Landmines: dragon’s teeth

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Sown like so many dragon’s teeth, landmines kill and maim an average of 150 human beings every week. They perpetuate a climate of fear even after a ceasefire and prevent a return to normal life.

About 110 million landmines have been sown in at least 65 countries worldwide. Afghanistan, Angola, Cambodia and Iraq are at the top of the list for the sad title of most severely landmine-infested countries. No region is spared: landmines have been laid in parts of South America and in the Pacific, in northern Europe and in the southern Atlantic.

The most heavily mined continent is Africa, where estimates speak of at least 40 million landmines. After Angola, the most severely infested countries are Mozambique and Somalia. Several countries north of the Sahara also have minefields, left behind by the Second World War; in May 1990, four professional deminers were killed by mines laid in 1942 during the battle of El-Alamein.

Landmines are an aggressive and long-lasting pollutant; they cannot be “stopped” by a peace agreement, and nobody knows for how long they can stay active.

The General Assembly of the United Nations has called for a global ban on the trade of landmines, and for a revision of the 1980 UN Convention on Inhumane Weapons. The governments of the major manufacturing countries have agreed on setting moratoria on the exports of these devices. But new landmines continue to be manufactured, traded and laid on top of those already in the ground. They are increasingly used in “low-intensity” conflicts in the world’s poorest countries. In this context, the hazard of landmines becomes deeply entangled with considerations of humanitarian action, environment, development, international economy and solidarity, and the issue reveals facets that are as paradoxical as they are tragic.

“Cost-effective”

There is no “big money” in landmines, which cost about US$ 5 each. The financial interest of their trade is relatively small, but their grim “cost-effectiveness” in military terms seems to keep alive manufacturing and trade. Such defence considerations should be put in the proper perspective of the cost of mine-clearance: once laid in the ground, each mine costs about US$ 1000 to retrieve and inactivate. The UN experience in Afghanistan is that demining one square kilometre of land, irrespective of the number of mines that may be present, costs about one million dollars.

In terms of individual and collective suffering, the cost of landmines is much greater. Besides killing and disabling people (worldwide, 150 every week according to recent estimates), landmines preclude access to farming land, water and firewood, markets and services: they have a dramatic impact on the environment, the life of the communities and the economy of a country.

In low-intensity conflicts, landmines are laid in fields, villages and towns, around shops and health units, even inside individual homes. Under these circumstances, as many as 90% of victims are civilians, mainly women and children. This adds to the tragedy: one woman killed or mutilated means greater risk of illness and malnutrition for her entire family; one disabled child represents a long-term burden on his or her family, the health services and society at large.

Landmines can be an insurmountable obstacle to the delivery of humanitarian assistance in times of conflict, and to the building of peace. Even after a ceasefire, landmines hinder the demobilization of soldiers, the resettlement of refugees, farming, the free circulation of people and goods, and communications. They perpetuate a climate of fear, and affect the normalization of life and reconstruction. Areas known, or feared, to be mined can remain lost to human settlement and economic development, for ever, as “effectively” as if contaminated by a nuclear explosion.
The delicate job of defusing mines.

Public health and medical aspects

The explosion of a blast mine destroys the foot of the victim and part of one, or both, legs. Fragmentation mines can kill or mutilate over a radius of 40 metres. Angola already counts 70,000 or more amputees, Somalia 15,000, and Mozambique 10,000. Besides the workload represented by wounded and disabled, and the wide-ranging socioeconomic damage mentioned above, landmines directly affect the health sector’s general performance. They preclude access to dispensaries and hospitals; they jeopardize mobile vaccination teams, the delivery of drugs and so forth. Financial and human resources must be diverted to special care and long-term hospitalization, hindering all primary health care activities.

In human and medical terms, each landmine accident poses daunting challenges. For medical care to be effective, it must be given within the first six hours but, on average, victims take between six and 36 hours to reach a health unit. Most accidents occur in remote areas; and since landmines are seldom laid in isolation, rescuing a victim from a minefield is difficult and dangerous. In fact, it appears that as many as 55% of victims die before receiving any assistance. For those who reach a dispensary or a hospital on time, only the proper management of shock, injuries and infections can ensure their survival. All this requires technical capacities and resources that are hard to come by in rural health services. For instance, each victim needs a blood transfusion; but “safe” blood is a scarce commodity, and contaminated transfusions can transmit HIV, malaria, hepatitis B, and so on.

Each casualty will remain in the hospital for one to two months, and will undergo three subsequent operations. Healing takes about six months, at which point the victim needs a prosthesis. One artificial leg costs between US$ 12 and $120 while learning to use it takes about six weeks; an appliance can last three to five years but it needs maintenance; growing children need a new one every six months, and prosthetic workshops can be rare. Understandably, most patients suffer from depression. Farming or finding employment, maintaining or building a “normal” family—everything is difficult for them.

All this points to a vast range of needs: from community awareness to means for physical, psychological and social rehabilitation, by way of education for first aid, access to health services and resources for adequate treatment. All this goes well beyond the current reality of communities and services in most poor countries, especially in times of conflict or post-conflict. Of course, “prevention is better than cure”. Landmines are causes of death and disability; primary prevention against their effects can only be ensured by a complete ban on their manufacture, trade and use, greater awareness of the affected communities, and de-mining of infested areas.

Given the above figures, effective solutions at country and global levels can only come from international solidarity, political as well as financial. The UN Department of Humanitarian Affairs is already active in this direction through a special trust fund for mine-clearance. As far as the health sector and WHO are concerned, all plans for mine-infested countries should specifically address the needs in terms of surgical, medical and nursing capacities, blood-banks, long-term hospitalization, rehabilitation, employment policies and specific provisions for the disabled.

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