

The skeleton in the closet? Assistance to survivors of armed violence

This edition of the Bulletin focuses on an overlooked aspect of small arms and light weapon availability and misuse: the rights and needs of those who survive armed violence. Such violence, including attempted homicide and suicide, is one of the leading causes of disability.¹ In that light we cast a broader brush than usual to also include a focus on landmines and explosive remnants of war, and identify some key areas of concern.

While recognising the importance of efforts to prevent armed violence, the needs and rights of millions of people left disabled and traumatised year after year through armed violence also need to be acknowledged.² The World Health Organisation cautions that survivors of violence are themselves at increased risk of committing violence against others, providing a powerful rationale for directing more attention and resources to their care.³ Regrettably when references are made to victims in official statements or NGO reports, ‘women, children and the elderly’ are often clumped together as an undifferentiated mass – completely overlooking the fact that the majority of fatal and non-fatal victims of small arms violence all over the world are men, and young men in particular.⁴

The small arms control movement has yet to articulate the needs and realities of survivors, but much can be learned from the campaigns to ban anti-personnel landmines, or for victims of torture. For those working to provide assistance it is illogical to solely meet the needs of people injured by one category of weapons. Strict categorisation of the issues at a global level does not always make sense on the ground, and instead a more challenging task is to ensure that response systems

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are in place for *all* victims of violence. A key lesson learned from the landmines process is that whilst a disability-specific track might be required, it also needs to be part of the overall health, poverty reduction and development plans and not developed in isolation or competition with often limited resources. In the context of the small but growing focus on survivors of gun violence in the UN process on small arms control (see p. 5) it is worth noting this important principle of integrating rather than segmenting responses based on weapons types.

At the national level, where services for survivors of armed violence ultimately have to be provided, an increasing number of States have adopted National Action Plans to determine the legislative, administrative and institutional changes needed to respond to the crisis of gun violence, or the scourge of landmines and other weapons. These national action plans also provide an opportunity for assessing where gaps may exist in service provision, including emergency response systems, trauma care, and rehabilitation services – linking into broader processes to strengthen health, development, and justice sectors. However, given the great disparity among States in the degree to which such victims’ needs are both recognised and met, action at the global level is equally called for to lend greater prominence to those needs and address capacity issues.

Who are survivors of armed violence?

Surviving armed violence is not solely contained to individuals; rather it has often consequences for families, communities, and socio-economic activity. Aside from direct victims, the well-being and coping mechanisms of those who are related to, work with, or are associated with someone who has survived armed violence, will also be affected.

For those directly affected, needs range from adequate medical provision to reduce the intensity of injuries; to long-term care for permanent disabilities; psychological support as survivors work to transform trauma; and access to socio-economic assistance and vocational training to facilitate reintegration into economic and social life.

“When I arrived at the hospital and had the surgery, I didn’t know what they were doing but I knew it was something tremendous, the hardest thing in my life . . . I started asking why it was so dark, but nobody told me that I had lost my eyes.”

Saul Alfaro, El Salvador, 1997 –
Lost his legs and eyes during fighting in the war

In addition, men and women often experience armed violence in distinctly different ways. Whilst men are the largest group of direct victims of armed violence, women are overwhelmingly exposed to other forms of trauma such as sexual violence at gun point. In addition, women often perform a disproportionate and under-recognised care-giving role to survivors.

A rights-based approach

The right to health is recognised and protected under international law, including in the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights, to which over 140 States are party. Authoritative bodies have determined that this right includes “. . . medical care and necessary social services, and the right to security in the event of . . . disability . . . or other lack of livelihood in circumstances beyond his (sic) control”.⁵ Further, in 1993, at the Vienna World Conference on Human Rights, 171 States affirmed that “any direct discrimination or other negative discriminatory treatment of a disabled person is . . . a violation of his or her rights.”⁶ There are, therefore, clear human rights obligations on States regarding the provision of medical and rehabilitation services to the injured or disabled survivors of armed violence.

Learning lessons from other processes

1. UN Draft Disability Convention

The UN estimates that approximately 10% of the world’s population—about 600 million people—are affected by disabilities.⁷ About 80% of people with disabilities live in low-income nations.⁸ What portion of that figure is due to interpersonal violence, or violence with small arms, is not clear—highlighting the need for reliable data collection to develop and monitor public policies.

Sweden, Italy and Ireland among other States advocated from the mid-80s for an international treaty to recognise and protect the rights of people with disabilities. However, it was not until December 2001, largely led by the efforts of Mexico, that the UN General Assembly adopted a resolution to establish an Ad Hoc Committee “to consider proposals. . . (for a convention) based on the holistic approach in the work done in the fields of social development, human rights and non-discrimination. . .”⁹ The framework aims to be inclusive of social development and poverty reduction standards and objectives, as well as promote human rights principles.

With negotiation likely to conclude at the end of 2006, the Convention stands to make a remarkable

contribution in this complex area. It will also represent a shift in focus from how the disability arose to how people with disabilities can have effective access to their rights. Specifically, draft Article 16 recognises that people with disabilities are at higher risk of violence, injury, and abuse, and that States should take appropriate legal measures to “promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services.”¹⁰ Article 25 of the draft document asserts the need for the ‘highest attainable standard’ of services, noting gender-sensitive design and implementation.

2. Landmines and Explosive Remnants of War (ERW)

Victim assistance is one of the pillars of the 1997 Mine Ban Treaty which calls on States to “provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims”.¹¹ In May 1999, State Parties established the Standing Committee on Victim Assistance and Socio-Economic Reintegration to advance knowledge and action on these issues.¹² Civil society, including landmine survivors themselves, actively participates in the work of the committee. In 1998 the International Campaign to Ban Landmines also contributed by establishing a ‘working group on victim assistance’, which developed a set of *Guidelines for the Care and Rehabilitation of Survivors*.¹³

At the first review conference of the treaty, held in Nairobi in 2004, States Parties identified six priority areas: understanding the extent of the challenge faced; emergency and continuing medical care; physical rehabilitation, including physiotherapy, prosthetics and assistive devices; psychological support and social reintegration; economic reintegration; and, the establishment, enforcement and implementation of relevant laws and public policies.¹⁴ Over the period 2005–2009, 24 States Parties, identified as having significant numbers of mine



Two Jamaican men, both of whom are paralysed from the waist down due to gunshot wounds, talk in a neighborhood on the edge of Spanish Town, near Kingston, Jamaica, 16 December 2005. © AP Photo/Brennan Linsley

survivors, will receive particular attention in an effort to improve the quality of life of mine survivors *and* other people with disabilities.¹⁵ A key strategy is mainstreaming assistance into national health, poverty reduction, and development plans – a goal that can be replicated for all survivors of armed violence.

Attention to survivors has also been given by the Working Group on ERW as part of the Convention on Certain Conventional Weapons. A paper submitted by South Africa in 2003 details some of the needs of survivors, noting in particular that “people who have been injured by explosive remnants of war are not different from those injured by mines. . . . Therefore, ERW survivors need to be included into the existing national health and disability programmes.”¹⁶

3. The UN Voluntary Fund for Victims of Torture

The UN Voluntary Fund for Victims of Torture (UN Torture Fund) provides an example of how States could establish a similar fund for survivors of armed violence from war.¹⁷ Through such a fund, support could be channelled to NGOs providing direct assistance to those disabled or traumatised through weapons misuse. The UN Torture Fund was established in 1981 and only provides grants to NGOs to undertake a range of services and activities related to victims of torture and their families. Through the support of governments such as the USA, which in 2002 gave USD 5 million, thousands of torture victims receive a range of assistance otherwise unattainable. This model provides ‘food for thought’ at the very least.

Challenges & opportunities

The development of specific provisions on assistance to survivors has received a substantial head start in the framework of the Mine Ban Treaty, but many of these recommendations are also relevant to other categories of survivors.¹⁸ Existing initiatives, programmes and funds for assistance can be extended to other survivors of weapons-related violence in war and post-conflict settings. Considering that the same government officials are often participating in different arms control processes, a degree of coordination does not seem unattainable.

Efforts and coordination in post-conflict situations could be enhanced through the UN Peacebuilding Commission. Established in December 2005, it is set to “marshal resources at the disposal of the international community to advise on and propose integrated strategies for post-conflict recovery, focusing attention on reconstruction, institution-building and sustainable development, in countries emerging from conflict.”¹⁹ Particularly relevant, a small support office has been invited to gather “best practices with respect to cross-cutting peacebuilding issues” – surely assistance to survivors would be one such issue.

Finally, the establishment of weapons-related disability and trauma surveillance systems would facilitate the

collection of accurate information to inform policy development. More action-oriented research is needed to determine the needs of survivors of armed violence and the effectiveness of programmes designed in response.

This article was written by Cate Buchanan and Mireille Widmer of the Centre for Humanitarian Dialogue. For further resources, see the Missing Pieces publication theme on assistance to survivors of gun violence. Available in English, French, Spanish and Arabic at www.hdcentre.org

Endnotes

1 WHO (2000), *Injury: A leading cause of the Global Burden of Disease*, Geneva. Available at: www.who.int/publications/2002/9241562323.pdf This article does not include a focus on legal recourse.

2 Beyond an important though general concern to “reduce human suffering” in the Preamble of the 2001 UN Programme of Action (PoA) on small arms (para. 4), there is reference to some categories of people victimised by small arms misuse such as women, children and the elderly (para. 6). The PoA also encourages attention to “the special needs of children affected by armed conflict, in particular the reunification with their family, their reintegration into civil society, and their appropriate rehabilitation” (Section II, para. 22).

3 Butchart A, et al (2004), *Preventing violence: a guide to implementing the recommendations of the World Report on Violence and Health*. Department of Injuries and Violence Prevention, WHO, Geneva, p. 61

4 WHO (2002), *World Report on Violence and Health*, p. 25

5 *Universal Declaration of Human Rights* (1948), Art. 25(1). See also *International Covenant on Economic, Social and Cultural Rights* (1976), Art. 12(1)

6 World Conference on Human Rights, *Vienna Declaration and Programme of Action* (A/CONF.157/23, 12 July 1993)

7 UN Statistics Division. Available at: unstats.un.org/unsd/disability/

8 Helander, E (1998), *Prejudice and dignity: an introduction to community-based rehabilitation*, UNDP, New York, 2nd edition.

9 Adopted resolution 56/168 in December 2001, see also the Ad Hoc Committee on a Comprehensive and International Convention the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. Working Group, Document A/AC.265/2004/WG.1, UN General Assembly. New York, 5–16 January 2004

10 See www.un.org/esa/socdev/enable/rights/ahc7ann2rep.htm for the latest text of the Draft Convention.

11 *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction* (hereinafter “Mine Ban Treaty”), Art. 6.3

12 The intersessional work programme is made up of four committees, each meeting twice between Meetings of the States Parties. Standing Committees are meant to provide an informal and open-ended forum for the advancement of the humanitarian objectives of the Mine Ban Convention. See www.gichd.ch/279.o.html for more information.

13 See www.icbl.org/campaign/wg/va and www.icbl.org/problem/solution/survivors/guidelines

14 *Final Report of the First Review Conference of the States Parties to the Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction*, APLC/CONF/2004/5, 9 February 2005, at paras. 69–78.

15 Afghanistan, Albania, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, the Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guinea-Bissau, Mozambique, Nicaragua, Peru, Senegal, Serbia and Montenegro, Sudan, Tajikistan, Thailand, Uganda and Yemen.

16 South Africa, *Explosive Remnants of War: Victim assistance*, CCW/GGE/IV/WG.1/WP.2, 10 March 2003

17 See www.ohchr.org/english/about/funds/torture for more information

18 *Final Report of the First Review Conference of the States Parties to the Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction*, APLC/CONF/2004/5, 9 February 2005, at para. 66. “The work to implement the Convention has resulted in the commonly held view that the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner.”

19 UNGA Res A/RES/60/180, 30 December 2005. See also www.un.org/peace/peacebuilding/ for more information

Surviving gun violence in Guatemala

The average Guatemalan makes under USD350 per month and it is estimated that 30% of Guatemalans over the age of 15 are illiterate.¹ Those citizens with disabilities have little if any access to healthcare and receive little to no financial aid or support from the government in Guatemala – families or the individual bear that responsibility. In 2002, health expenditure amounted to \$199 per capita, sourced more from private than public funds.²

A significant number of people with disabilities have injuries as a result of gun violence: “The relationship between the use of firearms and disability is simple and very visible in Guatemala. Many of the people who don’t die from gun violence become permanently disabled.”³ In 2005, there were 5,500 homicides in Guatemala of which approximately 80% were caused by firearms with men comprising around 80% of victims – consistent with global statistics of a similar nature.⁴

The civil war in Guatemala, from 1970 to 1996, in which 150,000 to 200,000 people, mostly rural indigenous Mayans lost their lives is a critical backdrop to the high levels of contemporary violence in the country. While some 210,000 weapons are legally registered – an estimated 1.5 to 2 million additional arms are circulating illegally.⁵ The rampant availability and misuse of weapons is due to incomplete disarmament efforts following the war (less than 2,000 weapons were collected following the Peace Accords)⁶, weak national regulations and enforcement regarding access to weapons, drug trafficking and rampant gang activity: all of which are challenges for Guatemala specifically and Central America in general.

Today, the country remains one of the most violent in the region just behind El Salvador and ahead of Colombia: firearm-homicide rate per 100,000 inhabitants for 2005 was 30.82, with certain regions registering total homicide rates well over 100.⁷ While two years after the signing of the peace agreement, a drop in firearm-related deaths and injuries had been noted this trend appears to have first levelled off and then began to rise again. At the same time a shift from rural to urban violence has been observed: “During the civil war, most of the violence was restricted to rural areas with high indigenous populations. In the aftermath of war, social violence has increasingly affected the urban middle class and affluent sectors of society, where assaults and kidnappings are commonplace.”⁸

Largely in response, since 1993, the Transitions Foundation has been providing medical and psycho-social care to Guatemalans injured from small arms violence and other violent crimes, and living with disabilities. Some 20% of Transitions ‘client’ base is disabled or traumatised due to gunshot wounds – from gang violence, civil war, and accidents.

Transitions provides wheelchairs, prosthetics and orthotics and other medical devices that give individuals the means to become mobile and more able to participate in their communities. With a staff of 5, and 20 active working residents on stipends, it provides educational scholarships and places people with disabilities in public and private schools. Job training skills are offered in the wheelchair shop (people in wheelchairs building wheelchairs); a graphic arts and print shop; and, in the warehouse where containers of medical and other supplies are shipped from the US, sorted and distributed. Independent living services are also provided to ensure that individuals have resources and a chance to reach their full potential.

Transitions was established by John Bell and Alex Galvez – himself a survivor of gun violence. As a teen in the early 1990s, he was walking in his neighbourhood one day when he got caught between two gangs in a gunfight. Within a few minutes, he lost sensation below the bullet wound in his shoulder. Stuck in hospital for over a year with the bullet still lodged next to his spine, Alex was soon suffering from life threatening pressure ulcers and infections. The doctors had neither the equipment nor the experience to treat him properly.

John Bell, a special education teacher from the USA who was studying Spanish in Guatemala, befriended Alex during weekly visits as a volunteer at the hospital. He soon realised that Alex was going to die if he remained in those conditions and literally carried Alex from the hospital. John arranged for Alex to receive surgery and treatment at a hospital in Washington, DC. Alex, who spoke only Spanish when he arrived in Washington, spent the next 18 months in rehabilitation.

Alex made the most of his time in Washington: learning to live in a wheelchair; to speak English; computer skills, graphic arts and painting; and wheelchair basketball. In the US, Alex saw first-hand that living with a disability did not necessarily mean that his life was over. He wanted to share his experiences with other Guatemalans who had disabilities. Together with John, Alex returned to Guatemala and put his experience to use by starting the Foundation. “The goal of Transitions is to treat the whole person, not just the disability,” says Alex.

Given its low resource base Transitions has accomplished much in a short period of time, and provides a window into the types of services required to assist survivors of armed violence. But the situation of Guatemala is certainly not unique. More resources are needed to establish and develop what should ultimately be government services responding to the needs of survivors of gun violence and other disabled or traumatised people. While important progress has been made recently at the global level in developing a Convention on the Rights of People with Disabilities, linkages could also be made with international development programmes to provide support to those dealing with this aspect of the small arms crisis.

This article was written by Tom Baroch of the Transitions Foundation, visit them at: www.transitionsfoundation.com

'Now is not the time to raise it': Survivors and the UN process on small arms control

Assistance for survivors of gun violence is 'at square one' in the UN process on small arms control, confounded by a significant absence of research and policy-relevant information and complicated by the variety of settings in which armed violence occurs. According to the World Health Organisation (WHO), "[g]lobal data on the impact of small arms on the health of individuals are far from complete. What data is available, however, suggests that hundreds of thousands of people are killed each year by those weapons. Millions more survive their injuries but are left with permanent physical disabilities and mental health problems."¹

Although the ultimate responsibility for assistance to survivors rests with individual States, more consistent support and attention, as well as increased legitimacy, could be generated if adequate signals were given at the global policy level – through affirming the needs of survivors in international instruments, for example. With respect to small arms control, the issue has only just begun to receive some attention in recent months. In October 2005, an early draft of a Dutch-sponsored resolution tabled at the UN General Assembly First Committee (on security and disarmament) stated that "when dealing with the issue of small arms and light weapons, State should explore ways to more effectively address their humanitarian and development impact, [taking into account] the requirement for adequate care and assistance of victims of small arms violence, including support to ensure their social and economic reintegration".² Regrettably this reference was whittled away in various rounds of negotiations.³

References to survivors also crept to light at the recent UN meeting (9 to 20 January 2006, New York) to prepare for the five year review of the 2001 UN Programme of Action on small arms in June/July 2006.⁴ A paper on assistance to survivors was circulated by Canada,⁵ with further references to this issue made by India, Japan, Kenya, Indonesia, Norway and Mexico. Led by Colombia, nine Latin American States came together to suggest the establishment of programmes of assistance to victims as part of a proposed permanent assistance and cooperation mechanism. The UN Development Programme also stressed the necessity to "match needs with resources (both financial and technical) . . . to address the negative humanitarian and development impacts associated with the illicit trade in small arms and light weapons, including the provision of victim assistance." Surprisingly detailed recommendations were included in the contentious Chair's summary at the end of the meeting, helpfully identifying some policy options for consideration at the Review Conference.⁶

It is crucial for the UN process on small arms to follow the lead of landmine and explosive remnants of war (ERW) processes and give adequate recognition to the needs of survivors of gun violence. The July 2006 RevCon will provide a golden opportunity to correct this omission. What is more, language already put forth and agreed in the landmines and ERW processes could easily be adapted and adopted. The First Review Conference of the Mine Ban Treaty in particular carried out a very useful task in defining the concepts of 'victims' and 'victim assistance' (noting at the same time that the term 'survivor' has a more positive connotation than 'victim'), and identified six priorities in this area.⁷ It also recognised that "those individuals directly impacted by mines are a sub-group of larger communities of persons with injuries and disabilities. . . . the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner."⁸

It is important to recognise the different capacities and challenges faced by States to respond to the right to assistance of survivors of gun violence. Again, the landmines process provides an interesting precedent where at the First Review Conference it identified 24 countries particularly affected, and to which assistance should be directed in priority.⁹ To identify such a list of States dramatically affected by gun violence would be an important first step to identify practical measures.

Key areas for action include:

- Assessing where gaps may exist in service provision and including them in National Action Plans on small arms control;
- Investing in training in trauma care and response;
- Supporting action oriented research to generate information to inform policy;
- Strengthening the links between the UN small arms process and action around injury prevention and victim assistance, including people with disabilities;
- Implementing the nine recommendations from the *World Report on Violence and Health*.

Endnotes

1 WHO (2001), Statement for the UN Conference on the Illicit Trade in Small Arms and Light Weapons in All its Aspects. Delivered 13 July 2001 by Dr. Etienne Krug

2 Draft res. A/C.1/60/L.34 of 12 October 2005

3 For an overview of this resolution (A/RES/60/68) see the December 2005, HD Centre analysis on First Committee, available at www.hdcentre.org/UN+First+Committee+%28Disarmament%29+2005

4 See the *Overview of governmental statements made at the small arms PrepCom, 9–17 January 2006, New York*, available at: www.hdcentre.org/Small%20Arms%20Occasional%20papers

5 Available at: www.un.org/events/smallarms2006/off-docs-prep.html

6 Available at: www.un.org/events/smallarms2006/pdf/CRP.17.pdf

7 These are: understanding the extent of the challenge faced; emergency and continuing medical care; physical rehabilitation, including physiotherapy, prosthetics and assistive devices; psychological support and social reintegration; economic reintegration; and the establishment, enforcement and implementation of relevant laws and public policies. See *Final report of the First Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction*, Document APLC/CONF/2004/5, para. 69

8 *Final report of the First Review Conference*, para. 65–66

9 *Final report of the First Review Conference*, para. 85

■ In Their Own Words

What can the international community do to better respond to the needs of survivors of armed violence?

Ambassador Philip Richard Owade

Permanent Mission of Kenya, Geneva

As an important first step, governments engaged in various weapons control processes, particularly the UN small arms control process, could make greater efforts to acknowledge the many millions of people that are victims of the misuse of weapons. It is in recognition of this that the Kenya Government has continued to play a leading role in the context of the Great Lakes and Horn of Africa region where states have agreed on a common platform for addressing the problem. We believe that those who are disabled or traumatised by weapons abuse should form a major target for rehabilitation and socio-economic assistance. In addition, those who have survived armed violence constitute an important component for future violence prevention efforts. The June 2006 Review Conference for the UN PoA on small arms provides an ideal opportunity for States and civil society to start working together to understand and respond better to the needs of those who survive armed violence. It is our hope that the outcome document will comprehensively address the humanitarian dimensions of the illicit small arms problem.

Kirsten Young

Landmine Survivor Network

www.landminesurvivors.org

We often find that survivor assistance is considered mysterious and unfathomable, when in fact it is rather simple. The questions that need to be asked are: What specific needs does this individual have? And second,

are there any specific needs because of the individual's disability? It is not just about a fake leg or arm, but also full inclusion in society. This means all aspects: civil, political, social, economic and cultural. Too often survivor assistance programmes or projects do not reflect this comprehensive approach, but are rather piecemeal approaches that risk being ineffective and unsustainable.

Hans Petter Husum

Trauma Care Foundation, Norway

www.traumacare.no

Trauma Care Foundation works with violence affected communities in low-income countries worldwide. A key concern of governments should be greater understanding of the scope of the needs of those who survive wars and mine fields they did not ask for. There is an urgent need for action-oriented research, and clearer targeting of donor assistance to operational agencies that can document results in their efforts to reduce disabilities and avoidable trauma deaths. Such a concerted effort is long overdue.

Xavier Torres Correa

Nacional Federation of Ecuadorians with Physical Disabilities, Ecuador

I believe that the most important thing is raising awareness of the reality of the use and indiscriminate trade in firearms, the lack of control, and everything that flows from it, such as death and disabilities with its devastating consequences. If it wasn't for the easy availability of weapons, I wouldn't have been injured at age 26 and confined to a wheelchair for my entire life. I believe there are many economic and political interests that prevent the necessary controls. It would be important to stop producing and selling weapons so that those economic resources could be invested in food, education, health, work – thereby demonstrating solidarity with people in need, so that they will no longer feel compelled to use weapons in order to sustain their basic livelihoods.

Tip of the Hat

To USAID Leahy War Victims Fund

The US Agency for International Development (USAID) has a programme for survivors of armed violence that is worthy of attention and replication. Through the provision of support and assistance to national and international organisations and NGOs, USAID distributes some USD 14 million to assisting survivors of war violence every year. Named in honour of Senator Patrick Leahy, who led its creation, the War Victims Fund focuses on cost-effective quality services for those injured in war in order to facilitate a return to work and community life. It places a strong emphasis on 'orthopedic assistance within a framework of social and economic integration of the disabled', and works to strengthen national policies on disability in a wide range of countries including Angola, Sri Lanka, Lebanon, Nicaragua and Senegal. The work of the fund particularly aims to include people with disabilities in both the development and implementation of activities. The War Victims Fund provides a model for other donor agencies and governments to consider. For more information visit: www.usaid.gov/our_work/humanitarian_assistance/the_funds/lwvf/



Experts complete ECOWAS Draft Convention on Small Arms

Experts from Africa, Europe and the United States have endorsed the draft Economic Community of West African States (ECOWAS) Convention on Small Arms and Light Weapons on 15 March 2006. The Convention would replace the eight-year-old Regional Moratorium on small arms, adopted in 1998. Among its provisions it will ban weapons transfers to non-state armed groups; impose strict standards on the private possession of firearms; and, include a sanctions and monitoring mechanism for violations of its provisions. An annual report will also 'name and shame' violators. The Draft Convention is expected to be adopted formally in June 2006.

Congo-Brazzaville: World Bank grant will help disarm 30,000 ex-combatants

The World Bank and the Republic of Congo have signed an agreement for a USD 17-million grant to disarm, demobilise and reintegrate 30,000 former combatants in the country. Under the demobilisation programme, ex-combatants would undergo vocational training, be helped to get jobs and receive medical and social care. The funds would also be used to rebuild basic infrastructure in communities and support reforms in the police and the military.

Source: IRIN News, 4 January 2006

Middle East study shows attitudes toward guns are changing

Young Lebanese, Palestinians and Sudanese want tougher gun control regulations, a recent survey suggests. The study, conducted over the last six months by the Middle East North Africa Network on Small Arms, involved surveys on about 200 people aged between 20 and 35 in Lebanon's capital Beirut, the Bekaa valley and in the south; in Ramallah in the Occupied Palestinian Territories and in the northern Gaza Strip, and in the area of al-Haj Yousif near Khartoum, Sudan; an area with large numbers of internally displaced persons. It suggests that attitudes might be changing in a region where there has historically been extensive ownership of guns and a reliance on security provided by tribe and family, rather than a central authority.

Source: IRIN News, 1 March 2006

Unexpected sources of arms for the Taliban

Over the past few months, anti-government groups in the southern provinces of Afghanistan have stepped up their attacks on army units and police as well as international military forces. Most officials and commentators have said the source of the violence is training camps and bases in Pakistan. However, a series of arms seizures in the north indicates that logistical support for the Taliban may be coming from an unlikely source: their former foes in the so-called Northern Alliance. "Our information indicates that whenever Taliban attacks increase in the south, the price of arms goes up in the north," said General Abdul Khalil, chief of the northern

division of police. Military authorities estimate that there are more than a million weapons in the northern provinces alone. Local commanders are now the target of determined attempts at disarmament. However Defence ministry spokesman General Zahir Azimi acknowledges that the army and police don't know exactly how many weapons remain or where they are located. "These are armed individuals, and their weapons are not registered with the defence ministry," he said. "It is possible that these arms are being sent from one place to another."

Source: Institute for War & Peace Reporting, 12 March 2006

100-day countdown to July Review Conference on small arms

On 16 March, the 100-day countdown to the July Review Conference on small arms was launched by Control Arms campaigners, including Amnesty International, Oxfam, and the International Action Network on Small Arms. For 100 days, campaigners in over 80 countries will be holding marches, concerts and activities to put pressure on governments to support tougher international controls on arms. On the first day, a new report on arms embargoes was launched to show how UN arms embargoes have been systematically violated over the past 10 years. In addition, Nobel Laureates and well-known figures such as Archbishop Desmond Tutu, Mary Robinson (former High Commissioner for Human Rights), Arundhati Roy (author and activist), and Lt. General Romeo Dallaire (former commander of UN Forces in Rwanda) have signed an open letter to the media, calling on governments to support an international arms trade treaty.

Source: www.controlarms.org

Durban conference on firearm injury prevention

On the eve of the 2006 World Injury Prevention Conference, a pre-conference on "Driving change: Developing firearms policy for safer societies" was held in Durban, South Africa on 31 March–1 April. 60 participants from over 15 countries adopted a statement that reaffirms the role and responsibility of the public health community in contributing to shaping global action on reducing and preventing gun violence. See www.smallarmsnet.org/events/2006/preconfstatement.pdf for the full statement.

Endnotes (from article on page 4)

- 1 United Nations Development Programme (2005), *Human Development Report 2005: International cooperation at a crossroads: Aid, trade and security in an unequal world*. UNDP, New York, p. 221
- 2 *Human Development Report 2005*, p. 238
- 3 Godnick, William (1999), *Victimas o Sobrevivientes: Dealing with the public health consequences of firearm violence in Guatemala*. SAND, available at: <http://sand.miiis.edu/research/1999/feb1999/Vctimas.pdf>
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