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**Aiming for**



**Prevention**

## **Conference Report**

**Third Preparatory Meeting of the Arms Trade Treaty (ATT) New York City July 11-15, 2011**

Ten IPPNW activists brought an important health perspective to the recent Arms Trade Treaty 3rd PrepCom meetings at the United Nations headquarters in New York City. The ATT is being sought to control conventional arms transfers that may be used in crime, terrorism, human rights abuses, genocide, violations of international humanitarian law, etc. thus undermining peace, security and sustainable development worldwide. IPPNW attendees included Robert Mtonga MD, Zambia (IPPNW co-president), Hakeem Ayinde MD and Omolade Oladejo MD (Nigeria), Gurshant Singh MD (Australia), and from the United States Donald Mellman MD MPH, Cathey Falvo MD MPH, Shannon Gearhart MD, Kathryn Hawk MD, and Maria Valenti and Garrett FitzGerald from the IPPNW Central Office.

Our goals were to bring the message that the public health community has an important role to play in both implementing and monitoring a robust ATT, and to advocate for a humanitarian-based treaty. We joined with over 100 NGO colleagues from the Control Arms Coalition in calling for a global treaty. During the week-long meeting, the five Permanent Member States of the Security Council (United States, Russia, United Kingdom, France and China) who collectively account for 88% of the global arms trade, also made a joint statement committing their collective support to the process. This is the first such collective statement in the ATT process from the world's biggest arms exporters.

IPPNW members deployed throughout the UN all week to achieve our goals. IPPNW representatives conducted a well-attended side event (see below) "Implementing a Robust ATT: The Role of Health, Development, Women;" participated in NGO discussions and strategy sessions; conducted meetings with delegates including the US, Nigerian, French, and Indian delegations; served on the Zambian delegation (Dr. Mtonga); contributed health language to the NGO presentations; and presented our case via numerous individual interactions and personal meetings. In addition, Drs. Mtonga and Oladejo attended a two-day campaigners meeting to strategize on actions to be taken during the next year leading up to the 2012 ATT Review Conference, at which Dr. Mtonga presented on evidence-based research on armed violence.

IPPNW presented a panel of distinguished speakers at our side event “Implementing a Robust ATT: The Role of Health, Development, Women.” Sponsored by the Mission of Zambia to the UN, the panel was very well received by a standing room only crowd of over 75 attendees. The session was led off by Dr. Bob Mtonga, who explained the forum’s goal of providing practical suggestions on how to help support the implementation of a humanitarian-based ATT, with a special emphasis on how public health will both benefit from, and can contribute to, its success.

The first presenter, Eric Berman, Managing Director of the Small Arms Survey, described how observatories on armed violence, located in countries around the world, can play a role in helping to reduce armed violence. He underscored the importance of investing development dollars in these sentinel facilities. Berman was followed by Peter Herby, head of the Arms Unit, Legal Division, of the International Committee of the Red Cross (ICRC). Mr. Herby opened with the statement that firearms are the only product designed to damage health, and that health professionals have an important role in advocating for armed violence prevention as well as monitoring and reporting on it. He provided a preview of the ICRC study *Health Care in Danger*, which collected data on violent incidents involving health care at hospitals, health care facilities, medical transports, and involving health care personnel in 16 countries including Somalia, DR Congo, Iraq and Afghanistan. Mr. Herby was followed by Dr. Jasmin Nario-Galace, a professor of peace studies at Miriam College in the Philippines representing the IANSA Women’s Network, who outlined eight specific ways that women can actively participate in implementing a humanitarian ATT. These range from participating in the formulation of dispute settlement procedures, to acting as watchdogs to help make sure that the criteria laid out in this agreement are complied with, to participating in demobilization and reintegration of former soldiers. Finally, Donald Mellman MD, MPH, an IPPNW member and neurosurgeon from Florida, returned to the public health message to address how the medical community can work in public/public and public/private partnerships to prevent armed violence and create more peaceful communities, using methodologies and models that have been successful in preventing infectious disease and providing clean water and sanitation.

Dr. Bob Mtonga served on the official Zambian delegation. His work was reflected in the language of the statement by Nigeria for the African Group of nations, which underscored that the proposed treaty is first about the “promotion and sustenance of international peace and security.” US members also met twice with Ambassador Mahley and other members of the US delegation to discuss a wide range of issues including how data collected by health professionals on incidents of armed violence may help in monitoring effective implementation of an ATT, and offered IPPNW experts as a resource

to the delegation. Other IPPNW doctors met with members of the Nigerian, French, and Indian delegations to carry forth our health messages and to stress the importance of how an ATT may help prevent additional injuries and deaths from armed violence.