ANATOMY OF A SUICIDE BOMBING
Moon Market attack, Lahore, Pakistan
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With thanks to
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and all who cooperated with this research.

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Cover illustration
The Moon Market ablaze (Murtaza Ali).

Infographics
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Clarifications or corrections from interested parties are welcome.

Research and publication funded by the Government of Norway, Ministry of Foreign Affairs.

Design and printing
Tutaev Design
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For the last three years AOAV has been monitoring some of the harm caused by explosive weapons around the world. Over that time we have consistently found that civilians make up the vast majority of the casualties of these weapons. Weapons like air-dropped bombs, artillery shells and car bombs project blast and fragmentation across an area causing death and destruction to whoever is in proximity. For this reason they are particularly dangerous to civilians when used in populated areas. In 2012, AOAV found that 91% of casualties of explosive weapons worldwide were civilians when such weapons were used in populated areas.

In 2012, 60% of the explosive weapon casualties recorded by AOAV were caused by Improvised Explosive Devices (IEDs) – that is bombs which are homemade rather than industrially produced. The vast majority (81%) of these casualties were not armed patrols encountering roadside bombs, but civilians going about their daily lives. A total of 16,933 civilians were killed and injured in 1,455 incidents involving these weapons in 2012.1

Casualty figures alone do not begin to convey the real cost of these bombings. The depressing reality is that the media and much of the work by analysts provides only a superficial overview of the harm that these attacks are causing.

Reports in the immediate aftermath of attacks tend to provide the number of fatalities, sometimes the number of injuries, a description of the scene at the blast, and some reaction quotes. Smaller attacks barely warrant a paragraph.

Little or no focus is directed at the wider effects of these bombings. What does it mean for a health system to have to be constantly prepared to receive 100 trauma patients within a few minutes? What happens to a market when it is destroyed by fire and forever associated with tragedy? Who supports a family when they lose their major earner or when a relative receives complex injuries?

Returning to an IED attack which took place at the Moon Market in Lahore, Pakistan in December 2009, this report will shine a light on some of the long term and often unreported impacts. It will look at both the lasting impact on victims as well as assessing what support has been provided to them.

Of course there are limitations with focusing on a single bomb blast. But the findings here point to areas for further research and investigation as well as highlighting individual stories which will have been replicated thousands of times over.

FOREWORD

Stall owners look through the ashes of the market. (Murtaza Ali)
OVERVIEW

METHODODOLOGY
AOAV visited the Moon Market in Lahore in November 2013 and conducted interviews with doctors, government officials, police, stall owners and victims. Interviews were conducted with the families of six individuals who were killed in the 2009 Moon Market bombing and one widow who lost her husband in the 2008 attack. AOAV also interviewed 16 people who received physical injuries in the attack.

THE BLAST

On 7 December 2009 two attackers deployed suicide bombs containing 10 kgs of explosives and ball bearings. The second explosion happened 30 seconds after the first.

The attack was not directed at a particular religious group or at security forces. It seemed to have been designed to inflict the maximum number of civilian casualties.

The fire which followed the initial explosion was spread along electrical wires into shops and stalls where flammable materials including generator fuel and tetrafluoroethylene gas were being stored. Many complained that the compensation was inadequate to cover the long term impacts of the bombing including loss of livelihoods and expensive follow up medical treatment.

74% of the people who were injured in the blast or who lost family members believed they were now worse off financially.

Compensation from the federal government to victims was provided inconsistently. It was reported that around 12 victims received additional compensation of Rs100,000 from the Prime Minister’s office.

There are no legally enshrined rights or a central fund for victims of IED attacks to receive support and compensation from provincial or federal governments.

Women assumed new roles following changes to family structures after the blast.

THE PERPETRATORS
No one has been convicted for their involvement in the Moon Market bombing though three people connected to the attack are currently awaiting trial.

Prosecutors and police reported that they faced significant difficulties in achieving successful convictions against suspects accused of terrorism. Challenges include the reluctance of witnesses to testify and the poor quality of evidence.

ECONOMIC EFFECTS
The District Coordinator’s office estimate the damage the bomb caused to the market was around Rs500 million (£4.6 million). Over 60 shops and 90 stalls were destroyed in the bomb blast and subsequent fire, meaning that roughly 12% of the market’s businesses were destroyed.

Over Rs80 million (£462,000) was paid to businesses for compensation and renovation from the Punjab provincial government. Payments ranged from between Rs150,000 and Rs1.5 million (£1,400 to £13,600).

Businesses AOAV spoke to estimated that they were trading at 30-50% of the level they were before the attack with people shopping elsewhere because of security concerns.

All but one of the victims and families who AOAV spoke to received the compensation pledged in a special directive from the provincial government. Many complained that the compensation was inadequate to cover the long term impacts of the bombing including loss of livelihoods and expensive follow up medical treatment.

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OVERVIEW

HEALTH IMPACTS
Just under half (44%) of the injured victims AOAV spoke to were in hospital for their initial treatment. AOAV also interviewed 16 people who received physical injuries in the attack.

Victims who AOAV spoke to were in hospital for an average of 25 days for their initial treatment.

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A metal post still shows marks of the bombing four years on. (AOAV)

The fire from the blast spread quickly along the many wires in the market. (AOAV)

The investigation by the bomb disposal squad found that the bombs were made from local high explosives. Officials said this is unusual as most of the bombs they encounter contain materials from abroad.6

At 8:40 pm on 7 December, 2009 when the market was at its busiest. At an intersection of three roads the first bomber detonated a vest containing 10kg of high explosive and ball bearings.

In the initial confusion several victims reported that the first bomb sounded like an electrical transformer exploding.6 As people rushed away from the blast in their panic they were funneled by the narrow streets into a tightly packed crowd. Around a minute after the first explosion, a second bomber detonated his own identical explosive vest outside of the National Bank in the corner of the market. It was this second bomb, surrounded by people with no chance of finding shelter, or protection which caused the most casualties.

Neither bomb formed a crater, with all the blast force and shrapnel directed into the crowd. AOAV’s research has found that suicide bombings are a particularly devastating form of explosive violence with an average of 23 civilians killed and injured worldwide in each incident involving their use.7

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Over 150 shops and stalls were destroyed in the attack. (Murtaza Ali)

Unlike many attacks in Pakistan the bombing of the Moon Market does not appear to have been part of any sectarian violence or aimed at government security forces. Instead it appears to have been an attempt to inflict the maximum number of civilian casualties and send a message that people cannot feel safe anywhere. The attack was condemned by the Prime Minister and the US embassy in Pakistan. Hafiz Tahir Mahmood Ashrafi, Chairman of the Pakistan Ulema Council, said that ‘there is no justification for killing innocent lives.’

Many of the people were dead around, there was blood. There were terrible cries. Everybody was injured and crying. I didn’t have the courage to open my eyes and look at it. I was hearing the entire thing because I was conscious. But there was deaths, and chaos, and human cries and tragedy all around.

Syed Imran Ali Zaidi, a victim of the bombing.
DEATHS AND INJURIES
It is likely that around 60 people were killed in the Moon Market bombing. The death toll, initially reported as around 34 people, but this number quickly rose. The official record of casualties maintained by the City District Government documented 49 people killed and 131 injured. These figures were obtained from hospitals and mortuaries four days after the bombing. They do not include victims who did not seek treatment at hospitals.

In addition to the 49 people killed in the blast according to official records, there were a further three individuals who were suspected of being involved in the blast. The mortuary of King Edward’s Medical University also received a shopping bag filled with limbs two days after the blast, these body parts were not counted in the government records.

After four days around half of the injured (66) had been discharged from hospitals. However, some of those recorded as injured in the initial assessment eventually succumbed to their wounds. For example at Sheikh Zayed hospital, a state hospital near the blast, which received the largest number of casualties, eight of those admitted with injuries died in the weeks following the blast.

One family told AOAV that their son Shahn, who owned a stall selling children’s clothes, could only be identified by his underwear. Shahn received burns to 70% of his body and had seven pieces of shrapnel in his chest.

He was in hospital for 26 days before he eventually died following complications during his second surgery.

The lack of a clear figure for the number of casualties is worrying and points to a steady decline in government engagement following the immediate aftermath of a bomb attack. It is particularly concerning because AOAV was repeatedly informed that these initial records on 11 November were the basis for creating a list of people eligible to receive compensation.

Victims were taken to a variety of hospitals with some of the closest facilities quickly overwhelmed and forced to divert casualties.

Dr Sajud Shanif, the consultant in charge of the Accident and Emergency department at the Sheikh Zayed hospital, said the biggest challenge his department faced was keeping track of who had received what treatment.

The situation was made more difficult by overcrowding. As well as receiving over 50 casualties in just a few hours the hospital was packed with families looking for relatives and with media reporting on the attack. In Pakistan it is quite normal for camera crews to come right inside the hospital to film victims receiving treatment. Zafar Iqbal, a security guard in the hospital, remembers having to break up scuffles between the crowds and trying to placate devastated families searching for someone to blame.

Within this chaos was the additional challenge of tackling the complex nature of the wounds suffered by the victims. Professor Mausee, Trauma Surgeon at the Sheikh Zayed hospital who operated on many of the injured, explained that bomb blasts present a particular series of challenges. Unlike in the case of gunshot victims, bomb blast patients arrive with multiple traumatic injuries. Their treatment is therefore more complicated and their condition harder to manage. Mausee also acknowledged that it is possible to miss injuries or trauma.

Many of these injuries required extensive rehabilitation after the initial treatment. So while a patient may have been discharged from the hospital within a few weeks a full recovery could still be years away.

After about two weeks, that’s when the real problems begin.
Dr Saad Malik

Victims of the Moon Market blast in Sheikh Zayed hospital were treated for penetrating injuries from ball bearings and even from other people’s bone fragments being propelled into bodies. For blunt trauma injuries from falling debris or from being thrown from their feet by the blast. For severe burns and smoke inhalation from the fire which followed the blast. For collapsed lungs caused by the pressure of the bomb blast. Professor Mausee recalled walking through a ward and seeing eight or nine patients with chest tubes inserted to treat collapsed lungs. There was also extensive eardrum damage and eye injuries.

Salman Zaib was a 21-year-old student at the time of the blast. He was in the Moon Market to collect money from a jeweller for his father and was standing about a meter away from the second bomb when it exploded. He was spared almost certain death when a woman happened to walk in front of him just as it detonated.

Zaib had to have stitches on his back for injuries from shrapnel and pieces of the woman’s bone. Both of his legs were broken. They were so badly damaged that they required expensive plastic surgery and bone grafts.

He was in bed for 4-5 months and it took over one and a half years before he was able to walk again.
Many victims and their relatives that AOAV spoke to said that they would never go back to the Moon Market.

A third of the people AOAV spoke to who were injured or lost relatives in the attack said that they had not been back to the market in the four years since the blast.

Some people found their entire moods changed after the blast.

Muhammad Arif Saleem, was visiting the market with his wife to buy new school uniforms for his children as the weather was getting colder. He received a deep cut to his head and damaged his hearing but these physical injuries were treated within a week. Emotionally though he was deeply disturbed.

Saleem went back to working in a restaurant a few weeks after the bombing but was still having nightmares about the attack. He found that his temper had changed since the incident and lost his job as a result.

“Since the blast I became highly stressed and would lose my temper all of a sudden. In the hospitality business, that temperament doesn’t work, people don’t like it.”

His restaurant sent him home as he had clearly not fully recovered, when he came back after a few days his job had been given to someone else.

Saleem responds differently to news stories about other violence in Pakistan.

When I hear any news now, I feel very bad. I am very disturbed. I used to take it lightly. But now, oh my God, I can’t sleep now. I recall everything in my mind.

Muhammad Arif Saleem

In spite of these clear signs of psychological harm only one person AOAV spoke to had received any kind of treatment.

Chaudhry Aftab Ahmad has his own real estate business and was in the market as a guarantor for a deal on which a friend of his was working. As he fled from the first explosion he was hit by the second blast. He broke his right leg and needed treatment on his lungs for the damage he had done inhaling smoke and noxious fumes.

As well as these physical injuries he noticed other changes.

“I felt the need a couple of times for counselling. I used to lose my temper and have a lot of stress. I would become angry out of the blue. I had a friend who was a doctor and he referred me to a psychiatrist [...] I would keep thinking about these things, I would look at everything in a critical eye, in a negative manner. Initially I thought it was just a fragment of my imagination but later I realised that no, I’ve actually developed this thing because my friends also kept on mentioning it. ‘You used to be very calm but now you’re a totally different person.’ [...] So after about nine months time I visited a psychiatrist who then gave me treatment.”

Ahmad was fortunate to have a friend who was a doctor who recognised these symptoms as well as being in a position to afford treatment. Others were not so lucky.

Dr Abdul Shakoor, head of psychiatry at Sheikh Zayed hospital, said that there was no psychological counselling offered to any of the more than 50 victims who
came to his hospital and that the department did not treat anyone as a follow up case after the bombing. “I was never informed about any patient related to the Moon Market, admitted or non-admitted.”

In our culture people think that to be depressed and angry is normal.

Dr Saad Malik, professor of Psychiatry, Jinnah Hospital.

Shakoor said that his department is stretched and has no inpatient facility. Knowledge and access to treatment is confined to the wealthy and educated.

One expert even suggested that Pakistani people are less susceptible to stress related diseases than non-Pakistanis.

Dr Saad Malik, Professor of Psychiatry at Jinnah Hospital which has more resources and an inpatient facility, claimed that people in Pakistan have a particular resilience to the psychological harm of bomb blasts.

He argued that most people in Pakistan are so busy simply trying to get by and survive ‘the daily grind’ that they don’t have time to feel the psychological effects of the bombing. Contending that stress is a ‘western condition’ and that Pakistan’s traditions and family structures are able to offer strong support to mitigate psychological harm.19

Psychiatrists did note that society more widely is gradually being desensitised to the continual violence which is afflicting Pakistan. “Blasts have a subliminal effect on the nation. People get immune to the violence, it has to be 50-60 people killed before anyone bats an eyelid.”

AOAV found access to psychological support for victims was extremely limited. (Mutazza Ali)

INDIRECT EFFECTS ON HEALTHCARE

Responding to bombings like the one in the Moon Market and preparing for the possibility of future attacks have deep consequences. These activities drain hospitals of resources and have knock on effects on other patients.

A few hours after the bombing, hospitals received calls from government officials telling them that treatment for all victims of the bombing should be provided free of charge. In most cases this meant that victims received free treatment and medication, at least initially, unless they went to a private hospital.

In practice this gesture is less generous than it first appears. The free treatment and medication provided by the hospitals is not met with extra money from the government. The additional costs which will inevitably emerge must be absorbed by the existing budgets. According to senior hospital officials, no additional funds were offered by the government to either the Jinnah or Sheikh Zayed hospitals which received the majority of victims after the Moon Market bombing.

Dr Mahmood Shaukat, Principal of the Jinnah hospital, said that after mass casualty events, “funding for hospital budgets are squeezed, funding for elective healthcare has to be realigned”. Adding that it is often the outpatients unit which is the first department to feel cuts even though they deal with the most patients.

Hospitals were unable to provide the exact amount spent on victims of the Moon Market bombing but the Sheikh Zayed hospital alone had to spend Rs732,000 (around £32,000) just on procuring extra equipment.

In order to respond to future incidents of the scale of the Moon Market blast, hospitals have had to purchase specialist medical equipment for trauma patients, like chest tubes, for up to 50 patients. Staff have also had to receive extra training for responding to mass casualty disasters.21

General concerns about the security situation in Pakistan mean that hospitals also invest heavily in defending themselves from potential attacks. For instance, Sheikh Zayed hospital currently employs 104 security guards each receiving Rs16,000 per month (£90), meaning nearly Rs20 million (£114,000) is spent on security each year, about 1% of the hospital’s total budget. This may seem a small amount but such spending, AOAV was told, has a significant impact on the quality and quantity of medical care which the hospital is able to provide.

Hospitals in Pakistan are further hampered by difficulties in retaining their best and brightest doctors who are keen to move abroad because of the security situation across the whole of the country.

In a reversal of this trend, Professor Maeed has returned from working in Saudi Arabia to help his country. Rather than being intimidated by violence on this scale he uses it as a motivation. “I’m sad but I get geared up as well. I want to fight back.”
ECONOMIC IMPACTS

DAMAGE TO THE MARKET

The Moon Market bombing had severe economic effects on both the businesses in the market and on the families of victims. Even four years later people were still suffering financially from the bombing.

Before the attack the Moon Market was one of the busiest markets in Lahore with several hundred shops, stalls and restaurants. There are 18 plazas in the market and each contains around 70-80 shops and stalls. Shoppers would travel from across the city to buy goods, conduct business and meet with friends.

According to Abdul Jabar, President of the Traders Union in the market, 61 shops were damaged along with 90 smaller stalls. Jabar was on a committee with government officials to determine how compensation was awarded to businesses in the market.

He claimed that businesses in the market suffered for 3-6 months after the blast, when it was partially closed. He argued that they are now trading at roughly the same level as before the bombing.

Part of the reason for this, Jabar argued, was that the Punjab provincial government awarded compensation ranging from between Rs150,000 and Rs1.5 million (£1,400 to £14,000) to traders. In total over Rs80 million (£462,000) were awarded to businesses for compensation. Money has been spent on redeveloping the market with a new playground, CCTV cameras and rebuilding the shops which were destroyed.

However, not everyone interviewed was as positive about the market’s recovery and some were critical of the process for awarding compensation to businesses.

Rao Mubarak, Executive Vice President of the rival Quami Tajir Ittehad Trader’s Union, claimed that the money provided by the government was well short of the Rs500 million (£4.6 million) of damage estimated by the District Coordinator’s Office. He claimed that money was paid to bogus claimants or went to government departments to do work they were going to do anyway.

In Mubarak’s estimation the market is trading at around 30% of the level it was before the bombing. While small eateries are doing well, the cloth and jewellery shops are suffering. Many traders would have left but are forced to stay because the value of their assets has decreased so much and they do not want to sell for a loss.

Even with rebuilding complete and few signs that an attack ever took place the future of the market is uncertain. Four years after the blast fear of another attack is a constant presence. Only ten days before AOAV visited the market a bomb threat was phoned in to the police, causing panic and reminding customers of the danger they face every time they visit. Mubarak has even instructed his family not to visit the market for their own safety.

Muhammad Saleem, who sells clothes on his small stall, received Rs100,000 (£600) to restart his business. Before the attack Saleem used to make around Rs10-15,000 (£60-90) each day but now that is closer to Rs3-4,000 (around £20).

Some relatives of stall owners who were killed in the bombing also missed out on the compensation to which they were entitled. The family of Shahn, the young stall owner who was in hospital for 26 days before he died from his injuries, were told by the market union that they had applied too late and were not awarded any compensation for the roughly Rs300,000 (£1,700) of stock which was lost. The family said that they were anxious not to appear greedy or somehow not sufficiently mournful at the death of their son which is why they did not apply for money straight away and missed the deadline for applications.

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PROBLEMS WITH COMPENSATION
It is not just businesses in the Moon Market that suffered economically after the blast. Many victims and their families were left with their primary earner either injured or killed. Some people lost jobs because they could no longer work. Despite help with initial medical treatment most people also faced large medical bills for subsequent treatment.

Victims of the bombing were entitled to compensation from the provincial government. Families who lost loved ones received Rs500,000 (£2,900). People who were severely injured received Rs200,000 (£1,100) and those with slight injuries Rs50,000 (£300). Compensation was only given to those with physical injuries.

All but one of the 23 victims who AOAV spoke to received their compensation from the provincial government. In most cases it was handed over by a local politician. Shortly after the Moon Market bombing these rates were reduced. Major injuries in terror attacks now receive Rs75,000 (£450) while slight injuries receive Rs25,000 (£150).

Government officials acknowledged that this system of flat rates of compensation was imperfect and did not address the fact that some injuries are more debilitating and long lasting than others. However, it was felt that devising a new system based on needs would be subjective, overly complicated and expensive.

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Two of the victims AOAV spoke to also received additional compensation from the office of the Prime Minister of Pakistan. They were awarded cheques for Rs100,000 (£600) at his residence in Lahore. They estimated that there were around ten other victims of the Moon Market bombing who were at the ceremony. Neither knew why they were chosen to receive additional compensation. One did speculate that perhaps it was because, unlike some of the other patients in the hospital, he refrained from abusing the member of the Prime Minister’s staff who visited victims of the bombing. Those who were present at this ceremony who AOAV spoke to painted it as more of a photo opportunity for the Prime Minister than an effort to help those who needed the support most.

Local politicians also turned the provision of compensation into a spectacle. Muhammad Umar, whose brother Umaid was killed in the bombing, said that his family received a call from their local MP telling them to put chairs out and call neighbours around so they could witness him presenting a cheque to the family.

These two stories are concerning both for the inconsistency in the way that money is awarded and for the way in which politicians turn a gesture of support into a showy demonstration of munificence. They also raise questions, as stated above, of the tensions that exist between public and private grieving and accepting money from the state.

There were also accounts of people who were already struggling to manage physical injuries having to face bureaucratic hurdles to access support. Two people injured in the blast complained that because their compensation cheques did not have a necessary stamp for subsequent treatment. People injured in the blast complained that because their compensation cheques did not have a necessary stamp from the treasury they had to go to the government offices in person and queue with hundreds of others.

One claimant had to go to the office on crutches and accompanied by friends to stop him from falling over.

There were hundreds of people there the first day so on the second he accepted an offer from brokers to collect the money on his behalf and take a Rs40,000 (£250) cut of the Rs200,000 (£1,100) he received. Crucially, for many people the compensation was insufficient to overcome the financial hardship brought on by the bombing. There was recognition of this inadequacy by government officials with one official acknowledging that the money awarded is more of a gesture than actual support.

Compensation is just a token from the government that we are briefed and we are involved with their loss.

Government official

In this way, money from the government seems to be more of a show of sympathy and a desire to be seen to be doing something rather than an actual attempt to offer meaningful support calibrated to the needs of the victims themselves. The government is under no legal obligation to offer assistance, each time payments are made they are authorised by a special directive. There is no special fund for victims of these attacks, money comes from the discretionary spending powers of chief ministers. Khurram Khan, the Deputy Prosecutor-General of Punjab Province, said that the rights of victims of these kind of attacks are “the most neglected part of our criminal system.”

NGOs and international organisations do not appear to have stepped in to fill the gap left by the government. Two of the victims AOAV spoke to received payments of around Rs4,000 (£30) for the colostomy bags which needed to be changed four times a week for several months. Qadir’s stall was completely destroyed in the blast and he was awarded Rs100,000 (£600) for the damage. He took the difficult decision to return to the market and rebuild his stall. He started his business up again but had to buy all his supplies on credit and now works off a smaller stall which has cheaper rent.

Some victims AOAV spoke to found that after their recovery they had no jobs to return to or they were no longer able to perform them.

Sheikh Shoiab Mairaj, the victim who thought he was dead after the blast, had to have a quarter of his lung

Abdul Qadir, who works at a stall selling children’s shoes in the market received shrapnel injuries to his stomach and his head was cut by broken glass. He had to have a colostomy operation and his large intestine was shut down for 4-5 months. Even now he is in pain and was recently told he needed another surgery. Most of the treatment which he received in the hospital was free even in the months after the blast. However he did have to pay around Rs4,000 (£30) for the colostomy bags which needed to be changed four times a week for several months. Qadir’s stall was completely destroyed in the blast and he was awarded Rs100,000 (£600) for the damage. He took the difficult decision to return to the market and rebuild his stall. He started his business up again but had to buy all his supplies on credit and now works off a smaller stall which has cheaper rent.

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removing in an operation after the bombing. He was prescribed bed rest for 4-5 months and when he came back to his job at a paint factory it had been filled by someone else. The nature of his injuries means that he cannot exert himself physically and he has not been able to find a permanent job since the blast. Along with his wife and three children he is dependent on support from his elder brother and his wife’s sister who lives in Dubai.

74% of people who were injured in the blast or who lost family members believed they were now worse off financially.

There were indirect costs too. Chaudhry Aftab Ahmed found that investors in his real estate business were so concerned with the security situation that they asked for their money back. “If you’re not safe in the country how can our money be safe?”

In a number of cases family dynamics were disrupted by the bomb blast with women taking on new roles. Amir Azeem was injured in the blast and was off work for 7-8 months and largely bedridden due to a broken leg. His wife found that her role in the family completely changed during the blast.

“[Before the blast] my mother-in-law would not let us step out of the house because it was not considered proper. She would not let us go out and do any kind of chores on our own. After the blast I was the only one [...] I had to take the responsibility and step out for even small things like groceries in December when the winter was very severe and the kids would get very ill, I had to take them to the doctors.”

Zubaida Naheed’s husband was a policeman killed in the 2008 attack on Moon Market. After the first six months of trying to get support from relatives and finding that they stopped taking their calls she took things into her own hands. She began to sell samosas and other foods to raise money, after a while she completed cookery courses and now works as a chef at a five star hotel in Lahore.

The husband is like the roof of a house. Without the roof the walls are valueless.

Zubaida Naheed

Nearly four years after the bombing no convictions have been made in relation to the Moon Market attacks. Police said that three suspects, alleged to be members of the Tehrik-i-Taliban, were still being held but that their cases had not yet been brought to trial.23

Pakistan has been widely criticised for failing to successfully prosecute people accused of being involved in bombings like the one at Moon Market.24

In part these figures are misleading. Unlike in other countries, the Pakistani justice system does not allow for prosecutors to drop a case even if they think the evidence is insufficient to go to trial. However, lawyers AOAV spoke to identified a number of areas which made securing convictions particularly difficult for prosecutors in Pakistan.26

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Firstly, they have repeatedly found that witnesses are reluctant to testify. With no witness protection programme in Pakistan they are especially vulnerable to threats and intimidation by militant groups.

Secondly, the quality of evidence obtained by police investigating the bombing is not of a high enough quality to be admissible. Sometimes this is due to the overly high standards demanded of the evidence and other times because police are either under resourced or poorly trained.

Finally, with the actual perpetrators of the bombing killed in the blast it is difficult to link members of the same group to that particular incident. If the group and its members are based in the near-lawless Federally Administered Tribal Areas then it is even harder.

Out of the 559 cases brought against alleged terrorists in Punjab Province in 2012, 414 (74%) were acquitted.25

The UK and Danish governments are currently supporting the training of prosecutors and police in order to raise standards and improve the rate for prosecutions. Pakistan has also recently passed new anti-terror laws which are designed to help prosecutors by, for instance, allowing DNA evidence to be used not just as corroborating evidence but in its own right.27
CONCLUSION

This research has shown that IED attacks in Pakistan have an impact far beyond the headline casualty figures.

Alongside those directly killed and injured are the countless more who suffer physically, emotionally and financially. The children who are terrified when a firework goes off. The hospital staff who cannot eat barbecued food again after smelling the burning flesh of the victims. The stall owner whose earnings are down now that the market is less popular.

These stories of people impacted by the Moon Market bombing are just a few of thousands. There were 22 suicide bomb attacks in Pakistan in 2012, five of them occurred in markets. The whole of Pakistani society is impacted and police, government officials and others are forced to divert scarce resources to help victims and prevent future violence.

International counter-terrorism efforts have seen large amounts of money and expertise offered to Pakistan to help combat domestic and international terrorism. The US government alone has provided 6.5 billion dollars in security aid since 2002.24

But this is not enough, governments and international organisations should ensure that they include support for the victims of these attacks and the infrastructure which supports them in their programming.

There is an increasing recognition that IED attacks need to be understood more comprehensively rather than as just another element of the nebulous term ‘terrorism’. A recent experts meeting organised by the United Nations Office for the Coordination of Humanitarian Affairs and Chatham House encouraged “a focus on IEDs from the perspective of the humanitarian harm they cause.”25 Such an approach will ensure that the needs of the victims of these bombings are always considered.

How can we talk about the future with security always own our mind?

Syed Daniyal Zaidi, blast victim

Efforts to disrupt the resources and knowledge which are used to manufacture IEDs are also a vital means of preventing attacks by making materials harder to obtain. Programmes like Global Shield, an alliance between customs agencies from 85 countries, aimed at preventing the spread of 14 different precursor chemicals, are to be welcomed and supported by more states.

Finally, it is important that there is a wider recognition of the impact that IED attacks are having on civilians, particularly in areas where militants are known to recruit from. The successful campaigns to ban landmines and cluster munitions have shown that clearly documenting the harm to civilians these weapons cause is a vital step to building a stigma around their use.

PREVENT FUTURE ATTACKS

▲ All states should increase efforts to control access to the components of IEDs, including addressing the transfer and trade of illicit materials, ensuring the security of stockpiled explosive ordnance and rapid clearance of explosive remnants of war.
▲ States, the international community and local leaders should work together to stigmatise the use of explosive weapons in populated areas like markets as unacceptable.

RECORD CASUALTIES

▲ Deaths and injuries caused by IEDs, and all forms of armed violence, should be promptly and accurately recorded. Such recording is not only a basic right of every victim, but can help provide evidence to prevent and reduce the impact of armed violence.

SUPPORT HOSPITALS

▲ The Punjab provincial government should ensure that when hospitals are asked to provide free treatment to bomb victims, the additional expenses incurred are covered so that treatment for other patients is not impacted.

IMPROVE UNDERSTANDING OF THE LONG TERM AND INDIRECT IMPACTS OF IED ATTACKS

▲ More research is needed to explore the long-term and indirect harm of IED attacks in populated areas. In particular studies of the effect on communities with limited healthcare facilities and on victims of less high profile attacks would be important contributions as would research in other countries effected by IED use.

Initially, when we were ok financially I used to take my children out to leisure activities. Since then, the children kept saying why are you selling the house, the car. They are kids, they don’t understand the situation.

Muhammad Arif Saleem, blast victim

RECOMMENDATIONS

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IMPROVE TREATMENT FOR THE PSYCHOLOGICAL IMPACTS OF IED ATTACKS

▲ Hospitals treating victims of IED attacks should be aware of and address the lasting and damaging psychological effects these incidents can have on victims. Patients should be informed that they may experience trauma or are at risk of PTSD and be advised to seek treatment.

▲ Hospitals should also ensure that staff are trained to spot symptoms of trauma and mental distress, assess victims’ risk factors and provide referrals to mental health and counselling services. Health care professionals should ensure that they consider psychological treatment and rehabilitation in their assistance of IED victims.

IMPROVE SUPPORT OFFERED TO VICTIMS OF IED ATTACKS

▲ Compensation provided by the government should be applied consistently and transparently and disbursed in a discrete and sensitive manner.
▲ A wide range of support should be offered to ensure that the rights of victims are fully realised. Financial compensation is an element of support rather than an end.

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Moon Market, November 2013. (AOAV)
6. Interview with the Civil Defence Department Head-quarters, 6 November 2013.
7. Interview with the Civil Defence Department, Government of Punjab, 6 November 2013.
8. Interview with the Civil Defence Department Head-quarters, 6 November 2013.
9. Interview with victims of the blast conducted by AOAV in November 2013.
10. Interview with the Civil Defence Department, Government of Punjab, 6 November 2013.
11. Interview with victims of the blast conducted by AOAV in November 2013.
14. OFAS examination of official records in the Sheikh Zayed Hospital.
15. Interview with the Civil Defence Department, Government of Punjab, 6 November 2013.
16. Interview with Dr Saad Malik, 9 November 2013.
19. The problems in identifying and treating post-traumatic stress disorder are not confined to Pakistan. After the 2005 bombings in London a study found that a third of people who were caught up in the blast suffered from PTSD, yet of these, only 4% were referred by their GP for specialist treatment. see Rebecca Smith, "One third of 77 survivors had post traumatic stress: research," The Telegraph, 9 March 2010, www.telegraph.co.uk/health/healthnews/7399072/Onethird-of-77-survivors-had-post-traumatic-stress-research.html (accessed 10 December 2013).
20. Interview with Dr Mahmood Shaukat and Dr Saad Malik.
21. Twenty five hospital staff from across the Punjab province were sent on 15 day training courses organised by the WHO in Nepal in 2011 and in 2013.
22. The one woman who did not receive compensation did not know why it had not been given to her. She received severe cuts to her leg and was in hospital for 8 days. A government official came to their house to ask questions about the injuries she and her husband received and her husband received compensation but she did not.
26. Interview with the office of the Prosecutor-General of Punjab Province, 12 November 2013.