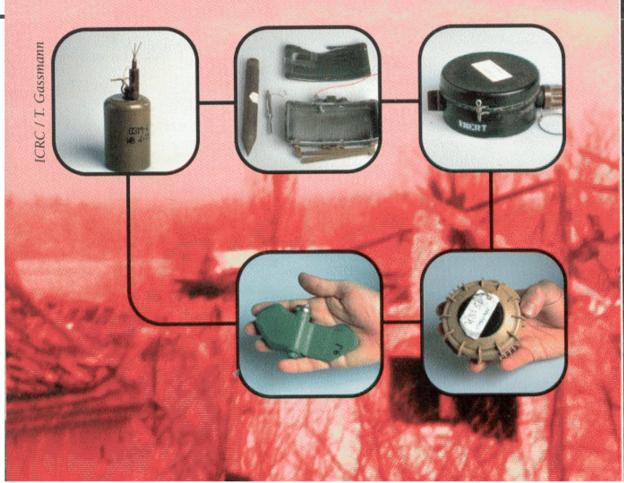
THE CONTINUING TOLL OF LANDMINES

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LANDMINES : MAN MADE EPIDEMIC





- small device., 10 to 250gms of explosives
- exploded by 1/2kg. pressure.
- Indiscriminate weapon
- After war- Maim or kill
- 26,000victims every year
- Every 22 minutes victim
- 80% civilians



- In Namibia 88% of 1980 landmine casualties were civilians,
- In Mozambique in 1994 the proportion of civilians was 68%.
- In Georgia in 1994 and 1995, 80% were civilian victims.

Burden on Economy-

- Cost of landmine-3-30 \$
- Cost of Demining-300-1000\$
- Demining is a tedious and time consuming job.
- 100% mines can not be taken away

 Landmine cause extensive injuries.
 ICRC surgeons who treat such injuries consider them to be among the most horrible of war injuries.









Pattern of injuries

1-Blastmine causing

traumatic amputation

- 2-Fragmentation mine
- -tearing the person
- 3-Accidental handling
- of landmine
- in mine planters,
- mine clearers,

in children



 Amputation rate for mine victim is 28.5%, while for other war casualties the amputation rate is 2%.



In children bone of the amputation stump grows more than the surrounding skin and soft tissues. Many children have to undergo re-amputation after several years, sometimes repeatedly



Blood transfusion is needed in severe mine injuries. Lot of blood is needed which is very difficult to get. Volumes of blood needed per 1000 wounded patients-**Bullets-50 units Fragments-50 units** buried mines- 320 units

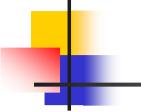


Socio-economical & Psychological Effects

 Cost of surgical treatment is exorbitant. The artificial limbs have to be changed after every 2-3 years.



- In children artificial limb is changed at every 6 months interval
 due to growing age & the cost gets multiplied.
- Amputee becomes the burden on family and most of the times family abandons such person and they are driven to beg on the streets.







- In children the trauma is much more. **Psychologically the** child is devastated. He is burden on the family. Imputed, mutilated child is outcaste, prohibited from social functions. Future life and marriage are often in dark.
- The married women often are divorced by their husbands and in unmarried girl chances of getting married are very less.



STRAIN ON HEALTH SYSTEM:

War uses all the recourses of funds.-

- General health system gets disturbed.
- Maternity & child health care facilities are not available.
- Immunization is not done.
- Disinfection of drinking water is not possible.
- Medicine supply inadequate.
- Sanitation is not maintained.
- Nutrition is not good.
- Due to disruption of roads the movements of the people restricted.



DATA

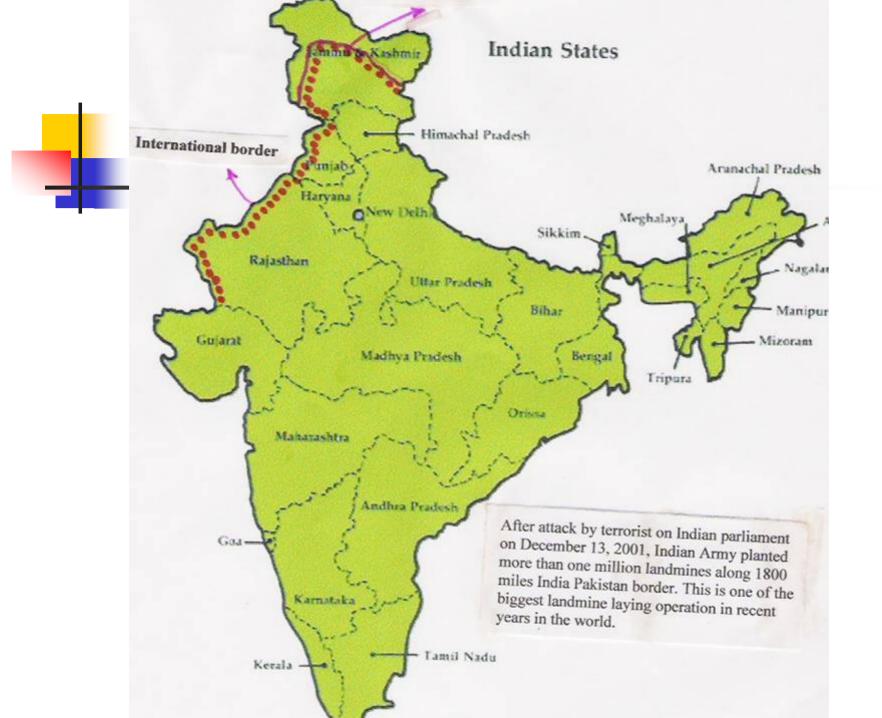
We can not get the correct data of the landmine because-

- the country where most of the victims are is poor.
- There is breakdown of infrastructure due to war/conflict.
- Location of the hospital is far away from the blast site.
- Some patients die on the spot or on the way.
 So they are not notified.
- Due to political implications correct data is withheld.
- Out of total war victims 1/4th are due to landmine injuries. And out of that 3/5 are civilians.



EPIDEMIC

 Like any other epidemics landmine injuries epidemic should be treated. In epidemics treatment is provided to the affected persons.
 For further prevention source of the epidemic is found out. Here the source is production of landmines. Therefore for total irradiation of this epidemic banning the production, stockpiling, export and use of landmines is essential.



- After the attack on Indian Parliament on 13th December 2001, India planted the landmines across Indo-Pak border.
 1800 miles long. Thousands of families are displaced or moved from their original places.
- Mines are planted in Desert parts of Rajasthan, Plain & fertile land of Panjab and Jammu & Monutainous parts of Laddakh & Kashmir.
- Man to mine ratio is 1:10
- Demarcated & fenced.

Displaced due to rains, rats, melting snow, shifting sand in Rajasthan.

- 5 to 10 % untracable, ready to explode
- 1 million landmines are planted
- **1lacs displaced mines**
- Victims- farmers, women, children, cattles and wild animals





MOBILIZING THE MEDICAL COMMUNITY



The International **Campaign to Ban** Landmines is something that should attract the attention of all physicians and medical students, and has been accepted as a very clear priority for **IPPNW**.

Physicians and students in unaffected countries may also be involved, particularly if there is a country that manufactures and exports landmines Those with special expertise in surgery and rehabilitation can be encouraged.



Education and outreach to the medical and health community is key to building support for the information. Not only can wellorganized medical and health communities exert direct political pressure, in most countries they speak with persuasive authority to the public at large.

The following two broad objectives of the IPPNW educational campaign will be very useful all around the world to check this man made epidemic.

- I. To document and publicize the health and environmental consequences of anti-personnel landmines.
- 2. To mobilize direct political action at the national and international levels for a complete and universal ban on antipersonnel landmines. Education is a precursor to action.

Hope for Humanity

- Ottawa treaty.(Ban treaty)
- Signed in Ottawa, Canada capital, December 1997.
- Banning Production, use, stockpile and export
- At present 152 countries signed Ottawa treaty.
- USA, Russia, China, India and Pakistan have not signed the treaty.