



Children of Chechnya Action Relief Mission  
UK Charity Reg. No.1108279

**CCHARM  
REPORT ON GEORGIA AND AZERBAIJAN TRIP**

**26 - 30 October 2006**

**Carlo di Pamparato  
Marie Bennigsen**

## About Ccharm

CCHARM has no political agenda. It is solely concerned to relieve the suffering of the most vulnerable part of the population - young children who have been the innocent victims of military action and mines.

This is how the war correspondent Anthony Loyd described the armed conflict that lasted until Chechens recaptured theirs capital in August 1996:

**" The war in Chechnya - it was like nothing I had ever seen before. In terms of the scale of violence, fear and horror, it left anything in my experience so far behind as to make it almost insignificant. You can grade conflicts according to intensity if you desire: low, medium and high. Chechnya blew the bell off the end of the gauge, and revealed an extreme of war to me that I had no conception of. Afterwards my understanding of conflict was never quite the same again. It was indeed a glimpse from the edge of hell."**

**Anthony Loyd, My War Gone by,  
I Miss It So, Anchor, 2000, pp 235-6**

We are not politically biased but we want to make this war an issue in order to push our governments into action. Too many atrocities and violations of basic human rights have been committed to allow us to close our eyes to a human tragedy of vast proportions that could end up in the genocide of a small nation on the borders of Europe.

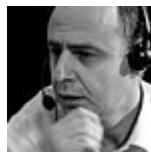
We also ask for your moral support to encourage our politicians across Europe and around the world to stop this silent genocide by bringing pressure to bear on the Russian authorities to stop their armed intervention on the flimsy pretext of "war against terrorism".

The Charity's objectives are: To provide and promote treatment, healthcare and education for the relief of sickness, injury and suffering of the children of the Chechnya, irrespective of class, ethnic background or religious belief.

CCHARM is a small charity with modest administrative expenses thus ensuring prompt and efficient use of its resources. The Council of Management will provide regular financial and operational reports. Tens of thousands of civilians have been killed and many more seriously injured by bombings, missiles and artillery fire in the brutal repression carried out by the Russian armed forces. In the face of this tragedy we appeal for financial contributions.

## **ABOUT US**

**CCHARM's Council of Management currently comprises:**



### **Carlo di Pamparato, Chairman**

Carlo obtained a University degree in Economics - University of Turin 1986 - Italy. Since then he has been working for different Investment Banks in the City of London before joining the current job in the Hedge Fund Industry. He has visited the Caucasian region several times.



### **Lord Rea of Eskdale MD, FRCGP, DPH**

Qualified in Medicine Cambridge University 1954, MD 1969. Worked as family doctor and epidemiologist in London and Nigeria . Member of House of Lords from 1982. Chair of All Party Food and Health Forum from 1997. Speaks on health and human rights issues. Visited Chechnya in 1995.



### **Marie Bennigsen Broxup**

Joined the Society for Central Asian Studies in Oxford in 1981. Editor of the journal Central Asian Survey for the last 25 years. Editor of Central Asia and Caucasus Chronicle, 1981-1990. Formerly consultant on Caucasian affairs to the French Ministry of Defence (Délégation aux affaires stratégiques) and the French Ministry of Foreign Affairs. Author of two books, The Islamic Threat to the Soviet State (Croom Helm, London, 1983 co-authored with Alexandre Bennigsen) and The North Caucasus Barrier. The Russian Advance towards the Muslim World (Hurst & Co, London, 1992). Made numerous trips to Chechnya since 1993.

A network of friends compliments our personal interest and knowledge of Chechnya across Europe who is also giving their support on a completely voluntary basis. In September 2001, Carlo di Pamparato brought five wounded children from Chechnya for treatment in Italy on behalf of another charity.

## Facts on Chechnya

Russian statistics for this human catastrophe are particularly distressing: provided by the Russian Human Rights organisation Memorial, by the Russian Interior Ministry (MVD), and by the Russian Ministry of Health run as follows: Out of a population of 1,200,000 in 1999, between 200,000 and 250,000 people are still living in sordid conditions for years, in refugee camps in the neighbouring Republic of Ingushetia;

- Over 200,000 people have been made homeless inside Chechnya
- 57,000 civilians have been maimed as a result of military action or mines
- Half a million mines have been dropped on the borders of Chechnya - the number of mines inside Chechnya is unknown
- 98,000 people need urgent medical assistance

80,000 people were killed in the 1994-6 war. Estimates vary for the present conflict: according to Memorial, 20,000 people have been killed, and over 3,000 have disappeared without traces during the "clean-up" operations conducted by the Russian forces. The Russian Ministry of Health has recorded 28,000 orphans.

These stark figures give only a glimpse of the tragedy unfolding today. Many casualties and victims do not find their way into Russian statistics. Anyone wanting to record or complain about the extra-judiciary killing of a relative or friend risks disappearing himself.

## Background

## The Conflict

Chechnya was conquered by Russia in the second half of the 19th century after 50 years of military campaigns.

At the collapse of the Soviet Union in 1991, the Chechens seized the opportunity to regain independence by declaring the sovereignty of their Republic. However, the new democratic Russia of Boris Yeltsin was not ready to grant freedom to this oil-rich colonial dominion. On 11 December 1994, confronted with the refusal of the Chechens to sign the Russian Federation Treaty, Moscow launched the first invasion.

In September 1999 a Russian army, 140,000 strong, marched again into Chechnya. The bombing of Grozny by long-range artillery and strategic missiles began a month later. The paediatric and maternity hospitals of Grozny were among the first targets (1 November 1999). "To win this war, one has to destroy the entire male population of Chechnya," declared former Russian Prime Minister, Sergey Stepashin three days later. After a five-month resistance, the Chechen forces withdrew from the besieged city. Grozny was reduced to rubble.

**Of the population of 300,000 people before the onslaught, only 30,000 were left when the Russian troops entered Grozny.**

The remainder were either dead, killed in the air bombings and buried in the ruins, or had fled the city. Regardless of alleged political mistakes by the Chechen leadership during the inter-war period, nothing could justify such ferocious and indiscriminating use of force with "collateral damage" well beyond the acceptable level. Moscow wants Chechnya as part of Russia no matter how many Chechens have to die. It is a war against a whole nation. The wasting of Chechnya marks a new phase in the annals of modern atrocity: grudge genocide fuelled by revenge for the humiliating defeat of August 1996.

**DRAFT**  
**CCHARM TRIP REPORT GEORGIA AND**  
**AZERBAIJAN**

**26 - 30 October 2006**

**Carlo di Pamparato  
Marie Bennigsen**

**GEORGIA**

### The political climate

At the time of our visit, Georgia was in the midst of the worst diplomatic crisis with Russia since independence. After the arrest and expulsion of four Russian diplomats cum spies, Georgians as well as Western diplomats were predicting a difficult winter with energy cuts and an influx of Georgian refugees from the Russian Federation.

However, despite tense relations with a threatening Russia, there was a spirit of confidence in Tbilisi and increasing support for the government of President Saakashvili in the managing of the crisis. Since our last trip six months ago, we noticed a certain economic revival and dynamism, with standards of living slowly improving and corruption being curtailed drastically.

On 27 October Marie Bennigsen had a meeting with the director of MSF Georgia, Thomas Ballivet, and a Chechen surgeon who is also Ccharm's main partner in Georgia). MSF have been active for some years in Georgia providing emergency medical aid, among others, to Chechen refugees in the Pankisi Valley neighbouring Chechnya. The aid consisted in providing medicine for our doctor's surgical unit in the district hospital of Akhmeta (at the entrance of the Pankisi Valley) and the small surgical dispensary in Duisi (at the end of the Valley near the Chechen border), as well as paying for more complicated emergency operations in Tbilisi for Chechen refugees.

Unfortunately, for a combination of reasons - MSF's mandate to operate in emergency situations, Georgia's change to fee paying medical treatment, and a slowing down of migration - most international NGOs are planning to leave Georgia in the near future. MSF are due to close their operation at the end of 2006. According to Thomas Ballivet and the Chechen representative in Georgia, this would be a disaster for the Chechen refugee population.

### Chechen refugees in Georgia

MSF confirmed figures provided by UNHCR of 1600 official refugees. This population has been forgotten by most international institutions and is left totally destitute and vulnerable and certainly unable to pay for medical treatment. Many are suffering from malnutrition and chronic respiratory diseases, including tuberculosis. According to Roy Wilson, Deputy Head of Mission at the British Embassy in Tbilisi, Chechen children in the Pankisi Valley just die of weakness and cold in the winter months.

## CCHARM'S PROJECTS

## **I - New hospital in Akhmeta**

Before leaving at the end of the year MSF have helped our Doctor (with whom they have been cooperating for the last five years) to set the basis for (set up) a l clinic in Akhmeta to treat the Chechen refugee population as well as the most destitute part of the local population free of charge. Premises have been leased in the decaying and abandoned district hospital and renovated to provide a clean environment for a hospital with 20 beds. Unfortunately no further support can be expected from any source.

After consultation with the Chechen medical community and members of the Georgian Ministry of Health, Ccharm took the decision to step in as sponsors of the hospital to allow it to function efficiently without undue financial hardship.

There were several reasons for our decision to favour backing the hospital rather than distributing humanitarian aid directly:

1- without our sponsorship the entire refugee population would be left entirely without medical help except in a few cases where the Georgian government provides free medical help (as with diabetes). Furthermore we reckon that the clinic will also serve, once well established, Chechens from elsewhere - from Chechnya directly, from Azerbaijan, and even from Turkey. Indeed there have been cases of Chechen refugees in Istanbul being brought for operations by Dr Gaurgashvili in Tbilisi;

2- the difficulty of distributing aid equitably in a military strategic zone in the present climate of heightened conflict with Russia;

3- our visit to Azerbaijan convinced us that it would be quasi impossible to set up an effective aid program because of the obstruction and delays caused by Azerbaijani bureaucracy (see below);

4- the hospital will provide emergency treatment as well as regular treatment to raise the standard of health of the refugee population. It will provide jobs to a number of Chechen doctors and nurses.

Consequently, Ccharm is signing a contract with the hospital guaranteeing to pay the salaries of the 16 strong staff of the hospital - including four doctors, 3 nurses, 4 nursing aides, 1 accountant (see costing attached) for one year. Carlo di Pamparato and Marie Bennigsen purchased in Tbilisi essential equipment to allow the hospital to open without delay. This included:

- a generator
- 8 wood stoves
- supply of heating wood for the winter
- an electric surgical knife
- a sterilising unit (Autoclave)
- bedding and blankets
- computer and miscellaneous
- labour and material to build a kitchen

We will be budgeting and appealing for funds to provide other essential facilities that would be taken for granted in Western hospitals, such as hot water for instance! (See attachment)

## **II - Dispensary in Duisi**

Duisi is the last large village of the Valley situated at the entry of the Pankisi Gorge and bordering three republics - Chechnya, Ingushetia and Daghestan. The population is composed entirely of Chechen refugees housed in appalling conditions in disaffected government buildings. It is the first settlement where people fleeing Chechnya over the mountain passes can get help. The dispensary is run by our Chechen doctor (we don't want to mention his name for safety reasons) and a duty nurse and works in conjunction with the hospital in Akhmeta. It is equipped for emergency operations under local anaesthetics for outpatients.

The dispensary is adequately equipped for its purpose. However, there is one major difficulty: Duisi is 16 kms only from Akhmeta but the road is so bad that it can take over an hour to reach the hospital for emergencies and seriously wounded people. There are no public transport and very few private cars able to transport patients. As a result many people have died before reaching the hospital.

Ccharm will be looking into the possibility of providing a properly equipped ambulance to be stationed in Duisi and eventually pay for the services of a full time doctor (see attachment).

### **III - Tuberculosis program**

TB is so widely spread among the Chechen population that it is known in Russia as the "Chechen disease". The extremely effective treatment available in the West is unknown, unavailable, or used inadequately in many former Soviet states, including Chechnya, Georgia and Azerbaijan.

According to our informants, Dr Timur lobidze, lung diseases specialist and director of the Academy of Sciences clinic in Tbilisi, and Dr Paata Aladashvili, lung diseases specialist, Ministry of Health, as well as the British Embassy and MSF, there are plans for a nation-wide program to fight tuberculosis in Georgia but it will not be implemented before several years. At present 10,000 people are hospitalised in Georgia with the disease and 16,000 are officially registered (out of a population of approximately 4 million). However, this is by no means the real figure as people only consult a doctor at the last resort.

The situation in Chechnya and among the Chechen refugees is many times worse due to poor living conditions with no treatment available whatsoever.

It has been Ccharm's long-standing goal to start a TB program for the Chechen population. The treatment is inexpensive, effective, and simple (for the classical strain common among Caucasians) and can in many cases be implemented through outpatients' programs. Ccharm therefore intends to:

- make a bulk order to begin with for 100 TB treatments for its hospital in Akhmeta;
- bring our Chechen doctor to Europe for a three weeks training to become acquainted with Western treatment of TB;
- begin an immunisation program for all children under the age of 5 among the refugee population;
- forward TB treatments to Chechnya on request;
- plan a future meeting in Tbilisi, Baku or Chechnya with the director of a TB dispensary established in Grozny in 2003 to devise means of supplying the dispensary with treatment. All information emphasizes

that the dispensary lacks basic essentials and only survives amongst official indifference on the dedication of its director.

If we are successful in establishing a flagship program in our hospital in Akhmeta it would begin to benefit Chechnya. Furthermore the Georgian Ministry of Health told us that they were contacted and visited by doctors from Chechnya enquiring about TB treatment in recent years

#### **IV - Business opportunities in Duisi - projects payback**

There is practically no opportunity to find work for Chechens in the Pankisi Valley. Two small enterprises, however, have been set-up by two refugees that provide work for three to five men: 1) a timber business, and 2) a quarry and stone cutting enterprise using local granite and marble. The Chechen entrepreneurs have invested approximately US \$ 2000 each to buy second hand equipment. If they could invest in more modern equipment they could easily expand their enterprises and providing work as there is no shortage of raw material available in the Valley.

An other possible investment would be in animal husbandry. Chechen families could be provided with cows and sheep, which they could exploit, and breed, a skill with which most Chechen women are familiar.

#### **V - Humanitarian aid**

Carlo di Pamparato, in the presence of Marie Bennigsen and Louis Greig, entrusted the Chechen representative, Khizri Aldamov, with a sum of money to allow him to buy ten lorry loads of heating wood to distribute amongst the most needy refugee villages (see accounts attachment).

To conclude we can claim that we have made substantial progress during our visit: we have established an atmosphere of trust with our Chechen partners in Georgia and with the Georgian authorities; thanks to our immediate contribution the hospital in Akhmeta was able to open officially in the week following our departure. It is now accepting patients and performing operations (UPDATE.four operations were performed on 18 November). We have unable the hospital to work for the following year without worrying where the money will come from to pay the surgeons, doctors and nurses.

## **ATTACHMENT I - NEEDS**

### **Immediate needs**

We have been extremely cautious in spending the charity's money as we know that we will need an emergency budget to cover certain costs in the following year:

#### **1 - Emergency operations**

The hospital in Akhmeta is not equipped for complicated operations such as open heart and neurological surgery. These operations have to be performed in Tbilisi and paid for. Until the end of the year MSF is covering these emergency expenses for Chechen refugees. Ccharm is committed to step in when MSF pulls out in 2007. Such operations usually cost at present rates between US \$ 300-500. We cannot tell in advance how many such interventions will be needed but we need to allow for an emergency budget of a minimum of US \$ 7000.

#### **2 - Supplying medicine**

MSF will stop supplying the hospital with medicine at the end of the year. Ccharm will have to take over. We are getting advice from MSF and our own doctors regarding the cost.

#### **3 -Equipped Kitchen**

We realised that in this Hospital there are no cooking facilities. Patient's families have to bring their own food from far away with no possibility to warm it or cook it. We are looking into that.

#### **4 - Installing hot water**

The hospital at present has two shower rooms for the patients and one for the doctors. We will be bringing electrical water heaters on our next visit. Cost of purchase in the UK and installation, approximately £ 1,000.

#### **5 - Electricity bills**

With Russia cutting energy supplies, the cost of electricity is likely to increase dramatically in the near future. We need to budget for this utility per month to allow the hospital to run efficiently.

#### **6 - Medical tools/medicines Inventory**

We are sending our medical adviser soon after the New Year to assess all medical tools needed and to start a methodical assessment and organisation of the TB programme.