

Dr. Hakeem Ayinde, IPPNW Nigeria, address to delegates to the United Nations Programme of Action on Small Arms and Light Weapons PrepCom – March 21, 2012

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Thank you Madame Chair for the opportunity to speak.

### **Why are we here today?**

**I am here as a medical doctor** from Nigeria with the International Physicians for the Prevention of Nuclear War (IPPNW). I have worked with the Nigerian Police and seen the effects of firearms-related violence up close. I am here to speak not only about the problem, but also about the solutions. Working together, we can prevent much of the human consequences of gun violence including injuries, death and oppression.

### **Why are we here today?**

We are here today to discuss the Program of Action's implementation. We are here today because we share a common humanitarian concern, a concern that is clear in the text itself of the UN Programme of Action. Indeed, the preamble repeatedly underscores human suffering as a primary reason for the PoA. It also states a determination to end human suffering.

Part III paragraph 18 calls on States, health and medical institutions and civil society, among others, to develop and support action-oriented research aimed at facilitating greater awareness and better understanding of the nature and scope of the problem. This provides the basis for addressing demand within the scope of the PoA.

Why do people think they need to own a gun other than for sports or hunting for food? Why are guns so often used in inter and intra personal violence? The answers to these kinds of questions will help formulate programs and policy.

We must not accept as the norm that gun violence will remain prevalent in our societies. Public health tells us that gun violence is preventable. We can and must work together to solve this problem.

My colleagues around the world have collected *One Bullet Stories* to document the human cost of gun violence. Let me give you an example from Ecuador, which is typical of the stories from around the world. A 40 year old man arrived in the emergency room with two gun shots wounds. He survived after 2 surgeries. The cost of his 10 days of hospital care was \$10,000 US. This represents the health care share of **200 Ecuadorians**. The cost described is only the hospital costs, and does not include his long term physical and mental rehabilitation, family time caring for him at home, job loss and children dropping out of school because of lack of funds. Survivors include not only the direct victims of gun violence, but family, friends and communities. Given the global economic climate and the financial pressures on governments, it is imperative that we - women, men, everyone - work together to find the most effective and efficient solutions to gun violence.

We have many examples of cross sector cooperation to help prevent and reduce gun violence. Women's organizations, including members of the IANSA Women's Network, are often the first to initiate micro-disarmament projects at the grassroots level. In Northern Kenya, pastoralist women from the Frontier Indigenous Network brought together their communities to hold dialogues and consultations to end armed violence there. Together, they successfully negotiated a peaceful solution. Today these women are working side by side with their government to raise awareness, identify smuggling routes and arms traffickers along the Somali border.

It is essential to incorporate the knowledge and experience of women's organizations in exchanges and training programs, and use them as a resource. UN Security Council Resolution 1325 recognizes the active role that women can play in peace processes and it binds Member States to ensure women's full participation accordingly.

It is equally important to include health professionals in the development and evaluation of interventions. In fact the WHO sites this as one of the 4 best buys to reduce the consequences of violence. Another example of cross sector cooperation is the *Cops and Docs* program in the state of Washington in the USA. The *Cops and Docs* program pairs physicians and police visiting elementary and middle schools to graphically talk to the students about the health and social consequences of owning, using or being around hand guns as well non-violent conflict resolution. They documented a reduction in gun use in the schools visited.

We know a lot about what does work, but much is still unknown.

We need basic data collection to use as a benchmark for evaluating new programs and for defining the parameters of local situations. Recent IPPNW research in a major hospital in Monrovia, Liberia found that intentional injury data are not currently collected routinely or systematically in the emergency room. In addition it indicated that incidents of violence against women are not fully reported to the Liberian Armed Violence Observatory from other sources. This shows the potential for huge data gaps. Where and how data are collected can have serious effects on program and policy decisions.

Let me tell you about the silent victims of gun violence. **My colleagues in the US can ask** a woman to come into their office alone to discuss the possibility of interpersonal violence or threats of gun use. Even then it could take several visits before she trusts them enough to share her experience of abuse. In some cultures, this may be more difficult, if not impossible.

The majority of gun violence is committed by men. Social and cultural norms that entrench male dominance contribute to this. Men are also the overwhelming majority of gun homicide victims, while guns are used as a threat against women in domestic violence, rape and trafficking. Gun violence against women is often invisible.

It is key to prioritize action-oriented research and the collection of sex and age-disaggregated data to increase knowledge about gender and armed violence. A gender-sensitive approach is

not exclusively about women, but about analyzing **gender** more broadly. It factors the special needs and capacities of men, women, girls and boys.

All these approaches, which require resources, are well within the scope of the PoA and are critical to its success. By joining together we can enhance the timeliness and effectiveness of formulating programs and policy to end gun violence. This is what action oriented research means.

Action oriented research also includes long term follow up of the victims including those intimately connected to them. Support programs need to be in place to help the victim return to an active and useful role in society and to prevent the frequent occurrence of the victim becoming a perpetrator. Interventions to identify and support victims of violence are important to break the cycle of violence. I do not want to hear a victim in the ER tell me, "doc, don't go to sleep; the guy who did this to me will be in soon".

So, I've told you why I am here.

**Why are you here?**

I trust that it is because we share a common goal.