

# Public Health Perspectives on Small Arms

John Loretz / Program Director, IPPNW

**O**n the final day of the BMS, IPPNW and the World Health Organization co-sponsored a panel entitled 'Public Health Dimensions of Small Arms Violence: Impacts, Meaningful Interventions, and the Programme of Action.' About 40 public health experts, medical students, and members of IANSA-affiliated NGOs attended the event.

IPPNW and WHO share a 'public health perspective' on the small arms problem, which focuses on policies and practices that have that have demonstrated reductions in deaths and injuries.

The panel examined the PoA in light of the contribution of public health professionals to understanding the effects of small arms violence on individuals and communities. It explored public health interventions that can prevent small arms violence, addressing both supply and demand aspect of the issue.

Panelists included:

- **Camilla Waszink, Mines-Arms Unit, Legal Division, International Committee of the Red Cross**
- **Balkrishna Kurvey, PhD, Indian Institute for Peace, Disarmament & Environmental Protection (IIPDEP) and IPPNW Central India**
- **Dr Simon Bokongo Kawaya, Congolese Physicians for Peace**
- **Dr David Meddings, Human Security & Small Arms, Injuries & Violence Prevention Department, World Health Organization**
- **Wendy Cukier, Professor of Justice Studies at Ryerson University and Coordinator of the Small Arms & Firearms Education & Research Network (SAFER-Net), moderated.**

## Summary of Panelists' Key Points

**Camilla Waszink**

Examining Demand

- States have focused attention on those parts of the Programme of Action dealing with curbing the supply of weapons. But understanding demand, too, is crucial if the aim is to

reduce small arms violence.

- Until we better understand what motivates the choices that people make in using small arms, it is hard to know what to say or do to influence people's behaviour.
- Public health methodologies can help identify which preventive measures are likely to be most effective.
- Working with communities will help us to understand the specific local factors that give rise to small arms violence.
- Other disciplines (sociology, psychology, anthropology, and ethnography) have a role to play.

**Balkrishna Kurvey**

Training Doctors in India

- In India, with a population of more than one billion, small arms is linked to poverty and the drug trade from Afghanistan.
- Three regions are particularly affected: Jammu/Kashmir, where more than 60,000 people have been killed in the past 15 years; Northeast India, where an armed insurgency is fuelled by weapons from China, Afghanistan, and Romania; and the central Indian state of Bihar, where people buy AK-47s as status symbols and a Maoist faction wants to change the government through violent means.
- Educating doctors and medical students about the socioeconomic effects of small arms is an important public health intervention in India, because physicians are respected and have the capacity to influence public opinion and the views of policymakers.
- IIPDEP has conducted a series of small arms seminars for junior doctors and medical students throughout Central India and other parts of the country, empowering them to engage in political advocacy in support of the PoA.

**Simon Bokongo Kawaya**

War in DRC

- The 5-year war in the Democratic Republic of Congo (DRC) is extremely complex and made up of a number of

entangled conflicts – some ethnic, some political – involving both local and foreign troops.

- There does not appear to be any respect for international humanitarian law or the Geneva Conventions – civilian casualties are high.
- These wars are being fought with both legally and illegally obtained weapons, many of which remain from the former president Mobutu, who used the national wealth to arm his regime instead of investing in health and security.
- There were few hospitals in the DRC to begin with, and those have been largely destroyed by war. During periods of intense fighting as many as 1,000 injured people can flood hospitals with no more than 100 beds.
- The top three public health priorities in the DRC are preventing more violence; minimising the effects of war-related injuries; and gathering medical resources.

**David Meddings**

Violence as a public health issue

- The PoA recognises the determination to reduce human suffering as a concern and theme for UN member States, moving the discussion beyond traditional arms control and disarmament debates and squarely into the public health arena.
- Nevertheless, the complexity of the issue requires a diverse set of approaches.
- The World Report on Violence and Health, published by WHO in 2002, compiles what we currently know about all forms of violence, from child abuse to armed conflict.
- The perception of community insecurity and violence is a principal driver of the demand for SALW.
- Violence prevention programs implemented in Brazil and Mozambique have shown promising results, but evaluation based on accurate data is essential.