

Victim Assistance in Ecuador: then and now

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

Key Developments (LM 2002):

Ecuador completed stockpile destruction on 11 September 2001. It destroyed a total of 260,302 antipersonnel mines. It revised the number of mines retained for training purposes from 16,000 to 4,000. Several mine impact surveys are reportedly underway.

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

According to original study:

LM 2000 reports that there is no systematic data gathering mechanism for landmine incidents in Ecuador and exact figures are unavailable. The Ministry of Health of Ecuador does not have an official registry of landmine casualties and the National Statistics Institute (INEC) also does not have information on landmine victims in the country. LM 2000 reports that there are not believed to have been any new mine victims so far in 2000.

According to LM 2002:

There is no systematic data-gathering mechanism for landmine incidents in Ecuador and exact figures are unavailable. The Ministry of Health does not have an official registry and neither does the National Statistics Institute.

In 2001, two mine/UXO incidents were reported. On 25 March 2001 in Shaymi, near the Peruvian border, a man stepped on a mine while hunting and received serious injuries.⁴⁸ He was taken to the health clinic in Guayzimi and then to the hospital in Zamora. On 29 May 2001 two children were killed and a third was seriously injured when a grenade they found exploded. The incident occurred in Parroquia Montalvo in Pastaza, while US Army Rangers and the Ecuadorian Jungle Battallion No. 49 were conducting a training exercise.⁴⁹

The most recent reported mine incident took place on 10 January 2002, when a 19 year old Peruvian citizen died after stepping on a landmine reportedly in Ecuadorian territory as he returned home after crossing the border to seek work. The incident occurred in Kanga, close to the Cenepa River and three hours from Shaima. He received first aid in a nearby town but died some hours later while being transferred to another health center.⁵⁰ According to Ecuadorian officials however, the mine was in Peruvian territory, but the casualty was brought to an Ecuadorian health center since it was closer.⁵¹

The local farming population in El Oro and Loja has not reported any landmine casualties, according to personnel at a local hospital.⁵²

There have been no recorded mine casualties among deminers since the mine clearance operation began.

According to the U.S. State Department, there were about 120 landmine casualties in Ecuador between 1995 and 1999. The majority were civilians.⁵³

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:

No information available.

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

According to original study:

A 1999 UNMAS-led Assessment Mission reports that the military hospital in Quito offers an integrated approach to rehabilitation that includes physical and psychological (as well as professional and vocational) rehabilitation for military personnel injured by landmines. However, medical and rehabilitation services for civilian victims are reportedly inadequate, reflecting systematic weaknesses in Ecuador's health care system and disparities between services in rural and urban areas.

According to LM 2002:

The military in Ecuador has a health care system that provides integrated care to military landmine casualties through the Armed Forces Social Security Institute (ISSFA, Instituto de Seguridad Social de las Fuerzas Armadas). Civilians injured by landmines do not receive the same level of attention as military personnel and existing services remain inadequate. Mine clearance operations have trained personnel and helicopters for evacuation available at all times.⁵⁴

In March 2002, Landmine Monitor visited mine-affected zones in the southern border as well as the public hospital in Huaquillas and the military hospital in Pasaje. According to administrative staff at the public hospital, no landmine casualties have been registered at the hospital. Hospital records reviewed by Landmine Monitor indicated that five mine casualties were treated at the hospital during the Cenepa conflict.⁵⁸ According to administrative staff, the hospital is not equipped to provide medical care to landmine survivors and does not have the capacity to provide prostheses; for this a survivor would have to be taken to the Military Hospital in Pasaje. The military hospital opened an Orthopedic Center, which provides wheelchairs, crutches, and other aids for disabled persons.⁵⁹

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

According to original study:

A 1999 UNMAS-led Assessment Mission reports that the military hospital in Quito offers an integrated approach to rehabilitation that includes professional and vocational rehabilitation for military personnel injured by landmines. Military personnel receive full coverage for all forms of rehabilitation and related mobility devices received at the hospital.

According to LM 2002:

In 2002, five disabled veterans from the Association received training on the IMSMA database system and once the training is completed they will be employed at CENDESMI's national headquarters and at the regional command centers to assist in developing mine action plans.⁵⁵

According to the President of the Association of Disabled Veterans, victims of the conflict are receiving housing and school bursaries for their children, although at a slow pace.⁵⁶ With regards to disabled veterans who are no longer in active service, ISSFA will continue to support them, as long as they remain affiliated to the Association of Disabled Veterans.⁵⁷

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

According to original study:

No information available.

According to LM 2002:

In March 1995, a law was enacted to support the victims of the conflict with housing, pensions and school bursaries for their children.

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

According to original study:

No information available.

According to LM 2002:

No information available.

Endnotes:

⁴⁸ "Cazador pisó mina antipersonal," *La Hora Zamora* (Zamora), 25 March 2001.

⁴⁹ Marcelo Gálvez, "Dos muertos en maniobras," *El Universo* (Guayaquil), 30 May 2001.

⁵⁰ “Joven Peruano pierde la vida al pisar mina” in *La Hora* (Zamora, Ecuador), 15 January 2002.

⁵¹ Landmine Monitor interview with Gustavo Anda, Ministry of Foreign Affairs; interview with Major Juan Carlos Guarderas, Comando General de Desminado, Las Malvinas Military Base, 25 May 2002.

⁵² Landmine Monitor interview with personnel of Huaquillas Hospital, province, 11 March 2002.

⁵³ Bureau of Political-Military Affairs, *To Walk the Earth in Safety: The United States Commitment to Humanitarian Demining*, 3rd edition, U.S. Department of State, Washington, November 2001, p. 38.

⁵⁴ For more details see *Landmine Monitor Report 2001*, pp. 333-334.

⁵⁵ Article 7 Report, Form J, 31 May 2002.

⁵⁶ Interview with Sergeant Nelson Castillo, President, Association of Disabled Veterans “Upper Cenepa,” Quito, 8 April 2002.

⁵⁸ Interview with staff of Huaquillas Hospital, Huaquillas, 12 March 2002.