Bits and Bytes From Bogota

by Dennis Barlow, *Director*

In mid-November, the U.S. State Department and the Organization of American States (OAS) co-sponsored a regional meeting hosted by the government of Colombia dealing with mine action in Latin America. The goal of the meeting was to identify items of consensus and concern, which would help define a clearer way ahead for obtaining and managing casualty data and for carrying out more effective victim assistance programs.

Over 130 participants from 12 nations took part in spirited discussions and focused work groups that attempted to frame key data collection and victim assistance issues. The ideas that surfaced there and the suggested "next-steps" were so insightful that we thought it important to share them through this forum.

Data Collection and Use

Mine-affected countries in Latin America range from those still dealing with newly seeded landmines (e.g., Colombia) to those that are virtually mine-safe (e.g., Costa Rica), therefore one might suspect that there would be very little consensus about the subject of managing mine action related information. In fact, the countries of the region reached agreement on some valuable guidelines relating to this critical subject:

• *As a start, identify what information is needed and how it will be used.* This will result in collecting only need-to-know information and will result in a more streamlined methodology for collecting and using information. It also will not "burn out" the sources of direct, first-line information providers. It was observed that often too much information is collected that masks or renders pertinent information unusable. If preparation is made in defining needed information and the best methods for collecting and disseminating it, much work, which might have to be done later, could be eliminated "up front."

• *Identify each agency or organization that has a valid interest in receiving landmine-related information.* This will set the stage for productive quid pro quo relationship within the government and with coordinating organizations such as the United Nations and non-governmental organizations (NGOs). It may also create a demand for pertinent information, thus insuring its continued support within the government. It can help "shape" the way data is collected and provided to others for the most convenient interface. This sharing of information will also facilitate mainstreaming of mine action activities within the broader context of socio-economic development.

• *Utilize many sources of data collection.* Information systems can be more reliable when accumulated data is collected from a variety of sources. This not only provides a way to verify data, but can also provide data as seen from various perspectives. Key sources of data are local newspaper articles, government agency reports, police and fire department reports, medical and hospital records, local government bodies, service clubs and organizations, schools, etc.

• *Provide feedback to sources of data.* Sometimes the sources of data will want to use the polished information that results from the raw data. Sometimes data sources would just like to know that their efforts were justified. Therefore, it is important to provide positive and constructive feedback to data sources about the worth and use of the data they provided.

• *Create a centralized database that nevertheless depends on and serves de-centralized modes.* Most data collection schemes are based on collecting de-centralized data and then turning that body into a centrally maintained, purified, and managed information system. It is important that the various groups (see first two points above) having need of information collected in the centralized system have access to that portion of it that can further their goals. It is not necessary that all groups have access to all information, but it is necessary that legitimate uses of the information be given a way to gather use the information relevant to their missions and goals.

• *Create a system that does not compromise basic security, yet allows for the free flow of information.* The information system must breed trust. Little by little the customers will sense such a well-running system. Users must be properly trained so that frustration and ignorance do not compromise the system, and so that within the system, only those with a need to know (both up and down the information "food chain") are granted access to sensitive information. There are two constituencies to be served here; the data sources, who must remain viable, and the users, who must be allowed access to pertinent information. This sense of balance is not easy to achieve, but becomes the basis for the best possible information management system.

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Emergency Medical Treatment

Another topic that gave a new twist to an "evergreen" mine action topic was emergency medical treatment to those suffering the tragedy of a landmine explosion. It was noted that most landmine accidents occur in rural areas where sophisticated medical treatment may not be available with the "golden hour"—the critical time period during which medical treatment is key to survival and minimizing damage.

NOTES FROM THE DIRECTOR'S DESK

Exacerbating the problem of dealing with the all-important time factor of medical trauma in isolated areas is the fact that the three patterns of landmine injuries are significantly different—and therefore treated differently—than more conventional injuries due to traffic, agricultural or work-related accidents. From cleansing the wound to applying tourniquets and facilitating the healing process, landmine wounds should be treated differently than other wounds. Also, it was observed that there is no such thing as a "typical" landmine injury; they can occur to any part of the body and in various patterns. In coming to grips with these problems, several suggestions were made:

• *As a start, suggest (publish) in extremis intervention steps and see that they are included in basic hospital management assessments.* This will result in determining and distributing emergency steps or interventions to use in dealing with a landmine injury. It will also spell out guidelines for basic healthcare management, as well as instructions dealing with care issues such as the use (or non-use) of tourniquets, how to deal with bleeding, washing the wound, clearing the airway and, above all, assuming that all war-related wounds are contaminated and treating them accordingly.

• *Stress a local integrated approach.* This involves having local communities become aware of healthcare workers and their services, and bringing basic methodology to the attention of local caregivers and first responders. And, hopefully, it will result in a system in which local and rudimentary medical aid can be supplemented by access to more detailed information quickly accessed or delivered.

• *Begin a training/medical care outreach program.* Such a program would, for a nominal amount of support costs, allow highly skilled physicians and surgeons to practice and teach in mine-affected areas for a limited time and develop a sustainable program whereby landmine-related medical practices could be taught and replicated if only on a very basic level.

• *Initiate a telemedicine network.* This proposal would begin by creating a "support group" that would allow rural-based medical caregivers to make use of emergency procedures highlighted and carefully "scripted" for long-distance users and practitioners via the internet, telephone hook-ups or CDs.

• *Create an integrated system to promote timely and appropriate emergency medical treatment.* By incorporating the previous concepts into a "system," it may be possible to allow isolated communities or areas without sophisticated health care to "tap into" a system that provides access to best practices for providing timely and effective treatment to landmine accident victims. One might envision doctors under the auspices of NGOs training local medical caregivers and first responders in rudimentary concepts of mine action treatment. This might be done in conjunction with providing the community with a kit consisting of medical supplies and equipment designed to support such treatment, and it might also include a graphic-rich booklet of step-by-step procedures and checklists. Simultaneously, there might be a "hotline" established whereby local officials could quickly get in touch with pre-approved and available experts to talk someone through an emergency medical procedure. A website or CD might also be the source of guidelines and photographs.

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