality.

But there are problems. Under the law that established the TRC, victims have the right to testify publicly to their harrowing experiences. Perpetrators who make full and honest confessions, and indicate remorse, may be granted amnesty--a provision that led to hopes that lower-level violators would implicate their superiors, all the way up the chains of command to the highest levels of apartheid government. In practice, however, and in many anguished scenes at TRC hearings, victims re-live and re-experience dreadful traumas, ripping open old emotional wounds, and then leave with no provision for psychological support or counseling, and often with no satisfaction from violators. It is mostly low-level violators (including some already in prison) who have come forth to confess and seek amnesty. At higher levels, former President DeKlerk testified that he was "shocked" to learn that there had been abuses, and one of his ministers suggested that it was all a semantic misunderstanding: when he suggested that one or another African National Congress supporter should be "eliminated" or "removed from society" he certainly hadn't meant that they should be killed. Much of the Afrikaans community, meanwhile, has opted to

decry the TRC as an ANC-sponsored witch-hunt. On the other hand, the opposition groups that opposed and resisted apartheid for decades (including many whites) have had a chance to document their own efforts.

The TRC will issue its full and final report next summer. Until then, it seems likely, pain and cynicism will be as prominent as truth and reconciliation. And yet an overwhelming majority seems to recognize the importance of establishing this record. As one observer put it: "There are many things about the TRC process that are terrible. The only thing worse would be not having it."

## **CHISA: The Committee for Health in Southern Africa**

At the last ASA meeting, ACAS and CIC sponsored two panels together with CHISA, the Committee for Health in Southern Africa. In this issue of the Bulletin, we wish to open a debate about ACAS's future collaboration and perhaps formal affiliation with CHISA. Like many organizations in the post-apartheid era, CHISA is looking for a redefinition of its mission, and it invites members of ACAS and other readers of the Bulletin to respond with ideas, suggestions and comments. The statement reproduced below describes CHISA's work since 1983.

### **CHISA: The Committee for Health in Southern Africa**

The Committee for Health in Southern Africa (CHISA) was formed in 1983 to provide a North American support network for the health-sector anti-apartheid organizations in South Africa, the National Medical and Dental Association (NAMDA) and related groups. During the subsequent years of continuing apartheid and repression, CHISA's objectives were:

- To educate the public and health professions in North America about the health effects of apartheid in South Africa, the health status of the deprived majority, and the violations of health rights and related human rights.
- To provide support for NAMDA and for the African National Congress' Health Secretariat in exile, and for South African health workers in exile elsewhere in Africa and in Europe and the United Kingdom.

- To mobilize the support of health professional organizations (such as the American Public Health Association, the American Psychiatric Association, and others) for sanctions against South Africa and for that government's isolation from the World Health Organization, the World Medical Association, and other international health groups.
- To contribute to the knowledge base about health and health care in South Africa and the front-line states, especially Zimbabwe and Mozambique.

In pursuit of these objectives, CHISA: (1) organized sessions at the annual conventions of the American Public Health Association, the American Psychiatric Association, the American Orthopsychiatric Association, and other professional societies in the United States and Canada; (2) sponsored speaking tours at medical schools and professional societies in the United States by South African anti-apartheid health leaders such as Dr. H. V. Coovadia, Professor of Pediatrics at the University of Natal Medical School and a NAMDA leader; Dr. Delisa Mgi, the President of NAMDA; Dr. Barry Kistnasamy, Dr. Wendy Orr and others; (3) organized biennial workshops in New York for ANC and other anti-apartheid leaders in exile, including Dr. Nkosazana Zuma and Dr. Olive Shissana (now the Minister of Health and Secretary General of Health, respectively); and (4) published newsletters with information about health problems in Southern Africa.

In the first phase of South African liberation, CHISA organized, sponsored and underwrote a historic conference in Maputo, Mozambique at which, for the first time,

leaders of NAMDA and other anti-apartheid health groups in South Africa were able to meet with ANC leaders in exile, including the Health Secretariat, to begin specific planning for the health programs and policies for the subsequent majority government.

With the advent of majority rule and the election of an ANC government, CHISA shifted its focus to the provision of technical support, consultation and professional support to the national and provincial ministries of health in South Africa, while continuing its efforts in the United States to provide information on health sector developments in the region. This has included emphasis on human rights: CHISA, which was formally represented on the human rights mission of the American Association for the Advancement of Science on the health effects of apartheid in 1989, was most recently an official participant in a 1997 mission, at the request of the South African Truth and Reconciliation Commission, to provide assistance and consultation in the TRC's exploration of crimes and complicity of the health sector during the apartheid regime. CHISA is now involved in consultations on the reform of the Medical Association of South Africa, the South African Medical and Dental Council, the South African Nursing Council, and in support of the Democratic Nursing Association of South Africa, among other efforts.

CHISA is an organization with a subscribing membership, open to all interested persons, and is supported by dues and donations. It is chartered as a non-profit 501(C)3 organization. Officers: H. Jack Geiger, MD, President; Violet Padayachi Cherry, MPH, Vice-President; Nonceba Lubanga, MPH, Secretary; Jeanne Smith, MD, Treasurer. Dues are \$35 (\$20 for students), payable to CHISA, PO Box 268, Englewood, NJ 07631.

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4. Mozambican women experiencing violence — Alcinda Antonio de Abreu.
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