



MEDICAL COMMUNITY ROLE IN GLOBAL ARMS TRADE POLICY DISCUSSIONS

Maria Valenti, Director, *Aiming for Prevention* Program
International Physicians for the Prevention of Nuclear War

mvalenti@ippnw.org



1. BACKGROUND

Armed violence has been recognized as a health crisis and a threat to development, but the dimensions of the problem are either poorly understood or under appreciated.

For example, despite the comprehensive nature of the UN Programme of Action (UNPoA) on Small Arms and Light Weapons, implementation efforts around this have been rather narrowly focused on arms management issues.

The result has been a largely exclusive process, where the technical competencies of entire disciplines such as health, centrally important to the issue, have either not been leveraged or only supported by a minority of progressive donors.

Negotiations on the international Arms Trade Treaty (ATT) also generally ignore the huge health implications of the arms trade, although health is a critical aspect of such issues as safety, security, and sustainable social and economic development, all included in the “principles” of why we need an ATT.

Despite these obstacles, health organizations have provided some of the most compelling testimony and rationale for why we need international and national frameworks to prevent armed violence, as well as recommendations for prevention strategies using an evidence-based approach.

2. OBJECTIVE

To identify and describe key health contributions to the discussion and negotiation of international agreements to prevent armed violence.

3. METHODS

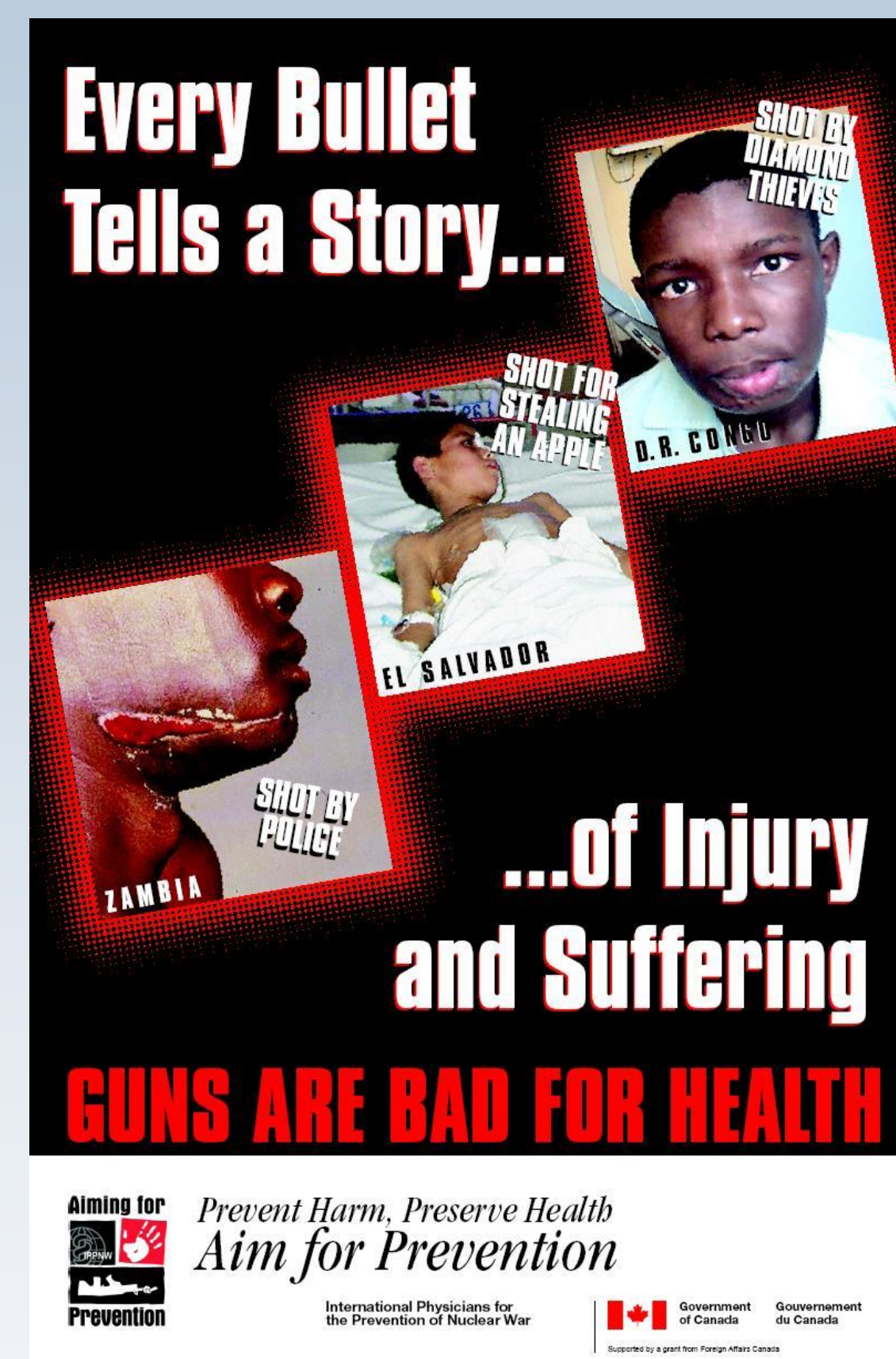
Review contributions of health organizations including International Physicians for the Prevention of Nuclear War (IPPNW), the World Health Organization (WHO), the International Committee of the Red Cross (ICRC), and the American Public Health Association (APHA), to research, education and policy discussions on how armed violence affects public health.



Indian Doctors for Peace and Development meet with policy makers and parliamentarians in India on the Arms Trade Treaty, while Zambian doctors meet with legislators in Lusaka, Zambia.



Hospital-based research is critical to informing effective armed violence interventions.



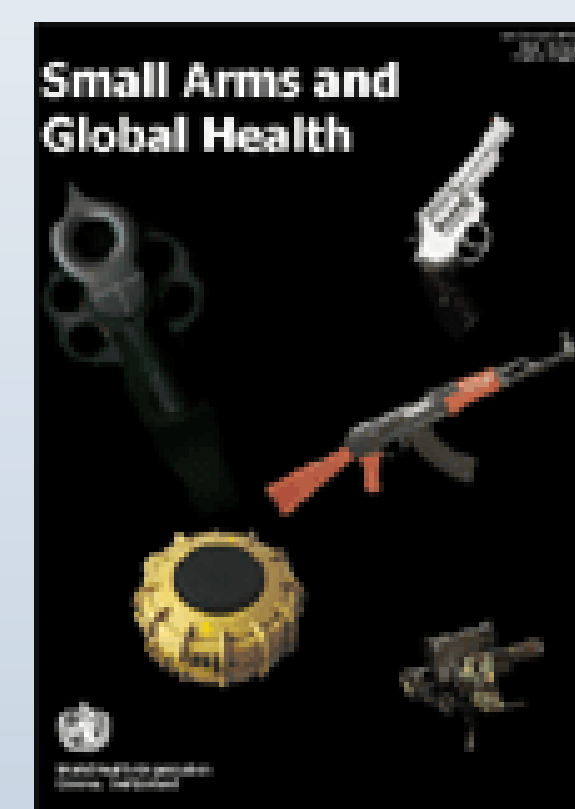
Case Studies/One Bullet Stories bring compelling health data to diplomats about the human consequences of armed violence.



Leadership by doctors such as Dr. Robert Mtonga from Zambia Healthworkers for Social Responsibility helped bring about the Cluster Munitions Convention.



Media outreach via the radio in Nigeria by medical students and young doctors of Nigerian Doctors for the Welfare of Mankind helped mobilize calls for a strong Arms Trade Treaty.



WHO report to the UN Conference on the Illicit Trade In Small Arms And Light Weapons in July 2001, *Small Arms and Global Health*. It detailed how the “scale of small arms death and injury, and their concomitant impact on societies, is huge.”

WHO World Report on Violence and Health Priority Recommendation #9:
“to seek practical, internationally agreed responses to the global drugs trade and the global arms trade.”

4. RESULTS

Medical and public health organizations play a vital role in strengthening arguments for global arms control by:

- Quantifying health, humanitarian costs of armed violence.

Examples:

- IPPNW has presented at the UN and other policy meetings on the health consequences of armed violence via “One Bullet Story” cases, as well as quantitative research from hospital-based surveillance.



- ICRC presents policy papers at UN meetings on disarmament about the humanitarian dimensions of arms use in conflict zones. Here they present at a ATT meeting on their report *Health care in danger: making the case*



- Calling for policy changes based on health considerations

Examples:

- WHO's 2002 *World Report on Violence and Health* made the following one of its nine priority recommendations: “to seek practical, internationally agreed responses to the global drugs trade and the global arms trade.”

- The American Public Health Association has passed many resolutions over the years supporting efforts to regulate or ban a range of weapon systems including nuclear, chemical, biological and conventional weapons.

- Showing policy makers that the worldwide medical community supports armed violence prevention measures including controls on trade and use of arms.

Example:

- IPPNW doctor from Nigeria presents Medical Alert for a Strong ATT health signatures from 58 countries to UN Secretary General Ban Ki-moon.



- Researching how to improve best practices for victim assistance, an important aspect of most treaties and agreements.

Example:

- IPPNW medical students from Austria train to participate in Zambia victim assistance research project at Lusaka hospital.



5. CONCLUSIONS

Public health and medical organizations play a crucial role in helping to inform policy makers about the health and humanitarian consequences of armed violence. Development agencies should invest in supporting the research, education and advocacy on armed violence by this important constituency.

IPPNW is a non-partisan federation of national medical organizations in 62 countries, representing thousands of health professionals united behind the goal of creating a more peaceful and secure world. Recipient of the 1985 Nobel Peace Prize, IPPNW is committed to promoting peace and preventing armed conflict from a public health perspective. IPPNW's *Aiming for Prevention (AfP)* program supports, encourages, and helps coordinate activities of affiliates around the world working on violence prevention, especially armed violence.



IPPNW is an active member of the WHO Violence prevention Alliance