The Angolan civil war

A civilian disaster

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One million dead. Four million displaced. People trapped in one of the most violent and longest running civil wars in Africa. The toll after 31 years of civil conflict in Angola, particularly in human terms, is catastrophic.¹

Women and children

The war in Angola took a heavy toll on women and children. Based on data from recent wars, for every 10 people who die in current wars, nine are civilians and of these, six are children.² The effects of civil war led to Angola having the highest infant mortality rate in the world in 1990 – of every 1000 children born, 350 died before the age of five.³ Children who do survive are affected by war in other ways including poverty, malnutrition, separation from parent(s), exposure to destructive violence, witnessing death or other atrocities, permanent disablement, having parents who are seriously affected by war experiences, and the loss of life sustaining infrastructure of society.³ The following case epitomises the traumatic effects of warfare for Angola’s children.

One day, Rosa and her mother were intercepted by armed National Union for the Total Independence of Angola (UNITA) soldiers who were attacking their village. Rosa watched as they cut off her mother’s hand, ear, breast, arm and leg. Years later in an orphanage, Rosa sleeps badly, has sudden screaming fits, and can’t stand the sight of a military uniform or a white face.⁴

Health: A casualty of war

One of the major effects of modern warfare that drastically affects civilians is the deterioration of societal infrastructure. Often, the effects of the collapse of education, health care, water and public sanitation systems cost more lives than those directly lost to warfare. The lack of clean drinking water makes civilians susceptible to disease. Dirty drinking water is the primary cause for the spread of cholera and dysentery in Angola.⁵ Often during modern warfare, there is stagnation in the construction and maintenance of health service institutions. Tvedten commented that:

‘... serious deterioration of the public health system and the decline in health programs, together with dwindling supplies of drinking water and foodstuffs, have resulted in a critical situation [in Angola] ... communicable diseases (like measles, tetanus, tuberculosis, malaria, sleeping sickness, and infectious hepatitis) are the most common causes of death. It has been estimated that measles, acute diarrheal diseases, malaria, and tetanus account for about 60% of deaths among children under five’.⁶

While it may be difficult to vaccinate people in rural areas due to war, there is little excuse for inaction in large cities. International aid organisations have attempted to make up for the government’s ineptitude, eg. through a program run by the International Red Cross, 300 000 children in Benguela were vaccinated against polio.⁷ However, even with the help of such initiatives, the need for these programs is not being met due to the inaccessibility of large parts of the country.

Even during the war, the failing health system in Angola had a great effect on the health of civilians, leaving limited resources
to nurse the population back to health after the war. The first blow to the Angolan health care system came when the Portuguese rapidly withdrew in 1974–1975. The abrupt departure of nearly 350,000 resident Portuguese led to a dearth of skilled labour, particularly in professions such as medicine and nursing. Although the 1975 constitution established health care as a right of everyone, how could it be achieved when of the 200 doctors registered in Angola in 1973, only 50 had stayed on? In the late 1980s, only 46 of the 146 districts in Angola had a doctor. Hence, from 1973 to 1985, as the health needs of the country increased greatly, the health system was unable to cope.

The warring parties also damaged health centre buildings. It is estimated that by 1985, about 35% of clinics and health service posts were destroyed. To exacerbate the inadequacies, even basic medical supplies became scarce commodities:

‘The large provincial hospital in the northern town of Malange was typical of the conditions everywhere. The dark corridors were suffused with the suffocating smell of urine and infection. In the wards, men, women and children lay on beds which mostly had no mattresses. They were the victims of mine accidents, or suffering from TB, malaria, or malnutrition. Their relatives sat around their beds silently, fed them and waited for treatment that they knew only too well was unlikely to be possible’. Small quantities of antibiotics were occasionally available, but in most cases, the availability of medicine depended on the foraging instincts and financial ability of the patient’s relatives to buy medicines through the black market. Hospitals in Angola were terribly short of supplies, with patients treated under conditions that would not be tolerated in developed countries. Often amputations were performed without anaesthetic.

**Landmines**

A direct effect of the civil war that will continue to affect civilians for longer than any other is landmines. Landmines are one of the most devastating weapons physically, as they:

‘...commonly kill or inflict ravaging wounds, usually resulting in traumatic or surgical amputation. Mines produce damage by ... blast or by driving dirt, bacteria, clothing, metal and plastic fragments into the tissue and bone, often causing severe secondary infections. Damage is rarely confined to one leg ... severe damage is frequently caused to the other leg, the genitals, arms, chest, and face’.

It is estimated that one in every 334 Angolans has lost a limb to a landmine and Angola now has the highest proportion of amputees in the world. Landmines also hinder the movements of both medical teams and those seeking medical care by reducing access to dispensaries and medical centres, keeping mobile vaccination teams out of heavily mined areas, and preventing delivery of drugs and supplies.

The lack of access to Angolan civilians has dire consequences for their health. Between 1998 and 2002, humanitarian aid organisations had no access to 80% of Angola, including populations living in UNITA controlled conflict areas, known as ‘grey zones’.

After the ceasefire of 4 April 2002, aid groups gained access to civilian populations that had been cut off for over three years. The conditions found were atrocious – severe malnutrition and mortality far exceeded emergency thresholds. Médecins Sans Frontières reported at the time:

‘the health conditions of these populations ... is catastrophic. There are many cases of malnutrition ... and the situation overall is disastrous ...’

**Conclusion**

The civil war and its consequences had a terrible effect on the health of Angolan civilians. The major health effects were direct attacks by soldiers and deterioration of infrastructure (particularly water sanitation and the health system) which led to increased prevalence of disease and decreased quality of medical treatment, psychological trauma of prolonged warfare, and the continuing tragic effects of widespread landmine use.

Analysis of wars such as the Angolan civil war will enable us to learn from our mistakes, decreasing the likelihood of wars in the future – for the benefit of all humankind.

**References**