Thank you Mr. Chair,

I am Dr Cathey Falvo, a physician trained in pediatrics and public health, representing the International Physicians for the Prevention of Nuclear War (IPPNW), a member of IANSA. We are here to strongly encourage the integration of public health personnel and procedures into all aspects of States’ national action plans related to the Program of Action on Small Arms and Light Weapons.

Looking at the original PoA document, there are many points where the public health community can work with other government agencies to reduce the terrible human and monetary costs of illicit gun use. One of them is action-oriented research. For example, we can apply the public health model used to diminish or eradicate other public health crises such as automobile injuries in the global North or the recent epidemic of Ebola virus in Western Africa.

The public health model involves 4 steps.

- **First**, complete an accurate data collection of the causes and contexts of gun-related injuries and deaths. This is not currently being done routinely or universally. Medical and public health communities can play a major role in arranging and conducting this data collection. But we need assistance from local and national agencies and policy makers to institute policies and provide the necessary funds.

- **Second**, we use the data collected to identify risk factors.

- **Third**, we use the risk factors to tailor interventions to specific communities. These interventions then need to be evaluated for effectiveness and feasibility.

- **Lastly**, when interventions are determined to be successful, they should then be implemented at a larger scale. We know how to do this, and we can do it to prevent armed violence and achieve the major goal of the PoA to “reduce human suffering” and that of the Secretary General’s agenda for “disarmament that saves lives.”

As the Executive Director of the American Public Health Association has said, “The epidemic of intentional gun violence can be reversed with a science based approach.”

We need to implement the science and not let political barriers stand in our way. The World Health Organization’s definition of health includes “a state of complete physical, mental and social well-being.” The right to live – and live in that state of wellbeing free of the fear and physical and mental toll of gun violence – should be paramount. The teenagers of Parkland, Florida understand this. The mothers and fathers of children slain in communities throughout the world understand this.

It is time for you, the policy makers, to understand this, and do something about it.
The World Health Organization has a publication titled *Preventing Violence and Reducing Its Impact: How Development Agencies Can Help*. It identifies data collection and research on violence prevention (especially evaluation) as a top priority. Engaging the health sector in the prevention of armed violence has been recognized as one of the 4 “best buys” for donor investment to reduce the consequences of violence.

Some specific recommendations on how States can incorporate public health into their National Action Plans include:

1. Health care professionals should have representation on National Commissions on Small Arms in order to help assess the most strategic investments, based on highest needs.

2. The Ministry of Health should be represented, as should an NGO member of the health community – the daily eyewitnesses of armed violence.

3. National Commissions should liaise with the World Health Organization’s Violence Prevention Focal Points, which exist in more than 100 countries.

4. A national collection of data on gun-related injuries and deaths should be implemented.

5. The data on injuries and death should be used to calculate the associated costs of illicit gun violence and misuse. The public health model then can be used to identify and monitor proposed interventions.

6. Improve the health infrastructure for survivors of armed violence. This could be achieved at the local level by improving communications and coordination among medical providers and social service agencies.

Thank you very much.