International Committee of the Red Cross

Founded in 1863, the International Committee of the Red Cross provides nondiscriminatory aid to victims of armed conflict. Regions struck by conflict possess a need for orthopedic and prosthetic treatment. Thus, the ICRC formed a branch for orthopedic aid and established orthotic and prosthetic centers to assist people with disabilities and injuries, especially landmine victims.

ICRC Orthopedic Centers are found worldwide—from areas of extreme conflict, such as Afghanistan and Iraq, to countries like Ethiopia and North Korea. ICRC’s “humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.” The centers do not discriminate against anyone needing treatment. In fact, in one ICRC report, a center in Afghanistan clearly stated they treat Taliban members and those subject to Taliban violence alike.

ICRC’s primary focus is providing cost-free treatment. That treatment might last from a couple of days to several weeks until the maximum rehabilitation is achieved. The treatment at the center covers multiple avenues, such as providing:

- Prosthetic limbs
- Economic rehabilitation
- Social rehabilitation
- Mental rehabilitation

The centers are completely self-sufficient, making their own prosthetic limbs on site.

Through microfinance, the ICRC center also provides PWDs grants to start their own small businesses. In Iraq, the
ICRC reported for 2010 that 465 patients started small businesses, each raising their family income by 40 to 80 percent.4

The ICRC is headquartered in Geneva, Switzerland, and employs 11,000 local staff from within the countries in which the organization operates. While the treatment may not be discriminatory, discrimination exists in employment at the Afghan centers. “We discriminate 100 percent here,” says Alberto Cairo, the director of the orthopedic program in Afghanistan.5 Calling it “positive discrimination,” he went on to say that only persons with disabilities work at the centers in Faizabad, Gulbahar, Herat, Jalalabad, Kabul, Lashkar Gah and Mazar-e-sharif. Employing PWDs enables them to live independently as productive and contributing members of society while serving as role models for other PWDs.6

The primary financial contributors to the ICRC and its centers are the United Kingdom, the European Union, Switzerland and the United States. Some centers are run exclusively by the ICRC, while other centers are collaboratively run by the ICRC, governments, and nongovernmental organizations. These groups allow the ICRC to use their facilities; in return, the ICRC provides the groups with funding, materials and training. This cooperative arrangement allows the ICRC to extend its mission by requiring doctors and nurses working in these integrated centers to follow ICRC’s guidelines.

One ICRC Center Example: Afghanistan

In the Afghanistan centers, from January to September 2011, “approximately 6,000 new patients were registered and assisted, 12,000 prostheses and [orthoses] were manufactured, 900 wheelchairs made, over 150,000 physiotherapy sessions took place and 2,100 persons received social rehabilitation services.”6

Unfortunately, the centers have their challenges; the most detrimental is security. The centers are built in areas of need, stemming from the conflict occurring in the region. An orthopedic center is not immune to the violence. Instead, it often falls right on its doorstep, prohibiting the center from providing the best care. For instance, the ICRC Afghanistan Center’s home-care program aids those who are not able to travel, or simply cannot get to the center, by sending ICRC practitioners to the homes of those in need. However, if the danger becomes too threatening, the home-care assistance comes to a halt. Another threat is simply getting to work in a conflict environment; employees have sustained injuries on their way to or from work; some have even been killed.7

Coordination between the ICRC Orthopedic Centers and the Ministry of Public Health in Afghanistan is often difficult. Although the MOPH’s mission is “insuring the accelerated implementation of quality health care for all the people of Afghanistan, through targeting resources especially to women and children and to under-served areas of the country, and through working effectively with communities and other development partners,” competing priorities or insufficient funding prevent MOPH from providing care to everyone, despite their intention to do so.8 With only limited assistance from the MOPH, PWDs continue to face widespread discrimination, most notably within the workforce.

The ICRC is committed to setting standards for training among the professionals and technicians of orthoses and prostheses. Nonprofits and NGOs working with the ICRC, especially those that share its facilities, agree to the ICRC’s standards, and the groups cooperate to provide the best treatment possible. Yet, according to Cairo, for-profit organizations come in and do not abide by the standards. Instead, he says, they provide poor treatment, aimed at profit generation. Cairo believes the MOPH should regulate such organizations and enforce the standards.6

The ICRC continues to build new orthopedic centers around the world in an attempt to meet the relentless demand.
Training is a key component for the centers’ futures, and the ICRC ensures that is provided as well. Prosthetic/orthotic technicians, physiotherapists and other professionals in the field undergo several years of ICRC training to meet the International Society for Prosthetics and Orthotics and ICRC’s guidelines.

However, the demand for assistance in orthopedic centers is often significantly higher than the supply. In an account from Darfur, Sudan, the staff at a center turned away many disabled people because they did not have enough staff and supplies to meet the need.9

The endpoint of the success of the ICRC Orthopedic Centers is nowhere in sight. ICRC’s efforts to help survivors of landmines and explosive remnants of war are improving the lives of PWDs worldwide.

~ Rachel Boyell, CISR staff

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Endnotes

6. Alberto Cairo, email correspondence with author. 12 November 2011.