Plenary Contribution to IPPNW Conference “Aiming for Prevention: International Medical Conference on Small Arms, Gun Violence, and Injury.”
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Mr. Rubem Cesar Fernandes, Member of Facilitations Group, International Action Network on Small Arms (IANSA); Director, Viva Rio; Executive Secretary, ISER, Brazil

IANSA was formed after meetings which started in 1998, the first one in Canada, which shows how short this process has been. Indeed, it’s something that has grown internationally, the awareness of the issue and mobilization around it, in the 1990’s. So we are talking about the late reaction to a problem which has grown for a much longer time. So IANSA came to be a network, it’s an open network which is aimed at actions—which will take place where actions take place which is always local, somewhere. Therefore, aiming at a stronger presence at regional and national levels. It is based in London now, the coordination. You can reach information and join in if you go through the internet at www.iansa.org And we’ve been very much taken by the UN Process, preparatory and then the conference itself. So most of IANSA’s work in the last couple of years has been trying to cope with diplomacy and diplomatic documents. Our hope is that now, after the UN Conference has been accomplished, we can do more in the way of campaigning, mobilization, and action. We have a meeting this week after here in Brussels where exactly this will be the subject, a kind of planning for the next three years aiming at an action plan. So please join.

I would like to add to this IANSA introduction my view of the Call to Action which this session is supposed to be accomplishing. I will make two points and then a suggestion. First point – the two points refer to one single issue. It seems to me that the entrance of the public health perspective into this debate promotes a paradigm shift. The tradition has been “arms are military issues,” therefore they are controlled, they are decided upon by military personnel. So state-level decision-making, and military. So the entrance of the public health community into the debate opens it up in a way that seems to be critical to the issue. For two reasons. First, when you are International Physicians for the Prevention of Nuclear War. Nuclear war has been since World War II this horizon of horror which we are trying to prevent from happening. When you talk about small arms you enter emergency rooms of our hospitals, and just like our friend from Uganda was describing, deal with their dramatic presence in the medical profession. So there we are not only talking about a horizon, we are talking about something that is happening all over the place in hospital emergency rooms. So it’s right there in the medical profession.

Second, a definition for small arms is that it’s an arm, a kind of a gun, which can be used and carried by armed individuals. Different from tanks, airplanes, bombs, so forth. So we are talking about individuals carrying and using. Therefore you are talking about a micro level of violence. You are talking about a level of violence which escapes state control.
It’s impossible for the military, for the state really to control - If they can’t control the use of nuclear bombs, they can’t control the millions of individuals carrying about these arms we are talking about here. So you are talking about a level where public awareness, public behavior, public internalized controls are critical. Unless society itself is providing this kind of control, nobody’s going to control it. So the fact that it is growing is a sign of lack of control of society itself, broken down in many places all over the world, in its ability to cope with conflict without violence, and also about the crisis in state institutions to realistically if not democratically control what is happening in their territories. So here, if you are talking about a micro process, it’s very similar to an epidemic’s process…

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…but a kind of violence that’s growing through very localized, individualized interactions – in families, in neighborhoods, in tribes, in small groups, and so forth. So you are talking about a level of violence, a kind of problem which is typically a disease control/public health issue. And this is really hard to get in people’s minds. In my country, they always talk about war. It’s a war language that’s not correct, because it’s happening inside of homes and neighborhoods. You need a public health perspective, an epidemiological perspective to enter the picture. And so I think it’s really – I’m not here doing rhetoric – I think it’s really essential to the issue, this interest of the public health perspective. Therefore my suggestion is that this conference somehow try to start a global communication process calling upon medical and public health institutions to enter the debate in a strong manner. WHO should be gathering health decision makers around the globe on this issue, Ministers of Health. Journals – we had here a very interesting panel of journals – carrying it out, the students of health and medicine bringing it out. We need to have the health community assimilating this concept because it has not. Usually the doctors are only taking care of the consequences in hospitals, they don’t even fill out the forms of external cause, they don’t think it’s relevant. Because they are too busy doing their main job which is emergency care. So I think a mobilization from within the medical community around this issue is timely, and really can make a huge difference not only in numbers but in paradigm shift. And that’s pretty crucial, thank you.