

# Doctors creating change?

## Aiming for prevention with small arms research

**Jash Agraval**

First Year House Surgeon  
National Co-ordinator  
Medical Students for Global Awareness

Jash graduated from the University of Auckland Medical School at the end of 2007. Any correspondence about Medical Students for Global Awareness can be sent to [jash\\_agraval@yahoo.co.nz](mailto:jash_agraval@yahoo.co.nz) or [msga.nz@gmail.com](mailto:msga.nz@gmail.com)

As medical students and future doctors, our role should not be limited to health related advocacy within our consultation rooms, but should be extended to social responsibility and awareness of both local and global issues. We have a powerful collective voice, a voice that is not seen to be politically biased or influenced by financial gain. Yet only a handful of practicing specialists seem to be using it. I represent a new group called Medical Students for Global Awareness. MSGA aims to foster interest and awareness about global health and peace issues amongst New Zealand medical students, creating a new generation of health professionals that collectively form a voice to better educate the public on global health issues and institute social change.

Our parent organization is International Physicians for the Prevention of Nuclear War, IPPNW. They are an organization that is dedicated to research, education and advocacy relevant to the prevention of nuclear war, demilitarization of conflict zones and creation of a climate of peace and stability. IPPNW is active in over 50 countries and has a strong network of members, which includes a global student arm. The organization was founded in 1980, inspired from the ashes of the cold war. In 1985 the organization was honored, and received the Nobel peace prize. It was commended for "considerable service to mankind by spreading authoritative information and in creating awareness of the catastrophic consequences of atomic warfare". IPPNW and its work is a great example of how doctors can create change. It is this spirit of awareness and action that MSGA promotes.

We aim to be an organization that is not limited to discussions of global health issues or how we can create change but one that actively involves students to make a difference. People may argue that small voices or small actions change nothing or create little difference, but we cannot continue to live in a world where people keep saying 'that's just the way it is'. The Tipping Point is a sociological term that describes this exact idea 'How little things can make a big difference'<sup>1</sup>, the moment when something unusual becomes common due to a gradual increase in awareness and opinion. The Tipping point book<sup>2</sup> describes a 'bell curve' adaptation to new phenomena, in which one small voice becomes many and eventually tips to widespread social change. I recently heard a speaker who said "the next great superpower to combat the tyranny of some [unnamed] nations hold in the world, is the power of public opinion"<sup>3</sup>.

The active participation of students is a key aim for MSGA, getting students involved in activities that have direct benefit to communities and have the potential to create social change. Whilst internationally we are isolated in

geographical location, there is a strong culture amongst New Zealand medical students to go overseas for their electives. The kiwi spirit of adventure takes many of us to the third world and off the beaten track. Harnessing this elective travel experience gave birth to the small arms research project.

I am facilitating this project with the support of MSGA and IPPNW-Global. The project will enable New Zealand medical students to directly engage in preventing the harm caused by small arms.

Small arms, and the prevention of their use is a crucial objective for IPPNW<sup>2</sup>. Small arms warfare is rampant in many third world countries. The political unrest and instability in these countries makes it a necessary 'weapon' to use to get their respective governments to take notice and to incite fear in the population. Of the 49 major conflicts from 1990 to 2006, 47 of them involved small arms as the weapon of choice<sup>4</sup>. The problem is huge with 300,000 deaths a year and over 1 million injuries occurring as a direct result of small arms' use<sup>5</sup>. There are currently 639 million small arms in circulation, many of which are illegally held. Small arms trading is a lucrative business, the more illegal the transaction the higher the sums become and unfortunately in today's climate of violence, corruption and political instability the demand remains high. Annual global small arms trade is estimated at four billion US dollars<sup>4,5</sup>. Small arms and their illegal acquisition enable what is an otherwise small group of angry men to create devastating damage, incite fear in the population and hold whole cities at ransom. It was this exact situation that led to nine years of murder, conflict and fear in Bougainville - a country in our own backyard. This quote below is taken from a John Roughan a local NGO leader<sup>6</sup>. I believe he accurately describes this exact point.

"...A relatively small number of men are establishing a new way of acting.



*An elective provides students with the unique opportunity to live and interact with peoples of different cultures in a way no tourist can ever do.*

The gun and what it stands for - intimidation and power - is creating a society where the culture of violence rules.<sup>16</sup>

Corruption is a way of life for many government and other officials so the trafficking and supply of weapons into the country is often completely ignored. People are injured, maimed and killed every day, the issue becomes normal, and people come to accept small arms injuries and deaths as part of every day life often stating, 'it's just what happens'<sup>5,7</sup>.

It is this attitude that we aim to change. The problem seems too big, too complex and too difficult to do anything about. Speeches, discussions, summits and protests often go unnoticed. What is needed is quantitative data, approaching the problem in a way that shows communities and leaders, both local and global, what small arms' warfare is doing to their people and economy.

The small arms project aims to look at the incidence of injuries, and to assess the health and economic impacts of them and the context in which they occur. I believe the application of this data can have far reaching consequences. Firstly, comparisons and contrasts can be made between different regions throughout the globe for example South East Asia with Eastern Africa, in terms of type of weapon available, their use and their respective supply. Secondly, I hope that the amount and quality of data present is powerful enough to lobby respective regional and local governments and make them aware of the burden small arms are creating. If they cannot be reached or convinced directly, then eventually with enough data international publications and medical journals can convey the message indirectly. Thirdly, the simple act of conducting the research at these hospitals increases awareness of the issue and may result in hospital based primary prevention strategies or the rise of community advocates. Lastly, the act of gathering data, meeting survivors and talking to their families increases the awareness of the individual student and their immediate network at home - creating the beginning of a small shift or 'tip'.

The project works by elective students taking with them simple survey forms that would be filled out with each small arms' trauma admission. These forms include basic demographics of the individual, information on the circumstances of injury, type of weapon used, context, injuries sustained, treatments applied and lasting health problems. There is also a small section on costs both directly to the individual and indirectly to the health system. The hope is that this becomes a continuing project within hospitals once the elective student has left - either with hospital staff or future elective students at that hospital. The data or raw survey forms would then be taken back to New Zealand, collated and placed into a database. It is a relatively simple idea that has the potential to easily generate large amounts of data. Considering the large number of students leaving New Zealand each year for third world hospitals, it would create a very large network of participants. Having a student at the hospital running and promoting the use of the survey forms is much more powerful than just sending forms via an email request. A typical elective period of approximately six to eight weeks is also a significant amount of time to get a snapshot of the area and to decide whether there is a problem within that region.

A 'pilot' or trial of the study is underway this year with University of Auckland, sixth year elective students in third and fourth quarters. Students attending third world country hospitals will be provided with information for the hospital and survey forms.

IPPNW-Students International also have another well established project called 'One-bullet stories'. These are personal case studies and stories about the injuries caused by one bullet, with the aim to put a human face on the campaign against small arms' violence. It works by students completing a case history on a 'bullet injury' patient, collecting the same information as for the small arms survey. A monetary value is then assigned to the cost of accessing healthcare, treatments and ongoing rehabilitation. A recent one-bullet story from a child shot in Kenya estimated the cost to that individual and their country's health system as US\$6000, which is equivalent to one year of primary education for 100 Kenyan children<sup>8</sup>. Its application is powerful and was key in establishing the Land Mine Ban Treaty<sup>8</sup> - the process leading to this achieved its highest level of success and publicity by exposing the plight of its victims on a case-by-case basis.

It is this sort of personal in-your-face exposure that causes citizens and governments to listen.

Imagine the Earth is a boat: millions of individuals' survival depends on a continuous base structure. We need to stop living in a bubble of privileged oblivion, as damage to one part of that structure will inevitably have flow on effects to the structure as a whole.

Medicine is not simply an occupation. It is and should be a way of life. Medicine is not only about mending wounds, but about preventing them. We are in a privileged position where society trusts and seeks our opinions, in domains not just limited to health. To first be able to give an opinion we need to be aware of what is happening in the world around us and the wider determinants of health. By taking part in these research initiatives during your elective experiences, discussing issues with your peers or joining organizations like MSGA we all become more 'aware doctors'. The projects described in this article are relatively simple in their collection of data but have potentially far reaching consequences in terms of their application. The exciting part of all this work is that we, New Zealand medical students, have an opportunity to be a part of it, to help in fostering awareness and creating real change. If you are interested in participating in either project or being involved in the work of Medical Students for Global Awareness, please contact either me directly, your local representative or via email, [jash\\_agraval@yahoo.co.nz](mailto:jash_agraval@yahoo.co.nz) or [msga.nz@gmail.com](mailto:msga.nz@gmail.com)

*"Never doubt that a small group of committed citizens can change the world; indeed, it's the only thing that ever has" - Margaret Mead.*

## REFERENCES

1. Nobel Peace Prize Committee.  
**Official Statement of the Nobel Committee Upon Awarding the 1985 Nobel Peace Prize to IPPNW. 1985.**  
Available from URL: [www.ippnw-students.org](http://www.ippnw-students.org)
2. Gladwell M.  
**The Tipping Point.**  
United States: Little Brown; 2000
3. Morrison J. Director  
**Proceedings from: ICAN -International Campaign to Abolish Nuclear weapons.**  
IPPNW-SEAP Conference. Adelaide 2007.
4. Valenti M.  
**IPPNW Aiming for prevention.**  
IPPNW 7th World Congress; 2006 Sept 7-10; Helsinki, Finland.
5. IANSA, International Action Network on Small Arms.  
**Gun Violence, a global epidemic**  
[Online]. 2007 [cited 12 August 2007]; [1 page]. Available from: URL: <http://www.iansa.org/documents/2006/Gun-violence-a-global-epidemic.pdf>
6. World Health Organisation.  
**Injuries and Violence prevention department. Small Arms and Global Health**  
[Online]. July 2001; [31 pages]. Available from: URL: [http://www.who.int/violence\\_injury\\_prevention/publications/violence/small\\_arms/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/small_arms/en/index.html).
7. Alpers P, Twyford C.  
**IANSA, International Action Network on Small Arms. Small Arms in the Pacific**  
[Online]. 2003 March [cited 12 August 2007]; [169 pages]. Available from: URL: <http://www.iansa.org/regions/asiapacific/asiapacific.htm>
8. Odhiambo. W et al.  
**One-bullet story Kenya.**  
IPPNW 7th World Congress; 2006 Sept 7-10; Helsinki, Finland.