

Comprehensive Medical Assistance for Landmine Survivors in Nicaragua

The victim-assistance component of the *Acción Integral contra las Minas Antipersonal* program was established in Nicaragua in 1997, and similar programs were set up across Central America. In Nicaragua, the AICMA victim-assistance element aims to help landmine victims obtain physical and psychological care, and provides them access to medical specialists they could not otherwise see. With many victims unable to pay for their medical treatment, the AICMA is coordinating funding and removing the financial burden of travel and lodging for treatment.

by Cecilia Bustamante [Organization of American States]

The victim-assistance component within the Organization of American States' *Acción Integral contra las Minas Antipersonal* program provides permanent and continuous support to each landmine survivor. Assistance includes emergency care, physical and psychological rehabilitation, job placement and social reintegration.

The AICMA program for Central America coordinates and monitors comprehensive assistance for hundreds of survivors. The VA component was established in Nicaragua in 1997 with the support of international donors, including Canada, Norway, Sweden and the United States. A second effort under the AICMA began in Honduras in 2006 for approximately 125 survivors according to Honduran government estimates.

Of the total registered survivors in Nicaragua, 90 percent are male heads of families between 20 and 40 years of age. All information available indicates a significant majority of accidents occur while the victims are carrying out farming activities.

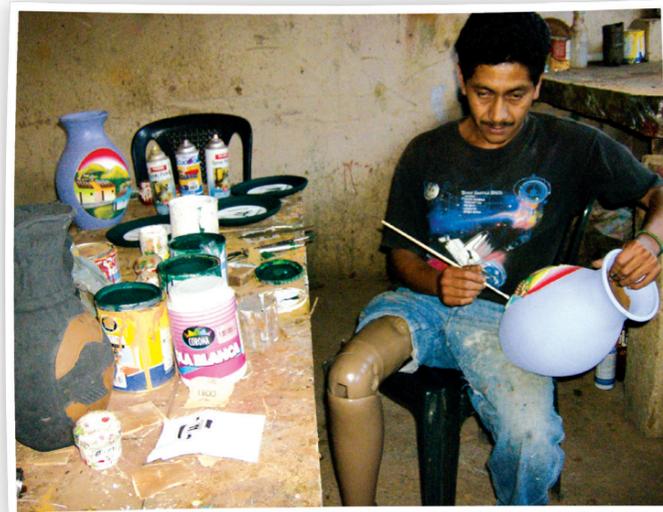
Landmine survivors are among the most vulnerable social groups in Nicaragua. In addition to physical and psychological ailments, for the most part these survivors lack primary schooling, have no jobs, and are part of large families, causing any income to be spread thinly to cover necessities. Poverty levels are usually high, while quality of life is low.

Medical Assistance

The program's victim-assistance objective transcends the process of physical and psychological rehabilitation after trauma caused by an accident. Most survivors suffer consequences beyond the loss of limbs and extremities as they endure a series of chronic ailments requiring constant medical care.

For example, many survivors who have lost limbs require continuous monitoring and maintenance of their prostheses. In some cases, replacements may be necessary if the prosthesis is worn out or if the prosthesis becomes ill fitting due to changes in the stump, such as ulcers, excess tissue, or exposure of soft parts that require surgery. There are still more obstacles to face, including job placement and in some cases preservation of life itself.

With these concerns in mind, in Nicaragua the AICMA developed a network of medical specialists in orthopedics, ophthalmology, neurology, urology, dermatology, internal medicine, vascular surgery, audiology, phonics, and ear, nose and throat treatment, along with specialized cen-



Survivor Emilio Gomez works in Mozonte Depto de Nueva Segovia, Nicaragua. PHOTO COURTESY OF PADCA-OAS, NICARAGUA

ters for survivors. Survivors often need immediate attention from these specialists. Each case is monitored individually to ensure the appropriate care is provided to the survivor. Additionally, the program factors in whether the survivors must receive treatment far away from home because their rural communities have no facilities or qualified professionals. Injuries sustained by survivors vary greatly, requiring a wide range of medical treatments and continuing care. A survivor might require anything from a custom-made eye prosthesis to an arterial surgery to preserve his or her life.

Survivor's Story

Álvaro José Valdivia, a Nicaraguan survivor from the community of La Pita El Carmen in Jinotega department,¹ is an example of someone requiring continuing care. Valdivia suffered injuries from a mine accident in 1989. Shrapnel entered his abdomen and right femoral artery, producing a deep thrombosis² in the distal vein and the development of a clot. Medical treatment solved the clot complication, but special surgery

was needed to preserve his life. The doctor in charge prescribed the reconstruction of the affected artery and vein, plus preventive care for an aneurysm³ and right arterial fistula.⁴ The cost for medical intervention and post-surgery recuperation exceeded US\$6,000. Valdivia works daily on a small plot of land belonging to his family and tends cattle and other livestock at nearby ranches. He learned how to care for livestock at a vocational course at the *Instituto Nacional Tecnológico*; his training was sponsored by the social reintegration component of the OAS-AICMA program. Covering the costs of the medical intervention was impossible for him, and requesting help from the public-health system implies an uncertain waiting time.

To deal with this reality, the AICMA program in Nicaragua is coordinating actions to obtain the funding required to pay for the medical procedures necessary for Valdivia and will continue to work for funding to cover many other victims that require assistance, monitoring and follow-up. Likewise,

the program will continue enabling survivors to reach the appropriate medical care center from their communities. The program seeks to remove the financial impact of transportation, lodging and other obstacles for those landmine victims who need acute or chronic care or monitoring.

Continuing Services

While other components of mine action in Nicaragua near conclusion, victim-assistance services need to continue. The number of survivors in Nicaragua is too large to abandon when mine clearance concludes and the accompanying mine-risk education campaigns wane. This is also true of Honduras. Landmine survivors in Central America will continue to need assistance; the AICMA program will ensure that they are helped, thereby fulfilling the program's vision of reestablishing safe, secure and productive living conditions for mine-affected communities. ♦

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Cecilia Bustamante was born in the city of Sébaco, Matagalpa, in Nicaragua. After earning a degree in international relations, she has been in charge of the OAS-AICMA victim-assistance component for Central America since 2002.

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News Brief

More NSAs Join Geneva Call's Deed of Commitment

Two armed non-state actors in the Middle East and one in India, as well as the Somaliland House of Elders in Northeastern Africa, have recently signed the Geneva Call's *Deed of Commitment for Adherence to a Total Ban on Anti-Personnel Mines and Cooperation in Mine Action*. The Zomi Reunification Organization in India and the Somaliland House of Elders signed the document in March 2009. The next month, the "Komalah-The Kurdistan Organization of the Communist Party of Iran" and the "The Komala Party of Iranian Kurdistan," signed the document. By signing the document, all parties involved agree to ban anti-personnel mines, as well as take part in necessary mine action.

Both the Komalah-The Kurdistan Organization of the Communist Party of Iran and the Komala Party of Iranian Kurdistan are located in Iran and have used anti-personnel mines in the past. According to a press release by Geneva Call, both groups recognize the devastating effect anti-personnel mines have had on the country, particularly in the Kurdish provinces of Iran.

The ZRO, an armed non-state actor based in northeast India, became the 36th NSA to sign Geneva Call's Deed of Commitment. The ZRO is the third NSA in northeast India to sign the commitment, pledging to ban anti-personnel mines and execute and contribute for necessary mine action. Before it signed the Deed of Commitment, the ZRO reported that it was able to complete destruction of its stockpiles and clear mines it had laid after completing dialogue with Geneva Call in 2008,

Despite their repeated interest, Somaliland has not been able to join the 1997 Anti-Personnel Mine Ban Convention, as they are not an internationally recognized state. However, the law recently passed in the House of Representatives and House of Elders is modeled on the Anti-Personnel Mine Ban Convention and includes consequences for noncompliance as well as provisions for monitoring implementation.