When people step on antipersonnel landmines, their limbs are often ripped to shreds. Those who survive often require limb amputation and seldom have access to pain medication and blood for transfusions, let alone doctors and prosthetic limbs. As American physicians, we are dismayed that the United States, in the face of overwhelming international opposition, retains the right to use a weapon as vile and outdated as the antipersonnel landmine.

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Recently, a landmine-awareness session sponsored by the State Department -- celebrating U.S. contributions to demining and victim-assistance programs -- was held in Miami. These programs are important and should be sustained. But they are not enough. Our government must ban this indiscriminate weapon and encourage mine-using countries to do the same. Registering our deep concern in a letter, we recently joined 100 other U.S. health experts in calling on all presidential candidates, including President Bush, to support the 1997 Mine Ban Treaty. Landmines, responsible for killing or injuring between 15,000 to 20,000 victims annually, cannot tell the difference between child and soldier. They cannot be aimed, nor do they respect peace accords once the guns and bombs of war have fallen silent. They lie in wait to produce terror and destruction, primarily for noncombatants.

Rehabilitation is scarce

Our letter to the presidential candidates is signed by a former U.S. surgeon general, Nobel laureates in medicine, heads of hospitals, and deans of medical, public-health and nursing schools. It reminds the candidates that landmines do not only kill, amputate and blind; they also propel shrapnel, vegetation and debris into soft tissue and bone of victims, often producing severe infection. Inadequate hospital and surgical care further endanger landmine survivors. Rehabilitation, both physical and psychological, is scarce to nonexistent in most mined areas. In a letter to Bush soon after he took office, eight retired U.S. generals and admirals stated that antipersonnel landmines are "outmoded weapons that have, time and again, proved to be a liability to our own troops. We believe that the military, diplomatic and humanitarian advantages of speedy U.S. accession [to the Mine Ban Treaty] far outweigh the minimal military utility of these weapons." There is encouraging news: Since the early 1990s, when the Nobel Peace Prize-winning International Campaign to Ban Landmines began, casualties from the weapon have reduced considerably. Trade of antipersonnel landmines has slowed to a trickle. More than 52 million landmines have been destroyed from global stockpiles. The number of antipersonnel mine-producing countries has plummeted from 54 to 14. The Mine Ban Treaty has the support of 150 governments, and every NATO member (except the United States) has ratified it.

Use diplomatic influence

Yet, most of the presidential candidates have not actively called for a ban on these indiscriminate weapons. We cannot afford to ignore the loss of life, limb and human dignity wrought by these weapons that key nations refuse to eliminate from their arsenals. If the United States were to accede to this treaty and use its diplomatic influence with countries such as Russia, India and Pakistan -- which have laid hundreds of thousands of mines in recent years with devastating consequences for innocent victims -- significant and senseless carnage could be averted. Supporting a ban on antipersonnel landmines may not catapult any one presidential candidate to front-runner status. However, it is time for the president and the candidates to embrace this position simply because it is the right one. Dr. Newton C. McCollough III is past president of the American Academy of Orthopaedic Surgeons. Dr. Pedro José Greer Jr. is chief of gastroenterology at Mercy Hospital.

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