

HEALTH PROFESSIONALS GUIDE TO THE ATT

Promoting Signature, Ratification,
and Implementation
of the Arms Trade Treaty



IPPNW

International Physicians
for the Prevention
of Nuclear War



UN PHOTO / DEVRA BERKOWITZ

BACKGROUND ON THE ATT

A historic international Arms Trade Treaty (ATT) was adopted by the United Nations on April 2, 2013. Its genesis was a 1997 meeting of Nobel Peace Prize laureates including IPPNW who called for an International Code of Conduct to address the “destructive effects of the unregulated arms trade.”

Public health institutions, including the World Health Organization and the International Committee of the Red Cross, and nongovernmental health groups such as IPPNW, have prioritized the ATT adoption as a public health imperative. The poorly regulated \$70 billion annual trade in conventional arms fuels conflict, with devastating effects on global health.

The ATT aims to “reduce human suffering,” and prohibits arms’ sales if there is knowledge they would be used in the commission of genocide, attacks against civilians, or war crimes. The health community has much to contribute to ensuring ratification and implementation of the ATT.

Fifty countries are required to ratify the ATT before the Treaty enters into force.²

WHAT IS THE ATT?

The Arms Trade Treaty (ATT), “establishes common international standards for the regulation of the international trade in conventional arms, ammunition and parts and components for the purpose of contributing to peace and security, reducing human suffering, and promoting cooperation and transparency.”¹

The ATT will make it significantly more difficult for human rights abusers, and those who violate international humanitarian and human rights laws, from being supplied with arms.

THE ATT AND YOUR ROLE AS A HEALTH PROFESSIONAL

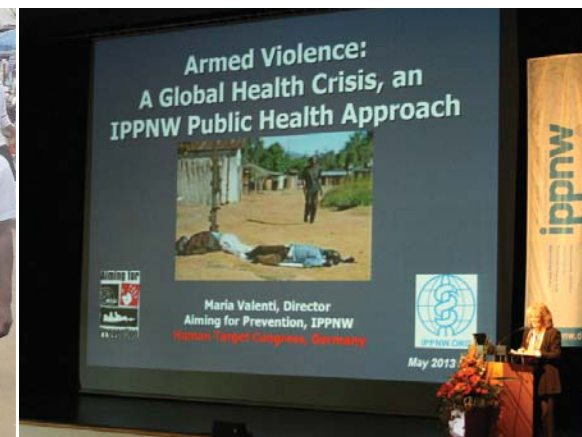
Health professionals have a unique role to play in promoting signature, ratification and implementation of the Arms Trade Treaty as a public health imperative.

The medical community can also help measure and monitor abuses, and are well positioned during daily medical work to help prevent armed violence, lessen demand for arms, and improve care and rehabilitation for victims of armed violence.

This guide highlights actions health professionals can take to make the ATT effective.



IPPNW NIGERIA



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WHY HEALTH PROFESSIONALS SHOULD WORK FOR AN ARMS TRADE TREATY

If rigorously implemented, a robust ATT will achieve the following health objectives:

- 1) Prevent the misuse of arms and thus reduce resultant deaths and injuries;
- 2) Reduce the diversion of resources from vital social services such as public health and social development that currently flows to arms management, security, defense and policing;
- 3) Emphasize primary prevention of armed violence, as well as secondary and tertiary prevention.

Health professionals can and should be involved in all steps of the ATT process, including encouraging your country to sign and then ratify the ATT, followed by strong national implementation.

“ Violence is... an important health problem – and one that is largely preventable.

Public health approaches have much to contribute to solving it. ”

2001: WHO *Small Arms and Global Health*, for the first UN Conference on Illicit Trade in Small Arms and Light Weapons

ACTION STEPS: EDUCATION AND ADVOCACY

Health professionals in every country can and should be educating their governments about the ATT, and advocating for them to sign and/or ratify the ATT as quickly as possible so that implementation may begin.

Communicating and meeting with legislative leaders can help convince them of the important public health benefits of joining the ATT.

1) EDUCATE COLLEAGUES

Discuss the ATT in medical forums and urge colleagues to contact government officials to ask them to support the ATT.

2) CONNECT WITH GOVERNMENT OFFICIALS

Approach relevant government officials to encourage ATT signature and ratification. Urge them to submit suitable legislation to allow the government to ratify the ATT. IPPNW can help you connect with other NGOs working on the treaty, and to organize joint meetings with government officials.

3) TALK TO THE MEDIA

Reach out via letters to the editor, op-eds, blogs, Facebook, and Twitter, to explain the health imperative for the ATT and build support for ratification.

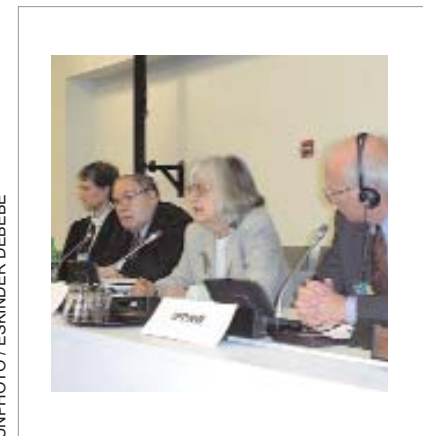
On Twitter use the hashtag: [#armstreaty](#)
[facebook.com/aimingforprevention](#)
[facebook.com/controlarms](#)



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TALKING POINTS FOR HEALTH PROFESSIONALS

For more, go to the
“*Summary Analysis
of the Arms Trade Treaty*”
by Control Arms.

<http://goo.gl/m2oL1T>

Health professionals have a vested interest in ensuring signature, ratification and implementation of the ATT as a public health imperative. The poorly regulated international trade in conventional arms – worth well more than US\$70 billion annually – fuels conflict, violence, and serious violations of human rights, with devastating effects on health, security, and sustainable social and economic development. It is estimated that hundreds of thousands of people are killed, with millions more maimed or injured each year by armed violence.

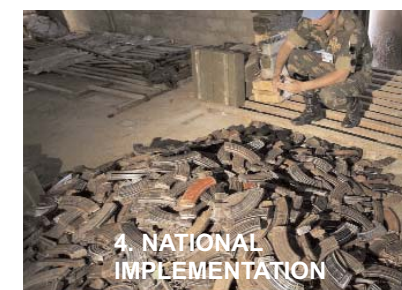
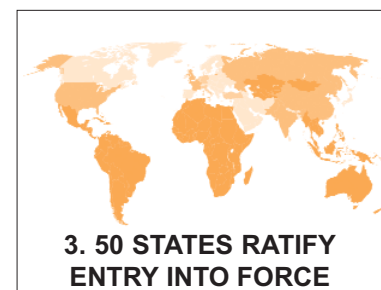
ATT TALKING POINTS RELATED TO HEALTH

- The ATT is the first international treaty explicitly recognizing the “social, economic and humanitarian consequences of the illicit and unregulated trade in conventional arms” as well as embodying the goal of “reducing human suffering” as a primary objective.
- The ATT prohibits States* authorizing arms transfers where there is knowledge they would be used to perpetrate war crimes, genocide, attacks against civilians, and other grave breaches of the Geneva Conventions.
- The ATT risk assessment process requires States to assess, and refuse authorization, if there is an “overriding risk” that proposed export of arms would contribute to or undermine peace and security; could be used in facilitating serious violations of international human rights or humanitarian law, terrorism, organized crime, serious acts of gender based violence, or serious violence against women and children; or the risk that arms might be diverted.

ATT IMPLEMENTATION

- The Treaty will be enforced at the national level through appropriate measures.
- It requires States to cooperate on implementation and enforcement including through information sharing regarding illicit activities/actors, by providing mutual assistance in investigations, and by cooperating in tackling corruption. **Importantly, monitoring of Treaty implementation will be undertaken both by States and civil society.**

ATT ENTRY INTO FORCE: STEPS TO A BINDING INTERNATIONAL TREATY



ACTION STEPS: IMPROVING CARE FOR VICTIMS OF VIOLENCE

Improving the care and rehabilitation for victims of armed violence is a critical need especially in countries of the global South with scarce resources for general health care.

The ATT Preamble recognizes the “challenges faced by victims of armed conflict and their need for adequate care, rehabilitation and social and economic inclusion.”

Ask government officials to support victim assistance programs at hospitals and in communities

Tell government officials about the ATT section on victim assistance. If you work in a hospital, ask if there is a program or policy to ensure adequate care and referral services for victims of violence. If not, talk to hospital staff and administrators about the need for such a program. IPPNW colleagues can help with guidance.

EXAMPLE: IPPNW Austria and Zambia affiliates have undertaken a pilot Victim Assistance program in Lusaka, Zambia intended to improve care outcomes for victims of interpersonal violence. It is designed to build on the existing local health and social services infrastructure and capitalize on underutilized human resources including medical students and volunteer medical supervisors/mentors recruited from IPPNW’s medical networks. It incorporates a public awareness program, and partners with a number of local public and private agencies. This project will contribute critical data needed to help inform and evaluate useful and practical policies and translate into real and ongoing help for victims and survivors of violence, armed violence in particular. A subsequent advocacy campaign will bring the

“Overall... rigorous scientific evaluations of the long-term effects of care and support programmes are currently limited...”

More research is needed.”

scientific and ethical influence of the medical profession to bear on violence prevention policies.

Victim assistance includes acute and long-term physical and mental care including counseling and rehabilitation.

Systems for referrals to appropriate social services are needed as well as education and awareness for health professionals who treat the victims. Prevention of armed violence requires documentation and education programs.

According to WHO, “*In addition to physical injury, violence can lead to life-long mental and physical health problems, social and occupational impairment and increased risk of being a victim and/or perpetrator of further violence. Interventions to identify victims of interpersonal violence and provide effective care and support are, therefore, critical for protecting health and breaking cycles of violence from one generation to the next. Overall...rigorous scientific evaluations of the long-term effects of care and support programmes are currently limited. More research is needed to develop our understanding of care and support programmes and of measures for identifying victims.*”³

HEALTH-RELATED ADVOCACY TOOLS

ONE BULLET STORIES

IPPNW's compelling One Bullet Stories can be used to illustrate the health and human costs of armed violence.

EXAMPLE: The patient was a 17 year old male from the Democratic Republic of Congo, who was shot in the face by diamond thieves. Medical treatment in Kenya cost USD \$6,000, which is the equivalent of one year primary education for 100 children, full immunizations for 250 children, or 10 years of a staple meal for a family of six.⁴ This One Bullet Story also shows the human face of suffering – the boy lived with a disfigured face for a year until he was able to save enough money to travel to Nairobi for treatment.

This story reached a key policy audience when presented by an IPPNW physician to the delegates at the UN, who testified to its impact. “Linking dollars to human suffering strikes a chord with most ambassadors.”

ARMED VIOLENCE COSTS TO MEDICAL SYSTEMS

Many IPPNW members have been involved in collecting hospital emergency room data on the demographics of armed violence injuries, and using this data for advocacy on policy issues such as the ATT, and to encourage more violence prevention programs.



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EXAMPLE: Policy recommendations that came from an **IPPNW study of firearm injuries** at Hospital Rosales in San Salvador, including medical costs to the hospital, were implemented by the El Salvadoran government. Media interviews and events, public forums, and meetings with government officials were held to report on the health and human costs of gun violence. El Salvador adopted policies to reduce the number of public places where a firearm can legally be carried, and to add a tax on firearm manufacturers, to support public health budgets.⁵ Showing the costs of gunshot injuries, and identifying risk factors for gun violence, played a role in influencing policy decisions.

EXAMPLE: IPPNW conducted a **pilot research project** in Africa to collect data on intentional injuries at hospital emergency rooms in major cities in Zambia, Uganda, Democratic Republic of Congo, Kenya and Nigeria. Results were shared with hospitals and health officials, and were published in health and policy journals. Challenges and opportunities were documented to help inform future efforts.

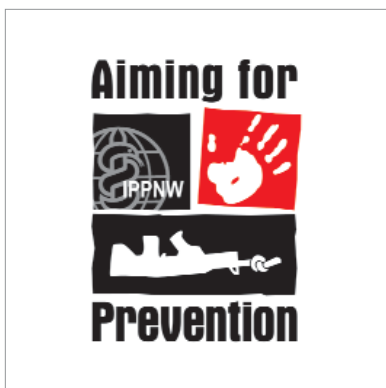
● **IPPNW research projects:**
<http://www.ippnw.org/afp/research.html>

● Examples of **One Bullet Stories** and development guidance: <http://ippnw.org>

● **The Arms Trade Treaty**, in several languages:
<http://www.un.org/disarmament/ATT/>

● Examples of **outreach messages:**
<http://controlarms.org/en/takeaction/>

● **UN guide to signature and ratification:**
<http://goo.gl/mRCjdH>



CONTACT US

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2. United Nations Office of Disarmament Affairs. Signature and Ratification: The Arms Trade Treaty: Robust Standards for Responsible Transfers. UN 2013.
3. World Health Organization. Violence Prevention: The Evidence. Reducing violence through victim identification, care and support programmes. Geneva, Switzerland. 2009.
4. Odhiambo W. International Physicians for the Prevention of Nuclear War. One Bullet Story series Kenya. 2004. Available at www.ippnw.org
5. Jackson TL. Workshop Summary: The direct and indirect consequences of small arms violence on morbidity. Proceedings of the COST A25 Workshop in conjunction with the IPPNW Helsinki Congress; 8 September 2006; Helsinki, Finland.