

AFGHANISTAN RELIEF COMMITTEE INC

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THE AFGHANISTAN RELIEF COMMITTEE was founded in 1980 to aid Afghan victims of Soviet aggression.

At first that meant helping the Afghan refugees in Pakistan. In 1980 Committee efforts were instrumental in getting Congress to vote an additional \$20 million for their aid as their numbers swelled to a flood.

But by 1982 that job had been taken over by international and governmental relief agencies. So in 1982 the Afghanistan Relief Committee became the first American organization to start sending aid to relieve the suffering of victims inside Afghanistan itself.

The type of private aid that the Committee sends to war victims inside Afghanistan is now the only humanitarian help they are getting. Relief agencies like the Red Cross are not permitted to work in Afghanistan. The Committee works through international organizations like Médecins sans Frontières (Doctors Without Boundaries), AMI, Afrane, and others whose members risk their lives to take the aid inside Afghanistan secretly and get it to those who so desperately need it. These doctors, nurses and couriers are bombed and strafed, but they get the aid in.

The Committee...

- ...sends medicines and medical supplies
- ...supports clinics throughout Afghanistan
- ...sends money for food to areas facing famine
- ...sends money to keep open schools for thousands of children in Afghan villages

...and in 1983, the committee brought to the U.S., England, Holland, and Germany eyewitnesses to atrocities. They met President Reagan, Prime Minister Thatcher, Chancellor Kohl. Through the press and media, they told what is happening to their people -- they described the burning alive of 105 men and boys in a single village. The world learned what is happening...and was shocked.

Only private organizations can provide aid of this sort inside Afghanistan. Without it, the Afghans will be abandoned to suffer and die.

Contributions tax-deductible under I.R.S. No. 13-301-5812

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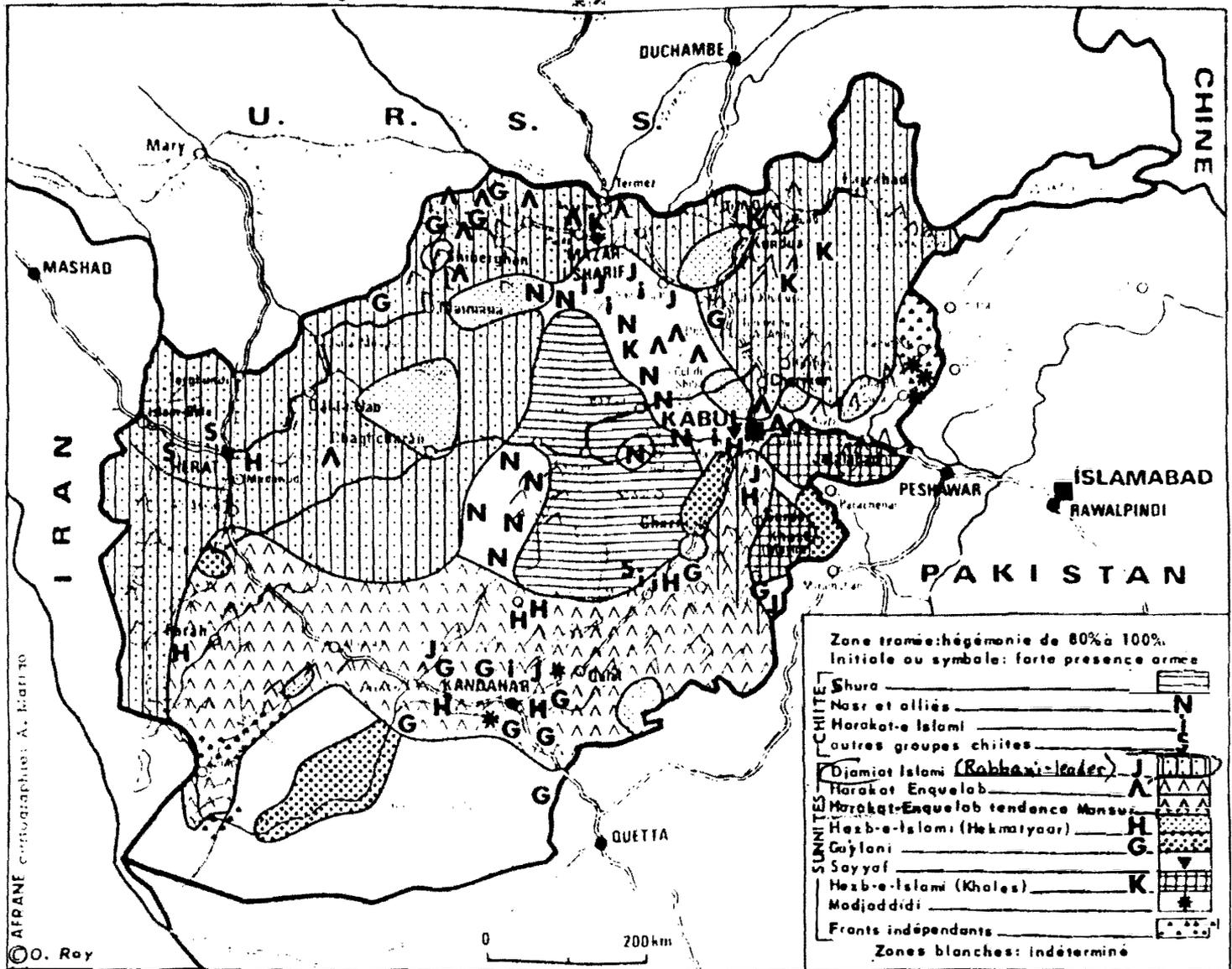
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IMPLANTATION DES DIFFÉRENTS PARTIS DE LA RÉSISTANCE AFGHANE

Une carte inédite

Jusqu'à récemment la Résistance afghane restait mal connue: les observateurs étrangers se limitaient aux régions proches de la frontière pakistanaise. Depuis 1982, cependant, des voyageurs ont pu parcourir l'ensemble des provinces afghanes. Il n'est plus de région à présent qui n'ait reçu la visite d'un observateur français. Notre colloque de mai dernier et nos derniers numéros ont pu ainsi donner une vision assez précise de ce qui se passe dans les régions les plus éloignées de l'Afghanistan.

Nous sommes en mesure aujourd'hui de publier de façon inédite la carte de l'implantation des différents partis de la Résistance afghane. Elle a été réalisée par Olivier Roy d'après ses propres observations ou d'après les informations recueillies aux meilleures sources au cours de l'été 1983.

Une carte synthèse

Si elle permet une remarquable vue synthétique de la configuration politique de la résistance afghane, cette carte ne peut bien sûr pas entrer dans les détails locaux et ne fait donc pas figurer les groupes régionalement trop minoritaires. Elle fait apparaître en revanche, outre l'inexistence de la présence gouvernementale dans les provinces, deux grandes tendances: d'une part l'influence croissante du Djamat-e Islami du professeur Rabbani dans le Nord, et d'autre part la bonne implantation du Harakat dans les régions Sud. Ces deux données sont certainement deux clés pour la compréhension du présent et la reconstruction de l'avenir.

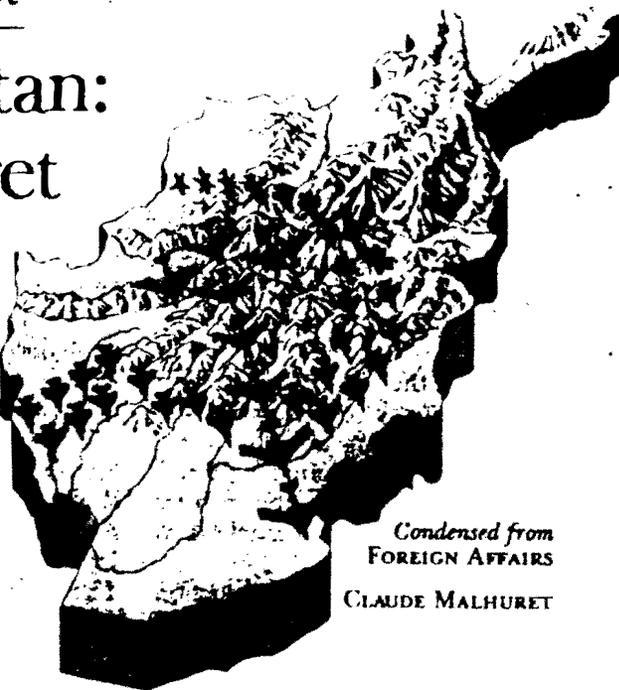
Les Nouvelles d'Afghanistan

This map was prepared by the French scholar Olivier Roy, who spends several months each year inside Afghanistan. It was published in the March 1984 issue of the magazine of Afrane, a French organization supporting the Afghan cause, and is protected by copyright. For reproduction rights, contact Afrane, 2 Square Adanson, 75005 Paris.

Spellings are, of course, French. The Shura organization is based in Quetta. Others are based in Peshawar. The Nasr group is backed, and may have been initiated by, Iran.

Afghanistan: The Secret Terror

International public opinion would never accept such enormities if it were informed daily on the developments in Afghanistan



Condensed from
FOREIGN AFFAIRS
CLAUDE MALHURET

MÉDECINS SANS FRONTIÈRES (MSF)—Doctors Without Borders—has been in Afghanistan since May 1980, five months after the Soviet invasion. We have equipped and operated 12 hospitals. Four of these were deliberately bombed and destroyed by Soviet planes. We evacuated two others. The MSF currently has 22 people working in six hospitals. From our uninterrupted presence in Afghanistan, we have been able

Dr. CLAUDE MALHURET is the executive director of Médecins sans Frontières. Created in 1971 by a group of physicians, this rapid-deployment medical organization has sent teams to conflict-torn areas in many parts of the world, often despite the opposition of host governments.

to evaluate the Soviet style of anti-guerrilla warfare.

One difference between the Russians in Afghanistan and Western armies, such as the Americans in Vietnam, is that Western armies try on the one hand to fight against the enemy and on the other to obtain the support of the population. The Soviets are not so naïve. They understand that a war involving guerrillas will be won by the side that makes terror reign.

The means used by the Russians to counter resistance movements do not involve the warm-bath/cold-shower tactic favored by Western armies. Instead, Soviets employ the exclusive use of boiling water—

again and again and again, until both the guerrilla fighters and the population ask for mercy.

During most of 1980, for example, Soviet ground troops pillaged and burned homes, set fire to crops and dragged off the few inhabitants who had not fled into the mountains—mostly old people, whom they interrogated or summarily executed. Three of these raids took place along the Shibar Pass road. In their last attack, the Russians destroyed everything in sight, burning bazaars to the ground in several villages and leaving the former American hospital in Yakaolang in ruins.

The same kind of destruction took place in December 1980 in the northern part of Ghazni Province. When one of our medical teams arrived, fires were still smoldering in several villages, and people were being wounded by booby traps left behind by the Soviet troops. Once again, the effect sought was terror, not strictly military victory.

Since late 1980, warfare based on ground operations has dropped off, probably because the Red Army has lost too many of its troops. But the Russians have now found other ways to impose a reign of terror, particularly through the use of air raids against which the poorly equipped resistance fighters are virtually defenseless. In the Hazarajat region, the villages bombed are too numerous to list.

Military intervention carried out mainly by helicopter also includes

dropping camouflaged anti-personnel mines and booby-trapped toys. The mines are designed not to kill, but to injure. In this type of war, a person is much more trouble injured than dead. The injured person demobilizes fighters who have to transport him. In many cases, he will die several days or weeks later from gangrene or staphylococcus, with atrocious suffering, which further depresses those who must watch him die.

The MSF has also seen the damage caused by the explosion of booby-trapped toys, in some cases plastic pens or small red trucks, which are choice terror weapons. Their main targets are children whose hands and arms are blown off. It is impossible to imagine any objective that is more removed from conventional military strategy, which forswears civilian targets.

The dropping of anti-personnel mines is also intended to affect the economy. First, Soviet troops try to set up a blockade using mines that are scattered by the thousands along the passes leading to Pakistan. (They have had almost no success.) Second, they aim for livestock. When I first arrived in Afghanistan in 1980, I was struck by the number of goats and cows that had legs in splints. The herdsmen explained to me that the greatest loss is not so much the ones with splints, but rather all those animals that were killed from secondary infections. And although the Afghans clear the mines from the

roads, the animals in the fields continue to get killed.

Other victims of the Russian boiling-water tactic are refugees—those still in Afghanistan as well as those who have fled. These refugees should not be considered in the traditional way, as an unfortunate but unintended consequence of the war, but rather as part of Soviet strategy. The objective: to evacuate the country in order to isolate the guerrilla fighters.

The methodical pursuit of this objective is the only possible explanation for the incredible number of Afghan refugees—an estimated four million who have fled to Pakistan and Iran alone. Out of an Afghan population of 16 million, this figure is already enormous. But to this must be added the hundreds of thousands of "internal" refugees who remain within Afghanistan. They have fled to the main towns, where they come under the control of the state army. Also, several thousand children have been sent to the Soviet Union to study to be officers one day in the Socialist Republic of Afghanistan.

International public opinion would never accept such enormities if it were informed daily on the developments in Afghanistan. The Soviets' need for secrecy explains why journalists are not allowed to travel around the country. Of course, some journalists disregard this, but they are so few that their reports draw little attention. Compare, for instance, the amount of

coverage on Afghanistan with that on the war in Vietnam.

The French physicians on permanent duty in Afghanistan for the past four years have become key eyewitnesses and have made up somewhat for the negligence of the news media. The Russians cannot tolerate this, and therefore we have become their target. In 1980 and 1981, four MSF hospitals were deliberately destroyed by MI-24 helicopters. Two other hospitals, which are operated by another French organization, Aide Médicale Internationale, were destroyed in the same way. (One of the hospitals even had a big red cross clearly visible on its roof.)

The physicians themselves have been pursued by Soviet soldiers. All have managed to get away, except Dr. Philippe Augoyard, who was captured in January 1983 and jailed for five months before being released.

What will be the final outcome of the Soviet strategy? In one sense, Afghanistan is not a good example, to illustrate Soviet anti-guerrilla warfare, because the Russians have so far been unsuccessful. The towns of Afghanistan, the main bases for Soviet intervention, are still poorly controlled. The Soviet strongholds of Bamiān, Ghazni, Gardez and Khost are encircled by freedom fighters known as the *mujahedin*.

The number of armored vehicles destroyed by resistance forces is incredibly large, considering the fighters' outdated weaponry and

suicidal tactics (such as leaping onto tanks with homemade gasoline bombs). In a two-year period we counted more than 600 vehicles destroyed in the areas where we work. When extrapolated, this comes to more than 3000 for the entire country.

The Soviet economic blockade has also not succeeded. The border areas are as easily accessible as they were before it was imposed. And while setting fire to crops and storage shelters is another anti-guerrilla tactic, its effect is limited because less than half the food that was needed before the war is required now by the diminished population.

The examples illustrating the poor short-term effect of Soviet strategy suggest a rather optimistic trend with regard to the Afghan resistance movement. But my conclusion is much less so. The balance of power in Afghanistan has not changed in four years, even though the two adversaries are unequally matched—on one side the world's biggest army, on the other a handful of people standing tall against the invader. But Russian strategy involves two aspects that may tip the balance in the Soviet Union's favor: one is the use of mass terror;

the second is that the Soviets can afford a protracted war.

The Russians do not need smashing victories to announce to their citizenry, since Soviet public opinion does not influence Soviet policy. Catastrophes, such as that in the Salang tunnel, where several hundred Soviet and communist-regime troops (and civilians) were killed, do not incite an outcry in Moscow for Russian "boys" to come home. The Soviet army can wait 20 years, even longer. The Afghan resistance will hold out for a long time, but in the end it might well be beaten.

That may not happen, however, if there is a profound change in the international balance of power and in the determination of Westerners not to forget Afghanistan.

One of the most important conditions needed for Soviet success is continued secrecy. If a small organization like ours can maintain more than 20 people on permanent duty in four provinces, despite government acts of violence, the news media could do likewise.

FOR FURTHER INFORMATION, address inquiries to the Afghanistan Relief Committee, Suite 4100, 345 Park Ave., New York, N.Y. 10154.

Primary U.S.
support group

M*A*S*H WITHOUT LAUGHTER

IN FEBRUARY, at the invitation of Columbia University's Center for Human Rights, three French doctors visited the United States to talk about their work in Afghanistan.

Their report, in the simplest terms: The war continues, in some ways is getting worse, crueller, more vicious. It is now a war against civilians. Using the best anti-guerilla tactic, Soviet-Afghan army forces are, it appears, trying to dry up the water in which the fish—the resistance, the Mujahedin—swim. There are more mines, more refugees; there is more hunger, more disease. There is more pain, more sorrow.

Doctors Laurance Laumonier, Pascal Mathey, and Philippe Augoyard of Aide Médicale Internationale (AMI) were introduced one night at Columbia University as missionaries, the unsung heroes of the Afghan war. Dr. Laumonier, a pretty woman in an elegant red suit, doesn't, at first, seem the sort who would go to Afghanistan five times, live there 15 months, trek 1,200 miles over high mountains. She smiled and explained: "We are not sure to be missionaries, we are not sure to be heroes, but we are sure to be doctors." This is it. They are not activists, experts, journalists, politicians. They are humanitarians, who quietly speak the truth. Dr. Mathey had just returned from seven months in the Panjshir Valley; Dr. Augoyard, a soft-spoken pediatrician from Rouen, was hunted down by Soviet soldiers and captured, and spent five months in a Kabul prison.

There are three French medical groups in Afghanistan. They alone carry to the Afghans a message that the West has not entirely forgotten them. The largest is Médecins sans Frontières, led by Dr. Claude Mahuret, a humble

and eloquent man whose article in the Winter issue of *Foreign Affairs* is one of the best, most honest and moving first-hand reports of the war to appear. The second is Médecins du Monde; the youngest is AMI.

Before going to Afghanistan in 1981, anxious for advice, I talked with a few doctors in Paris, and their advice was sound. That night they also said not to write about them. They wanted no publicity for themselves. They wanted only to work. They did not want to upset the Russians.

But today they can no longer work quietly. Their hospitals, some with large red crosses painted on the roofs, have been bombed; their people are in danger. At least six of their hospitals have been destroyed by the dreaded MI-24 helicopters; and Soviet soldiers, with photographs of the doctors in their possession, have questioned the population, searching for them. The French groups work all over the world, wherever there is war and suffering, and only in Afghanistan are they attacked. But still they work.

Dr. Mathey, a slight man with a sandy beard, about thirty, talked about his work in the Panjshir. "We performed 250 operations during a five-month period, mostly amputations, then

[treated] other wounds, fractures, and burns. One hundred [of the operations] were [performed under] general anaesthesia. Many of the amputations were on women and children who stepped on, or picked up, the small plastic mines the helicopters drop." They visitors showed slides of their work, the adobe-brick hospitals, the cots with patients, the doctors performing operations. M*A*S*H with no laughter. Then they showed a slide of a little girl without legs and the room became very quiet.

In Afghanistan, the doctors hold consultations in the mornings, about forty to fifty a day, treating all diseases as best they can: respiratory infections, dermatitis, intestinal parasites, meningitis. The many cases of TB are difficult. In the afternoons they teach health care and first aid to students who will go to isolated villages and work. "More and more they are being accepted by the villagers," Dr. Mathey said. "Bombing victims, though, are brought to us. We take care of all these, doing what we can."

The French doctors supply the only medical help available. "In the 15 months I was in Afghanistan I never saw an Afghan doctor," Dr. Laumonier said. It is a long trip, by camel or by



Mr. Van Dyk, a writer living in Manhattan, is the author of Afghanistan: An American Odyssey.

donkey, to a hospital in Pakistan. Beside the pathways are small mounds of rock with a pole, and a small white flag flying from it, the graves of those who died on the way.

"The bombing has increased, and the helicopters are dropping more mines than before. This is having a tremendous impact on the morale of the people." An injured person requires the help of others, and his or her injury, or death, can be slow and painful--and horrifying to watch, especially if it is a child. These plastic mines, which are green, the color of leaves; brown, the color of dirt; grey, the color of rocks, swirl and flutter, like birds, to the ground. They are smaller than a man's hand and will rip the leg off a camel. Journalists remember these; but now, it appears, it is worse.

"Our people tell us now they've seen mines disguised as small toy trucks, pencils, and cigarette packages," said Dr. Laumonier. "Many of the women I talked to had never seen a helicopter before, never witnessed a bomb drop--had never seen anything in the air before."

Hearts and Mines

This is not unique to the Panjshir. During the Logar offensive in January 1983 the joint Soviet-Afghan army offensive during which Philippe Augoyard was captured--villagers fled to the mountains. When they returned they found mines in their homes, in their gardens, and hidden in the bins where they store flour. Thirty to forty people stayed in one house afterward, afraid to return home.

According to the doctors, the Russians have found it too difficult to occupy an area, so they work from the air. Most of their soldiers are only 17, 18 years old. They've been sent to Afghanistan to fight, and they're scared. They are not fighting for their land, their families, their way of life. The Afghans are. The Afghans, in turn, are not afraid of the Russian soldiers--one on one but they are afraid of helicopters. They still have nothing, really, to fight them with--a few more machine guns now--and so Soviet helicopters bomb villages with impunity; jets scorch croplands. The people, scared and cowering, flee, elsewhere in the country or to Pakistan. "It's getting worse," said Dr. Mathey, who has

also worked in Lebanon. (*Le Monde* reported in December that there are now six million refugees; four million in Pakistan and Iran and two million more--internal refugees in Afghanistan. Population figures go from 12, 13, to 16 million. This means, at least, that one-third of the population is refugees. "It is unprecedented in the twentieth century," reports the International Rescue Committee.)

"Another problem is hunger," Mathey explained. "When they--Soviet-Afghan forces--invaded the Panjshir, everyone fled to the mountains. The reason Massoud [the bright young commander of whom so much has been written] signed a truce with the Russians--and it was with the Russians he signed, he refused to deal with the Kabul government--was to keep his people from starving. They were hiding in the mountains, in caves, and they didn't have enough to eat."

Dr. Laumonier leaned over the table, her arm in the air, to emphasize her point. "There was a real famine. It was almost a catastrophe. There was no harvest. Their fields had been burned."

It was here that the French doctors, with the necessary help of support groups in England, France, and Sweden, and the New York-based Afghanistan Relief Committee (Suite, #100, 345 Park Avenue, New York, N.Y. 10154), did a quick and remarkable thing. Together they raised \$100,000. A Telex arrived in New York, and within 24 hours, the ARC responded. As Gordon Thomas, president of the board of directors, said, "We seized upon this opportunity to help. The UN High Commissioner for Refugees is taking care of the refugees in Pakistan. This was more direct relief than we could give in any other way. We allocated virtually all our funds to help save these people." The French doctors took the money in an attached case to Pakistan. From there it went to the Panjshir, from there to Kabul, where the American dollars were changed into afghanis. Then men traveled by foot across the Hindu Kush to Mazar-i-Sharif, and there on the high plains bought wheat, rented camels and mules, and brought them back.

In 1971 *Médecins sans Frontières* was created by a group of young French doctors who had worked in Biafra and saw that the big international health and relief organizations

while well-meaning, were too large and bureaucratic to respond quickly enough to the needs of the people. The Red Cross, for example, goes where it is permitted to go. It deals, as it must, with governments. The French medical groups do not. They go where they see a genuine humanitarian need, clandestinely and without regard to politics to Laos, Kampuchea, Iranian Kurdistan, Colombia, Chad, Eritrea, Haiti, Afghanistan.

An Unbroken Chain

Aide Médicale Internationale was established by ten medical students in 1979. In May 1980 it sent a mission to Pakistan to help the refugees coming out of Afghanistan after the Soviet invasion in December 1979. Two months later a team of doctors and nurses left for Nuristan, in eastern Afghanistan. They stayed four months, and another team replaced them, then another, and an unbroken chain began. In May 1981, AMI opened a "hospital" in an abandoned house. In September 1981, the first Soviet-Afghan army offensive hit; in February 1981 they painted a large red cross on the roof, to protect it. In March the hospital was bombed. MSF hospitals were destroyed also.

Dr. Laumonier wrote a letter to her colleagues, which was hand-carried out. "It is spring and nice... the green in the fields... the sun is warm, the trees are in full bloom. But at the same time things are not easy here... the valley is under constant threat of bombings, our hospital being the main target. We have just changed work sites again. The race continues. We operated on two Mujahedin... One man died within 24 hours. It was a shock. There was so much bombing. There are reports from Kabul of more bombings, and a possible invasion. We simply say to one another, 'Let's see what happens.' If we sat with folded arms waiting for an optimum time we would get no work done at all."

She continued a few days later. "We absolutely need more medicine and more supplies. There is almost nothing. Cécapine and I can make it for ten to 15 more days on the supplies we have. We have confidence in all of you. Love, Laurence."

The three doctors, in addition to giving talks, were in America to raise money. But it is not easy, they said:

"Americans don't seem to know or think about it."

Why do they do it? John Train, executive vice president of the Afghanistan Relief Committee, said, "Almost all the worthwhile humanitarian aid going into Afghanistan is taken in by French teams. Wondering why it is so, I have realized that France is almost the only country where having been

a resister, or *maquisard*, in World War II is today a matter of great prestige; so the French think naturally in those terms. Also, they believe in principles, and Afghanistan must be the clearest issue of conscience since Hitler's murder of the Jews."

"We like to do it," said Dr. Augoyard. "We came to like the people; we want to help them. We came to

work as doctors, not to help the resistance. The Red Cross goes where it is allowed to in the world. We go, regardless. Even while I was in jail, other doctors kept going in. None of us is married, yet. It is the time in our lives to give to other people."

The war in Afghanistan will go on. The doctors will keep going in. It gives you hope. □