

Reduce Explosive Violence, Increase Victim Empowerment

Findings and recommendations from an inquiry into assistance to victims of explosive violence by the APPG on Explosive Threats



All Party Parliamentary Group
on Explosive Threats

The All Party Parliamentary Group (APPG) on Explosive Threats was first established in 2011 as the APPG on Landmines. In the current parliament its first act was to initiate an inquiry into one of the five pillars of mine-action: Assistance to victims.

This report summarises key points made in the written evidence submitted to the APPG inquiry, and the discussions at the subsequent conference, and provides a set of recommendations for the UK government and the international community.

The APPG would like to thank the inquiry advisory panel chaired by Nigel Ellway – Iain Overton and Dr James Kearney of Action on Armed Violence, Serena Leone and David Lloyd Webber of EMERGENCY UK, Lou McGrath of Find a Better Way and Steven Smith of International Refugee Trust, - and Nigel Ellway, James Kearney and David Lloyd Webber for writing this report.

Why Victim Assistance?

For many years the focus of advocacy around explosive weapons has been on the international campaign to ban anti-personnel landmines and the illegal use of explosive weapons against innocent civilians by mainly state parties and state party supported groups.

Although victim assistance is one of the five United Nations pillars of mine action, it has often been overshadowed by the emphasis on clearance and prevention.

What is ‘Victim Assistance’?

The United Nations Policy on Victim Assistance in Mine Action states: “victim assistance shall be understood to comprise the following areas or components:

- (a) data collection, including context analysis and needs assessment for services referral, as a starting point to understand the extent of the problem and the challenges ahead;
- (b) emergency and continuing medical care, including emergency first aid to the victim of the explosion and ongoing medical care other than physical rehabilitation;
- (c) physical and other rehabilitation, including physiotherapy, as well as assistive and mobility devices;
- (d) psychological and psycho-social support;
- (e) social and economic inclusion, inclusive education, as well as access to basic services and disability awareness;
- (f) establishment, enforcement and implementation of relevant laws and public policies.

The above-mentioned components shall not be seen in isolation or as separate sets of actions. They form the basis for a holistic and integrated approach for the realization of the human rights of the victims.

The APPG inquiry focused on: the extent and breadth of the problem facing organisations and governments, the UK Government’s policies in response, and potential recommendations or lessons to be learned. A wide range of different organisations and departments from government, academia, civil society, and the private sector were asked to submit evidence to the inquiry.

We asked the following questions:

1. Figures for civilian victims of explosive violence have risen dramatically over the past 24 months – what do you see as the main reason for this?
2. What challenges do state governments and agencies face in effectively monitoring the numbers of people affected by explosive violence?
3. What challenges do state government and agencies face in coping with support for rising numbers of victims and those displaced by explosive violence?
4. What do you consider are the most important changes that governments and agencies could make to their policies to better protect and support victims of explosive violence?

(‘agencies’ include all organisations working in this arena including the civil society and commercial sector)

Respondants were invited to expand if they felt the questions too narrow.

Evidence was submitted to the All-Party Parliamentary Group on Explosive Threats by the following organisations and individuals (organisation name followed by citation reference code used in the report):

Airwars	Ev. 1
United Nations Mine Action Service (UNMAS)	Ev. 2
EMERGENCY UK	Ev. 3
Royal British Legion Centre for Blast Injury Studies, Imperial College London	Ev. 4
Action on Armed Violence (AOAV)	Ev. 5
Find A Better Way	Ev. 6
Office for Mine Action, Government of the Republic of Croatia	Ev. 7
Conflict Recovery International (CRI)	Ev. 8
Rt Hon. Mark Lancaster, Minister of State for the Armed Forces	Ev. 9
International NGO Safety Organisation (INSO)	Ev. 10
Geoff Little, Deputy Chief Executive, Manchester City Council & Chair of the Welfare and Health Subgroup	Ev. 11
UN Office for the Coordination of Humanitarian Affairs (OCHA)	Ev. 12
UN Office for Disarmament Affairs (UNODA)	Ev. 13
Save the Children UK (SCUK)	Ev. 14
UNICEF	Ev. 15
United National Development Programme (UNDP)	Ev. 16

1. INTRODUCTION

The use of explosive weapons has become commonplace in modern conflict. As countries become increasingly reluctant to deploy troops on the ground, the use of explosive weapons has become ever more widespread, and the human cost has become ever greater. The changing nature of war, compounded by ongoing urbanisation globally, has also seen a pronounced shift towards conflicts occurring in and around cities and towns. The weapons deployed, whether by state or non-state actor, have become ever deadlier; their use and deployment, ever more indiscriminate. Consequently, it is civilians who frequently bear the brunt of such attacks. Furthermore, the aftermath of the initial attacks, and the ongoing utilisation of explosive weapons concretises long-term, deleterious consequences for the everyday lives of civilian populations.

As UNICEF UK commented in their evidence submission to the APPG inquiry, “The number of highly violent conflicts has almost doubled in the past decade. The use of explosive weapons in populated areas is killing an increasing number of children and their families and injuring them in ways that have life-long implications. The proliferation of asymmetric warfare, the urbanization of conflicts, the continued use of artillery and airstrikes in densely populated areas, and the use of new and particularly lethal tactics by state or non-state actors, all contribute to this trend”.¹



EMERGENCY Surgical Centre, Erbil, dealing with casualties from Mosul. Feb 2017. www.emergencyuk. Photo by Giles Duley.

¹ Ev. 15

AIR-LAUNCHED EXPLOSIVE WEAPONS



14,342

CIVILIANS KILLED
& INJURED IN 2017



7 IN 10 INCIDENTS OCCURRED IN
POPULATED AREAS



93% OF DEATHS & INJURIES IN
POPULATED AREAS WERE CIVILIANS



INCIDENTS WERE RECORDED IN
17 COUNTRIES AND TERRITORIES IN 2017

GROUND-LAUNCHED EXPLOSIVE WEAPONS



3,813

CIVILIANS KILLED
& INJURED IN 2017



8 IN 10 INCIDENTS OCCURRED IN
POPULATED AREAS



92% OF DEATHS & INJURIES IN
POPULATED AREAS WERE CIVILIANS



INCIDENTS WERE RECORDED IN
34 COUNTRIES AND TERRITORIES IN 2017

IMPROVISED EXPLOSIVE DEVICES (IEDs)



11,791

CIVILIANS KILLED
& INJURED IN 2017



6 IN 10 INCIDENTS OCCURRED IN
POPULATED AREAS



90% OF DEATHS & INJURIES IN
POPULATED AREAS WERE CIVILIANS



INCIDENTS WERE RECORDED IN
47 COUNTRIES AND TERRITORIES IN 2017

2. DEFINITIONS

2.1 The International Committee of the Red Cross (ICRC) has defined explosive weapons as:

“...weapons that generally consist of a casing with a high-explosive filling and whose destructive effects result mainly from the blast wave and fragmentation produced by detonation. For example, mortar bombs, artillery shells, aircraft bombs, rocket and missile warheads, cluster submunitions, and many improvised explosive devices (IEDs) fall within this technological category, the boundaries of which are yet to be formally defined in international law and policy.”²

Action on Armed Violence (AOAV) differentiates between manufactured types of explosive weapons – such as rockets, artillery shells and aircraft bombs, as well as improvised explosive devices – and improvised explosive devices (IEDs), chiefly utilised by non-state actors. AOAV classifies weapons based on consistently-used language in media reporting: air-launched; ground-launched and improvised explosive device.

“Air-launched weapons include any explosive munition dropped from an aircraft. If a bomb, missile or rocket is specified in the reporting of an incident (e.g. ‘Hellfire’ missile, FAB aircraft bomb) it is recorded under these more narrow categories. 38 other explosive attacks from the air are coded more generally as ‘Air strike’.

Ground-launched weapons are manufactured conventional ordnance that range from small hand grenades to heavy artillery and multiple rocket launchers. They can be fired from a variety of platforms, but all are launched from surface level.

IEDs are improvised explosive devices. These cover any explosive weapon not manufactured through a commercial process, although they can include conventional ordnance. IEDs vary greatly in purpose, size and power, and in their mode of detonation. The broadest recording type is ‘Non-specific IED’, which encompasses anything from a magnetic bomb attached to a car to a vest of explosives detonated in a market square. In addition to these three categories, AOAV records casualties from attacks where multiple launch methods are used to deploy explosive weapons. AOAV also records reported casualties of landmines.”³

2.2 In categorising the victims of such weapons, AOAV differentiates between ‘armed actors’ and ‘civilians’. It records armed actors only if they are reported as being part of a state military, are members of non-state armed groups, or are security personnel considered likely to be armed. This includes police, security guards, intelligence officers, and paramilitary forces. All casualties not reported as belonging to these armed groups are recorded as civilians.⁴

² <https://www.icrc.org/eng/assets/files/review/2011/irrc-883-borrie-brehm.pdf> p. 811

³ <https://aoav.org.uk/wp-content/uploads/2018/04/Explosive-Violence-Monitor-2017-v6.pdf> p. 22

⁴ Ibid. p. 7

- 2.3 In terms of defining urban areas, Save the Children UK describe densely populated areas and concentration of civilians as “well established legal notions defined as ‘any concentration of civilians, be it permanent or temporary, such as inhabited towns or villages or as in camps or columns of refugees or evacuees or group of nomads’ as set out in Art.1(2) of the 1980 Protocol III of the Convention on Conventional Weapons”.⁵
- 2.4 The use of modern explosive weapons, even those that are frequently regarded as being ‘precise’, may have explosive effects that are far from being confined to the perceived detonation point. As described in ‘Areas of harm: understanding explosive weapons with wide areas effects’, co-written by Article 36 and PAX,
- “There is broad agreement that wide area effects from explosive weapons can result from three characteristics, either individually or in combination: a substantial blast and fragmentation radius resulting from a large explosive content; inaccuracy of delivery, meaning that the weapon may land anywhere in a wide area; use of multiple warheads or multiple firings, sometimes designed to spread, affecting a wide area. These effects are cumulative, with blast and fragmentation effects always present and with inaccuracy of delivery and the use of multiple warheads, where applicable, extending those effects across a wider area.”⁶
- 2.5 Beyond the initial blast or explosion, longer-term consequences often follow – consequences that may have a detrimental impact on infrastructure, communications, sanitation, health services, business and societal cohesion in general. Such consequences are widely termed ‘reverberating effects’. Described in the United Nations Institute for Disarmament Research’s (UNIDIR) publication ‘The Implications of the Reverberating Effects of Explosive Weapons Use in Populated Areas for Implementing the Sustainable Development Goals’ as having “knock-on and reinforcing effects.”⁷ AOAV comments that,

“The use of explosive weapons with wide area effects in populated areas has other far-reaching and often devastating consequences that go beyond the immediate deaths and injuries. Such weapons are responsible for destroying key infrastructure; for depriving communities of water, sanitation, electricity or medical care; many will suffer psychologically; while the interruption to education and employment can stunt communities and development. Needless to say, such reverberating effects take their toll on livelihoods, economies and a sense of security – they disrupt lives for decades to come.”⁸

⁵ Ev. 14

⁶ <http://www.article36.org/wp-content/uploads/2016/10/PAX-A36-Areas-of-Harm.pdf> p. 8

⁷ <http://www.inew.org/site/wp-content/uploads/2016/04/ewipa-and-the-sdgs-en-651.pdf> p. 2

⁸ <https://aoav.org.uk/wp-content/uploads/2018/06/Reverberating-effects-v5.pdf> p. 4

3. CIVILIAN CASUALTIES IN 2017

- 3.1 In 2017 AOAV recorded 31,904 civilian deaths and injuries from explosive weapons reported around the world. In total, 24,848 people were killed (of which 16,289 were civilians), and 18,124 were injured (of which 15,615 were civilians) by explosive weapons globally. This means two-thirds of all people killed and 86% of all people injured were civilians. The organisation also recorded the highest number of civilian deaths seen across its seven years of recording. A majority of casualties from explosive weapon use were civilians, accounting for almost 75% of all recorded deaths and injuries.⁹
- 3.2 Civilians were also seen to be most at risk when explosive weapons were used in populated areas. In 2017, 68% of all recorded incidents took place in populated areas. In those attacks, 92% of those killed or injured were reported as civilians. This compares to 20% of victims being reported as civilians when explosive weapons were used in lesser populated areas. A large contributor was a rise in the use of air strikes, with 45% of all civilians harmed from such weapon systems. Civilians killed or injured by air strikes was almost 50% higher in 2017 than in 2016 – according to AOAV, 14,342 in 2017.¹⁰
- 3.3 AOAV have commented that “The number of incidents of air-launched weapons being used in Syria increased from 274 in 2016, to 991 in 2017, resulting in an increase of civilian deaths and injuries of 37%, from 6,382 in 2016, to 8,769 in 2017. The increased number of attacks, with fewer casualties per attack (9 casualties per incident in 2017, versus 23 per incident in 2016), might be reflective of the increased activity of the US-led coalition in Syria, and of a larger number of ‘precision’ sorties compared to Russia or Syrian attacks, as well as clearer fatality recording mechanisms.”¹¹
- 3.4 Although locations and entities targeted by state and non-state actors vary, when those areas are urban areas, the number of civilian casualties increases exponentially. So too, does the damage to infrastructure and crucial services, including medical services. The Royal British Legion Centre for Blast Injury Studies, Imperial College London, commented that,

“Recent years have seen an increase in attacks using explosive weapons in populated areas; targeting hospitals, schools and other facilities and causing large numbers of civilian casualties. In addition, the damage caused to vital infrastructure by these attacks impairs the ability to safely treat and care for the injured, causing unnecessary loss of life.”¹²

This potential physical impact of explosive weapons was reiterated by SCUUK: “A 500lb bomb can destroy reinforced concrete structures as far away as 52 feet from the point of detonation, but the blast wave continues to travel much further, destroying buildings and killing children within three thousand square metres”.¹³

⁹ <https://aoav.org.uk/wp-content/uploads/2018/04/Explosive-Violence-Monitor-2017-v6.pdf>

¹⁰ Ibid.

¹¹ Ibid. p. 24

¹² Ev. 4

¹³ Ev. 14

3.5 According to AOAV, in 2017, 68% of incidents using air-launched weaponry were recorded in populated areas, demonstrating a marked shift from previous years. In 2016, the percentage was 46%, 43% in 2015, and 47% in 2013.¹⁴ This pattern is consistent with EMERGENCY's recent observations in Afghanistan and Iraq:

"EMERGENCY's data and experience are quite consistent [with the conclusions made in UNAMA's report concerning fighting in urban areas]. Over the last two years in Afghanistan, the war has steadily moved to cities, where population densities are higher and separating military targets from civilians is particularly difficult...targeting civilians in cities has become easier thanks to the use of drones and carpet-bombings, as we saw in our Surgical Centre in Erbil, near Mosul, which became the largest urban battlefield since World War II."¹⁵

3.6 The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) bleak statement that, "To a large extent, the increase in civilian victims of explosive violence is largely indicative of the fact that armed conflict takes place increasingly in urban areas and among the civilian population. There are currently 51 million people affected by conflict in urban areas,"¹⁶ is reinforced by UNICEF:

"In recent years, a pattern of attacks on schools, universities, students, and staff has been identified, with 1,000 attacks taking place in Afghanistan, Colombia, Pakistan, Somalia, Sudan, and Syria between 2009 and 2013. Over the past decade, fighting forces have used schools and universities for military purposes in at least 26 countries experiencing armed conflict. It is expected that the number of attacks have increased over the period 2014-2018."¹⁷

3.7 Although it is clear that 2017 saw a majority of civilian casualties caused by state use of air-launched weapons, the continued use of improvised explosive devices resulted in 11,791 civilian deaths and injuries (37% of the total recorded in 2016). 80% of those killed and injured by IEDs were civilians. In 2017, IEDs resulted in at least one casualty in 47 different countries and territories, one less than in 2016. Although suicide bombings represented only 23% of all IED incidents recorded, they accounted for 62% of all deaths and injuries from IED attacks.¹⁸

3.8 The context of urban locations being targeted intentionally or unintentionally by state actors, and where non-state actors continue to position and detonate IEDs, creates a context where civilian deaths and injuries are virtually inevitable. As the UN Office for Disarmament Affairs (UNODA) informed the inquiry:

¹⁴ <https://aoav.org.uk/wp-content/uploads/2018/04/Explosive-Violence-Monitor-2017-v6.pdf> p. 24

¹⁵ Ev. 3

¹⁶ Ev. 12

¹⁷ Ev. 15

¹⁸ <https://aoav.org.uk/wp-content/uploads/2018/04/Explosive-Violence-Monitor-2017-v6.pdf> p. 27

“Due to the high population density and the close proximity of civilians and civilian objects to military objectives, the use of explosive weapon systems and munitions with wide-area effects by State and non-State actors in urban areas result in high proportion of incidental civilian harm.”¹⁹

Such challenging backdrops are further complicated by the presence of unexploded ordnance (UXO), explosive remnants of war (ERW) and the testing of new IEDs by non-state actors, as evidenced by EMERGENCY’s experience in Iraq: “Iraq is heavily contaminated with landmines and other explosive devices from previous wars, as well as more recent battles. However, the advance of ISIS and the occupation of main urban centres saw land contamination worsen further as a result of ISIS’s use of IEDs as a tactical strategy in urban warfare, where new forms of ordnance have been field-tested.”²⁰

- 3.9 The use of IEDs is not confined to non-state actors, raising questions regarding states’ observance of International Humanitarian Law. The United Nations Development Programme (UNDP) uses examples from Syria and Yemen:

“It seems that the use of explosive weapons, improvised or conventional, either person-borne, vehicle-borne, road-planted or in the form of booby traps is becoming a widespread tactic in asymmetric warfare and conflict involving terrorist groups and/or non-state armed groups. However, state actors are also using it, including in populated areas (Syria, Yemen). War tactics are in some cases non-observant of International Humanitarian Law and don’t discriminate between parties to the conflict and civilians.”²¹

- 3.10 A quality that all explosive weapons share is their potential to be indiscriminate in their immediate, explosive impact (no matter how ‘precise’ they may be deemed in terms of their design or associated targeting system) and their potential to be used indiscriminately by state and non-state actors alike. SCUK define indiscriminate attacks as,

“...those that strike military and civilian objects without distinction because they employ a weapon that cannot be directed, or have its effects directed, in a specific enough manner...there is generally no cause for concern when such weapons are used in open battlefields, but when they are used against military objectives located in populated areas their effects are often indiscriminate and devastating for civilians.”²²

- 3.11 Modern warfare is seldom conducted on open plains between competing forces utilising armoured vehicles and battalions of ground troops, large distances from urban areas. Today it is more likely that weapons designed for large, open-battlefield campaigns in eastern Europe between NATO and Warsaw Pact armies – battle tanks, field artillery or outdated aircraft designed for a ‘dogfight’ or interceptor role – are being used to attack targets in or around urban areas – something for which they were never designed.

¹⁹ Ev. 13

²⁰ Ev. 3

²¹ Ev. 16

²² Ev. 14

3.12 To avoid civilian deaths and injuries at the hands of such weapons, or any explosive weapon used indiscriminately (or in and around urban areas), and to avoid the “devastating reverberating or long-term effects of the use of explosive weapons in populated areas”²³, the UN Secretary-General reiterated in his 2018 Protection of Civilians in Armed Conflict report to the UN Security Council that all parties should refrain from using explosive weapons in populated areas (EWIPA):

“Residential and other urban areas are contaminated with lethal explosive remnants of war and improvised explosive devices, the identification and removal of which is painstaking and costly and can prevent access to essential services and the return of displaced persons. In the long term, progress towards the achievement of the Sustainable Development Goals is lost, if not reversed, while reconstruction requirements and the associated costs are overwhelming. I would again call on parties to conflict to avoid the use of explosive weapons with wide-area effects in populated areas.”²⁴



EMERGENCY Surgical Centre, Erbil, dealing with casualties from Mosul. Feb 2017. www.emergencyuk. Photo by Giles Duley.

²³ http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2018_462.pdf p. 9

²⁴ *Ibid*

4. COUNTING THE VICTIMS

PROTOCOLS ADDITIONAL TO THE GENEVA CONVENTIONS OF 12 AUGUST 1949, AND RELATING TO THE PROTECTION OF VICTIMS OF INTERNATIONAL ARMED CONFLICTS (PROTOCOL I), OF 8 JUNE 1977²⁵

CHAPTER IV

Precautionary measures

Article 57 — Precautions in attack

1. In the conduct of military operations, constant care shall be taken to spare the civilian population, civilians and civilian objects.
2. With respect to attacks, the following precautions shall be taken:
 - a) those who plan or decide upon an attack shall:
 - i) do everything feasible to verify that the objectives to be attacked are neither civilians nor civilian objects and are not subject to special protection but are military objectives within the meaning of paragraph 2 of Article 52 and that it is not prohibited by the provisions of this Protocol to attack them;
 - ii) take all feasible precautions in the choice of means and methods of attack with a view to avoiding, and in any event to minimizing, incidental loss of civilian life, injury to civilians and damage to civilian objects;
 - iii) refrain from deciding to launch any attack which may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated;
 - b) an attack shall be cancelled or suspended if it becomes apparent that the objective is not a military one or is subject to special protection or that the attack may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated;
 - c) effective advance warning shall be given of attacks which may affect the civilian population, unless circumstances do not permit.

²⁵https://www.icrc.org/eng/assets/files/other/icrc_002_0321.pdf p. 41 ff.

- 4.1 Conflict by its nature creates conditions whereby any assessment of death toll, injury toll, or the extent to which crucial infrastructure has been compromised, is an inherently challenging process. Added to this are two compounding factors: predicting the longer-term impact upon a community or society as a whole, and negotiating the almost inevitable politicisation of figures and frequent denials by belligerents that harm has been caused at the hands of their forces. This runs true for state and non-state actors alike, and for 'Western' or various other regional or international alliances or military groupings.
- 4.2 As stated earlier, although IEDs continued to be a significant cause of civilian death and injury in 2017 (11,791 civilian deaths and injuries), last year witnessed an exponential rise in the number of civilians killed by air strikes carried out by state actors, with 45% of all civilians harmed from such weapon systems. Civilians killed or injured by air strikes was almost 50% higher in 2017 than in 2016.²⁶
- 4.3 AOVAV commented that, "47% of all incidents recorded in residential areas took place in Syria last year (386 incidents). Air-launched explosives accounted for the majority (56%) of the incidents recorded in residential areas in Syria. They also accounted for 72% of the recorded civilian deaths and injuries in residential areas... 2017 saw a 38% increase compared to the previous year, and a 165% increase compared to 2011."²⁷ Many have assessed that the rise in the number of civilian casualties caused by airstrikes is strongly linked to American-led ('Coalition') airstrikes in Iraq and Syria carried out in support of efforts to retake Islamic State strongholds, primarily Mosul and Raqqa. However, the high number of reported civilian casualties as a result of such airstrikes has been consistently challenged by the United States, United Kingdom and other Coalition members.²⁸
- 4.4 Airwars points to its own assessments of likely civilian casualties: "Since 2014, Airwars estimates that the Coalition is likely responsible for between 6,250 and 9,600 civilian deaths overall in the war against ISIS, out of more than 25,000 civilian fatalities alleged locally by Iraqis and Syrians. Of those likely reported deaths, more than half took place either in the vicinity of Mosul or of Raqqa."²⁹ The civilian casualty figures produced by US Central Command (CENTCOM) on behalf of the 'Coalition' - Combined Joint Task Force - Operation Inherent Resolve (CJTF-OIR) - are significantly lower.³⁰

²⁶ <https://aoav.org.uk/wp-content/uploads/2018/04/Explosive-Violence-Monitor-2017-v6.pdf> p. 23 ff.

²⁷ Ev. 5

²⁸ <https://www.nytimes.com/interactive/2017/05/25/world/middleeast/airstrikes-iraq-syria-civilian-casualties.html>

²⁹ Ev. 1

³⁰ <http://www.inherentresolve.mil/News/Strike-Releases/>

4.5 Such discrepancy points to some key challenges including, for example, how best to monitor and record civilian casualties as a result of the use of explosive weapons; how best to coordinate and compile data relating to civilian casualties; and significantly, how can militaries that are conducting air-launched or ground-launched strikes be more transparent about their pre-strike assessments (in terms of ascertaining the presence of civilians within a strike zone), and post-strike damage analysis (including how many civilians have been killed or injured as a result of an attack). The discrepancy in figures recorded and published by, for example, AOAV³¹ and Airwars³² on the one hand, and CENTCOM on the other, raises three questions:

- Are militaries currently incapable of assessing whether civilians have been killed or injured by land or air attacks sanctioned by them?
- Are militaries unwilling to accurately assess whether civilians have been killed or injured by land or air attacks sanctioned by them?
- Are militaries unwilling to release complete data pertaining to civilian deaths or injuries caused by land or air attacks sanctioned by them?

4.6 Running alongside these questions remains the practical challenge of assessing the numbers of civilians killed or injured, and the nature of the deaths and injuries. As UNODA comment: “Foreseeable challenges associated with the collection of arms-related data in casualty recording include the unavailability of complete information from a particular site or from secondary sources. This problem could arise due to lack of access to sites, the poor quality of available evidence or lack of specialized training on weapon and munition types by actors recording the data.”³³ This difficulty is also countenanced by EMERGENCY:

“Collecting data remains one of the biggest challenges in war and emergencies. Counting the number of injured or dead is crucial, but it may become difficult without shared and standardised collection systems. Double counting patients is common, given that it is nearly impossible to accurately track them, especially when multiple actors are involved in the trauma care response. This happens in all war contexts and characterises the humanitarian responses in both Afghanistan and Mosul.”³⁴

4.7 A further difficulty is that local governments may be unable or unwilling to provide support for assessing numbers of casualties, as discussed by the International NGO Safety Organisation (INSO): “An associated challenge is the availability of resources to immediately and sustainably respond. If the host government is either unable or unwilling to assume its responsibility, other international sources and actors will be required to fill the void, which also raises questions regarding the perception, politicisation and potential conditionality of financial contributions.”³⁵

³¹ <https://aoav.org.uk/2018/2017-saw-38-increase-civilian-deaths-explosive-violence-new-report-finds/>

³² <https://airwars.org/news/counting-mosul/>

³³ Ev. 13

³⁴ Ev. 3

³⁵ Ev. 10

4.8 Counting the victims and assessing the scale and depth of long-term harm is not, of course, restricted to areas that have been attacked primarily by air-launched munitions. Although the United Nations Mine Action Programme (UNMAS) drew attention to The UN Inter-Agency Coordination Group on Mine Action (IACG-MA) which established a Monitoring and Evaluation (M&E) Mechanism in August 2013 to assess the implementation of the Strategy of the United Nations on Mine Action 2013-2018, the organisation admitted that problems remain:

“Challenges in data collection are substantial. Conflict-affected settings do not readily allow for data collection, national authorities are often under-equipped to properly register incidents and casualties, and reporting practices can vary significantly from one country to the next. Standardization of terminology and methodology, therefore, are important drivers of improved data collection and monitoring.”³⁶

4.9 In order to tackle a problem, you must be able to assess the scale and nature of the challenge. Without that insight, the response to the challenge will be incomplete or ill-tailored. This is consistent for any context within which explosive weapons are present or used – ‘if we don’t know the numbers and locations of land-mine victims, how can we tackle the issue at a national level?’³⁷ Similarly, if a military is unwilling to accept that its air-launched or ground-launched weapons are potentially killing civilians, how will it ever re-assess or re-visit its preconceived ideas concerning strike protocols or weapon impact effects? Fundamentally, it is the civilian who ultimately pays the price, and we may never know the full depth of harm caused to civilian populations by the use of explosive weapons, particularly in urban areas. As OCHA commented:

“It is not clear to what extent, if at all, governments (particularly those deploying explosive weapons) have mechanisms or systems in place to sufficiently track civilian casualties arising from the use of such weapons. Although there are positive precedents from the past, such as ISAF’s attempts to track civilian casualties in Afghanistan, it is not clear that such mechanisms have been replicated in other contexts such as Syria, Iraq and Yemen.”³⁸

4.10 As is observed later in this report, beyond the challenge of counting the dead is (i) assessing the needs of those left behind – the injured and the families of those deceased – and (ii) assessing the medium to long-term impact explosive weapons (and their continued use) have on a community, a society, a country or a region. Analysing and predicting such ‘reverberating effects’³⁹ confers another challenge upon local, national and international authorities and agencies, as is described by UNODA:

“Existing United Nations mechanisms currently record only limited or general information on the arms attributed to civilian casualties. Monitoring of Sustainable Development Goal 16.1 to ‘significantly reduce all forms of violence and related death rates everywhere’, however, provides the opportunity to establish a common United Nations criterion for the systematic recording of civilian casualties, including data on weapons.”

³⁶ Ev. 2

³⁷ See: <https://aoav.org.uk/2018/facing-life-after-the-landmines-are-gone/>

³⁸ Ev. 12

³⁹ <https://aoav.org.uk/wp-content/uploads/2018/06/Reverberating-effects-v5.pdf>

5. TRANSPARENCY AND ACCOUNTABILITY

“...a proactive approach to civilian harm mitigation and response should be included. This would emphasize accountable leadership for protecting civilians and the creation and maintenance of an organizational culture that prioritizes civilian harm mitigation. It would also provide for the establishment of specific capabilities to track, analyse, respond to and learn from allegations of civilian harm, as well as joint civilian and military planning for the protection of civilians, including in the context of coalition operations.”

- *‘Protection of Civilians in Armed Conflict’ – Report of the Secretary-General to the UN Security Council. (S/2018/462), 14 May 2018*⁴⁰

5.1 At a time when the number of civilians killed or injured because of explosive violence continues to increase – particularly in the use of explosive weapons in urban areas, and particularly due to the use of air-launched weapons by state actors – the methods by which targets are chosen, assessed for civilian occupation or presence, struck and, where appropriate, re-scrutinised, is a matter that requires urgent inspection. In terms of state actors, some will unsurprisingly be more transparent than others, and some will be more progressive than others in terms of their protocols and oversight. What they all broadly seem to have in common is the variety of weapons used (that is not to say that all militaries have the same targeting systems or ‘precision’ weapons), and the locations where such weapons are used. That is also not to say that so-called precision weapons are innately selective, or the manner in which they are used is, by definition, precise. As Airwars comment:

Airwars monitoring suggests...that ‘precision’ in and of itself does not lead to lower civilian harm in dense urban battlefields with high fire rates. In fact, monitoring and analysis of individual incidents suggest that it could lead to even greater harm in aggregate, as militaries grow overly confident deploying explosive weapons in large quantities within high population cities.⁴¹

5.2 Even with the most accurate weapon in the world, there is still no guarantee that a pinpoint strike (however one might wish to define that) will not have a wide area effect based upon the characteristics of the strike zone, nor will it guarantee that that strike zone is free of civilians. This, however, is not to say that certain militaries do not make an effort to avoid civilian casualties. As the Rt Hon. Mark Lancaster, Minister of State for the Armed Forces, stated in a submission written on behalf of Foreign and Commonwealth Office (FCO) and Ministry of Defence (MoD):

⁴⁰ http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2018_462.pdf p. 13

⁴¹ Ev. 1

“The UK will always seek to avoid and, in any event minimise, the risk of civilian casualties. We conduct detailed assessments after each strike and also review information that we receive from external organisations such as Airwars. It remains the case that we have not seen evidence that we have been responsible for the death of civilians in the current operation in Iraq and Syria. However, that is not the same as saying that we have not done so, or never will do. Without large numbers of UK forces on the ground it is not possible to be certain that UK air strikes have not caused civilian fatalities. However, we are extremely rigorous in our overview of individual strikes, using all the information available to us.”

5.3 Airwars, amongst others, question that ‘rigorous overview’ and the confidence that the UK (and others) invest in it:

“The Coalition’s claims of precision have been called into question by non-combatant death tolls in the thousands between Raqqa and Mosul - the latter the scene of the most intense urban fighting since World War II, according to US officials. Civilian casualties from US-led strikes appear to be at their highest levels since Vietnam, and yet there is little or no official effort made to track the overall death toll from urban fighting. The Coalition’s civilian casualty assessment and investigation processes have also shown significant procedural weaknesses, and most members of the alliance - including the United Kingdom and France - have yet to admit a single casualty.”⁴²

The very real challenges facing militaries who do carry out such ‘pre’ and ‘post’ strike assessments is made clear by OCHA: “...the increasing reliance on air delivered weapons coupled with reduced presence of forces on the ground makes the task of casualty tracking considerably harder for militaries – battle damage assessments rely on video feed from the attacking aircraft which does not provide sufficient basis to ascertain to what extent civilians may have been killed and injured in a given attack.”

5.4 RAF Air Chief Marshall Greg Bagwell’s comments on UK battle damage assessment processes, during an interview with Drone Wars UK, raises questions about the MoD’s frequently iterated claim that there is no evidence to suggest that UK airstrikes have killed civilians:⁴³

“I will defend the fact that the MoD has put 100% effort into trying to avoid civilian casualties. I just think it’s wrong to let people think that no-one has been killed, but we do try our utmost.”

“...I’m sure there will be all sorts of studies into this, to try to uncover the truth of it. But you can’t see through rubble. We do put a lot of effort into battle damage assessment. Partly of course because we want to know if we have achieved the aim of the strike, but also because we want to be able to refute any propaganda claims by the enemy.”

⁴² Ev. 1

⁴³ <https://inews.co.uk/news/uk/raf-denies-iraq-syria-civilian-casualties/>

TARGETED AREAS

POPULATED AREAS



92% CIVILIAN DEATHS & INJURIES IN POPULATED AREAS



2,601 ATTACKS IN POPULATED AREAS

NON-POPULATED AREAS



20% CIVILIAN DEATHS & INJURIES IN NON-POPULATED AREAS

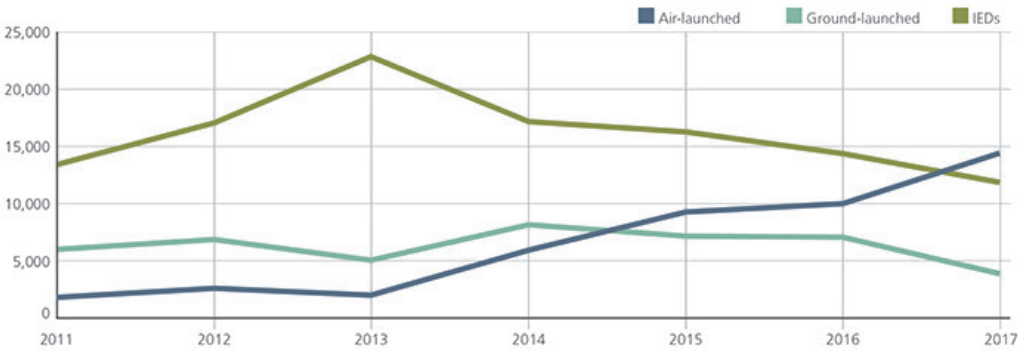


1,224 ATTACKS IN NON-POPULATED AREAS

	TOTAL DEATHS & INJURIES	CIVILIAN DEATHS & INJURIES	AVERAGE CIVILIAN DEATHS & INJURIES PER ATTACK
 URBAN RESIDENTIAL	7,715	93%	9
 MARKETS	2,406	97%	23
 PLACES OF WORSHIP	2,508	97%	50

DEADLY WEAPONS

CIVILIAN DEATHS & INJURIES BY AIR-LAUNCHED, GROUND-LAUNCHED AND IEDS, 2011 – 2017



CIVILIAN DEATHS & INJURIES BY WEAPON LAUNCH METHOD



Courtesy of AOA's 2017 Explosive Violence Monitor

5.5 In regard to the use of airstrikes, the issues of accountability and transparency are also crucial. While the MoD, and other government representatives, frequently maintain that, for example, the RAF have rigorous targeting processes, and strict strike protocols, no information regarding these is ever evidenced in the public domain. Certain data and protocols will have to be maintained for security reasons – this inquiry accepts that – but a degree of transparency would allow the MoD and RAF to show a degree of accountability. In a letter written to AOAV in February 2018 on behalf of the Defence Secretary, the Minister of State for the Armed Forces and the Chief of the Air Staff, the Ministry of Defence’s Operations Directorate stated that,

“...as I am sure you will appreciate, we need to balance what we release against the possibility that such information can be exploited by our adversaries to increase the risk to our forces or to put civilians in greater danger. It is for that reason that we have a longstanding policy not to release our Rules of Engagement or Targeting Policy.”⁴⁴

The letter continues, describing the RAF’s systems for detecting if civilians are present before an attack, or if casualties may be identified after the attack has taken place:

“The UK conducts assessments before each strike to assess what risk, if any, there are to civilians or civilian infrastructure. Following each strike we conduct further assessments to judge if the target was struck correctly and to assure, as far as is possible, that there were no unintended consequences resulting from our military action”.⁴⁵

In contrast to this statement, Airwars views in a very different light efforts to carry such assessments: “Ahead of large scale urban operations, the Coalition generally ‘shaped’ the battlefield with strikes which sometimes reportedly caused civilians harm. Military investigations, understandably, could only be conducted remotely at the time. However, once an area was captured, the Coalition had access to locations where allegations of civilian harm had been lodged. Yet even in these scenarios, the Coalition appears to have made almost no effort to follow up on the ground once control had been taken of an area where civilian deaths were reported.”⁴⁶

⁴⁴ Letter written to AOAV on behalf of the Defence Secretary, the Minister of State for the Armed Forces and the Chief of the Air Staff, the Ministry of Defence’s Operations Directorate, 23 February 2018

⁴⁵ Ibid.

⁴⁶ Ev. 1

5.6 If measuring immediate harm caused to civilians is difficult, the ability to measure longer-term impact is even more challenging. This extensive challenge is succinctly laid out by UNICEF:

“Countries or coalitions of countries in context of warfare often do not have, or do not provide, disaggregated data and information to document the use and impact of explosive violence on civilians. The reverberating effects of the use of explosive weapons in populated areas on civilians including children are often not documented. This lack of documentation can be observed before and after the use of explosive weapons and can be explained by several factors:

- i) reverberating effects are complex and interconnected and often not fully understood;
- ii) parties engaged in a conflict may not use an assessment mechanism to estimate the potential collateral damages of using explosive weapons in populated areas that takes into account ‘the reverberating, longer-term impacts on civilians that may result from the destruction of infrastructure essential for their survival or wellbeing’;
- iii) the monitoring of these effects requires long term efforts and investments as they reverberate for a prolonged period after the initial destruction.”⁴⁷

5.7 There may be a way forward, however. As the Office for the Coordination of Humanitarian Affairs makes clear, the UN Secretary-General has long advocated the need for parties to conflict to avoid the use of explosive weapons in populated areas with wide-area effects: “There are positive examples from Afghanistan and Somalia where ISAF and AMISOM, respectively, placed limits on the use of certain weapons in certain situations so as to ensure more effective protection for civilians. While such practices cannot be transferred wholesale to other contexts and operations, as each context is different, they provide an important basis for the development of operational policies that would seek to avoid or restrict the use of EWIPA.”⁴⁸

Similarly, UNODA urges militaries to, “implement civilian casualty tracking mechanisms to identify changes to military policy and practice at the tactical level in order to prevent harm to civilians based on analysis of the data collected. Governments should also work to elaborate, including within the framework of the United Nations, agreed measures that can effectively address concerns relating to the use of explosive weapons in populated areas, including in the form of a political declaration or other types of instruments.”⁴⁹

5.8 Such declarations are a good starting point. At the Maputo Regional Meeting on Protecting Civilians from the Use of Explosive Weapons in Populated Areas (November 2017), representatives of 19 African countries signed the ‘Maputo Communiqué’, acknowledging the need for national, regional and global action, including on avoiding the use of explosive weapons with wide-area effects in populated areas and the development of a political declaration to address the problem.⁵⁰ Declarations are the first step, adherence is the crucial second.

⁴⁷ Ev. 15

⁴⁸ Ev. 12

⁴⁹ Ev. 13

⁵⁰ <http://blog.handicap-international.org/influenceandethics/wp-content/uploads/sites/4/2017/11/Draft-communication-MAPUTO-Regional-Meeting-ENG-final1.pdf>

6. VICTIM ASSISTANCE

6.1 The developments in contemporary warfare that have been laid out in previous sections have had a devastating impact on civilians. The key trends that have been discussed, namely the urbanisation of warfare and the use of explosive weapons in these dense urban spaces, have led to an increased number of civilian casualties, and multiple humanitarian crises in cities under sustained bombardment in recent years. In regard to mass casualty incidents in Afghanistan, EMERGENCY detects a rise in the number of casualties received in hospitals with a primarily urban catchment area, reversing a trend within the Afghan conflict for the majority of casualties to be sustained in rural regions.⁵¹ In Iraq and Syria, cities at the centre of efforts to fight ISIS have seen some of the most concentrated urban fighting in recent memory. In regard to the battle for Mosul, Airwars write:

“The battle for Iraq’s second city was described by American officials as the most intense urban fighting involving their forces since World War II. The civilian toll, meanwhile, grew to levels not seen in decades. Reported non combatant casualty rates from Western military actions, at both Mosul and Raqqa, reached levels last seen in Korea or Vietnam.”⁵²



EMERGENCY Surgical Centre, Erbil, dealing with casualties from Mosul. Feb 2017. www.emergencyuk. Photo by Giles Duley.

⁵¹ Ev. 3

⁵² Ev. 1

6.2 As the scale and intensity of urban warfare increases, it is perhaps of little surprise that much of the evidence underlines the enormous physical and mental harm that civilians are subjected to. The power of the explosive weapons systems referred to in this report is amplified by their use in urban settings, with SCUUK's evidence drawing attention to the destruction that such weapons are capable of in areas with high concentrations of civilians:

“Explosive weapons with wide-area effects produce an unseen blast wave that is incredibly destructive. These weapons create a pressure wave that travels at supersonic speed and is channelled down alleys and bounces off buildings. In a town or city, it can quickly pick up a deadly hail of brick, glass and metal. It can also travel large distances, wreaking havoc on its way... The result is stark – a higher proportion of people are killed than would be likely in less built up environments.”⁵³

6.3 The powerful effects of explosive weapons have not only led to a detectable rise in the number of patients being operated upon in healthcare facilities, but in the severity of their injuries and complexity of surgical interventions. EMERGENCY has witnessed this at their Surgical Centres for War Victims in Kabul and Lashkar-Gah, Afghanistan:

“The severity of injuries has worsened over time: the average length of hospitalisation increased from 4.9 to 6.9 days over a two-year period. Operating theatre activity has grown accordingly in both hospitals, where 17 surgical operations are performed every day, as opposed to 15 in 2015. Surgical operations have become more complex and patients may undergo multiple procedures in one surgical session. In Kabul, the data is evident: in 2017, EMERGENCY doctors performed an average of 30 procedures a day as opposed to 23 procedures in 2015.”⁵⁴

6.4 A comprehensive approach to victim assistance should not only be limited to acute, immediate assistance, but must also take into account the long term and ‘reverberating’ effects of explosive violence on civilian populations.

6.5 Those who survive explosive violence but are nonetheless injured by the event may require lifelong care and social assistance. The continuum of care must include provision for those disabled by conflict, both on a medical level as well as in regard to their reintegration into society. Failure to adequately address either of these may lead to exclusion and stigma.

⁵³ Ev. 14

⁵⁴ Ev. 3

For example, SCUUK draws attention to the long term needs for rehabilitative care for children that suffer from blast injuries:

“Children who suffer severe injuries will need long term rehabilitation across a continuum of care, and in some cases a series of prosthetics which need to be adapted as they grow. In many of the contexts that explosive weapons are being used, in low resource environments, this type of support is simply not available and specific complexities with blast injuries can make fitting the prosthetics difficult.”⁵⁵

6.6 With regard to social reintegration, UNMAS refers to the need in Afghanistan for “continued capacity building with government and civil society to improve knowledge and reduce stigma of disability in general.”⁵⁶ EMERGENCY has worked with disabled patients in Iraq since 1998, building and applying prosthetic devices at the Sulaymaniyah Rehabilitation and Social Reintegration Centre. The centre includes a vocational training programme, with the comprehensive approach outlined in the evidence:

“Long-term support for survivors, both medically and economically, should aim at guaranteeing self-sufficiency and dignity. An important consideration is the quality, fitting and availability of suitable prostheses. Vocational training consistent with the particular disability is a fundamental tool that can be used to transform injured people from being seen as a burden to becoming the breadwinners for their community.”⁵⁷

6.7 The health effects of an explosive weapon attack go beyond physical injury. The psychological impact of violence should not be underestimated, despite difficulties in measuring its prevalence. Imperial College London’s Blast Injury Centre discuss the comprehensive support that is essential for those who have experienced trauma due to explosive violence:

“For children and adults, ongoing rehabilitative support, both physical and mental is required. Many will have directly witnessed the traumatic event or have been indirectly affected by seeing a family member injured or killed. The support in this area cannot just be short term but needs to be ongoing and the long-term requirements considered.”⁵⁸

6.8 The rising incidence of explosive violence and high casualty numbers referred to in this report point towards a growing need for psychological support for those affected by violent conflict. A lack of funding, often accompanied by poor understanding of mental health issues and a lack of skills, have obstructed adequate care provision, as referred to by UNMAS:

“There is a lack of funding, lack of well-equipped government health care facilities in general and of adequately trained personnel to deal with the physical injury but also with the psychological trauma victims experience.”⁵⁹

⁵⁵ Ev. 14

⁵⁶ Ev. 2

⁵⁷ Ev. 3

⁵⁸ Ev. 4

⁵⁹ Ev. 2

6.9 The rise in widespread explosive violence in urban areas, often in protracted conflicts with a multitude of actors, has been accompanied by massive displacement. The latest UNHCR Global Trends Report identified 65.6 million forcibly displaced people worldwide.⁶⁰ Displacement has numerous effects on both those who are forced to migrate as well as the communities already present in areas that IDPs and refugees flee to. Providing victim assistance to those who have fled fighting is challenging on multiple levels, not least due to the difficulties in tracking and monitoring the care that victims require:

“[Mass displacement] needs to be carefully monitored to ensure that refugees are still provided with the support they need and that the true impact of the situation is understood. Monitoring of the above would require international long-term data collection and follow up of affected individuals. This would need to ensure that data could provide specific information on where individuals come to reside and the support they receive from the point of violence onwards.”⁶¹

The International Refugee Trust cites additional challenges:

“A very high number of refugees are known to suffer from PTSD. In its study, *Invisible Wounds*, published in March 2017, Save the Children found that almost all children and 84% of adults reported that bombing and shelling was the primary cause of psychological stress for children.

Refugees may also be carrying physical injuries from the effects of explosive weapons. Some will have suffered mutilations that change their appearance; others will have experienced the traumatic amputation of one or more limbs. Other life-changing injuries may include the loss of sight or hearing.

When the media reports on refugees coming from Syria, the focus is so often on the numbers alone. It is the widespread, but largely unreported suffering – the impact of exposure to explosive weapons - which so often remains hidden.”⁶²

⁶⁰ <http://www.unhcr.org/globaltrends2016/>

⁶¹ Ev. 4

⁶² <https://www.irt.org.uk/>

6.10 Despite the quantitative difficulties outlined above, EMERGENCY’s evidence submission describes the role that NGOs can play in providing healthcare in IDP and refugee camps:

“Since the start of EMERGENCY’s intervention in Iraqi Kurdistan, our Primary Healthcare Clinics (PHCs) in IDP and refugee camps have provided 483,246 outpatient consultations and referred 38,877 patients to secondary and tertiary facilities. The continuous provision of high quality primary healthcare and monitoring chronic conditions not only reduces the workload on public health facilities already struggling to cope with the increasing number of patients from local communities and the camps, but also optimises the resources available, creating a coordinated system and avoiding improper referrals to specialised facilities. In this respect, curative medicine is coupled with preventative medicine, promoting good hygiene and health practices and averting outbreaks of diseases like measles, cholera etc.”⁶³

6.11 Forced displacement can be seen as one of the multiple ‘reverberating’ effects of explosive violence. Many of these effects significantly impact the ability to provide adequate victim assistance. As previously mentioned, the targeting of civilian infrastructure has become commonplace in recent conflicts. Both the targeted and incidental destruction of hospitals, schools and other infrastructure are ‘reverberating’ consequences of explosive violence that affect the provision of healthcare on both a short and long-term basis, as well as other key public services. The cumulative effect of this cessation of service provision does not just obstruct short term recovery, but decimates the prospects of future generations. SCUK refers to the immediate and prolonged consequences of damaged civilian infrastructure on young war victims:

“Explosive weapons also cause widespread damage civilian infrastructure which is essential to support children’s physical and mental well-being, education, health and livelihoods. Children are suffering physical and psychological damage, whilst the facilities designed to help them recover disintegrate around them.

The destruction to civilian infrastructure can compound this as well as intensifying and prolonging displacement, where people are often unable to return once the fighting has moved on due to destruction to homes, businesses, schools and hospitals. Unexploded ordnance from these weapons are also a common threat to returning populations where children are especially vulnerable in picking up unusual looking objects while they play.”⁶⁴

⁶³ Ev. 3

⁶⁴ Ev. 14

6.12 The MoD, in its written evidence to the inquiry, admits that “[f]ighting in an urban environment is arguably the most difficult and dangerous type of military activity and, unfortunately, it entails risk to civilian infrastructure – despite extensive efforts to ensure feasible precautions in attack are followed.”⁶⁵ In Mosul, civilian infrastructure suffered enormously during attempts to reclaim the city from ISIS control. This included the destruction of the main prosthetics and rehabilitation facility.⁶⁶ Immediate victim assistance became extremely difficult to provide, due to security and political concerns prevailing over humanitarian access. EMERGENCY notes that “during the battle of Mosul, ambulance mobility was limited and delayed due to multiple security checks aimed at verifying the identity of patients, despite the severity of injuries.”⁶⁷

It is not only urban areas that suffer from the effects of explosive violence, as referred to by UNMAS in relation to Iraq: “In rural areas, contamination of farmers’ fields poses lethal risks to labourers and children in particular.”⁶⁸ This rural contamination can be extremely dangerous, as returning refugees and IDPs migrate through these areas, coupled with the fact that accessibility for healthcare assistance can be very limited. Within the Afghan context, EMERGENCY raises how timely intervention in rural areas can make the difference between life and death:

“Accessibility, timely stabilisation and treatment are key factors in a life-saving approach. The tri-modal distribution of death in trauma demonstrates that some deaths are preventable if there is immediate action: patient stabilisation and timely referral are the goals to be achieved in order to assist the victims in the fastest and safest way. Basic structure, staff trained in first aid (e.g. airway management, bleeding control, stabilisation of fractures) and referral with medics present on ambulance who are able to follow patients’ clinical changes and act in order to correct potential complications, all have an impact on a patient’s survival and final outcome.”⁶⁹

6.13 Adequate staff training in the provision of care for victims of explosive violence is crucial. The Royal British Legion Centre for Blast Injury Studies, Imperial College London, states:

“Training is key – both in regions of ongoing conflict but also in countries such as the UK where explosive events are not common, but when they happen they are devastating. Having the procedures in place to respond to an event with people trained on how to do so, from basic first aid training for the public, through to first responders, emergency services crews and then to hospital staff could provide better emergency care in the case of a large scale trauma event.”⁷⁰

⁶⁵ Ev. 9

⁶⁶ Ev. 3

⁶⁷ Ev. 3

⁶⁸ Ev. 2

⁶⁹ Ev. 6.

⁷⁰ Ev. 4

6.14 In its response to the fighting in Mosul, EMERGENCY encountered these difficulties first hand:

“As a medical organisation, one of our biggest challenges in providing healthcare in war zones is the lack of skilled personnel: war surgery is not a specialisation per se, but has its own particular and specific expertise, and requires suitably qualified personnel. There is shortage of both local and international staff that can deal with war trauma and mass casualties.

In locations such as Erbil, which had not been a conflict area for some years, local personnel lost the skills to manage mass casualties of such frequency and intensity. Many of the health facilities dealing with war wounded patients, such as EMERGENCY Surgical Centre, were civil hospitals before the recent war, and had to be quickly converted to become war hospitals. The humanitarian response to the battle of Mosul was fragmented and led to small, inefficient facilities and the implementation of a ‘staged approach’, which had a negative impact on clinical outcomes. An issue that derived from this approach was that patients were often seen, and had procedures performed, by different doctors with no records kept of what had been done to them.

Managing mass casualty situations requires a certain level of expertise that many health facilities simply lack: dealing with mass casualties does not only concern the clinical treatment of multiple patients simultaneously in the operating theatre, but also entails the implementation of managerial and logistical protocols to systematically allow the hospital to respond to a massive influx of patients (for example, the construction of mass casualty ‘areas’ to host those that arrive in the aftermath of an incident).”⁷¹

6.15 A consequence of the reverberating effects of explosive violence – namely damage to civilian infrastructure such as health facilities and universities, as well as the death and forced displacement of medical staff – is that issues regarding a lack of specialised personnel may worsen as a conflict protracts.

⁷¹ Ev. 3

Recommendations

Three broad recommendations emerged from the evidence submitted to the victim assistance inquiry and the subsequent conference. These form the basis of the recommendations which the All Party Parliamentary Group now offers to the UK Government and to the wider international community.

Funding

The UK Department for International Development in the five years from 2012 to 2016 provided £64,860,256 towards mine action activities and in 2017 announced that this would increase to £100 million over the following three years. Very welcome news but the evidence is that much of this goes towards much needed clearance and mine risk education programmes.

The APPG would recommend to the Secretary of State for Development that she considers creating a dedicating funding stream toward the long term support for the victims of explosive violence.

Data collection

The evidence is unambiguous that collecting data remains one of the biggest challenges in war and emergencies. Counting the number of injured or dead is crucial, but there is little standardisation of terminology and methodology

A database of victims by demographic with type and severity of injury would facilitate early response and treatment. The APPG would like to see the creation of a universal database, centrally held and maintained by an organisation such as UNMAS or the World Health Organisation.

Training and capacity building

Blast inflicts a particular set of injuries – physical and psychological –that require specialist treatment and care. The APPG would like to see investment in training and capacity building in communities impacted by explosive violence.

Further questions

In much of the evidence reference was made to the psychological impact on victims, first responders and EMERGENCY staff. The APPG would like to explore this issue further in partnership with mental health professionals and organisations.

Conclusion

The All Party Parliamentary Group on Explosive Weapons sees itself as bridging the gap between legislators, policy makers, and humanitarian and commercial organisations that carry out mine action, C-IED activities and victim assistance on a daily basis.

An important role for the APPG is to ensure transparency of issues for Parliament and the public domain for debate and action.

By facilitating communication, the Group hopes progress will be made in addressing the widespread threat of explosive weapons, and the devastation these cause to individuals, communities, and countries.

The APPG would like to thank the following for submitting written evidence to our inquiry and contributing to the conference:

Lord Bob Kerslake

Civil Society

Action on Armed Violence
Airwars
Centre for Anglo-Arab Understanding
Conflict Recovery International
EMERGENCY UK
Find a Better way
International Committee of the Red Cross
International NGO Safety Organisation
Invictus Games
Halo Trust
Save the Children

Commercial sector

Azide Ltd
Optima Group

Photography

Giles Duley

Academia

Centre for Blast injuries Studies, Imperial College
Cranfield University
Kings College London
Royal College of Psychiatrists

Statutory body

Croatian Mine Action Centre
Manchester City Council
UK Ministry of defence
UNDP
UNICEF
UNMAS
UNOCHA



Reduce Explosive Violence, Increase Victim Empowerment

Revive is an awareness and media campaign, focusing on the individuals and organisations, which provide help and support to victims of explosive violence.

The campaign was created to run alongside the APPG inquiry and was launched in Parliament in February.

The APPG is working in partnership with a coalition of five charities:

Action on Armed Violence, Find a Better Way, EMERGENCY UK, International Refugee trust and Legacy of War

And is kindly sponsored by Bridge Insurance Brokers and Disarmco



For further information please visit www.revivecampaign.com

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The All Party Parliamentary Group on Explosive Threats is an independent group of backbench MPs and Peers, it was created to draw attention to the humanitarian consequences of the manufacture, possession, sale, purchase, transport and unlawful use of explosive weapons. The group will raise the profile of the humanitarian benefits of mine action and counter IED work around the globe by awareness training and capacity building, campaigning for appropriate policy change and acting as a focal point for debate and the exchange of ideas, views and information.

The APPG on Explosive Threats receives no public funding and its secretariat is provided on a voluntary basis. Events and publications are supported by donations and sponsorship from companies and other interested groups.

The APPG is dedicated to providing a resource for all organisations or individuals interested in, and affected by, the issues surrounded explosive threats.

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