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Victim Assistance in Central America: A Regional Effort

The OAS facilitates victim assistance efforts by connecting the victim to appropriate medical resources. As the OAS program continues its programs in the countries of Central America, the future becomes brighter for communities in the area.

by Juan Carlos Ruan, Inter-American Defense Board

Introduction

Like many other regions in the world, landmines plague Central America. These landmines cause serious consequences to already impoverished peoples. Since 1991 the Organization of American States (OAS) has been assisting communities in Central America in the fight against landmines. Unfortunately, there are still victims of landmines who suffer traumatic injuries and are faced with what Col. William McDonough, Coordinator of the Assistance Program for Demining in Central America (PADCA for its initials in Spanish) of the OAS, calls a "new reality." For this reason, victim assistance is critical in order to reintegrate these victims as productive members of society.

Landmine Situation

In Central America, the landmine problem has mostly been limited to border areas. In Nicaragua, the majority of remaining landmines from the conflict between the Sandinista National Liberation Front (FSLN) and the Contra resistance that confronted them, are located on the northern and southern borders of the country. Honduras and Costa Rica have not suffered from their own internal conflict but have been affected by conflicts in neighboring countries. As a consequence of the confrontation in Nicaragua, the border area of Honduras became the location of base camps for the Nicaraguan Contra resistance to the south. Furthermore, the disputed border areas between Honduras and El Salvador also became the sites of base camps for the Salvadorian Frente Farabunio Marti de Liberacion Nacional (FMLN). The Nicaraguan Contras also established base camps along the Costa Rican border. As a result of conflict involving its armed forces, paramilitary groups and several guerrilla factions, Guatemala’s landmine problem is not as clearly defined as in other countries.

In Costa Rica and Honduras, the mine-affected communities are located in remote, isolated regions near the border. Most of these mine fields have been identified and do not pose a serious threat to the national population. In Nicaragua, on the other hand, mines have been buried near populated areas, both on the border and in the interior of the country. Furthermore, mines and unexploded ordnance (UXO) can be
found throughout Guatemala.

In Central America, many of the mine accidents occur in isolated areas where there are no medical facilities capable of treating a landmine injury. Apart from the initial pain suffered by the victim, he/she must face further consequences. Landmines often cause a loss of limb, which, in an agrarian society often signifies a loss of income. Victims often become economic burdens to their families or are forced to beg in the city streets. Furthermore, economic pressures often leave landowners with the choice of working the fields that are mined or demining fields that are contaminated. These owners are also likely to pay an individual a high price to get the mines out.

**OAS Program**

In order to tackle the issue of landmines, countries have solicited the assistance of the OAS. In 1991, the OAS created PADCA which has been coordinated and supervised by the Unit for the Promotion of Democracy (UPD) since 1995 and technically assisted by the Inter-American Defense Board (IADB). The issue of landmines has been supported by the OAS through the following General Assembly resolutions: "Report on the Procedure for Establishing Firm and Lasting Peace in Central America," "Support for Mine-Clearing in Central America" and "The Western Hemisphere as an Anti-personnel Landmine-Free-Zone."

The OAS provides the overall financial management with diplomatic coordination and assures accountability and transparency of the use of funds to the donor community. The IADB provides international monitors and supervisors from member states, and ensures that appropriate training, technology, methodologies and appropriate safety standards are exercised in demining activities. This coordination verifies that national authorities are complying with international standards and can demonstrate compliance.

One of the most important evolutions of the program has been the shift in focus from funding to the creation of the Comprehensive Action against Antipersonnel Mines (AICMA). This broader program comes from recognizing the importance of an integrated and holistic response to the landmine problem. AICMA covers four important issues:

- mine awareness education
- minefield survey, mapping, marking and clearance
- victim assistance, including rehabilitation and reintegration to cleared zones
- support for eliminating all anti-personnel landmines

These four issues are critical to fulfilling the General Assembly Resolutions that the OAS set out to accomplish.

**OAS Victim Assistance**

The injuries caused by landmines and the consequences they bring to their victims beyond the initial traumatic injury have made victim assistance an important component of the program. For this reason the OAS’ niche, as Col. McDonough points out, is at the micro level, dealing in areas where the government is unable to provide all of the resources required for victim assistance. He explains that although they have no medical capabilities, they are able to identify victims out in the field and arrange and coordinate transportation to the medical facility. The nature of the program’s victim assistance is that of connecting victims with a reasonably available NGO operated, internationally

Jorge Escobar, who lost his leg in a mine accident in 1990, sits outside his home in Managua, Nicaragua. c/o AP
For these reasons the OAS also focuses on rehabilitation. Its program in Nicaragua, Care Program for Victims of Mines and Explosive Devices, has been running since 1997 with assistance from the government of Sweden. The program has treated about 280 landmine victims, preparing tongs and providing prosthetic devices. Furthermore, in Nicaragua, a pilot project entitled Physical and Psychosocial Rehabilitation of Victims of Antipersonnel Mines and Explosive Devices Within the Context of Integrated Health Service Delivery has been launched to strengthen the coordination between proper government authorities such as the department of health and the department of education. In addition, a close working relationship has been fostered between diverse agencies, ministries, intergovernmental organizations (i.e., UNICEF, UN), the Central American Integration Bank, private foundations, universities, NGOs in the field, and others involved with landmine issues in order to ensure cooperation, coordination and transparent exchange of information for implementing mine action activities in the region. This coordination, OAS Mine Action Principal Specialist Ambassador Marlene Talbott points out, is important in order to prevent the duplication of efforts, functions and the waste of funds. Furthermore, it allows for an exchange of experiences and lessons learned. The project also aims to strengthen rehabilitation services and increase the availability of long-term services.

In Guatemala, for example, the OAS provides long-term assistance to victims through a program integrating services that are involved in desktop publishing and computer equipment maintenance and repair. These are the kinds of activities that landmine victims can engage in. They are not necessarily the labor-intensive work of the field, but they are the kinds of activities that wheelchair-bound or handicapped victims can participate in. This, Col. McDonough points out, provides both psychosocial and economic reintegration to landmine victims. The program also provides limited sustainment funding to feed and house the victims while they receive treatment and training. Col. McDonough stresses that without this sort of umbrella social insurance coverage, victims would be unlikely to receive adequate treatment along a border between two countries.

Fortunately, there have only been two accidents in Costa Rica that the OAS can identify. In 1992 Mr. Ramirez was out working on his land when he stepped on a landmine, and his wife also stepped on a mine as she went out to assist him. Their twelve-year-old son heard the blast, went out into the field and recovered both of them.

Col. McDonough remembers that in 1992 when he spoke to Mrs. Ramirez, her husband had a prosthetic device. However, her mobility around the house was aided by a three-legged stool with a back on it, which she used as an improvised crutch. The OAS has invited them to come to Nicaragua to upgrade, repair and replace their prosthetic devices. Unfortunately, the Ramirez family did not want to go, although their situation, as Col. McDonough states, is desperate: they are destitute. Fortunately, through the program in Costa Rica, they have been provided with prosthetics and medical treatment.

Another example of a victim in need of assistance is Mayling. Mayling fell victim to a PMN mine, losing both legs near a high-tension electric tower in Tuigalpa, Nicaragua. With OAS assistance, she has been provided with medical treatment and prosthetics for both her legs and is now able to run around and participate in many different activities. The OAS is now providing her with work training within the program. While she would like to do painting and art, the OAS believes that sewing, cooking or computer training might provide more appropriate types of skills giving her an economic baseline.
As Col. McDonough points out, different victims require different types of assistance. On one of his visits to Nicaragua, he visited CENAPRORTO where there were about ten ex-combatants (45-50 years of age) whose needs are in the psychosocial area. This, he explains, is different from the unfortunate 15-year-old girl who lost one arm. Consequently, there is a therapeutic benefit from roundtable discussions like contact groups active in the United States such as Alcoholics Anonymous. So, at the baseline there is at least that level of psychosocial adjustment counseling to help victims compensate for and cope with the new reality. The OAS is trying to work into a slightly broader effort to help not only the individual to benefit from this psychosocial reintegration, but also the family and the community. Ambassador Talbott points out that one of the major obstacles in providing psychological assistance and a more integral response to victims and their families—which have fundamental importance but are practically nonexistent—is the lack of funds. In addition, providing this assistance is not easy in Central America because much of the population is already so economically marginalized that any physical incapacity further marginalizes victims. Col. McDonough also mentioned that the OAS plans to jointly develop a two-week session in Nicaragua next March on public awareness in which some of these victims can serve as spokespeople for the extended public awareness campaign.

Conclusion

As the OAS program continues to evolve and practice its efforts in the countries of Central America, the future becomes brighter for the communities in the area. Col. McDonough points out that the most important achievement is that within the foreseeable future (three to five years) we will see a landmine-free Central America, and in the long term (eight to nine years) we will see a landmine-free Western Hemisphere. These are both resolutions of the OAS General Assembly, and the Secretary General urges that the program continue until every last ordnance or landmine is removed from the Americas. Both the UPD and the IADB are committed to this goal and will continue to work with the donor communities to maintain confidence and ensure that a reasonable funding level is sustained.

References


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