



ICRC

## International Committee of the Red Cross

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20-09-2002 Operational update

### Colombia: field activities 2002

Community health programmes - Mobile unit field trip - Visit to detainees - Protecting the civilian population - Promoting international humanitarian law

#### ICRC accompanies medical personnel



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The constant attacks on medical personnel in Colombia have been a source of great concern to the ICRC, which is striving to promote compliance with international humanitarian law. At the same time, the ICRC has developed various strategies aimed at ensuring access to basic health care for people living in rural areas affected by the conflict. These include running mobile health units, informing displaced persons and residents of rural areas about the health care to which they are entitled and accompanying local health teams on their rounds.

The ICRC goes everywhere. 12.30 noon in Convención (north-east of Norte de Santander). The sun is beating down and in Benito Ovalle Hospital the medical team and ICRC delegates are sorting out the last details before setting off for Honduras, a small community six hours away down unmade roads. The fighting has deprived the village of basic health care.

In its capacity as a neutral intermediary, the ICRC accompanies medical teams moving around the rural areas affected by the armed conflict.

This makes it possible for the teams to obtain the security guarantees they need to provide basic health care in these remote areas of the country.

As with the mobile health units and efforts to make displaced persons aware of their entitlement to health care, this programme plays a key role in extending access to treatment for people in areas affected by the fighting.

## Testimonies and interviews

### Graciela Torres

After a 10-hour journey from La Bogotana by mule, Graciela Torres and her family arrive at Honduras seeking medical care. Her four children get the vaccinations they need and they all visit the doctor and the dentist.

"It's very important that the people from the International Red Cross come along with the doctors from the hospital, because it means the doctors don't have any problems doing their work."

"For me, this is a very good service, because at the moment we can't go to the hospital in Convención, and it would be very expensive and dangerous. I hope the Red Cross will continue to accompany the doctors who provide this service."



### Carmen Quintero

Carmen and nine of her children had to make their way to Honduras from San Juan de los Llanos, five hours away through steep mountains. At the age of 35, she already has 12 children and is expecting the next one.

"If the doctors didn't come here with the people from the Red Cross, my children wouldn't get any medical care at all. I don't have the money to go to the hospital in Convención, and anyway it would be too dangerous."



### Matilde

At thirteen, this young mother and her child have urgent need of a doctor. The baby has to start its vaccination programme and Matilde needs a check-up to see how she's getting on following the delivery. She's a girl of few words, but her face speaks volumes.

### INTERVIEW Dr Hernando

Gómez, Benito Ovalle Hospital, member of the health team

#### What was the health-care situation in the area before?

Until a while ago, health teams were able to work in the region with no problems. The hospital team moved around the area providing services in remote areas.

#### And now?

It's very difficult. Since the beginning of the year the rural population has been unable to get to the hospital in Convención, and there are no other hospitals or medical centres in the area. For security reasons, hospital personnel can't go into these areas on their own, so the armed conflict has hit the health services badly.

**What is the situation like for medical personnel in the area?**



There have been serious threats towards them in areas where parties to the conflict are present.

**How do you feel about the ICRC accompanying health teams?**

It's an effective solution. It allows us to bring health care to remote communities affected by the conflict. In this specific area, the ICRC's presence has been very valuable, and it needs to be extended to other parts of the country that are experiencing the same problem.



## Accompanying medical personnel - photos from Honduras province

### A medical team at work in Honduras

The distribution of medicine is part of the programme of support to the victims of the armed conflict. In spite of the difficulties from working in makeshift consulting rooms, the Concordia hospital medical team makes its best to offer a service answering the needs of the population.



### Dental care

The unavailability of timely dental treatment and the lack of preventative care are causing serious dental problems, especially among children.





## Immunization

The queue seems endless. Dozens of adults and children converge on the health team to start or complete their vaccinations.

The working day continues until dark. After a few hours' rest, the team will be back at work the following morning. The health team has been in Honduras for three days. The final result is encouraging: 385 people have received medical treatment, 267 children have been vaccinated and 60 people have received dental care. In addition, 200 children have been measured and weighed, so that the nutritional situation can be assessed.

As in May this year – after the first visit – the team will leave knowing that in two months they will be back, continuing to provide medical care for the people of the area.



## Mobile health unit - a field trip up the Atrato river



The ICRC's mobile health units in Colombia are working with city and community health services to provide primary health care for people affected by the conflict. This includes general medicine, dental care, health education, preventative health care, immunization and water/sanitation activities.

### The trip up the river

More photos are available on the ICRC Spanish language site



Turbo

The unit will be setting off from this port in the Gulf of Urabá on a long trip up the Atrato. Solidarity is an important part of teamwork and operating a mobile health unit demands careful planning. Nothing must be forgotten. Teamwork, teamwork and yet more teamwork. The basis of better health care.



Opogadó

After an eight-hour journey along the Atrato river, the unit reaches Opogadó, a small Afro-Colombian community whose members returned to their village a couple of years ago, after spending over three years as displaced persons.



#### **The canoe**

The next leg of the unit's journey takes them along the Opogadó river, a branch of the Atrato.



#### **Baquiaza**

After 11 hours on the Opogadó river, the unit reaches Baquiaza, an indigenous community in the Chocó.



#### **Mesopotamia**

After six hours on the Opogadó river, the unit arrives in Mesopotamia. The members of this Afro-Colombian community were able to return home two years ago, after spending three years as displaced persons. They are all working to rebuild their community.



#### **Riosucio**

This village on the banks of the Atrato gave the unit the chance of a much-needed break. Next day, the unit started back to the port of Turbo, Antioquia, in the Gulf of Urabá.



**Home again, in Turbo**

The mobile health unit travels the Atrato river and its tributaries, bringing primary health care to areas that would otherwise be deprived of such services by the conflict.



## **ICRC provides humanitarian assistance in Puerto Alvira area**

**Bogotá, 5 August 2002** – Following incidents in the area of Puerto Alvira (Meta), an ICRC team travelled there on 2 and 3 August 2002 to assess the situation and identify the humanitarian needs of the people who had fled to Ceiba (700 persons), Mocuare (150), El Olvido (300) and Rompida (200).

On the basis of this information, a team of three ICRC staff and two volunteers from the Colombian Red Cross (CRC) set off on 4 August to distribute food aid for 15 days (1,000 parcels), together with 500 hygiene kits and two stoves for community kitchens. The ICRC will continue to provide humanitarian assistance as required.

The ICRC is in regular contact with the health authorities, and both ICRC and CRC personnel are standing by to give primary care if needed.

ICRC delegates have contacted the parties to the conflict, both to remind them of their obligation to respect the civilian population and to obtain security guarantees enabling the organization to provide humanitarian assistance in the area. The delegates have also facilitated contact between displaced persons and their families in various parts of the country.

On 6 August, the ICRC is planning to provide humanitarian assistance to people who have fled to San José del Guaviare.

## Visits to detainees (1 April 2002)

ICRC/Boris Heger



Cúcuta prison (Norte de Santander).  
Sierra de la Macarena.

The ICRC visits persons detained in connection with the armed conflict in order to assess the treatment they are receiving and the physical conditions under which they are being held. We make confidential approaches to the authorities, to ensure that treatment and conditions are in accordance with international humanitarian law.

In addition to visiting places of detention, the ICRC runs an assistance programme for detainees, supplying them with items such as toiletries and recreational materials. The ICRC finances visits by families to places of detention, helping to maintain links between the detainees and their relatives.

Currently, the ICRC does not have access to persons held by guerrilla organizations in connection with the conflict.

However, we are facilitating the exchange of Red Cross messages between them and their families.

In June 2001 the ICRC participated in the release of 359 members of the security forces held by the Revolutionary Armed Forces of Colombia (FARC).

	1997	1998	1999	2000	2001	2002
<b>Permanent and temporary places of detention visited</b>	240	194	147	100	158	136
<b>Security detainees registered and visited</b>	980	1242	1,135	1,164	2,248	2,962
<b>Persons who received financial assistance to visit members of their families in detention</b>	1,998	2,603	4,681	1,465	2,848	3,269
<b>Medical care financed for detainees in prison</b>		98	369	501	51	555

## Protecting the civilian population (1 April 2002)



The ICRC documents such violations of international humanitarian law as selective executions, the disappearance of civilians, hostage-taking, threats and the displacement of the population. We present our findings to those believed to be responsible, in an effort to change the behaviour of the armed groups involved.

This protection work is carried out by delegates, mainly in the field, who maintain regular contact with the parties to the conflict and those who are suffering as a result of it.

When an armed group takes hostages, the ICRC fulfils its role as a neutral intermediary, acting purely on humanitarian grounds, to restore contact between the hostages and their families via Red Cross messages. We can also provide medical assistance and be present when hostages are released.



ICRC/Boris Heger

A released hostage is reunited with his family (Antioquia).

	1997	1998	1999	2000		2001	2002
<b>Documented cases of violations of international humanitarian law received/processed orally or in writing</b>	750	1,104	1,188	928	<b>Received:</b>	705	1,906
					<b>Processed:</b>	1,068*	2,376*
<b>Hostages reported to the ICRC by armed groups</b>	89	184	134	105		62	61
<b>People released by guerrillas and handed over to the ICRC</b>	270	189	147	110		Members of the security forces: 370 Civilians: 148	65
<b>Red Cross messages exchanged between hostages and their families</b>	80	139	517	213		45	36

\* Including cases opened previously

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## Promoting international humanitarian law (1 April 2002)

ICRC/William Torres



Teaching international humanitarian law to a guerrilla group (Nariño).

The ICRC works with such groups as the parties to the conflict, the authorities, the media and the civilian population to promote knowledge of and compliance with international humanitarian law.

The ICRC advises the Colombian authorities on the incorporation of international humanitarian law into national legislation.

The organization also promotes the inclusion of international humanitarian law in the instruction programmes and operating procedures of the armed forces and the police and trains military and police instructors to teach the rules of war to the armed forces and the police.

ICRC delegates use their contacts with armed groups operating on the edge of the law to promote the rules and principles of international humanitarian law via talks and workshops.

The ICRC trains university lecturers in international humanitarian law, so that they can include the subject in their academic activities. We also participate in postgraduate courses, seminars and conferences.

Working in conjunction with the Colombian Red Cross, the ICRC runs international humanitarian law projects aimed at the security forces, young people and the civilian population in areas affected by the armed conflict.

Lastly, the ICRC organizes international humanitarian law workshops and talks for journalists and students of journalism and supplies them with information on the subject.

ICRC/Boris Heger



Teaching international humanitarian law to a guerrilla group (Norte de Santander).

	1997	1998	1999	2000	2001	2002
Workshops, courses, seminars and lectures on IHL, for the police, armed forces, guerrillas, self-defence groups, professors, students, journalists or State-run supervisory organizations	917	1,102	1,490	474	759	506
Number of participants	39,717	47,987	70,853	19,065	30,460	23,752



## Health programmes (1 April 2002)

Revista Semana



The ICRC provides medical assistance for victims of the armed conflict who are unable to access basic State health services or who require additional treatment.

We provide six months' assistance for displaced persons and up to two years' assistance for injured civilians.

For the residents of areas affected by the conflict, we facilitate access to primary health care through mobile health units, in Atrato, Urabá, Caguán, Caquetá, Occidente de Putumayo and Sur de Bolívar.



	2001	January-March 2002	April - June 2002
Injured civilians who received medical assistance	222	58	70
Displaced persons suffering from illness who received medical assistance	475	102	99
Total number of persons assisted	697	160	169
Medical consultations	14,649	2,809	6,373
Dental treatment sessions	3,571	563	1,176
Persons vaccinated	15,733	968	4,427
Total number of people assisted by community health programmes	33,953		11,976

Under this programme the ICRC also accompanies local health teams, facilitating wider access to medical care, and vaccinations in particular.

	January-March 2002	April - June 2002
Medical consultations	599	773
Dental treatment sessions	75	136
Persons vaccinated	1,626	769
Total number of people assisted	2,300	1,678