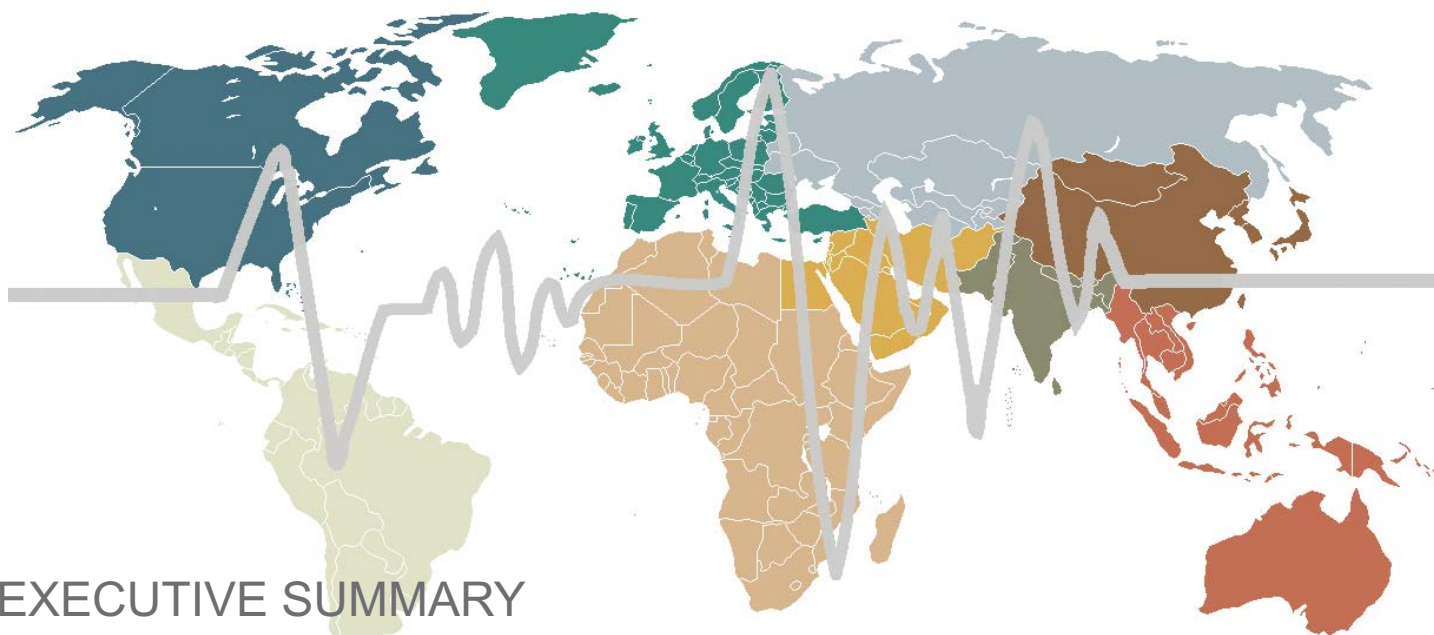




# How Healthy is the UN PoA?

## Doctors Take the Pulse of Progress

INCLUDES BRIEFS ON MEXICO, THE UNITED STATES, NIGERIA, AND AUSTRIA



### EXECUTIVE SUMMARY

How healthy is the United Nations Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects (PoA) thirteen years after its passage in 2001? Have countries reduced human suffering and promoted cultures of peace? Are people safer from gun violence?

The answers largely depend on key social determinants of health: where you live, your socioeconomic circumstances, and your cultural surroundings (Fig. 1).

International Physicians for the Prevention of Nuclear War (IPPNW), a federation of medical organizations in 62 countries, takes the pulse of progress from a health practitioner’s perspective. We look at global trends on violence and gun violence, and take a closer look at the conditions in four countries from the global South and North—Mexico, the United States, Nigeria and Austria. We asked IPPNW doctors from these countries for their perceptions about gun violence in the countries where they live and work, and their personal experiences on the front lines of caring for victims of violence.

In Mexico, for example, the homicide rate has increased sharply in the past decade. However, within its component states, there are dramatic differences in levels of violence. Nigeria is similar. It had the fourth highest level of overall conflict activity in Africa in 2013, but longer term trends in some Nigerian regions showed significant decreases in violence.

In Austria, designated one of the most peaceful nations by the Institute for Economics and Peace’s Global Peace Index, deaths from firearms have decreased slightly since 2001. During that same time, United States gun deaths have also remained essentially stable. The firearm death rates per 100,000 people are markedly different in these four countries, ranging from 2.9 in Austria to 10 in Mexico (2010).

Country	GPI (on a scale of 1-5, with 1 most peaceful)	World Ranking (of 162 countries, the lower numbers denote the most peaceful)
Austria	1.25	4
United States	2.12	99
Mexico	2.43	133
Nigeria	2.69	148

**Figure 1. Global Peace Index (GPI) Ranking**

Source: Institute for Economics and Peace

## Has gun violence diminished worldwide?

The World Health Organization's (WHO) 2001 report *Small Arms and Global Health* estimated that at least several hundred thousand people are killed each year as a result of gun-inflicted homicides, suicides and armed conflict, and that millions more are maimed and injured. It is difficult to be certain whether more people are now being killed or injured globally by guns since that report was issued. Systematic and comprehensive reporting and recording of deaths and injuries from firearms is scarce in low to middle income countries, where 90% of the injuries from violence occur.

The Geneva Declaration on Armed Violence and Development publication *Global Burden of Armed Violence 2011* reported that for 2004-2009 at least 526,000 people died each year as a result of violence. Using accepted estimates of between 42-60 percent of homicides involving firearms, from nearly 221,000-315,600 people were killed by gun violence. For every death by gun violence, another two to three people suffer from non-fatal gunshot injuries.

How can the PoA be strengthened to reduce human suffering and support cultures of peace worldwide?

The role and expertise of health professionals encompasses much more than the treatment of victims. IPPNW recommends a number of measures to emphasize armed violence prevention, and to substantially integrate the medical and public health sectors in PoA implementation, including the following:

- PoA meeting outcome documents should include specific actions to address a demand-side approach to the control of firearm violence;
- The PoA State reporting template should request national progress on programs and policies to prevent armed violence, and on improving victim assistance;
- The PoA should encourage:
  - States to integrate public health strategies into National Action Plans;
  - Health professional representation on National Commissions on Small Arms, and collaboration with the WHO national focal points on violence prevention at Ministries of Health;
  - National data collection on rates of firearm ownership, firearm-related deaths and injuries, and overall rates of homicide and suicide;
  - Increased support for armed violence intervention programs and evaluations;

– Increased support for victim assistance programs that include comprehensive follow-up to ensure productive reintegration of individuals into society;

– Increased health sector participation in evidence-based violence prevention programs, as well as ongoing measures to evaluate efficacy;

– Education of the medical community, students, the media, the public, and policy makers about the public health burden of gun-related injuries and the relationship between firearm availability and rates of firearm-related deaths and injuries; the costs of firearm-related deaths and injuries, including direct costs of treating gunshot victims and indirect costs to society

– More involvement of the injury prevention community in firearm injury prevention.

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International Physicians for the Prevention of Nuclear War (IPPNW) is a non-partisan federation of national medical groups in 62 countries dedicated to creating a more peaceful and secure world free from the threat of nuclear annihilation and armed violence.

JUNE 2014

**This white paper is available online:**  
[www.ippnw.org/pdf/how-healthy.pdf](http://www.ippnw.org/pdf/how-healthy.pdf)



# HOW HEALTHY IS THE UN PROGRAMME OF ACTION? DOCTORS TAKE THE PULSE OF PROGRESS

The United Nations Programme of Action on Small Arms and Light Weapons (PoA) recognizes health as a key dimension in this global campaign<sup>1</sup> and calls for health and medical organizations to participate in developing and supporting action oriented research into the “nature and scope of problems associated with the illicit trade in small arms and light weapons.”<sup>2</sup> The United Nations Secretary General Ban Ki-moon, in his 2008 report on small arms to the U.N. Security Council, emphasized that the issue of small arms could not be addressed with arms control measures alone; such measures needed to be part of a wider spectrum of policy solutions in which security, crime, human rights, health and development intersected.<sup>3</sup> He then detailed in his 2011 report how armed violence also prevents delivery of health care and humanitarian aid and impedes progress.<sup>4</sup>

## How healthy is the PoA?

Thirteen years after passage of the PoA, are we safer in our own countries from gun violence, and more peaceful and healthier worldwide? How successful have we been in promoting conflict prevention and resolution, and a culture of peace?<sup>5</sup>

The answers largely depend on key social determinants of health: where you live, your socioeconomic circumstances, and your cultural surroundings. If you live in Mexico, for example, deaths from assaults increased from 2001-2008, from 10,149 to 13,518, while in neighboring United States (U.S.) they decreased from 20,308 to 17,826 in a similar time period (Fig. 2).<sup>6</sup>

Country	Type	2001	2008
Mexico	Assault	10,149	13,518
US	Assault	20,308	17,826
Mexico	Self-harm	3,784	4,565
US	Self-harm	30,622	36,035

**Figure 2. Deaths from assaults and intentional self harm (both sexes)**

Source: World Health Organization (WHO) Global Burden of Disease Mortality Database 2001-2010  
<http://apps.who.int/healthinfo/statistics/mortality/whodpms/>

A good portion of deaths from assaults involve the use of guns, or deadly weapons.<sup>7</sup>

Country	Variable	2001	2010
<b>Mexico</b>	% of homicides by firearm	25.3	54.9
	Number of homicides by firearm	3,512	11,309
	Homicide by firearm rate per 100,000 population	3.5	10
<b>U.S.</b>	% of homicides by firearm	55.9	68.1
	Number of homicides by firearm	11,348	11,078
	Homicide by firearm rate per 100,000 population	4.0	3.6

**Figure 3. Intentional Homicides by Firearm 2001-2010**

(Intentional homicide=unlawful death purposefully inflicted on a person by another.)

Source: United Nations Office on Drugs and Crime (UNODC), U.S. Centers for Disease Control and Prevention (CDC)

Data from the United Nations Office on Drugs and Crime *Homicides from Firearms* database and from the U.S. Centers for Disease Control and Prevention (CDC) show that the increase in the homicide rate in Mexico from 2001 to 2010 was associated with a sharp increase in the percentage of homicides committed by firearms. Whereas in the U.S., where the percentage of homicides committed by firearms was already high, there was less change in the overall homicides and the percent of homicides committed by firearms over the same time period (Fig. 3).

For every death from gun violence, WHO estimates that several more people suffer non-fatal gunshot wounds. In the U.S., a 2000 study put the ratio at three non-fatal injuries from firearms for every death.<sup>8</sup>

WHO published *Small Arms and Global Health* as a contribution to the 2001 UN PoA meeting. The report estimated

that at least several hundred thousand people are killed each year as a result of gun-inflicted homicides, suicides and armed conflict, and that millions more are maimed and injured.<sup>9</sup> It is difficult to determine whether more people are being killed or injured globally by guns since 2001. Comprehensive recording of deaths and injuries from firearms is scarce in low to middle income countries, where 90% of the injuries from violence occur.<sup>10</sup>

However, The Geneva Declaration on Armed Violence and Development's publication *Global Burden of Armed Violence 2011* reported that for the years 2004-2009 at least 526,000 people died each year as a result of violence. Using accepted estimates from the Geneva Declaration and the UNODC of between 42-60 percent of homicides involving firearms, from 221,000-315,600 people were killed by gun violence.<sup>11</sup> The Geneva-based research institute Small Arms Survey also looked at national violence trends from 2004-2009. As might be expected, trends varied depending on country, and even within countries.<sup>12</sup>

The WHO Global Health Estimates Summary Tables of Intentional Injuries Worldwide, June 2013, shows a decrease globally in intentional injuries from 2000-2011. Number of deaths from interpersonal violence however, remained stable (Fig. 4).

The Global Peace Index, developed by the Institute for Economics and Peace, estimates the economic burden for containing violence at a staggering US\$9.46 trillion for 2012.<sup>13</sup>

Public health professionals understand that gun violence is an enormous global health problem, embedded in an even larger one of violence itself.<sup>14</sup> "Violence is one of the top killers of young people worldwide," said Dr. Etienne Krug, director of the WHO Department of Violence and Injury Prevention, at the opening of its 6th Milestones of a Global Campaign for Violence Prevention meeting in Mexico City in October 2013.

"Violence gets under the skin and influences chronic disease like diabetes and cardiovascular disease," said Dr. James Mercy, of the US Centers for Disease Control and Prevention, "We can change the world in many ways if we can prevent violence." Perhaps a landmark publication being compiled by WHO and due out in 2014, the *Global Status Report on Violence Prevention*, will help to answer some of our questions about the health of the PoA.

The silent victims of gun violence are everywhere. Doctors in the U.S. can ask a patient to come into their office alone to discuss the possibility of interpersonal violence or threats of gun use. In some cultures, this may be more difficult, if not impossible.

### The relationship between firearm availability and lethal interpersonal violence

Are there more firearms in the world today than in 2001? Unfortunately, there's been a massive increase. According to Small Arms Survey, there were at least 638 million known firearms worldwide in 2001.<sup>15</sup> By 2009, it was estimated 875 million firearms were in circulation, with 75% owned by civilians.

Attacks with guns are much more likely to be lethal, and they are more costly to the medical system and society as a whole. A study in South Africa found that six percent of knife attacks were fatal compared with 28% of attacks with firearms. In Zambia, patients with firearm wounds required longer hospitalization, were admitted more frequently into intensive care units, and required more X-rays.<sup>16</sup> In a pilot study conducted by IPPNW on violent injuries at hospitals in five African countries, the probability of death due to gunshot injuries was 46 times greater than death from other types of violence.<sup>17</sup>

Greene and Marsh (2012), in *Small Arms, Crime and Conflict* put the scope of the small arms problem in stark

	2000	% of total deaths	2011	% of total deaths
Self-harm	906,000	1.5	798,000	1.5
Interpersonal violence	489,000	0.9	486,000	0.9
Collective violence and legal intervention	122,000	0.2	86,000	0.2
<b>Intentional injuries</b>	<b>1,517,000</b>	<b>2.9</b>	<b>1,371,000</b>	<b>2.5</b>

**Figure 4. Global deaths by intentional injuries**

Source: [http://www.who.int/healthinfo/global\\_burden\\_disease/en/](http://www.who.int/healthinfo/global_burden_disease/en/)



terms: “[Small arms] are associated with a high proportion of injury, violence and insecurity in communities across virtually every country or region of the world—not only in war zones, but also most developing or developed countries that are relatively politically stable.”<sup>18</sup>

Legally purchased or owned guns are often diverted to illegal purposes. For example, Small Arms Survey reported that 41% of U.S.-sourced firearms recovered in Mexico 2007-2011 were traced to a retail purchaser in the U.S. In the Philippines, illicit weapons were traced to military and police depots, where weapons intended for security forces are obtained by armed groups. Diversion of weapons can be facilitated by sympathetic or corrupt government officials.<sup>19</sup>

The PoA explicitly calls for simultaneously approaching the small arms issue from both the supply and demand perspectives, but the demand side is seriously underdeveloped. A major driver of illicit trafficking and subsequent gun violence is the demand for weapons. There is a widespread perception among individuals living in communities with high levels of interpersonal violence that possession of firearms increases personal security. Although this perception is not supported by available data, it leads to a vicious cycle of increasingly lethal interpersonal violence. Breaking this vicious cycle is a central concern of the PoA.

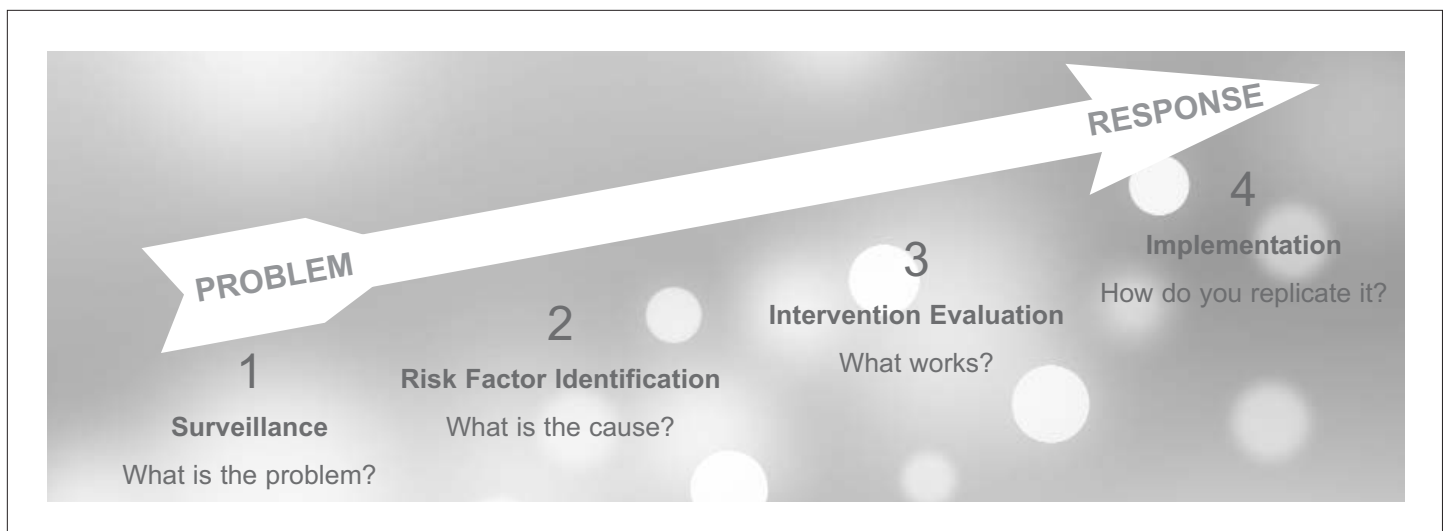
The public health approach is ideally suited to a community-based prevention of armed violence, because it can help tailor prevention activities within the community context (Fig. 5). Reducing the sustained high rates of injury and death associated with armed violence will require a commitment to develop and support donor investment in action-oriented public health research, as called for in the PoA.

The WHO report, *Preventing Violence and Reducing Its Impact: How Development Agencies and Governments Can Help*, identifies engaging the health sector as one of four “best buys” for donor investment for reducing consequences of violence. Capacity building for injury prevention includes public education concerning the relationship between firearm availability and lethal interpersonal violence, victim identification, victim and family support, and acute and long term care. Mental health needs must be addressed; violence has lifelong physical and psycho-social effects.<sup>20</sup>

### Country reports to the UN PoA

Country reports, required every two years by the PoA, could be improved to help us better understand national progress in reducing gun violence and the demand side of the legal and illegal arms trade. Currently, the PoA country reporting template deals primarily with arms management, with little regarding armed violence prevention programs and policies.<sup>21</sup> Narratives and statistics from Ministries of Health and others involved in monitoring national gun violence trends would be helpful. It is also critical that countries start addressing the following questions:

- Has the incidence of violence from firearms in your country diminished since the PoA was passed more than a decade ago in 2001?
- Has your country invested in programs and policies to prevent gun violence? If so, what are some examples?
- Has your country implemented or improved assistance programs for victims and survivors of gun violence? If so, what are some examples?



**Figure 5. The public health approach**

Source: World Health Organization TEACH-VIP

## **World Health Organization and other health agencies lead the way in violence prevention**

Health organizations including WHO and the International Committee of the Red Cross have led the way in violence prevention research and initiatives. WHO has established violence focal points at Health Ministries in over 100 countries. These differ from the PoA National Commissions on Small Arms, most of which reside in the security sectors. To our knowledge, they do not typically interact with the WHO focal points. This is a missed opportunity to harmonize national efforts. In response to WHO leadership, many countries have developed national policy documents and and/or produced a national report on violence and health.<sup>22</sup> These reports are also not the same as the country reports to the PoA, and the two do not seem to inform each other.

A meeting of Ministers of Health of the Americas was held in Merida, Mexico, in 2008 to discuss the occurrence of violence and injury and its implications in the Americas and the Caribbean. The result was a *Ministerial Declaration on Violence and Injury Prevention in the Americas* committing to thirteen points of action, including strengthening the collection of data on injuries and death and related costs.<sup>23</sup> However, many areas of the Americas region remain foci of rising crime and violence.<sup>24</sup>

The WHO Violence Prevention Alliance (VPA) has reported on promising or successful violence prevention initiatives in different regions of the world in six Milestones of a Global Campaign for Violence Prevention meetings held since 2004. The VPA is now shepherding a new Global Plan of Action for the Global Campaign for Violence Prevention 2012-2020.

Recently there was a call from the health sector to incorporate violence prevention in the post-Millennium Development Goals agenda, and to include an “end to all wars” as a public health goal.<sup>25</sup>

Diplomatic initiatives such as the Geneva Declaration on Armed Violence and Development, signed by over 100 countries, have also been key to shining a spotlight on the huge costs of armed violence to development, and calling for more donor investment.

## **NGOs also at the forefront of addressing armed violence prevention**

Nongovernmental organizations (NGOs) are also at the forefront of addressing armed violence prevention. The International Action Network on Small Arms (IANSA) helped drive the UN PoA. IANSA, along with others in the Control Arms Coalition, was also deeply involved in securing pas-

sage of the international Arms Trade Treaty (ATT) in 2013. The ATT was set in motion in 1997 by a group of Nobel Peace Prize winners, including IPPNW.<sup>26</sup>

Addressing victim assistance and programs for survivors has gained traction. WHO has identified this as a critical area where more research is needed.<sup>27</sup> Action on Armed Violence (AOAV) and the Surviving Gun Violence Project are two NGOs that have focused attention on improving rights for survivors of armed violence.<sup>28</sup> AOAV's 2014 report *Counting the Cost: Casualty Recording Practices and Realities*, calls for more comprehensive and widespread recording of casualties to help save lives.<sup>29</sup>

IPPNW has helped highlight the need for more hospital-based data, including informing the burgeoning number of Armed Violence Observatories (AVO) designed to act as sentinels to monitor armed violence. In an IPPNW audit of a major hospital in Monrovia, Liberia, IPPNW research found that intentional injury data is not currently collected routinely or systematically, nor is some of the collected data reported to the Liberian AVO (LAVO). For example, records indicated 46% of patients injured from assaults were female, while only 23% of the violence cases reported to the LAVO from other sources were female.<sup>30</sup>

IPPNW colleagues around the world have collected *One Bullet Stories* to document the human cost of gun violence. For example, in Ecuador, ten days of hospital care for a 40 year-old survivor of gunshot wounds cost US\$10,000. This represents the annual health care share of 100 Ecuadorians. It does not include the victim's long-term rehabilitation, family time caring for him, job loss, and children dropping out of school due to lack of funds. This is typical of gun injury cases from many countries around the world.

Some progress has been made in systematically and comprehensively integrating public health measures into preventing and reducing small arms violence, but little of it through the PoA.

## **Conclusions and Recommendations**

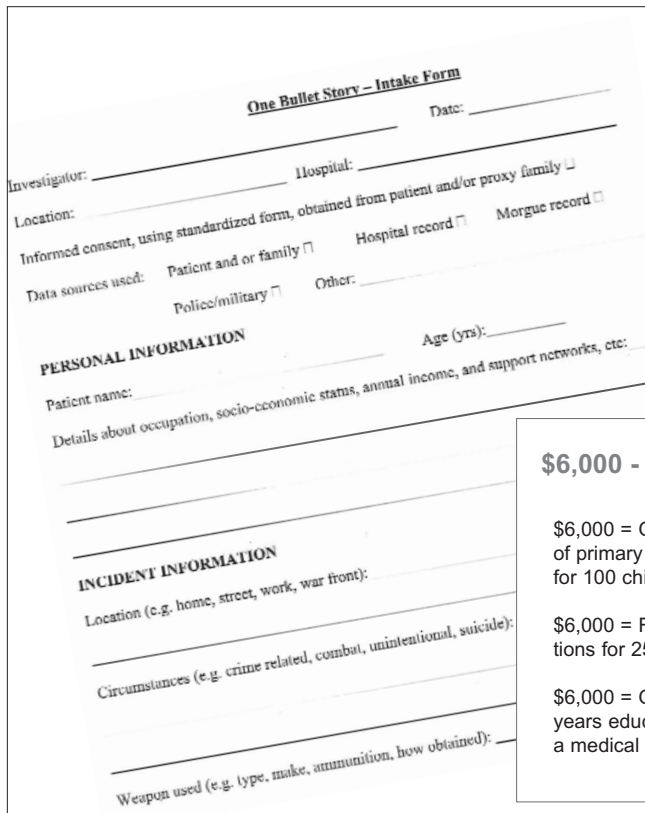
Public health tells us that gun violence is preventable and that the solution requires a multi-disciplinary approach. We need basic data collection to use as a benchmark for evaluating new programs and for defining the parameters of local situations. We need longer-term investments in intervention programs. It is critical to prioritize action-oriented research to increase knowledge. Action-oriented research also includes long term follow up and support for survivors and their families.

IPPNW recommends a number of measures to emphasize armed violence prevention and to substantially integrate the medical and public health sectors in PoA implementation. All of these approaches are well within the scope of the PoA.

**IPPNW recommends:**

- PoA meeting outcome documents should include specific actions to address a demand-side approach to the control of firearm violence;
- The PoA State reporting template should request national progress on programs and policies to prevent armed violence, and on improving victim assistance;
- The PoA should encourage:
  - States to integrate public health strategies into National Action Plans;
  - Health professional representation on National Commissions on Small Arms, and collaboration with the WHO national focal points on violence prevention at Ministries of Health;
  - National data collection on rates of firearm ownership, firearm related deaths and injuries, and overall rates of homicide and suicide;

- Increased support for armed violence intervention programs, and evaluations;
- Increased support for victim assistance programs that include comprehensive follow-up to ensure productive reintegration of individuals into society;
- Increased health sector participation in evidence-based violence prevention programs, as well as ongoing measures to evaluate efficacy;
- Education of the medical community, students, the media, the public, and policy makers about the public health burden of gun-related injuries and the relationship between firearm availability and rates of firearm related deaths and injuries; the costs of firearm-related deaths and injuries, including direct costs of treating gunshot victims and indirect costs to society;
- More involvement of the injury prevention community in firearm injury prevention.



**One Bullet Story - Intake Form**

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Hospital: \_\_\_\_\_

Informed consent, using standardized form, obtained from patient and/or proxy family

Data sources used: Patient and or family  Hospital record  Morgue record

Police/military  Other: \_\_\_\_\_

**PERSONAL INFORMATION**

Patient name: \_\_\_\_\_ Age (yrs): \_\_\_\_\_

Details about occupation, socio-economic status, annual income, and support networks, etc: \_\_\_\_\_

**INCIDENT INFORMATION**

Location (e.g. home, street, work, war front): \_\_\_\_\_

Circumstances (e.g. crime related, combat, unintentional, suicide): \_\_\_\_\_

Weapon used (e.g. type, make, ammunition, how obtained): \_\_\_\_\_



**The Human Face of Small Arms Violence**

The costs of injuries are high

- Medical
- Psychological
- Social
- Community
- Economic

**\$6,000 - One bullet injury, or... in Kenya...**

\$6,000 = One year of primary education for 100 children

\$6,000 = Full immunizations for 250 children

\$6,000 = One-and-a-half years education for a medical student



**INTAKE FORM AND SLIDES FROM IPPNW'S ONE BULLET STORY PROJECT**

Read the full stories from Kenya, Nepal, Nigeria, and Zambia:

<http://www.ippnw.org/afp/one-bullet-stories.html>

# COUNTRY BRIEFS: MEXICO

Author: Ruby Chirino, MD

## Violence in society

Violence and the high rate of homicides, kidnapping, robberies and extortion has had a devastating effect on Mexican society. According to the Mexican Peace Index (MPI), the dramatic increase in Mexico's homicide rate of 37% in the five years from 2007-2012 correlates to the increase in violence associated with drug cartels and other organized crime groups. The geographic distribution of violence within Mexico disproportionately affects specific areas. For example, in 2010, a third of organized crime related homicides was concentrated in just five municipalities along Mexico's border with the U.S., and the central Pacific Coast and the Gulf of Mexico.: Ciudad Juarez, Chihuahua, Culiacan, Tijuana, and Acapulco. Since 2012, Michoacán on the Pacific coast, has become one of the states most affected by organized crime.<sup>31</sup>

There were 24,374 homicides in 2010.<sup>32</sup> The homicide rate in 2010 was 21.5 per 100,000 people, half of which were by firearms. The increase in violence in a relatively short period of time has attracted a lot of attention, but many other Latin American countries have higher rates of violence than Mexico, including Honduras, Guatemala and Colombia.<sup>33</sup>

Factors that contribute to the increase of violence are an ineffective justice system, and a lack of confidence in the authorities, which is reflected in the National Poll of Victimization and Perception on Citizen Security 2012 (ENVIP) report: only 19% of the robberies are reported and only 10% of extortion cases have a formal complaint.<sup>34</sup>

The economic impact of violence is high. In 2012 the direct and indirect cost of violence was approximately US\$333.5 billion, equivalent to double the government spending on health and education. According to the MPI, it has been estimated that the indirect cost of violence in lost productivity alone is US\$143.8 billion.

## Local conflicts

Fear of becoming a victim has become part of the Mexican culture. The ENVIP showed that between 2011 and 2013 the number of people that considered themselves potential victims of extortion or kidnap increased 103%.<sup>35</sup> Michoacán, a state with a strategic location for drug trafficking has become rife with crime, especially in the avocado and lemon industries. In February 2013, the citizens created armed community self-defense groups to protect themselves from



"The medical community is not excluded from violence in our country. Doctors in cities in northern Mexico are afraid to be identified as doctors, especially surgeons. They are being kidnapped on the streets and taken to clandestine clinics where they are forced to treat or perform pro-

cedures on drug dealers who have been injured during confrontations and cannot be taken to public hospitals.

Doctors have no choice but to do so. This situation is not openly spoken of and is not reported to the authorities because of fear of retaliation from the drug dealers. Also, doctors are afraid of being accused by the authorities as accomplices to the drug cartels. This influences why only a small number of young doctors are willing to work in

these cities, which are considered more dangerous. Doctors are offered higher salaries as an incentive to work there.

The government has changed their policies on violence in this past year, addressing the situation from a different perspective, with more emphasis on prevention of violence and developing programs that take into account social, educational and cultural variables."

– Ruby Chirino MD, Mexico



criminal organizations. In 2013 the Heidelberg Institute for International Conflict Research, categorized Michoacán's security situation as "war."<sup>36</sup> In January 2014, Mexico's government created a federal commission for security and development for Michoacán. The military and federal police were sent to take control over the local police, who were believed to be corrupt. An investment of US\$3.5 billion to activate the economy of the state has been announced.

### Firearms in Mexico—cross-border spillover

A study published in 2013 on cross-border spill over of arms asserts that U.S. gun laws have had a direct effect on gun violence in Mexico and that the expiration of the U.S. Federal Assault Weapons Ban (FAWB) led to the "immediate violence increases within areas of Mexico located close to American states where sales of assault weapons became legal. The baseline estimates suggest that Mexican *municipios* neighboring entry ports into Texas, Arizona, and New Mexico saw total homicides rise by 60% as compared to *municipios* 100 miles away."<sup>37</sup> According to the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), about 42% of firearms recovered in Mexico in the years 2007-12 were traced to the U.S.—34,827 of 83,785 guns.<sup>38</sup>

Mexico's Federal Firearms and Explosives Law and other legislations strictly regulate possession, sales of firearms, ammunition and explosives. Penalties apply to citizens who carry or possess firearms without authorization; firearms with high calibers are prohibited. Notably however, Mexico cannot be described as a heavily armed society. According to gunpolicy.org, the number of privately owned firearms (both legal and illegal) is 15.5 million, with an estimated rate of firearms possession of 15 firearms per 100 people. With the U.S. rate at about 101 guns per 100 people, this is almost seven times less than the U.S.

### Prevention programs

During January 1–October 26, 2013, a nationwide firearms trade-in campaign took place. This campaign was a collaboration between Secretaría de la Defensa Nacional (SEDENA), and the municipal, state and federal governments. Firearms were exchanged for money, food, electronic equipment, computers and video games. Collected were 30,085 firearms, 744,890 ammunitions of different calibers, and 2,262 grenades.<sup>40, 41</sup> The Inter-institutional Coordination Group for the Prevention of Firearm, Traffic, Ammunition and Explosives Control which includes a number of agency representatives, works closely with the U.S. ATF. Its activities include implementation of actions to control firearms traffic, programs to build capacity for identification of arms and tracing, and statistics on the firearm seized.

## THE IMPACT OF ONE BULLET



On November 2nd, 2013, Hendrik Caucus, a ten-year-old boy, went with his family to a movie theater in Mexico

City. During the movie, he received a gun shot to his head. He was rushed to the hospital where he died two days later. No one in the movie theater heard the gunshot.

How could he be shot in the head but no gun was fired?

A "lost bullet" killed him.

During the Day of the Dead (November 1-2) celebration as well as during other community traditional festivities, firearms are fired into the air. Those bullets have to come down, and this one hit Hendrik on the head and killed him. The movie theater had a tin roof, and the bullet perforated it, falling directly onto Hendrik.

Could there be a more senseless and meaningless death?

In February 2014 new legislation was announced where people shooting firearms into the air during any kind of traditional festivity will face two to five years in jail.<sup>39</sup>

This group is the Mexican point of contact to the UN PoA. Since the adoption of the PoA, Mexico has reported eight times since 2001, the highest number of reports submitted by any state in the region.<sup>42</sup>

References: See endnotes page 18.

# COUNTRY BRIEFS: UNITED STATES

Author: Bill Durston MD, with contribution by Shannon Gearhart MD, MPH

## Firearm Violence

Firearm-related death and injury has become an important public health issue in the United States. The problem typically receives the greatest public attention following high profile, mass shootings such as the 2012 massacre at Sandy Hook Elementary School in Newtown, Connecticut, in which 20 children and six adults were killed. From 1982 to 2012, there were 62 mass shootings in the U.S., with 513 people killed and 494 wounded.<sup>43</sup> In most of these shootings, semi-automatic weapons were used by shooters who obtained their weapons legally under existing state and federal U.S. laws. The rate of mass shootings in the U.S. has been gradually increasing since 1983, but the number of people killed and wounded in them has been increasing more rapidly due to the increasingly lethal firearms used. As tragic as such mass shootings are, they are only the tip of a much larger crisis of firearm-related deaths and injuries in our country.

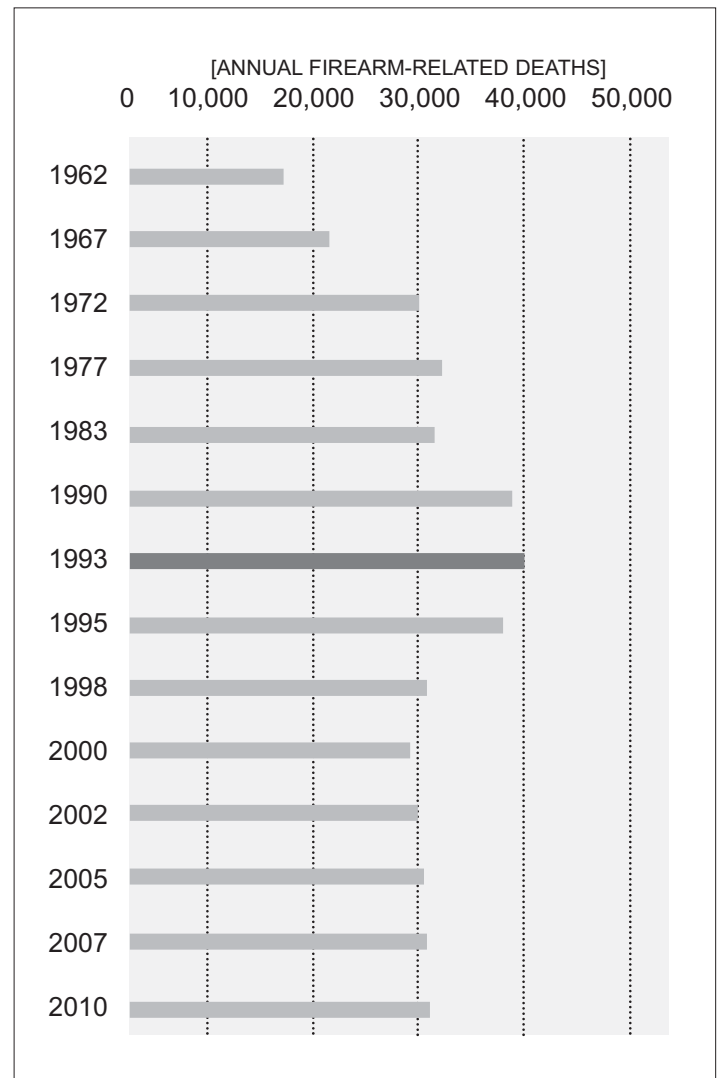
In 2010, based on data from the U.S. Centers for Disease Control and Prevention, 31,672 lives were lost as a result of firearms. During the same year, more than 60,000 people sustained non-fatal firearm-related injuries.<sup>44</sup> Each day, 86 U.S. civilians, including five children under the age of 18, die from firearms, equivalent to more than three firearm deaths occurring each hour. In comparison to other high-income countries, the U.S. has seven times the average firearm-related homicide rate.<sup>45</sup> For children under the age of 15, the U.S. firearm-related death rate is nearly 12 times higher than other leading industrialized nations.<sup>46, 47</sup>

The economic cost of firearm-related injuries in the U.S. is difficult to determine. It has been estimated that the annual direct cost of medical treatment of gunshot injuries in the United States is \$2.3-4 billion.<sup>48, 49</sup> The overall cost to society of firearm-related injuries in the U.S. including lost productivity and the cost of society protecting itself against gun violence, has been estimated to be in excess of \$100 billion annually.<sup>50</sup>

Firearms are involved in 67% of homicides, 50% of suicides, 43% of robberies, and 21% of aggravated assaults. Firearm injury disproportionately affects young people. Among the leading causes of death for those ages 15-24, homicide ranks second and suicide ranks third, with the number of firearm-related homicides and suicides outnumbering the next nine leading causes of death combined.<sup>51</sup>

## Trends

The following chart shows trends in the rate of firearms deaths in the U.S. over time. Firearm deaths rose markedly from 1962 to 1993, declined somewhat from 1993 to the year 2000, and have remained essentially stable over the past decade (Fig. 6).



**Figure 6. Annual numbers of firearm-related deaths in the United States, 1962-2010**

Source: Centers for Disease Control and Prevention WISQARS database. <http://www.cdc.gov/ncipc/wisqars/default.htm>

## Policies

Although many factors contribute to firearm-related deaths, including mental illness, substance abuse, socioeconomic disparity, media violence, and problems with the criminal justice system, the factors which most clearly distinguish the U.S. from other democratic, industrialized countries that have much lower rates of firearm-related deaths, as well as much lower overall rates of homicide and suicide, are the much less stringent gun control laws in the U.S. and the associated widespread availability of firearms.<sup>52,53,54</sup> Within the U.S., the regional rates of firearm-related fatalities show a direct correlation with rates of firearm ownership.<sup>55</sup>

It is estimated that there are 200-300 million privately owned firearms in the United States,<sup>56</sup> and that 38-48% of adults keep firearms in their home.<sup>52,57</sup> Numerous studies have shown that the presence of a gun in the home is associated with an increased risk of a household member becoming a victim of homicide or suicide.<sup>58,59,60,61,62</sup> Most school shootings, including the Sandy Hook massacre, are committed with guns brought from home.<sup>63</sup>

The evidence in the medical literature that widespread firearm availability is associated with more risk than benefit is consistent with data from law enforcement agencies and other government sources. An analysis of crime and criminal victimization data from 1987-1992 showed that the ratio of violent crimes committed with a handgun to protection of person with a firearm was 15:1.<sup>64</sup> A more recent study showed that assault victims who were carrying a gun at the time of the assault were 4.5 times more likely to be shot and 4.2 times more likely to be killed than assault victims who were not carrying a gun.<sup>65</sup>

From 1993 to 2000, there was a 28% drop in overall firearms mortality in the U.S.<sup>66</sup> The beginning of this decline coincided with the passage of the federal Brady Act, requiring background checks before purchase of a firearm from federally licensed firearm dealers, and the federal Assault Weapons Ban, restricting the new purchase of certain semi-automatic firearms, as well as with many other state and local firearm ordinances, suggesting that these measures may have had a positive effect.<sup>67</sup> Gun control opponents argue that it was not the Brady Act, the Assault Weapons Ban, or other gun control measures that were responsible for the decline in firearm-related deaths over this period, but rather other factors, such as improvements in the economy, the waning use of crack cocaine, and tougher sentencing laws for criminals.

It is known, however, that from the date of implementation of the Brady Act in 1994 through the year 2009, background

checks required by the Brady Act have led to the rejection of over two million gun sales.<sup>68</sup> Also, the percentage of assault weapons traced to crime dropped from 4.8% to 1.6% over the 10 year life of the ban (a relative difference of 66%).<sup>69</sup> A shortcoming of the Brady Act is that it does not require background checks at gun shows for handgun sales by private citizens who are not federally licensed firearm dealers.<sup>70</sup>

## Prevention Programs

In January 2013, after the Newtown shooting, Johns Hopkins University brought together leaders in gun policy and violence from many fields including public health at the *Summit on Reducing Gun Violence in America*. Participants identified a range of policy recommendations as most likely to reduce gun violence in the United States. They include addressing the licensing of firearms, including the banning of assault weapons, but also better screening and treatment of mental health, and conducting more research to “understand the causes and solutions of gun violence.”<sup>71</sup>

Unfortunately, collecting more future data means documenting more firearm-related deaths and injuries. There comes a point at which a threshold is reached when societies make a decision to enact large scale changes in public policy in order to protect public health and safety based upon data which is available to them at the time. It appeared briefly that the United States may have reached that threshold following the December 2012 Sandy Hook massacre, but the U.S. Congress failed to enact any meaningful new firearm regulations following that tragedy.

A major obstacle to firearm injury prevention in the United States is the Second Amendment to the U.S. Constitution. The full text of the Second Amendment reads, “A well-regulated militia, being necessary to the security of a free state, the right of the people to keep and bear arms, shall not be infringed.” Opponents of gun control typically omit the first portion of the Second Amendment, which refers to “a well-regulated militia,” and cite only the last phrase referring to the “right to bear arms.” Prior to 2008, it had been repeatedly established in Supreme Court decisions<sup>72,73</sup> in decisions of lower courts, and in reviews by legal historians<sup>74,75</sup> that the Second Amendment was intended to protect the rights of states to maintain armed militias, such as the current day National Guard, and that it did not imply a right of individual citizens to own firearms. In 2008, in a narrow 5-4 decision, the Supreme Court reversed decades of legal precedent, including prior Supreme Court decisions in 1939 and 1980, in ruling that Washington D.C.’s ban on new handgun acquisition violated the Second Amendment.<sup>76</sup> The same five member majority ruled again in 2010 that Chicago’s handgun ban violated the Second Amendment.<sup>77</sup>

Since the reinterpretation of the Second Amendment by the Supreme Court in 2008 and 2010, hundreds of lawsuits have been filed against state and local governments by gun control opponents intent on overturning existing gun control laws. Most of those lawsuits have been rejected on the basis that the 2008 and 2010 Supreme Court rulings applied only to handguns of the type typically purchased “for protection.”<sup>78</sup> The full implications of the Court’s reinterpretation of the Second Amendment remain to be seen.

### UN PoA reports to UN

The U.S. has provided eight detailed reports through the PoA reporting system since 2001. According to the most recently published U.S. report for the PoA (revised August

2013): “In the U.S., firearm dealers are required to conduct background checks on potential buyers through the National Instant Criminal Background Check System (NCIS), operated by the Federal Bureau of Investigation (FBI).” Since the enactment of the Brady Law in 1994, however, an estimated 40 percent of firearms sold in the U.S. are through unlicensed firearms dealers that are not required to conduct the background check.<sup>79</sup>

*References: See endnotes page 18.*



“As a public health physician who has worked in several parts of the country, it has become apparent that firearm violence is a crisis in the United States, not just in the inner city, but even in rural areas.

On a near weekly basis, I hear from patients about how their lives have been changed from firearm violence. Most of these patients sustained their gunshot wounds during their youth, and their injuries have now limited their ability to work and function in society, often both physically and mentally.

It is tragic that many U.S. citizens are not free from the threat of firearm violence, either in their homes, neigh-

borhoods, schools and/or workplaces. Even sadder is the realization among some patients that the threat of firearm violence has become inevitable, almost a “way of life” in their neighborhoods.”

- Shannon Gearhart MD, MPH, USA



# COUNTRY BRIEFS: NIGERIA

Author: Agyeno Ehasse MD with contribution from Omolade Oladejo MD

Nigeria is the most populous nation in Africa, with well over 160 million people. The country shares borders with the Benin Republic on the west, Niger and Chad on the north and northeast respectively, and Cameroon on the east. The country's annual GDP growth rate is estimated at six percent since 2006. Most of this comes from oil and gas reserves. The country is diverse in climate, culture and topography, and has, apart from English, the lingua franca, over 200 languages.

The attainment in 1960 of independence in Nigeria was largely peaceful in comparison to many other African countries. However, there have been several violent episodes in the form of coup d'etats in the early 60s; the civil war in 1967 to 1970 between the country and the predominantly Igbo Southeast; and armed insurgency over the control of resources in the oil producing South. Since the return to democracy in 1999, elections have also become an important cause of violent eruptions in the country.

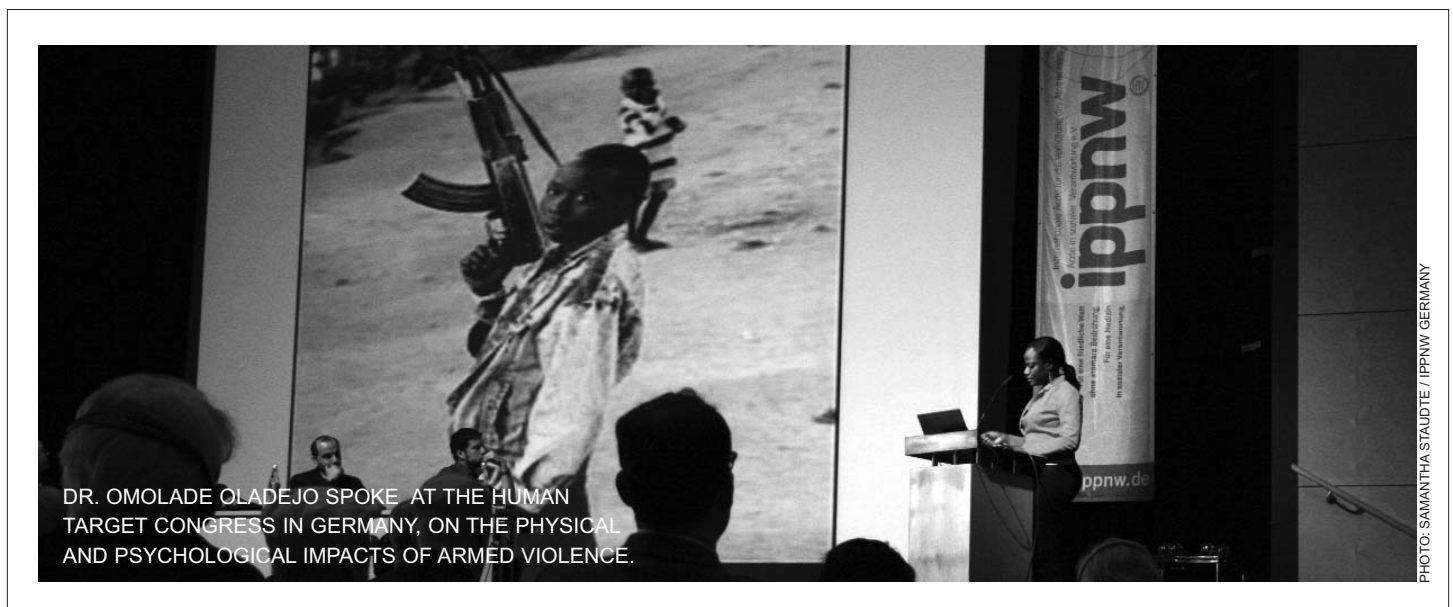
A 2013 Crime and victimization survey carried out by the CLEEN Foundation indicates that the highest incidence of armed violence (excluding armed robberies) in Nigeria was in the Northeast, and the lowest in the Southwest. Interestingly, the report indicates that 56% of armed violence occurs at or near the home. On the issue of gun ownership, the same study indicates that two percent of all respondents nationwide admitted to gun ownership - down

from five percent the previous year – 50% of them for personal protection. The Northeast and Southeast had highest reported gun ownership.

The recent violent eruptions from the Islamist group, 'Boko Haram' in the Northeast have been blamed on not just religious fanaticism, but also on poverty, social inequality, and the porous borders between Niger, Chad and Cameroon. Boko Haram's modus operandi includes attacks on security forces, schools that represent western ideology, and attacks on Christians and moderate Muslims.

Although the last published demographic and health survey in 2008 did not have anything specific on armed violence, physical violence against women between 15-49 years of age was estimated at 28%. Thirty-one percent of women experienced spousal violence, with one percent of respondents reporting threatened or actual use of a knife, gun, or other weapons during violence.

In Nigeria the average annual per capita government health expenditure is \$50. However, in a recent gun injury case, treatment for a woman who was shot in the head cost \$700 and several hours of physician time diverted from other care. The cost was only \$700, because the woman died. Had she lived, the cost of continuing treatment would have been thousands of dollars more.



## Guns in Nigeria

Total estimated number of firearms in civilian hands is 2,000,000 (1.5 per 100), and half of these are illicit. Nigeria ranked 34th out of 178 countries with respect to the rate of private gun ownership. The defense forces and police gun holdings bring the total gun-to-population rate to about 1.9 per 100. Legal firearm ownership requires only a minimum age of 17 years and is not subject to passing a test on knowledge of gun handling, nor does it take into account any history of violence. Continued ownership is subject to yearly licensing.

Although the export, transfer and use of firearms and ammunitions in Nigeria are controlled by laws, recent cases of violence across the country, and instances of ships found carrying arms, suggest that these laws are being circumvented, and that the actual number of guns entering the country and in circulation could be much higher than estimated. Illicit possession of a firearm in Nigeria carries a maximum sentence of 5 years imprisonment. A February 2014 statement from the House of Representatives raised an “alarm” about the proliferation of small arms and light weapons in Nigeria.”<sup>80</sup>

In Nigeria, gun policy is focused on ‘removing illegally possessed firearms from the society,’ to control the supply, possession, storage, transfer and use of firearms’ and ‘to deter and punish the negligent and criminal use of firearms’. The policy of removal has the goal of total destruction.

## Trends

According to the University of Sussex’s *Armed Conflict Location & Event Dataset Report* of January 2014<sup>81</sup>, Nigeria “had the fourth highest level of conflict activity in Africa in 2013. Conflict event levels increased slightly in Nigeria in 2013 over 2012; while fatality levels increased sharply over the previous year. A particularly sharp spike in conflict-related fatalities occurred in mid to late September, with the intensification of clashes between Boko Haram, security forces and diffuse vigilante militias which were mobilized to combat the group in several locations.” Longer trends show a significant decrease in violence levels in key Nigerian states such as Delta.

The report goes on to say that “Boko Haram is by far the single most active militant group in Nigeria, involved in over one-third of conflict events and 57% of reported fatalities. State forces intensified their campaign against Boko



### A DOCTOR'S PERSPECTIVE

“As doctors and citizens of Nigeria, we see that there is a general state of unrest in the population, and a tendency towards ethnic and religious polarizations in our communities. Recent violent activities by the extremist Boko Haram have only served to reinforce these divisions. This has hampered dialogue and continues to serve as fertile ground for rumors and propagation of negative stereotypes, which can fuel violence.

We are particularly mindful of the general tendency towards violence around elections and think the restriction of movement during election is an important measure in preventing violence.

As an example, in the environment where I live, a recent case involved a 22-year-old guest house attendant who stumbled into a street gang at about 10:45 pm on his way to a nearby pharmacy. The group forcefully collected his phone and shot him in the face while he resisted. No one could come to his aid until his attackers fled. He was rushed to a nearby hospital, where he was resuscitated, and he

remained on admission for the next two weeks, acquiring hospital bills he could not afford. His life was changed by this single bullet, both psychologically and physically: He ended up with speech difficulty and long term clinic visits for rehabilitation. Doctors like myself treat these types of injuries every day at work.”

- Excerpt from Dr. Omolade Oladejo’s presentation at the United Nations Arms Trade Treaty meeting in 2012.

Haram militants in 2013, with the declaration of a state of emergency in three northeastern states in May. Vigilante groups were also a prominent feature of the conflict in northeast Nigeria over the course of the year, active in over seven percent of events.”

Boko Haram is also having an impact on the delivery of healthcare. It was reported by the media in March 2014 that “healthcare services have collapsed in the northern part of Nigeria's Borno state as doctors, nurses and pharmacists flee for their lives from [the] brutal violence unleashed by Boko Haram militants. And, that “health services in the region have largely shut down, with mortality rates and vaccination programmes severely hit and pressure heaped on the skeleton staff that remain.”

“The whole healthcare system in northern Borno has collapsed and healthcare delivery is nil,” said Musa Babakura, a surgeon at the University of Maiduguri Teaching Hospital. Babakura said the situation was a “growing health crisis”, with the sick forced to trek vast distances to receive medical attention and (the) vaccination programmes for children compromised.<sup>82</sup> Boko Haram violence ratcheted up in early 2014, killing 500 people at the time of this writing.

### Prevention programs

We are not aware of a specific national gun violence prevention programme in Nigeria. The policy of removal as described earlier offered only minimal gains in prevention. The frequent outbreaks of ethnoreligious violence in the country tended to make the citizens keep their firearms. A discomfiting call in 2012 by the Nigerian Medical Association for a more liberal gun policy emphasized the

need for education of the medical community about the health crisis of small arms violence, and the importance of their role in advocating for disarmament.

Primary preventive strategies will need to be stepped up if progress is to be made, and NGOs such as the Society of Nigerian Doctors for the Welfare of Mankind (SNDWM) have their work cut out in this regard.

### Reports to the PoA and other Arms Treaties

Nigeria has submitted two reports on national PoA activities, in 2005 and 2008. The reports describe a number of activities undertaken on public awareness, research and capacity building. However, to our knowledge, physicians were not part of these programs.

They include outreach via advocacy programmes conducted for traditional and religious leaders on their role in fostering a culture of peace at the grassroots level, a framework for mainstreaming peacebuilding in development programming, and the PoA National Point of Contact conducting regular public relations activities using the mass media.

Nigeria signed the Economic Community of West African States (ECOWAS) Convention on Small Arms and Light Weapons in 2006, and the Geneva Declaration on Armed Violence and Declaration. Nigeria has also signed and ratified two arms treaties: The United Nations Protocol against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition (2001), and has both signed and ratified the Arms Trade Treaty (2013).

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# COUNTRY BRIEFS: AUSTRIA

Author: Michael Schober MD

## Country profile

Austria is a German-speaking, mid-European country with a population of 8.5 million. After World War II it was split up among the four occupying forces for ten years and began its economic rehabilitation as a neutral county. Austria, since then, is a country at peace (Global Peace Index 1.25) and joined the United Nations (UN) in 1955 and the European Union (EU) in 1995. Austria is a wealthy country and ranks among the highest in the EU and worldwide. Nevertheless, Austria's socioeconomic balance is threatened because the number of people living in poverty increased significantly in the last years.

## Violence, health, and firearms

Violence rates are lower than in most other countries, and Austria is considered to be a safe country. However, the

2011 publication of the Austrian Institute for Family Studies of University of Vienna showed that only 7.4% of women and 14.7% of men have never been affected by verbal, psychological or physical violence. The high level is skewed because verbal violence is included. Severe physical violence experiences are reported by 11.4% of women and 10.2% of men. The rate of severe physical violence (especially in young adults and children) declined significantly over the last decades (about 50%).

In Austria, deaths resulting from firearms have decreased slightly since 2001. There were 247 in 2010, mostly from suicides (2.94 per 100,000). In 2001, the number was 290, again, mostly from self-harm. 24 persons died from interpersonal violence in the first 6 months of 2013 (as reported to police – this is a decrease of 43% related to the same period of the year before). Criminal assaults decreased five percent from 2012 to 2013. A constant number of sexual



“I did my clinical training and work as a general practitioner in Austria, Portugal, Zambia and Brazil. Especially in Zambia and Brazil, I worked with relatively more patients who have suffered violence than I do in Austria.

However, the social, judicial, and executive services and institutions are more accessible in Austria. The understanding of criminal behavior and

preventive strategies are much more developed in Austria, which makes it easier for victims to seek help – not only medical treatment. In Austria I haven't treated any patient with a firearm injury yet, but sexual violence, violence between youth – often in relation with alcohol abuse – and psychological abuse are things I see regularly.

I am glad that interpersonal violence is comparatively rare and mostly not life threatening, because the interpersonal violence cases we have to deal with are always more complicated, and more time and resource consuming. The reasons include that



patients, their families, and the perpetrators need to be cared for medically; mental, social and financial health needs must also be addressed. A general practitioner in Austria is often the coordinator of care in such cases.”

– Michael Schober, MD



assaults, 1314, were reported in the same period. According to published Austrian police statistics from 2012, 255 assaults were committed where a firearm was used, there were 489 criminal threats by firearms, and 115 criminal assaults with firearms carried but not used, for a total of 859 assaults. By contrast, in 2010, total assaults were 1271.

## Policies

In 1997, Austria introduced new laws requiring that purchasers of firearms be at least 21, have a valid reason to purchase a firearm and undergo background checks and psychological testing. In addition, the legislation requires a three-day waiting period between licensing and purchasing, together with safe firearm storage. Suicide rates had been decreasing prior to the new laws, but the proportion of suicides involving firearms had been increasing. The reforms changed this dynamic: the proportion of firearm suicides began to fall without an accompanied increase in suicides by other means. Austria's new laws have also been associated with falling demand for firearms licenses and a drop in the number of homicides involving guns.

The estimated total number of guns (both licit and illicit) held by civilians in Austria is 2,500,000 (in 2007). The rate of civilian firearm possession per 100 people is 30.41, and in a ranking of 178 countries Austria is

31. The number of licensed gun owners in Austria was reported to be 238,000 in 2012.

## International agreements concerning firearms

Austria has adopted a range of international agreements on firearms, and armed violence, among them: the European Union (EU) Firearms Directive; the Geneva Declaration on Armed Violence and Development; the UN Protocol against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components, and Ammunition; and the UN Arms Trade Treaty, which has been signed and ratified.

## UN PoA and reporting

On 21 July 2001, Austria committed to a consensus decision of the United Nations to adopt, support and implement the PoA. Austria has submitted reports seven times since 2001. The last report of Austria was in 2013 via the PoA standardized reporting tool. It stated that Austria has committed to international assistance and has "continued its active engagement in the field of physical security and stockpile management in cooperation with partners from the Multinational Small Arms Group." Austria supported trainings in Ethiopia, Tajikistan, and Kenya. The focus of the Austrian engagement is still in the Balkans.

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