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The Impact of Landmines Yesterday and Today

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On April 20, 1945, at about 5 a.m., still dark, I and two of my companions from Troop A 16th Cavalry, were on a reconnaissance patrol on the outskirts of Dusseldorf, Germany. I was in the passenger seat of a jeep. I had a driver and one man in the rear manning a .50-caliber machine gun. His name was Clarence Brown, but because he was a huge fellow we affectionately called him "Bear." We had been together since our Cavalry-Squadron was formed in 1942 in Fort Oglethorpe, Georgia. On April 20 we were part of a very proud and successful 3rd Army and were deep in Germany. We all knew the war would be over soon and many were deep in Germany. We all knew the war would be over soon and we were not concerned about my back injury and the care not to make it worse by too much movement. I asked about the care of what we couldn't see or hear, anti-tank mines. To add to our problems they also spread anti-personnel mines in the fields on either side of the roads. In this way they hoped to slow down our vehicles and our infantry. Suddenly and simultaneously I heard a loud explosion and felt my body rising in the air. We hit a mine. Within seconds I was unconscious and remembered nothing until I awoke in a drainage ditch along the side of the road. By then the sun was coming up and it was deathly quiet. I could see the jeep badly damaged and on its side. I could feel blood on my face. I had a terrible headache and severe back pain. My nose was stuffed, making it hard to breathe. I didn't know where my driver or Bear were. I knew I was seriously hurt. I couldn't seem to move nor did I try. I was alive but like all young men despite being injured I felt I was indestructible. My next thought was survival. Who was going to reach me first, my people or a German patrol and if the German got to me first would I be shot? We all knew about Malmédy and the desperate circumstances the Germans were in. At that stage of the war, it was highly unlikely that the Germans would take prisoners, especially wounded ones. I took my pistol out and placed it on my stomach. Fortunately, a medical jeep appeared with a doctor and two medical aids. The young lieutenant carefully examined me. Since I couldn't move my legs very much he was concerned about my back injury and took care not to make it worse by too much movement. I asked about my companions. The lieutenant told me that they only had minor injuries and that they would be taken to a field hospital. The driver's injuries were minor but Bear was dead. The doctor chose not to tell me.

I was given several injections of what I believe was morphine, which quickly put me at ease and relieved my pain. I was then put on a stretcher and driven to a makeshift field hospital which was little more than a tent where doctors and medical aids administered first aid and assessed the injuries of the wounded men. After examining me they gave me some more injections and placed a large red tag around my neck. It was a designation for priority air evacuation. I fell asleep but was soon awakened by several medics who were placing me on a metal table that opened and parted in the middle. Apparently it was decided to put a temporary cast on my back. Their attempt to put on the cast caused such intense pain that they decided instead to simply encase my back in heavy bandages. I was then returned to my original place in the tent to await ambulance removal to an airfield. There were many casualties in that tent, some dying, some dead and others moaning in pain. A number of medical men were seen constantly coming around giving us injections of morphine that at least helped the men to cope with pain. The next thing I remember I awoke in an ambulance with three others. The ambulance was barely moving over a badly bombed out road. We were all heavily sedated so that no one made a sound. After what seemed to be an hour-long ride, the ambulance stopped in a field where we could hear the sound of airplane engines. We were quickly placed aboard a plane and told we were going to London. It was my first plane trip. We were no sooner airborne than it started to rain heavily, so much so that the pilot landed the plane in Paris. We were then placed in ambulances and taken to a hospital in what appeared to be a very upscale part of the city. It turned out that the hospital was formerly an exclusive girl's school. There I underwent a battery of X-rays and tests for my injuries. Final diagnosis was skull fracture, spine fracture, fractured both cheekbones and nose and multiple facial lacerations.

Since I hadn't washed in a week, two French nurses or aids thoroughly cleaned me, gave me a much needed shave and then placed me in a bed to await the application of a back cast. To my left was a soldier totally encased in bandages. He had been a field cook when a field stove he was using went up in flames. He died during the night. To my right was a young South Korean who was told by doctors that they could not save his leg and that they would have to amputate it the following day to save his life. He had been severely injured by an anti-personnel mine a week earlier. He cried all that night. The following morning they amputated his right leg just below the knee. For days afterward he complained of "pain in my foot." I think it is called phantom pain. After a few weeks I was transferred by train to another hospital in Cherbourg and then returned to the United States by hospital ship. I then went to Rhodes General Hospital in Utica, N.Y., for treatment and convalescence. I have given little thought to the events described for nearly 40 years, until this country's involvement in Vietnam. One of the chief components of that conflict was the indiscriminate and large-scale use of anti-personnel mines. In Viet­ nam mines were laid, or more correctly strewn about by the tens of thousands. Landmines caused many casualties among troops, civilians and friends yesterday and today, and continue to harm the innocent today.