



World Federation of Public Health Associations

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Landmines

WFPHA Resolution No. 94-2
adopted by WFPHA General Assembly
at 28th Annual Meeting 2 May 1994

The World Federation of Public Health Associations,

Aware that landmines are an abhorrent and indiscriminate weapon; that they cannot be aimed; that they can be triggered by adults, children, or animals; that they recognize no ceasefire and may go on maiming and killing decades after hostilities cease; and that those most likely to encounter landmines are the rural poor who live far from adequate medical facilities;

Emphasizing that landmines are devastating at all levels of society -- individual, family, community, and nation -- and that countries must respond not only to the immediate medical and rehabilitative needs of landmine victims but also to the severe long-term effects of landmines on post-war economic reconstruction and social reintegration of refugees and internally displaced persons;

Further emphasizing that landmines commonly kill or inflict ravaging wounds usually resulting in traumatic or surgical amputation; that the mines drive dirt and bacteria deep into the tissue, causing rapid spread of infection; and that those who survive the initial blast require antibiotics, large amounts of blood, extended hospital stays, long-term physical therapy, and costly prosthetic devices;

Noting that specific examples include: 1) In Cambodia landmines have resulted in an amputee population of more than 30,000 and have been called the third greatest public health hazard in the country; in 1990 alone mines killed 12,000 Cambodians and caused 6,000 amputations. 2) One in every 236 Cambodians, 1 in every 470 Angolans, and 1 in every 1,000 Somalis is an amputee. Seventy-five percent of landmine victims in Somalia are children. Mozambique has about 1 amputee for every 1,800 people. 3) One-fifth of the 1 million deaths in the Afghan war were caused by landmines, wounding 400,000 Afghans. At the current rate of removal, it will take 40 years to clear Afghanistan of an estimated 10 million mines. 4) An area of approximately 1 million acres along the Zambia-Zimbabwe border has remained largely deserted because it was so heavily mined during the Zimbabwe war. 5) In Poland as late as 1977, 30-40 people were still being killed annually by mines laid during World War II, despite the fact that over 25 million mines had already been cleared. 6) Deaths and injuries from mines, as well as costly efforts to clear land mines, strain the limited resources of countries such as Nicaragua and El Salvador;

Recognizing that in many parts of the world facilities to adequately treat and rehabilitate victims of land mines are lacking;

Aware that over 100 million mines still lie in the ground in more than 60 nations around the world, that mines kill and maim over 150 people each week, that companies and government agencies in 48 countries are known to manufacture landmines, and that thousands of new landmines are being sown every day;

Mindful that the use of landmines is increasing despite the entry into force in 1983 of the Landmines Protocol, annexed to the United Nations Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate



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Effects; and that the Protocol, which was intended to reduce harm to civilians from mine warfare, has been described as a "complete failure;"

Recalling that the international community has adopted conventions banning the use of expanding or "dumdum" bullets (1899), poisonous gases (1925), biological weapons (1972), and most recently chemical weapons (1992);

Aware that an increasing number of national and international organizations, as well as some governments, are calling for a ban on the production, stockpiling, trade, and use of landmines, and are developing coordinated activities to this end;

1. ENDORSES the call for a ban on the production, stockpiling, trade, and use of landmines;
2. URGES all WHO Member States to actively engage in efforts to ban the production, stockpiling, trade, and use of landmines, with appropriate mechanisms for inspection and enforcement, as a priority international public health initiative;
3. APPEALS to all WHO Member States to consider fostering national capabilities in mine-clearing as a needed activity which can be a valuable form of technical assistance to a large number of developing countries (as with peace-keeping activities, this would be a particularly welcome and positive use of military forces and expertise);
4. ENCOURAGES all WHO Member States to support programs of assistance and training in the treatment and rehabilitation of landmine victims.