

Aiding the Innocent: Victim Assistance in the Middle East

***"Because eastern Turkey is cut off from the rest of Turkey, if you were an amputee, there was nothing you could do. This program literally lets people walk free again. It is healing patients, not just physically, but in so many other ways."*—Dr. David B. Young, Program Director, Physicians for Peace's Walking Free Program**

by Sarah B. Taylor, MAIC

Introduction

Hussein Khair Allah, a landmine survivor, recently spoke of his experience: "I was returning from a fishing trip on November 15, 1997, when I was injured by a landmine on the bank of the river Jordan, severing my right foot up to the ankle. I am a fisherman and the major source of my income was from fishing, which I am no longer able to do because of my injury. I need to work again to be able to support my wife and six children."

Allah's story mirrors those of many other landmine victims throughout the Middle East. However, Allah is lucky; he was able to survive the injuries that the landmine caused. Numerous others do not; for example, the *Landmine Monitor* reports that five to 10 people die each day from landmine accidents in Afghanistan.

Medical services and support systems are essential if people like Allah are to survive their initial injuries and then continue to lead fulfilling lives; therefore, this victim assistance must begin in emergency care and then continue through physical, social and economical rehabilitation. This is not an easy task to accomplish, considering that between March 1999 and March 2000 landmine accidents occurred in Algeria, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Libya, Lebanon, Pakistan, Oman, Syria, Yemen, Golan Heights, Northern

Iraq, Palestine and Western Sahara. In fact, 405 victims were reported in the Bajaur area of Pakistan alone.

Today, numerous organizations, both governmental and non-governmental, are working to help improve the survival rate and quality of life of landmine victims. By giving immediate emergency care, fitting prosthetics and rehabilitating victims physically, socially and economically, these organizations work to not only save the lives of landmine victims but also to help them to return to their previous lives with as much ease as possible. It is difficult to express all that they do with mere words. Every day they save the lives of those who, without them, would die; they lessen the burdens of the survivors by helping them to adjust to their injuries. The importance of these organizations is immeasurable.

Emergency Medical Care

Trauma Care Foundation

The Trauma Care Foundation (TCF) works together with the Tromsø Mine Victim Resource



Locals train at the TCF "Village University" in Iraqi Kurdistan. Often, animals such as pigs are used to train locals in basic medical care and in treating landmine injuries.
c/o Trauma Care Foundation

Center (TMC). Other partners include the University Hospital of Tromsø Department of Anesthesiology, the Faculty of Medicine, Norway and The World Health Organization, and its headquarters are located at the University Hospital of Tromsø in Tromsø, Norway. The organization consists of numerous European physicians who are trained in trauma care and the purpose is to work with others, teaching local people of mine stricken countries in order to create

■ (Left) Locals learn first aid at the TCF "Village University" in Iraqi Kurdistan. c/o Trauma Care Foundation (Below) This man was one of the first patients fitted at the new amputee rehab center in Dicle University, Diyarbakir, Turkey. c/o Physicians for Peace



effective methods of saving both the limbs and the lives of victims. An important aspect of this program is its philosophy; workers do not focus on adhering to Western standards of medicine. TCF realizes that this is often unrealistic in the regions in which it works; instead they strive to create "self-reliance" in which natives are able to save lives and limbs with the knowledge and resources that they

do have readily available. While TCF works throughout the world to train natives in emergency medicine, they have an extensive program in Northern Iraq, and in 2000, they began a new program in Western Iran.

In order to accomplish its goal of creating self-reliance among the local people of Northern Iraq, TCF set up a "Village University." The Village University both teaches and trains locals to be health workers and in doing so creates a support network in which those who are trained are also taught to train and teach others. This training is done systematically in 400 hours.

Surveys in Iraq found that 40 to 60 percent of all landmine victim deaths occur before the victim arrives at a hospital. The Village University is designed to prevent as many of these deaths as possible. The "mine-medics" are taught individually and in teams on mannequins; live models and animal models (all International ethical standards are adhered to in the use of the animal models and all animals are purchased within the region that they are used) are used to train the students in all aspects of trauma care. Members of TCF train local Kurds with hands-on methods in trauma care, including CPR, Basic Life Support (BLS) and Advance Trauma Life Support (ATLS). More specifically, Kurds are taught and

trained in breathing control, bleeding control, airway control, chest tube placement and airway incubation. Importantly, TCF also trains them to be effective leaders, as these mine-medics will go on to teach other villagers first aid. In fact, throughout the numerous Village Universities that TCF has developed, mine-medics have trained over 7,000 local villagers as "first responders." First-responders are trained to open airways, stop the bleeding of injuries (without using tourniquets) and perform CPR. Thus, mine-medics and first-responders thus together build what TCF refers to as "Chains of Survival." Because mine victims begin to die immediately after the injury occurs, it is essential that trained health-care workers be readily available.

By working together, mine-medics and first-responders are able to provide adequate immediate health care at the scene of the accident. In the end, TCF has created a population of health care workers who trust each other because they were trained with each other and, in the case of first-responders, by mine-medics themselves. Thus, a cohesive unit is formed and numerous limbs and lives are saved. Finally, a handbook entitled "Save Limbs Save Lives: Life Support for Victims of Mines, Wars, and Accidents" was recently written by three physicians at TCF (Hans Husum, Mads Gilbert and Torben Wisborg), which presents the theories and practices of the Village University and other general methods of saving the lives of landmine victims.

Prosthetic Care for Amputees

Physicians for Peace and Limbs for Life

Based in Norfolk, Virginia, Physicians for Peace (PFP), is a non-governmental organization dedicated to providing medical services and supplies, medicines and medical education to needy areas throughout the world. Originally founded by

plastic surgeon Dr. Charles E. Horton, also of Norfolk, Virginia, PFP has completed approximately 200 missions throughout the world. In May 2000, Physicians for Peace was invited by the Turkish government to the eastern part of Turkey to evaluate the prosthetic and amputee needs in area and to aid the earthquake victims in Izmir.

When PFP arrived in eastern Turkey in 2000, it found a great need for its services. Program Director, Dr. David B. Young, an orthopedic surgeon from Virginia Beach, Virginia, stated, "We saw 59 patients in one morning—all victims of landmines...both children and adults. They did not have any prosthetics, rehabilitation or training in Dicle, which has a population of over one million or in eastern Turkey, which has a population between three to five million. The need is great." With this in mind, PFP, along with its partners, began its plans for the Walking Free Program. The program is a comprehensive prosthetic center at Dicle University in Diyarbakir, Turkey, in which volunteer physicians and prosthetists fit, train and rehabilitate amputees with prosthetics, free of charge.

Dr. Young aims to take the project a step further by establishing a self-sustained center. He stated, "We wanted to create a sustainable program to fit prosthetics and train amputees. Medical care will then be for them and by them. Sixty percent of the people there are unemployed; the program will be an A to Z in prosthetic care, consisting of prosthetic training, follow-ups, rehabilitation, etc." To achieve these goals, PFP helped Turkish citizens receive medical training in the United States and is in the process of creating a network between physicians and prosthetists in the United States with those in Turkey. Recently, Halit Ozdogan of Turkey completed a three-month training program in the United States, where he learned modern prosthetic

techniques; he is now working at the center at Dicle University. Dr. Young stated, "They [Turkish citizens] were trained at Hanger-Newington, which is affiliated with Yale University, outside Hartford, Connecticut. But we also want to help them in their education system. That will then bring to Turkey more specialized treatments. We are also developing telecommunication online between them and Turkey. This will create in-country and international education, and we are in the process of developing a CD-ROM. Thus, communication will be on disc and direct." Officially opened on June 28, 2001, PFP estimates that in the first year, the newly trained prosthetists will be able to fit approximately 60 amputees and 75 per year in future years. Again, the services will cost the amputees nothing.

Aiding them in the project is Limbs for Life (LFL). LFL, also a non-governmental organization, aids amputees throughout the United



States in both acquiring and caring for prosthetics, through its work, LFL has acquired a bank of artificial limbs, mostly donated by major manufacturers. An amputee himself, LFL's founded LFL in 1995 in Oklahoma City, Oklahoma after being injured in the line of duty as a police officer. The Turkish government also contacted LFL, and thus PFP and LFL joined together to provide assistance in prosthetics to numerous amputees, the majority of which are landmine

■ PFP volunteer, Richard T. Sieller, P.T., C.H.T., hand/physical therapist from Virginia Beach, VA, visits a young victim. c/o Physicians for Peace



■ Two young amputees receive much-needed assistance from the new center. c/o Limbs for Life

victims. In the United States, an above-the-knee prosthetic device can cost as much as \$30,000 (US). Only a small portion of the rural Turkish population can afford these kinds of prices. Thus, LFL donated countless prosthetics and prosthetics parts to the Walking Free Program, making it possible for amputees to receive new limbs without a cost. Executive Director Craig Gavras also spoke of the great need in this area. He states, "There was unbelievable need; the poverty level is astronomical... We supply anything that has to do with prosthetics, and we decided to fit as many patients as we could."

Other contributors to the project include Smith and Nephew, Inc. Rehabilitation Division, Hanger Prosthetic and Orthotic Corporation and the Ronald McDonald House Charities.

Rehabilitation: Physical, Social and Economic

World Rehabilitation Fund (WRF)

Founded in 1995 by Dr. Howard A. Rusk, the WRF's purpose is to provide physical, social and economic rehabilitation to those with disabilities in countries that are afflicted by war. One of the numerous countries that receives assistance from WRF is Lebanon. WRF first arrived in Lebanon in 1986, and in the past 15 years, numerous rehabilitation projects have been implemented and more than 70 agencies have provided medical services to the victims of war in Lebanon. WRF's main partner has

been USAID. WRF has focused a great deal of its efforts on the problem of landmines, entitling its efforts "The Landmine Project." WRF's programs not only rehabilitate victims, they also educate citizens and create awareness about the dangers of landmines.

Perhaps the most unique facet of WRF's Landmine Project is its extended philosophy concerning the rehabilitation of victims. It believes in completely rehabilitating all of the landmine victims, aiding them with physical rehabilitation and then proceeding to help them integrate socially and economically back into their communities. Since its arrival in Lebanon, WRF has helped to establish a physical rehabilitation center, which now serves the entire district of Jizzine. By providing basic physical therapy and rehabilitation equipment to the Jizzine Government Hospital, WRF created a center for landmine victims in an area where there was previously no assistance. In the past, victims had to travel all the way to Sidon or Beirut for therapy. WRF also provided the Vision Association for Development, Rehabilitation and Care (VADRC), which is an NGO based in Rashaya that provides assistance in mending and enhancing its existing equipment in its Prosthetics and Orthotics Workshop, the only of its kind in this area of Lebanon.

While WRF is dedicated to aiding Lebanon's landmine victims in their initial physical rehabilitation, their most recent focus has been on the continuing socio-economic rehabilitation that is essential in helping the injured return to a normal lifestyle. In fact, in 1999, WRF and the United Nations Development Program (UNDP) came together to create programs throughout the world that are focused specifically on the socio-economic rehabilitation of disabled peoples, especially landmine victims. When WRF joined with UNDP, Lebanon became one of the



■ A 13 year old landmine victim. c/o WRF

partnership's main focuses, as the project with UNDP will compliment the existing one with USAID. In order to get a better understanding of the need for this type of assistance, WRF conducted an assessment test; however, the years that WRF has spent in Lebanon have greatly helped in assessing and dealing with the needs. The program's main goal is to create agendas that will both socially and economically integrate landmine victims back into their communities, returning the quality of their lives back to the state it was before they were injured. One of the ways that WRF is attempting to achieve this goal is through community-based rehabilitation in various parts of Lebanon. WRF aims particularly at creating community-based income generating programs in the District of Jizzine, where the number of landmines is so high that they affect not only victims, but also the community at large. Hoping to generate potential incomes in the community, WRF plans on building an actual facility for socio-economic rehabilitation. By creating employment for the victims of landmines, WRF feels that they will be able to lead productive lives; this not

only assists in their economic rehabilitation, but also in their social rehabilitation, as they again become an important part of their communities.

Another important part of this program is entitled the "Kiosks Project." The Kiosks Project, which is in association with VADRC, has created three kiosks in areas that have high numbers of landmines. Kiosks are small stands or business that sell numerous low-cost items, such as coffee. They are operated by landmine victims, in the hopes of expanding both the job opportunities and incomes available to victims. Khaled Nimr runs a kiosk in West Bekaa, Lebanon. After stepping on a landmine and having his right leg amputated at age six, the 25-year-old survivor was scarred both physically and emotionally. Until recently, he had little hope of ever leading a normal life within his community; WRF's program has helped to change this. He now has both the income and self-esteem that come with having his job.

WRF has done a great deal to assist landmine victims throughout the world and particularly in Lebanon. In the future, WRF hopes to expand their efforts in this area, focusing not only on continuing education and awareness but also on the socio-economic rehabilitation of adolescents, particularly females.

The International Committee of the Red Cross

In 1979, the International Committee of the Red Cross (ICRC) created a specific unit designed to aid victims of war and landmines in physical rehabilitation. Described as "...an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance." ICRC has set up 56 rehabilitation programs in 25 countries since 1979.

The year 2000 brought a record

number of individuals needing ICRC's assistance; during this year, it provided 16,442 prostheses and 11,005 orthoses worldwide. In fact, in Afghanistan, the number of needed orthoses was greater than the amount of prostheses. ICRC also increased the projects receiving assistance by 20 percent, and consequently hired more staff members. While concentrating on the present, ICRC also looks towards the future. Between 2000 and 2005, it hopes to obtain three important goals: to develop project guidelines for the treatment of amputees, to create a standard for training and develop a teaching package for local employees, and to better and standardize raw materials such as prosthetic components. During 2000, ICRC spent a great deal of their efforts in the Middle East, providing physical rehabilitation to individuals in Afghanistan and Iraq.

•Afghanistan

ICRC actually began helping Afghanis before its project began there in 1987. In 1981, it assisted disabled Afghanis in nearby Pakistan. In a nation where the need for physical rehabilitation is great, the medical resources are extremely inadequate; however, since 1987, ICRC has had prosthetic/orthotic centers in Kabul, Heart, Mazari-Sharif, Jalalabad and Gulbahar. Between 1987 and 1999, ICRC provided numerous services to the disabled. In fact, patients received 30,435 prostheses and 15,747 orthoses. ICRC also renovated and installed new equipment in the program's center, and continuing training was provided for the staff. Social and economic rehabilitation was also provided for the disabled through micro-credit programs and training.

In 2000, ICRC continued its aid.

Patients received 4,600 prostheses and 6,360 orthoses, and physical rehabilitation was provided to all patients. ICRC registered almost 2,000 new amputees, 75 percent of which were landmine victims. Male and female patients were treated in separate centers, and ICRC attempted to make their services more easily accessible by decentralizing their locations and working together with the Afghan Red Crescent Society. ICRC also addressed the social and economic needs of the patients by helping them find employment, encouraging them to start small businesses and aiding them in attending school. In order to better the program itself, ICRC held two national workshops and in-house courses. The workshops focused on physiotherapy and



■ Basra, Iraq, Orthopedic Center, Manufacturing Department. c/o ICRC

orthopedic technology, and the courses centered on local training needs. Finally, ICRC also encouraged local employees to become more involved by giving them more managerial responsibility.

•Iraq

ICRC began its program in Iraq in 1993 after serious worldwide sanctions were imposed on the nation. A country that was at one time wealthy, ICRC strives to keep Iraq's rehabilitation centers up to date. It has created six prosthetic/orthotic centers, which are found in Baghdad (where there are two),

■ Dr. Nadim Karam speaking to the community. c/o WRF



Basra, Najef, Mosul and Arbil, it also supports the Baghdad Prosthetic/Orthotic School.

Between 1993 and 1999, ICRC provided numerous services to the disabled. For instance, patients received 10,595 prostheses and 6,410 orthoses. Like in Afghanistan, ICRC renovated and installed new equipment in the program's center and staff received additional training.

In 2000, ICRC achieved many of its goals in Iraq. Physical rehabilitation was provided, along with 2,807 prostheses and 1,446 orthoses, 53 percent of which were landmine victims. While importing goods into the country is often difficult, ICRC managed to acquire, under the oil-for-food program, prosthetic/orthotic components from Europe. ICRC also established and/or upgraded physiotherapy facilities and gait-training areas throughout the country. In addition, a physiotherapist visited all centers, and a physiotherapy handbook was created. In order to better the program itself, ICRC held, along with the Ministry of Higher Education, four national seminars covering topics such as partial foot prostheses and physiotherapy for lower-limb prostheses. ICRC also conducted a meeting for all of the program's centers' directors in order to discuss quality control, and the Under-Secretary of Health visited a center in Baghdad and set up a Steering Group for Prosthetic/Orthotic Services. Finally, ICRC encouraged local employees to become more involved; two local employees took over two positions and two were sent abroad to attend a physical rehabilitation conference.

Conclusion

At the 1998 First Middle East Conference on Landmine Injury and Rehabilitation, Queen Noor addressed the severe problem of landmines in

Middle East. She stated, "The Middle East is the landmine heartland of the world... [It] is littered with, by estimates, more than half of the world's deployed landmines." To enduring such a devastating infestation of landmines, victim assistance is absolutely necessary in the Middle East. In order to truly aid the victims of landmines, medical services must begin with emergency care and continue through rehabilitation; this is the only way to help victims return to some sort of normalcy.

Much of this region is also plagued with poverty, making it difficult to provide all of the necessary medical care to victims. Thus, organizations such as TCF, PFP, LFL, WRF and ICRC play a fundamental role in creating better conditions for all victims; without their generosity, this terrible situation would be much worse. Through these organizations and numerous others like them, many landmine victims who previously might not have made it through their initial injuries are now back in the workforce, leading normal lives. ■

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