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Gathering in Geneva

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One central theme was that many of the activities need to be applied in an "integrated" fashion to achieve the most effective and lasting results. Dr. William K. Smith (UNICEF), referred to the "bio-psycho-social" approach, and Evelyne Vieboek of the U.N. Mine Action Service (UNMAS), referred to this method of integrating activities as a good example of systemic thinking. That concept being secured by White, who noted that little attention is being given currently to the psycho-social needs of landmine victims.

Jack Victor, President of the World Rehabilitation Fund, wound an overall note of concern over the growing list of perceived needs of landmine victims. While he presented a very progressive list himself, he cautioned that to support landmine victims to such a great extent may have a negative impact on the affected society. Landmine victims, receiving a number of liberal support packages, may receive more aid— and resultant enmity— than other citizens with health problems just as, or perhaps more severe. This thought, while not the most popular of the day, merely reflects reality and will have to be revisited before this entire subject is dealt with and guidelines are promulgated.

The Mine Action Continuum

One of the most difficult questions debated— indeed the one which began and ended the VA segment of the conference— was the question of how it is, in a discrete set of activities, should relate to the other two major legs of the mine action operational triad: landmine clearance and mine awareness. While clearance and mine awareness activities are specifically germane to mine action programs, many of the activities associated with VA have parallels or direct applications in other health care areas. For instance, prosthetics, trauma treatment, psychological support and other landmine related care activities are very much applicable to car accident victims, people with certain serious illnesses, and those who are injured by unexploded ordnance.

Several interventions made by attending national representatives (the U.S., Cambodia, and Sweden) encouraged a more comprehensive view of the victim's care needs within the context of an improved health care capacity of the host nation. After much discussion, the group consensus seemed to be that VA as a mine action topic needs to be considered more as a "stand alone" set of capabilities, less coordinated with landmine clearance than Mine Awareness, and more in tune with capacity building within the larger sphere of health care.

One of the most thought-provoking interventions in this regard, came from Michael Boddington (POWER) who asserted that governments whose citizens are at-risk to landmines are often incapable of providing the infrastructure to provide the most effective help. He suggested that often the best organization to help build such a capability could be a private organization.

Taking note that VA is less concerned with demining as a set of activities than health care as an overarching rubric, several representatives (the ICBL, the Geneva International Center for Humanitarian Demining (GIC), and the International Committee of the Red Cross (ICRC)) at the concluding session suggested that Mine Awareness and VA should be considered under the purview of different standing committees, Ambassador Hofer took note of this suggestion.

The Integration of Victim Assistance Activities

The greatest sense of "need" was for integration, and of course, nearly everyone was in favor of it. But as the discussions developed I realized that there was confusion owing to the term, "integration." Some representatives meant it as a way of transitioning a landmine victim back into the mainstream of life. Others were using it to mean the integration of victim assistance activities into an overarching mine action plan, while still others were suggesting that the various organizations involved in the global problem of landmine victims should coordinate their efforts into a more synergistic international effort. I, however, believe that most of the delegates were espousing a desire for a coordinated victim assistance campaign, which would synchronize—and ostensibly manage—the social, medical, legal, legislative, informational, psychological and other components of a national plan.

As examples of the kinds of "integration" called for, there were recommendations for: donors to "pool" their funds—or at least to coordinate procedures; information and data to be shared; bringing bio-psycho-social elements together; consolidating (and de-conflicting) donor support; post mechanisms; and, using the overall development plan as the "roof" for VA activities; having UNMAS coordinate the component activities of a VA campaign.
It soon became apparent that the numerous kinds and levels of care, there are also numerous types and degrees of integration. This is another concept that will require further discussion and development.

**Donors**

Donors were the most frequently discussed group at the meeting; yet there was very little concluded about this all-important group. Indeed, about halfway through the conference, one brave delegate admitted to some confusion over the term and opined that it is a concept "not commonly understood or easily simplified." Even when the donor is a nation, he observed, it often goes through other organizations and in the late analysis must be looked upon as a sort of alliance.

Donors were encouraged to pool funds, coordinate activities with other donors and to make their funding procedures more transparent. They were also asked to budget to allow multiyear funding and for funds not to be earmarked for specific activities. It was also noted that there exists a need to make donors more aware of the nature and challenges of VA activities and programs, so that the forthcoming can occur.

**Information**

One notable way in which the VA participants paralleled the views of the other standing committees was in their desire for better and more coordinated information sharing and gathering.

The ICBL has issued data collection as one of its needs for VA and even asserted that there is a lack of information about the groups that are involved in performing landmine victims assistance work. UNMAS voiced its desire to have VA data managed and integrated more systematically, and Mr. Ichinose of Japan asserted that the sharing of such information must be emphasized.

While the call for more and better information sharing was supportive of the ability to plan and implement programs, several organizations stressed its importance in allowing proper monitoring, analysis, and evaluations of ongoing and completed activity. It was noted by Mark Albon, for instance, that a more "hands-on" and "eyes-on" approach is needed to properly analyze and evaluate programs properly.

The need to gather more information was not universal, however. Jerry White struck a common chord with many delegates when he observed that there is something on "— over emphasis on data matrices and surveys." He suggested that more operational [informational] support is needed.

**Sustainability**

A very useful dialog grew out of a discussion about "ownership" and sustainability. While most delegates felt very strongly about the necessity of the host country and locality owning and directing the program, there were strongly argued counterpoints.

It was noted, for instance, that health care skills, perhaps unlike mine clearance or awareness skills, are more complex. Oftentimes a nation-at-risk does not have the capability to manage a complex health care campaign; and it may not be able to sustain one after the practicing NGOs or other firms and organizations move on.

An example could be prosthetic services. It may be that a country could be served by having an indigenous organization formed to create and fit prosthetics, but it may be that such assistive devices made in a more advanced factory outside the host country may offer a superior product. Does one opt for the inferior yet homegrown product, or the more advanced, imported one? This answer involves many other factors.

**Next Steps for the Standing Committee**

Ambassador Hofer announced at the conclusion of the gathering that the committee intended to begin preparations for the next set of meetings (March and September, 1999) by addressing initially five major issues or themes which arose from discussions and interventions. Both Victim Assistance and Mine Awareness will be discussed by this committee and will address the following topics:

- Information and Data—Facilitated by the Geneva International Center for Humanitarian Demining (GIC)
- The Victim Assistance Reporting Structure—Facilitated by Handicap International and the ICBL
- The Portfolio (overview) of Programs—Facilitated by Handicap International and the ICBL
- Guidelines—Facilitated by Mexico and Nicaragua
- Victim Assistance as a Development/Public Health Issue—Facilitated by Sweden and Norway.

I encourage you, as you or your organization are stimulated or activated by these issues, to monitor or participate in the discussion which these committees and subcommittees will be holding. The reporteers for the Standing Committees are staff members of the GIC who can help you learn more about the work of these important committee functions.