July 2008

ERW and Survivor Assistance in Central Vietnam

Ari Perlstein
Oregon Health and Science University

Imbert Matthee
Clear Path International

Follow this and additional works at: http://commons.lib.jmu.edu/cisr-journal

Part of the Defense and Security Studies Commons, Emergency and Disaster Management Commons, Other Public Affairs, Public Policy and Public Administration Commons, and the Peace and Conflict Studies Commons

Recommended Citation
Available at: http://commons.lib.jmu.edu/cisr-journal/vol12/iss1/4

This Article is brought to you for free and open access by the Center for International Stabilization and Recovery at JMU Scholarly Commons. It has been accepted for inclusion in Journal of Conventional Weapons Destruction by an authorized editor of JMU Scholarly Commons. For more information, please contact dc_admin@jmu.edu.
ERW and Survivor Assistance in Central Vietnam

In central Vietnam, the problem of unexploded ordnance and landmine contamination is still particularly serious, and casualty rates continue to be high in certain areas. The following is an overview of Clear Path International’s activities in the region, and includes an analysis of the most recent data collected about explosive remnants of war\(^1\) incidents.\(^2\)

The Socialist Republic of Vietnam is among the countries most affected by explosive remnants of war. As much as 20 percent of Vietnam’s surface area, or 66,528 square kilometers (25,706 square miles), remains contaminated with unexploded ordnance from its wars against Cambodia, China, France and the United States. Between 350,000 and 800,000 tons (317,515–725,748 metric tons) of munitions—mostly cluster bomblets and rifle grenades—as well as an estimated 3.5 million anti-personnel mines, continue to threaten the health and security of the Vietnamese people. The Ministry of Labour, Invalids and Social Affairs in Vietnam reports that 39,206 people were killed and 66,380 wounded by these weapons between 1975 and 2006.\(^3\) The Technology Center for Bomb and Mine Disposal, a department of the Ministry of Defense in Vietnam, claims that there is still an average of 1,110 deaths and 1,882 injuries per year resulting from ERW, most occurring in the central provinces.\(^4\)

Significant though these figures are, they fail to fully express the social, economic and humanitarian consequences of these weapons. Like most illness and injury, the distribution of ERW incidents is not random and the misery they produce is preventable. The populations that suffer the most casualties in Vietnam (as elsewhere) are the poor and the marginalized (e.g., rural peasants, ethnic minorities and children). If they are fortunate enough to reach appropriate medical care before succumbing to massive hemorrhage, wound infection, gangrene, shock or tetanus (and only some 52 percent are able to do so\(^5\)), victims frequently must then endure social exclusion, unemployment and a lack of rehabilitative services. Deaths and injuries resulting from ERW increase pressures on the limited resources of affected communities. One study on the social cost of landmines found that "households with a landmine victim were 40 percent more likely to experience difficulty in providing food for the family."\(^6\) The presence of explosives in regions already damaged by war impedes recovery and development, interferes with the delivery of needed services, reduces access to land for peoples dependent on agriculture, and inhibits the return of refugees to their homes.\(^7\)

The risk factors for being killed or maimed by ERW cited consistently in reports include playing, tending animals, gathering firewood or water, farming, traveling, performing daily chores, collecting scrap metal, tampering with explosives, and engaging in military actions. All, save the latter two, demonstrate that "mines often are laid around objects of economic importance (e.g., industrial buildings, roads, water sources and fertile land), resulting in injuries among persons who are traveling or performing activities of economic
necessity.” Prevention strategies based primarily on risk education or behavior modification may not be effective when the risks in question constitute activities essential to life. The mines must be removed, the unexploded ordnance disposed of, and survivors provided with proper medical treatment, social support and economic assistance.

In Table 1 note that scrap searching is distinct from tampering, however, which produced nine casualties (12.2 percent) and was the most lethal activity: eight of them were killed, accounting for 27.6 percent of all deaths. Twelve casualties (16.2 percent) became victims while playing, and another five (6.8 percent) were engaged in other activities. Playing, after clearing land for agricultural purposes, was the second most common activity at the time of explosion reported in this series.

Reports on ERW in Vietnam uniformly maintain that an absence of “updated nationwide UXO/mine-casualty data makes it difficult to plan interventions and to measure their impact.” ERW incidents remain underreported, especially among ethnic minority populations and scrap-metal collectors. The long-term medical and psychosocial needs of survivors, their use or rejection of prostheses, the effects of UXO contamination on access to arable land, safe water sources and immunization, and the nutritional status of affected communities are issues that must be addressed through extensive surveillance. The following analysis examines some basic epidemiologic characteristics of ERW incidents in central Vietnam in 2007 and acknowledges the limitations of conclusions to be drawn from data that will never be complete.

### Activities Associated with Explosions

<table>
<thead>
<tr>
<th>Activities Associated with Explosions</th>
<th>Casualties</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihood activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• burning</td>
<td>48</td>
<td>64.9</td>
</tr>
<tr>
<td>• clearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• herding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• hoeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• wood cutting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• scrap searching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing</td>
<td>12</td>
<td>16.2</td>
</tr>
<tr>
<td>Other activities</td>
<td>5</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Table 1: Casualties by activity.

Clear Path International

Clear Path International is a United States-based nonprofit organization committed to ERW victim assistance. It operates assistance programs in Afghanistan, Cambodia and Vietnam, and on the Thai border with Myanmar (Burma). In Vietnam, it sponsors surgical, prosthetic and rehabilitative services for victims; nutritional and educational support for survivors and their families; and household grants to facilitate the economic recovery of those impacted by ERW. It also underwrites the participation of survivors in local and regional athletic events for persons with disabilities. In 2006, Clear Path Vietnam assisted 672 individuals, both mine/ERW survivors and their family members. Of those helped, 96 received trauma, medical or burial assistance; 11 received continuing medical care; and 209 received economic reintegration assistance. In addition, 241 child survivors or children of survivors received educational support and 115 survivors were sponsored to compete in sporting events.

Results of 2007 Incident Analysis

CPI’s Vietnam office made casualty data available for new incidents reported between January and November 2007. Demographic information included the sex, age and ethnicity of victims. The date of the event, location, area type and device (if known) were provided as well as the victim’s activity, outcome and a brief description of injuries (if survived).

As shown in Table 2, there were a total of 74 reported casualties of ERW explosions during this period, including 29 killed and 45 injured. Sixty-three (85.1 percent) of the victims were male and 11 (14.9 percent) were female; the median age of victims was 24.5 years (age range: 3 to 77). The distribution of casualties by age group is shown in Figure 1.

<table>
<thead>
<tr>
<th>Injured (n=45)</th>
<th>Killed (n=29)</th>
<th>Total (n=74)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinh</td>
<td>36 (86.7)</td>
<td>27 (93.1)</td>
</tr>
<tr>
<td>Pa Ko</td>
<td>3 (6.7)</td>
<td>2 (6.9)</td>
</tr>
<tr>
<td>Van Kieu</td>
<td>3 (6.7)</td>
<td>3 (10.3)</td>
</tr>
</tbody>
</table>

Table 2: Demographic characteristics of victims.

Support from Clear Path International provided Nghia with leg prosthesis, rehabilitation and scholarship money for his education. He is now playing soccer again with friends in his neighborhood.
In addition, the heavily UXO-contaminated A Luoi valley accounted for the most victims in Hue province; in the Quang Binh province, Le Thuy district recorded the most victims. Victims or their family members were able to identify the type of weapon involved in 44 cases (59.5 percent). Of these, 19 casualties were caused by cluster submunitions, three by landmines, and 22 by other ERW (listed as bombs, bullets, fuzes, grenades, mortars, projectiles and phosphorous). Young people were disproportionately victimized by cluster submunitions: 16 of the 19 casualties (84.2 percent) were people between 3 and 18 years of age, all of them hurt while playing or engaged in livelihood activities. Along with the devices listed as unknown, cluster submunitions were encountered predominantly on hilltops and were the only type located on a riverbank, as illustrated in Table 3.

A description of injuries sustained by 44 of 45 survivors provided limited information on anatomical sites affected and pathological processes involved, and details were insufficient to allow standardization of categories and comparison of groups. Fifteen casualties (34.1 percent), for example, were listed as having "multiple wounds" or injuries to the "whole body." The modifiers "slight," "severe" and "serious" are occasionally used to convey the extent of injuries, but it is unknown whether this status is judged by functional deficit or general appearance. Limb amputations are not differentiated by traumatic or surgical mechanism. Clear Path’s intervention is limited to financial support, coordination, transportation and tracking of assistance to survivors, not direct medical or rehabilitative services, which are performed by its domestic implementing partners. It has not yet had the resources to collect and analyze a broader set of survivor data to better define a mortality and injury profile for ERW. Additional funding is needed to allow CPI to do so and thereby enhance its victim-assistance services.

Clear Path International’s Role

Since 2000, Clear Path International has assisted 4,664 beneficiaries in 14 of Vietnam’s provinces to the north and south of the former demilitarized zone. In Quang Tri province alone, the organization has assisted 3,204 survivors and spent US$860,000 on various services with funding from mostly institutional and American grassroots donors such as the U.S. Department of State, the United Nations Association of the USA’s Adopt-A-Minefield campaign, the McKnight Foundation, the Dorothea Haus Ross Foundation, Episcopal Relief and Development, and others.

What began as a modest effort to help individuals and families recover from injuries and fatalities caused by ERW incidents has grown from 199 beneficiaries in 2001 to 1,428 in 2007. Throughout bases, and its distinction of having been the most heavily bombed province during the Vietnam-American War, Quang Tri continues to suffer the highest proportion of ERW victims—54.1 percent of all the victims in these provinces. All eight districts of Quang Tri reported casualties. In addition, the heavily UXO-contaminated A Luoi valley accounted for the most victims in Hue province; in the Quang Binh province, Le Thuy district recorded the most victims. Victims or their family members were able to identify the type of weapon involved in 44 cases (59.5 percent). Of these, 19 casualties were caused by cluster submunitions, three by landmines, and 22 by other ERW (listed as bombs, bullets, fuzes, grenades, mortars, projectiles and phosphorous). Young people were disproportionately victimized by cluster submunitions: 16 of the 19 casualties (84.2 percent) were people between 3 and 18 years of age, all of them hurt while playing or engaged in livelihood activities. Along with the devices listed as unknown, cluster submunitions were encountered predominantly on hilltops and were the only type located on a riverbank, as illustrated in Table 3.

A description of injuries sustained by 44 of 45 survivors provided limited information on anatomical sites affected and pathological processes involved, and details were insufficient to allow standardization of categories and comparison of groups. Fifteen casualties (34.1 percent), for example, were listed as having "multiple wounds" or injuries to the "whole body." The modifiers "slight," "severe" and "serious" are occasionally used to convey the extent of injuries, but it is unknown whether this status is judged by functional deficit or general appearance. Limb amputations are not differentiated by traumatic or surgical mechanism. Clear Path’s intervention is limited to financial support, coordination, transportation and tracking of assistance to survivors, not direct medical or rehabilitative services, which are performed by its domestic implementing partners. It has not yet had the resources to collect and analyze a broader set of survivor data to better define a mortality and injury profile for ERW. Additional funding is needed to allow CPI to do so and thereby enhance its victim-assistance services.

Clear Path International’s Role

Since 2000, Clear Path International has assisted 4,664 beneficiaries in 14 of Vietnam’s provinces to the north and south of the former demilitarized zone. In Quang Tri province alone, the organization has assisted 3,204 survivors and spent US$860,000 on various services with funding from mostly institutional and American grassroots donors such as the U.S. Department of State, the United Nations Association of the USA’s Adopt-A-Minefield campaign, the McKnight Foundation, the Dorothea Haus Ross Foundation, Episcopal Relief and Development, and others.

What began as a modest effort to help individuals and families recover from injuries and fatalities caused by ERW incidents has grown from 199 beneficiaries in 2001 to 1,428 in 2007.
central Vietnam, it responds to new incidents by offering immediate sponsorship, coordination and management of medical and rehabilitative services. In eight targeted districts, CPI also has been providing services to survivors affected by incidents since 1975, including continuing medical care, upgraded physical mobility devices, household improvements, and training and support for income-generating activities.

Whether people seeking assistance are newly or previously affected by peacetime explosions, Clear Path’s Accident Survivor Assistance Program provides medical, therapeutic and socioeconomic relief to landmine accident survivors in selected districts in Vietnam’s former demilitarized zone. CPI designs family action plans and provides services to households until it has evidence that the survivor’s household has recovered physically and economically from the tragedy. Families are generally in the program for three to four years before leaving, though they may stay longer if necessary. Its goal is to support and sustain the survivor’s physical, psychological and social recovery and to ensure the entire family’s financial recovery and long-term stability. Without this aid, vulnerable families may suffer overwhelming privation following the trauma of an ERW incident. From this long-term commitment and regular interaction with CPI’s Vietnamese staff, families gain a safety network and moral support on their journey toward recovery.

Reforms of Vietnam’s socialist policies have shifted a significant part of the financial burden of this recovery process from the state to affected families, including the cost of medical treatment. Sharing the history that continues to place Vietnamese people at risk of explosions, Clear Path is welcomed by Vietnam as a United States-based nongovernmental organization addressing the needs of peacetime casualties of the war in Indochina.

Although the number of new injuries and deaths shows a downward trend in the country’s central coast region, Clear Path expects to remain active in Vietnam for the foreseeable future. Only about 10 percent of ERW in Vietnam have been cleared and new incidents will continue, particularly as the country’s economic growth leads to more frequent human encounters with unexploded ordnance through infrastructure projects, home construction and cultivation in areas largely untouched since the end of the Vietnam-American War.

See Endnotes, page 110

Ari Perlstein wishes to acknowledge the generous support of Betty-Jane and Herbert Hess, the Hills OHSU Medical Ambassadors program, the OHSU Tartar Trust and the OHSU School of Medicine Alliance, which allowed him to participate in an internship in Vietnam.

Ari Perlstein is a medical student at Oregon Health and Science University. He recently completed a six-month internship at the Da Nang Orthopaedics and Rehabilitation Center in Vietnam.

Ari David Perlstein
Oregon Health and Science University
E-mail: perlstei@ohsu.edu

Imbert Matthee is President of Clear Path International, where he focuses on victim-assistance programs, fundraising and public relations. He previously worked as a journalist for 15 years and was a reporter for the Seattle Post-Intelligencer, ABC News, the Los Angeles Times, the Seattle Times and the Everett Herald. He was also a frequent contributor to the New York Times News Service.

Imbert Matthee
Clear Path International
321 High School Rd. NE
Suite D3, #574
Bainbridge Island, WA 98110 / USA
Tel: +1 206 780 5964
E-mail: Imbert@cpi.org
Web site: http://www.cpi.org

Red Cross, Soccer Star Ronaldo Team Up

International soccer star and humanitarian ambassador Cristiano Ronaldo presented a check for CHF100,000 (US$95,000) to the International Committee of the Red Cross as part of the 2008 Score for the Red Cross campaign. The fundraiser, a joint program with the ICRC and Union for European Football Association, benefits landmine victims in Afghanistan, providing them with prosthetic limbs, physical therapy and vocational training.

The presentation formally opened the online platform of the Score for the Red Cross campaign, which allowed soccer fans to purchase virtual goals for their favorite teams. The team with the most goals will be named “Most Humanitarian Team.” A weekly drawing will be held for people who purchased at least seven goals online, entering them to win prizes. UEFA will donate €4,000 ($6,200) for every goal scored and €5,000 ($7,800) for every goal scored by Ronaldo during the final UEFA tournament. For more information, visit www.scorefortheredcross.org.