

## **Landmine Victim Assistance, ASEAN mtg, ANU, August 11, 2009**

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It's a great pleasure to be here to contribute to this important meeting, so I would like to thank the organisers for the opportunity. I would also like to thank all those in this room, especially the ANBL, who have worked tirelessly to eradicate the scourge of landmines and cluster munitions, which are surely one of the most iniquitous legacies of warfare. I wish to acknowledge also the invaluable work done by governments represented here in trying to reduce the hazards for their people that these weapons pose. After warfare, a community's primary need and right is to resume normal existence, with the horrors of war left behind them. To have those horrors remain as a regular event is an enormous violation of their rights and an impediment to recovery.

It is a great credit to the ICBL and the ANBL also that their efforts did not weaken at all with the achievement of the Mine Ban Treaty, or the Convention on Cluster Munitions. A treaty only works of course if its provisions are widely implemented, and this requires an enormous amount of work in the case of landmines. The effect of the Mine Ban Treaty has been very heartening. The manufacture, transference, and use of landmines is down, while stockpile destruction continues apace, but there is still much to be done. (I will mention here that when I refer to landmines, the same comments apply to cluster munitions.)

A point I would like to make strongly before addressing the issue of victim assistance is the overwhelming importance still of universalising the treaties, stigmatising these inhumane weapons and their users, reducing their use to zero, and importantly, clearing those that still remain in the ground. In other words, gaining more signatories for the treaties, and ensuring that parties to them comply with their obligations. Prevention is always better than cure, and in the case of landmine injuries we have no cure anyway. Even where victim assistance is available, the process carries very large personal and economic cost.

To address now the issue of assistance for the victims of landmine explosions. There are 473,000 known survivors globally, and this number is increasing every day as new injuries occur. Article 6 (3) of the Mine Ban Treaty states 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...." It is understood that all States Parties are "in a position" to assist survivors, as well as their families and communities, either directly or through international support.

The provisions in the Convention on Cluster Munitions in relation to victim assistance are even stronger. Beyond the obligations in the Mine Ban Treaty, it makes the provision of VA a formal requirement for all States Parties with victims, and calls for international assistance. Article 5(1) provides that Each State Party with cluster munition victims in areas under its jurisdiction or control shall, in accordance with applicable international humanitarian and human rights law, adequately provide age- and gender-sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for their social and economic inclusion..."

### **Who are the victims?**

Landmine victims are not only those who have suffered physical injury from a landmine. States Parties to the Mine Ban Treaty have agreed that mine victims are all "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." This includes all those injured or killed by mines, their families, and affected communities.

Landmine victims are often among the poorest people in remote communities, where lack of access to income, housing, food, and health and rehabilitation services may already be a major problem. The impact of a mine explosion will generally result in such families becoming even poorer as they are forced to sell assets to pay for treatments.

### **What are their needs and how can they be met?**

Landmine survivors have many needs. While they may experience great physical pain and severe bodily handicaps, the psychological, social and economic hardships may far exceed the consequences of the physical damage caused by the injury.

The list of needs for landmine victims is long, and it starts from the moment of the injury.

#### ***Emergency first aid***

This is the first priority and includes retrieval and transport of the injured person from the place of injury, bearing in mind that where there is one injury there are likely to be more landmines, posing a risk to rescuers. Issues such as the availability of first aid centres in mine-affected areas, availability of suitable transport for the victim, and distance to travel to receive surgical care, will all affect prospects for survival.

#### ***Hospital care***

Beyond the retrieval, first aid and transport stages, hospital care is required. Injuries may be multiple and involve upper and lower limbs, the face, eyes, ears, the abdomen, chest and genital region. Their management requires a range of surgical and medical supports, such as anaesthetics, blood for transfusion, antibiotics, IV fluids, and pain management. Surgery is generally in several stages, including amputation of one or more limbs, and preparation of the site for a prosthesis. Hospital staff obviously need to be specifically trained in these procedures, because landmines can cause wounds with which many doctors are not familiar.

#### ***Rehabilitation***

##### ***- Prosthesis***

The next stage may be the individual fitting and manufacture of a prosthesis. The materials and technology used ideally should be locally available and take into account the activities and needs of the victim, which will vary over time, especially in the case of children. The climate, durability, cost and availability of local maintenance should be taken into account. Prostheses will need ongoing repairs and maintenance, and need to be replaced every 3-5 years, or, for a child, every 6-12 months.

If a prosthesis is not well fitted and maintained, the user will usually discard it and opt for a more traditional substitute, or for no apparatus at all.

Other mobility aids such as wheelchairs and crutches are often needed also .

***- Physiotherapy and occupational therapy*** are very important parts of the physical rehabilitation, to maximise mobility and function.

***- Psychological rehabilitation***

An area which is easily overlooked, especially where resources are very limited, is the psychological rehabilitation. Landmine injuries, as any major injury, will often lead to major psychological trauma and disorders such as depression, anxiety, post-traumatic stress, and negative feelings such as guilt and shame.

Many questions can arise for victims: How will my family survive? How will my community regard me? Will my wife/children still listen to me, or obey me? Will the marriage survive? How will this affect intimacy and sexual function ?

Associations for disabled people, including mine victims, can often play an important relatively low-cost means of psychological support, but often professional counselling services are required.

- ***Children***

The psychological and other needs of children in particular are easy to overlook. Injured children may have already lost family members to war-related trauma or other causes, and have particular needs including schooling, and the need for frequent revision of prostheses.

- ***Employment / vocational needs***

Injured people need a means to contribute productively to their own and their family's income. Generally they cannot return to their former employment and need retraining and a new job. Income generating projects, assistance with job placement, and small business loans can all help. The issues of legal protection for disabled people against discrimination, and raising public awareness, are also important.

- ***Accessibility to the built environment*** should be taken into account, to ensure as far as possible that victims can use public buildings and transport. Unfortunately this is difficult to provide in many communities.

Sustainability of all these services must be ensured, because, as mentioned, the needs of landmine victims are long term, and the number of victims will only increase in coming years, even as the rate of landmine injuries decreases.

**How well are these needs met, and how can the situation be improved ?**

Tragically these needs are generally not met well. For many victims they are not met at all. Improvements in efforts to treat, rehabilitate and reintegrate the hundreds of thousands of mine survivors have been slow and sporadic.

It is important to recognise first that most countries afflicted by landmines have limited resources to devote to this problem. The care of severe injuries is resource-intensive and expensive, and health care systems must deal with many demands. Medical, surgical and psychological care may be quite specialised and only available in a major centre.

Of the victim assistance measures, the provision of emergency care generally receives higher priority than the ongoing rehabilitation needs of victims, but even emergency measures are often deficient. To help paramedical people dealing with these injuries, some years ago IPPNW/MAPW ran a workshop in Kenya to produce a small primer on emergency care of landmine victims. This very useful tool is still available.

Psychological support and social reintegration are often given low priority, with stigma still being attached to mental health problems and disabilities. This makes it much harder for the victim and

family to resume a normal place in the community. The acceptance of children with disabilities into mainstream schools, as is happening in Vietnam, is one valuable way to approach the problem of stigma.

Economic reintegration is undoubtedly the weakest component of most victim assistance programs, even though survivors themselves rank this as their top priority. In most countries afflicted with these weapons, economic opportunities are limited or non-existent. As well as the provision of opportunities, follow-up is important to ensure that any benefit is not very short-term. While many countries have employment quotas for people with disabilities, implementation is generally poor.

It's important to mention the value of community based rehabilitation care, especially in remote areas. It has a major role to play where there are financial, transport and other constraints that prohibit attendance at larger rehabilitation centres.

Victim assistance programs need to be based on the needs and priorities recognised by the victims themselves in a particular area and their families and communities. Best results are achieved when these people are included in policy-making, implementation and monitoring.

Also the First Review Conference of the Mine Ban Treaty recognised that victim assistance programs should not be undertaken in a way that excludes people injured or disabled in ways other than mine explosions. The 2008 Landmine Monitor Report indicates a move in some countries toward integration of all disability groups in the community, in recognition that those disabled for any reason face the same problems of discrimination, access, employment etc. This idea should be promoted. These groups need strong, well educated leadership and govt support if they are to succeed.

To summarise, the following points are from the Nairobi Action Plan of the First Review Conference of the Mine Ban Treaty, held in 2004. The Plan stated that States Parties would do their utmost to:

- Establish and enhance health-care services needed to respond to immediate and ongoing medical needs of mine victims, increasing the number of health-care workers and other service-providers in mine affected areas....
- Increase national physical rehabilitation capacity...
- Develop capacities to meet the psychological and social support needs of mine victims
- Actively support the socio-economic reintegration of mine victims...
- Ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims...
- Develop or enhance national mine victim data collection capacities...
- Ensure that, in all victim assistance efforts, emphasis is given to age and gender considerations....

While not all victim assistance measures are high cost items, many of the barriers to providing good victim assistance are of course financial. There is a major need for funding assistance from the more affluent countries of the world, and *particularly* those countries that have been

responsible for either manufacturing or laying these inhumane devices. Their responsibility to help clean up the mess they have created *and* to assist those whose lives have been shattered in the process is overwhelming. Countries such as Australia have a vital role to play also in funding mine clearance and victim assistance, and it is hoped that the Australian government will respond positively to requests to commit to \$100 million aid for these purposes for the period 2011 – 2015. Rae McGrath, who has extensive experience in mine clearance and education, also advocates that the firms that have manufactured landmines should be required to contribute to the costs of rehabilitation.

The Landmine Monitor Report summarises the level of funding assistance from various countries, but tragically indicates a relative decline over the last year or so, probably due to global financial pressures. It is important that this trend is reversed to ensure an increase in funding to address the landmines problem, rather than a decrease. Regardless of the source of the funding, landmine and cluster bomb victims deserve the best available assistance to help rebuild their shattered lives.

Thank you.