

**Dr. Nidia Rodriguez - Speech at the Survivor's Panel – UN
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Final Version

It is an honor for me to speak on this panel with the important focus of ***Survivors of Gun Violence: Strengthening the UN Programme of Action.***

I'm privileged to be part of this meeting representing International Physicians for the Prevention of Nuclear War (IPPNW) and the IANSA Public Health Network, which is led by IPPNW. I'd also like to thank the Mission of Luxembourg to the UN for sponsoring this panel, and to IANSA for organizing it. The human face of gun violence is a critical one that we must never forget. It can get lost in the policy debates and the statistics and legal terms and negotiations. But I can tell you that, as a physician, I never forget.

I was asked to share a doctor's perspective on small arms and violence in general, and in particular in Latin America and Ecuador, my home country. So I will speak for myself, but also for all the armed violence victims; those I have treated, those I will treat, those that my colleagues around the globe treat, and all their families and communities that are also affected. Thus, I'm here today to advocate for my patients.

The most important aspect about armed violence is that every case is a face, a family, a world, and, sadly, a long journey of rehabilitation, negative life changes and a significant expense from the individual to the government levels. As you've heard from the other panelists.

Guns are deadly.

In a recent small pilot study conducted by IPPNW on violent injuries in hospitals in five African countries, **the probability of death due to gunshot injuries was 46 times greater than death from other types of interpersonal violence, underscoring the lethality of small arms.**

Guns are costly.

In another hospital-based study by IPPNW members in El Salvador, costs to just one hospital in San Salvador were nearly 11% of the total hospital budget for one year. Each gunshot admission cost \$3000 USD.

Guns are violence multipliers.

In Ecuador we live in society of gun culture and increasing. Guns are in Ecuadorian homes and streets for many reasons being the most common: protection, power and family tradition. The actual use of these guns varies, however, they all fit into the gun culture category, making it extremely hard for the population to understand why they are at risk and that as final outcome guns do not bring protection, power, nor do they maintain any family tradition, other than violence. That said, it is possible to understand how legal and illegal possession and use of guns in Ecuador is becoming more and more of a daily problem.

In a survey done in 2004, up to 82% of the population said they would use a gun to defend themselves from crime. These people feel unsafe in their home land, they think they can take justice in their own hands, and they know it is incredibly easy to get a gun legally or illegally.

Where do the guns come from?

There are two main ways in which small arms and light weapons enter Ecuador: legal, through the National Police, the Army and Private Security Agencies (most of which are bought internationally and there are also a couple of factories in Ecuador); and illegal, being the most significant the illegal trade in borders with Colombia and Peru. The legal weapons become illegal frequently in 2 ways: robbery from the 3 mentioned legal holders and when the deactivated and confiscated guns go into illegal circulation and are not destroyed, as the law states.

Now if we add to this the known structural causes of violence such as poverty, social inequality, unemployment, an increased number of gangs, lack of education and lack of trust in the national security system, we have got aggression as the 5th cause of death in Ecuadorian males.

Hired killing, home and car robbery, mugging and personal problems are the most common sceneries in which gun injuries occur. The gun holder is most often the aggressor, however, some are injured with the guns they held for their own protection.

In 2007 I was an intern in one of the biggest hospitals of Quito -Ecuador, which is a reference hospital for trauma and emergencies. A 40 year old man arrived to the ER unannounced with a shot in the abdomen and one in the chest. The man survived after 2 surgeries, partial removal of a lung and was left with a temporary colostomy bag. But who was this man,? and how did this happen? This man was a security guard for a condominium complex. The condo was robbed by 5 people and in an attempt to fight back, the security guard was injured, ironically, with his own gun.

In an Ecuadorian public hospital the estimate cost per for a patient's bed is of about \$1000 a day. The cost of this man's care was estimated to be \$10.000, as he was hospitalized for 10 days. While the per capita health care spending is \$50/person, this man used the share of 200 Ecuadorians. He suffered severe psychological unbalance from the injury and was not able to go back to work as he had to carry a colostomy bag for at least 3 months. In follow up visits at the clinic, he showed signs of clinical depression and mentioned his two kids had to drop out of school to work. I could calculate how much this costs to the Ecuadorian State, but I can never come close to measuring the cost for the patient

and his family. What is the final cost of having 2 of his kids not educated?

So how do we begin to prevent gun violence instead of just treating it?

We, as health care providers, know that the same tools that have been used to address such as smallpox and automobile fatalities can also reduce gun deaths and injuries. And it is important to prioritize this approach, because it is cost effective and evidence-based. We must use all the tools at our disposal to address this worldwide health crisis. Small arms are involved in wars and crimes, suicides and accidents that result in hundreds of thousands of deaths and millions of injuries each year. In 1996, the World Health Organization (WHO) identified violence as a leading public health problem worldwide, and one that is largely preventable. So this is not just a security, defense, or criminal issue, but it is a health and humanitarian issue.

Among the risk factors identified as associated with higher rates of armed violence is **ready access to firearms**. A public health approach to small arms injury focuses on these risk factors that begin with information gathering and research. Data on gun-related injuries will guide the identification of the risk factors that contribute to these injuries. The Programme of Action calls on civil

society including health and medical institutions to develop and support **action-oriented research** in this area.

We know how to do this, but resources must assigned to accomplish it, especially in the global South. Possible interventions can then be developed that address those factors.

Results can be used by health professionals, government officials and communities to bring awareness to the magnitude of the problem, and to advocate for public policies and health strategies to reduce violence.

So now let me tell you about 2 main projects that IPPNW and IANSA have developed in order to target the educational and research that is much needed in gun violence:

1. We collect and show OBS, which are stories of real cases of gun injuries which are followed up from beginning to the end, indicating the financial and human cost of gun injuries, with these stories, we give a face the problem.
2. We collect and show MVAV stories, in which doctors from all over the world talk about their personal experiences with violence and what has motivated them to work against

violence. Again, we give these stories a medical and human face.

We must understand that the process of disarmament does not only include the physical removal of guns from streets and houses, but also a change in our mindset of gun culture, thus we can prevent gun violence through action oriented research.

