

# Interview with Lloyd Feinberg from the Leahy War Victims Fund

The Leahy War Victims Fund is one of the world's leading contributors to the treating and rehabilitating survivors of armed conflict. The Fund has supported the successful passage of disability-related legislation in Vietnam, and is working for similar results elsewhere. In Africa, The Leahy War Victims Fund is spearheading the ambitious Omega Initiative, which aims to bring various types of aid to the countries of sub-Saharan Africa. Lloyd Feinberg represents the Fund on many fronts; he is widely respected and recognized as both an authority and a humanitarian.

■ Lloyd Feinberg, far right, discusses victim assistance options with medical personnel.



by David Hartley, MAIC

## Introduction

Established as an earmark to Congressional legislation in 1989 by Vermont Senator Patrick J. Leahy, the Leahy War Victims Fund (LWVF) has worked in war-torn countries to provide people with disabilities access to prosthetic services. The Leahy War Victims Fund has become one of the world's leading contributors to rehabilitating disabled individuals. To date,

the Fund has provided more than \$92 million (U.S.) in aid to more than 26 countries, often primarily benefiting individuals affected by landmines and UXO.

The Fund's namesake, Senator Leahy, is a pioneer in the field of landmine regulation. He sponsored an amendment to stop the U.S. exportation of anti-personnel landmines, the first such law anywhere in the world. The War Victims Fund was established as a supportive measure to assist victims with war

related injuries, especially those associated with civilian casualties of anti-personnel landmines.

Lloyd Feinberg is the manager of the LWVF; he oversees, monitors and assesses the allocation of the funds. His assessment visits have taken him to virtually every mine-affected area of the world, from Angola to Mozambique, from El Salvador to Sri Lanka. He monitors and reports on the Fund's activities within the agency, to the public and to congress. Mr. Feinberg is an officer with the United States Agency for International Development (USAID), and also manages a related program, the Displaced Children and Orphans Fund (DCOF). Both the LWVF and the DCOF primarily work through non-governmental organizations (NGOs) and pre-existing local services to provide direct assistance and build local response capacity.

## Interview

**David Hartley (DH):** Please describe the UXO situation in Laos. What has the LWVF done to alleviate this problem?

**Lloyd Feinberg (LF):** In Laos, there are a massive amount of unexploded bombs. There was a very high use of cluster bombs in Laos. Landmines are not such a problem, but instead an infestation of unexploded ordnance, especially in those areas along the old Ho Chi Min trail. Both the Xieng Khouang province and the Houa Phana province were heavily affected areas, and the issue is that many people who explode these UXO have *generalized trauma*. Of course, if a child picks one up, it is often fatal. As opposed to landmines, which are meant to cause limb-loss, UXO cause more generalized and extreme trauma.

People are dying as a result of infec-

tions and as a result of inappropriate or inadequate first response treatment. So our focus has been to strengthen the capacity of the district and provincial level health services to deal with UXO related trauma.

The program has been a very unusual one, in that rather than relying on technical expertise from the United States to provide training, the program decided to work with and access local expertise from the Lao medical community in the country's capital, where-by the country's best local doctors and other medical professionals would participate and work with the provincial medical professionals. In a country where language fluency is so important—Laotian is not a very common language—we found this approach to have been very innovative and effective. The [program] is implemented by "The Consortium," led by World Education and World Learning. The program also develops, disseminates and utilizes UXO and mine awareness materials which have been so effective that the government and other organizations in Vietnam have requested access to those materials. These materials that were developed in Laos are now being widely and effectively used in the Vietnamese awareness program.

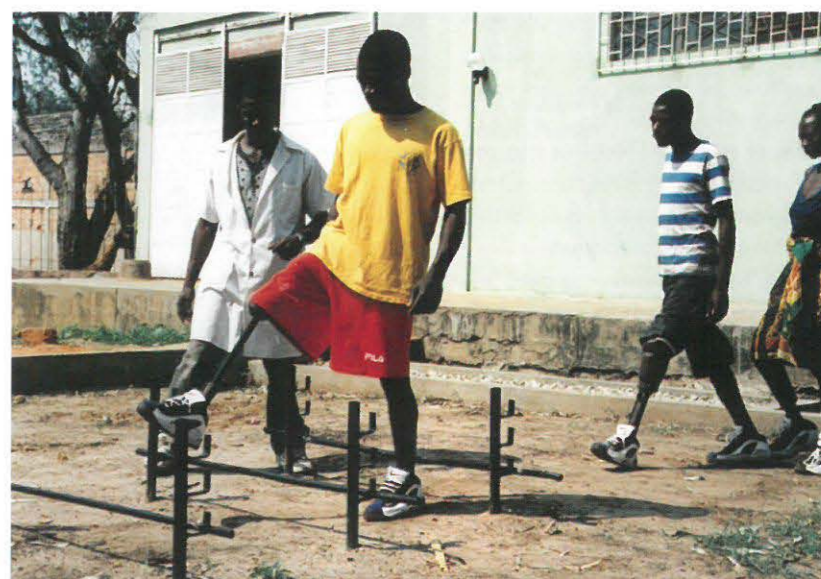
**DH:** Speaking of Vietnam, the LWVF has had a lot of success there. Is the situation in Vietnam similar to the one in Laos?

**LF:** No, in Vietnam landmines are more extensive. There are also lots of UXO as well, of course, but the major issue there is landmines. After the war, there were estimates of up to 250,000 amputees, which is really an extraordinary number. Therefore the program in Vietnam has been focused on strengthening the capacity to provide prosthetics. Although in the last two years we've made a shift to focus more on orthotics, which addresses people who—as a result of injuries or diseases such as polio—have a need for bracing. Generally, there are 8-10 persons requiring bracing [orthotic devices] for every person requiring a prosthesis.

**DH:** The Fund helped pass disability related legislation in Vietnam. How was this accomplished?

**LF:** To me, this was one of our greatest successes. We'll take credit as much as we can, but really the credit should go to an American NGO called Vietnam Assistance for the Handicapped [VNAH]. It was through amazing insight and vision from the head of VNAH—a Vietnamese individual who left right after the fall of Saigon—that it was accomplished. He accessed expertise from a large community of people in the United States who were involved in the Americans With Disabilities Act (ADA). We arranged for a number of visits to Vietnam of technical experts and advocates in the United States who were effective in passing the ADA. We also arranged for return visits by different types of officials from Vietnam, bringing them over to the United States. There were a number of different exchanges, and [the passage of this legislation] was probably one of the most remarkable successes that has been supported by the Leahy War Victims Fund program.

For a country like Vietnam, with all the other issues that they are facing, for them to focus on the issue of disability and to pass such an excellent law, is remarkable. And now we're in the stage of providing technical assistance to help them implement and enforce the law. They didn't stop with just the passage of the law.



■ Landmine victims work on gait with their new prostheses.

**DH:** Has the Leahy War Victims Fund had similar success elsewhere in the world?

**LF:** Have we yet? No—Vietnam is the only country where we have had success in passing laws. We are proposing and hoping to do similar kinds of activities, though, especially in Africa, under the Omega Initiative. In Sierra Leone, we supported a series of visits by disabilities experts, both from other third world countries and the World Health Organization, in order to launch a process of developing a national policy and national standards for disability programs. We hope to replicate this in other countries in Africa.

**DH:** You mentioned the Omega Initiative; what is it, and how will it help rehabilitate Sub-Saharan Africa?

**LF:** Essentially the Omega Initiative is a platform from which we hope to launch a number of rehabilitation activities and programs throughout Sub-Saharan Africa. The US NGO, Pact, manages this initiative with technical supervision provided by Veterans International [VI]. The Omega Initiative employs technical experts working full time, based in Nairobi. The objective is to identify countries where there are great needs for war victims and people with disabilities, and to identify local indigenous organizations

that need both technical and financial assistance to help them address the needs of war victims.

Ultimately, we want the Omega Initiative to start up four to five new country programs through subgrants to other organizations already present in those countries. The first subgrant program is in Ethiopia, the second in the Democratic Republic of the Congo, the third we expect to be in Sierra Leone and they are currently exploring opportunities in two other countries.

**DH:** How has the LWVF addressed the newfound peace in Angola?

**LF:** The Angola program is a special one; it's working out of Luena, the capital of Moxico province. [Rebel leader Jonas] Savimbi was killed right outside of Luena. As that area has opened, it has provided access to more amputees who couldn't come in for treatment during the war. Also, the government and the United Nations and the [International Committee of the Red Cross] have flown landmine victims from many other different provinces into Luena because the workshop there is known as the best in the country right now, even though its in a very remote area, close to the Zambia border.

Through our local implementing partner, the [Vietnam Veterans of America Foundation], we have also agreed to provide funding for what we call a "Sports for Life" program, an organized sports program for people with

disabilities. It's a very exciting new program.

**DH:** What lessons has the Leahy War Victims Fund learned from past successes and failures?

**LF:** In most cases, Ministries of Health generally have responsibility for prosthetic and orthopedic programs. But in fact, in most post-conflict countries, where they have such huge demands on meeting other needs for primary and tertiary health care, the needs of disabled people are generally given very low priority. So even though most countries will say 'yes we want to provide the services ourselves', they generally don't have the technical capacity or the budget to do so. So we feel there is a very important role for the private sector, whether that means NGOs or some combination of charity, non-profit and profit health care and orthopedic services.

We try to work with governments and understand what their appropriate role should be. We feel that the role of the government in many countries is to establish standards and to provide technical guidance. The government should make provisions, whether through tax exemptions or other forms of support, to allow for the private distribution of services wherever possible.

In some countries, where international organizations have been managing services and have reached a very high level of proficiency, when the country's government began to take over management of the facilities, budget levels, quality of care and the number of patients served all dropped significantly. It is our feeling that, had some of the NGOs been able to operate more freely, they would have been able to attract private funds and other donor funds that could not go to the government.

In addition, we also feel that the focus on patient care is, in many cases, just as important—if not more important—than the type of device that is being used. We put a lot of emphasis on the training of supportive supervision and capacity building of service delivery to orthopedic patients.

*\*All photos courtesy of LWVF*

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■ Prosthetic manufacturing.

