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ANTI-PERSONNEL MINES: A DISGRACE FOR HUMANITY

Those who look after people injured by anti-personnel mines and who, day after day, witness the suffering caused by these pernicious weapons, those who produce artificial limbs to help maimed children as they try to cope with their disability all ask themselves what can be done to put an end to this terrible scourge.

Out of a total of 14,221 war-wounded treated in ICRC hospitals in Asia between January 1991 and June 1992, 23% were injured by anti-personnel mines. Out of 3,262 mine-blast victims, 21% were women and children, plus a number of men who never took part in the fighting.

Last year, 7,876 amputees – 26% of them women and children – were fitted with artificial limbs in the ICRC's rehabilitation centres.

These statistics are grim evidence that the extensive efforts made over the years to regulate the indiscriminate use of anti-personnel mines, and to ensure that people not taking part in the fighting are protected from them, have been to no avail.

Moreover, in many instances mines are no

longer used to protect military objectives or to block access routes, but are laid with the perverse intent of terrorizing the civilian population.

Rather than discourage us, this should motivate us even more in our efforts to make those with authority over users and manufacturers face up to their responsibility. And the way to do this is to show them just how devastating these weapons are.

The ICRC has decided to organize a symposium next spring on victims of anti-personnel mines. The issue will be discussed from a variety of angles – political, military, legal and medical; the meeting will also focus on the problems of mine-clearing and rehabilitation. The primary objective will be to work out complementary means of action and to propose a strategy to protect the civilian population from the indiscriminate use of anti-personnel mines.

Dr. Rémy Russbach

Dr. Rémy Russbach is the ICRC's Chief Medical Officer.



CAMBODIA: MINEFIELDS CONTINUE TO TAKE THEIR DEADLY TOLL

In Cambodia, thousands of people are injured every year by anti-personnel mines. "This is human perversity at its very worst", said Dominique Gyger, an ICRC surgeon working at the hospital in Mongkol Borei, a small town between Battambang and Sisophon. In this country scarred by years of conflict, vast areas of land are still infested with mines.

Some anti-personnel mines cost only about 20 dollars and weigh between 20 and 60 grammes. They are extremely difficult to detect, as the small metal device is completely hidden inside a plastic casing. With 80% of Cambodia's population living in the countryside, mines are

a deadly threat: they lie scattered all over the former front lines, particularly in the north-western provinces, which used to separate the Vietnamese armed forces from the Cambodian factions based in Thailand. Mines have been strewn over large expanses of territory, on the edge of forests, in rice paddies, or near bridges and roads.

A mine explosion can completely shatter a person's leg. The blast pushes plastic debris far up into the leg and causes extensive bleeding. Most mine victims have to have limbs amputated. Some mines – known as bounding mines – are triggered off by trip wires. When a

passer-by stumbles over one of these invisible wires, the mine explodes about one metre above the ground, at the height of the victim's abdomen. It takes at least four people to transport a mine victim to a hospital with proper surgical facilities. Wounds often get infected and then gangrene rapidly sets in.

As Dominique Gyger explains, the explosion has a twofold effect: pieces of debris become embedded in the injured limbs and have to be removed one by one; the blast itself causes swelling of the tissues, shatters bones and mangles blood vessels.

Most mine victims are mutilated for life. Those



Cambodia 1992 — A reception centre run jointly by the local Red Cross and the International Federation.

(Damien Personnaz)



who are fortunate enough to make it to hospital have a reasonable chance of pulling through. If not, chances of survival are slim. Few statistics are available, so it is very difficult to establish how many people have in fact fallen victim to mines.

In Cambodia, anti-personnel mines have killed or maimed more people than any other conventional weapon. There are tens of thousands of amputees in the country. Nearly 5,000 more are waiting to be repatriated from camps in Thailand.

Assisting mine victims: a gigantic task

Cambodia's medical infrastructure is quite inadequate to cope with the terrible havoc wrought by mines. In some hospitals patients have to be left lying on the floor. Food is brought to them by relatives. Most hospitals charge for medical treatment, so the equation is simple: no cash, no care.

For amputees who are not fortunate enough to be cared for in an orthopaedic centre, trying to resume a normal existence is a daunting task. They are a burden on their families — yet another mouth to feed. All too often amputees gravitate to the slums around large cities and become beggars or engage in petty crime to survive.

It would take five whole years to clear the mines infesting Cambodian territory. But in the jungle it will be impossible to eliminate them all, and they will continue to kill or maim people going in search of wood. Mine-clearing is a long, slow process, rendered all the more difficult by the fact that anyone can purchase mines on the

Record production at ICRC orthopaedic centre

Figures issued by the ICRC's orthopaedic centre in Battambang, which became fully operational two months after it was opened in August 1991, show the extent of the scourge: in the past year, the centre has received 1,466 requests for artificial limbs. Over 1,150 have been supplied — a record production rate of 110 a month.

black market and lay them around his home to protect his family against thieves or bandits. Moreover, mines are still being planted by the different factions in Cambodia.

And yet the necessary legislation does exist — if only on paper. A treaty adopted by the United Nations in 1980 has a protocol restricting the use of mines. It requires the parties to a conflict to warn the population of the existence of minefields, to map mined areas and to remove all mines when hostilities are over. Only 31 States have signed the protocol. Poorer nations do not want to give up a cheap and highly effective weapon capable of gradually destroying the civilian population's morale and ruining the entire health system of a country torn apart by civil war.

Damien Personnaz

Damien Personnaz is a field information officer at the International Federation of Red Cross and Red Crescent Societies



Anti-personnel mines are a constant danger to local population and returnees alike.

(Damien Personnaz)

A treaty adopted by the United Nations in 1980 codifies specific rules on the use of mines:

- It is prohibited in all circumstances to direct mines against the civilian population.
- The indiscriminate use of mines is prohibited.
- All feasible precautions shall be taken to protect civilians from the effects of mines.

LAND MINES IN AFGHANISTAN

During the Afghan war, innumerable land mines were laid all over the country. Tens of thousands of people have been maimed by mines since the conflict broke out 14 years ago. The ICRC has treated thousands of mine-blast victims since the opening of its surgical hospitals in Peshawar (1981) and Quetta (1983) in Pakistan, and in the Afghan capital, Kabul (1988); 9,000 amputees have been fitted with artificial limbs in its two orthopaedic centres in Peshawar and Kabul.

Since the change of government last April, there has been an alarming rise in the number of mine victims admitted to the ICRC's hospitals in Peshawar and Quetta and to its former hospital in Kabul, which is now run by local medical authorities. Hundreds of thousands of Afghan refugees have meanwhile been returning to their homeland. After long years in exile, the returnees are no longer familiar with local conditions. This renders them particularly vulnerable to the dangers of land mines, which lie hidden along footpaths or in the fields around their villages. Between last April and September alone, 1,400 victims of mine explosions were admitted for treatment at the ICRC's three hospitals – an increase of 130% over figures registered during the same six-month period in 1989, 1990 and 1991. As only a small fraction of all mine-blast victims actually make it to hospital, it must be assumed that the total number of people injured is far higher and that many die of their wounds.

The ICRC is increasingly concerned about these grim facts and figures and is stepping up its information campaign to heighten awareness of the devastating effects of the indiscriminate use of land mines, and particularly the ravages they cause among the civilian population. The tragedy and suffering endured by the returnees can be averted only through strong support from the international community. Mine-removal operations are costly. Clearing a mine-infested area is a Herculean task and a highly dangerous one, too. In Afghanistan, UNOCA¹ launched a mine-clearance programme as soon as possible, in late 1989. So far, only 68 square kilometres of land have been cleared, while 16 mine-removal staff have been killed and 20 others wounded.

To speed up the mine-clearing process, many more teams are needed: UNOCA would like to have 50 of them at its disposal. To achieve this aim the mine-clearance programme, as yet desperately underfunded, will need much more financial support.

On 9 November, a conference was held in Geneva under the auspices of the Humanitarian Liaison Working Group (HLWG). This informal group regularly brings together representatives of Permanent Missions in Geneva, United Nations specialized agencies and non-governmental organizations. Several topics relating to land mines were discussed. Four ICRC speakers emphasized the various difficulties the ICRC has encountered in both Afghanistan and Cambodia in connection with mines and the treatment of mine injuries. Two experts from the Halo Trust, a British non-governmental organization that specializes in mine removal and has been working in Afghanistan, described the tremendous problems facing their teams involved in mine-clearing activities worldwide.

Yves Giovannoni²

Patients at the intensive care unit of the ICRC hospital for Afghan war-wounded.

(T. Gassmann)



¹ United Nations Office for the Coordination of Humanitarian and Economic Assistance Programmes relating to Afghanistan.

² Yves Giovannoni of the ICRC's Asia Desk is in charge of matters relating to Afghanistan, Pakistan, India, Sri Lanka and Myanmar.

Bosnia-Herzegovina: evacuation plan

On 1 October, the representatives of the three parties to the conflict in Bosnia-Herzegovina – Moslems, Croats and Serbs – signed an agreement at the ICRC providing for the release of all prisoners, whether civilians or combatants, on condition they are not accused of, or sentenced for, grave violations of international humanitarian law.

The release operation began on 30 October and covers 11 places of detention, where 5,000 people – 3,700 Moslems, 300 Croats and 1,000 Serbs – are being held.

Dissemination in Colombia: a joint success

From 7 to 24 October, the ICRC and the Colombian Red Cross held a training course for

dissemination officers from Latin American National Societies. About 40 participants from 10 countries of the region took part. The course was a twofold innovation: it was the first of such duration to be organized on the dissemination of international humanitarian law, and it was also the first time a National Society was so closely associated in preparing and managing this type of training session.

The organizers had set high standards for the course, which included subjects such as human rights and the law of war and modern teaching techniques. All the participants undertook to set up similar sessions within their own National Societies in order to spread the message and ensure maximum impact.

The ICRC hopes to be able to repeat this successful experiment on other continents.

Security in the field: a growing concern

The situations in which the ICRC works are becoming increasingly hazardous. And the risks facing delegates in the field have never been as high as they are today. In armed conflicts nowadays more and more parties are involved in the fighting; commanders often have difficulty maintaining authority over their troops and ensuring that instructions are followed, particularly when it comes to respecting the Red Cross emblem. The ICRC has therefore decided to entrust one of its senior staff with the task of updating its existing security procedures and reviewing all security incidents involving field personnel, so that ICRC staff can be trained to cope with such risks in the future. The newly appointed delegate in charge of security is Philippe Dind, who joined the ICRC in 1974.

ICRC VETERINARY PROGRAMME UNDER WAY IN SOMALIA

More than half of Somalia's population are nomads who depend on their livestock for survival. "If our animals are healthy, our children will be too" is their firm belief. The ICRC is well aware of the crucial importance of safeguarding the nomads' way of life in this war-torn country of the Horn of Africa. About seven months ago, it launched its largest veterinary programme ever. Two and a half million sheep and goats, 500,000 camels and as many cows have already been treated for parasitic infections. "Everywhere we go, people are enthusiastic about our work. And we don't have the slightest security problem", said Sangeeta König, who heads the programme.

In recent years the country's livestock has been hard hit by the drought and lack of proper veterinary care. The animals have worms and ticks, and suffer from all the diseases carried by such parasites. Today, the conflict has forced the nomads to drive their herds into areas they previously avoided because of diseases such as trypanosomiasis (transmitted by the tsetse fly) and rinderpest. ICRC veterinarian Hans-Peter Giess recalls that when he surveyed nomad regions last November he realized that something had to be done, immediately. One month later, the ICRC's veterinary programme was under way.

This unusual operation is helping thousands of nomadic families. Most of them own about 100 sheep and goats, four camels to provide milk and two pack camels. They are constantly on the move and pitch their tents, or "aqal", wherever they can find food and water for their livestock, for if their animals thrive, so will they. Or, as an old proverb in the Horn of Africa says, "if the herds die, then the people will die too". Camel and goat milk is the staple food for young children. The livestock not only provides the adults with meat, but also represents their only wealth. Despite the chaos caused by the conflict, Somalia's nomads have recently managed to resume trade with Saudi Arabia, Yemen and Djibouti. According to Hans-Peter Giess, the animals are now in better condition and can sell for double the price they fetched when the ICRC began its programme.

To succeed, the programme obviously had to be accepted by the nomads. They are all familiar with the medicines provided by the ICRC, and initial difficulties were therefore quickly overcome. "These people are real experts and have no problem using the remedies we give them", said Sangeeta König. They also make sure that 30% of their livestock is regularly renewed by keeping the best animals for breeding. Polluted water is still

a problem in many places, but there too efforts are being made to improve the situation.

The ICRC's veterinary programme is therefore a promising development, bringing hope for the future.

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Tony Burgener has been the ICRC's press attaché for Africa since June 1992.

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