

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 well 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 bask in their suffering, but to reveal their strength and share their testimonies about what these inhumane weapons had done to them.”

Jerry White, co-founder of Landmine Survivors Network

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 in tact.

PICTURE HERE

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 actively 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.

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DEFINITIONS OF 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 is 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.”

Article 6, Paragraph 3: “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 and for mine awareness programs. Such assistance may be provided, inter alia, through the U.N. systems, international, regional or national organizations or institutions, non-governmental organizations or institutions, the ICRC, national Red Cross or

Red Crescent societies and their International Federation, non-governmental organization, or on a bilateral basis.”

Article 6, Paragraph 7: “State Parties may request the United Nations, regional organizations, other States Parties or other competent intergovernmental or non-governmental fora to assist its authorities in the elaboration of a national demining program to determine inter alia assistance to mine victims.”

At the signing ceremony in Ottawa, there was a significant change in the role victim assistance played in the campaign. Now there were panels on “What is Victim Assistance?” and “Addressing Psycho-Social Reintegration for Mine Victims.” Mine disabled were now an integral and indispensable part of the discussion. The question shifted to how to implement effective victim assistance.

THE INTERNATIONAL CAMPAIGN TO BAN LANDMINES

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).

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:** The WGVA will press governments to commit 3 billion dollars 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 press 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 victim and consideration of reparations.

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

GUIDELINES FOR THE CARE AND REHABILITATION OF SURVIVORS

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 programmatic 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.

First aid training 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 uphold 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 of action and investment in communication and transportation systems to improve access to medical care.

CONTINUING MEDICAL CARE

Medical facilities should have medical care and supplies that meet basic standards.

Surgery and additional medical care is required to rehabilitate survivors and make it possible for an amputee to use a prosthesis. Facilities should meet certain minimal requirements, such as clean instruments and water, to be operational. Due to the special nature of mine injuries, care should be given to build a cadre of skilled surgeons and other health personnel. Useful training tools for surgeons include a surgical theater and manual for emergency care and follow-up, including proper amputation procedures and reconstructive surgery.

PHYSICAL REHABILITATION, PROSTHESES AND ASSISTIVE DEVICES

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 months, or will need 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 can not 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 assistive 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 eyesight 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 has positive therapeutic effects. 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, apprenticeship 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, fitting and production of prostheses as well as literacy and language training and education for social service providers and survivors. Private and public donors should invest in existing local infrastructure of all social sectors (rather than creating new or parallel systems) to strengthen education and care for mine victims, their families, communities and those organizations offering support to persons with disabilities.

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 citizenry 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 rehabilitation; 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.

DATA COLLECTION

In early 1999, Landmine Survivors Network distributed 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." Unnecessarily raising hopes of survivors time and again without 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 country 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, surveyors 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 with 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 function and provide ongoing support for individuals injured by landmines and persons with disability from other causes.

Questions are raised regarding the best programs or the best approach in addressing the needs of landmine victims. There are concerns that 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 injuries 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 initiatives) and be open 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 no 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 (Mozambique, 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 intersectorial programs and resources allocated to support them. Again, it is one model available for use and not the only answer in addressing this complex issue.

FUTURE DIRECTION

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 Intersessional Standing Committee of Experts (ISCE). 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 is September 15-17).

CONCLUSION

This article was written to provide a general overview of victim assistance. Though much of this information can be found at various web sites (JMU, LSN, ICBL), it is useful to put it all together to keep our individual initiatives in perspective.

Victim assistance is being addressed at community levels, country levels and on an international level. All initiatives are important and each must be aware of the work that has already been made to avoid reinventing the wheel. At every level, landmine survivors should be participants in discussions, planning and program implementation. The phrase, “nothing about us without us” must be respected if we are to truly understand the needs of landmine victims and other persons with disabilities.

The most recent champion to join the effort to ban landmines and promote victim assistance is HM Queen Noor of Jordan. In July 1998, Jordan hosted the first regional Conference on Landmine Injury and Rehabilitation in the Middle East. At this conference HM Queen Noor announced Jordan would sign and ratify the Ottawa Convention. She also announced her patronage of Landmine Survivors Network.

Since that time she has extended her full support for the movement to ban landmines. On victim assistance and the obligations of the treaty, she says, “We would be mistaken to believe that victim assistance is charity, for it is not, it is not optional. It is a moral and legal responsibility that falls on each and every one of us.”