Seven Common Myths about Landmine Victim Assistance

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The 3rd DTIF Workshop

The latest Demining Technology Information Forum (DTIF) workshop focused on the use of ground penetrating radar (GPR) in humanitarian demining. Participants were able to share knowledge and formulate plans for the future of GPR in demining efforts.

by Stewart Myles, CCMAT

Background

The primary aim of DTIF is to provide the R&D community with an opportunity to exchange information and ideas on technology for mine action. This is accomplished through workshops and an online journal (www.maic.jmu.edu/dtif).

The 3rd DTIF workshop, GPR in Demining Technology, was held at the European Commission’s Joint Research Centre (JRC) in Ispra, Italy, on 23-24 September 2002. The organizing GPR in Demining Technology, the organizers were aware of the successful outcome of the International Pilot Project for Technology Cooperation (IPPTC) on metal detectors. They intended that this workshop serve as a first step in promoting international collaboration to accelerate deployment of mature GPR systems to the field. Through a series of presentations and facilitated discussions, the participants were asked to assess the state of development of GPR systems and to begin to formulate recommendations for future work.

Presentations were made on field trials of several GPR systems that are in an advanced development stage. These included GPR systems developed at ERA Technology (MINETECT) and Quinetics/Q and the LOTUS vehicule-mounted system. Papers were presented describing basic R&D on new antenna configurations, signal-processing software, and the effect of soil characteristics and surface roughness. The perspective of the technology user was provided by Vernon Jaynt and Kaj Hovberg who described their experience with vehicle-mounted GPR systems looking for AT mines on roads in Africa and the Balkans. All of the presentations are available on the DTIF website (www.maic.jmu.edu/dtif).

Conclusions and Recommendations for Future Work

There was a consensus that GPR development in several countries has progressed beyond the research phase and that there was a need to get the more advanced systems (GPR/metal detector combinations) into the minefield for evaluation in the demining community. In anticipation of an end-user trial, suitable test sites in mine-affected countries need to be identified. The characteristics of these test sites must be defined by developers and users, and the workshop participants made a good start on this task. It was felt that someone, such as members of the International Test and Evaluation Program (ITEP), should be asked to develop standard test protocols for an end-user trial. The workshop participants also recognized the importance of a test site, both as those provided by the JRC, where developmental GPR systems and improvements, such as new antennas and signal-processing software, can be investigated under controlled conditions. However, they were agreed that soil types and other conditions at these sites should be representative of conditions in a real minefield. They also stipulated that, if real mines (detonator replaced) cannot be used, adequate mine surrogates must be identified or developed. Characteristics of the test site must be documented with some form of quality control in place (updated ground truth).

The need to take soil properties into account when testing any GPR or metal detector system was universally agreed upon by participants at this workshop and has been a concern at many other gatherings of scientists interested in technologies for mine detection. Participants proposed that the existing data be gathered together and a serious effort be made to collect additional data. The ultimate goal is to prepare a global soil database (possibly in the form of a map), making use of existing soil maps and databases created for reasons other than mine action.

They recognized that this is a very ambitious undertaking and suggested collaboration under an international program such as ITEP.

The 3rd DTIF workshop can be considered a success because it gave many of those working on GPR systems a chance to exchange information and generate ideas for future work that will be passed on to an organization with a mandate to act on them. Contact information was provided to the participants so that this valuable interaction can continue. As always, the JRC was a generous host and excellent facilitator.

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by Dennis Barlow, Director, MAIC

Seven Common Myths about Landmine Victim Assistance

Myth #1—Landmine victims are integrated into the healthcare system of the host country and are cared for de facto.

Most countries suffering from the blight of landmine infestation do not possess a medically advanced system and are often challenged to maintain a basic national healthcare structure just to handle the major "normal" problems facing it. They have neither the wherewithal nor the knowledge to deal with the special cases that landmine explosions cause. Because of the angle and direction of the projectile, as well as the different kinds of projectiles used, landmines often cause wounds with which most doctors are not familiar. Typically, the Ministry of Health in these countries cannot afford the resources that it would take to focus on the different kinds of injuries and those caused by more common or routine accidents.

This is not to say, however, that clinics should be created just to look after landmine victims; such a requirement would be ludicrous in light of the great healthcare challenges facing landmine-threatened nations. Therefore, the challenge seems to be to find a way that current medical policies can accommodate all accident victims, including victims of landmines.

Myth #2—The success of the Landmine Ban Treaty will eventually alleviate the need for victim assistance.

Landmine survivors and victims, unlike discovered mine area, stockpiles or factions using landmines, do not diminish (in the short term) with time and adherence to the treaty. Landmine casualties—some 300,000 of them—will not disappear when the last of the landmines has been located and destroyed.

The effect of the Treaty has been most heartening; by various accounts, the manufacture, transference and use of landmine technology has diminished, and while stochastic destruction continues apace, however, landmine victims as a group are increasing cumulatively and will need care and attention regardless of the status of the level of threat after the accident that affected them.

Myth #3—Prostheses are a good today that victims are quickly back in the mainstream.

It is true that some modern prosthetic devices border on the miraculous. However, there are several problems with making them accessible and practical to landmine victims in developing countries:

1. They are expensive.
2. Prostheses wear out and have to be replaced in a few years.
3. The landmine victim in many cases is also a victim of an accident contributed to by alcohol or drug abuse.
4. Amputations frequently become infected due to lack of healthcare.

Barlow: Seven Common Myths about Landmine Victim Assistance

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