

**A CRITICAL APPRAISAL ON THE EXTENT OF COMPLIANCE WITH THE
COMPULSORY TREATMENT AND CARE FOR VICTIMS OF GUNSHOT ACT,**

2017*1

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Abstract

The enactment of the Compulsory Treatment and Care for Victims of Gunshot Act 2017 (CTCVGA) that empowers medical personnel to treat victims of gunshot without demanding police report has given specific legal backing to the persistent calls for higher premium to be placed on life than arresting a victim of gunshot. There appears to be breach of this Act than compliance. The need to examine the extent of compliance and securing effective compliance with the Act is what prompted this research work. The piece adopted the doctrinal research methodology. The research found that there has not been sufficient awareness of the CTCVGA just as there has been wanton breach of the provisions of the CTCVGA. Healthcare providers still require police report or they outrightly refuse to accept victims of gunshot on the basis of lack of treatment facilities. The piece recommends amongst others that there should be robust sensitization and awareness programs on CTCVGA, constitution of presidential and state monitoring teams, providing complaint channels and incentives to hospital. This way, the demand for police report and the usual flimsy excuse of 'lack of facilities' will become a thing of the past, thereby securing compliance with the CTCVGA.

Key words: Gunshot, Victims, Hospital, Police, Compliance, healthcare providers, Compulsory Treatment and Care for Victims of Gunshot Act 2017 (CTCVGA).

1.0. INTRODUCTION

The hope for a special legal regime where victims of gunshot across Nigeria will be entitled to receive immediate and adequate treatment by any hospital in Nigeria, got the nod of the Federal Government of Nigeria in 2017, when President Muhammed Buhari signed in to law the Compulsory Treatment and Care for Victims of Gunshot Act (CTCVGA). The Act which contains sixteen sections guaranteed the immediate treatment

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of victims of gunshot injuries. The Act also criminalized the failure to offer such treatment or assistance to the victims of gunshot.

However, there have been reports of non-compliance with the CTCVGA and this necessitate the need to examine the extent of compliance (if at all there is) and means of securing effective compliance with the Act. This piece is therefore to address these need. To achieve its purpose, the piece is divided into subheads which shall discuss who a victim of gunshot is? the prevailing state of affairs in relation to the acceptability and or treatment of victims of gunshot before the CTCVGA and what necessitate the Act, other existing laws affording similar protection of immediate treatment to victims of gunshot will be appraise and the recent reality on the state of compliance with the Act will be analyse. The challenges with the compliance of the CTCVGA will be identified and the means of securing sufficient compliance with the Act will be suggested. conclusion will end the piece.

2.0. **WHO IS A VICTIM OF GUNSHOT?**

The best guide to appreciate who a victim of gunshot is, is to make reference to the interpretation section of the CTCVGA. Section 15 thereof define “victim” to mean “a person who sustain injuries as a result of gunshot, powder burn and other injuries arising out of or caused by the discharge of a firearm”. Therefore, any person who sustain injuries resulting from the discharge of firearm is a victim of gunshot. It is important to state that the reason for discharge of the firearm, the place and circumstance of how the injuries were sustained by the victim is immaterial.

3.0. **STATE OF AFFAIRS BEFORE THE COMPULSORY TREATMENT AND CARE FOR VICTIMS OF GUNSHOT ACT 2017 (CTCVGA).**

Until recently, gunshot injuries in Nigeria were strictly linked to military activities as in civil war or the few accidents that occur during celebrations or festivals.²It is now worrisome that gunshot injuries have become an everyday occurrence in Nigeria.

² A.F. Imosemi, ‘Compulsory Treatment and Care for Victims of Gunshot Act (2017): Saving Lives in Nigeria Hospitals or a contradiction of the provisions of the Administration of Criminal Justice Act (2015)? Nigerian Journal of Medicine, Vol. 27 No. 4, October-December, 2018’ at <https://njmonline.org> accessed 25/08/2021. P. 333.

The causes of gunshot injuries are multidimensional. In Northern Nigeria, religious violence is the common cause while in Southern Nigeria, armed robbery gunshot related injuries are very common. The other sources of gunshot injuries occur from accidental killings, wars, assassinations, political thuggery, parties and festivals that turn rowdy, extra judicial killings, hunting experiences, cultism, communal clashes and the current incessant herdsmen killings in Nigeria.³

Prior to the enactment of the CTCVGA, gunshot victims as a matter of practice (not law) were required to present police report before a hospital or healthcare institution could treat their injuries. This practice stemmed from the misinterpretation of the 1986 amendment of the Robbery and Firearms (Special Provisions) Act⁴, which was made at a time when armed robbery was rife and the military government noticed that robbers who escaped with gunshot injuries obtained refuge in hospitals. Unfortunately, the said Act did not in any way contemplate obtaining police report before treatment is offered to victim of gunshot injuries.

The psychological rationale behind the insistence on the request of a police report is to ensure that the victim of the gunshot injuries is not a run-away criminal who has just been shot by private individuals or the police and evading an arrest.⁵ This practice was in existence for several decades. The predilection of hospitals and other health facilities to deny traumatized gunshot victims' medical attention until police report is obtained has been a serious flaw which has endangered the lives of many unlucky citizens.⁶ There were recorded high increase in the rate of gunshot injuries due to so many criminal and lawless activities and too many persons were daily losing their lives due to limited time to comply with obtaining police report before treatment is offered. Therefore, at different times, victims of gunshot lost their lives in this debacle under avoidable circumstances⁷.

³ Ibid.

⁴ CAP R11 LFN 2004

⁵ Supra note 1 P. 335.

⁶ Editorial Board, 'Treatment of Gunshot Victims' at <https://guardiang.ng/opinion/treatment-of-gunshot-victims/> accessed 2/09/2021.

⁷ In 2008, Saka Saula, the then chairman of the Lagos State chapter of the National Union of Road Transport Workers, was shot in his house. A nearby hospital refused to treat him for lack of a police report; he died on the way to a public hospital. In 2009 Mr. Bayo Olu of The Guardian Newspaper died under similar circumstances. See A. O. Mustapha, 'Compulsory Treatment and Care for victims of Gunshot Act 2017: An Appraisal' available at

Due to the continued public outcry against this practice by healthcare institutions and the Nigerian Police, there was a directive by the then Police High command to the effect that victims of gunshot injuries should be treated promptly by medical personnel with or without police report during the tenure of Inspector General of Police (IGP) Solomon Arase. The subsequent IGP gave a similar directive as well.⁸

The Federal Ministry of Health had on several occasions lent a voice to abolish the unfortunate practice of refusing to treat victims of gunshot injuries without medical report. In 2014, the Minister for Health, Professor Onyebuchi Chukwu called for the citizenry to report any Medical Practitioner or healthcare institution that refuses or neglects to treat a gunshot victim for lack of police report. The minister described the practice as ‘criminal and unethical’⁹

It is worthy of note that there are existing legislations that encourage or mandate the immediate treatment of victims of gunshot by healthcare providers. A look at some of the laws is imperative.

3.1. **Existing Legislations before the enactment of The Compulsory Treatment and Care for Victims of Gunshot Act 2017 (CTCAGA).**

There are laws in existence under which one can correctly conclude that Medical Practitioners or a health care provider has a duty to offer immediate and adequate treatment to victims of gunshot. Some of these laws are:

A. The Constitution of the Federal Republic of Nigeria 1999 (As amended).

The principal responsibility of every state is the protection of lives and properties. This responsibility remains sacrosanct even in the light of administration of criminal justice system. Section 33¹⁰ of the Constitution guarantees the right to life in the following words:

https://www.academia.edu/35587445/COMPULSORY_TREATMENT_AND_CARE_FOR_VICTIMS_OF_GUNS_HOT_ACT_2017_AN_APPRAISAL last accessed 07/09/2021. see also supra note 1.

⁸ A. O. Mustapha,. ‘Compulsory Treatment and Care for victims of Gunshot Act 2017: An Appraisal’ Ibid.

⁹ <https://www.medicalworldnigeria.com/2014/01/chukwu-decries-rejection-of-gunshot-victims#.WknVwt-nHIU> accessed last 25/08/2021.

¹⁰1999 Constitution of the Federal Republic of Nigeria (As amended).

“Every person has a right to life and no one shall be intentionally deprived of his life. Save in execution of a sentence of a court in respect of a criminal offence in which the person has been found guilty in Nigeria”

Again, section 34 provides that every individual is entitled to respect for the dignity of his person and accordingly no person shall be subjected to torture or to inhuman or degrading treatment.

It is observed that failure to offer immediate treatment to a victim of gunshot amount to inhuman and degrading treatment and where death occurred, it could be seen as depriving the victims’ right to life. What is more, the victim is entitled to enjoy the presumption of innocent¹¹ and be treated. It is submitted that even a death sentenced convict is entitled to the protection of his life before the execution of the sentence against him.

B. Robbery and Firearms (Special Provisions) Act¹²

Section 4(1) of the Act provides that;

“It shall be an offence punishable under this Act for any person to knowingly house, shelter, or give quarters to any person who has committed an offence under section 1 (2) of this Act.”

Subsection (2) of the same section provides that;

‘It shall be the duty of any person, hospital or clinic that admits, treats or administers any drug to any person suspected of having bullet injuries to immediately report the matter to the police.’”

This law was made at a time when Armed Robbery was rife and the military government noticed that robbers who escaped with gunshot injuries obtained refuge in

¹¹ Section 36(5) of the 1999 Constitution of the Federal Republic of Nigeria (As amended)

¹² CAP R11, Laws of the Federation of Nigeria (LFN), 2004

hospitals. The failure of healthcare institutions to treat victim of gunshot is clearly an abdication of duty and an obvious disregard to the provision of subsection (2). The above shows that nothing precludes healthcare provider or institutions from treating gunshot victims, the only condition attached is that they are mandated to report such treatment and surrounding circumstances to the Police promptly, as failure to do so would amount to an offence.

C. National Health Act, 2014¹³

This is law that was assented to by President Goodluck Jonathan. Section 20(1) of the Act states that;

“A health care provider, health worker or health establishment shall not refuse a person emergency medical treatment for any reason”

Subsection 2 of the same section makes it a punishable offence for anyone who refuses to offer treatment to patient in cases of emergency.¹⁴ However, healthcare providers did not consider the case of victims of gunshot as emergency.¹⁵ This position of the healthcare providers with respect is a surreptitious one in an attempt to abdicate from responsibility. It should be abecedarian that victims of gunshot demand urgent attention. The word ‘Emergency’ in relation to person is seen as one with a medical condition requiring immediate treatment.¹⁶ With this understanding in mind, one is left to ponder, what can best be described as ‘emergency’ in the eyes of healthcare providers than that of a victim of gunshot. There is need to have a defaulter prosecuted and convicted, so that the import and purport of the word ‘emergency’ will be appreciated and sink properly into the ‘brains’ of the healthcare providers as including victims of gunshot.

¹³ Section 20 of the National Health Act (2014), (Act No. 8 of 2014)

¹⁴ A person convicted shall be liable to a fine of N100,000.00 or to imprisonment for a period not exceeding six months or both.

¹⁵ A.F. Imosemi, ‘Compulsory Treatment and Care for Victims of Gunshot Act (2017): Saving Lives in Nigeria Hospitals or a contradiction of the provisions of the Administration of Criminal Justice Act (2015)? Nigerian Journal of Medicine, Vol. 27 No. 4, October-December, 2018’ at <https://njmonline.org> accessed 25/08/2021. P. 335.

¹⁶ <https://www.lexico.com/definition/emergency> accessed 12/09/2021.

Despite these glaring provisions of laws, the healthcare providers consistently failed to honour the provisions of the laws in attending to victims of gunshot. It is this circumstance that led to the enactment of the CTCVGA into law (a specific legislation on victims of gunshot), a situation giving birth to similar provisions of laws already in existence without compliance. Let's now appraise the content of the CTCVGA.

4.0. **APPRAISAL OF THE COMPULSORY TREATMENT AND CARE FOR VICTIMS OF GUNSHOT ACT 2017 (CTCAGA).**

The Bill¹⁷ which gave birth to the CTCVGA, was sponsored by Senator Osita Izunaso as far back as 2009.¹⁸ It was assented by the President on the 20th day of December, 2017. The CTCVGA has 16 sections. It created obligation and duty on persons, health care providers and the police, and it made provisions for offences and punishment. Finally, it made provisions on jurisdiction/power of Court. The examination of the Act shall be in the identified division.

4.1. **Obligations and duties created by the CTCVGA.**

There are principally 10 duties and obligations imposed by the Act in respect to victim of gunshot. Some of the duties are imposed on the police, some on the hospital and healthcare providers, while others are imposed on every person.

1. **Those imposed on the healthcare providers and hospitals (whether private or public) are:**
 - a. Duty to accept or receive for immediate and adequate treatment with or without police clearance any person with a gunshot injury.¹⁹
 - b. Duty to receive for immediate and adequate treatment with or without initial money deposit.²⁰

¹⁷ SB. 247

¹⁸A. O. Mustapha, 'Compulsory Treatment and Care for victims of Gunshot Act 2017: An Appraisal' available at https://www.academia.edu/35587445/COMPULSORY_TREATMENT_AND_CARE_FOR_VICTIMS_OF_GUNSHOT_ACT_2017_AN_APPRAISAL last accessed 07/09/2021.

¹⁹Section 1 of the CTCVGA.

²⁰ Section 2(2)(a) Ibid.

- c. Duty to report the fact that they have a victim of gunshot under their care to the nearest police station within two hours of commencement of treatment.²¹
- d. Duty to issue Certificate of fitness as at when due in respect to a victim of gunshot.²²
- e. Duty to notify the family members or relations of the victim as far as they may ascertain within 24 hours of becoming aware of the victim's identity.²³
- f. Duty to keep adequate record of the treatment of victim of gunshot.²⁴

A major pitfall in the duty to accept victims of gunshot for immediate and adequate treatment with or without initial money deposit, is who will pay for the treatment, considering that such kind of injuries are financially demanding and delicate? Where no initial deposit is made, chances are that the healthcare facility may not get the fee for the treatment offered especially where the victims are indigent. This point needs to be addressed so that it will not constitute a bottleneck in an attempt to secure compliance with the obligation to treat victims of gunshot without initial deposit.

2. The specific duties imposed on the Nigerian Police are:

- a. To immediately commence investigation upon receipt of report, with a view to determine the circumstances under which the victim was shot.²⁵
- b. To furnish on the hospitals upon demand, with background information of the victim.²⁶

3. The duties impose on all and sundry (security agents, hospital and every person) are:

- a. To render every possible assistance to any person with gunshot injuries and ensure that the person is taken to the nearest hospital.²⁷

²¹ Section 3(1) Ibid.

²² Section 4 Ibid.

²³ Section 10 Ibid.

²⁴ Section 12 Ibid.

²⁵ Section 3(2) Ibid.

²⁶ Section 6 Ibid.

²⁷ Section 2(1) Ibid.

- b. Not to subject a victim of gunshot injuries to inhuman and degrading treatment or torture.²⁸
- c. To treat every volunteer or helper of a victim of gunshot with respect and not to subject them to unnecessary and embarrassing interrogation in their genuine attempt to save life.²⁹

4.2. Offence and punishment under the CTCVGA

The CTCVGA, provides mainly four kinds of offences and punishment thus;

- a. Failure of a Hospital to promptly report to the nearest police station within two hours of commencement of treatment of a victim of gunshot to enable investigation by the police would amount to an offence and on conviction, shall be liable to a fine of N100, 000.00 and every doctor directly concerned with the treatment shall be liable on conviction to a term of 6 months imprisonment or a fine of N100, 000.00 or both.³⁰ Similar provision is contained in the Robbery and Firearms (Special Provisions) Act 1986.
- b. A person who fails, neglects or refuses to give the report, on demand by hospital, of the background information of the victim of gunshot commits an offence and is liable upon conviction to 6 months imprisonment or a fine of N50,000.00 or both.³¹
- c. A person who commits an offence under the Act which lead to or causes substantial damages to the victims commits an offence and is liable on conviction to imprisonment for a term of not more than 15 years and not less than 5 years without the option of fine.³²
- d. Any person or authority including any police officer or other security agents or hospital who stands by or omits to do his bit which results in the unnecessary death of any person with bullet injuries commits an offence and

²⁸ Section 2(2)(b) Ibid.

²⁹ Section 8 Ibid.

³⁰ Section 5 Ibid.

³¹ Section 7 Ibid.

³² Section 9 Ibid.

shall on conviction be liable to 5 years imprisonment or a fine of N50,000.00 or both.³³

4.3. Jurisdiction and powers of Court under the CTCVGA.

The court conferred with jurisdiction to hear matters arising from the provisions of the Act is the High Court of a State.³⁴ The Court can try the head of a corporate body where a corporate body commit an offence.³⁵ The Court is enjoined in addition to the penalty provided under the Act to order restitution to the victim by directing that the convict pay to the victim an amount equivalent to the loss sustained.³⁶ Such order of restitution can be enforced like a judgment of a civil suit³⁷.

No doubt, the provisions of the CTCVGA are unconvoluted, thereby easy to comprehend. Its purpose is to prevent acts of the security agencies, healthcare providers, and volunteers, which would jeopardise the health or life of victims of gunshot. There are few novel provisions especially as it relates to offences, punishment and restitution. Section 11 of the CTCVGA contains a broad-brush provision which is very important to the essence and spirit of the Act. The concern in the phrase ‘who stand by or omit to do his bit which result to unnecessary death’ is that it may be difficult to obtain evidence against persons in the public to support a charge under section 11. This is because, only a person who stood by can give evidence of the fact that another person stood by and omit to do his bit, as the death victim cannot give evidence from his grave of persons who actually stood by and refused to assist him. However, evidence to support a charge under the section can easily be obtained against healthcare providers or security agencies. For instance, A and B rendered support of taking C (victim of gunshot) to the hospital and the staff ignored them, leading to C’s death. A or B can be witness to sustain a charge against the Hospital management and staffs.

³³ Ibid.

³⁴ Section 14 and 15 Ibid.

³⁵ Section 13 and 14(1) Ibid.

³⁶ Section 14(1) Ibid.

³⁷ Section 14(2) Ibid.

Having seen the innovative provisions of the CTCVGA, it is hoped that the reckless act of non-compliance with the express provisions of the earlier laws and directives which seek to protect patients with emergency cases will not be extended to this Act. It is ripe at this point to analyse the extent of compliance (if any) with this commendable legislation.

5.0. **RECENT REALITY ON THE EXTENT OF COMPLIANCE WITH THE COMPULSORY TREATMENT AND CARE FOR VICTIMS OF GUNSHOT ACT 2017 (CTCVGA)**

The only and best justification in achieving this discussion is to rely on reports or records which shows events relating to victims of gunshot. Let me reproduce the result of 2018 semi-structured interview by Imosemi which is contained in his article.³⁸ In the article, he indicated that an interview was conducted for ten Proprietors of private health care institution. Only six out of the proprietors are aware of the CTCVGA. When asked what the six do when victims of gunshot injuries are brought in, they said they prefer not to treat them but refer them to the nearest government or Teaching health care Centre. They claimed to do this because they do not want to be caught in police web and secondly, they do not have modern equipment to treat gunshot injuries like public hospitals. The other four proprietors said even though they are not aware of the new law, no gunshot victim has been brought in for treatment, but any time they have, they would prefer to refer them to public hospitals.³⁹

A similar interview was also carried out among ten medical personnel from the emergency unit of ten different government owned hospitals. The ten of them said their hospital is in the know of the CTCVGA. Gunshot victim without police report, they all answered in the affirmative. When further asked if they went to the nearest police station to make a report, they all said yes and that the police came instantly to investigate the cause of the gunshot injuries.⁴⁰

³⁸ A.F. Imosemi, 'Compulsory Treatment and Care for Victims of Gunshot Act (2017): Saving Lives in Nigeria Hospitals or a contradiction of the provisions of the Administration of Criminal Justice Act (2015)? Nigerian Journal of Medicine, Vol. 27 No. 4, October-December, 2018' at <https://njmonline.org> accessed 25/08/2021. P. 339.

³⁹ *ibid*

⁴⁰ *Ibid.*

An attempt to conduct a similar interview among the ten Divisional Crime Officers (DCOs) of the Police Stations that were closest to the ten government owned hospitals was undertaken, but only two of them agreed to grant the interview. The author guessed the DCOs that refused to grant the interview were “protecting” their jobs. When asked if the two responsive DCOs have the knowledge of the CTCVGA, they both said yes and that the Nigerian Police are strictly abiding by the provisions of the Act and said no more.⁴¹

Having seen the above, a look at reported factual situations becomes imperative.

- a. An incidence reported in 2019, barely two years after the CTCVGA, was that, on Monday the 22nd of July, 2019 news broke that one Mr. Precious Owolabi, a youth corps member serving at Channels Television News in Abuja, was shot while reporting the clash between the Nigerian Police Force (NPF) and members of the Islamic Movement in Nigeria (IMN) on the detention of El Zakzaky. It was further reported that Mr. Owolabi was allegedly rejected by the various hospitals where he was taken to for treatment of his gunshot injury. That resulted to his untimely and preventable death.⁴²
- b. In January, 2021, David Ntekim-Rx, 22 years budding I.T Engineering and Computer expert was shot by robbers in Lagos. Both law enforcement and medical personnel at the scene of the tragic event carried on as onlookers, stood by and did nothing until he died.⁴³
- c. In May, 2021, an Accountant Odili Onosigho was shot by armed robbers at Festac in Amuwo Odofin Local Government Area of Lagos State. He was with a friend identified as Michelle, who fled the scene only to return to see Odili bleeding. Help did not come from commuters and other passersby. Some good Samaritans later

⁴¹ Ibid.

⁴² E. Obidigwe, ‘An Appraisal of the Compulsory Treatment and Care for Victims of Gunshot Act, 2017: Late Precious Owolabi’ at www.mondaq.com/article/835070 accessed 2/09/2021.

⁴³ T. Onyiuke, ‘Hippocratic oath and gunshot victims’ at The Nation, May 19, 2021 at <https://theationonlineng.net/Hippocratic-oath-and-gunshot-victims/> accessed 3/09/2021.

helped and rushed Odili to various hospital but they rejected him because there was no police report. Shortly afterwards, Odili lost his life.⁴⁴

- d. In another event of 11th June, 2021 reported by Nwali-Chukwu,⁴⁵ it shows that one Ebenezer Ayeni, was shot by Armed Robbers, in his Ibadan residence on 11th June, 2021. He was rejected by two hospitals in Ibadan, because there was no police report. Sadly, Ebenezer died without Medicare, after two hours of fighting for his life.

The above reports are negative to the purpose of the CTCVGA. In a statement made on 14th August, 2021, the Executive Director of a Non-Governmental Organization, the Crime Victims Foundation of Nigeria (CRIVIFON) Mrs. Gloria Egbuji frowned at recently reported cases of rejection of gunshot victims by hospitals, which led to their death. She also appealed to the government to ensure such medical facilities face prosecution.⁴⁶

At the moment (December, 2022), the CTCVGA is five years of existence. One will ordinarily expect that, what the Act seeks to remedy should have long been achieved. The series of complaints and negative reports of non-compliance with the provisions of the CTCVGA is shocking. One is left to ask why do hospital still demand police report? Are health care providers still being arrested and harassed for accepting victims of gunshot without police report? Are personnel of hospital not aware of the CTCVGA? Are victims or victim's relatives not aware of the CTCVGA to seek redress in court? If these reported cases involving these personalities were unpleasant due to failure to comply with the CTCVGA, one wonders how many ordinary citizens' life is lost on daily bases that are not aired or reported.

⁴⁴ Ibid.

⁴⁵ C. Nwali-Chukwu., 'Compulsory Treatment and Care for Victims of Gunshot Act 2017: How Effective' at www.mondaq.com/article/1082822 accessed 2/09/2021.

⁴⁶ S. Olumide., 'Gunshot acts: Group advocates tougher measures' 15th August, 2021 at <https://guardian.ng/news/gunshot-acts-group-advocates-tougher-measures/> accessed 31/08/2021

A challenge that appears to be connected with the non-compliance with the CTCVGA is lack of awareness of the CTCVGA even among the health care providers. This is clear when after one year of the existence of the CTCVGA there are still proprietors of private hospitals who said they are not aware of the CTCVGA.

Furthermore, there are health care providers who are aware of the CTCVGA but remained hell-bent in requesting police report before treating victims of gunshot. To chase away victims, in some instance, they express lack of facilities to treat the victims.

A pitfall in the duty to accept victims of gunshot for immediate and adequate treatment without initial money deposit, is how will the payment for the treatment be guaranteed. Certainly, not all victims can afford payment for the treatment and the CTCVGA did not provide the means of payment in respect to the treatment of indigent victims. No doubt, this isa discouraging factor to achieving the objective of the CTCVGA.

The relatives of the victims of gunshot who eventually died due to failure of healthcare providers to receive the victim will not have thecourage to report the allege crime (if at all they know it is an offence) to security agency for their arrest, investigation and prosecution. It was poignantly unpleasant that in all the reported situations examined above, the stories end with the death of the victims, and nothing more.

6.0. **THE MEANS OF SECURING COMPLIANCE WITH THE CTCVGA**

With the coming into force of the CTCVGA, hospitals and health care providers have no reason to reject gunshot victims on the grounds of absence of police report. The failure of compliance with the Act can be attached wholly on defect in implementation. To secure compliance with the Act, certain implementation strategies need to be put in place. With the long-time negative culture to the CTCVGA, robust and immediate compliance with the Act may be very difficult to achieve. Implementation is certainly not an event, but a process. In this light, the following suggestion may be useful to secure effective compliance with the CTCVGA:

- a. There is need for immediate and robust awareness and sensitization programs on the content and implication of the CTCVGA to hospitals, healthcare providers, law

enforcement authorities and human right Non-Governmental Organizations (NGOs). The programs could be through the combine means of seminars, workshops and webinars. The general public can also be sensitized of their rights and obligations under the Act vide radio, TV, bills, flyers and all forms of social media. The Ministries of Health and Nigerian Police Force should organize regular joints session programs on ensuring compliance with the CTCVGA. The awareness programs have to be continuous for a period of a year.

- b. A body of Presidential and state monitoring team should be formed. This is because, effective implementation of law demands political commitment from the top. The monitoring teams should champion the sensitization and awareness programs. They will be central to ensuring full implementation and compliance with the CTCVGA. They should be responsible for distributing flyers and bills, and to coordinate awareness programs through radio, Tv, and all forms of social media with the support of National Orientation Agency (NOA) to the general public. They must also liaise with community-based NGOs and human right advocates to achieve this goal. The team should be ready to promptly follow-up to communities where gunshot victims are reported. This will also mean that the team must have contact information of all medical facilities across Nigeria. This record is very key to aid in achieving the task of the monitoring teams.

- c. Provision of incentives to health care providers. Medically, the attention given to gunshot injuries is resources-intensive and afflicted by complications.⁴⁷ The CTCVGA did not guarantee the means of payment for treatment services rendered to indigent victims of gunshot. The monitoring teams should liaise with the State Governors and the 774 Local Government Chairmen to support hospitals with facilities for the treatment of victims of gunshot. They can also secure an arrangement where the Local Government Chairmen should pay for the treatment of the indigent victims. With this, payment for the treatment of indigent victims of gunshot will be guaranteed, and health care providers will not hesitate to accept

⁴⁷ A.F. Imosemi, 'Compulsory Treatment for Victims of Gunshot Act (2017): Saving Lives in Nigeria Hospitals or a contradiction of the provisions of the Administration of Criminal Justice Act (2015)? Nigerian Journal of Medicine, Vol. 27 No. 4, October-December, 2018' at <https://njmonline.org> accessed 25/08/2021. P. 334

victims of gunshot for treatment. This way, the false excuse of ‘we don’t have the facilities to treat victims of gunshot’ and demanding police report will become a thing of the past.

- d. Regular report/update on victims treated without police report. The monitoring team should ensure the provision of a channel where victims can give feed-back on the treatment they received. The various healthcare providers should also keep record of the victims they treated. The monitoring team should subsequently report vide media on the numbers of living and survived victims of gunshot treated in the hospitals without police report. This report can be offered every week and it will in turn make the scaring hospitals to be motivated and encourage to attend to victims of gunshot.
- e. Provision of Immediate complaint channel. The public needs to know whom to contact and how to reach them in the event of failure to offer immediate treatment and assistance to victims of gunshot. These are information to be contain in the flyers to be distributed, bills, online platforms and website of the relevant bodies concern. Reachable phone numbers and emails of the monitoring teams and NGOs should be provided as complaint channels. So that, the monitoring team in collaboration with community-based NGOs can follow-up and ensure the arrest, investigation and prosecution of any defaulting person or hospital complained against.
- f. Support of the Medical and Dental Council of Nigeria (the Council). The Council should ensure that the CTCVGA is introduced to medical students who must consider victims of gunshot as emergency cases deserving of immediate treatment. The Council should consistently reiterate compliance with the CTCVGA and her readiness to sanction violators. The Council should as a matter of urgency also supply Bills containing the right of gunshot victims and complaint channel, to every hospital to be compulsorily pasted at a conspicuous part of the hospital for the attention of the general public. A healthcare provider who fails to have and paste such a Bill should be sanction by the Council.

- g. The role of the police. The Inspector General of Police should ensure that contact numbers of Divisional Police Officers (DPOs) and DCOs are delivered to the closest hospital and healthcare providers to ease compliance with the CTCVGA. The police should also ensure they have bills pasted on their stations containing the right of gunshot victims and complaint channel. Every reported breach of the CTCVGA should be immediately investigated and possibly prosecuted. This will ensure compliance by hospitals.

Admittedly, the suggestions offered above are financially demanding. If implemented, it will go a long way to secure compliance with the provisions of the CTCVGA and lives will be saved, as incidence of death of victims of gunshot will no longer be connected to the breach of the CTCVGA.

7.0. **CONCLUSION**

Survival of victims of gunshot depend on immediate transportation to hospital and instant available medical treatment. The circumstance demand urgent attention and that is why the situation can be considered as emergency, a situation which other enactments seek to address but to no avail. One can note that, as far as the need for urgent treatment of victims of gunshot and dispensing with the need for police report is concern, the position of the law remains the same.

However, with the specific legislation on the CTCVGA, the unpleasant and ugly reports of the breach of the Act were supposed to be unheard of. What should ordinarily be expected are success stories of healthy victims of gunshot courtesy of the CTCVGA. The continuing demand for police report despite these laws means life is placed secondary to the police report. It cannot be rule out that at the time of penning this piece, more reports on the failure to comply with the CTCVGA are in progress. The negative culture of failure to comply with the CTCVGA by the stakeholders may continue to the detriment of victims, their family, relatives, society and Nigeria at large, unless the suggested steps of securing compliance with the CTCVGA offered by this piece are embraced.

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