

Consequences of war and disasters on the health of civilian populations

S. Negovetic, MD, works as a senior physician at the University Hospital for Social and Community Psychiatry in Bern

Disaster, no matter whether natural or man-made, can have an enormous impact on health. This paper focuses on man-made disaster, such as war and torture, and gives a brief overview of the large consequences of such experiences for civilian populations. I do not deal here with the individual responses to trauma, and its related posttraumatic stress disorder which are also very serious health outcomes and which, if treatment is necessary but for any reason not available, leads to a chronic development with increasing invalidity, so that the person is not able to function in his social net and to take the responsibilities which the society in fact demands from a healthy adult.

Most people usually remember World Wars I and II, the Vietnam War and more recently, maybe because of its proximity and European context, the war in the the so-called former Yugoslavia. But, UNICEF estimated that since 1945, 160 wars and armed conflicts took place, causing 22 million deaths¹. In 1999 only, there were 27 major on-going armed conflicts in 25 countries².

In all times the civilian population has been hit by the massive destruction which war brings, but the civilian cost of war has grown enormously during the 20th century, from 50–60% during World War I and II, towards over 80% in Bosnia. Our societies are waging a new kind of war¹. From the beginning of industrialisation, but especially during the last 40 years, psychiatrists and psychologists have become increasingly aware that the economically-driven migration out of poorer southern countries had an impact on the health. Today, the health of migrants has become a political issue. In Switzerland, this concern led in April 2001 to the approval of greater financial support to provide medical care to migrants, as they usually are less healthy than comparable groups of the indigenous population. Now, this kind of migration has to be considered as a voluntary one: the individual chooses where to go, when to leave, by

which means, with whom and so on. The situation is completely different when migration is a consequence of war. Being aware of the possibility of losing one's life, the individual flees, which is one on hand a voluntary decision, but in this particular situation it is a forced decision which has to be considered differently.

Most wars nowadays are classified as internal wars, which means, that they were not conducted between sovereign states. Nonetheless, the civilian population is heavily targeted and mostly forced to leave their land, becoming displaced persons living at the borders of their own state or becoming refugees. In both situations, the individuals are forced to live somewhere they never intended to go. Even those who stay in their land are directly or indirectly affected by war, as for example in Sarajevo during the war and now after the war in Bosnia.

War leaders want to gain total control over a country or parts of it by using specific modes of destruction. They target the civilian population, destroy their community elite and leadership, make no differentiation between unarmed or armed men, elderly people, women, and children. Different forms of torture are implemented to destroy first the individual, the weakest link, and then, step by step, the family, the community, the whole society, the complete social network, infrastructure and economy of a country.

Thus, there is a set of violent conditions that influence the mental and physical health of individuals in war and disasters. These include forced migration, loss of home, family members and friends, exposure to life threatening situations, physical and/or psychological torture, political violence, social disruption of known systems, loss of education, destruction of the infrastructure, the loss of work, economic hardship. Overall, independent and autonomous individuals become dependent.

A report conducted in 1996 by the International Centre for Migration and Health, on behalf of WHO and with the support of the Institute for Public Health in Sarajevo, investigated the mental and physical health of the displaced and the non-displaced population in Bosnia. In summary, the mental health of displaced population is characterised by fairly generalised stress, difficulties in coping, low self-esteem, perceived poor quality of life and deeply entrenched feelings of helplessness. Physically, displaced people also tend to be worse off than non-displaced persons. They suffer more chronic pain and are more physically impaired, but psychosomatic conditions (e.g., migraine, chest and stomach pain, sleeplessness) are just as common in displaced and non displaced populations³.

It is of note that the consequences on health, especially mental health, are often hidden. Women and men, which suffered sexual violence commonly do not speak about their mental and physical problems, feeling ashamed and fearing stigmatisation. Many individuals who experienced torture or witnessed atrocities have developed posttraumatic stress disorders which under the exposure of the above mentioned stressors can lead to further new traumatic experiences. The constant insecurity along with new traumatic exposure render a healing process concerning the past very difficult and sometimes even impossible. Bosnia is still in a state of hidden war, six years after the Dayton Peace Agreement. Former war lords still rule the country and perpetrators live freely among their victims. Human rights are continuously violated and people humiliated. This insecure climate jeopardises prosperity, freedom and confidence of the society in its own future. Subgroups of the population, e.g., women from rural Bosnia, which were on a large scale exposed to different kinds of violence, including rape, do not only have to face their own trauma in a society and world which is hostile concerning this subject. It should be noted that only in February 2001 the International Criminal Tribunal for the former Yugoslavia in The Hague convicted for the first time in a trial three Bosnian Serb suspects for rape. In this trial, rape was clearly charged and considered

as a crime against humanity and that rape was “used by members of the Bosnian Serb armed forces as an instrument of terror”.⁴ These women also have to face new roles in their family life. Before the war, men were the family leaders. Now, widows or women whose husbands are still reported as missing, have the full responsibility for their families. This bears significant implications on life models and survival. The formerly traditional way of life needs to be replaced in a very short time, and this is an additional source of stress. Under all these circumstances, the continuation of the psychosocial stressors, especially the economic hardship, the loss of privacy in overcrowded collective centres and private flats (where several generations or families live together), the inability to work and to make ones living, help develop further mental distress. As long as it is impossible to restore a new social memory which will be different from the pre-war social memory or, as it is unfortunately the case in Bosnia, to live with three different social memories as there are still three separated national streams, to find ways of reconciliation, speaking about truth and justice in public, and building the economy and infrastructure of a destroyed country in order to gain again hope for the future, the general climate under which people have to live is stressful and unhealthy, leaving place for feelings like anxiety, depression, and despair. All these external psychosocial stressors alone – not involving and adding now the personal destiny of each individual and their own amount of trauma – are a heavy burden to the health of the entire population which needs our deep concern. Giving sustainability to civilian population after war is a task which very often demands the direct help of the international society in order to restore a country as soon as possible with the aim to prevent long-lasting health damage to the population. The Jakarta Declaration on Health Promotion into the 21st Century, e.g., states that: “Pre-requisites for health are peace, shelter, education, social security, social relations, food, income, empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights and equity.”⁵ The international declarations already exist, it is time to transfer them more efficiently into real life.

References

- 1 Children in situations of armed conflict. New York: UNICEF, 1986. (E/ICEF.CRP2).
- 2 SIPRI Yearbook 2000, armaments, disarmament and international security. Oxford: Oxford University Press, 2000.
- 3 Health and social situation of displaced people in Bosnia and Herzegovina. Geneva: International Centre for Migration and Health, 1996.
- 4 International Criminal Tribunal for the former Yugoslavia. Judgement of Trial Chamber II in the Kunarac, Kovac and Vukovic Case, 22 February 2001. The Hague: United Nations; Kluwer Law International, 2001.
- 5 The Jakarta Declaration on health promotion into the 21st Century. Geneva: World Health Organization, 1997.

Sabina Negovetic