



Medical student action and the “Global Week of Action Against Gun Violence 2009”

15–21 June 2009 is the “Global Week of Action Against Gun Violence” during which activists around the world raise awareness, campaign for better gun laws and push for stronger regulation of the global arms trade

(http://www.iansa.org/campaigns_events/WoA2009/index.htm).

Globally, small arms and light weapons kill an estimated 1000 people per day, the majority of whom are civilians. Injury from gun violence is a preventable public health problem.¹

In New Zealand, medical students are actively working to prevent gun violence in the Pacific. The students, who are members of the New Zealand Branch of the Nobel Peace Prize winning organisation, the International Physicians for the Prevention of Nuclear War (IPPNW), have contributed to a Pacific-focussed programme of arms control and disarmament to compliment other major IPPNW programmes in Africa, Latin America, and South Asia (<http://www.ippnw.org/Programs/AFP/index.html>).

In particular, a group of University of Auckland students are currently assessing the success of the United Nations-supervised disarmament programme that followed the decade of war in Bougainville in the North Solomons Province of Papua New Guinea (PNG). Peace negotiations were brokered by the New Zealand Government in 1998, but by the time the conflict ended, 10% of the population of Bougainville or approximately 15,000 civilians had died.

At present semi-automatic weapon fire is heard regularly in Arawa, the former capital of Bougainville (NZ Volunteer Service Abroad workers, personal communications). In the absence of sustained disarmament, the continued availability of weapons can lead to increased numbers of deaths and a level of weapons related injuries that, in some cases, is only slightly reduced from that observed during a period of conflict.² This research project uses retrospective analysis of hospital records to assess the relative frequency of weapon injuries during and after periods of war and disarmament.

It has found that such hospital data can identify groups at risk of injury. For example, preliminary results suggest subsistence farmers are being injured and killed by accidentally detonating unexploded ordnance left from the conflict. Once these risk factors have been identified, interventions can be designed to prevent further injuries and deaths.

In another project, one of us (AW) as a medical student on his elective, has researched the human cost of small arms proliferation by quantifying the public health consequences of tribal wars in the highlands of PNG. The initial findings were presented at the 44th Medical Society of Papua New Guinea Symposium in 2008³ and it is hoped that this work will be further developed to contribute to civil society campaigns such as the Coalition to Stop Gun Violence PNG (which includes Oxfam and the United Nations Development Program).

These campaigns need credible evidence and engaging ‘One Bullet Stories’⁴ so as to inform and motivate key decisionmakers to take action on gun control policy reforms. This work aims to support the ongoing exploration of having a Pacific-wide injury surveillance system that would provide key epidemiological information to inform violent injury prevention and control strategies.

The longer term goal is a “Gun Free Pacific Zone” similar to the “Nuclear Weapon Free Pacific Zone” which, 20 years later, is only 4 countries short of being a Nuclear Weapons Free Southern Hemisphere.

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References:

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