

Victim Assistance in Colombia: then and now

Colombia	1	2	3	4	5	6
According to original study		•				•
According to LM 2002						
According to LM 2003						

Key Developments (LM 2002): On 25 July 2002, national implementation legislation, including penal sanctions, came into effect. On 8 October 2001, the government established a commission (CINAMA) to coordinate mine action and oversee implementation of the Mine Ban Treaty. The government's Antipersonnel Mine Observatory, within the Program for the Prevention of Antipersonnel Mine Accidents and Victim Assistance, became operational in 2001. On 15 March 2002, Colombia submitted its initial Article 7 transparency report. Colombia reported a stockpile of 20,312 landmines. Colombia is developing a National Plan for stockpile destruction and mine clearance and expects clearance to take 20 years. Officials have stated that Army minefields around strategic sites will not be cleared while the war continues. At least 256 of Colombia's 1,097 municipalities in 28 of the 31 departments in the country are believed to be mine-affected. The government reports increased use of antipersonnel mines by non-State actors, including FARC, ELN, and AUC. Mine casualties rose as the conflict intensified. In the first ten months of 2001, 201 new landmine casualties were recorded; resulting in an average of approximately two casualties every three days. In September 2001, at the Third Meeting of States Parties, Colombia was named as the co-rapporteur of the Standing Committee on Victim Assistance.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original study:

LM 2000 reports a statistical survey by the Colombian Campaign Against Landmines (CCCM) has identified 736 mine victims since 1991. Accidents involving landmines were reported in 23 departments in the country. The largest number of casualties, 151, were recorded in 1997. CCCM identified 63 victims in 1999, and 35 in the first half of 2000. CCCM believes the figures reported here significantly underestimate the actual number of AP mine victims in the country, due to lack of systematic reporting. The Information Department of the Ministry of Health is currently in the third year of a project which aims to generate needed statistical data on various aspects related to health and violence in Colombia, so as to arrive at a comprehensive view of violence in the country. While results are not available, the project does not include indicators on AP mines in its methodology.

According to LM 2002:

In the first ten months of 2001, the Antipersonnel Mine Observatory recorded 201 new landmine casualties, equating to an average of approximately two casualties every three days.⁹⁷ Of the total casualties reported, 43 people were killed and 158 injured; 52 casualties were civilians, 129 were members of the Armed Forces, and the status of 20 casualties was not known. Thirty-eight casualties (19 percent) were children; five died and 33 were injured.

In the context of the armed conflict, statistics differ according to the source, and for the most part information is based on media reports, not on systematic reporting systems. It is assumed that under reporting is a significant factor.

The reported casualties represents a significant increase from the 83 new landmine casualties reported in 2000, of which 23 were killed and 60 injured, and the 63 casualties reported in 1999.⁹⁸ However, according to Ministry of Defense Technical Health Secretariat (Secretaría Técnica en Salud del Ministerio de Defensa) registries, in 2000, landmines killed 36 Armed Forces personnel and injured 181 others, and in 1999, 27 were killed and 180 injured.⁹⁹ A statistical survey by CCCM in 2000 identified 736 mine casualties in 23 departments between 1993 and 1999. The highest number recorded was 151 casualties in 1997.¹⁰⁰

In 2001, the most common activities at the time of the mine incident were military or police actions (65 percent), followed by "play or walking to school" (three percent), and traveling in a vehicle (two percent).¹⁰¹ For the remaining casualties, the activity at the time of the incident was unknown. There is little information

available on casualties among non-state actors. According to the Vice President's Office, approximately seven percent of ex-combatants who were reintegrated into civilian life in the 1990s had some form of disability due to the armed conflict.¹⁰²

For the first ten months of 2001, the Antipersonnel Mine Observatory reported a total of 243 mine incidents involving antipersonnel mines and UXO; 87 percent due to antipersonnel mines, 4.1 percent involving abandoned grenades, 7.8 percent involving abandoned gas cylinders, and one percent involving other explosives.¹⁰³

In 2001 the majority of incidents (190) occurred in 52 municipalities in sixteen departments:¹⁰⁴

- 55 in Antioquia department: in the municipalities of Cocorná (10), San Carlos (7), Granada (6), Remedios (5), Medellín (4), Concepción, San Luis and El Carmen de Viboral (3 each), Anorí, Briceño, Peñol, Segovia, Yolombó, San Vicente y Yondó and Zaragoza (2 each);
- 34 in Arauca department: Arauquita (15), Tame (10), Arauca (6), Saravena (3);
- 27 in Santander department: Barrancabermeja (11), Surata (5), Matanza (3), Bucaramanga, Puerto Wilches, Rionegro and Tona (2 each);
- 18 in Bolívar department: San Pablo (7), Morales (5), Santa Rosa, El Carmen de Bolívar and Arenal (2 each);
- 17 in Norte de Santander department: San Calixto (5), Sardinata (4), Ábrego (3), Hacari (3), El Tarra (2);
- 7 in Putumayo department: Valle del Guamez (5), Puerto Caicedo (2);
- 6 in Cundinamarca department: Cabrera, Junín and La Palma (2 each);
- 4 in Meta department: El Dorado and Puerto Gaitán (2 each);
- 4 in Cauca department: Cajibío (4);
- 4 in Valle del Cauca department: Cali (4);
- 3 in Boyacá department: Cubara (3);
- 3 in Choco department: Quibdó (3);
- 2 in Magdalena department: Ciénaga (2);
- 2 in Cesar department: Aguachica (2);
- 2 in Caquetá department: Puerto Rico (2);
- 2 in Sucre department: Colosó (2).

Approximately 88 percent of the reported mine incidents occurred in rural areas. However, in the department of Santander, 42 percent of the incidents occurred in urban areas, while in Arauca department, 20 percent of incidents occurred in urban areas.¹⁰⁵ At a July 2002 meeting with the OAS and GICHD, Vice President Gustavo Bell Lamus released a report by the Antipersonnel Mine Observatory on antipersonnel mine incidents and casualties in the first half of 2002.¹⁰⁶ According to media reports, 129 casualties were reported in the first half of 2002, of which 47 died at the site of the incident. Approximately 95 percent of the 129 casualties were male, 81 casualties were members of the Armed Forces, and 48 casualties were civilians, including 17 children. On 30 May 2002, Col. Montoya stated that the Colombian Armed Forces had suffered 85 casualties in 2002 from mines and added, "Yesterday in our battalion, three soldiers died and another two were injured while trying to clear a minefield."¹⁰⁷

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

No information available.

According to LM 2002:

In January 2001, the government launched the Program for Mine Accident Prevention and Victim Assistance. The victim assistance component of the program includes medical care and rehabilitation, educational reintegration, vocational reintegration, and accessibility to the physical environment.¹²⁰ The pilot program is being implemented in two phases in 32 municipalities in five departments.¹²¹

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 2000 reports adequate medical and rehabilitation services for landmine victims available in urban areas only and that costs are prohibitive. The Colombia Campaign Against Landmines (CCCM) concludes that Colombia's health care facilities are insufficient for providing adequate coverage and are also unequally distributed. Medical, surgical and rehabilitation services for victims are usually located in the main urban centers, whereas most victims live in rural areas. The Hospital Militar de Colombia in Bogota is the only hospital fully prepared and equipped to treat a mine victim from the emergency room to rehabilitation, including psychological support. The prosthetic and orthopedic devices are produced in Bogota at the Hospital and the CIREC foundation. Rehabilitation services are also provided at the San Juan Bautista Orthopedic Center in Bucaramanga, and the Antioquia Rehabilitation Committee in Medellin.

According to LM 2002:

Emergency care at the scene of a mine incident is reportedly deficient, medical treatment and surgery in regional hospitals is slow, and transport to medical facilities is inadequate.¹⁰⁸ In rural areas, it is difficult to get immediate medical help, and it can sometimes take hours or even days to reach the nearest hospital. Medical and rehabilitation services for mine survivors in Colombia are for the most part located in the main urban centers, whereas most survivors live in rural areas.¹⁰⁹ Some survivors claim that they had not received any rehabilitation treatment six months after the incident and some a year afterwards. They reportedly did not want to admit to being mine survivors out of fear of being considered one of the participants in the Colombian conflict.¹¹⁰

Authorities acknowledge that medical care is made difficult by the distance between the place of the incident and the health care centers, by a lack of knowledge of first aid, and by limitations in social and economic rehabilitation. Currently, most resources for survivor assistance are going to emergency medical care and physical rehabilitation while activities focused on psychosocial support, economic and vocational reintegration are limited.¹¹¹

Military personnel have access to physical rehabilitation and psychosocial support.¹¹²

In a presentation to the Standing Committee on Victim Assistance and Socio-Economic in May 2002, it was reported that in Colombia resources destined for survivors do not always reach the intended beneficiaries, and that programs suffer from a lack of continuity as policies and structures change according to the government in place. There is a lack of norms that reflect reality, and generally the quality of service has declined and has serious deficiencies, such as not having sufficient prostheses to meet the demand.¹¹³

Five centers manufacture prostheses and provide other services to landmine survivors and other persons with disabilities in Colombia: the Hospital Militar de Colombia (Colombia's Military Hospital) in Bogotá, the San Juan Bautista Orthopedic Center in Bucaramanga in Santander department, the Antioquia Rehabilitation Committee in Medellin in Antioquia department, the REI Foundation in Cartagena and CIREC.¹¹⁴

The Bogotá-based CIREC (Centro Integral de Rehabilitación de Colombia) provides integrated rehabilitation services to amputees and other persons with disabilities. CIREC produces about 500 lower limb prostheses and 3,000 orthoses a year in its facility. The center also provides medical services, physical and occupational therapy, psychological support, and direct financial assistance if necessary. Ninety percent of the landmine survivors and other patients disabled by the armed conflict that receive care at CIREC are peasants or rural inhabitants with limited economic resources. Sixty percent are men between 20 and 40 years old and are heads of family. Forty-five percent of the employees at CIREC are people with a disability. The annual budget is about \$270,000.¹¹⁵

In 2001 the Rehabilitación Integral (REI) foundation orthopedic workshop in Cartagena, supported by Handicap International Belgium (HIB), provided services to 163 patients.¹¹⁶ No specific records are kept, but some of the patients are reportedly mine survivors.¹¹⁷ The REI foundation's community-based rehabilitation program was extended to 12 communities and benefited 730 persons. The program includes psychosocial support for persons with disabilities and their families, health brigades and home-care. HIB also provided a four-week training session for three orthopedic technicians from the workshop.¹¹⁸

On 1 April 2002, the Italian NGO Movimondo began a two-year rehabilitation project in two neighborhoods of Cartagena, and in Carmen de Bolívar and Magangué municipalities, Bolívar for people injured in the conflict.¹¹⁹

The project aims to directly benefit around 2,220 persons with disabilities, especially those on low incomes, through a program that includes community-based rehabilitation. The program will encourage the participation of women, both women with disabilities and women heads of families in which there is a person with a disability.

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

LM 2000 reports such service for the social and economic reintegration of war disabled to be virtually non-existent. FOSYGA (Fund of Guarantees and Solidarity), of the Ministry of Health, is a governmental fund that provides some money to victims of political violence to cover their medical expenses. However, due to the complexity of the bureaucratic process and the documentation required to obtain funding, most landmine victims never request it.

According to LM 2002:

The pilot program of the government-launched Program for Mine Accident Prevention and Victim Assistance is being implemented in two phases in 32 municipalities in five departments.¹²¹ In the first phase the Antipersonnel Mine Observatory was launched in 16 municipalities in the three departments where 48 percent of mine casualties are found: Antioquia, Bolívar and Santander.¹²² The first phase was implemented by UNICEF Colombia, REDEPAZ [Red de Iniciativas por la Paz], Asamblea de la Sociedad Civil por la Paz, Corporación Paz y Democracia, Scouts de Colombia, and Hospital Roosevelt. It was funded by the Peace Investment Fund, \$155,420 (COP 357 million), and by UNICEF \$40,488 (COP 93 million).¹²³ The first phase of the pilot program in Antioquia, Bolívar, and Santander has been completed; however, as of June 2002, a report on the results of the program was not yet finalized.¹²⁴

In the second phase, the AMO is being extended to a further 16 municipalities in the Departments of Antioquia, Cauca, and Valle del Cauca.¹²⁵ The victim assistance component of the Program for Mine Accident Prevention and Victim Assistance is also being implemented in the 16 municipalities in Antioquia, Bolívar and Santander where the first phase was implemented.¹²⁶ The second phase began in January 2002.¹²⁷

Expected results from the second phase of the program include training 25 people in each municipality on health and education resources, identification of psychological problems that impede learning, and development of theoretical and practical instruments to deal with these problems. Another expected result is to have medical care and rehabilitation services available for landmine survivors in these mine-affected municipalities.¹²⁸

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

In 1981, a National Rehabilitation System was established under Law 2358 although it is unclear whether this incorporates a national disability policy. In 1997, Law 418 established the State's obligation to care for victims of armed political or ideological conflict. LM 2000 reports that the National Plan for People with Disabilities (PNAPD), coordinated by the Health Minister, has a budget of US\$3.6 million for the year 2000 but that people with disabilities are generally not aware of the Plan or its benefits.

According to LM 2002:

Landmine casualties are entitled to assistance and benefits under the following Laws and Program. The victims of bombs and other explosive devices are entitled to medical and surgical care, and physical rehabilitation including prostheses, under the 1996 decree 1283, the 1995 Law 418 and the 1999 Law 548 with funding coming from the Solidarity and Guarantee Fund of the Ministry of Health (FOSIGA).¹³⁰

Under the Program for Assistance to the Victims of Violence subsidies are available for housing and services, and assistance is provided for education. The Social Solidarity Network (Red de Solidaridad Social) provides compensation in the event of death to the first direct beneficiary of the victim to the equivalent of 42.29 times the minimum monthly salary; in the event of the victim being disabled or suffering light injuries or material losses, compensation is up to 42.29 times the minimum monthly wage, according to the severity of the disability or loss.

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

No information available.

According to LM 2002:

In the second half of 2002 activities will include strengthening landmine survivor organizations in the 32 municipalities, workshops on psychosocial support in the first 16 municipalities, and organization of municipal and departmental committees in Antioquia, Cauca and Valle del Cauca.¹²⁹

Endnotes:

⁹⁷ PAAV, "January Report 2002," p.1; based on information from the Observatorio de Minas Antipersonal. Base de Datos de la Violencia de la Sala de Estrategias del Palacio de Nariño, Presidencia de la República December 2001.

⁹⁸ See *Landmine Monitor Report 2001*, p. 320.

⁹⁹ PAAV, "January Report 2002," p.1.

¹⁰⁰ *Landmine Monitor Report 2001*, p.320.

¹⁰¹ PAAV, "January Report 2002," p.1; based on information from the Observatorio de Minas

¹⁰² PAAV, "January Report 2002," p.1.

¹⁰³ Antipersonnel Mine Observatory, "Anti-Personnel Mines in Colombia," December 2001, Table "Tipos de artefactos asociados con accidentes o incidentes..." p. 12.

¹⁰⁴ PAAV, "January Report 2002," p. 4.

¹⁰⁵ *Ibid.*, p.5; based on information from a consultancy by the "Consultoría para los Derechos Humanos y el Desplazamiento CODHES," undated.

¹⁰⁶ "Número de víctimas de minas antipersonales se incrementa en un 40%," *El Espectador* (Bogotá), 15 July 2002; and "Las minas antipersonales han dejado un total de 129 víctimas en lo que va del año," *Europa Press* (Bogotá), 9 July 2002.

¹⁰⁷ Notes taken by Landmine Monitor (MAC) and statement provided to MAC in writing by Colonel Julian Cardona Montoya, Standing Committee on Stockpile Destruction, 30 May 2002.

¹⁰⁸ Jeanette Perry de Saravia, Director, CIREC, "Accessibility of services in the field", presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, 28 May 2002.

¹⁰⁹ See *Landmine Monitor Report 2001*, p. 321.

¹¹⁰ Jeanette Perry de Saravia, Director, CIREC, "Accessibility of services in the field", presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, 28 May 2002.

¹¹¹ PAAV, "January Report 2002," p.2.

¹¹² *Ibid.*

¹¹³ Jeanette Perry de Saravia, Director, CIREC, "Accessibility of services in the field", presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, 28 May 2002.

¹¹⁴ See *Landmine Monitor Report 2000*, pp. 322-323.

¹¹⁵ Jeanette Perry de Saravia, Director, CIREC, "Accessibility of services in the field", presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, 28 May 2002; see also ICBL Portfolio of Landmine Victim Assistance Programs, available at <http://www.landminevap.org>.

¹¹⁶ "Colombia," *Activity Report 2001*, Handicap International Belgium.

¹¹⁷ Dominique Delvigne, Program Director in Colombia, Handicap International Belgium, response to Landmine Monitor Survivor Assistance Questionnaire, 25 June 2002.

¹¹⁸ "Colombia," *Activity Report 2001*, Handicap International Belgium.

¹¹⁹ Project document sent to Landmine Monitor (HIB) by Sarah Dani, Assistant, Central American and Colombia Unit, Movimondo, 19 July 2002.

¹²⁰ For more details see *Landmine Monitor Report 2001*, pp. 321-322.

¹²¹ Plan Colombia, Fondo de Inversión para la Paz, "Ficha Técnica de Proyecto," updated 5 June 2002, checked 14 July 2002.

¹²² Article 7 Report, Form J, Section 4, 15 March 2002.

¹²³ *Ibid.*

¹²⁴ UNICEF e-Bulletin, "Things that go bang!," Issue 4, 13 May 2002.

¹²⁵ Article 7 Report, Form J, Section 2, 15 March 2002.

¹²⁶ *Ibid.* Section 3 of Form J of the initial Article 7 Report was not included.

¹²⁷ PAAV, "January Report 2002," p.8.

¹²⁸ Article 7 Report, Form J, Section 2, 15 March 2002.

¹²⁹ Plan Colombia, Fondo de Inversión para la Paz, “Ficha Técnica de Proyecto,” updated 5 June 2002.

¹³⁰ Article 7 Report, Form J (1), 15 March 2002.