

## photo essay

### War without End

Technology and the Injured Body

*Emily Cohen*

In 2004, Colombia's President Uribe announced that 100,000 landmines littered the nation's rural countryside. Flanked by Jordan's Queen Noor, military and government officials, NGOs and international press, Uribe celebrated the detonation of government-stockpiled landmines in a highly publicized event at Bogotá's Plaza de Bolívar. Eight thunderous explosions were broadcast live on a large screen in the plaza. Queen Noor clapped and cheered after every explosion. Then, Juanes, a popular Colombian rock star, sang his romantic song, "Sueños," or "Dreams," and hundreds of limbless soldiers paraded down one of Bogotá's main avenues.

Thereafter, groups of able-bodied soldiers marched in such a rigid and perfectly coordinated fashion that they resembled a machine. They twirled guns, spun colorful flags, and beat steady rhythms on drums. With this spectacle President Uribe showed the world that Colombia complied with the Ottawa Convention by destroying 7,000 landmines. Yet while he seemed to embrace a progressive platform of human rights and opposition to landmines, Uribe revealed the government's heavy reliance on the military and the deployment of combatants to Colombia's embattled rural regions.



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Colombia is said to be one of the most stable democracies in Latin America, yet it is also bitterly divided and wracked by interminable violence. For decades, government military forces, paramilitary groups, and armed guerrillas have clashed against the backdrop of an illicit narcotics trade and conflict over political power, territory, and natural resources. Civilians have been terrorized and targeted in both rural and urban areas. Colombia is now considered one of the most mine-affected countries in the world, a legacy of its unremitting fifty-year-long civil war. Ten years ago, landmine victims remained outside of the nation's popular con-



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sciousness. Today, landmines and rehabilitation medicine profoundly shape public life.

Colombia is rapidly developing what it calls “integrated” rehabilitation medicine, which includes reconstructive surgery, prosthetic rehabilitation, speech therapy, and psychotherapy for the war wounded. For a nation divided by sectarian violence, repairing physical bodies through “integrated” rehabilitation medicine evokes more expansive dreams of reviving a more integrated, cohesive and peaceful nation.

Ironically, medical staff with whom I had conversations during my fieldwork were frustrated with the disproportionate attention given to landmine victims in the media. They affirmed that people injured by sniper fire in Colombia also suffered amputations, disfigurement, paralysis, and death; yet bullet wounds did not inspire the same moral response as landmine injury. Sniper fire is associated with a “rational” war strategy where trained military personnel point and shoot an intended target. In contrast, humanitarian activists and the state criticize landmines’ failure to distinguish between innocent victims and targets. Here, mine-

fields are an indifferent, decentralized field activated by one’s own footstep—the mere indifference of the minefield invites narcissistic identification with its imagined victim. For many Colombian urbanites, who have never come in contact with an actual minefield, landmines symbolize a loss of control and catastrophe. Likewise the importation of U.S. war technologies to extirpate guerrilla forces who plant the mines seems warranted and an inevitable development of Colombia’s civil war.

Historically, cocaine and Colombia’s drug trade have captured U.S. fascination, yet understanding the historical context of Colombia’s civil war has inspired little attention. A repressed collective memory of past warfare may account for some of the reasons why landmine politics and its focus on “integrated” rehabilitation has such a strong appeal in Colombia.

During La Violencia (1948–1954), Colombia’s bloodiest civil war, enemies brutally killed each other by machete. Foes dismembered neighbors’ bodies and publicly displayed human corpses in macabre configurations. Horrific rumors of body mutilations spread like wild fire throughout the countryside—severed arms and legs stuffed back into the body like cut flowers in a vase, tongues pulled through split open throats like a neck tie. What belonged outside the body was placed inside the body and vice versa. While today’s focus on “integration” is considered progressive, it is also elusive. “Integration” and rehabilitation both underscore the continual violence and dismemberment inflicted on Colombia’s citizenry while also being the process that attempts to unify the body and the nation-state.

The current focus on “integration” depicts the body as comprised of parts and elements that are assembled to enhance human capacity and expand corporate development in Colombia. Take this modular limb, for example. It belongs to Luis Freddy, the young man donning his prosthesis in the above image. Otto Bock Corporation introduced the modular limb to Colombia a decade ago. Modular limbs are made from an amalgam of replaceable parts assembled together to make a body part like a limb. Modular limbs are referred to as “replacement” technologies.

Corporations speak of replacing not only body parts, but people. To keep the product line moving during a strike, corporations hire permanent “replacement” workers who are not on the picket lines. When I asked a technician at Otto Bock Corporation why the company had chosen to establish headquarters in Colombia, he told me that “Colombia is becoming a disabled country.” This comment recalls Henry Ford’s own as-

sumptions that, after the American civil war, the United States was disabled. For Ford, machine and man were inevitably linked. Indeed, he idealized the factory’s capacity to integrate disabled bodies to have enhanced output on the production line, while finding horror in human “debility.”

Clinicians and prosthesis wearers speak of “replacement” and often compare prosthesis to cars. As one physical therapist told me, “You can get a Renault Twingo that works and gets you to where you need to go. Or you can get an Audi, which is comparable to a C-leg, which will cost you more money.” However, at other times, clinicians and their patients described their experiences with amputation, limb loss, and rehabilitation in ways that suggested limbs are not mere replacement parts.

One patient, Don Vicente, explained, “Everybody who has lost a leg feels their leg and feels their foot. Yes, I feel it. I always talk about this with other people who have lost limbs. You know you don’t have it, but you



*Left: This modular limb belongs to Luis Freddy, the young man donning his prosthesis in the previous image.*

*Above: Clinicians and their patients described their experiences with amputation in ways that suggested limbs are not mere replacement parts.*



*Don Vicente explained, "You go and scratch your foot, and you discover it's the prosthesis."*



*Gladys, the head physical therapist, explained that in the not-so-distant past, patients who reported phantom limb sensations would be admitted to the psychiatric ward in Bogotá.*

feel it. You feel that your leg itches. You go and scratch your foot, and you discover it's the prosthesis."

For patients at an amputation and rehabilitation unit, learning the once "natural" activities of walking and grasping objects becomes an extraordinary task. Many people explained to me that the first time they used prosthesis to walk it felt "strange." With time, people oscillate between not noticing their prostheses and feeling "strangeness."

Clinicians increasingly understood walking as a technical challenge. Learning how to walk using prostheses frequently evoked discussions of phantom limbs. Rehab clinicians feel that patients who perceive phantom limbs are more successful at incorporating prostheses. One clinician explained that if the patient does not perceive something as missing, then he or she will reject

the prosthesis. Without a missing object, there is no object to desire. However, Don Victor, like many patients, described phantoms as an annoying itch. At times, phantom limbs could be uncanny, like an alien figure that appears at twilight. Although people's experiences were incredibly diverse, many explained to me that their phantoms most often appeared at night.

Gladys, the head physical therapist at the military hospital, explained that in the not-so-distant past, patients with amputations who reported phantom limb sensations would be admitted to the psychiatric ward in Bogotá. She explained that the military hospital now values phantom sensations, and they are no longer seen as a symptom of "psychosis." According to Maria, when the patient feels like his phantom foot, rather than the prosthesis, is touching the ground, he can walk more naturally. The



*For the Paralympics team, rehabilitation means becoming agile sportsmen.*

Colombian medical establishment talked about rehabilitation with prostheses as a form of social, physical, and psychological integration. Patients were more ambivalent. They spoke about prostheses not in terms of “integration” but in reference to how prostheses made them look. A young soldier and recent amputee, Rodrigo, described his prosthesis as a toy. In a recorded interview, he told me, “When I first put on my prosthesis it felt strange but I thought it looked cool because one thinks you still have your foot, but you don’t so the prosthesis is like a toy but good. It helps you not feel badly. [A toy, how so?] How can I explain this? It’s a toy because it is fake. I don’t know, but that’s how it is.”

As much as the wearer incorporates the prosthesis into his body image, it is still seen as artifice—an aesthetically pleasing aid that can help people walk again and feel better about the way they look.

Indeed, rehabilitation means different things for different people.

For the Colombian military Paralympics team, rehabilitation means becoming agile



*For Don Alfredo, rehabilitation means receiving care from others at a refugee home.*

sportsmen and outdoing most able-bodied people.

For Don Alfredo, an elderly civilian man, rehabilitation means receiving care from others at a refugee home with little expectations from prosthetic technologies themselves.

For Don Jesus, access to medical rehabilitation means the endless processing of legal claims in hopes of obtaining an industrial prosthetic limb.

For Winston, a technician at Otto Bock Corporation Colombia, rehabilitation means testing new materials and advancing product lines.

Incorporating prostheses into the body is not simply about improving mobility; it is also a matter of aesthetics and artistry. In some ways, the impulse to “prostheticize” the war wounded is an attempt to displace the enduring effects of war and shift it away from the immediate awareness of people who nonetheless live through continual warfare. At the same time, the prosthesis underscores the continual dismemberment of people.



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*For Winston, rehabilitation means testing new materials.*

New York–based filmmaker and anthropologist, **Emily Cohen**, makes socially relevant documentaries and writes articles that reflect her interests in science and technology and the social consequences of war. She is a Ph.D. candidate in anthropology at New York University, nearing completion of her written dissertation, “Bodies at War: An Ethnography of Landmines and Rehabil-

itation in Colombia.” She is a graduate of the Culture and Media Program at New York University. Her current project is based on five years of research and filming among people who strive to rehabilitate themselves and others after landmine injury in Colombia. For more information, please visit the “Bodies at War” website at [www.acolombianlandminestory.com](http://www.acolombianlandminestory.com).

*Everything I know I learned  
in the United States.*