Victim & Survivor Assistance

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My handicaps are quite visible. They can remind us of the invisible handicaps we all have..."landmines of the heart." These landmines inside can lead us to war, to jealousy, to cruel power over others. If we ban the landmines of the heart along with the landmines of the heart. These

—Tun Chhannareith, Cambodian double amputee, during his acceptance speech for the 1997 Nobel Peace Prize on behalf of the International Campaign to Ban Landmines.
Defining the Pillar of Victim Assistance

by Sue Eitel, Landmine Survivors Network

In late 1995, mine victim assistance was on no one's political agenda. Today, it is recognized as one of the main pillars of mine action, which, defined by the United Nations, includes identification and clearance of mines, mine risk education and victim assistance. A topic of many international conferences and discussions, victim assistance has received global attention through the 1997 Nobel Peace Prize and the involvement of the late Diana, Princess of Wales.

Champions for the Cause

Though Landmine Survivors Network (LSN) is not the authority on landmine victims and survivor assistance, it is the only international organization created by landmine survivors for landmine survivors. Its two co-founders, Jerry White and Ken Rutherford, began their vision in 1995 as they joined together to not only promote an international ban on landmines but also raise awareness for the needs of landmine victims and include victim assistance in the Mine Ban Treaty.

"Being a survivor is a lonely business. Though there are hundreds of thousands of us worldwide, it is not a community, suffering is not shared nor are resources pooled. Indeed, it is easy to forget that there is a face and a name behind each landmine casualty. Entire families are being blown apart each hour, in virtual isolation. Also less understood is the personal horror that each victim experiences in the moments after an explosion. Landmines tear off limbs and shoot shrapnel and dirt into the body. Even one's own bones become projectiles. If the eyes are not blinded during an explosion, a victim can see his own body torn, mangled and bleeding. Most victims who die from the blast die alone. The challenge LSN took on was to unite the survivors; not to back in their suffering, but to reveal their strength and share their testimonies about what these inhuman weapons had done to them," said White.

As the debate continued over treaty language, much was made of "the poor victims." One of the biggest challenges facing landmine survivors was convincing others that they were more than just poster children. As amputees, they had to remind the world that, although landmines had blown off their limbs and left them irreparably scarred, their minds, their dreams and their humanity was still intact.

Survivors around the world have come forward to speak not only of the challenges they face, but also of the actions they are taking to be involved in the process of individual and community rehabilitation. Perhaps the cause of the greatest public awareness of the need for mine victim assistance was the interest taken by the late Princess of Wales. In 1997, Diana visited two countries severely affected by landmines: Angola and Bosnia. The images of her walking through mine fields and meeting with landmine disabled were seen around the world. With her involvement, the media took notice. Landmines and the devastation they caused were now in the headlines. Diana knew that was her contribution to the cause. She realized that the media would closely follow any statement she made or action she took. It seemed mine survivors had gained a lifelong ally to help alleviate their suffering. On August 31, 1997, the world lost a lovely, glamorous woman, but mine survivors lost a true friend.

Victim Assistance and Mine Victims

The question of victim assistance is a difficult one: what is it exactly? What kind of structure is needed to coordinate such assistance? Which categories of humanitarian relief should be included? The definition of victim assistance is derived from discussions with non-governmental organizations (NGOs) active in the International Campaign to Ban Landmines (ICBL) as well as from informal discussions with government and U.N. representatives:

"Victim assistance includes, but is not limited to, emergency and medical care; access to prosthetics, wheelchairs and other assistive devices; social and economical reintegration; psychological and peer support; accident prevention programs; and legal and advisory services.

Similarly, the definition of a mine victim is equally challenging. The ICBL Working Group on Victim Assistance developed a definition that is widely accepted:

"Mine victims include those who, either individually or collectively, have suffered physical, emotional and psychological injury; economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilization."

The Mine Ban Treaty

Officially, the Mine Ban Treaty is known as the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction. It was the first international arms control agreement that addresses the humanitarian needs of the victims of that particular weapon system. On victim assistance it states:

Preamble: "Wishing to do their utmost in providing assistance for the care and rehabilitation, including the social and economic reintegration of mine victims."

ICBL

In February 1998, the creation of the first ICBL Working Group on Victim Assistance (WGVA) was formed, and LSN was elected by other ICBL members to chair the group. LSN was re-elected as chair at the First Meeting of States Parties in Maputo, May 1999.

Russian landmine survivor Plamiko Prignjukc displays to family members of a new compact about the importance of landmines for prosthetic fit.
The overall purpose of the WGVA is to increase the quantity, and improve the quality, appropriateness, and effectiveness of all programs that impact the victims of landmines. The five specific goals are:

1. To secure funding for victim assistance, we will press governments to commit $3 billion over the next 10 years to a broad range of long-term programs that benefit mine victims and other persons with disabilities living in mine-infested communities.

2. To promote effective and appropriate programming, we will urge governments, other donors and program implementers to support a wide range of activities and programs, including emergency and continuing medical care, physical rehabilitation, prosthetics and assistive device production, psychological and social-support programs, employment and economic reintegration programs, data gathering, land tenure, legal services, vocational training and employment opportunities.

3. To share information on victim assistance, we will develop procedures to ensure open and clear communication among all members and observers of the WGVA. We will also collaborate with and serve as a resource to the ICBL, national campaigns and other groups on all matters related to victim assistance.

4. To promote inclusion of landmine survivors and landmine-infested communities in all initiatives and activities which concern them. (This follows the U.N. Standard Rules on the Equalization of Opportunities for Persons with Disabilities, "Nothing about us, without us," as the saying goes in the disability rights movement.)

5. To promote the rights of landmine survivors, spurring discussion on definitions of mine victims and consideration of reparations.

To receive further information on the WGVA, please contact Becky Jordan or Jerry White at Landmine Survivors Network.

Care and Rehabilitation Guidelines

The ICBL Working Group on Victim Assistance, comprised of more than 20 international humanitarian and development organizations, has developed a set of programmatic guidelines to help shape and promote comprehensive rehabilitation for hundreds of thousands of landmine survivors worldwide.

The ICBL Guidelines for the Care and Rehabilitation of Survivors are intended to help diverse actors, including donors and program implementers, develop and fund the most effective programs to help landmine victims heal, recover and resume their roles as productive and contributing members of their societies.

The following guidelines are intended to address the care and rehabilitation of those victims who have suffered physical injury from landmines. Many of the recommendations also support other persons with disabilities.

**Emergency Medical Care**

Healthcare and community workers in mine-affected areas should be trained in emergency first aid to respond effectively to landmine and other traumatic injuries.

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Physical Rehabilitate Services

Rehabilitative services should produce devices that are safe, durable and can be maintained and repaired locally.

An amputee’s first artificial limb is transitional and may not fit properly within weeks, or may require eventual repair and replacement. Thus, the availability of long-term services must be ensured for necessary adjustments or replacement. Improperly fitting or poorly designed prostheses can cause problems with skin breakdown and infection, leading to further surgeries, and adversely affect the user’s gait and spine. Donations of used or prefabricated prostheses cannot be adapted to fit properly, and are thus discouraged in favor of locally manufactured, fitted and serviceable prostheses. Pre- and post-prosthetic care should include physiotherapy to prepare for and ensure proper use of prosthetic devices and prevent secondary problems or injury. Attention must be given to resources and training for physiotherapists and other rehabilitation personnel, and for the treatment of landmine injuries other than limb loss, such as loss of eyewight or hearing, and paralysis.

**Psychological and Social Support**

Community-based peer support groups offer cost-effective psychological, social and other health benefits, and a means to educate local populations about the needs of persons with disabilities and the resources available to help.

Psychosocial support should be community-based and involve social service providers from both the informal and formal health and social service sectors in order to provide culturally appropriate support. The families of mine victims play a crucial role in recovery, and should receive education and support to care for injured family members. Survivors who have progressed in their rehabilitation and reintegration into society are well suited to provide peer support. Research on trauma and recovery suggests that empathy and attentiveness expressed through peer support have therapeutic efficacies. In post-conflict countries where there are virtually no psychological support services, investment should be made in training and employment of competent and locally-based social service providers and development workers.

**Employment and Economic Integration**

Assistance programs must work to improve the economic status of the disabled population in mine-affected communities through education, economic development of community infrastructure and creation of employment opportunities.

The economic status of survivors depends largely upon the political stability and economic situation of the communities in which they live. Employment opportunities, income-generating and small-enterprise projects, literacy and vocational training, apprenticeships and job referrals contribute to the self-reliance of survivors as well as community development. Economic rehabilitation programs for survivors should be designed using the same principles of good development work. Post-conflict economic reconstruction in mine-affected communities should include rehabilitation of the health and social service systems.

**Capacity Building and Sustainability**

From the beginning, survivor assistance programs should emphasize the training and employment of local workers to be responsible for all aspects of project design, implementation and management. To help survivors in a sustainable way requires building local capacities of community service providers, health professionals and trainers. Capacity building measures could include training and employment in office administration, financial management, firing and reading to respond to traumatic injury and severe bleeding increases the chance of mine victims living long enough to receive emergency medical care. First-aid training should be conducted by qualified medical professionals who can upload standards and provide follow-up training. Where appropriate, mine awareness educational materials could incorporate basic instructions for first aid response to traumatic injury and massive bleeding. Preparation should integrate a public sector and community plan for the informal and formal health and social service sectors in order to provide culturally-appropriate support. The families of mine victims play a crucial role in recovery, and should receive education and support to care for injoury family members. Survivors who have progressed in their rehabilitation and reintegration into society are well suited to provide peer support. Research on trauma and recovery suggests that empathy and attentiveness expressed through peer support have therapeutic efficacies. In post-conflict countries where there are virtually no psychological support services, investment should be made in training and employment of competent and locally-based social service providers and development workers.

**Legislation and Public Awareness**

National legislation should promote effective treatment, care and protection for all disabled citizens, including landmine survivors.

The disabled population must have legal protection against discrimination and assurance of an acceptable level of care and access to services. Survivors should have access to a formal statutory complaint mechanism to address their concerns and protect their interests. Each government has a responsibility to raise public awareness of the needs of its disabled citizens and to counter the stigmatization of persons with disabilities. Community education should include a campaign to publicize the abilities of the disabled and the availability of rehabilitative and social services.
Access

Persons with disabilities, like all people, should have full and open access to a variety of services and assistance.

Full and open access to the physical environment, rehabilitation and social and economic programs is a means of equalizing opportunities in all spheres of society. Access includes: the elimination of physical obstacles to mobility, ensuring access to buildings and public places; availability of first aid, emergency and continuing medical care; physical re habilitation; employment opportunities; education and training; religious practice; sports and recreation; safe land and tenure of land; and information and communication about available services.

Data Collection

Survey implementers must be trained and sensitized to issues of trauma and recovery experienced by mine victims and their families before engaging landmine survivors in interviews.

Data collection that involves interviews with survivors must be handled sensitively so as not to heighten trauma, raise expectations or exhaust communities repeatedly interviewed by any number of organizations. The collection of information must translate quickly into humanitarian action and serve the purpose of improving services for mine victims to integrate socially and economically in their communities.

In early 1999, Landmine Survivors Network discussed a paper called Preventing Landmine Survey Victims in response to the growing trend by consultants, NGOs, U.N. and government agencies to collect data from individual survivors or their families. Specialized survey teams, tools and protocols are emerging ostensibly to provide real answers to the questions, “How many survivors?” and “What are their needs?”

Interviewing survivors raises expectations; specific questions raise specific expectations. The baseline principle for surveys must be “Do no harm.” Unnecessary raising hopes of survivors time and again with our response is harmful. It leads to mistrust, cynicism and may create barriers to future cooperation with individuals and communities.

Recommendations to reduce negative effects of surveying:

• When the survey team or a consultant is in a community for only a short time and not actively engaged in rehabilitative programs within the country, information should be collected by talking about landmine victims, rather than directly interviewing survivors.

• Survivor interviews should be conducted by organizations in place to implement programs related to survivor assistance. These organizations could utilize or adapt standard survey forms in their ongoing work and follow-up activities.

• Prior to launching or funding survey actions, one must ask:

  • How much and what kind of information is actually needed?
  • Who will use this information and how does it lead to assistance?
  • Is funding another survey the best use of available resources?

Research should be used to improve services and design better programs. Too often findings are only circulated at international conferences, surveys are congratulated for their efforts and reports are shelved. Meanwhile, survivors continue to wait for promises that were made or imagined.

LSN cautioned those involved in interviewing survivors: landmine victims did not survive to be counted, but to overcome their injuries and resume productive lives. Surveys invariably raise expectations. Are we prepared to meet them?

Victim Assistance Programs and Approach

Many governments, local organizations and international organizations have been active in mine-affected countries for decades, working to rehabilitate the injured. NGOs have been the primary implementers in the field, providing physical rehabilitation and other support such as training and small-enterprise development. Many of these programs continue to fail to provide ongoing support for individuals injured by landmines and persons with disability from other causes.

Questions are raised regarding the best programs on the best approach to addressing the needs of landmine victims. These concerns are positive discrimination toward landmine survivors will isolate them from the rest of the community. A public health approach has been identified as a method to address victim assistance. Some organizations work closely with governmental structures while others look toward the private sector. In looking at the approach to victim assistance, no one-size model fits all countries. We must be flexible and creative to meet the needs of persons with disabilities. The treaty was created to prevent landmine injures and to help rehabilitate mine-injured individuals and communities. We should use this opportunity to strengthen existing programs that provide support for landmine victims (hospitals, prosthetic centers, vocational training institutes) and be able to create new activities to address the holistic needs of landmine survivors and other persons with disability.

The general goal should be to improve rehabilitation outcomes and to return persons with disabilities to productive lives. It may start with surgery and medical care, but that is just the life-saving beginning. The challenge and philosophy of victim assistance is to treat the whole person, no matter how many limbs are missing. Prosthetics are important, but not cure-all. How do we offer appropriate psychological and social support? In the treaty there is a clear obligation to provide for social and economic reintegration. This is not simply charity, but good development policy.

When reviewing a situation, it is important to know what programs already exist and what areas of rehabilitation are not being adequately addressed (see Section 5 for the Guidelines for the Care and Rehabilitation of Survivors). In this way effective use of resources is promoted and duplication of efforts is avoided. One initiative presented at the First Meeting of States Parties (Montezuma, May 1999) is the development of a Strategic Framework for Mine Victim Assistance. The framework offers an example of a systematic approach to the identification of intersectoral programs and resources allocated to support them. Again, it is one model available for use and to test the only answer in addressing this complex issue.

Conclusion

Though many donors, governments and organizations will continue to support and implement programs that directly or indirectly assist landmine victims, there are also international initiatives underway to ensure the obligations of the treaty are implemented and not forgotten.

Stemming from the First Meeting of States Parties, it was decided that working groups would be established to address five main areas related to the Mine Ban Treaty. The working groups were named (see Section 5 for the Guidelines for the Care and Rehabilitation of Survivors). The five areas are:

• mine clearance
• victim assistance, socioeconomic reintegration and mine awareness
• stockpile destruction
• technologies for mine action
• general status and operation of the convention

The objective of the ISCE is to ensure the systematic and effective implementation of the Mine Ban Treaty. The overview offered by the ISCE should, inter alia, provide a clear picture of resources, needs and gaps. The first meeting of the ISCE was in Geneva from September 13-17, 1999 (victim assistance component was September 15-17).
The Statistics of Anti-personnel Mines

It is particularly distressing to note that landmine casualties often include a large proportion of women and children (21 percent on average, and sometimes up to one-third of all cases). In other words, one mine victim in five is a woman or a child. A study carried out in Peshawar from June to December 1992 showed that, at the time they were injured by a mine explosion, 85 percent of the 528 casualties were engaged in non-military activities, such as agricultural work, travelling, or looking after cattle. Moreover, injuries due to mines are severe: in International Committee of the Red Cross (ICRC) hospitals 84 percent of all amputations are performed on mine victims. These dry statistics cannot portray the feelings of the surgeons, nurses, physiotherapists and prosthetists who, every year, have to treat thousands of non-combatants maimed by these devices.

From 1985 to March 1995, ICRC hospitals and surgical teams have treated over 140,000 war-wounded, of whom about 30,000 (or just under one-quarter) were victims of landmines, but even these figures represent only a very small proportion of the wounded in the conflicts concerned. The surgical office of the ICRC Medical Division has established a database carrying basic information on 23,767 war-wounded patients. There are 1,819 mine-injured registered so far, but due to the difficulties of access to hospitals, the exact number probably is much higher. The ICRC surgical team in the Jalalabad University Hospital, in Afghanistan just across the border from Peshawar, noted an increase in landmine injuries from 35 percent to 60 percent of all war-wounded in early 1993, after the repatriation of large numbers of refugees to rural areas.

Obvious non-combatants, children, women and elderly men make up 33.3 percent of all landmine victims in the ICRC database. How many injured males between the ages of 15 and 50 years who were not members of the armed forces are a matter for conjecture, and the true figure of non-combatants higher still. Relative proportions of civilians and combatants injured by landmines also alter with changes in the political and military situations. In a study published in 1990, 720 mine-injured patients admitted to the ICRC hospital in Peshawar after April 1992, when political changes in Afghanistan allowed the return of many refugees from Pakistan, the number of mine-injured admitted to the hospital rose sharply from 50 to 100 per month. Non-combatants constituted 34 percent of all mine-injured patients covered by this study, compared to 20 percent over the previous two years. Similar results were reported from the nearby Jalalabad hospital.

Eighty-five percent of the patients in the Peshawar study had been engaged in non-military activities. Of these patients, 77 percent said they had only recently returned to Afghanistan; and almost half the returns had been back for less than three months before their injury. This phenomenon is to be expected when a refugee population is repatriated to its home region where millions of anti-personnel mines have been scattered haphazardly over a period of 10 years.

A cease-fire, with consequent free movement of people for agricultural or commercial activities, will have the same result. In Mogolk Borai, northwest Cambodia, landmine injuries accounted for 51 percent of all wounded in the four months preceding the
May 1, 1991, cease-fire, and 61 percent during the four months immediately following it. In certain re- * gion of the Caucasus, the proportion of landmine in- * juries among wounded patients has increased in 1995 from 3 percent to over 33 percent within the space of one month.

In some countries, where not only has a cease- fire come into force but democratic elections have taken place as well, the same relative situation exists. In Nicaragua, almost all new amputees due to land- mines are civilians.

**Evacuation of Mine Victims**

In Nicaragua, almost all new amputees due to landmines are civilians. From these data, and numerous testimonies from both victims and health workers, profiles of victims can be established which show both their injuries and their needs.

**The 10-year-old Boy**

A 10-year-old boy arrived at an ICRC first-aid post in a taxi hired by his father. Ten hours earlier, he had stepped on a small-buried anti-personnel mine, which had shattered his entire left foot. The boy told the staff at the first-aid post that he had been out collecting firewood. He had in fact been looking for unexploded mortars and shells to sell in the local market.

In the first-aid post he had a dressing put on the remainst of his foot, and was sent to the hospital. Five months later he broke the limb when he was playing football with his friends. He and his father headed for the ICRC limb-fitting center again and he was given a new leg. A year later, walking grew painful and he said that he had developed an ulcer on his stump. Once again he returned to the limb-fitting center and was told that maybe he would need an operation to remove a piece of bone that was still growing in the stump. The surgeon at the hospital examined him and the operation was done two days later. The stump was now a different shape and so he had to have yet another artificial limb fitted; his third in the 18 months since the mine blast.

**Wife and Mother**

A 32-year-old mother of three children was working in a rice field. A dark green object in the embed caught her eye. She picked it up, not knowing that it was a mine; it was the kind that explodes either on pressure or when tilted. When the mine exploded it blew off her right hand; her face and eyes received multiple small wounds from the vaporized mine casing. Some other people working in the rice field ran to her aid and tied a strip of material tightly around her forearm just below the elbow. She was unable to see and was led out of the field. Someone sent to tell her husband.

Eight hours later she arrived at a local dispensary, which she had reached riding on the back of her husband's motobike. The nurse in the dispensary put some disinfectant on her face and a dressing on the remains of her hand. There was no available bed at the dispensary and she and her husband slept under a tree, it being too dangerous to travel at night because of bandits. The next morning they made their way to a hospital. A doctor there looked at her arm and told her that the whole forearm was dead because of the improvised tourniquet, and that she would have to have an amputation through the elbow joint. She refused to commit themselves. Thus, mine injuries remain a large-scale, scattered and yet largely unattended problem. A related problem is that of the victims' lack of resources to work at night because of bandits. They often make it to a hospital. A doctor there looked at her arm and told her that the whole forearm was dead because of the improvised tourniquet, and that she would have to have an amputation through the elbow joint. She refused to commit themselves. Thus, mine injuries remain a large-scale, scattered and yet largely unattended problem. A related problem is that of the victims' lack of resources to transport or the medical care that he or she needs.

**Constraints of Victim Assistance**

In some countries wounded people do not go to hospitals for fear of their lives. Rebels and those among the population associated with them may not want to travel to government, or "enemy," held areas where the hospitals are. Any treatment they receive may be via an agency, which has limited access to the area. This may be the case for the minority of mine victims throughout the world.

**Security**

Many of the areas in which mine injuries occur are simply too dangerous for outside agencies to work in. Armed gangs have looted hospitals, warehouses and accommodations. Aircraft have been shot at.
Vehicles have been stolen at gunpoint or blown up by anti-tank mines placed on ordinary roads. Volunteer personnel have been threatened, beaten and killed.

**Political and Administrative Constraints**

Assistance to wounded people in one area may go against the desires of the parties of the conflict. The presence of aid agencies may be politically inconvenient. Flight plans may not be approved. Visas may not be granted. Uncooperaive authorities have many tricks with which to hinder aid work.

**Poverty**

Free health care is not provided in many countries. In mine-affected countries there may be inadequate health-care systems for those who can afford it. Mine victims may have to rely on aid agencies or go without treatment completely.

**Lack of Personnel and Social Structure**

In a mine-affected country, both recoveries from the conflict and the assimilation of foreign aid are facilitated by the presence of a social structure and trained people. The cost and difficulty of delivering a service multiplied if the resource that must be imported includes trained personnel. There is little point in supplying a hospital if there are no people qualified to use these supplies correctly.

**Lack of Funds**

It is clear that assistance to mine victims is an extremely expensive form of aid when measured as money expended per person. All agencies are chronically short of funds to continue existing programs, let alone to set up new programs.

**Donor Pressure**

The availability of funds may be conditional upon their use for a certain category of victim or in a particular geographical area. Thus, humanitarian priorities may be overridden by financial considerations and this can be to the detriment of other victims.

**Interagency Rivalry and Lack of Coordination**

Lack of coordination and rivalry between organizations is, sadly, another reality, especially in new situations. It arises from different ideologies and lack of time for interagency discussion about who should do what, where and how. For example, one agency may claim it is working in and supplying a certain hospital, though this program may be inadequately funded or the agency may have difficulty recruiting qualified professionals. The agency's claims may make other organizations reluctant to involve themselves with the hospital. The result is an aid "vacuum." The various agencies engaged in the setting of artificial limbs may use different, incompatible and even inappropriate technology. The technology may be determined by the wishes of the donor. Thus, amputees in a certain area may not receive adequate rehabilitation. These agencies involved in training may give different, conflicting and confusing advice: this applies in particular to programs perceived as carrying a low financial commitment such as first aid and mine awareness. The donation of medical supplies may be particularly inappropriate. Some medical items are simply dangerous, such as metallic implants for fracture surgery; in a hospital without trained surgeons, sterilizing or even X-rays, these implants can only make the situation worse for the victims. It is important that the constraints that lie in the forefront so that we can better grasp how we can improve our aid to victims, victim assistance organizations and the organizations and politicians that promote and advocate victim assistance issues.

It is equally important that we understand the social, economic and political environment that encompasses the village of the mine victim. It can be argued: What good is provided by an artificial limb when the person, once wounded, remains next to the sniper? We must treat the whole person—the family, the child, the wife, the farmer, the laborer, the mother. Victim Assistance, to be successful, must encompass more than medical treatment. It must encompass assimilation, rehabilitation, community awareness and involvement. By treating the whole person, we are treating the whole of the community. How do we begin this massive task? One victim at a time.

**Sources:**

ICRC, LNN, UNICEF

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Status of the CSPO

The CSPO opened its doors in 1994 with an intake of six students. In subsequent years the intake has risen to 12 and as a result we have now three graduating classes with 27 new Prosthetists/Ostomizers and another 43 in the pipeline. As we reach our initial estimated 1993 target of 60 graduates for the Cambodian service, we have looked more seriously at developing a regional role, and for the first time, last year, we took two students from the Laos People's Democratic Republic. This year we have six from Laos, two from Sri Lanka and one from the Solomon Islands. The remaining three are Cambodian. One possible future for the CSPO is that we generate income by taking in fee-paying overseas students while retaining a small number of cheap or even free places for Cambodians. This would allow us to maintain the...
lead role we have taken in the development of services and would allow further post-graduate training, monitoring and evaluation.

The majority of students coming into CSPO are high school graduates or have some other third-level training. All require a competency in English. After much deliberation it was decided to teach in English and not Khmer, since this is the language of the regional economic grouping and so graduates in the future can maintain links with the international community of professionals. It must be recognized that improved language also increases the danger of students moving away from Cambodia or into other work. As we move more and more into regional training the need for a common language becomes stronger.

The Landmine Problem

Without dwelling too long on the root of our problem, or should I say the imputs for our action, we must first place this fiendish invention in its proper perspective. The anti-personnel landmine or ‘body trap’ is a commonly used low-cost device designed to maim, rather than kill, with the primary purpose of creating havocs in the ranks of young soldiers. It is a weapon of terror, creating a sense of fear throughout the world where often 60 percent or more of the young might be the fortunate one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. That is characteristic of the whole operation. The anti-personnel landmine or ‘body trap’ is maiming, not killing, and the victim, whether or not he is not next to die might be the fortunate one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. That is characteristic of the whole operation. The anti-personnel landmine or ‘body trap’ is maiming, not killing, and the victim, whether or not he is not next to die might be the fortunate one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. That is characteristic of the whole operation. The anti-personnel landmine or ‘body trap’ is maiming, not killing, and the victim, whether or not he is not next to die might be the fortunate one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. That is characteristic of the whole operation. The anti-personnel landmine or ‘body trap’ is maiming, not killing, and the victim, whether or not he is not next to die might be the fortunate one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. That is characteristic of the whole operation. The anti-personnel landmine or ‘body trap’ is maiming, not killing, and the victim, whether or not he is not next to die might be the fortunate one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. It is designed to maim because the sight and sound of a seriously wounded but possibly not dead person might be the fateful one. That is characteristic of the whole operation. The anti-personnel landmine or ‘body trap’ is maiming, not killing, and the victim, whether or not he is not next to die might be the fortunate one.
ern feet has been inappropriate since the humidity, heat and the local flora and fauna lead to very rapid degradation of the material, so natural rubber remains the material of choice. There have been several designs of rubber feet, some using wooden keels, which are rather prone to rotting and some using polypyrene keels, which are rather prone to pulling out. As a prosthesis, the main difficulty with these feet is the lack of an effective heel cushion. The other problem is of course weight, with the device being probably twice that of a standard SACH.

I should never be tried on the poor, who may be

Who Pays and How

It is normal in the world of international development that projects like ours have a life cycle. They have a beginning, middle and end. In rural development, the beginning is a needs assessment where the communities' deficiencies are identified and a process of support planned. The middle part is the implementation of the plans, along with the donors' input. The third part is the evaluation. In this the objectives are re-examined, performance indicators applied and the project declared a success or failure. From the final reports, much is learned and the project is continued or repeated. This model is well established.

In emergency relief the needs assessment is usually foreclosed. In cases of famine, a few days are spent trying to establish the size of the problem and the amount of relief needed plus the logistics required to deliver the service. Money is raised, and the program swings into action. Lives are saved and once the emergency is passed a very short evaluation is carried out so lessons learned in logistics can be transferred to the next emergency. This model is well established and in place, and there are many expert organizations in the world who can execute such measures in a matter of days. It is sad but true, however, that emergencies happen quickly but are solved slowly, so often from emergency relief come forth development programs. Refugees can rarely return home to wrecked countries without some sort of development assistance or infrastructure investment.

Patient Safety

The 1995 ISPO consensus conference pointed out that all technologies in use in the Third World should be fully tested and safe. New technologies should never be tried on the poor, who may be available and grateful for anything. They should not be field tested without proper safeguards for all. The consensus conference also noted that expensive solutions could also divert useful resources and so deprive other access with disabilities need.

Planning and Developing Sustainability

In 1995 we were set up by a great fire. Would the graduates of our little school be able to work in Cambodia in the immediate future and also in the long term? Considerable effort was being put into training and it occurred to us that it was likely that in 10 years time half of them might be employed as tour guides and the other half would be planting rice, a sobering thought. It was a sure bet that the government was not planning for long term and that most of the P&O initiatives were entirely NGO driven and supported, and NGOs are very short term. So a group of interested NGOs and government staff began the process of altering the thinking of so-called policymakers to the long-term needs of the inhabitant. To cut a long story short, we persuaded the government to set up a task force, which lasted for a year and in that time we surveyed the country, looked at all the agencies associated with disability and began the planning of national planning. Out of that has come a new body called the Disability Action Council (DAC). Since 1997, the future is at last being addressed. The DAC is a semi-government, semi-NGO group developing plans and defining problems, not just in P&O, but in reorientation of legislation, skill training, finance, the disabled and much more. It is made up of 43 agencies, large and small, along with the Ministry of Health, Ministry of Social Affairs and the Ministry of Education. Most important of all, the disabled people themselves participate as full and active members.

We are well aware of the problems, and we are well aware of the upside support, but we are also well aware of the shelf-life this outside support has. How long will it be fashionable to support disabled in the Third World once the spotlight of the landmine issue grows dim?

So What is the Point?

In a place like Cambodia, the point is simple. Put people who should be working to work back. The numbers of disabled are disproportionately high and the resources disproportionately low. With the right infrastructure and assistance we can release the potential of tens of thousands of work-aged people to contribute to the development of their own country. The technical stuff is finished, the training also, the buildings are in place and the world begins. The biggest challenge is now being faced and the objective is new and clear: the disabled are not to be helped, they are to be helped to help themselves.
Queen Noor of Jordan
A commitment to landmine victims

by Margaret S. Reed

Her Majesty Queen Noor visited Vietnam and Cambodia in October 1999 to see firsthand the plight of the landmine problem in these countries. As the patron of the Landmine Survivors Network (LSN), she also does fundraising activities for the organization. She recently was in the United States working in this capacity in September 1999.

Queen Noor has been a long time advocate in the cause to ban landmines as well as a supporter of victims and survivor assistance. She has stated that she has been a concerned activist since her days at Princeton University during the Vietnam War. Marrying King Hussein and moving to the Middle East further influenced her commitment to this cause. Witnessing firsthand the impact of war and landmines and the human, economic and environmental damages these ravages incur further strengthened her commitment.

“I appreciated more directly the horror of landmines, and the human and economic waste they cause, after I came to live in Jordan in the 1970s. On my regular trips to the Jordan Valley I had to drive past mine fields fenced off by barbed wire. The mine fields on our borders frightened and angered me, and I am still infuriated today by the ongoing loss of life and limb suffered by soldiers and civilians alike."

For over 20 years, Queen Noor has been an advocate for peace and a supporter of the International Campaign to Ban Landmines (ICBL). It was with hesitation that Queen Noor agreed in 1997 to become a patron of the LSN at the request of founders Ken Rutherford and Jerry White.

One of Queen Noor’s first efforts was to host the First Regional Meeting on Landmine Injury and Rehabilitation in the Middle East in Amman, Jordan, July 1998. In cooperation with the LSN, the ICBL, the Jordan Red Crescent Society, and the Hashemite Charitable Society for Soldiers with Special Needs, over 350 participants examined landmine injury and rehabilitation in the Middle East and North Africa. The conference was successful in drawing attention to the growing needs of survivors and developing plans and tools for meaningful assistance. At the conference, the LSN submitted the Bill of Rights for Landmine Survivors on behalf of Queen Noor. The Bill of Rights advocates the rights of survivors to be fully involved in all decisions affecting their own rehabilitation.

The underlying goal of victim and survivor’s assistance is and continues to be working in every way possible to end the threat of landmines. Queen Noor said, “I have a particular interest in this issue because I come from one of the most mine-infested regions of the world, where mines planted since World War II and during more recent conflicts are killing innocent men, women and children daily and endangering the agricultural and economic productivity.” Queen Noor feels that the appalling suffering and waste caused by landmines far outweighs their questionable military utility.

About 10 percent of the Jordanian population live in areas that are dangerous and economically unusable because of landmines. “Scarce agricultural land and some of the most beautiful and sacred landscapes in Jordan, especially in the Jordan River Valley, remain scarred and forbidden because of the danger of landmines,” said Queen Noor. The denimming program in the Jordan Valley has cleared 146 mine fields with 64,000 mines, which has made available 3,100 acres of land that can now be used for cultivation, mineral excavation and tourism.

On a wider scale Jordan has participated in international conferences on eliminating landmines, initiated awareness programs in schools and universities, and launched a project to establish a center for the rehabilitation and training of landmine survivors. Perhaps most importantly, Jordan has signed the Ottawa Treaty and has not imported landmines since 1974.

The facts supporting landmine victims and survivors are startling, and the statistics speak eloquently.

“Once hundred thousand American soldiers and civilians have been injured and killed by landmines in this century alone. Thirty-four percent of American casualties in the Gulf War and 33 percent in the Vietnam War were all landmine casualties,” states Queen Noor. “Some 300,000 people around the globe are living with shattered limbs and lives and the number is growing. Every month around 800 people are killed and 1200 maimed by landmines. Anti-personnel land mines harm primarily civilians. They contravene international humanitarian law because they are designed to injure rather than kill, to maximize suffering.”

One of the problems that she has often mentioned is the detailed understanding of what is required to aid survivors and help them reintegrate into their community. She wants people to see the human face of the problem. The real evil does not just encompass the unimaginable cost of prostheses but the multiple surgeries, the trauma undergone by a young child, the psychological scars and the shattered dreams. Then there are the additional costs to the community of farmland rendered useless, livestock endangered and the economy of community and family ruined. “Landmines are generally placed in rural villages in order to shatter the morale and integrity of family, clan, tribe and village. These weapons have proliferated into a source of random terror that respects neither time nor territory and does not distinguish between hostile combatants and schoolboys playing football,” said Queen Noor.

The importance of landmine awareness coupled with the issues affecting victims and survivors must be disseminated. Awareness may bring the next step, action, which may result in influencing policy makers, congressmen and senators into getting the Ottawa Treaty signed and ratified. Queen Noor feels the ratification of the Ottawa Treaty will “set a moral example and honor those who have lost their lives, the families of those who have become injured by landmines in a way that ensures it won’t happen to anyone in the future.”

Bill of Rights for Landmine Survivors
Presented by Queen Noor of Jordan July 11, 1998

Consistent with the Universal Declaration of Human Rights; based on the collective wisdom of world religions; in conformance with United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities; recognizing that hundreds of thousands of men, women and children injured by mines urgently need care and support to resume productive lives; Believing that landmine survivors should share the same rights and protections that should be enjoyed by all persons, Landmine Survivors Network advocates:

- The right of survivors to participate fully in all decisions concerning their health and well being.
- The right to comprehensive rehabilitation and access to reliable information of physical, psychological, social and economic aspects of recovery.
- The right to free and equal in dignity and rights, to participate fully in their society.
- The right to education commensurate with ability.
- The right to obtain such aids, equipment, and materials that assist in education, training, movement and transportation.
- The right to an environment that allows freedom of movement and transportation in a safe and secure manner.
- The right to employment commensurate with capabilities and qualifications.
- The right of families of mine victims to necessary relief and support services.
- The right to peer support, recreation and vocational resources to promote social and economic integration.
- The right to select qualified health practitioners, voice concerns about quality care and seek redress if services or products do not meet high quality standards.

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What is it worth when a life is on the line and every moment counts? Will initial first aid arrive? Is emergency surgery available? Are painkillers and antibiotics guaranteed?

The landmine victim now waits for help that varies in quality according to international funding, and whatever remains of post-conflict medical and community infrastructure. Prosthetics, physio, occupational, psychological therapies and home care are serious issues conspicuous by their absence. Independent life skills need to be learned, and occupational training depends on the availability of work and on the type, degree and combination of disabilities.

For a moment, we were to think "what if," and reframe the deck of landmine community problems could we design an approach to resource horizontally and vertically within industry supply chains to develop a bit of leverage with each of the 135 signatories? Would this bring the resources and people one industry at a time from all countries that have signed off on their commitment?

In every landmine community requiring victim assistance the same inputs are required depending on what infrastructure was available pre-conflict, what still remains in the community post-conflict and how many people have been or will be injured in the future. An industry intervention approach improves the chances of longer-term infrastructure development.

Ensuring Long-lasting Solutions

There are many success stories, such as the training and broadening of responsibilities of Angolan paramedics, which if published in the paramedic's fire/first aid industry journals might initiate discussions of this success story in other Angolan communities and eventually in each landmine community. It is certainly worth a try, but a consistent project plan checklist is necessary to link the gaps. We need to know and examine what works as well as what doesn't.

Success in rescuing will rely on how we package our information and communicate to industry manufacturers, suppliers, end-users, policy makers and academics. Yes, we have the treaty signed, but more mines are being planted, and people are still being blown up. The longevity of solutions has to come from the industries that have been built to support the technical issues being addressed. This stacking the deck and basic salesmanship makes it easy for others to help.

For some it will be enough to get their support in money, equipment and resources needed. But what if, in reality, we are dealing with avoidance? Is the reaction "we did not want to be perceived as getting on a bandwagon" any different from someone laying mines after their country signed? It still means the person dies if the critical care needed is not there.

Encouraging industries to assist through resourcing and taking ownership along the value chain is integral. Various industries, their associations and factions must be expected to have all kinds of issues dividing them. There is one common thread: they all want their member companies to grow and to contribute dues to the association coffers, to research the leading edge and focus on their own industry's technology or the application of this through information technology.

Logistics

If the communication tool used is the need for mobile clinics and the equipment to stock them, then options may open up. Initially the goal of one vehicle from each country, whether a signatory or not, should be attainable. Industries could sponsor in line with their expertise. A fleet of 190 vehicles would test the potential applications of surgical theatres, prosthetics workshops, physio-occupational and psychological therapies, home care and job training. Each clinic could make milk runs through a specified region that is determined by greatest need due to lack of availability of medical services.

In developed countries many prototypes exist: surgical theatres (airborne), prosthetics workshops (Terry Foxmobile), CAT, MRI and PET scanning. These scraps offer a versatility of patient services to communities unable to afford their own infrastructure of building and staff. If industry professionals begin to take ownership and apply answers to problems already solved in developed countries, where their patients have already developed functional and tactical skills to living with a particular disability; then the landmine industry goal of returning a person to a pre-injury lifestyle may be attainable.

Facilitating Aid

A resourceing problem across all industries—on corporate, philanthropic, regional and local levels—is the laws and policies that keep potential donors from participating in the aid effort. What national, country, provincial/state, or corporate laws/policies need to be modified to facilitate the help required in the field and in the clinics? How do we provide the range of healthcare and rehabilitation services, sustainable development and real jobs for the landmine victims and their families?

Ex: What changes to tax laws by each signatory country are required to allow surplus medical equipment to be shipped, with government support and tax incentives, to communities in need?

As a challenge to the law students

• What laws in what countries are causing bottlenecks and who is willing to modify such as to accommodate the legal bottlenecks to facilitate support?
• What landmine database could accommodate the identification of these laws and the difficulties they cause, and present amendments to facilitate aid?
• Where does this information currently reside?
• What are the legal impediments within each industry value chain and how can they be modified to accommodate the empathy of the developed world's technicians and practitioners?

Ex: A prosthetist understands the value of a good grinder and may wish to donate via a tax benefit his old equipment when it is replaced.

• Are the tax programs in place and are the bar coding systems being used to get this equipment to its destination workshop?
• Referencing the problem of orthotic braces in Cambodia, what legal barriers are preventing the international orthotics and prosthetics industries from lending the true support required?

From a business perspective

• Are associations willing to analyze their value chain to increase and direct the appropriate resources to help this effort?
• Are industry suppliers willing to analyze their value chain to increase and direct the appropriate resources to help this effort?
This paper examines the overall incidence of disability, and specifically of motor-disability, in low-income countries of the world. It observes the attitude of society toward those suffering from disabilities, and argues that there is a need for long term support for services to the motor-disabled by the international community. In order to generate this support, low-income countries must develop highly efficient services that minimize the call on international resources. Such services are likely to be outside government. They will be within private nonprofit organizations: ring fenced, transparent, and capable of regular audit.

Motor-Disability in the Low-Income World

POWER was established to provide high-quality prosthetic and orthotic devices to the victims of conflict, most especially to those who had lost limbs as a result of the plague of landmines. Over the years, we have come to reassess our priorities. There is a huge global population of disabled people. Einer Helander has reported on surveys carried out in 51 countries between 1976 and 1994, suggesting that the rate of disability can vary from 0.2 percent to 21 percent. Much of the variation comes from poor definition of disability. There are problems of definition and survey method, but broadly speaking the conclusions that can be inferred from the surveys are:

- Disability increases very significantly with age.
- Rates may be lower in low-income countries because of failure to identify disability and high mortality rates among the disabled.
- Overall rates of moderate or severe disability amount to something of the order of 5 percent.

Based on a global population of 6 billion people, the total number of moderately or severely disabled in the world amounts to 312 million. Of these, just over 100 million live in the western world and the remainder, 210 million—and our consistency—in the low-income world. It is reasonable to expect that most of these are dependent on others to one degree or another. Helander expects this figure to double by the year 2025—as much because of increasing age as the increasing size of the population of low-income countries.

Helander's estimates of the causes of disability are not broken down by the standard groupings employed by WHO. However, I have allocated one of his categories of disability to motor-disability and derived a percentage, which I have then applied that to the figure of 210 million derived above. The result suggests a population of motor-disabled of about 125 million people in the low-income world.

Figures generally quoted for the number of landmine victims suggest that there are about 250,000 to 300,000 surviving amputees. There are thought to be 25,000 new victims every year of whom about half die and the remainder are left severely impaired. Given that a number of those who have been previously afflicted will die from various causes during any one year, the total number of landmine survivor amputees is unlikely to increase by more than about 5,000 to 10,000 per annum.

Terrible as the landmine plague is, and the plight of landmine survivors, we cannot expect to treat them in isolation. We must treat amputee landmine victims within the overall context of motor-disability.

Disabled People in Society

This paper is concerned with the problem of disability in low-income countries. My observation of people with disability is that they are marginalized. If one comes from a Darwinian stable, then the reasons for that marginalization are understandable. Survival of the fittest requires that species repress able-bodied specimens. We can note behavioral patterns amongst other species that support this thesis. Mankind, however, lives in a different social and cultural paradigm in which life is valued for its own sake and we are able to recognize the contribution of all human lives. We also recognize and defend the rights of people with disabilities. The human lives. We also recognize and defend the rights of people with disabilities.

In my submission, the high-income countries have very limited resources and huge demands on those resources. The provision of services for motor-disabled people is not a priority. Even where overseas funding is received for the service, it can easily be diverted to other purposes.

The second reason is that staff salaries within government services are frequently very low: consequently, morale is low within the service, and staff eventually leave. It is tragic to spend eight or 10 years developing a service, with the provision of well-trained and competent staff, only to see that advantage which had been so carefully planned and nurtured, eroded away as qualified personnel leave to join other industries or leave the country.

The solution to these problems is to create a body that can continue the service outside government. This body may be a local NGO, and it may be a partnership between public and private organizations. It will be a nonprofit establishment. This formula was devised by a group of international experts—many of them from the low-income world—at the 1997 Healey on Thames Technical Workshop.

The workshop came together to attempt to define a model or models that will deliver high-quality services for the rehabilitation of disabled persons in low-income countries on a sustainable basis.

The Mozambique Experience

The International Committee for the Red Cross (ICRC) established or developed four ortho-prosthetic centers at Maputo, Beira, Quelimane, and Nampula during the 1980s. A part of the Maputo center is a manufacturing facility, making prosthetic and orthotic components, chiefly from polypropylene.
come within the POWER management, and this
proved a considerable drawback. A requirement of the
contract was that USAID would withdraw from direct
involvement in the four centers. Mindful of the rea-
sons for services failing, POWER has agreed with
MISAU to continue providing materials for the manufacture
of limbs, both to the four centers for which it had responsi-
bility, as well as those that
H established.

POWER is also undertaking considerable train-
ing activity to strengthen management and profes-
sional capacity in the centers. Two Category II
prosthetists/orthotists will attend a four year course in
Strathclyde University, Glasgow, Scotland, to up-
grade to Category I. Meanwhile, H has arranged for three
staff members to attend a course in Lyon, France, to upgrade to Category I. Thus, of the 24 Cat-
gory II prosthetists/orthotists, five will be overseas
training from September onward. In addition, one
has been promoted to an administrative position, one
has been fired, and one has moved occupation. Only
16 will be available in the upcoming year to serve the
requirements of the 10 centers.

Absolutely central and critical to POWER's new
program is an agreement with the Association des
Déficients Mozambicanois (ADEMO), to strengthen its
management and financial capacity, and to jointly initiate the Council for Action on Disability (CAD)
which, it is hoped, will eventually take over POWER's
program in Mozambique. CAD is open to any organ-
ization working for the benefit of the disabled in Mozambique to join, and five or six organizations
currently attend board meetings as observers.

Also central and critical is the development of a new ortho-prosthetic center in Chimoio, Manica
province. This will be within the private, nonprofit sector and will be managed by CAD. It is intended
that this center will lead the way in demonstrating that high levels of productivity and quality can be
achieved when staff are properly and fully incentivized.

In 1999, the Mozambique Red Cross Society
(MRCS) is opening a center at Manjacaze in Gaza
Province, with support from the Jaipur Limb Cam-
paign and the Diana Princess of Wales Memorial
Fund. The center is in the private, nonprofit sector and will fit Jaipur Limbs, using staff trained in the
technique in India.

It is now MISAU policy to maintain one ortho-
prosthetic center in each of the 10 provinces. The
center at Vilanculos in Inhambane province is to be
closed down. With the opening of the POWER cen-
ter in Chimoio, Manica province, and the MRCS
center in Manjacaze, Gaza province, this policy will
be fulfilled.

It is the responsibility of the Ministry for Coor-
dination of Social Action (MICAS) to make parents
aware of the availability of prosthetic and orthotic
services and to assist their journeys to the centers.
MICAS has available a number of transit centers,
where patients can stay free of charge while they are
receiving treatment at the centers. Currently, this sys-
tem is not working well, largely as a result of an in-
ability of MICAS to resource its responsibilities.

MICAS also undertakes a means test of all pa-
tients and makes charges appropriate to their circum-
cstances for the services that they receive.

I believe that the service in Mozambique is now
moving slowly towards the optimum. The establish-
ment of CAD and the collaboration of organizations
working for the service of disabled people are huge
steps in the right direction. The development of cen-
ters in the private, nonprofit sector will give excel-
 lent opportunity to make comparisons between ser-
dices delivered through the public sector and those
available within the private sector.

Conclusions

• There is a huge number of motor-disabled through-
out the low-income world.

• Landmine survivors represent a small proportion
of this number, and their treatment must be subsumed
within the broader need.

• Disabled people in general are marginalized and
their needs are rarely met, either in whole or in part,
by state provision.

• If the needs of the motor-disabled in the low-in-
come world are to be met, it will tend to be as a
result of financial support from the international
community.

• Such financial support is likely to be required for
the very long term.

• In order to minimize the demand on international
financial resources, it is necessary to set up effec-
tive and competent services within the low-income
world.

• Such services are not likely to be within government.

The best model will be in the private, nonprofit
sector wherever possible in partnership with gov-
ernment.

• Mozambique can provide a model for the rest of
the world.

by Dr. Ernest Burgess
Founder, Prosthetics Outreach Foundation

in the years that span these conflicts. Leaders and
regimes rise and pass away from memory. Political
objectives can and will shift. Weapons of destruction
become even more efficient. There is a constancy that
can always be relied upon: the anguish, the loss of
life and limb: and the starvation are the enduring
legacy of warfare.

While political controversy may reign over in-
volvement in foreign conflicts, it should have no bear-
ing on whether to address the human suffering that
accompanied it. The world must act to stem the mis-
ery of its refugees and injured, no matter the origin
of hostilities. It is not enough for foreign governments
and charitable agencies to simply generate money to
impoverished countries. If they are to make a mean-
ful, substantive contribution, they must offer aid
that empowers those who receive it and leads them
toward self-reliance. Once the immediate threat of
death is past, the daunting task of rebuilding lives
presents itself. This may be a less dramatic need, but
one that is just as acute.

Current events in Kosovo bring to mind another
American peace-keeping effort that deeply affected
the people of a foreign country. Twenty-five years after
the end of the Vietnam War, approximately 20 per-
cent of the Vietnamese population is disabled as a
result of the war and its aftermath. Indeed, the world
landmines, many of whom are children. Political tension
between the United States and Vietnam delayed for-

give humanitarian efforts for 15 years, leaving a na-
tion of amputees to cope as best they could, with little
ability to make a living and survive in their ruined
lands.

In 1991, in partnership with the Vietnamese
government, the Prosthetics Outreach Foundation
(POF) of Seattle opened a medical clinic for ampu-
tees in Hanoi. Two years ago, a factory for artificial
feet and legs was also created in Ba Vi, making use
of POF's advanced prosthetics technology for treating
injuries specific to landmines. The Vietnamese staff
was trained to fabricate and fit artificial limbs, using
local materials and distribution systems, thereby en-
abling the people to help themselves and contribute
to their own economy. Nearly 10,000 lower limbs
have been furnished by the POF Hanoi clinic to
amputees in the region, allowing them to resume
normal lives that include work, marriage, family, and
most importantly, survival. It took money to set this
in motion, but it was the technology and training
impacted that made it a successful model of indepen-
dence and recovery.

The ongoing genocide in the Balkans and Africa
requires an urgent response to its survivors. As
America's enjoy an unprecedented era of prosper-
ity, we must stretch the parameters of our own com-
fort to include those who have lost everything but
their lives. The principle of self-reliance is the only
stability to war-torn nations and confidence to the
people. Let us look forward to peace and stand
ready to share our skills and knowledge, recognizing
that there is no greater humanitarian act than help-
ing people save their own lives.
The ICBL Working Group on Victim Assistance

By Jerry White
Mine Survivors Network

The International Campaign to Ban Landmines (ICBL) has developed a set of programmatic guidelines to help promote meaningful victim assistance. Today, the ICBL is pleased to introduce the newly published ICBL Guidelines for the Care and Rehabilitation of Survivors. We ask that all governments adhere to these guidelines. They were developed in broad consultation with international organizations and local NGOs to help diverse actors, including donors and program implementers, develop and fund the most effective assistance programs.

One of the ICBL’s goals is to improve rehabilitation outcomes for persons with disabilities. The ICBL Guidelines offer baseline recommendations for: emergency medical care, physical rehabilitation, prosthetics, psychological and social support; employment and economic integration; capacity building and sustainability; legislation and public awareness; access and data collection.

To implement the ICBL Guidelines, the Working Group will provide up to $3 billion over the next 10 years to support effective assistance programs in mine-affected countries.

State Responsibility for Survivor Assistance

In its most recent report on the landmine crisis, the U.N. Secretary General said that a proper response to the landmine crisis includes the "relabilization of landmine victims and their return to economic generating activities in order to reintegrate them into society." State responsibility for assistance to landmine survivors can be established in international humanitarian law and international human rights law. Under such law, States have binding obligations, which they must perform in good faith to prevent landmine injuries to individuals and to reduce accommodations for those injured. In particular, the Landmine Ban Convention requires States to do their utmost to provide assistance to survivors.

The use of landmines is inconsistent with both treaty law and customary international humanitarian law in that its use can never guarantee civilian protection that this body of law was designed to ensure. State practice indicates that there is an emerging norm of international law that the use of landmines is illegal.

International human rights law imposes duties on States with respect to treatment of persons with disabilities, the right to development, and to provide arms with respect to the treatment of persons under international human rights law. Applying these rights, either separately or collectively, to survivors, States are obliged to ensure that survivors receive reasonable accommodations, which may necessitate special treatment to guarantee their equal enjoyment of these rights. Such treatment includes access to proper medical treatment and comprehensive rehabilitative care.

The principle of co-responsibility in the U.N. Charter provides that, in joining the United Nations, States undertake to "promote and strive for the further development of international law in the light of circumstances since its adoption and of our common search for justice." The ICBL Working Group on Victim Assistance believes we must underscore the clear obligatory of States to do their utmost to provide assistance to landmine victims and landmine-injured individuals and communities. Let us be very concrete and not forget this fact.

As my colleague and ICBL ambassador Tun Channareth from Cambodia reminds us: a fake leg is great, but it doesn’t put food on the table.
A Unique Sisterhood
The African Women’s Alliance for Mobilizing Action

“Landmines may take a limb or lives, but not the heart or spirit of the African Woman”—AWAMA

by Margaret S. Bueu

Originally formed in 1997 as an advocate for African women’s education, The African Women’s Alliance for Mobilizing Action (AWAMA) quickly undertook the cause to support landmine victims and landmine removal. Working in the province of Zambezia in central Mozambique, Thelma Venichand, director of AWAMA, has no shortage of volunteers, and victims requiring assistance and integration. But, what AWAMA lacks is funding. Currently, their landmine-assistance programs and other support services are on hold until funding and financial aid for their project is received. They are hoping an organization and/or donor will step forward to coordinate efforts with them.

“The communities are very excited that we are here, and about the integration issues we hope to make progress in. When I came here and was ready to start setting up, people from the community showed up with bags of food ready to go to work and clear land for buildings. It was very heartwarming to see them all, they had to wait for money for supplies,” said Venichand.

The organization is dedicated to the community and has a grassroots campaign to keep its programs personal and community oriented, in keeping with the African culture. AWAMA also strives to be responsive to the needs of the individual. While medical care and help are prominent, the socioeconomic impact on communities is very supportive of each other. In rural communities, women will help with the childcare and the sick of families in the community. In the African culture women are expected to take care of the family and housekeeping, regardless of their own landmine injuries.

A woman’s predominant role is to “love and support others, as daughter, sister, mothers and wives.” For young girls who are landmine victims, injuries can have far-reaching consequences. “In our society, marriage is important,” said Venichand. “In a society that values marriage, not being able to marry would cause additional psychological and emotional suffering for a young woman in addition to the physical trauma.”

AWAMA wants to be successful in incorporating and integrating people who have been victims of landmines as vital members of their communities. “Many organizations deal with just the prosthetics, but we want to make people feel useful. We want to ensure that people with disabilities are included in the community and that they can be a part of it,” said Venichand.

Venichand started AWAMA, women are called on to become “caregivers to their native homelands,” and to be an active force in addressing the challenges created by 50,000 landmines in Africa. “We will not wait over 100 years, estimated by the experts, before all landmines are cleared from our village pathways and lands. We intend to honor our great grandmothers’ caring spirits,” said Venichand. This is the vital foundation of this sisterhood of women. In African cultural death is not taken as a definite separation with ancestors. It is through their connection with their ancestors that threads the living to God. The connection with their ancestors adds another dimension to the catastrophe of the landmine epidemic. “We cannot walk in the land that our ancestors cultivated, played with their families and raised children. We cannot walk on the paths that our grandmothers walked on,” said Venichand.

AWAMA hopes to utilize the spirit of African women in mobilizing their communities for a strong future for their families and children. Under the leadership of women they are hoping to fund:

- Landmine-clearance programs in agriculturally viable areas
- Vocational/survivor assistance
- Socially and economically productive activities with emphasis on agriculture, health and education
- Rehabilitation programs targeted to those injured and/or members of war-affected families

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A crowd of “mutiladas.” Portuguese for the mutilated ones, gathered outside the CARE office in Menouga, Angola. Among them were a few with prosthetic limbs, mostly ill fitting. As for the rest of the legs, they got around on crutches that looked like found objects. Several people in the crowd had lost an arm, one person was missing both.

Another man had the requisite number of arms and legs, but no hands. These were survivors of landmines. The group of women, except one, a young woman, her prosthetic leg covered to the knee with a dingly white sock. As is commonly the case with women who have survived the trauma and mutilation of landmine explosions, her family still depends heavily on her. With very few to work, meals to prepare, and children and elders to care for, she had the time to come, along with 50 men that day last month. They had heard that a stranger from America won there to talk with them about their lives and their future.

Angola is twice the size of Texas, yet within its 481,000 square miles are an estimated 15 million-plus landmines, about 1.5 mines for each person. Even half that in the United States would be seen as a crisis of staggering size. Angola’s mines are a Cold War legacy that many choose to forget. They were laid during the decades of superpower-supported Civil War that followed Angola’s independence from Portugal. Twenty years later, nearly 77,000 Angolan citizens are mutiladas.

I spoke with a “mutilada” named Domingos Manuel. A pretty 25-year-old who looked more like 16, Manuel’s face was calm, even a little wistful, as she told me about her life. She stepped on a mine in 1992 on her way to buy cassavas for her family. Abandoned by her husband after her injury and no longer able to farm her own field, she still suffers from grief and shock. Her plans to provide for her parents and children have been turned upside down. Still, she tries to contribute to the household, buying oil to sell in the market. Oil is heavy, so she makes many trips on her prosthetic leg, and earns just enough to survive.

José Baptista, 48, worked at a local hospital for 20 years before he was drafted as a military nurse. One day as he accompanied an injured soldier to find medical treatment, the car ran over a mine, killing the driver and injuring Baptista’s legs. After a grinding two years, his colleagues finally got him to the doctor who could amputate both legs and save his life. Baptista’s desire to help others was not diminished. Once able, he returned to work in the hospital and has since been made the elder of his community.

Yet now at 52, his injuries make it difficult for him to earn a living.

These two are among near 21,000 mutiladas in the Cuando Cubango province of Angola. Their tragedy is compounded by the fear that the same thing can happen at any time to their friends and loved ones. Fenced in by landmines, the people of Menouga struggle to see the future. Until the mines are gone they cannot pass on their traditional livelihoods, rebuild their country, or pursue their dreams.

As I waited at the airstrip to leave, I caught sight of a young mutilada, a donated Nike sneaker on his prosthetic foot. He was shy, but I managed to learn that Pedro is 10 years old, an orphan, and he lost his leg in a landmine explosion. I saw behind his shy gaze a look of keen intelligence, reminding me of my 14-year-old daughter.

Some U.S. military experts contend that anti-personnel mines are a “combat multiplier,” freeing our forces for other operations. For me, two things are certain: one, landmines are multipliers of misery for hundreds of thousands of innocents, turning communities into theaters of war long after the combat is over; and two, this is a pivotal moment for the establishment of a new international standard of decency. This standard will have no place for landmines.

The Clinton administration said it would go to Oslo, Norway, to seek a quick ban on this terror. By seeking special status in its demands for exceptions, the United States risked diluting, even killing, the possibility of treaties of any value. The mutiladas of today and tomorrow seemed far from Clinton’s mind as his delegates pushed to accommodate Pentagon demands to exempt anti-personnel mines on the Korean Peninsula, continue the use of smart mines and allow a loophole through which to cap out if expedient.

Talking with them, the policy arguments fade and one is left staring into wounded eyes. Baptista, Manuel, and the others shared their experiences with me, understanding that I would convey their words as a testimony to the powerless to those who have the power and who share in the moral responsibility to eradicate the scourge of landmines.
Effect of Conventional Weapons on Civilian Injuries

Introduction

The use of weapons against people or targets containing people inevitably has a direct impact on the health of those people. This impact is related to factors dependent on the design of weapons and on their use. The nature of injury is closely related to the design of the weapon; wounds from bullets, fragments, and buried antipersonnel mines are distinguishable. Factors dependent on the user, such as discipline and desire to avoid or injure civilians, determine the number and kind of people injured and, in the case of bullets, determine which part of the body is injured. This century has seen an increased proportion of civilians injured during war. This is usually ascribed to military weapons passing into the hands of those with no respect for the civilian population or the Geneva Convention, which protects civilians. In parallel, there has been an extraordinary development of the military efficiency of weapons. This generates a provocative question: what is the weapon development this century linked to the increased proportion of civilians injured? This poses a further question: does increased ease with which a weapon can be used to achieve military objectives (military efficiency) increase potential for civilian casualties?

The hallmarks of countries where most modern wars are fought are poverty, destroyed social and economic infrastructure, and availability of a variety of weapons. Disciplined armies train their soldiers in the laws of war, which include respect for the civilian population; by contrast, modern wars tend to be fought by forces that are poorly trained and may even target civilians. Another feature of these modern wars is that certain medical facilities are few or nonexistent. Care of those wounded during these conflicts has fallen to international aid agencies. One of the few sources of data about casualties in these wars is the hospitals run by the International Committee of the Red Cross. We examined all the data held by the Red Cross on wound injuries treated in its hospitals from January 1991 to July 1998 to explore these two questions. We also examined data from the Kabul hospital during a period when the city of Kabul was under siege.

Analysis of data from Red Cross hospitals

by Robin M. Copeland

Patients and Methods

Database

The wound database of the International Committee of the Red Cross was installed in January 1991 and originates from a system of data collection originally designed to give the organization an indication of activities of its independent hospitals. All patients wounded in war who have been admitted to the Red Cross hospitals of Quetta (Afghan border of Pakistan), Kabul and Kandahar (Afghanistan), Khao I Dang (Cambodian border of Thailand), Butare (Rwanda), Novi Arag (Chechosera) and Lokichokio (Sudanese border of Kenya) have routinely had a data form filled out on their death or discharge from surgical wards. Age and sex, the cause of injury and the time lapsed between injury and admission are recorded for each patient. Patients are not asked whether they are combatants.

Kabul

The Red Cross hospital in Kabul, functioned independently until the fall of the communist government in mid-1992. It was the first of its kind to be in a city under siege rather than removed from the conflict over a border. Where the hospital was working was thus the same as where patients were wounded. Patients were wounded in the city itself and at the front lines surrounding the city. Those wounded among the rebel forces besieging the city had access to the first-aid posts run by the Red Cross outside the city and then were transported to the hospital by the organization's ambulances; few reached the hospital within six hours. By contrast, those wounded in the city reached a hospital usually within an hour and certainly within six hours. Patients in the city were representative of victims of urbanized, modern conflict, many were civilians.

Analysis

The patients' data were analyzed by age and sex and the cause of injury. As in previous studies, women and girls, boys (under 16 years of age), and men of 50 or more were considered to be civilians. In this study, bullet injuries indicate any gunshot wound, fragment injuries indicate from shell, bombs, or mortar, and mine indicates injuries from an anti-tank or anti-personnel mine. Differences in the proportion of people injured by bullets in comparison with mortars or mines were evaluated using the x2 test.

Results

A total of 27,825 patients were registered between January 1991 and July 1998. Of these, 18,877 were injured by bullets, bombs, shells, mortars, or mines; the rest were admitted because of burns or blunt trauma or for reconstructive surgery. Of the 18,877 who were injured by weapons, 2,012 were admitted to the Kabul hospital in less than six hours after injury.

Comparing the use of weapons against people or targets, by contrast, modern wars tend to create the potential for civilian casualties? Is the hospitals run by the International Committee on Wound injuries treated in their hospitals. By Robin M. Copeland

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Animal Casualties of the Underground War

By Adam M. Roberts and Kevin Stewart

It has become increasingly evident that animal activists need to join the fight to ban forever the use of violent, indiscriminate landmines that desecrate the lives of both humans and nonhumans with their devastating force.

In some instances, landmines directly threaten both people and animals. Reuters reporter Roger Atwood wrote in 1997 that roughly 20,000 landmines are strewn across the Falkland/Malvinas Islands, a remnant of Argentinean attempts to keep British by the mines since the war, but animals are regularly blown to pieces. The mine fields are identified by fences and warning signs, but with 77,500 sheep, keeping the livestock from danger can be a struggle. Meanwhile, "birdwatchers, one of the biggest groups of tourists, are especially vulnerable as they walk in search of penguins, ducks and songbirds."

In Sri Lanka, as many as 20 Asian elephants are killed by mines every year, according to zoologist Charles Santesiipilla of the University of Peradeniya. Thousands of miles away, in Africa, landmines have ravaged wildlife, including threatened and highly endangered species. Mines reportedly have killed more than 100 elephants in Mozambique. Scott Nathanson, a Disarmament Campaign organizer, writes that elephants in the Gorongosa national game park "have been mauled because of anti-personnel landmines, or killed because of anti-tank mines."

In Zimbabwe, Lt. Col. Martin Rupiah, a lieutenant at the Center for Defence Studies at the University of Zimbabwe, claims that "every village near Chindisi has lost at least one animal to landmines...In the Gonarezhou National Park, elephants and buffaloes have had to be killed after they were injured by landmines."

In northwest Rwanda, one of the region's highly endangered mountain gorillas was killed by a landmine as a result of that country's recent civil war. According to the field staff of the International Gorilla Conservation Program, the 20-year-old male silverback was named Mhingo, which means "band" in the Kivu-K-thl language; he had already lost a hand to a poacher's snare.

In Croatia, Professor Djuro Huber of the University of Zagreb has documented wildlife fatalities due to landmines. His reports note the deaths of European brown bears, roe, deer, lynxes and foxes as a result of mines placed in the region from 1990 to 1996. The placement of landmines also poses an indirect threat to wildlife in many regions of the world, where farmland is rendered useless when mines are placed in fields. This causes farmers to move into marginal adjoining regions otherwise inhabited by wildlife. As poverty increases because of farmland restrictions, hunting may increase to feed hungry families. Similarly, poaching wild animals may increase to fund arm purchases. In 1995, Nick Rufford reported in the London Sunday Times that the Khorner Rouge in Cambodia used tiger skins and bones to purchase anti-tank landmines and guns.

Just as wildlife habitat and farmland are put in conflict as a result of landmine placement, livestock and "villager dogs," which are apparently better at mine detection than mechanical detectors because many mines are now predominantly plastic and can be unearthed by the dogs. Unfortunately, the United States has not been an enthusiastic supporter of recent global efforts to ban these dreadful devices and ensure their removal and worldwide destruction. The United States refused to join 125 other nations in signing the historic Ottawa Treaty: the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. The treaty establishes a schedule for all participating nations to stop using, developing, procuring, acquiring, or stockpiling landmines and delouse a commitment to ensure the destruction of anti-personnel mines.

The United States was not alone in its refusal; other nations including China, Egypt, the former Soviet Union, Israel and Pakistan also did not sign. Like the United States, these nations are among the world's leading producers and exporters of anti-personnel landmines. President Clinton used the excuse that landmines along the Korean demilitarized zone are an essential deterrent to an attack by North Korea. Meanwhile, approximately 26,000 people are killed or maimed every year by a fraction of the estimated 100 million mines spread throughout the world. No one knows for sure how many animals are killed, but it is clear that landmines are indiscriminate and devastating.

The 1997 treaty is an important step toward stopping the epidemic of mine casualties. However, every effort must be made to remove and destroy existing mines. A mine that costs as little as $3 to place may cost $300-$1,000 to remove. Adequate funding is a vital component to the international landmine extraction effort.

The United States has committed $80 million to the Global Mine Action Campaign, but the United States has never stated that the entire effort may cost more than $3 billion to complete.


There is now a historic opportunity to build on existing leadership in the quest for the cooperative global elimination of landmines. Animal activists need to enlist in the effort to win the cowboy's war for the sake of innocents everywhere.
A Promised To Our Children

Making landmines and their consequences a thing of the past

Young children are particularly vulnerable to landmine injuries, as they are naturally curious, physically and socially active, and adventurous.

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By Dr. Charley F. MacCormack
Save The Children

On May 22, 1999, President Clinton announced a decision on anti-personnel landmines that could end the United States' participation in the Ottawa Treaty by the year 2006. With this initiative, Clinton cleared the way for the United States to join the more than 120 nations that already have signed the treaty, which is an international agreement that bans the stockpiling, use, and import and export of anti-personnel landmines. This is welcome news for the children, families and communities who daily live affected by the scourge of landmines.

We at Save The Children urge the administration to join the Ottawa Treaty. We believe that alternatives to anti-personnel landmines already exist and it is no longer necessary to endanger the lives of millions of the world's children through the use of landmines.

Running landmines, however, is only one step toward solving the world of these insidious weapons. We also must focus on the urgent need to eradicate the nearly 100 million landmines that are currently in place, and to address the longer-term psychological, social and economic needs of landmine survivors. Clinton recently announced his support of the Demining 2010 Initiative, which calls upon the United States to lead a global campaign to eradicate existing landmines by 2010.

In addition to mine clearance efforts, the initiative also will address the rehabilitation and economic needs of victims whose lives have been shattered by landmine incidents. Ambassador Karl F. Enderfurth has been appointed to serve as the U.S. Special Representative to the President and the Secretary of State for Global Humanitarian Demining. The United States has expanded its own demining program with an increment funding from $68 million to $77 million in the 1998 fiscal year.

The urgency of the Demining 2010 Initiative cannot be overstated. In the last two decades alone, landmine victims have killed more than 1 million people, mostly civilians, many of them children. Each year an estimated 26,000 people are killed or maimed. Young children, particularly vulnerable to landmine injuries, are as naturally curious, physically and socially active and adventurous. Compared with adult landmine victims, children have higher visibility, greater activity and experience more serious physical damage and permanent disabilities as a result of their injuries.

Save The Children works with communities that are continuously exposed to the threat of anti-personnel landmines. In Afghanistan, one of the most heavily mined countries in the world, Save The Children assists child landmine victims and their families. The program uses participatory games and activities to help children recognize and avoid contact with mines. To date, this ongoing program has reached more than 100,000 children.

Save The Children also is beginning a Social Reintegration Program in Afghanistan that addresses the medical, psychological and social needs of landmine victims and their families to assist with their recovery from trauma. Ahmed, a 13-year-old Afghan landmine victim, articulates the hopelessness so many youngsters feel and the challenges they face: "What will happen to my family ... to my mother and father? Why couldn't I die? It would have been better if the mine had just killed me. Now I am too old and a burden on everyone, including myself."

The plight of children in Afghanistan has recently been documented in a report commissioned by Save The Children and UNICEF. This report, "The Impact of Conflict on Children In Afghanistan," is based on extensive interviews with 500 Afghan children aged six to 18. It documents the negative consequences of civil strife on children, whose educational, social and economic needs are disrupted by conflict.

We must allow children worldwide to live and play in areas free of landmines and provide them with a sense of hope for their future. As Clinton remarked, "the world's children deserve to walk the earth in safety. Let us follow through on this promise by signing the Ottawa Treaty before 2006 and continuing to strengthen our efforts for survivors of landmines, their families and their children."

by Stefan Smith, War Child

A girl at the back of the bombed-out classroom was busy examining her newly fitted artificial leg. One boy had lost his right hand and left eye and was showing a dummy limb to his classmates. Today they were learning about the dangers of mines. Scanning the classroom in the devastated old city of Kabul, Afghanistan, it seemed to me that the mine-awareness teachers were preaching to children already so familiar with living in the heaviest mined city in the world.

But statistics are just numbers, and, to me, meaningless. If the world could have seen that classroom that day, few people would not have been moved. When a teacher asked all the children in the classroom who had had a member of their family injured by a mine to raise their hands, all but one of the children did so. One young tearful girl did not. I learned later that her entire family had been killed. Her mother, father and two brothers were attempting to break up an anti-tank mine to sell as scrap metal when it exploded.

I took some photographs and left the school, walking home through the once bustling streets of Kabul's old city, a scene that now bears a striking resemblance to Sarajevo, Vukovar or Mostar. Once part of the staple diet of a Cold War hungry media in the 1980s, Afghanistan's continued Civil War has deemed it unworthy of the world's attention.

All around me, rubble bearing the seeds of once-mighty armies: landmines, unexploded mortars and bombs lay everywhere. The most alarming sight was the sheer number of children scouring the wrecked buildings, trying to gather scrap metal to sell to dealers. This deadly game of Russian roulette, where avoiding death or injury depends on luck, is being played by thousands of children daily. When several kilos of scrap metal can buy a family food for a day, they accept the risk of death or severe injury.

When I think of Afghanistan now there are no romantic visions of a fiercely proud nation, the mysterious Kyber Pass or the historic defeats of the British Empire or the Soviet Union. The images that remain are of children clearing mines an arm and leg at a time, without food, with hope and without a future.

Had the landmines of Afghanistan been the machetes of Rwanda or the Serb snipers over Sarajevo, perhaps the present long, drawn-out genocide would have spurred the world into action to help the innocent civilians of this country. But as it stands, the country faces a bleak future. Until the world's attention shifts to those living with the daily horror of landmines, then places like Afghanistan will continue to suffer a slow and undignified collapse into anarchy and mutilation.
The Impact of Landmines

Yesterday and Today

by A.G. Marangione

On April 20, 1945, at about 5 a.m., still dark, I and two of my companions from Troop A 16th Cavalry were on a reconnaissance patrol on the outskirts of Dusseldorf, Germany. I was in the passenger seat of a jeep. I had a driver and one man in the rear manning a .50-caliber machine gun. His name was Clarence Brown, but because he was a huge fellow we affectionately called him "Bear." We had been together since our Cavalry Squadron was formed in 1942 in Fort Oglethorpe, Georgia. On April 20 we were part of a very proud and successful 3rd Army and were deep in Germany. We all knew the war would be over soon and were deeply in Germany. We had been together since April and knew the war would be over soon and expected to see an end to the fighting. Despite the fearful pounding from our artillery and aerial bombardment, the enemy, mostly young boys and old men, put up an astonishing and vigorous defense. They were short of everything soldiers need—experience, training, weapons and ammunition, but not courage.

As our jeep moved forward very slowly along a dirt road in pitch darkness, we were alert for German Rear Guard Units and even more apprehensive of what we could not see or hear, anti-tank mines. To add to our problems they also spread anti-personnel mines in the fields on either side of the roads. In this way they hoped to slow down our vehicles and our infantry. Sudden and simultaneously I heard a loud explosion and felt my body rising in the air. We hit a mine. Within seconds I was unconscious and remembered nothing until I awoke in a drainage ditch along the side of the road. By then the sun was coming up and it was daylight. I could see the jeep badly damaged and on its side. I could feel blood on my face. I had a terrible headache and severe back pain. My nose was stuffed, making it hard to breathe. I didn't know where my driver or Bear were. I knew I was seriously hurt. I couldn't seem to move nor did I try. I was alive but like all young men despite being injured I felt I was indestructible.

My next thought was survival. Who was going to reach me first, my people or a German patrol and if the Germans got to me first would I be shot? We all knew about Malmesbury and the desperate circumstances the Germans were in. At that stage of the war, it was highly unlikely that the Germans would take prisoners, especially wounded ones. I took my pistol out and placed it on my stomach. Fortunately, a medical jeep appeared with a doctor and two medical aids. The young lieutenant carefully examined me. Since I couldn't move my legs very much he was concerned about my back injury and took care not to make it worse by too much movement. I asked about my companions. The lieutenant told me that they only had minor injuries and that they would be taken to a field hospital. The driver's injuries were minor but Bear was dead. The doctor chose not to tell me.

I was given several injections of what I believe was morphine, which quickly put me at ease and restored my pain. I was then put on a stretcher and driven to a makeshift field hospital which was little more than a tent where doctors and medical aids administered first aid and assessed the injuries of the wounded men. After examining me they gave me some more injections and placed a large red rag around my neck. It was a designation for priority air evacuation. I fell asleep but was soon awakened by several medics who were placing me on a metal table that opened and parted in the middle. Apparently it was decided to put a temporary cast on my back. Their attempt to put on the cast caused such intense pain that they decided instead to simply encase my back in heavy bandages. I was then returned to my original place in the tent to await ambulance removal to an airfield. There were many casualties in that tent, some dying, some dead and others moaning in pain. A number of medics seemed to be constantly coming around giving us injections of morphine that at least helped the men to cope with pain. The next thing I remember is waking up in an ambulance with three others. The ambulance was barely moving over a badly bombed out road. We were all heavily sedated so that no one made a sound. After what seemed to be an hour-long ride, the ambulance stopped in a field where I could hear the sound of airplane engines. We were quickly placed aboard a plane and told we were going to London. It was my first plane trip. We were no sooner airborne than it started to rain heavily, so much so, that the pilot landed the plane in Paris. We were then placed in ambulances and taken to a hospital in what appeared to be a very upscale part of the city. It turned out that the hospital was formerly an exclusive gym school. I underwent a battery of X-rays and tests for my injuries. Final diagnosis was skull fracture, spine fracture, fractured both cheekbones and nose and multiple facial lacerations.

Since I hadn't washed in a week, two French nurses or aids thoroughly cleaned me, gave me a much needed shave and then placed me in a bed to await the application of a back cast. To my left was a soldier totally encased in bandages. He had been a field cook when a field store he was using went up in flames. He died during the night. To my right was a young Southerner who was told by doctors that they couldn't save his leg and that they would have to amputate it the following day to save his life. He had been severely injured by anti-personnel mine a week earlier. He cried all that night. The following morning they amputated his right leg just below the knee. For days afterward he complained of "pain in my foot." I think it is called phantom pain.

After a few weeks I was transferred by train to another hospital in Cherbourg and then returned to the United States by hospital ship. I then went to Rhodes General Hospital in Utica, N.Y., for treatment and convalescence. I have given little thought to the events described for nearly 40 years, until this country's involvement in Vietnam. One of the chief components of that conflict was the indiscriminate and large-scale use of anti-personnel mines. In Vietnam mines were laid, or more correctly strewn about by the tens of thousands. Landmines caused many tens of thousands of casualties among troops, civilians and refugees. I, who was 20 years old, was left with a wound in my knee and a scar that disappeared never. I was returned to my unit and placed in the infantry. I then received a medical discharge. By then I could see the war was still going on and that I was still wanted. I then was sent to the States by hospital ship. I then went to the Front and continued to fight the war. I fought in the Army for 20 years and was discharged in 1965. I continued to serve in the Army Reserve until 1981. I then retired.

A 16th Cavalry, Troop A Dusseldorf, Germany

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The Village of Many Widows

by Paul Giannone, CARE

The dusty road passed through the village with little fanfare. A few bamboo huts were scattered atop the brown dry soil. The old woman sat on a flimsy lean-to built on the side of a small stilted bamboo hut. The lean-to protected her from the unmerciful heat of Cambodia. As we approached her, we pressed our hands together as if in prayer and bowed, the traditional Cambodian greeting. Through our interpreter we asked if we could ask her some questions about the village. She gestured for us to sit down on a raised bamboo mat at the back of the lean-to. Behind us sat another woman, who was probably in her late 20s but looked much older. Between her legs a small child of about five sat and looked, the sad-happy smile, all told of years of hard work, poor harvests, bad weather and war. The river is three miles away. It's a difficult one in the province. The Khmer Rouge territory that was plunged from war to peace when the local Khmer Rouge leadership 'defected' to the government side. Displaced people, refugees and those living in towns rushed back to claim land for fear that others might homestead it. The idea of land ownership is a difficult one in the province. The Khmer Rouge destroyed all land records and deeds. Land is controlled by the government, the police, the military and people who seem to be homesteading.

We strongly cautioned her to tell local demining teams about its location to have it removed. She did not know if it had been defused. Not wanting to touch the device for fear of setting it off, we strongly cautioned her to tell local demining teams about its location to have it removed.

It is not that the Cambodian Government and other international non-governmental organizations (NGOs) working in Battambang Province do not understand the situation. The Battambang Provincial Development Plan recognizes landmines as a major impediment to development. They have also recognized the fact that in order to tackle a problem of this magnitude, everyone has to be involved in the elimination of mines, the improved education and overall strength of the community, district and provincial leadership as well as local and international NGOs and trained deminers must deal with this problem.

Battambang Province has rich soil, precious gems and forests. The area once produced enough food to feed the entire country. Now the major harvest is landmine- and landmine-removed munition. The province, now at peace, does provide opportunity. Villagers are springing up wherever road improvements are made. People are homesteading regardless of the risk of landmines and buried bombs or the fact that there is no infrastructure to support them. Those that can't cope, and many can't, end up back in refugee camps or destitute in the larger cities.

Wherever we went the story was the same. Moving back onto the land was risky, but the risk had to be taken. I witnessed huts being constructed on land that was marked by the now familiar red skull and cross bones signs, each marking a danger zone.

The size of the landmine problem in most countries is so great that the national governments must tackle the major role for landmine removal just like they take a major role for health care, education and social services. But as the MACs are gearing up to fight the big picture war on landmine removal, the clearance of roadways, government buildings and large barrier mine fields, smaller battles are being fought at the village level for survival. The need for grass roots sup-
CAR

History
CARE (Cooperative for Assistance and Relief Everywhere) is one of the world's largest private international relief and development organizations. CARE USA has operations in 40 countries around the world. Founded in 1945 to send emergency CARE Packages of food, clothing and medicine to Europe and Asia after World War II, CARE soon broadened its scope to help poor people around the world. CARE programs focus on disaster relief and development, including, small business assistance, primary health care, nutrition, girls' education, agriculture and natural resource management, and family planning. CARE International is in more than 60 countries in Latin America, Eastern Europe, Asia, Africa and the former Soviet Union. In fiscal year 1998 CARE USA supported programs in 50 countries.

More than 90 percent of CARE's expenses go toward program activities, less than 10 percent go toward overhead. In 1998 CARE delivered $339 million in aid. CARE is supported through the generosity of more than 400,000 American individuals and some 300 U.S. corporations and foundations. In addition, supporters in Canada, Japan, Australia and Europe contribute through CARE International, a confederation of agencies from 10 nations. These private support helps CARE obtain funding and donated food commodities from governments and international organizations.

CARE Strives For:
• Basic education for children.
• Economic and social empowerment for women.
• Economic opportunities that provide sufficient income to meet basic needs.
• A stable supply of food that meets basic nutritional needs.
• Readily available clean water.
• Basic health care, including universal immunization of children against major diseases.
• Access to family planning services.
• A safe and sustainable environment.
• A role in the decisions that affect their families, communities and nations.

Over the years, CARE has adapted to changing human needs. In the 1960s it expanded into emerging nations and used U.S. surplus food to feed the hungry. In the 1970s, CARE responded to massive famines in Africa and helped prevent them with an innovation called agroforestry, which integrated environmentally sound tree and land management practices with farming programs. Today, CARE has expanded its efforts to also respond to the landmine crisis and to the crises for help of the victims.

Landmines, A Human Rights Issue
Each year, 26,000 people are killed by anti-personnel landmines. That translates into 70 people every day, most of them innocent, women and children. Landmines don’t just kill, they maim and inflict terror. They are inhuman. Even when the war is over, landmines continue to inflict horror on innocents for years to come. Landmines also have a paralyzing effect in poor communities in many places around the world. They cut off access to markets, schools, water and farmland. CARE works in 39 of the 70 countries riddled with landmines, including Angola, Afghanistan, Cambodia and Bosnia.

The Landmine Epidemic
Once-fertile fields lie abandoned, haunted by the specter of death and disfigured. Roads are deathtraps, even for relief workers in armored vehicles. Lands where children once played sit empty, the deadly areas sometimes marked, sometimes not. For the men, women and children who contend every day with landmines, the sheer numbers of the weapons make prospects bleak.

Angola is only one of many countries suffering from this global epidemic. Currently 110 million landmines cover 64 countries, with 2 million more added each year. The weapons, inexpensive to produce, buy and easy to distribute, are extremely difficult to detect and costly to remove. In some places, mines seem to multiply faster than people do. As a 1994 U.N. report stated: "Cambodia has more mines than children: two for every child."

CARE's Stand Against Landmines
In June of 1995, CARE joined the International Campaign to Ban Landmines (ICBL). This coalition of more than 400 non-governmental organizations (NGOs) takes a clear and unequivocal stand against the proliferation of landmines. CARE will address the landmine problem directly through its new Systematic Landmine Removal Program. This program, the first attempted at the global level by an NGO, will clear areas and also educate communities on mine avoidance and injury prevention.

The program will begin in Angola, a country facing the prospect of 15 million landmines left over from its recently ended Civil War. CARE hopes to engage in similar work in Bosnia, Rwanda, Mozambique and Cambodia. Since early 1995, CARE has lost four staff members to landmines, two in Afghanistan, Cambodia and Bosnia.

Simultaneously, CARE staff radiated to another mine action team, which immediately proceeded to the area, blocked off the trench, and disposed of the remaining 19 fuses before they could cause further tragedy. The 8-year-old boy bled to death from a severe head injury caused by a direct hit from the mortar fuse. Even the best care would not have saved his life.

This type of incident is precisely what the European Union-funded CARE Mine Related Interventions (CAMRI) Project is working to prevent. "This was a very bad day," observed Willy Willocks, CARE's technical advisor for the CAMRI Project. "Unfortunately, this type of incident is not an unusual occurrence here; but you can't let it affect your ability to carry on. There is so much work to be done."

CARE's 21-person mine action team frequently works seven days a week to keep up with the demand for their skills. All staff are trained to clear and dispose of mines and explosives safely, and can be deployed in small groups. Removing all the mines and explosives in Angola would be a monumental undertaking; there are an estimated 15 million landmines in Angola. The CAMRI Project is coordinating its activities with other CARE relief and rehabilitation activities to clear critical areas: pathways to roads to water sources and health posts, agricultural land, and in and around where people live. CARE also provides mine awareness training to parents and children, so that they have the information and skills necessary to identify a potential problem and seek help before disaster strikes.

Contact Information
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Community Based Rehabilitation
Community Based Rehabilitation (CBR) is a practical approach to achieving the rights of disabled people through, for example, prevention and rehabilitation in primary health care activities, mainstreaming of disabled children in ordinary schools and provision of economic activities for disabled adults. Disabled people, their families and communities, and the appropriate health, education, vocational and social services all combine to implement CBR.
CDAP encourages the formation of local committees who take responsibility for disability and related issues in their own area. These committees are typically composed of health workers, schoolteachers, parents of disabled children, disabled people themselves, as well as local shura members. Both field workers and local committees recruit volunteers at the village level who raise local consciousness, provide one-to-one skill training and home-based training. In addition, disabled people's organizations (DPOs) are encouraged and supported at the national, regional and district level. There are currently more than 800 volunteers in the program, 270 local committees and 100 DPOs at the local level.

CDAP and Women's Participation

CDAP is committed to ensuring the full participation of women in the program, as beneficiaries, as workers and as decision-makers. In 1998 approximately one-third of the beneficiaries were women, and one-quarter of the field workers were also women, and female CBR committees exist in all geographical regions of the program. Home-training by both male and female field workers and volunteers provides an ideal opportunity to reach women who are confined to the home by culture and by disability. Being trained as a field worker or physiotherapist provides women with valuable opportunities for adult education, which are rare in rural areas.

Within the framework of the UNDP E.A.C.E. Initiative, CDAP has responsibility for vulnerable groups other than disabled people, especially women and children. Its main objective is the full integration in community life for marginalized women and children, through advocacy of their needs and rights. Local communities set up to focus on disabled people seek a wider role in addressing the needs of all vulnerable people in their communities. Disability is therefore used as an entry point for concerned discussion and action around marginalized people at the village level within the context of a community development approach.

Who Does CDAP Work With?

• The Swedish Committee for Afghani stan (SCA)
• Coordination for Humanitarian Assistance (CHA)
• Guardians
• Radda Barnen supplies training and advice for CDAP staff in CBR and the needs and rights of disabled chil dren
• Sandy Gall's Association for Afghani stan (SGAA) and International Assistance Mission (IAM) provide train ing for physiotherapists
• SERVE provides resources and training for work with deaf and blind people
• Inclusive Education (UNESCO)
• Employment Support, vulnerable women and children (ILO)
• CBR, Physiotherapy and Orthopedics (WHO)

CDAP's current program is funded by UNDP, the donor governments, including Sweden, Norway and Canada.

Contact Information

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Additionally, MSF asserts its identity as a completely independent, international humanitarian organization. The organization is able to maintain flexibility and independence in its choice of operations thanks to its reliance on private donors. While MSF remains neutral in all conflicts, the organization states, "When medical assistance is not enough to save lives, Doctors Without Borders will speak out against human rights abuses and violations of humanitarian law that its teams witness in the course of providing medical relief."

More information is available at the MSF website: www.msf.org.

On October 15, 1999 the Nobel Peace Prize was awarded to Doctors Without Borders.
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 prosthetics, 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 many countries western solutions are not appropriate, Handicap International 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.

HI's work in Europe seeks to integrate handicapped children into the social fabric. To bring about this integration HI facilitates construction of survival strategies which Third World and former Eastern Bloc handicapped children into the social fabric. HI's socioeconomic programs enable the social and economic reinsertion of the handicapped and other vulnerable persons.

Treatment, Prevention, Integration

HI describes its three-pronged approach as "multi-disciplinary programs designed to improve the living conditions of individuals faced with handicap or vulnerability." Real solutions will happen when the communities of the Third World derive technical support from local opportunities and then put those into practice in close cooperation with the handicapped communities. HI also needs support for preventive measures that work according to the shape of the local economic and social conditions.

More specifically described, HI's three priorities are the reinforcement of local capabilities, support for development and integration initiatives and the prevention of handicap-inflicting conditions. Overseas work for HI integrates all of these principles and has specifically tackled the following:

- Creation of re-adaptation units that provide simple orthopedic devices made from locally available materials.
- Intensive training of local technicians from the handicapped population if possible, and the insertion of those technicians and their services into the community.
- Close cooperation with local therapists, associations and authorities to facilitate the social and economic reinsertion of the handicapped and other vulnerable persons.
- Reinforced solidarity and social cohesion in regards to health, agriculture, infrastructure and education.
- Implementation of prevention programs and social assistance.

A Stand Against Anti-personnel Mines

Handicap International is one of the six founding NGOs of the International Campaign to Ban Landmines, which was the recipient of the Nobel Peace Prize in 1997. As such a member, HI acts on its specific commitment to ban anti-personnel mines.

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 have a duty to ensure that all wounded and sick in the war are treated 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 conflict situations and the ICRC is then compelled to step in to help the war wounded. When supplying hospitals with medical equipment assembly must be self-sustaining and no emergency force is available. 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 war wounded; in others, access to existing hospitals is denied to certain victims for political reasons, or simply not available because of geographical factors and the ICRC means of transportation. The ICRC 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 those 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 or 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. Most of them have had to treat large numbers of landmine victims, attesting 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. $90 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 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定点 centers that the ICRC is running in 11 countries, and to continue its support for similar centers run by ministries of health.

Contact Information

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Profile

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 armed conflict and to provide them with assistance. It directs and coordinates the international relief activities in situations of armed conflict. It also endeavors to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is a member of the Geneva Conventions, 1949, and has been accepted as a party to their protocols, 1977. The ICRC has the status of an independent organization whose activities are financed by a voluntary contribution (the Sustaining Membership List) from states. The ICRC is the only international relief organization which is available in all armed conflicts and which is present in all parts of the world.

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Landmine 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-integration 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 their place and become productive members of their communities. For example, landmine survivors play a crucial role in landmine education, particularly for children within communities at risk.

Since its inception, LSN has been building a worldwide network to link landmine survivors with the resources available to help them. LSN is developing the first comprehensive database designed to track the rehabilitation needs of mine victims and the organizations that can channel urgently needed assistance to the impoverished survivors who need it most.

Today, the network is concentrating its efforts on the mine-affected countries where most survivors live, including Afghanistan, Angola, Bosnia, Cambodia and Mozambique. In each country, we are working to bring medical supplies, 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 organizations that was a co-recipient of the 1997 Nobel Peace Prize.

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, though many continue to receive financial and technical support from the ICRC. In a number of countries, the National Red Cross and Red Crescent Societies, supported by their International Federation, care for mine-injured people through health, rehabilitation and social welfare programs. In addition to these activities, the ICRC and national societies are conducting mine awareness programs in several countries in order to reduce the number of landmine incidents in mine-affected areas.

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E-mail: webmaster.gva@icrc.org
Website: http://www.icrc.org

Washingon Post, Wall Street Journal and International Herald Tribune. White is past editor of the Risk Report, an award-winning publication and database that tracks military-related technology.

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-Israel War, laid Soviet-supplied mines in the Golani Heights. The soldiers no doubt hoped the mines 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 time from my university studies in the United States to explore the Middle East. I wasn't a soldier. I was armed with only a backpack 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. There 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 and the smell of blood, burnt 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, shredded had lacerated my skin and my left leg was open and raw, with a hone sticking out of my calf. We screamed for help but it seemed that no one but God could hear. I could barely walk to death, or my friends would have to carry me 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 land-mines. I was injured in a country that takes pride in how well it has fenced and marked its mine fields. But even in a small, security-conscious state like Israel, fences break down, signs fade, fall, or are stolen and mines shift with changes in weather and soil erosion."

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 undertook 11 operations including the amputation of both his legs below the knee. Since his accident, he has traveled worldwide to speak about the need for 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 Somalis apply for loans so they could rebuild their country. My project was funded by USAID. On December 16, as I was inspecting a project site near the border with Ethiopia, my car hit a landmine. I suddenly became something new: an American; a landmine victim. It was to change my life forever."

"After the explosion, I first remember seeing a foot lying on the floorboard of the car. I remember thinking: 'Is it mine?' It was. It was my right foot. I remember that 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 the bone 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 afraid. I was up blood, so I thought that I might have internal injuries that could be fatal. I asked God that if I lived, I would like to marry Kim, my fiancée of two months, and raise a family. In the evacuation plane from Somalia to Kabul, 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 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; one in every 350 Angolans. In truth, 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 LSN's contribution to the ICBL co-recipient of the 1997 Nobel Peace Prize.
- A global ban treaty signed by 124 governments, including language recommended by LSN urging signatories to rehabilitate mine victims, the first time humanitarian assistance for victims to be included in an arms control treaty.
- High profile tour of Bosnia by Night, Rutherford and Diana, Princess of Wales, attracting global attention to the landmine issue just prior to the September
1997 treaty negotiations in Oslo, Norway.

- Establishment of working relationships with survivors in Africa, Asia, and Europe willing to promote cooperation on landmine issues, including better rehabilitation services.
- Development of an easy-to-use database to link landmine survivors with the resources available to help them.
- Over 35 public presentations and speeches, and well over 300 media inter-

views to build support for a ban treaty and victim assistance.

Since its inception, the Landmine Survivors Network has been building a worldwide network to link landmine survivors with the resources available to help them. The network is designed to track the rehabilitation needs of mine victims and the organizations that can channel urgently needed assistance to the impoverished survivors who need it most.

Norwegian People's Aid

Founded in 1939, Norwegian People’s Aid (NPA) is one of Norway’s largest non-governmental organizations (NGOs). Although NPA is currently involved in more than 300 projects in thirty countries, the organization still adheres to the basic principles set forth by its labor movement founders: solidarity, human dignity, peace, and freedom. The range of NPA’s projects is diverse, from extensive emergency relief programs and long-term development cooperation in over twelve countries in Africa, and more. One of NPA’s most notable efforts is in humanitarian demining activities, centered in Asia and Africa.

A History of Excellence

It should come as no surprise that the founding principles of the NPA should have guided it to take a place as a driving force behind the world-wide humanitarian demining effort. Starting in 1992 with mine work in Cambodia, NPA has expanded its operations into several other countries, especially Mozambique, Angola, and Iraq. In accordance with the spirit of its founding principles, NPA not only tackles the physical problem of landmines, but the social and political factors that make mines such a deterrent to the development process of these recovering countries. The landmine must be addressed not only as a physical threat, but also as a symbolic carrier on the efforts to rehabilitate and rebuild a country.

With this in mind, NPA has developed a multi-faceted mine program that is easily adaptable to individual local needs, but always contains the following elements:

- Mapping of mine fields—NPA is quick to point out that the mapping of mine fields is nothing new, but the social angle which the organization impacts to the activity is. To NPA, mapping is not only an aid to the operation of demining, but an important psychological tool to empowering the local population by limiting their paralyzing fear of the mines.
- Training—NPA has developed a three-step program for training deminers, and a two-step program for training accompanying medical personnel. The essential goal of both programs is to make the local population self-sufficient, and eliminate the need for Norwegian presence within five years.
- Demining—NPA’s demining operations are based on models used by the Norwegian Army, altered to fit peace time goals. NPA points out that it has set the official UN standards for demining in many areas. One of the most successful elements of the organization’s demining programs is the dog-sniffing project, started in October 1994. The dogs make a vital contribution to the demining effort by sniffing out mines and helping to determine the borders of mine fields, so miners do not waste time and resources clearing areas where there are no mines in the first place.

- Mine Awareness—NPA realizes that the scale of the mine problem is so great, that even with the best of clearance efforts, the local populations of seriously affected countries will have to live with the daily threat of mines for at least the next thirty years. The organization’s mine awareness program consists of instructor training and day-long courses for the local population. The secret of the program lies in the choice of instructors. NPA points out, “It is not enough for the person to be a good instructor, he or she must also be an important resource person that most of the local people will trust. In this way we ensure that the projects will continue for a long time without our presence.”

- Methodology—NPA is actively involved in the development of new demining equipment, with experienced project workers collaborating with organizations such as the Norwegian Armed Forces, the Norwegian Institute for Industrial Design, and The Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology (SINTEF).

- International Campaign—Motivated by the everyday tragedy NPA bear witness to in its project countries, NPA supports the international ban on landmines, and takes an active part at both the national and international level in the international battle to ban landmines.

Some Individual Successes

Employing 350 deminers, 18 dogs and 2 demining machines, NPA is the largest operator in the mapping and clearance of mines in Angola. Recent efforts include the use of new, time-saving technology to collect and analyze air samples to check for the presence of mines along roads. The samples are collected by mine proofing vehicles, and then given to specially trained dogs to sniff out the presence of mines.

In Mozambique, 1997 was a milestone year for NPA’s demining efforts. Control of the demining program was handed over to Mozambican personnel. NPA continues to support its Mozambican partners in their quest to carry out clearance efforts through measures for regional development, mine clearance, and organizational and institutional development. So far, almost 2 million square meters of land have been cleared of landmines, 39 percent more land than NPA originally planned.

The Future of NPA’s Mine Program

One of the only nongovernmental organizations that specializes in mine works, NPA continues its efforts in accordance with the organization’s founding principles of solidarity, unity, human dignity, peace, and freedom. To NPA, it is not enough to address only the physical problem of landmines, the political and social implications of the mine problem must also be addressed as an integral part of an affected country’s redevelopment and rebuilding process. And for as long as the mine problem exists, NPA will be there to guide part of the solution.

Contact Information

Norwegian People’s Aid

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Contact Information

Leahy Amendment Moratorium on Use of Anti-personnel Landmines

Sec. 583. (a) UNITED STATES MORATORIUM: For a period of one year beginning three years after the date of enactment of this Act, the United States shall not use anti-personnel landmines except along internationally recognized national borders or in demilitarized zones within a perimeter of one thousand meters that is monitored by military personnel and protected by adequate measures to ensure the exclusion of civilians.

(b) DEFINITION AND EXEMPTIONS: For the purposes of this section:

(1) ANTI-PERSONNEL LAND MINE: The term “anti-personnel landmine” means any munitions placed underground, or, on or near the ground or other surface area, delivered by artillery, rocket, mortar, or similar means, or dropped from an aircraft and which is designed, constructed or adapted to be detonated or exploded by the presence, proximity or contact of a person.

(2) EXEMPTIONS: The term “anti-personnel landmine” does not include certain denoted Claymore munitions.

In June 1997, Leahy sponsored legislation with Sen. Chuck Hagel to ban U.S. deployments of anti-personnel mines after January 1, 2000. That bill now has 60 co-sponsors. Currently he is working with Judy Williams, Director of Landmine, in Vermont, the co-ordinator of the International Campaign to Ban Landmines (ICBL).

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Prosthetics Outreach Foundation

Prosthetics Outreach Foundation (POF) is a nonprofit medical service organization that provides urgently needed high-quality prosthetics (artificial limbs) to amputees in developing countries and in the United States. Since 1988, the staff and volunteers have fitted over 10,000 children and adults with new prostheses, enabling each amputee to walk again with dignity. POF helps communities to meet the needs of their own amputees by establishing clinics to create and fit artificial limbs and workshops to manufacture prosthetic components with local materials.

The Ongoing Mission of POF
• POF provides humanitarian relief and modern prosthetic care to amputees in developing countries.
• POF employs the use of computer-aided design and manufacturing technology for high-quality automated prosthetic treatment.
• POF provides regular clinical outreach services to amputees living in remote regions.
• POF conducts ongoing research into prosthetic components which are durable enough to withstand the harsh physical and climatic conditions typical to tropical regions.
• POF assists communities in becoming self-reliant by establishing clinics and workshops to manufacture prosthetic components with local materials.
• POF serves as a clinical and technical resource for amputees, government institutions, and humanitarian organizations.

Dr. Ernest Burgess

Burgess pioneered hip replacement surgery, new techniques in amputation surgery and became the mentor to generations of orthopedic surgery residents. He introduced the long posterior flap amputation technique to the United States following an academic exchange tour of Poland. This technique dramatically improved circulation in the residual limb and allowed many amputees to enjoy a more active lifestyle.

In 1964, the United States Veterans Administration asked Burgess to establish Prosthetics Research Study (PRS). PRS has become one of the leading centers in the world for developing postoperative care that directly improves the rehabilitation of the amputee.

Technology and Innovations Developed at PRS
• Immediate post-operative fitting (IPOP) of a prosthesis improved healing and rehabilitation time considerably.
• The Seattle Foot 90, which has an in-line spring, opened the door for amputees seeking an active lifestyle. "Compliant foot" based on this model have also improved comfort for amputees of all ages.
• Always the visionary, Burgess foresaw the impact that the computer could have on the prosthetics profession. Seattle ShapeMaker® software and the AFMA techniques have improved accuracy, efficiency, and consistency in the design and production of prostheses.

In 1994, an Endowed Burgess Chair was established at the University of Washington Medical School to fund orthopedic research.

American veteran amputees who had returned to Vietnam and were aware of the horrible inadequacies of medical services and prosthetics there, asked Burgess to help the thousands of Vietnamese men, women and children in need of such care. In 1988, with the assistance of volunteers, POF began the planning for a demonstration clinic in Vietnam. The Prosthetics Outreach Center (POC) opened in 1991 to provide free limbs to amputees in desperate need of prostheses. To date, thousands of amputees have received a new prosthesis free of charge.

International Outreach

The essence of POF service to amputees is providing mobile prosthetic treatment to rural areas where many of the amputees live. POF also provides clinical and technical consultation to international organizations and health ministries of developing countries who seek effective solutions to amputee treatment.

Vietnam

The Vietnamese team coordinates monthly visits to the rural provinces from the Chinese border to as far south as Danang. It requires two visits to each rural site to complete a prosthetic fitting. On the first visit, the medical staff evaluates, documents, and then takes a plaster bandage case of the patient's residual limb. The team then returns to the Hanoi clinic and begins making the prosthesis using the AFMA system.

Upon completion of the prosthesis the team returns to fit the limb to the patient. Any custom adjustments can be made on site using portable workshop tools transported by the team. POF has also begun to assist the small provincial workshops with training, tools and supplies so that they are able to maintain the prosthesis and ensure it continues to be functional for the amputee.

Philippines

The foundation has assisted Our Lady of Victory Training Center on Mindanao Island in the Philippines since 1997. Dr. Cecilia Wood has created a unique surgical and rehabilitation center to care for abandoned children in need of surgery and rehabilitation care. POF assisted with the design of their new prosthetics clinic and has supplied equipment and prosthetics supplies. David Mathews, from our foundation, has also conducted AFMA training for the staff. This new center will act as a catalyst for improved prosthetic care for all of the Philippines.

Nicaragua

POF assisted the Mercy Ships organization with the creation of their mobile prosthetics workshop, including design, installation and staff training. This unique organization is housed in a 20-foot long standard shipping container. The workshop was transported to Leon, Nicaragua, where it provided prosthetic services for the surrounding region. Mathews provided the Mercy Ships' staff with training in AFMA techniques and in the fabrication of the Monolimb. Only two staff members were needed to complete more than 200 limbs in this very efficient facility. Following the Hurricane Mitch disaster, POF donated a shipment of prosthetic feet to the National Rehabilitation Center in Managua, Nicaragua continues to need making prostheses to the many other communities where amputee services are unavailable. Your donation can help POF to fund a prosthetic outreach clinic in Central America.

1999 Milestones

POF Sends Hope to Kosovo Amputees

POF announced plans in June 1999 to send 250 prosthetic feet to landmine victims in Albania and Kosovo. Two hundred adult and 50 child-sized artificial limbs will be distributed in 1999 to help sustain survivors in this war torn region during the transition to peace.

Little Footprints

POF announced in July 1999 a goal to provide artificial limbs to 500 Vietnamese women and children in need during the year 2000. The estimated cost to complete this project is $100,000. Beginning in 1996, the Prosthetics Outreach Foundation began a series of development projects with the goal of improving the quality of the prosthetic service in Vietnam and enabling the Vietnamese people to become self-sufficient in prosthetic technology and clinical services. The staff at POF welcomes the opportunity to share this clinical technology and we look forward to a dialogue with colleagues who have suggestions for improvement.

Bn Vi Orthopedic Technology Center

This center, located 50 kilometers west of Hanoi, is the national manufacturing center for rehabilitation products in Vietnam. The buildings and machines are old, but the staff has the energy and enthusiasm to design and manufacture new products of improved quality and function. This collaborative project could serve as a model of self-reliance for other countries.

Technological Updates
• EB1 Foot: The foot component of prosthetic history has been a design challenge in regard to the durability of the prosthetic. A team of engineers and prosthetists both in Hanoi and Seattle sought to design a product that is durable, locally manufactured foot named the EB1.
• Modular Components: In addition to the foot component, a system of modular above-knee and below-knee components has also been manufactured. These include a knee joint, 30mm iliofemoral alignment adapter with mounting plate, Monolimb bushing and suspension studs. Local suppliers have also been located for 6mm, 8mm and 10mm bolts, cotton stump socks, leather suspension belts, petite and copolymer plastic materials.

Prosthetics Outreach Clinic (POC)

POC is both a central fabrication workshop for the mobile prosthetic outreach service and a research facility to improve the quality of the prostheses. All prototype component designs are tested on a small group of patients affiliated with the clinic.

• POF Monolimb: Many amputees in Vietnam have long residual limbs, which are typical of landmine injuries. As a practical prosthetic solution, the Monolimb (or extended below knee socket) was fabricated. POF refined the components and fabrication techniques to make the monolimb a very affordable, durable, and high-quality prosthetic.
• ShapeMaker Alignment: Although a Monolimb can be fabricated using manual methods, POF is dedicated to designing the Monolimb using the AFMA techniques. This new alignment screen now featured in version 4.3 of Seattle Shapemaker allows a complete prosthetic to be designed and fabricated.
• Quality Assurance: The process of quality improvement and quality control in manufacturing has required the training and monitoring of specialized staff. POF began the component development projects by first establishing a basic laboratory to test prototype designs. The static and cyclic testing machines were manufactured at BV.

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Save the Children

Save the Children's unique self-help approach to relief, recovery, and ongoing development has nurtured the seeds of hope for millions of people. Save the Children of the United States is a nonprofit, nongovernmental organization working in more than 35 nations around the globe. More than 60 years of experience working hand-in-hand, shoulder-to-shoulder with families and communities at home and abroad has taught us that poverty need not be a life sentence.

One Child, Global Problems

In nations around the world, the Save the Children programs recognize that a child's health begins even before birth. Health care activities that target women and other caregivers, such as nutrition education, have the greatest success at the lowest cost. Today, 125 million children in the world have no school to attend. Education systems throughout the world and in the United States are growing at perilous rates. While their mothers work, millions of children are either left unprotected or are in situations of low-quality childcare. Save the Children supports new approaches in child development, basic education around the world.

Poverty undermines the physical, social, intellectual and emotional development of children. A root cause is the lack of adequate economic opportunities, which would enable parents to provide for their children. Children are typically the first and most vulnerable victims in emergencies. Save the Children is committed to helping victims cope with crises and begin the process of recovery. Around the world, we coordinate our relief activities with other international agencies, in addition to strengthening the national institutions that can carry out this work.

History

Across the United States and around the world, Save the Children has helped to weave a safety net for an ever-increasing number of children. To help European children displaced during World War II, Save the Children provided clothes, milk, and food to children and helped communities rebuild in eight European countries. They also began working with Native Americans in 1948, when a devastating blizzard hit the Navajo Reservation in Arizona.

In the late 1950s, Save the Children took a leadership role in defining international development and creating models for the effective transfer of appropriate technology and skills in such areas as sustainable agriculture, small enterprise and health. Save the Children tested a new approach that addressed community-wide needs, such as building roads and improving water supplies, along with needs specific to children in the Dominican Republic in 1972. This high impact approach, which facilitated long-term improvements in children's lives, was replicated around the world. Realizing the importance of providing quality childcare for children, Save the Children launched the Family Day Care Network in the state of Georgia in 1978. Now serving 7,400 children, the center has trained more than 1,200 low-income family day care workers and families identify quality care.

In 1985, Save the Children launched a major child survival initiative to help families provide better care for their children and to coordinate medical care, water resource development and sanitation improvements. Save the Children's health programs continue to center around child survival, maternal health care, and AIDS awareness, as well as nutrition, clean water and sanitation.

Throughout the 1980s, Save the Children responded to the needs of children in crisis, as war and natural disasters caused incredible suffering in Asia, Africa and Latin America. Even in the most dire emergency, Save the Children demonstrated that its community development approach could be combined with relief to encourage self-sufficiency and ensure lasting change in the lives of children and their families.

Hidden Killers of Children

Imagine being a child and knowing that if you take the wrong step your legs could be blown off, or you could lose your life. That is the horrifying reality that hundreds of children now face because of the existence of landmines. Here are a few frightening statistics:

- Landmines, left over from past conflicts, have claimed more than one million victims since 1975.
- In Afghanistan and Angola, there is approximately one mine per mile, with a cost of up to $1,000 to clear each mine.
- In Cambodia, one in every 236 persons is an amputee.
- Angola has more than 70,000 amputees, many of them children.

The numbers tell a tragic story of indiscriminate destruction. Of the 350 kinds of anti-personnel mines produced by 35 nations, most are specifically designed to maim rather than kill.

Children in landmine-affected countries are especially vulnerable to injury from contact with these weapons. By nature curious and adventurous, they can easily misread a landmine for a toy or a strange object too interesting not to investigate. Very young children without the ability to read the warning signs often wander into dangerous fields or play areas. Members of the International Save the Children Alliance have seen the injury statistics:

Landmines, The Deadly Threat

"Landmines have inflicted death and enormous pain suffering on hundreds of thousands of children over the last several decades. We must do everything in our power to protect them from these deadly weapons," said Carol Bellamy, UNICEF executive director. Of all the weapons that have accumulated over years of war, few are more persistent and more lethal to children than landmines. Hundreds of thousands of children, while herding animals, planting crops or just playing, have been killed or maimed by these deadly weapons. In 68 countries around the world there are an estimated 115 million landmines still lodged in the ground waiting to explode. Once planted, they remain active for decades. Another 100 million are believed to be stockpiled and ready for use.

In addition to enormous pain and suffering, landmines bring lingering economic and social costs. They render agricultural land unusable, endanger the safe return of refugees and impede post-conflict reconstruction and development. The indiscriminate use of anti-personnel landmines is a flagrant violation of both international human rights law, including the Convention on the Rights of the Child, of international humanitarian law. Eliminating all anti-personnel landmines is a humanitarian imperative.

Landmine Facts

- Of the more than 2,000 people killed or injured by landmines every month, 30 to 40 percent are children. There is one mine for every 12 children in the world. Mines kill or maim a child for about $3 each to manufacture but up to $1,000 each to clear. Medical care, prosthetics and rehabilitation for each person injured by a landmine cost $3,500 to $5,000.

Principles for Action, The Convention on the Rights of the Child: UNICEF's deep commitment to eliminating landmines is guided and legitimized by many of the articles of the Convention on the Rights of the Child, in particular the following:

- Article 6 requires States Parties to "ensure to the maximum extent possible the survival and, development of the child."

- Article 22 recognizes the special needs of disabled children for access to health care, education, training, rehabilitation, preparation for employment and recreation opportunities in order to achieve the greatest degree of self-reliance and social integration.

- Article 38 requires States Parties to "co-operate with the aim of ensuring the protection and care of children who are affected by armed conflict as described in relevant international humanitarian law."

- Article 39 obliges States Parties to promote the physical and psychological recovery and social reintegration of child victims of armed conflict.

An Integrated Approach

Recognizing the need for both curative and preventive action, UNICEF supports the following integrated strategy:

Promoting a Ban on Landmines

UNICEF supports the International Campaign to Ban Landmines (ICBL), a
coalition of over 1,000 NGOs calling for a total ban on anti-personnel landmines, and for global funds for mine clearance and victim assistance. UNICEF urges that national legislation be enacted towards the ban and encourages governments to report progress to the Committee on the Rights of the Child. UNICEF supports the development of regional mine-free zones and has made a commitment to phase out such products from companies that sell or manufacture anti-personnel mines or their components.

Reducing Injuries through Awareness

Programs to help communities and families reduce the risk of mine injuries in their daily lives are critical. Mine demarkation, mine surveys, mine clearance and victim rehabilitation should always accompany mine awareness education. Supporting focused demining programs; programs to clear mines from essential communities like schools, water points and medical centers are also essential. UNICEF is neither able nor mandated to do the actual clearance of landmines. It does, however, try to persuade countries to allocate greater resources to these clearance operations.

Rehabilitating Children

In addition to physical suffering, landmines inflect sustained injury on the psychological and social well being of their victims, especially children. Children with disabilities are often prevented from attending school and friends and families may shun them. UNICEF supports community based rehabilitation programs that address the physical, psychosocial and vocational rehabilitation of child landmine survivors.

Call for a Greater Effort

Although the treaty to ban anti-personnel landmines became binding on its ratifiers March 1,1999, UNICEF said that a widely expanded effort is needed to help the treaty bear fruit. The children's agency called for universal ratification of the treaty and an international commitment to see that every child in a mined area knows proper safety procedures.

"A giant step has been taken, which shows that the world is more and more reluctant to use these hidden killers," Bellamy said. "But the real test lies in seeing that the treaty is fully implemented, that stockpiles are destroyed and that demining proceeds rapidly. Children will only be safe when they know the dangers of the millions of landmines still in the ground. Universal ratification of the treaty is crucial to ensure that the production and use of landmines are totally abolished. The treaty obligates states ratifying it "never under any circumstances . . . to use anti-personnel mines; or to develop, produce, otherwise acquire [or] stockpile them" and "to destroy or ensure the destruction of all anti-personnel mines." Bellamy praised the 133 nations that have signed and the 65 nations among them who have ratified the treaty. Bellamy said the anti-landmine movement has already had remarkable effects, and noted recent reductions in the use of anti-personnel mines and figures from the International Campaign to Ban Landmines that indicate 18-15 million mines have been destroyed from stockpiles. She also noted that the number of countries involved in producing landmines has dropped from 50 to 15.

Mine Awareness and Education

UNICEF has been designated within the UN family as the lead agency to educate and advocate nations on the landmine issue. Educational campaigns have centered on teaching children about the danger of landmines and about safety procedures to follow in mined areas. Almost all mined countries served by UNICEF have an educational program in place, Bellamy noted, but she added that these are dependent on continued donor commitment.

In Afghanistan, educational materials have been distributed to almost a half million persons. In Angola, UNICEF, with Norwegian Peoples Aid, government agencies and other partners, alerted over 600,000 people last year to the danger of mines. In Bosnia and Herzegovina, UNICEF has reached all children enrolled in primary schools with mine awareness messages. In Iraq, approximately one million mine awareness exercise books have been distributed, mainly to primary school children. In addition, 4,000 Iraqi teachers have been trained in mine-safety procedures.

Mine awareness is an essential activity," Bellamy said. "We have worked and will continue to work with many partners to make sure that no child in a mined area is without a clear warning about the danger and how to avoid it. But the true victory will come when such awareness is not needed because there are no more mines in the ground.

That day is not here yet and it will not be until the whole world acts to guarantee the right of children and all innocents to survive in a world free of these murderous devices.

Other Positive Developments

• Last December's urging by the International Committee of the Red Cross (ICRC) that all states sign and/or ratify the landmine convention.

• China's announcement that it will clear some 800,000 landmines from the Sino-Vietnamese border by the end of the year, along with the recent clearing of more than 280,000 mines and unexploded bombs from conflict zones.

• The British army's recent destruction of some 2 million anti-personnel landmines.

"Nations that have not yet signed or ratified the landmine treaty should take note of these actions," Bellamy said. "Much of the world is already on the move to eliminate these killers, but only universal ratification of the Convention on the Rights of the Child and a commitment to full global demining will stop landmines from destroying the lives and health of an estimated 26,000 people a year; half of them children and women."

Among the countries that have not yet signed the treaty; which prohibits the use, production, development, acquisition, sale, stockpiling and transfer of landmines are the United States, China, Russia, Yugoslavia, Saudi Arabia, Iraq and Iran. UNICEF has been appointed as the Focal Point for mine awareness education. The Office of Emergency Programs, UNICEF, New York has undertaken the task of developing the following International Guidelines in order to promote the effective planning, implementation, monitoring, and evaluation of mine awareness programs. It is to be hoped that these guidelines, with the collective experience of individuals with recognized expertise, can serve as a reliable point of reference for people involved in mine awareness programs.


Landmines are horrific weapons of mass murder. So often used indiscriminately, mines kill and maim 8,000-10,000 children a year, and severely impede the healthy development of millions more. Even when mines have been used in accordance with the rules of international law, their ability to remain active and deadly for decades makes their effects indiscriminate. For children living in a mine-affected area, the simple act of going outside the home may become a matter of life and death, survival or disaster.

Mines deprive children of the chance to enjoy many of their basic rights. In addition to the assault on their right to life, their rights to health, protection and a safe environment for work and leisure are all acutely affected. The same merchants of death and disablement that force children and their families to flee a conflict zone may block their return for months, even years. When they return, they may find their Once fertile agricultural land rendered useless by the pollution of mines. In some instances, their homes may even have been mined.

The UNICEF Office of Emergency Programs is working to assist and care for children in 23 complex emergencies and has given financial assistance to 60 countries. In times of emergency, which pose a threat to the survival, protection and development rights of children and women and to the integrity and stability of the family, UNICEF advocates for the special protection and care of those affected and extended assistance to them impartially, without discrimination and on the basis of need.

As part of its ongoing efforts to protect children from the scourge of mines, the office has participated actively in international forums, including the review of the Mines Protocol. This is in order to promote UNICEF's centrist position on the need to hasten the implementation of the treaty. UNICEF advocates for the total ban on the production, stockpiling, sale, export and use of, at least, anti-personnel landmines.

UNICEF regards the Mines Protocol as one stepping stone on the path towards our ultimate objective; a mine free world. Until that day comes, the Office of Emergency Programs will continue its efforts to protect and care for children affected by the blight of landmines. Mine-awareness programs can help minimize the danger to children until humanitarian mine clearance can be undertaken.

Providing physical and psychosocial rehabilitation to child landmine victims can help them survive and develop in accordance with their inalienable rights under the Convention on the Rights of the Child.

This "Child Rights Guide to the 1996 Mines Protocol" is intended as a straightforward handbook for those who wish to learn more about the legal protection of children from landmines. In particular, it discusses how far we can expect the Protocol, a humanitarian law instrument, to ensure that children will enjoy their fundamental rights to life and physical integrity amid the armed conflicts of tomorrow.

Under the Convention on the Rights of the Child, States Parties undertake to respect and to ensure respect for international humanitarian law relevant to children. Although UNICEF has been disappointed by the results of the review process of the 1980 Mines Protocol, which fell far short of the total ban that we sought, UNICEF calls upon all governments, at the minimum, to adhere to and respect its provisions at the earliest possible moment. Children not only deserve our protection; they have a right to it (From the foreword by Carol Bellamy, Executive Director UNICEF, in A Child Rights Guide to the 1996 Mines Protocol).

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He was greatly disturbed by the conditions he encountered. His reaction was swift. Upon his return he was determined to find a way to bring help to the disabled. In 1991, he established VNAH with the help of a small group of supporters.

During 1992, Disabled American Veterans participated in a visit to Can Tho The Prosthetics and Rehabilitation Center. A private group donated eight prefabricated artificial limbs and VNAH purchased several more at a cost of $800 each. Noted during this visit were several major considerations. Not only was there a huge disabled population waiting to be served, but also the quality of wheelchairs and prosthetic devices needed improvement. Later in the year, Disabled American Veterans made the first large donation of $30,000, which launched a pilot project to manufacture prosthetics on-site in Vietnam with available raw materials and supplies. This enabled VNAH to reduce the cost to $25 and custom fit each limb to the amputee.

In 1994, VNAH hosted several U.S. government delegation visits to the Thu Duc center production facility, which included representatives from the departments of Defense, State, and Veteran Affairs as well as prominent members of Congress. VNAH secured over $250,000 from the United States Agency for International Development (USAID), among the first humanitarian assistance programs funded in Vietnam when the country opened its doors.

The first training programs were designed and conducted at the Thu Duc and Can Tho centers to improve the knowledge and skills of the technicians and production staff, which resulted in higher quality prosthetic devices and wheelchairs. VNAH organized its first lift of donated pharmaceuticals and medical supplies, in conjunction with other relief organizations, in response to a major flood by the Mekong River.

During 1995 VNAH secured a grant from the Nippon Foundation of Japan to expand the rehabilitation and vocational training facility at the Thu Duc center. The foundation also supported water systems and a temporary patient-boarder-rehabilitation/reconstruction project. Vietnam's Ministry of Labor, Invalids and Social Affairs (MOLISA) made its first $200,000 grant to support these efforts, bringing life back to a center that had been neglected. Improved facilities enabled VNAH to expand its efforts and to develop a training component allowing the disabled to work in the manufacturing facility where they gained vocational skills. VNAH initiated outreach missions to bring services to remote surrounding areas. VNAH participated in two more airlifts of nearly $7.5 million of donated pharmaceuticals and medical supplies.

In 1996, VNAH hosted a delegation of Vietnamese officials to visit with the U.S. President's Committee on Employment of Persons with Disabilities (PCEPD), featuring Veterans of America (PVA) and other exchanges on information on barrier-free access and employment of the disabled. VNAH expanded renovation efforts at Thu Duc center that resulted in improved space for housing and vocational training. VNAH organized and delivered donations of computer equipment, instructional tools, medical equipment and supplies, and clothing.

During 1998 VNAH secured two major grants from the U.S. Agency for International Development that will allow their technical assistance programs to greatly expand. The first grant, the Prosthetics and Rehabilitation Project, will support primary mission to provide wheelchairs and prosthetics to the disabled, as well as train medical and educational personnel, manufacturing technicians and other volunteers at the three main centers in Can Tho, Thu Duc and Hu Chi Minh City. The second grant, the Barrier Free Access Project, will support their expanded mission to establish a full-time technical advisor in Hanoi who will coordinate disability programs and policy on the national level. Both grants are for a 27-month period, which will provide funding through 2000.

In 1999, VNAH and the PCEPD jointly announced the opening of a new Office of Disability Technical Assistance in Hanoi. This new office will help lead an effort to advance the full social and economic integration of Vietnamese with disabilities into all aspects of life. It is a unique public and private partnership that brings together a U.S.-based nonprofit voluntary organization, VNAH, with PCEPD and the USAID, both public organizations. The project will focus on the design and implementation of policies and programs that benefit the disabled. The project will work closely with the MOLISA, the Ministry of Construction and other Vietnamese entities.

Disability Policy & Program Project

The Disability Policy and Program Project (DPPP) is an unprecedented cooperative effort to advance the full social and economic integration of disabled Vietnamese into all aspects of life. It is a unique, government/public partnership that brings together U.S.-based VNAH, PVA, PCEPD, and USAID with the government of Vietnam, MOLISA.

Vietnam has one of the highest, if not the highest, disability rates per capita in the world. Since 1991, the United States has provided prosthetic assistance to disabled Vietnamese through public voluntary organizations such as VNAH. This DPPP is a direct and logical follow on to these efforts.

Project Plan

An Office of Disability Technical Assistance has been established in Hanoi. A team of American disability experts will staff this office. It will be the focal point for efforts to expand and improve Vietnamese policy, programs and opportunities for people with disabilities. The technical advisors will work with relevant Vietnamese government ministries, other nonprofit organizations and private sector resources through a variety of approaches:

- Promote implementation of the recently enacted Disability Ordinance.
- Help to establish a Vietnamese National Committee on Disability to coordinate all government activities for the disabled.
- Assist the Ministry of Construction to implement "barrier-free" access in the construction of all new public facilities.
- Encourage and facilitate the ability to take on leadership roles in the design and implementation of policies and programs.

While USAID has provided initial funding for the project, additional support is needed to meet requests for technical assistance as well as to provide training and employment opportunities for the disabled.

Disability Laws Adopted

The Standing Committee of the Vietnamese National Assembly recently adopted a new comprehensive ordinance to assist the disabled. In a landmark decision the assembly approved the laws for Disabled People, that contain eight chapters and 35 articles concerning, among other important issues, barrier-free access, allowances, preferential policies for education and employment. MOLISA and the Committee on Social Affairs of the National Assembly are among key government agencies coordinating this effort.

Massive post-war construction and new infrastructure development offers an unprecedented opportunity to provide barrier-free access to new facilities. This law will assure Vietnamese with disabilities equal access to buildings and transportation as they assimilate into productive society. Over the past several years, VNAH has worked closely with the PCEPD and others, to share with Vietnamese officials the American experience of formulating and implementing disability policy. Several provisions of the 1990 Americans with Disabilities Act are important components in the Vietnamese comprehensive ordinance.

VNAH coordinated several exchange missions and a National Conference on Disability in October 1997, in Hanoi, resulting in high-level meetings, educational workshops and site visits in order to promote viable policies to address and implement disability programs in Vietnam.

Since 1995, VNAH and the president's committee have jointly facilitated exchange visits, conference and workshops for Vietnamese disability experts and government officials as they crafted a framework for disability legislation. The National Assembly adopted the Disability Ordinance in November 1998; Vietnam joins other nations to formally recognize the humanitarian and economic importance of supporting the rights and opportunities of people with disabilities.

Since 1992, VNAH has provided over 25,000 artificial limbs and wheelchairs to disabled children and adults in Vietnam. In cooperation with MOLISA and its regional prosthetics and rehabilitation centers, VNAH has donated custom-fitted prostheses and wheelchairs to victims of polio, landmines and accidents. Rehabilitation and vocational training services have helped the disabled regain their dignity and become productive members of society.

PCEPD is one of the U.S. premier disability policy organizations. As an independent U.S. government federal agency, it promotes private-public partnerships between national and state organizations as well as individuals working together to improve the lives of people with disabilities by increasing their opportunities for employment.

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"Most international humanitarian aid organizations pride themselves on remaining above the fray; non-partisan, objective and silent on issues affecting the people for whom they provide vital assistance. We don't," stated Bobby Muller, president of the Vietnam Veterans of America Foundation (VVAF).

VVAF finds it impossible to avoid embracing an advocacy role when human tragedy once not only for help in averting the coming of a crisis, but in addressing the root causes. The worldwide scourge of landmines is an example of an issue, which necessitated our active intervention and advocacy.

"Throughout our anti-landmine campaign, we were cautioned that we could be jeopardizing our funding for our all-important work in providing prosthetics and rehabilitation for victims of war. Combining effective and well managed humanitarian programs with strong and effective advocacy has now become a part of who we are as an organization."
It should come as no surprise then that the VVAF is deeply committed to programs that aid landmine survivors. Unlike many humanitarian organizations that concentrate on the immediate emergency medical requirements of aiding landmine victims, the VVAF centers its efforts on aiding the victims in the aftermath of the accident. The organization takes a two-pronged approach to this task, funding and developing rehabilitation centers, and taking a strong political and social stand towards the issue of banning mines.

**VVAF Aid Programs**

The VVAF started their first aid program for landmine survivors in Cambodia in 1991. Since then, programs have grown to include Vietnam in 1993, El Salvador in 1994, and Angola in 1997. Each program is tailored to meet the special needs of each locality, but all four programs share common goals:

- Rehabilitation—In every country, the VVAF has helped to open a rehabilitative facility that provides artificial limbs and wheelchairs to disabled survivors. VVAF also provides physical therapy and follow-up services to help ensure the proper use of the hardware distributed to victims, and to ease the transition back into society.

- Training—In addition to rehabilitative services, VVAF facilities offer job training, and in some cases workshops, for disabled victims to enable them to support themselves and reclaim dignified places in their society and family.

- Program continuity—VVAF takes great pains to ensure that all programs have strong potential for continuity by hiring and training local staff, many of whom are disabled, and by using as many locally available materials as possible.

- Teamwork—VVAF programs team with other humanitarian organizations and local government to ensure that they are able to provide a full range of rehabilitative services.

**Raising Public Awareness**

Recognizing that all of their aid cannot prevent new landmine victims, the VVAF takes a strong and outspoken position in the fight to ban landmines worldwide. In 1991, the VVAF founded the International Campaign to Ban Landmines, a campaign which compelled over 120 countries to sign the international treaty to ban landmines. The organization also serves as coordinator to the United States Campaign to Ban Landmines, a coalition of more than 300 organizations dedicated to building U.S. support for the international treaty to ban landmines.

The VVAF is currently using their access to landmine areas to coordinate a global mine survey to establish the scope and depth of the landmine problem in most of the twelve most heavily mined countries. The survey, which the VVAF hopes to have completed in two to three years, will also gather data on landmine victims and the impact of mines on agriculture, commerce, and public health.

To further raise public awareness, the VVAF has published two books dealing with the horror of landmines. The first, *After the Gone Full Silent: The Enduring Legacy of Landmines* details not only the physical damage caused by landmines, but examines the social and economic impact of landmine problems on affected societies. The second, *In Its Own Words: The U.S. Army and Humanitarian Deminers* in the Korean and Vietnamese Wars, examines the impact of landmines on American personnel, and how the United States made landmines were used to devastate U.S. fighting forces during the Korean and Vietnam Wars.

**The Future of the VVAF**

With the 1998 ratification of the international treaty to ban landmines, the VVAF started the Campaign for a Landmine Free World. The new campaign will allow the VVAF to provide vital leadership in the area of victims' assistance, demining, and public education. As a part of this leader role, the VVAF hopes to expand and improve its existing aid programs. And as the best leadership example of all, the VVAF vows, "As long as landmine victims require new or replacement limbs, VVAF will be there to help them."

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For all mine victims who live outside the provincial capitals, the journey to a rehabilitation clinic can be prohibitively expensive and extremely difficult, often involving a several day trek. Consequently, poorer children seldom receive the long-term care they need. Children require frequent medical checkups and new prostheses need to be fitted regularly because of a child's growth rate. Also, as a child amputee develops, the bone of the amputation site grows more quickly than the surrounding tissue, which may require readjustment, sometimes repeatedly.

Economically, child victims are a drain on limited resources, and the fact that they may be unable to contribute to the family can have a profound psychological effect on the child and on the family as a whole. Landmines can also have far-reaching effects on children when their parents are the victims. Loss of employment and the deprivation that can follow directly affect children. They may have to leave school to look after injured parents and supplement the family income.

**Economic Cost**

Landmines are indiscriminate weapons and their destructive capacity does not end with the signing of a peace treaty. In fact peace in a country which has been mined may come. While millions of landmines continue to kill and mutilate civilians and thwart reconstruction efforts. The long-term economic costs of the countries contaminated by mines vastly outweigh any immediate military usefulness.

The presence of huge numbers of unexploded mines, render vast areas of land inaccessible, prevent refugees who have displaced people returning home, precludes farmers and shepherds from working their fields, hampers humanitarian aid and hinders development and rebuilding following the end of the war.

As well as the disruption to agriculture and farming, the mining of dams and electrical installations affects the ability of a country to produce the power necessary for reconstruction. When transportation systems have been mined, it interrupts the movement of people and the flow of goods and services. This disrupts market systems, which in turn has a direct impact on employment and contributes to inflation.

Many landmines are designed to disable their victims rather than killing them. The kinds of wounds they inflict often require extensive treatment over long periods of time. The medical costs stemming from landmine casualties result in a significant economic burden both to the nation and to the mine victims and their families. The countries most contaminated by mines are often also among the poorest nations in the world. Their fragile economies are easily devastated, the basic requirements for self-sufficiency denied them, and they quickly become an economic burden on the international community.

These countries seldom have the ability to fund the extensive demining programs that are essential if their economies are ever to recover. Only when these lethal toxins have been removed will the war be finally over, and will it be possible to talk of peace in a substantive sense, only then will the long process of reconstruction and healing begin.

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MINE ACTION'S CRACKED PILLAR

by Joe Lokey, Deputy Director, Mine Action Information Center

JUST ABOUT ANYONE doing anything regarding landmines knows the four pillars of mine action. We routinely acknowledge that mine awareness, mine clearance, victim assistance and advocacy must all prevail. This crucial pillar, however, may be cracking. On the horizon, there are continuing questions about maintaining an adequate source of funding to ensure that resources needed get to victims, families, and communities and to ensure that the focus does not dissipate with waning interest in landmines as an emotional issue. Pragmatically it: (1) evokes survivor issues in a timidity that doesn't necessarily rise above other voices of need and (2) has emphasized within the greater social disability picture many donor consider unworkable and too expensive to redress in the short term. Donors who passionately want to do something to help put a prosthesis on a victim will not be as enthusiastic if they understand their funding will be used to build wheelchair accessible ramps in downtown Cairo or lobby parliaments for greater disability benefits. Both of these possibilities lead to less funding for victim assistance initiatives—crack two.

The international community has had little co-ordinated response to these and other concerns. There is some optimism that the Intersessional Standing Committee of Experts (SCE) on Victim Assistance that met in Geneva in September 1999 would have come to the same conclusion and produce more than the customary moral outrage that has characterized many victim assistance conferences. The results of the Geneva meeting and its impact are just beginning to emerge. The main problem with the SCE is that it is inexorably tied to the Ottawa Treaty and all the baggage that entails. While the treaty is remarkable for the awareness and consensus it built, it is much less an actionable document and does not necessarily compel the transfer of resources to support mine action. There are those, however, who want to change that without changing the treaty.

Signatory States to the Ottawa Treaty may have unwittingly obligated themselves to raid on their national treasury under Article 6, Paragraph 3, when they agreed that "Each State Party in a position to do so shall provide assistance for the care and rehabilitation and social and economic reintegration of mine victims ... " Under this terminology, outside groups determine whether or not a State is in a position to do so and if, in their opinion, adequate resources are not forthcoming, then maintain that the State has abrogated its obligations and is in non-compliance with the treaty. The word "may" instead of "shall" would have left a true measure of internal authority whereas use of the latter forces the States to open their checkbooks to aid organizations and activists. This is no small point to countries with limited GDP growth and internal problems of their own.

The solution to victim assistance long-term funding, in this externia view, is to legally compel some states that have signed the treaty to contribute. To attempt to "compel" aid via a treaty is a knife at the throat of the humanity to global mine action programs.
The Scope of Landmine Victim Assistance

For me, the quintessential question of the meeting was posed by Mark Albon (Mission of South Africa), when he asked, "How do we determine the costs of providing care and rehabilitation support for landmine victims?"

This simple question goes right to the heart of the challenges, which we face as we try to determine the elusive, yet critical, role of "Victim Assistance" in the context of Mine Action Programs. The need for the answer to such a question may at first seem as obvious as it is important. Donors, countries-at-risk, operators, and health practitioners need to know how much money is needed to plan and conduct a "Victim Assistance" activity.

But the question was not meant as a simplistic query. At the risk of being prescriptive, I think what Mark was asking was "How do we go about measuring 'costs'—political, social and financial; and how do we determine what kinds of 'care' are appropriate and affordable?" In trying to answer this omnibus question, we must make assumptions about what constitutes "costs," and in so doing, come to the very heart of the discussions and debates in Geneva, which were so fruitful.

For the most part, discussions in Geneva revolved around three new categories of discussion: 1) what kinds and levels of care should be provided, e.g., does it include retraining? Does it include psychological support? Does it include loans to reestablish a business or reestablish one's household? Does it include prosthetic re-fittings? Does it include management and coordination mechanisms? 2) What kinds of "costs" are associated with providing such care? e.g., what are the financial costs of operating prosthetics operations? Will demining organizations be willing to pay the institutional "cost of sharing information? Will victim assistance organizations and other health and mine action groups be willing to pay the political "cost" involved in coordinating and scheduling their activities?

Mr. Albon's question then, provided an excellent backdrop against which experts were able to discuss in a structured yet stimulating and interactive way, the requirements and constraints of the Victim Assistance—and perhaps health care, writ large—component of Mine Action programs.

The Level of Care for Landmine Victims

Two facts hung in the air like twin swords of Damocles as services for victims were discussed. One was that the kinds of support identified are not typically getting to landmine survivors today. The other was to make accessible the kinds and levels of care desired would carry an enormous cost—in political as well as financial capital.

A suggested list of requirements, was presented by the International Campaign to Ban Landmines (ICBL), which listed the following types of victim assistance: emergency medical care, continuing medical care, physical rehabilitation, prostheses and assistive devices, psychological and social support, and employment.

Jerry White reported a cost-analysis, done a year ago, which attempted to identify required needs and accompanying costs for a typical landmine victim in a developing country. His list of needs included: first aid, medicine, hospitalization, psychological and social support, therapy, sports involvement, retraining, and small loans. The total amount was calculated at a modest $9,820 per person annually. The estimated cost, therefore, of providing that level of care to 300,000 survivors over ten years was $3 billion.

There were several interventions, which suggested additional services, such as: legal aid, gender-specific support services, child-specific support services, family support services, availability of loans, legislative initiatives, among others.

One central theme was that many of the activities need to be applied in an "integrated" fashion to achieve the most effective and lasting results. Dr. William K. Smith (UNICEF), referred to the "bio-psycho-social" approach, and Erylven Viebrock of the U.N. Mine Action Service (UNMAS), referred to this method of integrating activities as a good example of "systemic" thinking. That could be seen as being endorsed by White, who noted that little attention is being given currently to the psycho-social needs of landmine victims.

Jack Victor, President of the World Rehabilitation Fund, made a note of concern over the growing list of perceived needs of landmine victims. While he presented a very progressive list himself, he cautioned that to support landmine victims to such a great extent may have a negative impact on the affected society. Landmine victims, receiving a number of liberal support packages, may receive more aid—and resultant emnity—than other citizens with health problems just as, or perhaps more, severe. This thought, while not the most popular of the day, merely reflects reality and will have to be revisited before this entire subject is dealt with and guidelines are promulgated.

The Mine Action Continuum

One of the most difficult questions debated—indeed the one which began and ended the VA segment of the conference—was the question of how, at a discrete set of activities, should relate to the other two major legs of the mine action operational triad: landmine clearance and mine awareness.

While clearance and mine awareness activities are specifically germane to mine action programs, many of the activities associated with VA have parallels or direct applications in other health care areas. For instance, prosthetics, trauma treatment, psychological support and other landmine related care activities are also discrete sets of activities that should relate to the other two major legs of the mine action operational triad: landmine clearance and mine awareness.

While clearance and mine awareness activities are specifically germane to mine action programs, many of the activities associated with VA have parallels or direct applications in other health care areas. For instance, prosthetics, trauma treatment, psychological support and other landmine related care activities are also discrete sets of activities that should relate to the other two major legs of the mine action operational triad: landmine clearance and mine awareness.
It soon became apparent that like the numerous kinds and levels of care, there are also numerous types and degrees of integration. This is another concept that will require further discussion and development.

Donors

Donors were the most frequently discussed group at the meeting; yet there was very little concluded about this all-important group. Indeed, about halfway through the conference, one brave delegate admitted to some confusion over the term and opined that it is a concept "not commonly understood or easily simplified." Even when the donor is a nation, he observed, it often goes through other organizations and in the last analysis must be looked upon as a sort of alliance.

Donors were encouraged to pool funds, coordinate activities with other donors and to make their funding procedures more transparent. They were also asked to budget to allow multiyear funding and for funds not to be earmarked for specific activities. It was also noted that there exists a need to make donors more aware of the nature and challenges of VA activities and programs, so that the foregoing can occur.

Information

One way in which the VA participants paralleled the views of the other standing committees was in their desire for better and more coordinated information sharing and gathering.

The ICBL has listed data collection as one of its needs for VA and even asserted that there is a lack of information about the groups that are involved in performing landmine victims assistance work. UNMAS voiced its desire to have VA data managed and integrated more systemically, and Mr. Chiba of Japan stressed that the sharing of such information must be emphasized.

While the call for more and better information sharing was supportive of the ability to plan and implement programs, several organizations stressed its importance in allowing proper monitoring, analysis, and evaluations of on-going and completed activities. It was noted by Mark Albon, for instance that a more "hands-on" and "eyes-on" approach is needed to properly analyze and evaluate programs properly.

The need to gather more information was not universal, however. Jerry White struck a common chord with many delegates when he observed that there is sometimes an "...over emphasis on data matrices and surveys." He suggested that more operational [informational] support is needed.

Sustainment

A very useful dialog grew out of a discussion about "ownership" and sustainability. While most delegates felt very strongly about the necessity of the host country and locality owning and directing the program, there were strongly argued counterpoints.

It was noted, for instance, that health care skills, perhaps unlike mine clearance or awareness skills, are more complex. Oftentimes a nation-at-risk does not have the capability to manage a complex health care campaign; and it may not be able to sustain one after the practicing NGOs or other firms and organizations move on.

An example could be prosthetic services. It may be that a country could serve by having an indigenous organization formed to create and fit prostheses, but it may be that such assistive devices made in a more advanced factory outside the host country may offer a superior product. Does one opt for the inferior yet homegrown product, or the more advanced, imported one? The answer involves many other factors.

Next Steps for the Standing Committee

Ambassador Hofer announced at the conclusion of the gathering that the committee intended to begin preparations for the next set of meetings (March and September, 1999) by addressing initially five major issues (or themes) which arose from discussions and interventions. Both Victim Assistance and Mine Awareness will be discussed by this committee and will address the following topics:

• Information and Data—Facilitated by the Geneva International Center for Humanitarian Demining (GIC)
• The Victim Assistance Reporting Structure—Facilitated by Handicap International and the ICBL
• The Portfolio (overview) of Programs—Facilitated by the ICBL
• Guidelines—Facilitated by Mexico and Nicaragua
• Victim Assistance as a Development/Public Health Issue—Facilitated by Sweden and Norway

I encourage you, as you or your organization are stimulated or activated by these issues, to monitor or participate in the discussion which these committees and subcommittees will be holding. The rapporteurs for the Standing Committees are staff members of the GIC who can help you learn more about the work of these important committee functions.