October 1999

International Committee of the Red Cross

CISR JOURNAL

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Available at: http://commons.lib.jmu.edu/cisr-journal/vol3/iss3/23

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Handicap International

Presence World Wide

Officially started August 3, 1982, Handicap International (HI) works to provide rapid intervention on behalf of the handicapped and the most vulnerable populations when armed conflict upsets existing systems of assistance and solidarity. In countries where the economic problem is severe or where their expertise in prevention and socioeconomic development is requested, HI also steps in to assist. Technicians in the association offer expertise in prostheses, physical therapy, psychomotor therapy, psychology and landmine action. HI presently conducts over 160 projects in rehabilitation, prevention, rural development and emergency programs in 52 countries.

Work in Europe

Because in many countries western solutions are not appropriate, Handicap International (HI) focuses on developing simple techniques for the fabrication of prostheses for the most destitute of the handicapped. HI's socioeconomic programs enable the construction of survival strategies which Third World and former Eastern Bloc countries, who are affected by famine, underdevelopment and war, can implement for themselves independently once the most acute need has passed.

And MSF does not forget. With the publication of reports such as Living in a Minefield, and Populations in Danger, MSF provides the most vital, life saving care any medical personnel can offer—prevention. Here's to hoping that raised awareness will prevent some of the world's atrocities from ever happening again.

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The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and international and non-international armed conflict. HI presently implements over 150 programs in 52 countries.

ICRC Work with Landmine Victims

The systematic use of violence to resolve human conflicts is as old as humanity and shows no sign of going out of fashion. The consequences of laying anti-personnel mines in present day war, however, go far beyond purely military activity. Their use affects the physical and psychological health of a society, its social and economic development, and its international relations. Anti-personnel mines in daily cities of suffering; coal dust, and landslides; and beside the desert watering holes of over 60 countries around the world. More people have been killed or injured by mines than by nuclear weapons. The doctors, nurses and orthopedic technicians of the ICRC have witnessed and recorded the human faces behind the crape of ends, and the inhumane consequences of what can only be described as a man made public health catastrophe and a worldwide epidemic.

Landmines are indiscriminate and persistent weapons; they kill and injure more people, children and agricultural workers after a cease-fire than during the actual fighting. Many mines contain just enough explosives to maim and horrendously mutilate. Caring for the victims of anti-personnel mines challenges every part of a public health care system at every stage of its development, and the problem is most acute in countries least able to bear the burden. Landmines render whole regions useless for human habitation and activity, they displace populations and create demographic pressures which destabilize neighboring regions. The surgical activities of the ICRC stem from the institution's general mandate to protect and assist the victims of armed conflict. The war wounded are only one category of the victims included in the ICRC's terms of reference. The ICRC's main role in relation to the war wounded is not to treat them, for this responsibility is the governments involved in the conflict and hence their army medical services. The task of the ICRC is first and foremost to ensure that all involved are familiar with the provisions of the Geneva Conventions and apply them, meaning they also have to care for the wounded as well as their own and afford medical establishments and personnel the protection to which all are entitled.

Nevertheless, local medical services are often completely overwhelmed in such situations and the ICRC is then compelled to step in to help the war wounded. When supplying hospitals with medical equipment and medical personnel is not enough, the ICRC must set up its own surgical facilities to offer the wounded the care that the authorities cannot provide.

Some countries simply lack the surgical infrastructure necessary to care for the wounded; in others, access to existing hospitals is denied to certain victims for political reasons, or is simply not available because of geographical factors and inadequate means of transportation. The ICRC's first attempts to solve such problems by either providing medicines, dressing materials and surgical equipment to local structures or by negotiating with the authorities to obtain access to surgical care for all the wounded, in accordance with the principles of the Geneva Conventions. When these measures are insufficient, the ICRC helps to set up first-aid posts and transportation facilities where possible, send surgical teams to work within existing structures, or open new ICRC administered facilities for surgical care and rehabilitation. Special consideration is given to establishing safe blood transfusion services and prosthetic workshops for the manufacture of artificial limbs, which are both in high demand for landmine victims.

In the last 15 years, the ICRC has organized over a dozen of its own surgical units in conflict zones. More than ever, there have had to treat large numbers of landmine victims, attempting to the fact that the use of this low technology weapon is becoming more widespread, especially in internal conflicts.

Current Activities

In June 1999 the ICRC launched an appeal for 105 million Swiss francs (U.S. $69 million) to fund its activities for mine victims over the next five years. The financial appeal covers all the ICRC's activities relating to mine victims.

Goals:

• To promote universal adherence to and full implementation of the Ottawa Treaty and amended Protocol II to the 1980 U.N. Convention on Certain Conventional Weapons.

• To reduce the risk of mine-related incidents through mine awareness programs currently being conducted by the ICRC in six countries.

• To provide mine victims with treatment and physical rehabilitation in 23 limb-fitting centers that the ICRC is running in 11 countries, and to continue its support for similar centers run by ministries of health.
The risk of mine-related death or injury by providing people in mine-affected areas with information on the precautions to be taken until the mines can be cleared.

Since February 1994, the ICRC and the entire International Red Cross and Red Crescent Movement have been actively involved in the drive to impose a total ban on anti-personnel mines, running public awareness campaigns and encouraging diplomatic and military circles to support their efforts. These efforts will continue in order to achieve universal acceptance of the Ottawa Treaty, to coordinate assistance to landmine victims, and to extend preventive mine awareness programs.

The ICRC is currently running 25 mine-awareness programs in 13 countries: Afghanistan, Angola, Azerbaijan, Cambodia, the Democratic Republic of the Congo, Georgia, Iraq, Kenya, Rwanda, Sri Lanka, Sudan, Tajikistan and Uganda. Twenty-four ICRC projects in 12 other countries have now been handed over to local or international NGOs.

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Jerry White
Jerry White, co-founder and director of LSN, stepped on a mine in Israel in 1984 while hiking with friends. He has 10 years experience tracking the spread of weapons of mass destruction. A graduate of Brown University, White worked at the Brookings Institution prior to becoming assistant director of the Wisconsin Project on Nuclear Arms Control in Washington, D.C. He has testified before Congress and published numerous articles in the New York Times.


White's injury in a mine field in Israel belies the arguments of those who believe the mine problem can be solved by better signs and fences. White spent five months in a hospital in Tel Aviv, where he underwent five operations and learned to walk with a prosthesis. "I was only four years old when Syrian soldiers,retreating during the 1967 Arab-Israeli War, laid Soviet-supplied mines in the Golan Heights. The soldiers doubted the moles would maim or kill Israeli troops. Instead, my mine waited silently in the ground for nearly 17 years until it exploded under my foot and blew off my right leg.

"I was 20 years old. I had taken part from my university studies in the United States to explore the Middle East. I wasn't a soldier, but I was a backpacker and an Arabic and Hebrew dictionary. Two friends and I had decided to explore northern Israel on a hiking trip. We were looking for a place to camp and had no idea that we had entered a mine field. The terrain was no fence and no sign to keep us out. The next morning, on a beautiful spring day, I stepped on a mine. I can still remember the deafening blast of the report of blood, bone, flesh and metal. Only when my friends rolled me over did they see the extent of my wounds. The explosion had ripped off my right foot, shrapnel had lacerated my skin and my left leg. I couldn't see or feel anything below the knee. Our first thought was to get me bandaged and out of the mine field. Luckily we made it out without further loss.

"All the talk about fencing and marking mine fields is a distraction from the real challenge to stop the proliferation of weapons of mass destruction. A graduate of Brown University, White worked at the Brookings Institution prior to becoming assistant director of the Wisconsin Project on Nuclear Arms Control in Washington, D.C. He has testified before Congress and published numerous articles in the New York Times.

Landsmine Survivors Network (LSN) works to help mine victims and their families recover through an integrated program of peer counseling, sports, and social and economic re-integrations into their communities. In countries in the developing world where landmines are prevalent, survivors lose more than a leg or arm; they often lose their place as a valued and respected member of their society. LSN works with survivors and their families to support their efforts to re-engage in their communities.

Today, the network is concentrating its efforts on the mine-polluted countries, where most survivors live, including Afghanistan, Angola, Bosnia, Cambodia and Mozambique. In each country, we are working to bring medical services, education and employment opportunities to thousands of survivors. LSN is on the steering committee of the International Campaign to Ban Landmines (ICBL), a coalition of more than 1,000 humanitarian, religious and development groups, that was a co-recipient of the 1997 Nobel Peace Prize.

Ken Rutherford
Ken Rutherford, co-founder of LSN, holds masters degrees in international affairs and business administration and has extensive international experience, including work as a U.S. Peace Corps trainer in Mauritania and for the U.N. High Commissioner for Refugees in Senegal. Rutherford was a training officer in Somalia for the International Rescue Committee when he was injured by a landmine in December 1993. Rutherford underwent 11 operations including the amputation of both his legs below the knee. Since his accident, he has traveled worldwide to speak out in favor of a ban and to raise awareness of the mass suffering caused by these weapons. Rutherford currently holds a teaching fellowship at Georgetown University, where he is pursuing doctoral studies in government.

"In December 1993, I was working as a training officer for the International Rescue Committee in Somalia, where my job was to help Somalians apply for loans so they could rebuild their country. My project was funded by USAID. On December 16, as I was inspecting a program site near the border with Ethiopia, my car hit a landmine. I suddenly became something rare for an American: a landmine victim. It was to change my life forever.

"After the explosion, I first remember seeing a foot lying on the floor next to my truck. I thought, 'Is it mine?' It was. It was my right foot, I remember thinking. I kept trying to put it back on, but it kept falling off. Then I looked at my left foot. The top part was ripped off and I could see bones going to my toes, one of which was missing. I dragged myself out of the car and called for help on my radio. It seemed like a lifetime before help arrived. While I was waiting, I prayed to God. I was also spitting up blood, so I thought I might have internal injuries that could be fatal. I asked God that if I lived, I would like to marry Kim, my fiancé of two months, and raise a family. In the evacuation plane from Somalia to Nairobi, a Belgian doctor and an American nurse gave me blood from their bodies to mine.

"I am here today because of the resources I had at my disposal. I had a radio to call for help and airplanes to evacuate me. Most landmine victims are not so lucky. The United Nations estimates that the average lifetime care of a landmine victim costs from $5,000 to $7,000. My medical costs have already exceeded a quarter of a million dollars.

"The statistics are staggering. Roughly every 20 minutes someone is killed or maimed by a landmine. That amounts to over 26,000 men, women and children each year injured through no fault of their own. The number of victims has been portrayed in terms of shocking ratios: one in every 230 Cambodians is an amputee from a landmine injury. When I think about this, I ask myself, 'Who is the one no one knows the exact numbers. Most mine victims die without anyone documenting the tragedy. Today, there are hundreds of thousands of landmine survivors worldwide, including thousands of children, with no access to proper and affordable medical care and rehabilitation. Moreover, the number of victims is on the rise with assistance programs unable to keep up with the demand.

LSN Achievements
• Recognition by the Norwegian Nobel Committee of the ICBL, co-recipient of the 1997 Nobel Peace Prize.
• A high-profile tour of Bosnia in August by White, Rutherford and Diana, Princess of Wales, attracting global attention to the landmine issue just prior to the September