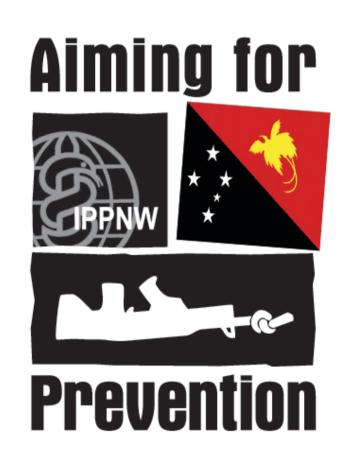
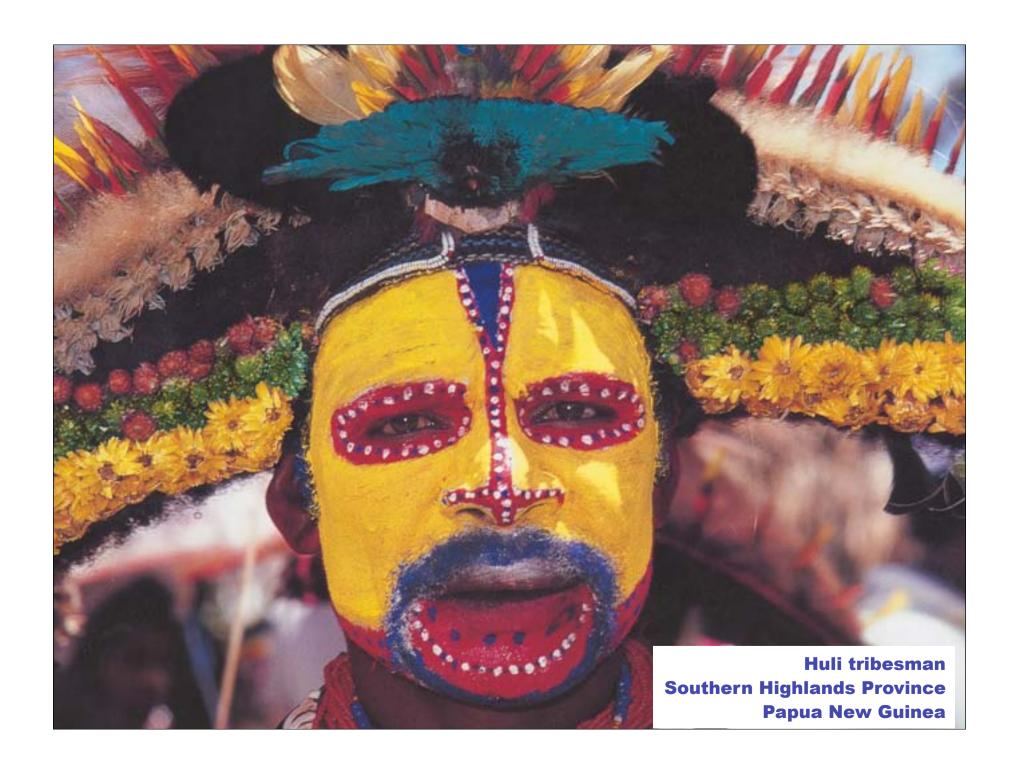
Aiming for Prevention in the Pacific:

The health consequences of tribal gun violence in Papua New Guinea

Andrew Winnington
6th year medical student
University of Otago
IPPNW (New Zealand)





Introduction

- Developed PNG project at IPPNW
 17th World Congress Helsinki 2006.
- Conducted hospital-based research on injuries and death from firearms Nov 2007.
- Develop interventions to target groups at high risk IPPNW World

Public Health Approach

- Easy and less bureaucratic access to restricted data.
- Quantitative research provides civil society with credible evidence in support of intervention.
- Aids in measuring success or failure of programs e.g. martial law.
- Qualitative research provides strong

Aims of talk

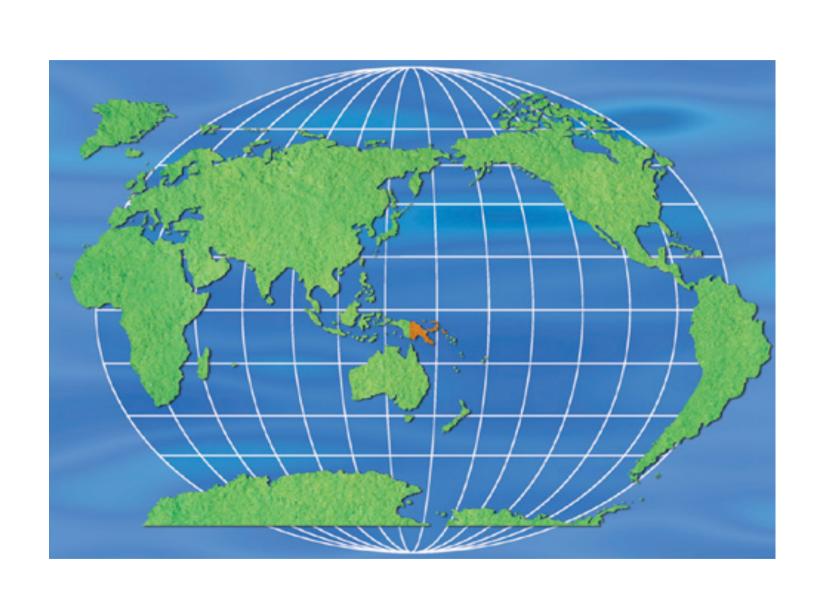
1. Outline a **method** for *action-oriented* research to aim to **prevent gun** violence.

2. **Present data** from an international pilot project on firearms injuries in

1. Identify a problem

2. IPPNW, NGO & Government support

3. Obtain funding and ethical approval



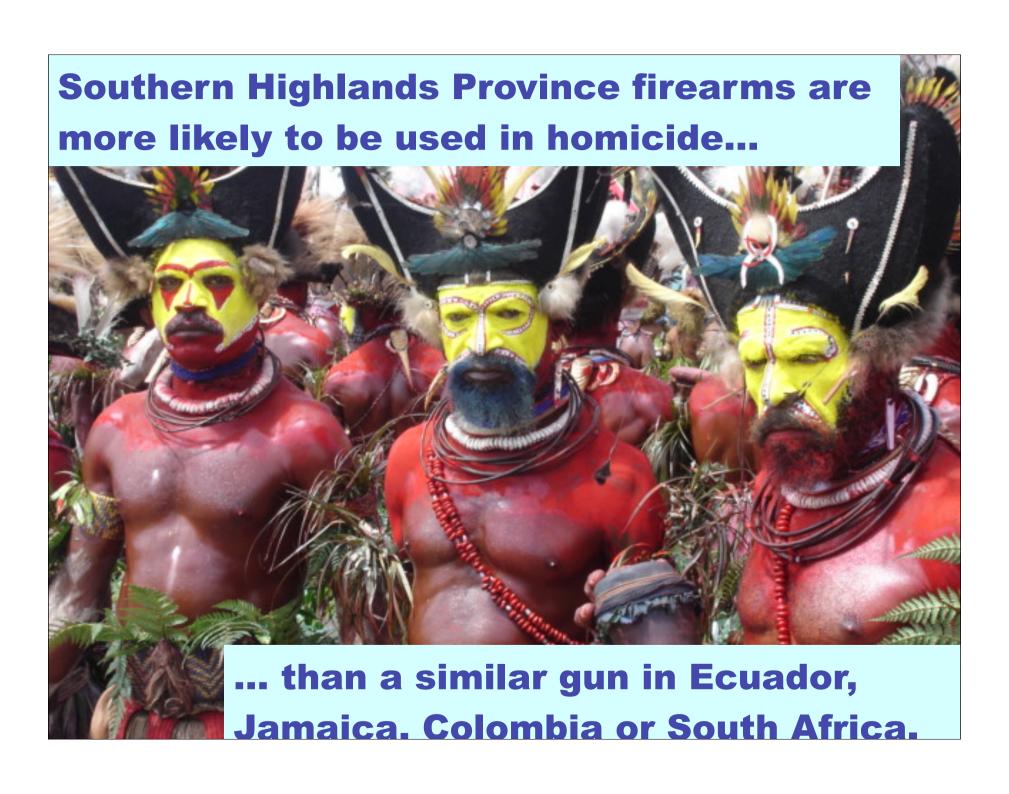
Papua New Guinea

• 139 out of 177 countries

Human Development Report 2006

 Chronically affected by armed violence with the potential to destabilise peace and security in the Pacific

Small Arm Survey 2006



1. Identify a problem

Firearm injuries in Southern Highlands, PNG

2. IPPNW, NGO and Government support

3. Obtain funding and ethical approval

1. Identify a problem

2. IPPNW, NGO & Government support

3. Obtain funding and ethical approval



"More injury research needs to be done to quantify the human toll & design appropriate interventions" Maria Valenti, IPPNW's Aiming for Prevention director 10 March 2007







Medical Society of Papua New Guinea



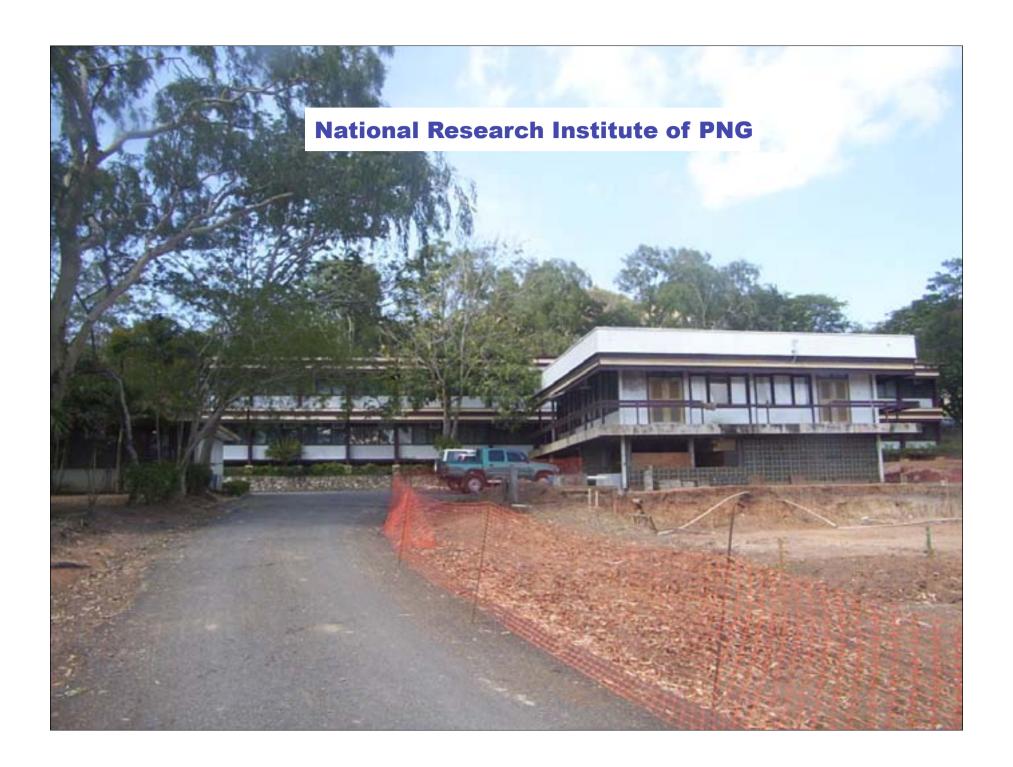
University of Papua New Guinea

PROFESSOR MATHIAS SAPURI

Executive Dean - School of Medicine & Health Sciences President - Medical Society of Papua New Guinea

P.O.Box 1774, BOROKO, NCD, Papua New Guinea

Tel: (675) 3253340: Fax: 3250809 or 6838495 (mobile) Tel/Fax: 3230066 (ah): Email: sapuri@daltron.com.pg mathias.sapuri@upng.ac.pg





1. Identify a problem

2. IPPNW, NGO & Government support

3. Obtain funding and ethical approval





DEPARTMENT OF HEALTH Office of the Secretary for Health

P.O. Sox 807, WAIGANI, National Capital District, Papus New Guinea Phone: 301 3601, 301 3634

Fax: 301 3604

Email: healthsec@health.gov.og

Date: 21st March, 2007 File No: 1-2-5

Dr Thomas Webster Director National Research Institute P.O Box 5854 BOROKO National Capital District

Ethics approval via Minister of Health support

Dear Dr Webster.

SUBJECT :

PROPOSED RESEARCH BY DR ANDREW WINNINGTON AND TEAM INTO INJURY/DEATH FROM WEAPONS IN SOUTHERN HIGHLANDS PROVINCE

A letter dated 14th March regarding the abovementioned subject was address to me by your James Robins. As matter of protocol I would like to see such matters channelled through your Office to mine in the future.

The proposed research will be of paramount interest and importance to the Government through our respective agencies.

I have no objection to this research and look forward to meeting the team.

Yours sincerely.

DR NICHOLAS MANN, CMS

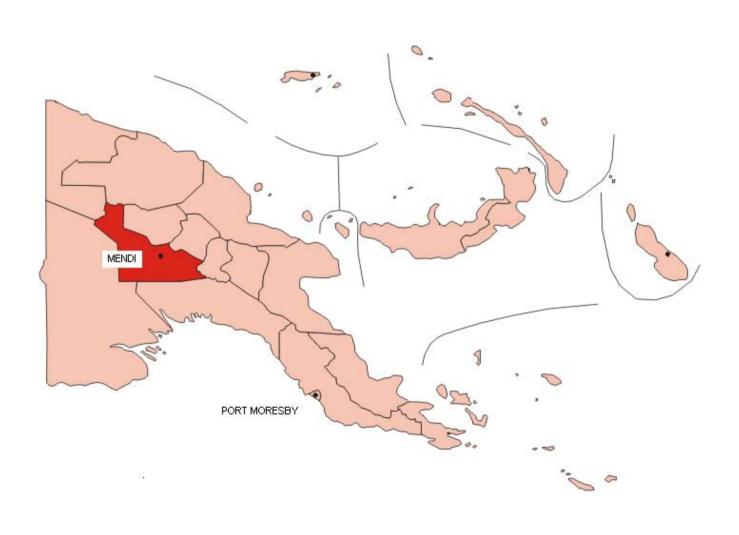
Acting Secretary

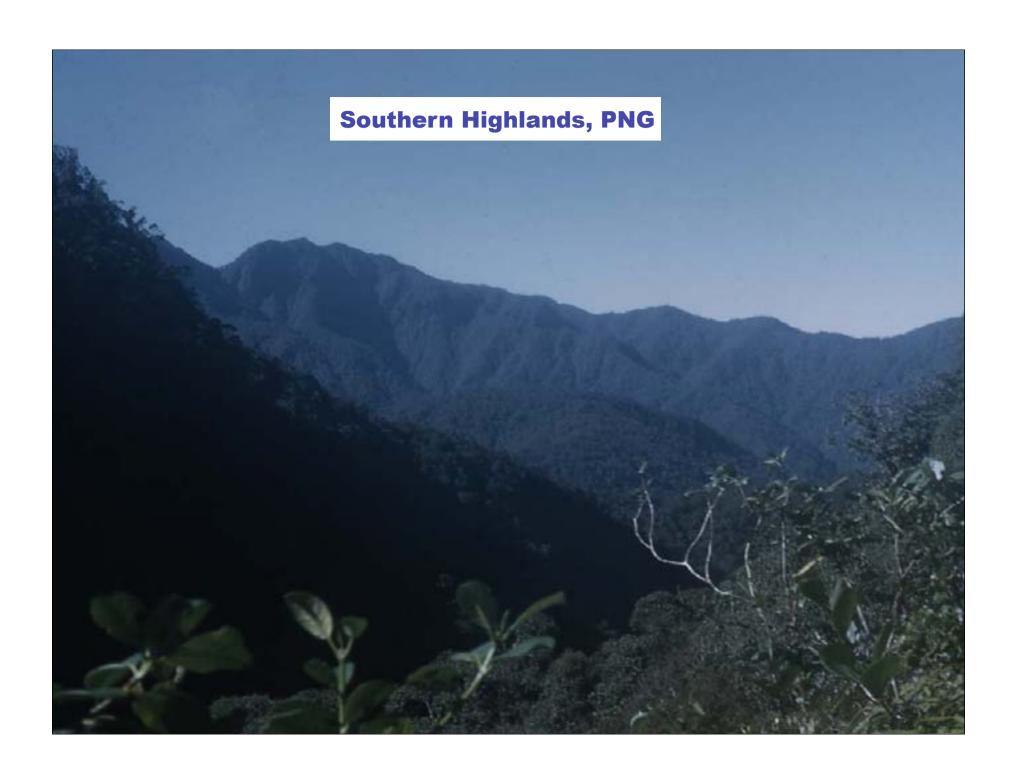
1. Identify a problem

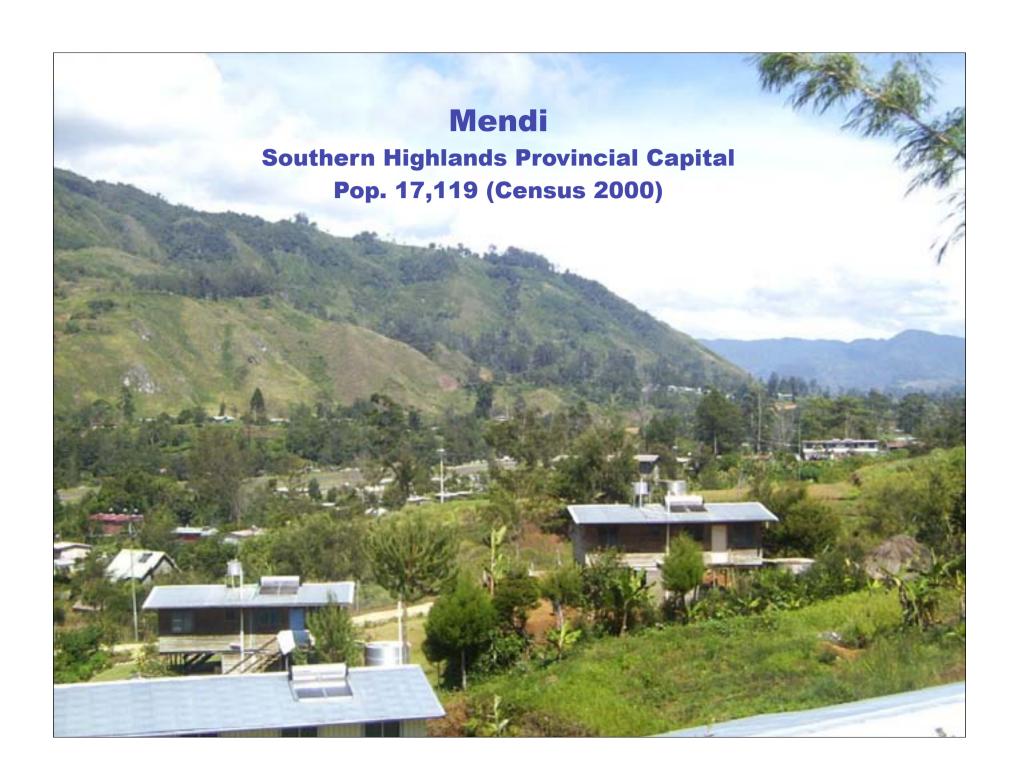
2. IPPNW, NGO & Government support

3. Obtain funding and ethical approval

Southern Highlands Province



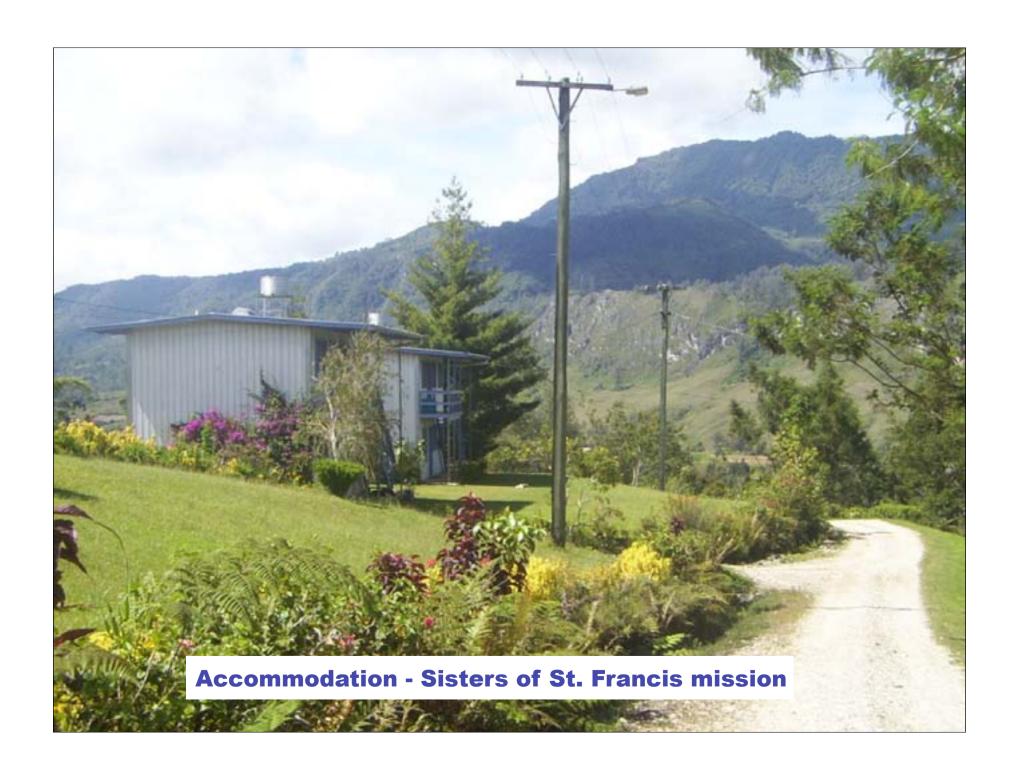


























Tribesmen attack cops

November 12 2007, The National newspaper.

By ANDREW ALPHONSE
SIX policemen were attacked and taken hostages by heavily armed tribesmen in a weekend of high drama in Nipa in the Southern Highlands province.

However, local leaders successfuly negotiated the release of the six Mendi-based mobile squad 10 members after an hour in captivity last Friday, minus their high-powered rifles and armoury.

Reinforcements led by Deputy Highlands mobile group commander Insp Samson Kua into Nipa the next day to negotiate the surrender of their six colleagues, gear and an Oil Search Ltd's vehicle the six had travelled on, erupted into a heavy firefight with local tribesmen.

One tribesmen was reportedly killed in the exchange of fire and one high powered police issue rifle was retrieved.

Data collection

1. Outpatient attendances

2. Inpatient admissions

3. Surgical ward admissions

4. Patient files



Summary of the outpatient

Total number of outpatient attendances

300,893

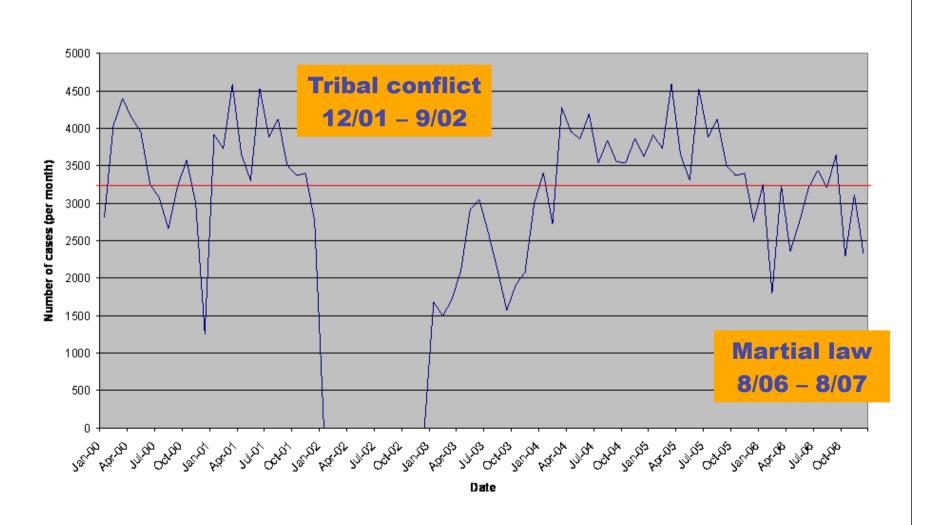
Mean number of monthly attendances

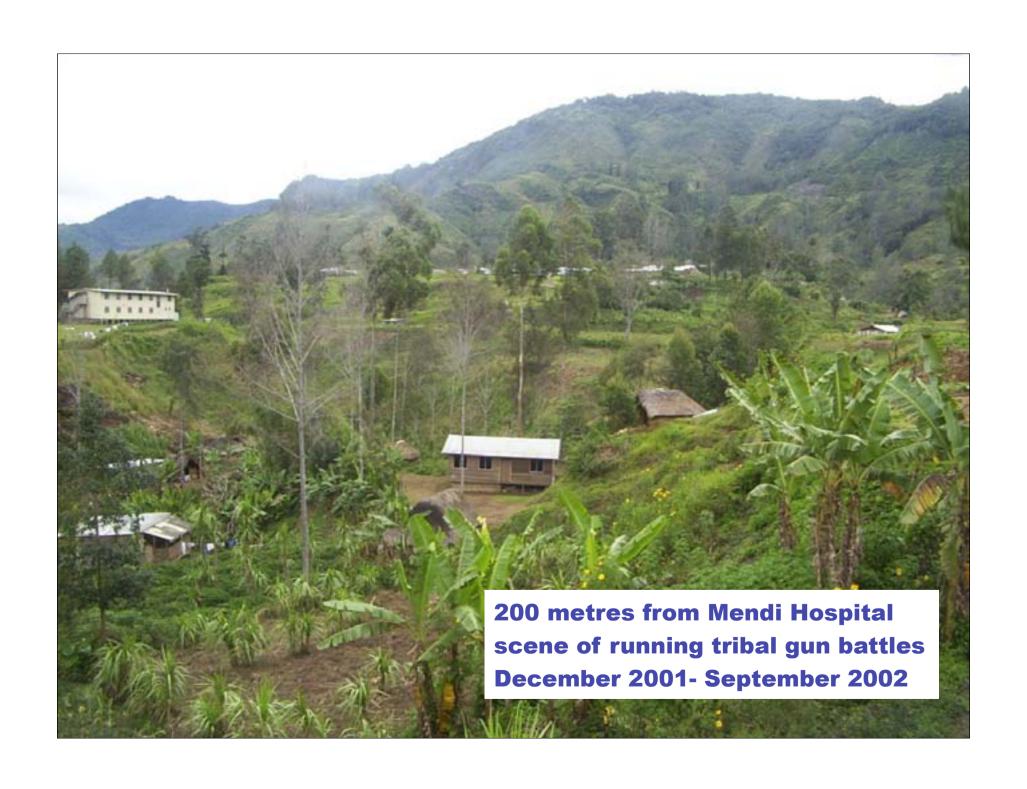
4179 (n = 92)

Percentage injury attendances

8%

Total new attendances per month at Mendi Hospital outpatient clinic 2000-2006





The health consequences of tribal gun violence:

Disruption to public hospital services due to tribal conflict

54,800 outpatients unattended

4380 untreated injuries

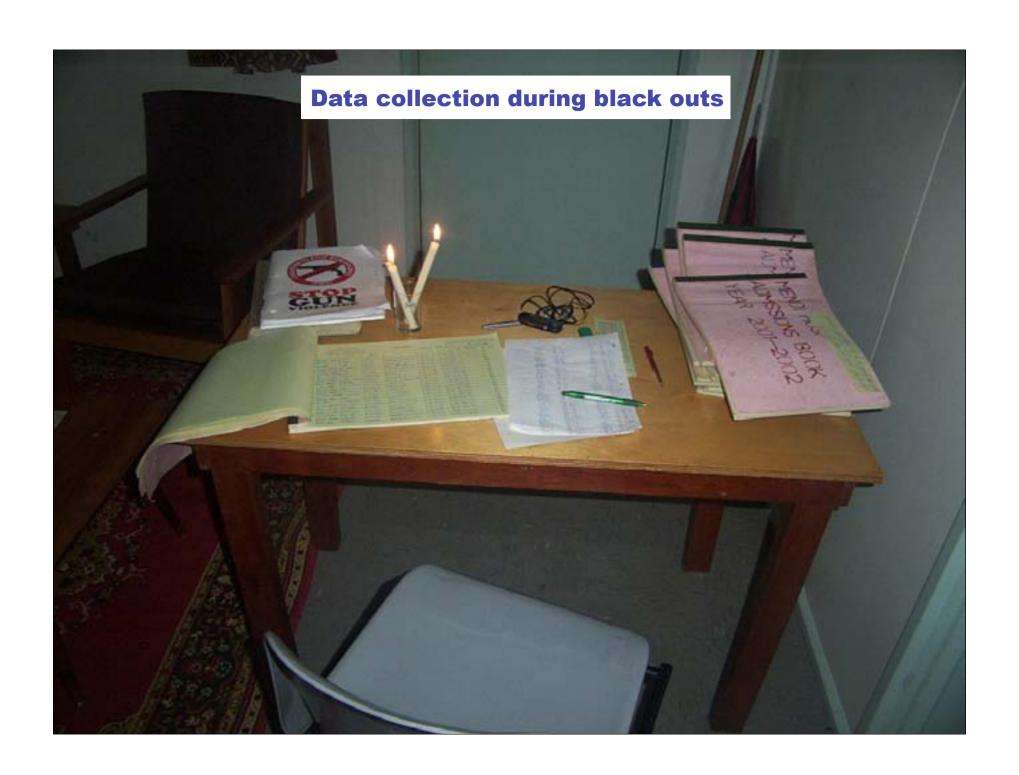
Data collection

1. Outpatient attendances

2. Inpatient admissions

3. Surgical ward admissions

4. Patient files



Summary of inpatient admissions Mendi Hospital 2000-2007

Total number of outpatient attendances

26,823

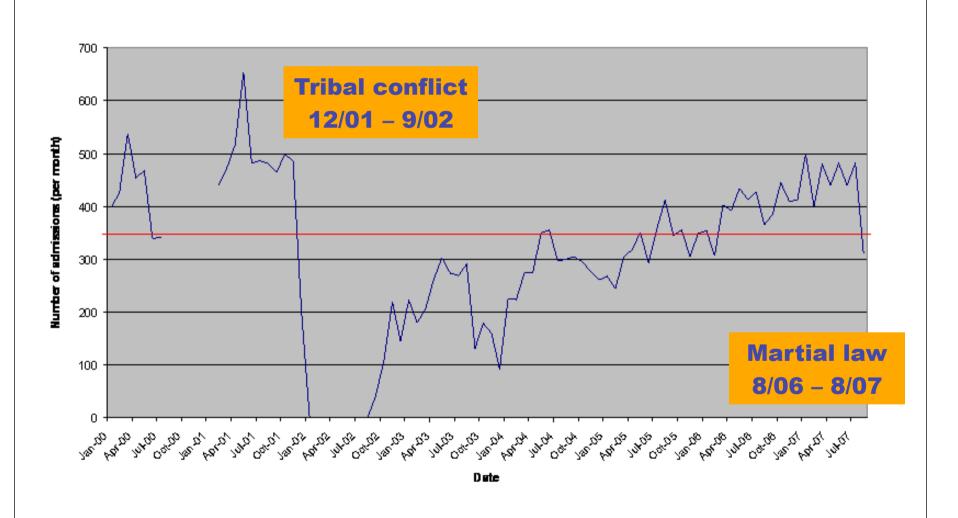
Mean number of monthly attendances

348 (n = 77)

Percentage injury admissions

9%

Total admissions per month Mendi Hospital 2000-2007



Summary of injury admissions Mendi Hospital 2000-2007

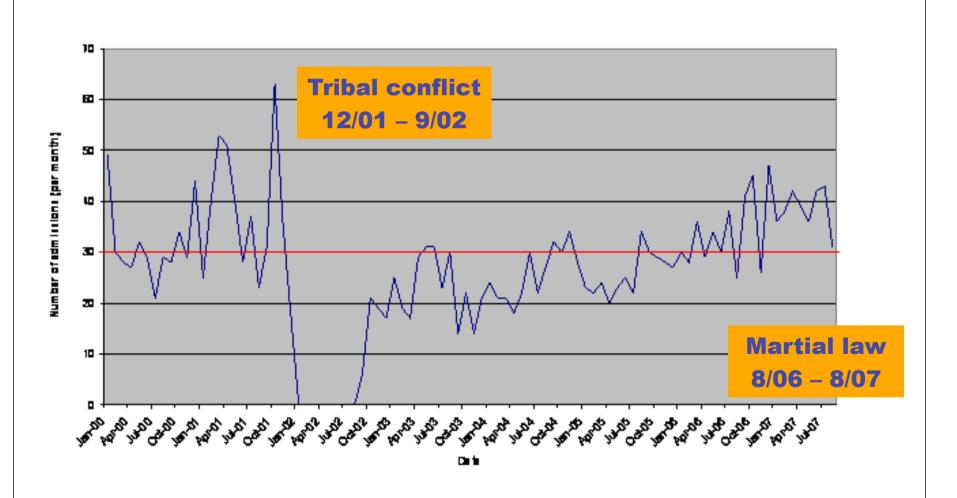
Total number of injury attendances

2,496

Mean number of injury attendances per month

$$30 (n = 77)$$

Total injury admissions per month Mendi Hospital 2000-2007

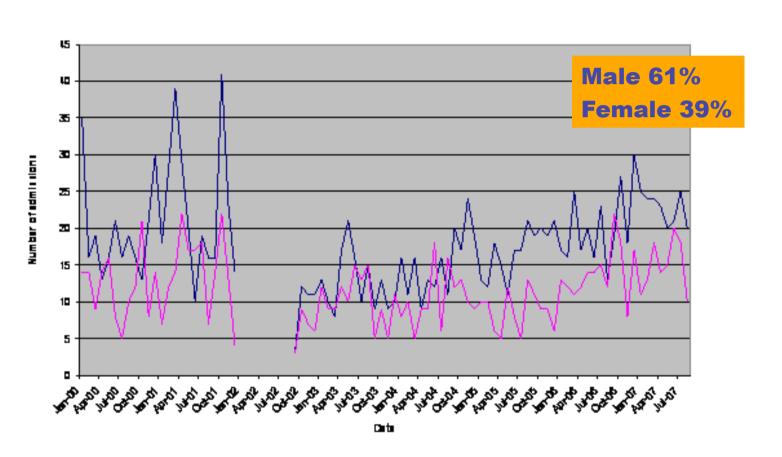


The health consequences of tribal gun violence: Disruption to public hospital services due to tribal conflict

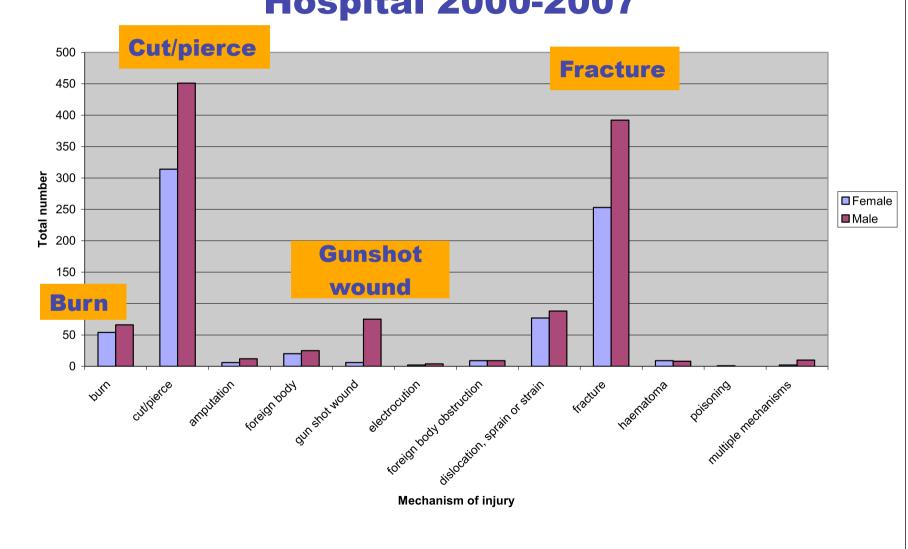
10,380 Unadmitted patients

935
Unattended injuries

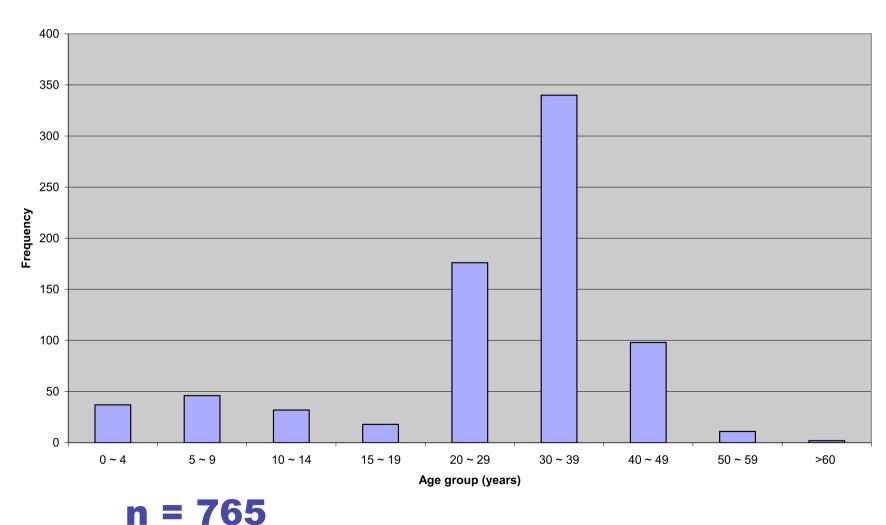
Demographics of injury admissions to Mendi Hospital 2000-2007



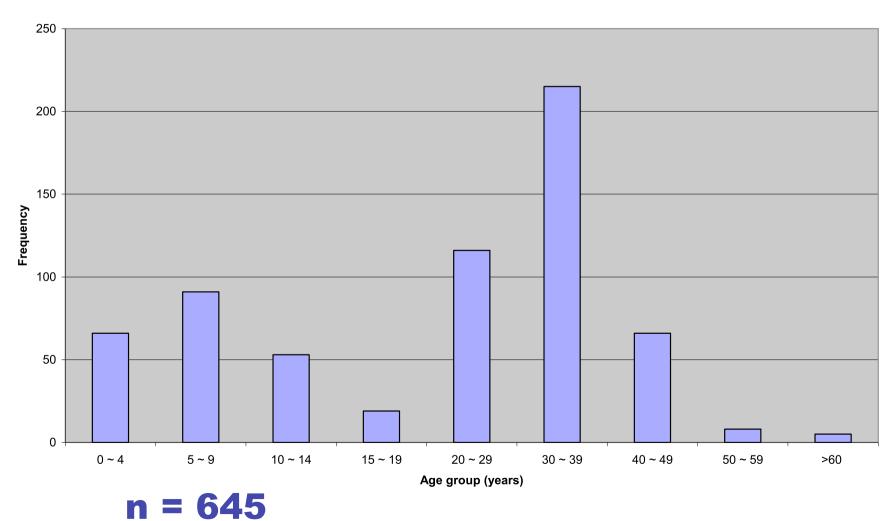




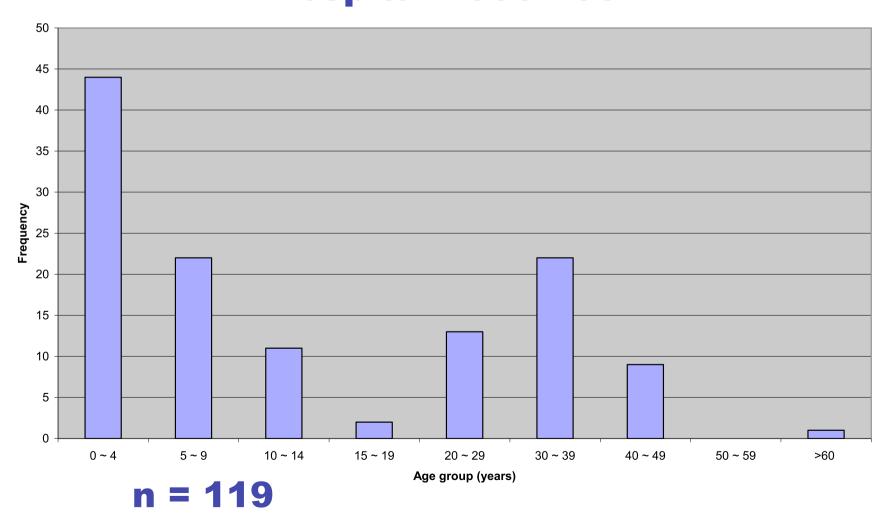
Age of cut/pierce injury admissions to Mendi Hospital 2000-2007



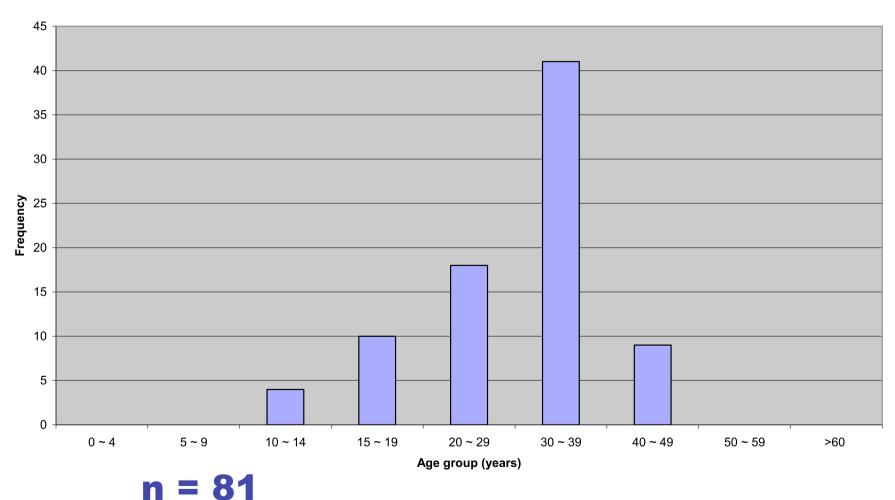
Age of fracture injury admissions to Mendi Hospital 2000-2007



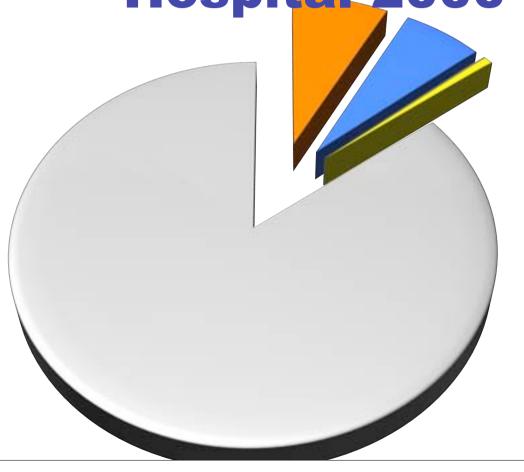
Age of burn injury admissions to Mendi Hospital 2000-2007



Age of firearm injury admissions to Mendi Hospital 2000-2007



Intent of injury of admissions to Mendi Public Hospital 2000-2007



assault (7.6%)

accident (6.2%)

self harm (0.04%)

animal bite (0.6%)

undetermined (85.4

The health consequences of gun violence: Firearm injuries

Total number of gunshot wound admissions 81

Percentage of total injury admissions 3.3%

Demographics of firearm injury admissions

93% male

7% female

62% > 30 yrs

The health consequences of gun violence: Gunshot wound injuries

Proportion of intentional injuries

43%

Proportion of accidents

1.3%

Deaths at Mendi Hospital 2000-07

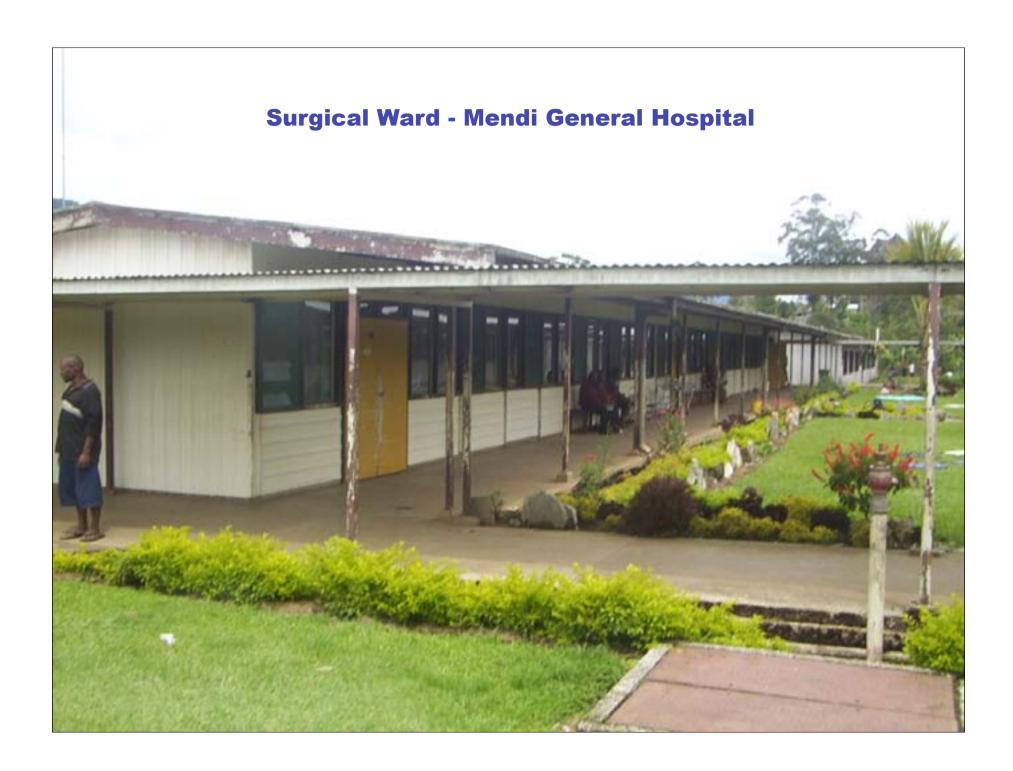
Data collection

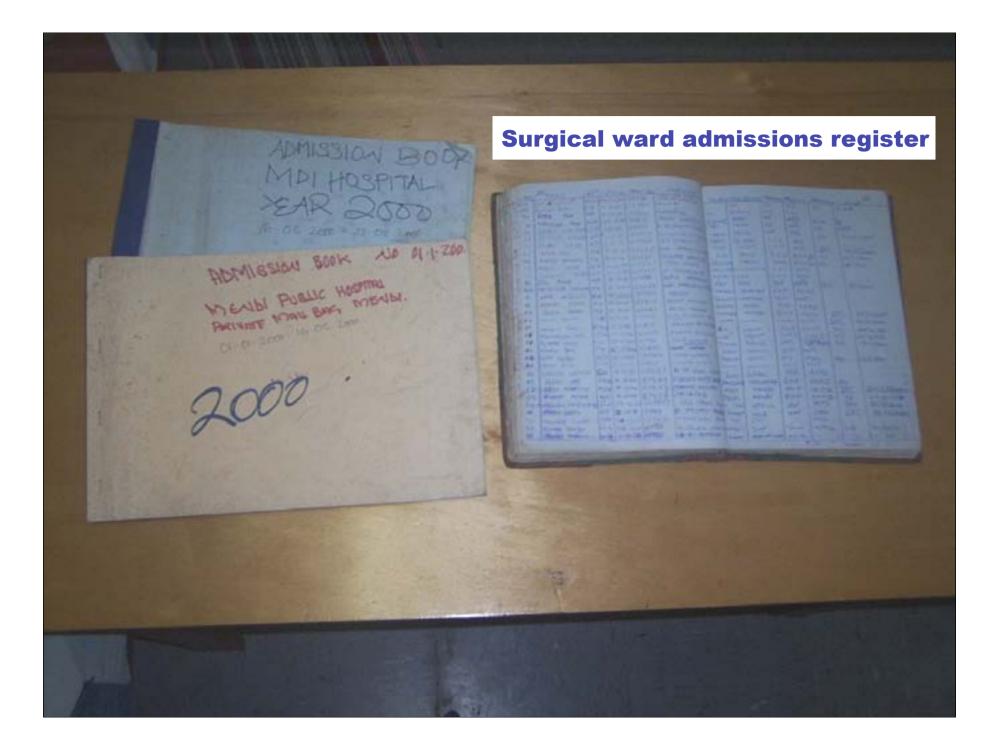
1. Outpatient attendances

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Average time in surgical ward for treatment of injuries

1. Fire burn • • 23.3 days (n=61) *

2. Gunshot wound o 14.5 days (n=49)

3. Amputation $\circ \circ$ 13.4 days (n=9)

4. Human bite oo 12.8 days (n=6)

5. Axe ∞ \circ 11.3 days (n=50)

6. Fracture o o 10.8 days

(n=290)

7. Bush knife o o 9.9 days (n= 18)

8. Knife · · · · 8 days (n=166)

9. Arrow • • • 7 days (n=12)

10. Spear • • • **6.4 days** (n = 16)

The health consequences of gun violence: Health burden of gunshot wounds

Percentage firearm admissions

4.2%

Average time in surgical ward

2 weeks

Annual cost of treating gun injuries*

US\$6.9m

Data collection

1. Outpatient attendances

2. Injury admissions

3. Surgical ward admissions

4. Patient files



Summary of patient files Mendi Hospital 2000-2007

Total number

103

Gunshot wounds

49

Cut/pierce wounds

53

Intent of injury

gunshot wounds 92% intentional

arrow wounds

100% intentional

spear wounds

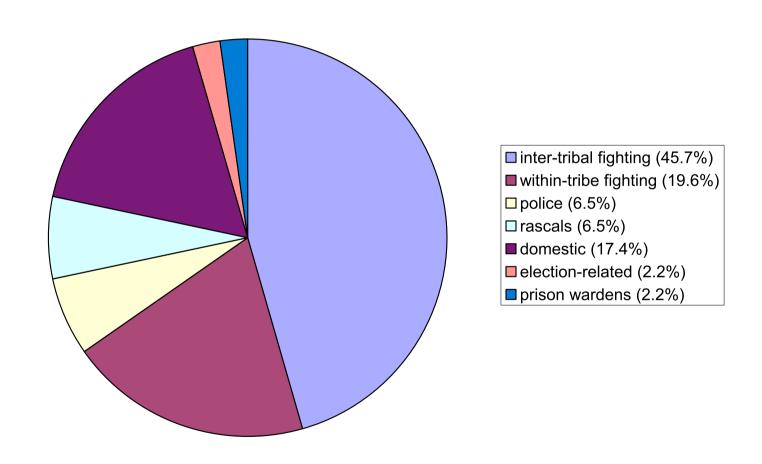
91% intentional

knife wounds

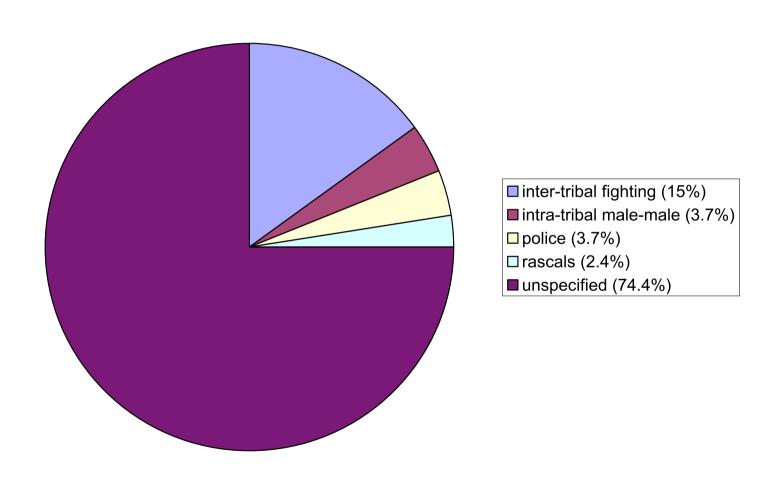
62% intentional

15% accidental

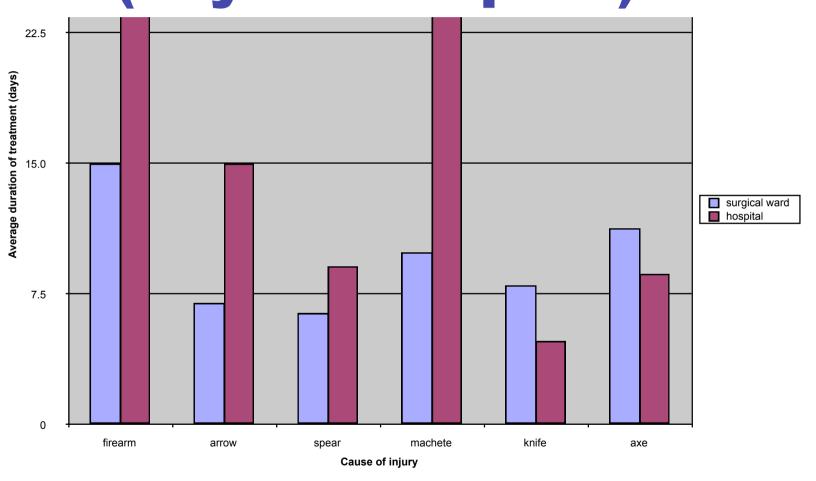
Cause of intentional injuries



Cause of gun injuries



Treatment duration (days in hospital)



The health consequences of gun violence: Health burden of gunshot wounds

Average time in hospital 24 days

Most specified cause tribal fighting

Weapon use 41% shotgun injuries



Method for

 Retrospective audits are a very informative and fast

 Letters of support from NGOs and Government assists with funding

 Ethics approval via Minister of Health

Method

Quantifies:

Demographics of firearm injuries

Health burden of gunshot wounds

Disruption to public hospital services due to conflict

Health consequences of

- Gun violence is predominantly adult males shot by shotguns during tribal conflicts.
- Police responsible for as many shootings as criminals.
- Gunshot wound on average 24 days in hospital with 2 weeks in surgical ward.
- 55,000 unattended outpatients and 10,400 untreated inpatients.

Future work

Design intervention to reduce gun violence in PNG:

- Increased efforts to restrict gun imports
- Increased efforts to decrease theft of guns from police/military
- Gun buy-back schemes
- Conflict resolution mechanisms (for inter-tribal disputes)

Contact me if want to be

apwinnington@gmail.com

Acknowledgements

Dr Nick WilsonIPPNW NZ

Dr Nolpi Tawang

Mendi General Hospital

James Robins

National Research Institute

Peace and Disarmament Education Trust

Centre for International Development