

ကျန်းမာရေး

# စေတနာ

အမှတ် ၁၇၊ ဩဂုတ်လ ၂၀၀၂ ခုနှစ်။



မြေမြှုပ်ဖိုင်းအထူးထုတ်  
**Special Issue  
On Landmine**


## Health Messenger

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# Editorial

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Dear Readers,

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In every issue we discuss about various diseases that cause human mortality and morbidity. In this issue we have focused on another dangerous killer-Landmine, which is not a disease, but causes a great number of deaths and injuries as well.

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This is a special edition discussing landmine-related problems, various types of landmines and management of landmine injuries. We have also reported on the activities of different humanitarian organizations dealing with landmine victims and the banning of landmines. Interviews of landmine victims have also been included.

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We hope this issue will give you some idea about the extent of the damage landmines can inflict on civilians and communities.

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Enjoy your reading.

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Best regards.  
Dr. Seerat Nasir  
Editor

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rllf A landmine (ajrjrlyrll fii & b u d d m? Landmine Monitor)

p p l v y p c e f r n ; y w o f e u s i v l e b o m t o h y l & h v i r u o l E I I f r n ; u l l x e f , u p l u y l h j c i f E s f z m w f o r s n ; o h y e l v m a u a o m & h i o m ; r s n ; t w l u y g t w m ; t q l j z p a p & e f t o h y l k u o n ? j r e f m E I I f i i h y g y n e , E s h w l l f ( 1 4 ) c k t e u i ( 9 ) c k t h x l l f E I I f i i E s f e , p y l w a v # u l v e f t v e b x l x y p h r l l f c s x m ; j c i f E s f i t w l r l l f A l f % l u l c p m ; a e - u & o n ?

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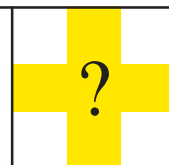
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# Overview of Landmine Problems in Burma

Michiyo Kato & Yeshua Moser-Puangswan, NIV -SEA



## *Landmine casualties are increasing in Burma!*

Ma Ye Ye's life changed completely in 1991 when she was only 19 years old. The happy days of going to the movies with friends were over and the only feeling she had was to feel ashamed of herself. Now she believes her life has been nothing but depressing since 1991 when she lost her leg to a landmine while collecting bamboo shoots with her sisters at the Thai-Burma border.

Ninety countries in the world continue to be affected by landmines, and an estimated 15,000 to 20,000 people become victims of mines each year. Since the advent of the Mine Ban movement, the number of mine casualties and mine producing countries has shown a trend of decline, due to the growing concern among ordinary people against the use of this weapon that harms indiscriminately. Within the just ASEAN region, it is estimated that one person will be killed or injured by a landmine every two hours.

In Burma, contrary to global trends, landmine warfare appears to be on the increase, with a widespread mine problem that will continue in the future.

### **Landmine Problems in Burma**

Landmines have been used more frequently in warfare in Burma since the 1960s. On-going internal conflicts have been a primary reason for the government forces as well as armed ethnic and rebel groups to keep laying mines on and off paths in the jungles, mountains, near rivers and in the villages.

Landmines produced within the country are not only used around military bases, but also used to prevent villagers from farming crops and returning to their native villages. Nine out of fourteen states and divisions in Burma are mine affected, with a heavy concentration along the border with Thailand.

Mines are made using bamboo containers, wood, tins or LIPO bottles along with foreign and domestically produced mines. Some of the groups using landmines acknowledged that mines kill enemies as well as their own soldiers, own people and animals.

Interviews conducted with mine survivors by Nonviolence International verified the self victimization rate of ethnic laid mines by revealing a rate as high as 41% of soldiers being hurt by their own mines. There have not been any visible landmine warning signs nor any humanitarian demining carried out in Burma. There have been reports of using civilians as human mine detectors and mine sweepers.



*Anti-personnel landmine*



*Mine victim (NVI)*



r[...&mi[-r[...csx;r[n[...lob, &bnh jyné, fEShv[...rsm;? Gray - Mine suspected states and divisions

t pufsm;-r[...frawm[...vqxd[...Lirjzpf y[...jci f rsm;(ajrjryr[...favlmapmi h -unh&; t zjrefmE[...H2002? Point - Mine incidents. (Landmine MonitorBurma 2002) NVI

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## Landmine Casualties

Landmine casualties in Burma have increased especially in the last 5-6 years. The exact number of mine casualties is unknown due to the lack of systematic data collection within the country, although the Landmine Monitor estimated that there were around 1500 landmine casualties in the year 1999. Recent increase of mine usage will potentially increase the number of victims in coming years. Child soldiers, combatants who have not attained the age of 18 years old (found from the survey conducted by Nonviolence International with landmine survivors from Burma), account for 11% of all military mine casualties interviewed. According to the same survey, 40% of the mine victims are civilians injured while conducting daily activities such as collecting food, wood and travelling.

Landmine incidents increase during the dry season, when military offensives are carried out. Access to medical care depends on luck and the place of the incident. An average of half a day is required before mine survivors receive the first medical attention. Some of the mine survivors seek medical care in neighbouring countries, such as in Thailand, because of the poor quality of the available medical facilities in Burma. Few medical groups provide medical assistance among the



အညှိတိုင်းဒေသကြီး၊ ငယ်ကျားတိုင်း  
Ban landmines (photo: NVI)



internally displaced communities, particularly those who cannot travel due to insecurity, lack of money or lack of access to cross border medical care. The presence of landmines and ongoing military conflict prevent most medical organizations from providing assistance in the areas of frequent mine incidents.

## Effects on the Families of the Victims

Families of landmine survivors are also victimized. A landmine incident is a sure path to inability to work and impoverishment. The survivors' families suffer due to the emergency, ongoing medical cost burdens and the loss of financial support provided by the victims. According to Handicap International, 72% of the mine victims reported a 'loss of occupation' - irrespective their previous occupation was - as a result of the mine injury. No disability law to support the welfare of landmine survivors exists in Burma.

## Efforts to Ban Landmines

The Mine Ban Treaty requires governments to agree to a total ban on producing, using, transferring or stockpiling of the anti-personnel mine under any circumstances. Thailand, the Philippines and Malaysia, along with several nongovernmental organizations, have taken the initiative to make the ASEAN region mine-free, and to get all governments in the region to join the Mine Ban Treaty.

A unilateral halt to mine use by any side could and should be part of a comprehensive peace building initiative. Costly and time consuming mine clearance activities will be required prior to any development or even resettlement in the post conflict future, and every mine laid delays real peace for the people of Burma.





# Orthopaedic Programme of the ICRC-Myanmar

Marco Emery, ICRC, Myanmar



*This article describes in brief the activities of the orthopaedic programme of the International Committee for Red Cross (ICRC), Myanmar*

## **Background of the Programme**

In the beginning of 1986, the ICRC started its orthopaedic programme in Myanmar at the National Rehabilitation Hospital, Yangon, which was run by the Ministry of Health. The aim was to strengthen the existing Prosthetic Services by upgrading the skills of the Myanmar prosthetic technicians and physiotherapists.

In 1988 a similar programme was initiated in collaboration with the Ministry of Defence at the Defence Medical Services Hospital in Mingaladon (Yangon), and at the end of 1989 a second Military Prosthetic Services was set up in Pyin Oo Lwin, north of Mandalay. The programme was extended towards civilian amputees in 1990 through a Prosthetic Services Unit at the Mandalay General Hospital in order to take care of patients coming from upper Myanmar.

The same year, the ICRC started a **Joint Programme (JP)** in collaboration with the Ministry of Health, the Ministry of Defence and the Myanmar Red Cross Society (MRCS). The aim of this programme was to identify, select, transport, accommodate, feed and fit amputees from remotes areas, more particularly from border areas, and provide them with artificial limbs, free of charge.

In 1995 the ICRC withdrew temporarily from Myanmar, and until 1999 the JP was run by local staff with the assistance of regional delegates who visited the country periodically.

The ICRC reopened its office in Yangon in October 1998, and an ICRC Prosthetist/Orthotist was assigned in July 1999 in order to boost the orthopaedic programme. Since October 2001, four expatriate ICRC prosthetic/orthopaedic technicians have been working on a permanent basis for the programme in Myanmar.

From 1999 till the end of 2001, 3279 prostheses were provided to amputees within the framework of the Joint Programme. Those amputees came mainly from Shan, Kachin, Kayah (Karenni), Mon and Kayin (Karen) States. The prostheses production from the centres supported by ICRC increased from 385 prostheses in 1999 to 907 in 2000. In 2001 the total output was 2150 prostheses. Until the end of February 2002 the output has been 51.

## **Other Programme in Myanmar**

It includes the Orthopaedic Rehabilitation Centre in Hpa-An. On the 14th of January, 2002, the Karen New Year's Day, representatives of the ICRC, the Myanmar Red Cross Society (MRCS), the Buddhist clergy and the authorities laid the corner stones for this new orthopaedic centre in Hpa-An, capital of the Kayin (Karen) State in the Southeast of Myanmar. The final production capacity should reach 40 amputees per month after one year of operation.



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*ajrjryf r i l f & n u d m ? L a n d m i n e M o n i t o r*

# Data Collection on Mine Victims and the Impact of Landmines

Christophe Tiers, HI



*This article will summarize briefly the Thailand Level One Survey (TMAC/NPA, November 2001), undertaken by Handicap International (HI).*

Handicap International's (HI) Mine Casualties Survey in Tak province took place in the first six months of 2001. A total of 214 victims, mostly living in camps, were interviewed in order to define trends in the profiles of the victims and the conditions of the accidents. Main findings and recommendations of the survey are as follows:

1. Mine victims come from different groups with various livelihood activities. In order to reach target groups most at risk, Mine Risk Education (MRE) must be adapted to each group.

2. Most victims are former soldiers, who thought they had sufficient knowledge on mines but could not avoid the accidents due to professional duties. It is difficult to reach this group for the time being, but we are able to support them after the accident as part of the "Rehabilitation Project for Disabled People."

3. Psychological impact of accidents has to be considered, even if it means in some cases interviewing a relative of the victim instead.

4. Most mine incidents occurred in forest areas that are very difficult to locate and outside the border, namely on the Burmese side. Victims do not always want to share information.

5. Distance between a mine accident site and the victim's house is hardly measurable. In addition, some target groups have uncertain shelter, so it is often not possible to locate a certain accident area.

6. Most mine victims lack awareness on mine danger. They believe that some areas are

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A Karen  
landmine  
victim. (HI)



safe from mine danger as there was a mine explosion once but many years ago. Inhabitants outside refugee camps should be educated on mine awareness as they are, in particular, most at risk.

The information related to the victims' profiles and the conditions of mine accidents is now being used to adjust Mine Risk Education (MRE) activities to the concrete needs of the beneficiaries. It is especially important when looking at the particular needs of those who live outside the refugee camps and are directly confronted with the mine dangers.

Handicap International continues to collect information on new mine casualties in Tak Province and plans to include other provinces in the future. This can be done through close collaboration with Thai Public Health Offices (district and provincial levels), Thai hospitals, and hospitals run by NGOs in camps.

Handicap International is also in contact



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with other groups (Non-violence International, ICRC, and Burmese or Karen medical organisations) involved in data collection on landmine accidents that occur on the rest of the border, mainly in Burma. This network could enable us in the future to share information on mine casualties from a wider area of origin, including those who managed to reach health services in different provinces of Thailand.

Another source of information on the impact of landmines is the Landmine Survey

Level One for Thailand coordinated by the TMAC (Thai Mine Action Centre) and implemented by NPA (Norwegian People's Aid) between September 2000 and May 2001. A Level One Survey looks at the social and economic consequences resulting from the presence of landmines. It was conducted on the 4 borders of Thailand, and identified affected villages, districts, and provinces. Most of the affected communities on the Thai-Burmese border were found in Tak, Mae Hong Son, Ratchaburi, and Chiang Mai Provinces.

**Below are excerpts from the survey for the Thai-Burmese border:**

Provinces	Affected districts	Affected communities	Affected population	Recent victims	Mined areas	Mined area size (km <sup>2</sup> )
Chiang Mai	5	19	34,933	15	32	132.0
Chiang Rai*	7	49	45,086	8	136	38.5
Chumphon	1	3	1,070	0	3	6.9
Kanchanaburi	3	7	3,730	3	9	17.9
Mae Hong Son	6	32	50,514	51	28	103.0
Phetchaburi	1	2	36	3	2	31.4
Prachuap Khirikhan	4	6	4,533	4	5	18.5
Ratchaburi	1	7	15,962	28	8	31.8
Tak	4	15	74,478	38	18	20.4
Total	32	139	229,721	150	240	400.4

*\*Note : Chiang Rai Province also borders Laos, which explains the high number of affected communities but the relatively low number of recent victims (the survey found only 1 recent victim on the rest of the Lao border)*

**Sources: Mine Casualties Survey, Tak Province (Handicap International, August 2001)**



# Mental Health Assessment among Refugees in Three Camps in Mae Hong Son, Thailand

Dr. Ann Burton, IRC



*A mental health assessment was conducted in three refugee camps in Mae Hong Son Province, Thailand. This article summarizes the findings of the assessment focusing mainly on the mental health of the landmine victims.*

## Background

A mental health assessment in 3 camps along the Thai/Burmese border was done in June 2001 by the International Rescue Committee (IRC) and the Centers For Disease Control and Prevention (CDC).

After discussions with the camp leaders and the refugee health staff, several gaps have been identified in the provision of health services to the refugees. It was suspected that there was significant morbidity related to mental health, but this had not yet been addressed in this population.

The main objectives of the survey were (a) to assess the prevalence of mental health problems among the refugees, particularly problems related to traumatic experiences, (b) to assess the mental health status of landmine injury victims and compare with that of the general population, (c) to assist in developing an intervention program for addressing these mental health issues.

## The Survey

Nine survey teams interviewed a total of 495 persons in 317 households in the three camps. These households were randomly chosen. Participation in the survey was voluntary and people could refuse to answer any or all of the questions.

A separate survey was conducted among persons affected by landmines. All refugees in the camps registered as landmine victims were asked to participate. Of these, one refused and one did not complete the full questionnaire.

## Results

### (1) General Population

A large percentage of people have been exposed to traumatic events. The survey showed considerable mental illness in the 3 camps, mostly depression (41% of the population surveyed) and anxiety (42% of the population). The survey also suggested that psychosomatic complaints were common. However, PTSD (Post Traumatic Stress Syndrome) was within the normal range (4.6% of the population surveyed). Alcohol and drug abuse was reportedly uncommon.

### (2) Landmine Affected Refugees

Almost all persons affected by landmines were men (96.6%) and most were young (53% aged 15-34 years and 45% aged 35-54 years). For 77.6% more than 5 years had passed since the landmine incident. Sixty-five percent reported working as soldiers at the time of the incident, but 19.0 % were foraging. Only 21%



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A landmine victim. (Photo: Anne Van Der Stegen)



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reported having received special assistance for their injury. The prevalence of limb loss, loss of vision and hearing are shown in Table 2.

The mental health status of landmine-affected persons was worse than that of the general population. Of the landmine victims surveyed 43.1% had anxiety symptoms and 58.6% had depression symptoms. Symptoms of PTSD were found in 10.3%.

### **Conclusion**

- There was substantial mental illness in the three camps - mostly depression, anxiety and psychosomatic symptoms.

- Unrecognized mental illness and/or psychosomatic complaints may cause excess visits to the outpatient clinics.

- Those injured by landmines were more likely to have mental health problems.

- Groups at high risk of mental illness, such as landmine survivors, need to be targeted for interventions; they may also need to be targeted for special assistance e.g. ensuring they and their families have enough food and water, adequate shelter and access to health and education services.

*Please see Health Messenger Issue 8, March 2000 on how to recognize and manage common mental health problems.*

**Table 1. Demographics of Landmine Affected Refugee in Camps 2, 3, and 5 (total=58)**

		Number	%
Sex	Male	56	96.6
	Female	1	1.7
Age	15-34	31	53.4
	35-54	26	44.8
	55-64	0	0
	65+	1	1.7
Length of time since incident	0-1 month	0	0
	1 month-1 year	3	5.2
	1-2 years	5	8.6
	2-5 years	5	8.6
	5-10 years	22	37.9
	> 10 years	23	39.7
What were you doing at the time of the accident?	Crossing border	3	5.2
	Portering	1	1.7
	Soldier	36	65.5
	Clearing mine fields	3	5.1
	Foraging	11	19.0
	Driving	2	3.4
	Social activity	1	1.7
Assistance	Yes	12	20.7
	No	45	77.6



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**Table 2. Type of Injuries by Landmines among Refugees (total = 58)**

Type	Injury		Amputation	
	Number	%	Number	%
Above knee	15	25.8	14	24.1
Below knee	32	55.1	25	43.1
Foot	12	20.7	5	8.6
Above elbow	7	12.0	4	6.8
Below elbow	4	6.8	2	3.4
	Number		%	
Vision				
Decreased	42		72.4	
Blind	7		12.0	
Hearing				
Decreased	24		41.4	
Deaf	5		8.6	

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*The survey was performed by Dr. Barbara Lopes Cardozo & Leisel Talley, CDC and Dr. Ann Burton, IRC.*

## Glossary

Amputation:	removal of a part of the body by force, either planned as in surgery or accidental in injuries.
Foraging:	searching for food.
Portering:	watching or keeping guard.
Psychosomatic:	pertaining to the mind-body relationship; having bodily symptoms of psychic, emotional, or mental origin.



# Mine Awareness

Christophe Tiers, Handicap International



*This article will describe in brief the mine awareness activities generated by HI on the Thai-Burmese border.*

Handicap International defines Mine Risk Education as follows: “Programmes of education in the prevention of accidents by mines (Mine Risk Education) are aimed at civilian populations travelling through or living in a mined region (displacement, or return of refugee and/or displaced populations). The general objective of these programmes is to enable vulnerable populations to manage risk both on a daily and long term basis, and to contribute to a reduction in the number of victims. Each programme therefore aims at acquiring knowledge, skills and appropriate behaviours so that each individual might select the best way to avoid “risk” situations.”

Handicap International has started Mine Risk Education (MRE) along the Thai-Burmese border for the two following reasons:

1. Local communities, although aware of the existence of mines, have a very limited knowledge of their dangers and effects. Groups at risk would benefit from the provision of concrete and realistic information and advice to maximize their security in potentially mined areas.

2. The refugees living along the Thai-Burmese border have lost the intimate knowledge of their home territories and are therefore no longer familiar with areas now saturated with landmines and unexploded objects (UXOs). The refugees should be made aware and prepared to face the landmine threat when the repatriation process starts.



*No mine day in refugee camp. (HI)*

**Handicap International MRE project started in June 2000 in refugee camps of Tak Province. Between 2000 and 2001, the project’s main activities included:**

- Information sessions with various refugee groups and leaders.
- Setting up of MRE committees with networks of volunteers.
- Design and distribution of medias (stickers, leaflets).
- Taking over of MRE training activities by MRE refugee supervisors.
- Production of a report on mine casualties.
- Organisation of advocacy campaigns (No Mine Days).



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xllfaus&thrm; twof rñf' %ft clqha' orsm; teufsvckñ wyfynie, ft wof&dxmp&ef, efc&llzpf a-umif tdst ll r saw&on? (tdst ll r svlxt ajc jykjyelvn&xaxmifa&; (pblt m) vlyifefsr; pwift aumift xnfaz: vsu&bn), ckt ajct aewof e, f pyft ajct ae wifmr r sm; a-umifa' ot m%myll r sm; r rllfynmay;a&; pwifefji i f q l h u o n ? x l l - u m i h r a [ m i a q m i f & m c o b & d p a o m r l l f ' % t l l o n h t j c m; j y n e , f s m; w o f p w i f y k / y l e f e n f v r f a & c s , t h o m v n f a ' o q l l m t m % m y l l r s m; . o a b m x m; r n w h d a e v s u & b n ? t d s t l l b n f 2 0 0 0 c E p i r š w i l l u a r B m ' D , m , e , p y & x l l f a u s & t h r m; ( c e x b & j y n f e , ) w o f r l l f y n m a y ; a & ; v l y i f e f s r ; u l l v l y a q m i & m v o f t a w e t j u l t s m ; & s b n ? t d s t l l . r l l f y n m a y ; a & ; p b l u e f o n f r l l f o m ; a u m i f s m ; . t c s u f t v u f r s m ; t m ; p e p l w u s a u m u f , j c i f r s m ; u l y g j y k / y l b n ? y x r o d q l l p p l w r f t m ; w y f y n e , f t w o f & d c l l v & ; p c e f r s m ; w o f a e x l l h a o m r l l f o m ; a u m i f 2 1 4 a , m u f t a y : a u m u f , l y d 2 0 0 1 c E p i w o f x l w b o c l o n ? ' l w d p p l w r f o n f w y f y n e , f t w o f & d ' % & m & o l t o p i 3 0 0 ( t r s m ; t m ; j z i f r a q m u a q & m s z p f u o n ) t m ; x y f l w e q l y d r - u m r d u m v w o f j z e l o r n j z p f o n ? x l b r s m ; o n i 2 0 0 1 c E p i a z a z : O g a r 2 0 0 2 c E p i



**For 2002, priorities for the project have been given to:**

- Integration of MRE into schools.
- Dissemination of information to the grass roots through networks.
- Development of new media.
- Strengthening of the database.
- HI's gradual extension of MRE to new camps.
- Selection of 2 pilot areas in the South (Tham Hin in Ratchaburi) and North (Camps 2/3 in Mae Hong Son) for 2002.

The project aims at achieving durable solutions for the refugees by facilitating the conditions for a safe and voluntary repatriation. However, as the situation has not improved since 2000 and the prospects for an early repatriation are not relevant, it is important to continuously adjust the methods and strategy of MRE to the changing context, in order to avoid a loss of “interest” and focus from the beneficiaries.

The Thai, Burmese, Karen, and other communities currently affected on both sides also need to receive appropriate education in order to reduce the number of accidents.

Activities to reach at-risk populations in Burma (especially in border areas) cannot be directly performed by HI from Thailand, but links are being created with NGOs working there (indigenous health organisations, and ICRC) for dissemination of information and medias.

As for Thai villages, Handicap International found that one of most affected areas in Tak province is in Tha Song Yang District where HI is already implementing CBR (Community-Based Rehabilitation). So far we have received refusals from local authorities to start MRE there, due to the tense border situation. An alternative would be to start in other affected provinces (Mae Hong Son, Ratchaburi, etc.), but the attitude of local authorities may be identical. HI has gained

experience working on MRE in Thai villages on the Cambodian border since 2000 (Chanthaburi Province).

Handicap International's MRE project goes together with a systematic collection of data on mine victims. A first survey was published in 2001 on the 214 mine victims living in refugee camps of Tak Province, and a second survey will be published soon on some 300 new victims interviewed in Tak Province (most of them in Mae Sot Hospital) who had their accidents between February 2001 and May 2002. Also surveyed is the level of self-awareness of the target populations, and reports on Tak Province refugee camps are about to be published. Information from these surveys is being used to continuously adjust Mine Risk Education (MRE) activities to the concrete needs of the beneficiaries.

Handicap International also coordinates with other groups (Non-violence International, ICRC, and Burmese or Karen indigenous medical organisations) for the setting up of a more comprehensive data collection on Myanmar. In Thailand, the national Landmine Level One Survey coordinated by the TMAC (Thai Mine Action Centre) and implemented by NPA (Norwegian People's Aid) between 2000 and 2001 found that most of the affected communities on the Thai-Burmese border were in Tak, Mae Hong Son, Ratchaburi, and Chiang Mai Provinces.



rīf tEW&m, fynmay; rēum; csuf8 csuf

t dšt nbnfrīf tEW&m, fynmay; oi wēf rsn; / pmapi rsn; / to lctyp nfrsn; t wēf rēum; csuf8  
csuf t o llylon? rēum; csuf rsn; ul vly efaz mē qmi v su& om E nī E s p d u d f w c p d & n & G c s u f  
t ay: t ajccl nē f vly qmi bn? a t mu l v f az: jyx m; csuf rsn; on i x nī E nī E s r e f m' l u Q on p c e f  
r sn; t wēf t dšt n f rēum; csuf rsn; ul o l y f az: & e f j y o a o m " g v l y l r sn; / y e f c u m; r sn; E s h & l y l u m; c s y f  
r sn; jz p b n?

- rīf A r sn; E s f a y g u l u b p w w ā o m t & m r sn; t m; r n i u b b & E nī b e n f?
- rīf A r sn; E s f a y g u l u b p w w ā o m t & m r sn; . t u s t q u r sn; r t b, ē n f?
- r n b n h e & m r sn; wē f r nī f & E nī b e n f?
- rīf a x m i f x m; a o m ( o p r nī f & E nī h o m a e & m r sn; t m; r n i u b b & E nī b e n f?
- a e & m p i f w c k t m; r o t r; a & m u f l o m a w & l y b i b e n f?
- v u Q % m r sn; / e, h j r o w f s v c s u f r sn;?
- rīf a x m i f x m; a o m a e & m wē f r n i u b b y l u s i r n ē n f?
- rīf a y g u l u b jz p l y r; c l y g r n b l y l y q m i r n ē n f?

arv t wēf ' % & m & c l u o h r sn; jz p f u o n? x l t j y i f  
& n & G f x m; o n i j y n b l v x k rīf t a = u m i f u l i w l i f  
o & E m; v n f y r m % u l y g a v l v m q e f p p c h y d w y j y n f  
e, f c l v h & ; p c e f r sn; . t a j c t a e o w i f y l e s v i v r f u l y g  
r = m r f x l v ā 0 r n jz p b n? x h v l v m c s u f r sn; r s & & d  
a o m o w i f t c s u f t v u f r sn; u l t o l c s l rīf y n m a y;  
t p t p o f t m; v l t y f r sn; E s h u l l u h ā t m i f j y l y i f v s u f  
& g g n?

t dšt nbnfrīf tEW&m, fynmay; rēum; csuf8 csuf  
rzuā&; E nī h v u m t zē t p n i / t nī p t m p E s h j r e f m  
o l e [ l w i u & i ā ' o c h q; t zē t p n i r sn; E s l v n f  
y l a y g i l j r e f n j y n f s o w i f t c s u f t v u f r sn; y l t h

w l u p h a u m u t E nī h &; t wēf u l p m; v l y q m i v s u & d  
o n? 2 0 0 0 c E p f 2 0 0 1 c E p f t wēf x nī E nī h nī f v y & r;  
r A [ l m e ( w l t r p ā t ) r s p b n i l a e n ā 0; v h f r sn; t u l  
t n i t zē t e y ā t ) r s v l y q m i h o m x nī E nī h j r j r y f r nī f  
t q i h l a v l v m c s u f . a w & s u f t & x nī f j r e f m e, f  
p y i v a v # h u i x d l u f % & m t r sn; q l ā ' o r sn; r t h w y f  
r ā [ m i h q m i f & m b & E s f c i s r l ā ' o r sn; jz p f u o n?

c l v h & ; p c e f r sn; E s h x nī f a u s & t h r sn; t wēf rīf  
t E W & m, f y n m a y; a & ; v l y e f r sn; t wēf t dšt n b n f  
, c l v u & S 2 0 0 2 c E p f ' l z i b m v t x d E nī h y g i p h  
c l v b r sn; q l & m r [ m r i f u d & k, l t e f t d p t m ) . u h d  
a x m u f i t u l & & l v s u & g g n?



rīf & E nī h o m a e & m r sn;? Places where mines may be hidden.

r & i f? rīf tEW&m, fynmay; vly qmi t su l v r f nē f (E nī h v u m r o e p e f o r sn; t o i f 2 0 0 1 c E p f)





## Mine Risk Education Eight Groups of Messages

Handicap International uses these eight groups of messages for Mine Risk Education (MRE) training sessions, materials, and medias. Messages are adapted to the context of each project and country of implementation. Below are examples of photos, drawings, pictures that are used by HI in the Burmese refugee camps in Thailand to illustrate the messages:

- How to recognise mines and UXOs
- What are the effects of mines and UXOs
- What zones may be mined
- How to recognise a mined area or suspect area
- What to do before entering an unknown area
- Signs and demarcations
- How to behave in mined areas
- What to do in case of mine accident



For its Mine Risk Education (MRE) project in both refugee camps and Thai villages along the Thai-Burmese border, HI currently and

until December 2002 receives support from the United Nations High Commissioner for Refugees (UNHCR).



*Sources: Mine Risk Education Implementation Guide, (Handicap International, 2001).*



# ajrjryfrllfrsm; t a-umi f t ajcclbwif t csuft vufsm;

x&f;x&fOD / wPdt u&bb

vbw&Esfppbll, mOfsm; t m; zsubQ&ef tr&tr&thomrllfrsm; ullt o hyl&e-uon?

rllf only p&t &G ft pm; ESht a&mit r&r&E&om yvwppwp(olowVWAi, lvc&v&fjyif xepthayguf u&omypnfxnll jykly&xm; aom vub&u&wr&fzplygon? 4if u&lvwODwa, mul&rs&jr&E&h&t mifv& l&lp&h u&G DS&u&xm; E&ll&bn? rllf cvlyfrsm; u&llw&lu&ll&u&h&omf 4if/ol&G D&ll&u& aom&fif/xj&fif t m; jzif& if u&laygu&u&lp ylyyif xepth' %&m&&ap&on?

## vbwfrllfr&tr&t pm; o&tr&E&bn?

1/ t p t e r s m ; j z i f ' % & m & & t m i j y k l y & x m ; a o m r l l f r s m ; o n i r l l f r s m ; t m ; v l l x l w d f t q & & & ; q l l a o a p E l l f o w E l l i o n h r l l f t r s t t p m ; j z p l y g o n ? a y g u l u t o m t c g t & & j y i f p o n y & k u l v m a o m o l t % d t y l l f t p r s r ; a & y e f o z g f v & k u l j i f j z i f ' % & m & a t m i f w n a q m u x m ; a o m r l l f r s m ; j z p l y g o n ? o l t % d t l l f t p t e r s m ; o n i r l l v m ( 1 0 0 ) t w & f & & r n b l e u l l q l l y e l u s y d t & & j y i f x e p t h j z i h x d l u f a o a p E l l y g o n ? t r s m ; t m ; j z i h w O D x u f u x d l u f & l y g o n ? y l l f t m ; j z i h x d l u f % & m & & b n i f t p w p x u y l l x d l u f a v & b n ?

2/ aygu&u&t &E&jzilyif xepth' %f&m&apaomrllfrsm; aygu&u&t m; rllf onf enfvrf&E&tr&t m; jzih x&lu&fysup&ap&E&lygon?

(u) jyif xepthaygu&u&om t &E&bnfajc/ vuf t \*lyvck t p&vft yllfrsm; ullpkvjywf %&m&ap&E&lygon?

(c) rllfr&st p t e r s m ; E S h a j r j y i f S a u s m u l w l l a u s m u t l r s m ; o n i v n f v l e m u d x d t d u f ' % f & m & a p E d i f y g o n f ? t p t e r l l f r s m ; x u p m v # f a y g u l u t m ; r l l f r s m ; a - u m i h x d l u f % & m & & b l y l l w & & y g o n ? t b , h - u m i t q l l a o m f a y g u l u t m ; r l l f r s m ; o n i y l l a p s a y g y d t j c m ; a o m r l l f r s m ; x u f , i f a y g u l u t m ; r l l f r s m ; u l l y l l j r k y E l l x m ; c l y d j z p l u o n ?

3/ w i l u m ; z s u f r l l f r s m ; o n i v n f r l l f A l l r s m ; j z p l u s y d v l r s m ; u l l a o a p o n ? w i l u m ; z s u f l l f r s m ; o n i f p p b u f E S t u b u q l l h o m , m O f E S h t & y o m ; r s m ; u l l v n f x d l u f ' % & & & p o n ? r l l f t r s t t p m ; t m ; v l l u d t p k v l u f t w l w u & v l l y a ' o m r l l j u b l e t w s / l u f w o l w w e f j u d & l l y g o n ? x l a - u m i h r s m ; p o a o m r l l f A l l r s m ; t w l w l



ajrjryfrllfr&tr&t pm; tr&tr&lyll Various types of Landmines

# Basic Information about Landmines

Htun Htun Oo, TCFB



***Many types of mines are used to kill people and destroy military vehicles!***

A mine is a weapon made of a small packet of high explosives contained in a plastic or metal casing of various shapes, sizes and colours. It can easily be hidden in a way that makes it unseen to the human eye. Direct or indirect contact with the mine triggers the weapon and the explosion causes serious injuries, which may be fatal.

## **There are three types of landmines**

1) **Fragmentation mines** are the worst killers of all mines. They shoot showers of high speed steel fragments that can kill anyone within 100 meters. Often more than one person is hit. Usually the victims are hit by more than one fragment.

2) **Blast mines** cause damage in two ways:

(i) The blast wave tears off parts of a limb.

(ii) Fragments from the mine case and stones from the ground are blasted into the victim. Blast mines compared to those by

fragmentation mines affect more victims. The blast mines are cheaper and are planted more than the other mines.

3) **Anti tank mines** are also mines which kill people. Even though the antitank mines are meant to destroy tanks/military vehicles, they harm civilians as well. In Burma, many people and civilian buses are killed and destroyed respectively by anti-tank mines every year.

All types of mines can be used together so that several mines fire at the same time causing injuries and death.



**တိုက်ခတ်ရေးအတွက် အိတ်ကပ်ထားသော အိတ်ကပ်မိုင်း**

*Home made wooden box mine*



**တိုက်ခတ်ရေးအတွက် အိတ်ကပ်ထားသော အိတ်ကပ်မိုင်း**

*Anti-personnel Landmine*



**တိုက်ခတ်ရေးအတွက် အိတ်ကပ်ထားသော အိတ်ကပ်မိုင်း**

*Home made bottle mine and plastic pipe mine*



# ရန်ကင်းစာအုပ် ပုံနှိပ်ရေးနှင့် ဝေဖြန့်ရေးဦးစီးဌာန

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အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။  
အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။

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အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။

1/ အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။

2/ အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။



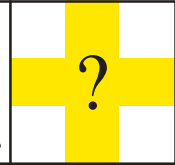
အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။

BLS training for Karen trainers.(TCFB)

အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။

3/ အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။

အောက်ဖော်ပြပါအချက်များကို ဖော်ပြပါအတိုင်း ဖြေဆိုပါ။



## *A brief description of the activities of Trauma Care Foundation Burma (TCFB).*

The Trauma Care Foundation Burma (TCFB) works along and inside the border areas of Burma and aims at reducing the loss of lives and limbs due to mine injuries through the Chain of Survival Programme. TCFB conducts three levels of medical training for ethnic groups, refugees, internally displaced people, and migrant workers. TCFB is supported by a Norwegian funding agency.



*Sharing real-life experience of a mine victim.*

## **Medical Training**

TCFB conducts three levels of medical training on trauma and landmine injury management:

**1. The Village First Helper (VFH) Training** is for children and villagers. This training is three days in length. During this course participants learn landmine awareness, basic first aid, and how to sustain life in an injured person until a more experienced medic arrives.

**2. The Basic Life Support (BLS) Training** is for medics and junior medics. It is a seven-day course and is conducted by experienced senior medics. During this training, participants learn procedures such as how to control breathing, bleeding and circulation, cardiopulmonary resuscitation (CPR), and injury management (e.g. debridement) safe transportation of a victim.

**3. The Advanced Life Support (ALS) Training** is for senior medics who have at least five years experience in trauma and landmine injury management. The course is conducted over a period of three years - three weeks per year. The course is designed in this way so that the participants can gain the most by

applying the cumulative knowledge to their own practical experience. After completing the ALS training, medics can handle more traumatic injuries and perform lifesaving surgeries (e.g. damage control laparotomy, endotracheal intubation, etc.) and can train other people in VFH and BLS courses.

### **Activities of TCFB to date**

- Trained 1144 people.
- Worked with the Karen, Kachin, Shan, and Mon ethnic groups and other democratic organisations.
- Translated and published the Burmese edition of Save Lives Save Limbs.
- Brought together medics from different ethnic groups to participate in a conference on trauma and landmine injuries.
- Supplied and filled 40 Burma Packs (packs used by WCMTC students during 1993/94), i.e. backpacks filled with advanced life support medical supplies.
- Attended South to South network meetings in Cambodia.



ucsi faq; r; r; m; t w& l; b; l; t u; p; h; t v; b; i; l; v; e; f; ?  
BSL training for Kachin medics.



a o; f; x; e; l; f; & y; b; o; n; a; t; m; i; k; e; f; c; y; r; E; s; f; o; p; i; t; m; a; v; l; u; s; i; b; e; y; l; l;  
Practising CPR and limb injury bleeding control.



b; a; t; v; f; t; u; p; i; o; i; l; v; e; f; y; p; p; i; t; m; a; v; l; u; s; i; b; e; y; l; l;  
Practising CPR at BLS training.

## w; p; i; t; u; z; b; d; v; y; & n; r; y; l; t; s; m; Activities of TCFB.



o; i; l; v; e; f; q; & m; t; j; i; l; u; & i; l; r; i; l; ' k; u; Q; o; n; i; v; o; l; o; p;  
Karen mine victim as a trainer.



a; q; r; E; s; f; i; t; w; l; a; v; a; y; : Y ' % & m; & v; e; m; v; o; l; o; p;  
Wounded patient on a boat with a trauma medic.

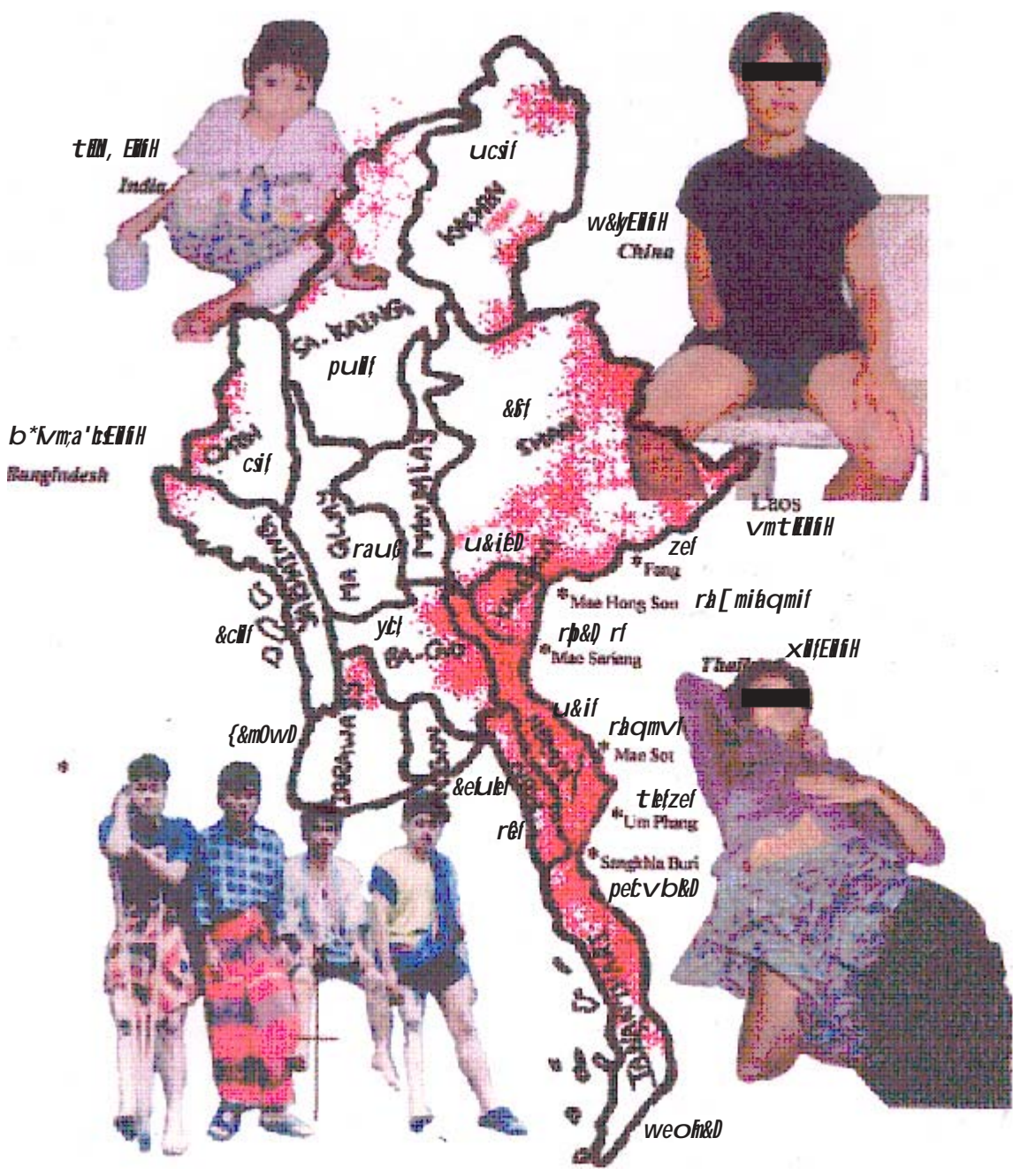
t; e; m; \*; w; f; t; p; i; t; p; o; f;  
• j; r; e; f; m; / t; e; n; , E; s; i; j; r; e; f; m; - w; & l; v; e; , j; c; m; r; s; m;  
w; & l; y; g; v; l; y; i; e; f; w; i; t; t; v; l; y; a; q; m; i; & e; l;  
• a; q; y; n; m; z; w; p; m; t; l; y; f; s; m; , t; m; , j; r; e; f; m; b; m; o; m;  
j; z; i; h; x; k; v; a; o; j; z; e; f; e; & e; l;

p; p; r; f; a; r; j; r; e; f; v; l; y; g; u; -  
x; e; f; x; e; f; o; p; PO Box 341, c; s; i; f; i; l; p; m; w; l; u; f;  
50000 x; n; i; f; e; l; i; h; mobile phone - 66 1 971  
6086, office phone - 66 53 240194  
Email : tcfburma@ yahoo.com  
o; l; t; q; u; b; & E; l; l; y; o; n; ?

**Future plans**

- Expand activities to the Burma-India and Burma-China borders.
- Publish and distribute medical textbooks in Burmese.

**For inquiries, please contact:**  
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Map showing land mine affected areas in Burma. Source: TCFB.



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## Mine Accidents and War Casualties in Burma - 2001

No	Regions	Mine accidents		War casualties		Other trauma		Total	Remark
		Alive	Dead	Alive	Dead	Alive	Dead		
1	Karen (6 districts)	189	81	60	19	6	1	356	Reported
2	Mon areas	2	1	-	-	-	-	3	Reported
3	Karenni	18	-	-	-	-	-	18	Unknown
4	Shan (Southern)	19	7	7	1	7	-	41	Reported
5	ABSDF	2	-	2	1	-	-	5	Reported
6	Chin	-	-	-	-	-	-	-	Unknown
7	Arakan	-	-	-	-	-	-	-	Unknown
8	Kachin	-	-	-	-	-	-	-	Unknown
9	La Hu	-	-	-	-	-	-	-	Unknown death
	Total	230	89	69	21	13	1	423	

*\*LaHu - Ten (10) mine accidents but details unknown.*

Note: Eight (8) trucks exploded in Taung Ngoo and Nyaung Lay Pin Districts. Karen State. There were more than 20 mine accidents in Arakan and Chin State in 2001, but this information was not confirmed. There were 40 female mine victims in 2001. *Source: TCFB.*





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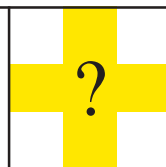
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Landmine victim. (TCFB)

# Chain of Survival

Htoon Htoon Oo, TCFB



*This article describes the easy steps in saving the lives of mine victims.*

Everybody who comes into contact with a mine victim can help that person stay alive. The chain of survival starts from the site of the accident up to the hospital. The chain of survival depends not only on the people, but also on their skills, the equipment, and how they cooperate.

## ***Village First Helpers***

A good number of first helpers must be trained. There should be one first helper from each group of men, women or children going to a risky area.

Each first helper should know the basic tools

## **The Chain of Survival**

The Chain of Survival aims to equipping with knowledge anyone who comes in contact with a mine or trauma victim and enable him/her to contribute to the victim's survival. The chain involves the child who calls for help for his injured mother using the village's prearranged emergency signal, to the villager who first arrives and stabilizes the patient until a more experienced medic can be reached. It also includes the boatman who knows the correct way to transport the injured persons, and the cook who prepares nutrient rich food for the patients on their journey to a clinic or hospital. **Every person is an important link in the Chain of Survival.**

## **Important issues of consideration**

### ***Warning System***

Whenever there is a mine accident in the village, "first helpers" should be called in and should reach the victim as soon as possible. A warning system is necessary for this action. All villagers should agree on a signal to alert the first helpers and the mine medic. It may be a series of gunshots, a torch signal, a radio call, church bells, sending a messenger, etc.

*Information: All children and adults should know the people trained as first helpers in the area.*



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### **The mine medic**

The mine medic should get to the mine victim as soon as possible. Everybody should know who the qualified mine medics are in the area and where to find them. There are two levels of mine medics, depending on the skills they have.

*The basic medic* can give good life support for victims with light and moderate injuries (around 60% of all victims).

*The advanced medic* is better trained and can manage most mine victims. The mine medics carry either basic or advanced medical kits. The kits contain enough drugs and infusions for 2–3 victims.

for airway maintenance and how to stop bleeding.

Each first helper should carry five rolls of elastic bandage.

### ***Transport to the village***

All villagers should know some basic things like recovery position, how to carry someone with a bleeding face injury, how to transport chest injury victims in a half sitting position, etc. The villagers should also know how to make their own stretchers from available materials.

### ***Transport to the hospital***

In most cases the medic and the first helpers provide such good care that the victim is in a fair condition for at least 24–48 hours. Safe transport with good medical support is very important.

The mine medic should accompany the severely injured all the way to the hospital and give continuous treatment during the transportation.

At least one family member or a close friend should travel with the victim to the hospital and stay with him there.

A car with stretchers may be used as an ambulance. There should be blankets to keep the victim warm.

If the hospital is more than 12 hours away, the victim needs nutrition and there should be a continuous supply of nutritious food on the way to the hospital.

### ***At the hospital***

The mine medic should not leave the victim until the hospital medical staff take over responsibility of the victim

The mine medic should give an exact written report to the hospital staff.



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*Lifesaving first aid must start as soon as possible after the injury.*  
*Safe transport is more important than speedy transport.*  
*The lifesavers at the different levels of the chain of survival should work closely together.*  
*Exact medical documentation is necessary to check the quality of the chain of survival.*  
*All tools need maintenance to work, so practise the elements of the chain of survival.*

**Documentation**

The medic fills in the Injury Chart for all victims.

The hospital doctors should fill in a Hospital Chart when the victim is discharged from the hospital. The victim takes the Hospital Chart to the mine medic who treated him.

**Effects on the family**

A serious accident badly affects the victim's family. To overcome this painful experience and be better able to support the victim and future victims, the following should be done.

- Back in the village the medic should give the family the exact report as soon as possible and discuss how they can support the victim.

- The medic and the first helpers should meet to share their experiences and feelings when the job is done.

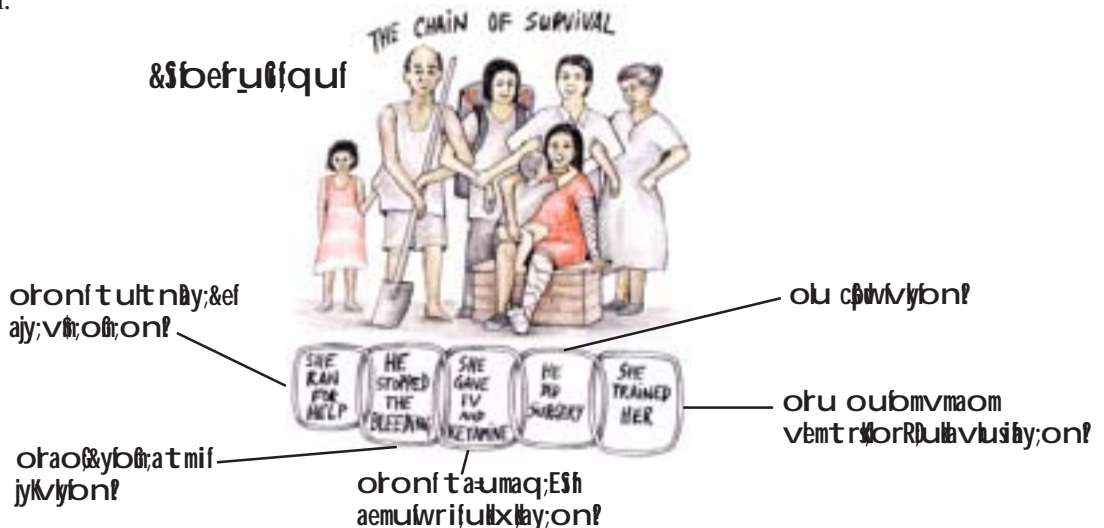
**Maintenance**

Both medics and village first helpers need refresher training at least once a year.

A fresh supply of medical kits and elastic bandages should be given to first helpers immediately after each accident.

Back up and support: Expert health workers should follow the chain of survival personnel continuously, to assess the quality of the medical treatment, to help collect records, arrange resupply of equipment, and help organize training courses.

These elements may be adapted according to the problems in each area.





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Taqmi fygw&fril' %&mrst; t m; jylubrenfv r r r r r; ulit x l j y l& ; om; xm; ygon?

## រលី' %&mt r&ft pm; u j y m; r\_

ajrjrlyfril' r r r r r; a=umi&&&om' %&mrst; onf y p h r&plu j y m; E l l b n? j y i f x e h o m a y g u l u f\_ t&&h a=umi h a j c v u l r s r; p l v i y l y s u p d o t r; a p o n? r l i f t p t e r s r; E S h a j r) u l r& d u s u l v r s r; o n l v n f o m; a u m i f t m; x d l u f e m u s i h a p o n? r l i f A H. y p h S h a y g u l u f\_ t&&w l o n f v l e < m u l f a e& m t E l l c j y m; w&f x d l u h p& e E S h' %& m y p h t r s r; && p& e f r i w n l l x l v i y l x m; o n? r l i f t p t e r s r; o n l c < m u l f t w&f o l v r f a= u m i f r& p l u s f x l a z g u D i h& m u j c i j z i h u d r m; a o m' %& m v r f a= u m i f u l j z p a y: a p o n?



r l i f t p t e' %& m? Fragment wound.

## រលី r r r r r; u r n l u b l l: ' %& m& a p o e n f?

## រលី r r r r r; o n f e n f v r f (2) r& j z i h' %& m& a p E l l b n?

### (1) a y g u l u f p e f t i f t&&v l f

r l i f a y g u l u f; i f o n i t v e j r e l y d z d t m; v l f w c l u l j z p a p y g o n? a y g u l u f p e f t i f t&&v l f o n i t& y f r s u E f t m; v l o l l p u U e v / i f r d v m 3000 E e f j z i f a& v s r; y g o n? y l t r i f e f l i f w v l a y g u l u f p e f t i f t&&v l f z d t m; o n i 2 u l r l r f t p w& e f i l v d v m& y g o n? ដ i f. t&&f z d t m; o n i x& y l u m; w p d w l u f d o m t&&f E S h w h y g o n? a y g u l u f p e f t i f t&&v l f o n i a j c v u l r s r; u l p l v j y w b o r; a p E l l y d q l& r; a o m t w&f' % f& m r s r; u l l v n f j z p a p E l l y g o n?

### (2) t y l l f t p t e r s r;

o w W l o l l [ l v i y v y p w p f l l f t d f. t p t e r s r; / a u s u l v r s r; E S h j r) u d r s r; / ' %& m& o l. a j c v u l t \* l j E S k e y p o n i t p o l v t y l l f r s r; u l l t v e j r e h o m t&&f o n l F r a g m e n t s t p u b l e t& y f r s u E f a y g i p l b l e y f v \$ y g o n? x h= u m i f a y g u l u f a= u m i f a j c a x m u f y w f o b r; j c i f o n f r a o a p E l l y g o l h o m f j y w b o r; a o m a j c a x m u f. v l e j y w f m a o m t p o l v t y l l f r s r; u v e m r s r; u l l h a o a p E l l y g o n?

v l r s r; p h o n f a y g u l u f p e f t i f t&&v l f' %& m o n f j y w f o t r; a o m' %& m w c b n j z p o n l [ k a w l x i f u y g o n? v u h a w e v l i x b l e [ l v i y g r l i f u o f r s r; w l f a e x l l u o r s r; u y l l o d y g o n? v e m. j y w f o t r; a o m a j c r S a o f x l u j c i f a= u m i f r [ l v b l r l i f t p x d f h a o m ' %& m r s r; a= u m i h a q; & l b l h q m i p o f v r f w&f v e m r s r; a o= u o n l u l o l w p i h a w e u& y g o n? a j c a x m u f a t m u z u j y w b o r; a o m' %& m r s r; o n i t r s r; t m; j z i h a o f r s r; p h x l u t y g o n? t x l o j z i f a j c a x m u l l u n h y g t p r s r; o n i T a e& m r O r f A l l u f t w&f x d i h& m u f E l l b n? T' %& m r s r; o n i f a o a p E l l b n? j y w f y d a o f x l u h e a o m' %& m o n i t E W& m, b y f& l v y g x l ' %& m o n i t v l e l w u& h a w e l l y d t v l e l v u l u b E l l y g o n?

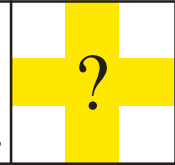
## រលី' %&mt m; jylub r\_

t p t e r l l f o n f ' %& m w c k x u l y& a p y g o n? v e m w O d w l f ' %& m r s r; p h&& E l l y g o n? t p t e x d f h a o m r n b n l %& m u l l # u e f a e& a t m i v e m . t O w f t p m; t m; v l u l c j w y p l l p p h a q; y g r a w e i E l l h a o m' %& m r s r; w&f' %& m O i f a y g u f r s r; o n i f a o; i, h e o n l v l l f t w&f y l l f' %& m o n i f q l& r;



# Mine Injuries and Their Management

Htun Htun Oo, TCFB



*This article focuses on management of mine injuries.*

## Variations of mine injuries

Landmines cause a variety of wounds. The speed of a powerful explosion can tear off limbs. Fragments from the mine case and stones from the ground may also injure the victim. The shape and the speed of the manufactured mines are designed to injure many parts of the body and cause a variety of wounds. The fragments enter the body and penetrate in all directions. This creates a bigger wound tract.

## Blast mines injure in two ways

### 1. The blast wave

The explosion inside the mine is extremely rapid and makes a pressure wave. The blast wave moves at 3000 meters/second in all directions. The pressure of the blast wave from a PMN can be 2 kg per square cm.; that is, the same as being hit by a truck. The blast wave may tear off limbs and also cause severe internal injury.

### 2. Fragments

Pieces of the mine case (metal or plastic), stones and dirt, pieces of the victim's shoes and parts of his own limbs are shot as high speed fragments in all directions. So if the amputation caused by the explosion does not kill, the flying parts of the amputated limb might.

## How blast mines cause injuries

Many people think that a blast mine injury

is an amputation injury, but in reality it is not so. People who are in the field observe blast mine victims dying on the way to hospital, not from amputation bleeding, but from the fragment injuries. Amputations in the lower part of the limbs seldom bleed heavily. The medic should look for wounds between the legs. A fragment may penetrate here and go upto the belly. These are the wounds that kill. The bleeding amputation wound is less dangerous; it is easily visible and easier to treat.

## Management of the injuries

*Fragmentation mines cause more than one wound.* Each victim may have several injuries. In order not to miss any fragmentation wounds, undress the patient completely. Even if the entry wounds are small, the injury inside the body may be severe. Increased breathing rate, increased heart rate and cold limbs are the main signs of severe internal injury. *Never think it is only a superficial wound, without having examined the patient very carefully.*



*Fragment wound.*

rifalumihaocqtr\_ olykvybnf tou&svrfa=umifyvqle&=umihzpbnf ou&svrfa=umifyvqle t mif vlybyjciijizihxlt ou&vrt rsm;pluulumu& Eilfrnzpbnf a t mufygt csufsr; t m; \* &lyk=svbm;yf

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- tou&vrfa=umifzbyjciijizih touu, fq, fultpwiyg ydr's' %&t m; ppdq;yf
- &Sfaomenfvrfullolyg O&acgf ullemubublv&sydzsl ar;aplt m; rwi&npjciijizihvemt rsm;plvbf ou&vrfa=umifyvqle pyon? vemt m; ab;wapmifyvqle&v k m; & p i f o n f t o u & s v r f a = u m i f y v q l e u l u m u & s y o n ?



Blast rifalumihaocqtr? Blast mine amputation.

apEilfyon? tou&Eefjrejci/ES/vkEefjrejci Esh ajcvuft \*f r s a t ; p u j c i f w l o n i q l e & r a o m t w l f y l l ' % & m . v u Q % m r s n ; j z p l y o n ? v e m u l t a o t c s n \* & l v p l u p r f o y p p a q ; j c i f r & b E S f b , h o m t c g s t a y ; , # % & m o m j z p l y o n i [ l r r s v f , b i l y g

yxroDqW rifltptersm;aumihzpbom' %& &aeoltm; touu, fq, frylyg

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- jzpEilfygu tpte' %&mr&of, k&e&ejcifull wlv&tmijkylylyg yE&aom t # A t & n f s r ; a y ; y f j y w a w m u b o t r ; a o m ' % & m t w l f a j c / v u f s n ; j z i h t a x m u f t u j l y g

- jywbf;aom' %&mr&of&e&ejcifull Gauze jzix&xnlyvll aofwlv&tmijkylylyg o&omf Tourniquets tokrjlyf&S #

- tu, # aq; & l b l & m u B e f ( 4 ) e m & D k u f y l u m y g u u b f x l y i f F a s c i o t o m y = u l u b m ; z h v p b t ; t r # f r s r ; t m ; z j c i f u l u r f u s i h o m a q ; r f ; t m ; j z i h j y k / l y l y g

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bmla=umifywfaeom' %&mrsm;ao&rx&ubv' -

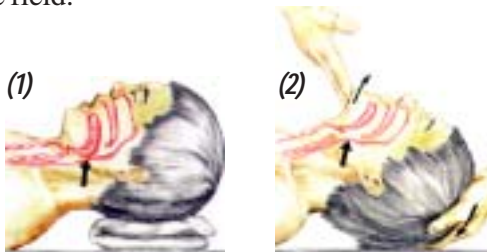
- u&ubm;rsm;xlv&frjriEilhaom' %&mv&v&bn? rifalumihaocqtr\_ olykvybnf tou&svrfa=umifyvqle&=umihzpbnf ou&svrfa=umifyvqle t mif vlybyjciijizihxlt ou&vrt rsm;pluulumu& Eilfrnzpbnf a t mufygt csufsr; t m; \* &lyk=svbm;yf

**One-third of all mine deaths are due to blocked airways. Most of these deaths are preventable by maintaining an open airway. Remember the following:**

- If the victim can talk or cough, the airway is open.
- If the victim is unconscious, the airway is likely to be blocked.
- Always start life support by first opening the airway - you can examine the injuries later.
- Use simple methods: Head tilt and chin lift opens the airway in most victims. The recovery position prevents airway block in most victims.

**First provide life support for the fragment injuries!**

- Open the airway, support the breathing – take pain relief measures(if there is a medic).
  - Stop the fragment wound bleeding if possible. Give warm IV infusions. Then, limb support for the amputation injury.
  - Stop the bleeding from the amputation wound by gauze packing. Don't use tourniquets.
  - If it takes more than 4 hours to get to the hospital, let a trained medic do a fasciotomy in the field.



(1) *owdrheaomvbmw6iv#nonftou&svrfa-umifull ylvfqlbeyll* Tongue blocks airway in unconscious victim. (2) *0pacjfullemububldv&ll ar;ullyivivifp tou&svrf a-umifz6hy:jcif?* Heald tilt and chin lift opens the airway.

Most mine amputations are due to light blast mines. In both upper and lower limb injuries, the mine amputates the victim at or below the wrist or the ankle in 2/3 of the cases. The amputation wound is ragged and extremely dirty. Soil and pieces of shoe and cloth are shot into the soft tissue around the wound. This

makes a good base for wound infection. The blast wave crushes blood vessels and muscles. The main problem is that most low level amputation wounds do not bleed. Without a blood supply to the wound, white blood cells that fights bacteria and red blood cells carrying oxygen have no way to reach the wound. A poor blood supply is the main cause of wound infection and unnecessary loss of limb length. *There is a problem when the amputated limb does not bleed!*

**Why amputations do not bleed**

*There might be a 'hidden' wound in the muscles.* The blast wave from a mine travels along the bones from the level of amputation into the limb above. The blast wave enters the surrounding soft tissue of the bone and causes a hidden wound in the muscles. This is how the hidden wound develops:

Muscle is crushed and starts swelling ⚪ blood vessels are torn and start bleeding inside the limb ⚪ the swelling increases ⚪ arteries are stretched and blocked.

The muscles in the foot, lower leg and hand are enclosed inside tight fibrous sheaths (the muscle fascia). Swelling in these limbs causes more pressure inside the muscle. This compresses the blood vessels and reduces the blood supply to the amputation wound even more. When you split the muscle fascia



**&&EII hóm rnbnt 0wEsrqll' %&mt w6f -uykuyjvqkxnb; yf**

*Packing firmly deep inside the wound with any cloth at hand.*

**T tcsbnrjriEII bzluc' hcaom' %&mrnluh oþwii jzpay: vmonulqk/vbn?**

- **uubm; onfzducl; ydþwii a&mi, rfvnjci?**
- **aofa-umrsm; ybñ; yd aic/ vuft w6faofpwif , kufn? yll a&mi, rfvnjci?**
- **aofvva-umrsm; rñ qeþell; yaemufyvqk; on?**

**oþomf ajcaxmul ajcovEsr; t w6f&d uubm; rsm; onf wif-uyhcom-uubm; zñ trñf t ajr; yg tw6fyvqk; ntkm; & ygn? xñ-umih T ajc/ vuft \*tj; sm; tw6fa&mi, rjci; onf ucl om; rsm; tw6f; zdt m; yll sm; vnjci; uiljzpay; on? T oþjci; u aofa-umrsm; uyl; zñ þacov; jpyd jywæaom' %&mol; aofaxmul; yll awmi fav; ðh en; oþ; ygn? oif uubm; zñ trñf t ajr; yg uþ; i; uul; r; fus; h; omaq; r; ð; r; yk; y; faom; t; c; j; zdt; m; onf csut; s; i; av; sm; u; soþ; yd; aof; p; d; i; r; w; k; w; u; h; u; mi; r; é; v; mon?**

**owij; k; e; ð; ta&jm; onf; r; s; u; þ; y; g; ta&jm; on; u; h; v; sm; i; r; p; ð; t; m; (v; ð; l; u; þ; q; e; þ; i; c; i; ) & ð; n; l; ta&jm; on; f; ay; u; l; u; þ; ð; t; i; t; & ð; v; i; f; u; l; q; l; v; y; b; ð; j; i; r; & ð; c; i; l; l; b; n; l; xñ-umih; u; æ; m; i; v; l; u;**

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**ajc/ vuft \*tj; sm; w6f; u; d; r; m; p; ð; ' % & m; & j; c; i; f; sm; E; s; h; ' % & m; a; j; r; m; u; f; sm; p; ð; & ð; i; f; y; a; o; f; v; v; a; t; m; i; j; y; l; h; a; q; m; i; f; & ð; j; c; i; f; o; n; f; r; n; b; n; t; ð; v; l; u; b; r; r; s; r; p; w; i; f; ð; o; p; m; ; a; y; a; q; m; i; & ð; r; n; j; z; p; o; n; l; r; sm; p; ð; a; o; m; a; j; c; / v; u; f; t; \*tj; ' % & m; & ð; r; sm; r; ð; a; o; f; x; ð; j; c; i; f; u; l; y; w; l; v; p; / t; o; w; p; r; sm; u; l; t; e; m; \*v; l; o; f; sm; t; w6f; w; i; f; u; s; a; t; m; i; j; y; v; q; k; n; l; y; d; v; u; j; i; h; w; l; u; & l; u; z; d; t; m; ; a; y; j; c; i; f; t; m; j; i; h; a; o; f; v; v; a; p; y; g; o; n; l; O; r; f; A; l; u; f; ' % & m; r; sm; E; s; h; & i; y; w; l; ' % & m; r; sm; t; w6f; a; o; f; , l; l; p; j; c; i; f; sm; t; m; a; & s; o; p; ð; j; y; l; p; o; f; sm; t; a; e; j; i; h; u; l; r; u; s; i; h; o; m; a; q; ; r; ð; . t; u; h; u; l; t; j; r; e; q; k; , l; l; a; q; m; i; f; & ð; & r; n; l; a; o; f; x; ð; p; n; l; u; l; j; i; h; c; s; a; h; E; s; h; i; c; i; f; u; l; l; r; n; l; o; n; l; t; c; g; v; ð; r; #; t; o; l; y; j; c; i; f; r; & ð; l; a; j; c; / v; u; f; t; \*tj; sm; r; s; a; o; f; x; ð; j; c; i; f; u; l; h; a; o; f; v; v; a; t; m; i; j; y; l; y; g;**

**t b, h; u; m; i; f; a; o; f; x; ð; p; n; l; u; l; o; l; j; c; i; f; u; l; l; v; m; ; j; r; p; y; g; v; l;**

**p; ð; r; e; m; x; m; ; o; n; l; t; a; & ; a; y; a; q; ; y; n; m; p; m; t; l; y; f; sm; w6f; a; o; f; x; ð; p; n; l; u; l; r; sm; o; n; f; a; j; c; / v; u; f; t; \*tj; sm; r; s; ' % & m; r; sm; u; l; h; a; o; f; v; v; a; t; m; i; j; y; l; y; & e; f; a; x; m; u; l; t; s; u; h; a; y; ; x; m; ; o; n; u; l; l; w; @; y; g; n; l; o; þ; o; m; i; v; u; h; w; @; v; i; T; o; l; y; k; v; l; j; c; i; f; t; m; ; v; u; f; c; e; l; l; y; g; a; o; f; x; ð; p; n; l; u; l; r; sm; o; n; l;**

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**t u, l; l; o; i; b; n; f; a; j; c; / v; u; l; l; w; i; j; c; i; f; / a; o; f; v; v; a; -u; m; r; sm; u; l; t; e; y; j; c; i; f; / t; e; m; ' % & m; u; l; y; w; l; v; p; j; i; h; y; v; q; k; i; f; / z; d; t; m; ; a; y; a; o; m; y; w; l; v; p; n; f; a; E; s; h; i; c; i; f; sm; j; y; k; y; t; c; y; u; a; j; c; / v; u; f; t; \*tj; t; m; ; v; l; l; a; o; f; x; ð; u; h; e; j; c; i; f; u; l; w; l; v; a; t; m; i; j; y; l; y; EII; y; g; n; l;**

**v; e; m; u; l; t; f; l; v; r; f; a; E; f; a; x; ð; p; n; l; x; m; ; y; g;**

**a; o; f; x; ð; p; n; l; u; l; r; sm; o; n; f; a; j; c; / v; u; f; t; \*tj; sm; u; l; h; a; o; a; p; o; n; l; a; o; f; y; l; l; x; ð; u; h; a; p; o; n; l; c; e; < m; u; l; l; u; a; o; f; t; a; j; r; m; u; f; r; sm; q; l; e; t; y; d; r; o; m; o; l; t; v; l; y; v; y; b; n; l; xñ; a; j; c; t; a; e; o; n; l; t; v; ð; h; e; m; u; s; a; e; y; g; n; l;**

(fasciotomy), the pressure will immediately reduce and blood flow improves.

*Note that the skin is not damaged – the skin is elastic – stretches easily – and can take the shock from the blast wave without any tear. That is why we call it a hidden wound. When you look at the limb above the amputation, it seems uninjured. But if you inspect under the skin, you will find a major swollen wound that blocks the blood supply to the amputation wound below.*

### **Bleeding Control**

The bleeding of the severe limb injury has to be stopped before surgery begins. Limb bleeding can be stopped by firmly packing the wound cavity with gauze or cloth, and press directly with the hand. To control bleeding from abdominal and chest injuries, the first helper should get help from the medic as quickly as possible. ***Never use a tourniquet to stop bleeding limb.***

### **Why not to use tourniquets**

Standard books on emergency medicine recommend tourniquets to stop bleeding from limb injuries. **But in practise it is not acceptable.** Tourniquets do not work, they do not stop the bleeding. Tourniquets are dangerous limb killers. There are better ways to stop the bleeding with less side effects.

### **The main concern with limb injuries is a dying victim with a dying limb.**

**The victim** is dying from lack of oxygen due to blood loss. It is needed to stop the bleeding to save his life.

**The limb** is dying from lack of oxygen too. The swelling inside the wound traps muscles and collapses blood vessels. To save the limb, stop bleeding and ensure as much blood supply into the limb as possible.

*Let's compare the two techniques to stop bleeding*

**1. Tourniquet:** A rope, leather belt or strip of cloth is tied around the limb and tightened as much as possible.

**The aim of the tourniquet is to stop blood flow to the injured limb.** As a result the limb will not bleed, but it is shut off from the oxygen supply system. The limb will die.

**2. Packing and warming:** Lift the limb. Press your hand on the main artery to the limb. Pack gauze or cloth into the wound. Bind the entire limb with a tight dressing. Keep the patient warm. **The aim of packing and warming is to reduce the blood flow in the injured limb.** Pressure on the artery and pressure from the tight dressing make the blood run slower so that clots can form at the bleeding points.

#### **Stop the bleeding!**

All limb bleeding can be stopped if you lift, press, pack, and put on compressive dressing.

Always keep victims warm.

Tourniquets kill limbs, increase bleeding, and only work when the body has lost a lot of blood, which is too late.

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Tourniquet cñ&x m; onf t=um; r&fif &w6fc0qD Saof x lhaejci? Bone marrow bleeding despite tourniquet.



Tourniquet (2) cñ&x m; Eñix m; aomlvnf aofrsr; t em '%&mr; Squil wpupul&sqif&eyll Despite two tourniquets, dark blood continues to drip from the wound.

## Remember the following when using a tourniquet

### 1) Bone marrow bleeding

The tourniquet cannot shut off the bloodstream inside the bone marrow. If it takes hours to reach a clinic or hospital, a lot of blood will be lost. *On the contrary, if you pack gauze into compound fractures and bone amputations, and keep the patient warm, bleeding from the bone marrow will stop.*

### 2) The arteries are hidden

The three main arteries below the knee are hidden between the bones (the tibia and fibula). Even the tightest tourniquet cannot block them. Below the elbow, the three main arteries are also hidden between the bones (the radius and ulna). So the tourniquet cannot work here either. *That is why in all injuries to the leg, and even injuries to the foot, the tourniquet must be placed at the thigh. In injuries to the arm, it must be placed above the elbow.*

### 3) Trapping of muscles

Trapped muscles in the amputation stump is a common reason for wound infections, and for having to cut off too much of a limb. Entrapment is common in the muscles of the lower legs and forearms. Tourniquets, by blocking the venous drainage from the hidden wound, promote swelling and speed up trapping of muscles.

### 4) Tourniquet injure blood vessels

If the victim has a tight tourniquet for more than two hours, a disaster happens in the limb after it is removed. Small arteries and veins become blocked due to a bodily response called re-perfusion damage. The longer the victim had the tourniquet on, the more the blood vessels become damaged when the tourniquet is removed.

**Some doctors say that tourniquets are OK if you release them every hour. That's not true! Besides, the truth is, nobody does it. We should remember - Stop the Bleeding, Ban the Tourniquet!**

*This portion is summarized by Marisa Dempsey, TCFB.*



*Tourniquets block the oxygen supply, and cause wound infection.*



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Mine wounds are dirty and contains millions of bac-  
teria from the time of injury.

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y v y p w p h & A l r s m ; u l l a p m i f r s m ; a t m u b u i v f x m ; y g  
v e m E s h r e p r a o ; w l f r l z h y ; j c i f o n f v e m u l h E f a x G  
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t l l a h y ; & e b i f u m ; x m ; c l y d o j z p y g u / a q ; r f ; a & m u & d





(1) Apply pressure dressings firmly, accurately, in a criss-cross pattern. (2) Large cavities can lie behind small fragment wounds. Pack them carefully while a helper presses against the main artery.

**Warming**

**Keep patients warm!** People become cold after injuries, even in a hot climate. Blood is warm – losing blood means losing body heat. The skin protects us from becoming cold – large wounds mean loss of temperature. Care should be taken to prevent loss of temperature. It is difficult to warm an injured body after it has already become cold.

**Three ways to warm the victim**

**1. Prevent loss of body temperature:** Protect the patient from wind, snow and rain. A small hut can protect the victim from bad weather. Cover him with dry clothes and

plastic. A good amount of body heat may be lost through the head and neck, so put a warm hat and scarf on the victim also.

**2. Warming from outside: Buddy warming.** One or two helpers wearing few clothes lie close to the victim under a blanket to transfer their heat. Place plastic bottles with hot water under the blankets. It is better to make a fire near the victim.

**3. Warming from inside:** If village first helper has been trained or a medic has arrived, use warm IV infusions. Boil water and put the IV infusion bags into the hot water (five minutes for a one-liter infusion) before connecting them to the IV set.

Children become cold faster and lose more heat than adults. It is better to let them breathe in warm air; because, breathing cold air cools down the legs and large blood vessels in the chest. Victims carried on bikes and in open cars are exposed to strong winds. Victims, who are transported by boat, need to be kept dry.

**Warming through gut:** Warm enemas are very efficient warmers. Explore the rectum with your finger. If there is no blood on the glove, you can use enemas. Introduce 1 liter of warm water (warmer than your skin) empty after 5 minutes and repeat. Warming is an essential part of basic life support – even in the tropics.





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2 - Z e f w l u p m ( 2 - 3 ) e m & l j c m ; w c g v l u h a u ; a y ; y g e m u s i j c i f o n i f a o f c k E e f u l l r e a p o n ?

## Cleaning mine injuries

Cleaning is the most important thing in preventing infection and helping wounds heal.

Mine wounds are dirty and contain millions of bacteria. Debridement is an important step in cleaning a wound. But stop the bleeding first to save the life of the victim.

**Debridement:** removing dirt and dead body tissue. The surgical technique of cutting away damaged and dead tissue and mechanically removing dirt particles from a wound.

### Steps for cleaning a wound

1. Explain to the victim what you are going to do. Inform him before you start treatment that it will be painful, so that it prepares him for the pain and prevents suffering and mental trauma. The medic may apply ketamine or sosegon or local anaesthesia.

2. Wash your hands with soap and clean warm water carefully at least three times.

3. After waiting for the pain medication to take effect, begin to clean the mine injury by pressing down on the femoral artery and raising the leg. This will slow the bleeding.

4. Untie the pressure dressing, gauze and piece of cloth (if any have been put in the wound cavity) and remove them slowly. *If the blood in the wound cavity gushes out, put back the gauze and pieces of cloth firmly at once. Do not proceed with cleaning this part of the wound at this time.* However, you can proceed with cleaning other wound cavities that are not bleeding so much. Write down the information and when the victim is transferred to the medic, you must give this report to him.

5. As per universal protection rules, if there are gloves, wear them. *Keep in mind that in Burma, HIV/AIDS has spread everywhere.*

6. Clean the area surrounding the injury with soap, cold or warm water.

7. Clean the wound itself with soap, cold or warm clean water. Use a lot of water to clean the wound. For dirty blood clots and fragments use a big syringe or suction balloon to clean them with a lot of water while removing the dead tissues. Wrap your hand with a clean piece of cloth or bandage and wash the wound. Be careful not to damage the tissues again.

8. Cleaning with water has to be done many times. It is not suitable to use iodine or dettol for cleaning, as they will kill more tissues, and it is also extremely painful for the victim.

### Pain Management

The immediate pain after the injury helps the body systems get ready to act. (e.g. clotting the blood, breathing faster to get more oxygen.) But, continuous pain is dangerous. Try to transport the victim to the medic as soon as possible. Give him IV ketamine. If the first helper has learned how to give IV and there is medicine available, give him IV Sosegon (30-60) mg every 3-4 hours. If there is no Sosegon, give paracetamol, 4-8 tablets, every 4 hours. (If the victim's stomach has no injury, ask him to chew the tablets before swallowing). If there is no medicine, give the victim 10 cc or 2 spoonfuls of village alcohol or whiskey every 2-3 hours. Pain will accelerate the pulse.



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9. Put your finger in the wound cavity gently and check the wound while you are cleaning it. Remove any mine fragments and bone fragments, if possible.

10. If the wound starts bleeding during cleaning, you have to press the femoral artery harder. After that, pack the wound with clean gauze or pieces of cloth firmly and start the pressure dressing from toes to groin, or fingers to armpit.

### **Maintenance of nutrition**

Immediately after the mine injury, if the victim is conscious and there is no abdominal injury, feed him slowly with warm and nutritious soup. Inadequate nutrition and starvation weaken physical strength and the

immune system. **Malnutrition delays wound healing.**

**Nutrition and oral volume therapy:** All victims need food within 12 hours after the injury. Victims weak from blood loss and those who are not fully conscious cannot swallow safely. They must be fed through a stomach tube. A more experienced medic will know how to do this.

*Never feed victims with wounds on the lower chest or the abdomen. There is a risk of breathing difficulties and vomiting.*

The victim can be fed during transport to the hospital

By mouth: the victim takes in food and drink with high-energy contents. This is the simplest way.

By stomach tube: homemade feeding solution is passed down the tube.



*vemrs; t w&lt; t pm; taomufyitqib; jci!?* Preparing food for victims

### **South-East Asian recipes for providing nutrition**

1. 125 gm wheat flour, 100 gm beans, 200 gm spinach leaves, 125 gm carrots, 25 gm oil, 250 gm bananas, 250 ml. milk, water to make 1 liter. Content: 1,700 kcal.

2. 280 gm rice, 120 gm fish, 80 gm onion, 20 gm oil, 20 gm clear fish soup, 20 gm malt, water to make 1 liter. Content: 1,400 kcal.

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### Glossary

**Fascia:** A strong non-elastic sheath covering muscles. Often groups of muscles are contained in separate fascia rooms.

**Fasciotomy:** To split open the muscle fascia so that a swollen muscle can expand.

**Warm the victim's spirit too. Warming the victim's spirit reduces pain indirectly.**

If the victim is helpless and alone, he may suffer from physical as well as mental pain. With mental depression people suffer more pain. Chronic pain and psychological problems are common in survivors of mine accidents. *Therefore, never leave the victim alone.*

The human voice will warm the mine victim's heart, reduce despair, make him calm and give him hope. If a good friend can give him encouragement, his morale will rise and help him deal with the injury.

The human touch has a great power. Holding the mine victim's hand will reduce his fear, as well as provide a feeling of warmth. Massaging the victim's limbs and hugging him from behind will help ease his mental trauma.

Comforting the victim will help decrease the victim's pain. In case of victims with severe injuries, comfortable dressing and gentle movements can prevent pain during transportation. Avoid careless and rough handling.

And lastly, give hope to the victim. It is better not to lie to him. For example, if the mine victim asks a question such as "Am I going to lose my leg?" in a gentle voice and with a gentle touch, explain to him, "You will not lose your leg above the knee like other people. We are trying to save your leg length." Although it is difficult stay calm and provide such encouragement, the people around must be strong for the victim's sake and try to find the right words that will make his heart at ease.



*Never leave a victim like this.*



*Always cover the victim and keep company.*

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# Eight Reasons to Ban Landmines

Christophe Tiers, HI



*An excerpt from Acting against landmines, Handicap International, March 2001.*

## **1. A serious violation of International Humanitarian Law**

Due to their specific characteristics and the methods employed, the use of landmines constitutes a serious violation of International Humanitarian Law (Geneva Convention and additional protocols). These laws apply to all governments, independent of conventional obligations, and force conflicting parties to differentiate between civilians and combatants (soldiers), and not attack civilians or use weapons in an indiscriminate manner. Therefore, those countries that indirectly (through production or transfer) or directly (through use) contribute to the proliferation of antipersonnel landmines, participate in the violation of International Humanitarian Law.

## **2. A weapon that strikes without discrimination**

Antipersonnel mines are designed to be triggered by the presence, the nearness of, or by involuntary contact with a person. The landmine is, therefore, the only weapon to be triggered by its victim. It can kill or mutilate without distinction or reason. By definition, the landmine is an indiscriminate weapon striking both combatants and civilians, adults and children. The survey

of accidents caused by landmines over the last decade proves that civilian populations are the first victims of landmines.

## **3. An uncontrollable weapon**

What distinguishes antipersonnel mines from every other sort of weapon is that once they are placed they are completely out of control and can remain armed for many years. As for the programmable mines equipped with a disarming or automatic destruction system, there are not reliable and they do not guarantee total safety for the populations once the conflict is over. Antipersonnel landmines are a danger and a threat to the safety and well-being of civilian populations, both in war and in peacetime.

## **4. Effects out of all proportion**

While fragmentation mines are designed to kill, blast mines are designed to mutilate. The aims are to cause serious injuries, to demoralise the enemy through the psychological impact on the population, etc. The mines inflict serious injuries, which lead to deadly traumatic consequences in fifty percent of the cases. Children have less chance of survival, as they are more fragile. The psychological and social consequences are just as serious as the



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ajrjryl f rsm; &Ejcionf ell&lv&qll&mESh Ell&lv&umpdy&: a&; ES h vrye&vn&bxmi&h&; jyef vn&vn&naqmu&h&; ES f ppy&umv t ajc t aew&yf

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v&ehomq , p&E&E&h&usft w6f ell&lygj 50ausm&u xlv&ly&lonf rllf t r&ft pm; rsm; 360 ausm&E&m t rsm; t jym; wlv&u&xl&lv&lyc if ES h x&f&cy&r&ell&hom t o&lyk&w&bnft a0; x&f&rlf csx m; jci f p e p f s m ; E S h y g a & m a x f a e - y l / r l l f & b n h a ' o ( r l l f c i f ) u l l v l l f w m & e f E S h v l v l u s u t r s v f t o m ; j y k v l y & e f r j z p e l l a t m i f j y k v l y v s u & b n ? r l l f & S f v i f a & ; o r m ; w l b v l y l e f r s m ; w 6 f t v e f t r i f t E f & m , & E y / t o p a y : x l v m a o m r l l f r l q u f t o p f s m ; r n y l l b t a r e t q i r i l v m o n ? O y r m t m ; j z i h y v y p w p j z i j y k v l y x m ; a o m a j r j r y l r l l f r s m ; w 6 f t q i l r b w W l & n p u j i f & n a z a w e l l f a v m u b n l o w W l y r m % r y g a y ? o & [ l v r l l f r s m ; r n ' r ' , j c i f r j y l e l l o n l u & d m r s m ; j z i h y l s x m ; - u o n ? r l l f & S f v i f a & ; v l y l e f & y f s m ; u l l c k e l l B e f & n & G h y D ' l z l l f x l y x m ; & m f i f w l t m ; c s x m ; & m a ' o w l v & f r ' , l a & G : a j m i f v s i o b [ l v l o w W l & n a z p u l v c j i z , & n ; v s i f a y q u l u b \_ w & y f z p a t m i f c v l y l w y t q i f x m ; o n t p e p l v c l y g & o n ?

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ajrjryl f rsm; &Ejcionf ppy&Dqly&umv rsm; w6fclv&brsm; ES h e , jcm; a&mu&E&eonft rsm; jynb&lv&lye&vn&ly&h&qmijci f ES h jye&vn&bxm; &E jci f jyl&mw6f ' -i&f&crfa&; t p&lt pO&ul l t aumi f t x n a z m & m w 6 f t [ e f t w m ; w & y f t j z p f t u & O i l v s u & e o n ?



physical damage. Mutilation leads to a restriction in physical capacity, which prevents the person from fulfilling his role in society, and very often, the mutilated person no longer has any self-worth as a human being. The family and the community, themselves traumatised by the circumstances, might stigmatise and reject the disabled person who becomes a social outcast. The feeling of rejection, or of being abandoned, of being a social outcast, can lead to degrading depression, alcoholism, violence, or suicide.

### **5. An excessive drain on health services**

Extremely serious injuries caused by landmines overload health services, which are too often already under considerable strain during periods of conflict or reconstruction. In the poorer countries, resources allocated for the care and rehabilitation of the landmine victims is a drain on those more usefully employed in the prevention and the campaign against major illnesses (tuberculosis, poliomyelitis, malaria, AIDS). Indirectly, the presence of landmines interrupts any improvement in sanitary conditions, insofar as it restricts the access of populations to health services, drinking water and cultivable land.

### **6. Holding back development**

The presence of landmines holds back, delays, or paralyse national and international economic and social rehabilitation, reconstruction, and development work in societies and regions recovering from a war situation. The presence of landmines

contributes to poverty and works against reconstruction and development in almost ninety countries. In heavily mined areas, not only does the population suffer greatly, but the threat of landmines prohibits access to, use of, and cultivation of agricultural land, communication and irrigation systems and natural resources. To the economic poverty are added the isolation and the divisional fragmentation which encourage the development of lawless regions.

### **7. Increasingly complex mine clearance**

The different kinds of landmines (over 360 models produced by 50 States over the last two decades), their multiplication and their uncontrolled use, coupled with remote mine laying methods, make it impossible to survey and precisely mark out the mined areas. The task of mine clearers is extremely dangerous, even more so as the new generation of mines become increasingly sophisticated. For example, there are now landmines made of plastics, which do not contain enough metal to be found with standard metal detectors, or mines that are fitted with anti-lifting devices. Designed to resist mine clearance activity, they contain a system, which triggers an explosion if they are moved or swept by a metal detector.

### **8. An obstacle to peace**

The presence of landmines constitutes an obstacle to the implementation of peace plans and to the repatriation and reinsertion of refugee and displaced populations in post-war periods.



# Real life stories

Christophe Tiers, Handicap International



## *Three real life experiences of landmine victims!*

### Story 1

Saw Htoo Doh is 39 years old. He is married with 6 children. He earned his living as a farmer to support his family. The rainy season is the time of the year when vegetables and bamboo shoots grow well. In June 1994, it was the rainy season, Saw Htoo Doh took his knife and a basket and went into the jungle nearby the village to look for vegetables. Like other villagers, he used to go to that place very often and nothing bad had happened before.

That day, while looking for bamboo shoots, Saw Htoo Doh stepped on a strange object and instinctively he tried to lift his foot from it. But as he did so, the object exploded and the force of the explosion knocked him down on the ground. He was very frightened and did not know what to do next. He did not even realize that his leg was injured. At that moment everything seemed silent. He struggled so hard to stand up but failed. He felt too tired and he had no strength to move forward. He made a great effort to call for help, but his voice was too low to be heard. As a result, he lay there waiting for someone to come and help him.

Help came three hours later. Some of the villagers came and took Saw Htoo Doh back to the village. Actually, they knew that he was in danger because they heard the explosion and later found out that he was the only one who went to the jungle that day. After that they gathered together and came to look for him. They had no medicine, so they decided to take Saw Htoo Doh to Tha Toe Hospital to cure his injuries. *"In my whole life, the thing that I have never thought of or never imagined before was to lose one of my body parts. Lastly, the*



*doctor cut my leg off due to its irreparable condition."*

Saw Htoo Doh felt very discouraged and concerned about his family. Many problems arose as a result of his accident, e.g. hardship in finding food and no income. At that time, his children were very young and unable to take care of themselves. His wife had to take over the responsibilities for the whole family. His children had no chance to attend school and had to work to earn a living instead. Saw Htoo Doh always worried about the future of his family.

*"Because of landmines, I am being forced to face all difficulties and have become a big burden to my family. Now, I am living in Mae La Camp and undergoing medical treatment as I have been suffering from tuberculosis besides having to cope with my feeling of losing one leg and becoming disabled. These are the difficulties and plight I must learn to accept and be able to cope with."*

### Story 2

Naw Eh Say was born in 1946 at P'dae Kaw Village, Ker Lwe Htoo District. She used



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aenft u&aq;t m; 1946 c&E&f w&f u m v G f x i r t e , f y ' h u m a u s & d n w f a r z t r ; c y g o n ? w i l y f s r ; a u m i h & d r f b r x c u t o r t c a f x d v , b r m ; t v l y u l v l y u l l f c l o n ?

o r 1964 c&E&f w&f t d a x m i l u s y d u a v ; 3 a , m u f & d n ? t j u d q u a v ; r n 15 E p f ' l v d w a , m u f n 12 E p j z p y d t i , b q u a v ; r n v t e n f i , b m & d u a o ; c a f 1979 c&E&f w&f T ' % & m t j z p f t y s u f j z p y t r ; c y g o n ? w a e o r E S h u a v ; t j u d 2 O d t d f w G & d a e c l u / p p b m ; w O d o n f a y g u l u b v w a o m t & m w c k ( r i l f A ) w c l u l l , h q m i f m c l o n ? o l t r n r n a p m y d o j z p f / o l a w f x i b n f n T r i l f r s r ; ( , l t u p f t ) o n f p e t p f x m j c i f c l u y d E p a y g j r s r ; p b r n b n t E W & m , f r s j y k a o m a u m i h a e m u x y a y g u l u j ; i f r j z p E l l a w m i l l j z p b n ? x l e u m i h T r i l f u l t z o f u n d e f ) u l p m ; o n f x l t c a f w f t d e d e m ; c i f r e f u a v ; o l a , m u l v n f v m a m u u n l e a o n ? o x l t & m O w f K t m ; r n l u b d j y k v l y v l u b n f u l a e n f t u a q ; r a j y m w w l y g o l o m f & l v l v & u y i f a y g u l u b j z p y t r ; c y d v l t m ; v l x d l u l ' % & m & c y g o n ? x l p p b m ; E S h e n f t u a q ; . ' l v d o m ; w l e o n f a e m w G l y i f y s i f y d t o u b q l e t l o n ? o r . o m ; a o q l t r a u m i h e n f t u a q ; r n t v e f y i x u v i e e a j c m u j c m ; c l o n ? a e n f t u a q ; t y g t O i f ' % & m & o l t m ; v l u l e d p y & m a q ; & l t S o e m j y l f s r ; u v m a m u j y l p k a y ; y d a q ; & l b l y l h q m i f a y ; c h u o n ? a q ; & M ' % & m o u b m o n f t x d a e c l u & o n ?

1980 c&E&f w&f w l u y f s r ; y l l y i f x e l v m c l o n ? y l l w i f r m v m a o m t a j c t a e r s r ; a u m i h a e n f t u a q ; r d o m ; p k n o l w l e & d n Y q u l v u r a e & u a w m o j z i f t l a v ; v l o l o a j y m i f a & s t c l u y d o E p u m a e x l l u o n ? 1984 c&E&f w&f e , p y l u l j z w l l x l l f E l l i l u j c r f o l e

O i h & m u f c l u y d / a b m a e n f c l u h & ; p c e f Y 1990 c&E&f t x d e x l l f u o n ? w E p f t u m c e f a v f a r m l u p c e f o l e a j y m i f a & s t u o n ? 1999 c&E&f w&f a r m l u p c e f o n f a e & m o p j z p a o m t k f z b l e a & s t o f r ; c l o j z i h o r w l e r b m ; p l y g q u l v u h & s t a j y m i f c l u y g o n ?

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1999 c&E&f ' Z i b m v w f c l u h & ; p c e f r S v l t l y p k w c l o n f u & i E p o p l u y t m ; q i E k e f t w e l i r p l u r f w a v # u b l e q i f v m c l u o n ? y l u s i f a e & m j r p l v z u l u r f o l u l e f a v s v p i f a p m i l q l l f a e o n ? o l w l e a v s a y ; o l r w u f l w G f a O ; v l o m a e & m o l r o f r ; & e S h a j r j r l y f r i l f t E W & m , f r s r ; & a u m i f u l u b u b q l l e m t & m & d w O d r S o w d y ; c l o n ?

t j y e l v r f w f a v s t m ; a c w W & y l l e m ; a e u p o f a y g u l u b l v c k t m ; o l w l e m ; v l u & o n ? t o l t n u s , h a v m i l v d o m a u m i h r l l f a y g u l u b j z p r n f l k o l w l e u t s i f o l u l u f u o n ? r e p t e n f i , f t u m w f a u m i h a v ; w O d . a t m l p f t u l t n l a w m i f o l u l u e m ; & o n ? o u b q l l e m r s r ; x l e & m o l l o f r ; a & m u l y d u a v ; i , f t m ; o l w l e m ; a e a o m t E W & m , l u i f & m a e & m o l l o , h a q m i f m u o n ? u a v ; i , h & m u l v m a o m t c g o l w l e k r s w a , m u l u a r ; v l u l . ? " b m j z p l v l e t l d e & m u l l o f r ; & v m v l t m % m y l l a v G o w d a y ; w m r o b l v m ; ? " a u m i h a v ; u o l l e t a v m u a v ; \* G u l l i j v l u & i f " a w m i l u f s r ; y p f v l e a w m e u b q l u l o f r ; w m y g v l e a j y m v l u b n ? o u b q l l e m t m % m y l l f r s r ; r S u a v ; i , f t m ; r l v p c e f & d t l l y d D 1 o l e a c : a q m i b t r ; u o n ? x l u a v ; i , l u h u m i f o n r n r n l l f r s r ; o n f o p l y i f r s r ; u l x d f e y d t & d a v s r h o f r ; c a f w f r S o l e t m ; x d f s j c i f j z p b n ? x l e u m i h n m z u f a j c o v l u v G b m ' % & m t e n f i , f & d n ?

o l t l l y d D 1 a q ; & l b l e m u l e o m t c g o l r b r s r ; a j y ; v l r ; a & m u l e & m u o n ? r d i j z p b l u " o m ; a v ; b m j z p b t r ; a o ; v l ' l a r ; o n ? r n b r s y e l v n r a j z q l l o ; c i f a u m i h a v ; i , f S " t a r / u s a e m u l t e h v l v y g t c t e l u p y d t a r p u m ; u l e m ; a x m i h y d t a r v l y f a p c i l v m u l l v l y g a v m l r , ?

r d i j z p b r s ' o m ; & , f r r ; w m u l e i f a e m u a u m i f j y e l v n l y d b o t o p l u l e r f a y g ' q l l i f a r h l e t o m ; v l r m a v ; a y l u l e a j y m e i f o m ; j z p b t m ; j i i o m p h e r f & y l v l u b n ?



to be a farmer before leaving her village because of the fighting there.

Naw Eh Say was married in 1964 and had 3 children. Her eldest child was 15 years old, the second one was 12 and the youngest was only a few months old when the accident occurred in 1979. One day, when she was home with her two older children, a soldier came to her house and brought a UXO (mine) with him. His name was Saw Pa Ba. He thought that the UXO was no longer active because it had been thrown away and left lying around for many years already. So, he tried to break it. At that time, three more girls from the neighbourhood came to have a look at that UXO as well. Naw Eh Say could not say what he did with that UXO. But suddenly, it exploded and everybody there was injured. Naw Eh Say's second son and the soldier were killed right away. She was extremely shocked by the death of her son. Nurses from a nearby hospital came and treated the wounds of those injured, including Naw Eh Say. Later on they took all of them to the hospital. They stayed there until their wounds got better.

In 1980, the fighting was getting worse and worse. As a result of the tense situation, Naw Eh Say and her family did not dare to stay in their village anymore. So they moved to Ae Lay Lu village and stayed there for 3 years. In 1984, they walked across the border to the Thailand side. They stayed at Baw Naw Refugee Camp until 1990. One year later, they

moved to Maw Ker Camp. In 1999, Maw ker Camp was moved to a new place called Umpiem Mai Camp, so they all had to move there too.

### Story 3

In December 1999, a group of refugees went down to the riverside to join the celebration for the Karen New Year. A boat was waiting to take them to the other bank of the river where the celebration was taking place. Before they got on the boat, an officer from the authorities warned them of the dangers of landmines and advised them not to go too far.

On the way back, they stopped to rest for a very short time, and at that moment they heard a blasting sound. It was so loud that they knew instantly that it was a mine explosion. Just a few minutes later they heard a boy shouting, "Please help me." The authorities there went to that place to take the boy back to a safe area where the group was resting. After the boy joined the group, one of them asked him, "Why did you have to go to that area? Didn't you hear the authorities warning us not to go there?" The boy showed his catapult (sling) and said, "I wanted to shoot some birds that's why I went deeper into that area."

The authorities took the boy to the IPD-1, which was located in Mae La Camp. He was very lucky because the mine fragments hit the trees first which reduced the blasting speed before striking him. He got slightly hurt in his right calf.

When he arrived at IPD-1 Hospital, his parents rushed to see him. His mother asked, "What happened to my son?" Before anybody could reply, her son said, "Mother, I am so sorry. From now on I will obey you for whatever you want me to do." His mother kissed him tenderly on his cheek and said, "If you know that you walk in the wrong way, turn back and start your new life and be a good son of your mother."



*ရိပ်ဖွဲ့မိန့်အိမ်ထဲမှာ? (ဂျိတ် တေအေဖျော်ဝိသိ)*  
A boy injured by landmine. (Photo: Anne Van Der Stegen)

# ရိပ်အသက်ဆုံးရှုံးမှုမှတစ်ဆင့် သေဆုံးခြင်းကို ရှောင်ကြဉ်ရန်အတွက် အခြေခံအဆင့်များကို လိုက်နာခြင်း။

## Basic steps to follow just after a landmine accident.



(1) (1)

တစ်ခါတစ်ရံမှာ ခေါ်ဆိုပါ။ Call for help.

အန္တရာယ်ကင်းသော နေရာသို့ ရောက်ရှိပြီးမှ အသက်စစ်ဆေးခြင်းကို ပြုပါ။  
Take the victim to a safer place before doing the examination.



(2) (2)



(3) (3)

ခေါင်းကို ဖောက်ပြန်ပြီး ခေါင်းကို အောက်သို့ ဝှက်ပြီး စစ်ဆေးပါ။  
Head tilt, chin lift! Check if he's breathing.

ခေါင်းထဲမှ သွေး၊ ဝှက်နှင့် ချွတ်ကို ရှင်းလင်းပါ။  
Clear out blood, vomit and spit from the mouth.



(4) (4)



# Note:

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Distance  
Learning  
Health  
Magazine