

HCAO-Action policy related to gun violence

Most gun owners support responsible gun ownership, including safe and secure storage and use of guns. Nevertheless, guns are used to kill more than 30,000 Americans and cause more than 60,000 injuries each year. Health Care for All Oregon –Action (HCAO-Action) agrees with many others that we need a public health approach to this growing crisis.

HCAO-Action advocates universal access to evidence-based health care, and we advocate evidence-based gun policy as well. To that end, the Center for Disease Control and Prevention (CDC), as the nation’s leading public health entity, must be charged with leading and adequately funding research relating to the gun violence public health crisis in our country.

Despite unfortunate national policy which has inhibited research related to gun violence, initial scientific evidence supports a few conclusions, which inform policies that we feel need to be implemented.

The health effects of gun violence go beyond direct causation of death and injury, being deeply implicated in racial and socio-economic inequity in health status and outcomes. We believe that an equitable universal publicly funded healthcare system is part of the racial and social justice response to these inequities.

We are encouraged by the burgeoning movement of students and others reacting to the Parkland massacre with activism. HCAO-Action is proud to support the “March for Our Lives” on March 24, 2018, and we encourage the federal, state, and local governments to join in treating gun violence as the serious public health crisis that it is.

More details of and support for our policies follows

The mission of Health Care for All Oregon-Action (HCAO-Action) is to bring equitable, affordable, comprehensive, high quality, publicly-funded health care to everyone in Oregon and the United States. Public health is an important component of health care, and gun violence is a major public health problem facing the people of the United States – the leading cause of death, 18% of all deaths, for American young people ages 15 through 24.¹

¹ This comes from combining information from <http://www.worldlifeexpectancy.com/usa-cause-of-death-by-age-and-gender> and https://en.wikipedia.org/wiki/Gun_violence_in_the_United_States and assuming the fraction of suicides and homicides by guns in the 15-24 age group is as large as other age groups.

We agree with the American Public Health Association (APHA) that *“a comprehensive public health approach to addressing this growing crisis is necessary... The issue of gun violence is complex and deeply rooted in our culture, which is why we must take a public health approach to ensuring our families and communities are safe. We must place a renewed emphasis on improving gun injury and violence research. Ongoing work is needed to ensure firearms do not fall into the wrong hands...”*²

The health effects of gun violence go beyond direct causation of death and injury, being deeply implicated in racial and socio-economic inequity in health status and outcomes. Disparity in how guns kill is stark: about 80% of gun deaths to white Americans are suicides, while 80% of gun deaths to African Americans are homicides.³ Social violence in communities of color and low income communities is a significant source of stress. Acute stress from direct exposure to violent events produces PTSD, which often goes untreated due to disparities in effective access to care. Consequent self-medication through use of alcohol and other drugs may in turn contribute to increased violence.

More insidious is the chronic stress of living in violent neighborhoods. Constant worry produces direct physiological results, often added to poverty stressors such as poor diet caused by food deserts, and exposures caused by unhealthy housing, and the direct stresses of encountering racism, while fear combines with bad sidewalks and lack of green spaces to restrict exercise. Chronic stress has been linked to worse health outcomes in childhood asthma, and in heart disease, hypertension, diabetes, cumulating as disparity in premature mortality.

The increased social fear and tension created by widely publicized mass shooting may create similar stress effects in better off communities, but the publicity they attract obscures chronic homicide and suicide violence and related morbidity in poorer urban and rural areas. These patterns call for HCAO-Action to support a public health approach to gun violence, through our strong commitment to health equity. Likewise, creating effective ability to get timely care with an equitable universal publicly funded system, including full mental health treatment equity, for both acute and chronic stress caused conditions, can help break cycles of social violence and self-harm while mitigating their health effects.

Despite unfortunate national policy which has inhibited research related to gun violence, initial scientific evidence supports a few conclusions (and thus HCAO-Action supports these conclusions as well):⁴

² American Public Health Association, <https://www.apha.org/topics-and-issues/gun-violence>.

³ Guns and Race: The different worlds of black and white Americans. <https://www.brookings.edu/blog/social-mobility-memos/2015/12/15/guns-and-race-the-different-worlds-of-black-and-white-americans/>

⁴ RAND Corporation, The Science of Gun Policy, https://www.rand.org/pubs/research_reports/RR2088.html .

- Child-access prevention laws, or safe storage laws, reduce self-inflicted fatal or nonfatal firearm injuries among youth, as well as unintentional firearm injuries or deaths among children.
- There is moderate evidence that background checks reduce firearm suicides and firearm homicides, as well as limited evidence that these policies can reduce overall suicide and violent crime rates. There is moderate evidence that stand-your-ground laws may increase homicide rates and limited evidence that the laws increase firearm homicides in particular.
- There is moderate evidence that violent crime is reduced by laws prohibiting the purchase or possession of guns by individuals who have a history of involuntary commitment to a psychiatric facility. There is limited evidence these laws may reduce total suicides and firearm suicides.
- There is limited evidence that a minimum age of 21 for purchasing firearms may reduce firearm suicides among youth.

At the individual level, HCAO-Action encourages healthcare practitioners to protect their patients by discussing gun usage and safe storage with their patients.

In perhaps the most important Supreme Court decision regarding the second amendment, *District of Columbia v. Heller*, Justice Antonin Scalia wrote in the majority opinion⁵

Like most rights, the right secured by the Second Amendment is not unlimited. ...nothing in our opinion should be taken to cast doubt on longstanding prohibitions on the possession of firearms by felons and the mentally ill, or laws forbidding the carrying of firearms in sensitive places such as schools and government buildings, or laws imposing conditions and qualifications on the commercial sale of arms.

We also recognize another important limitation on the right to keep and carry arms. *Miller*⁶ said, as we have explained, that the sorts of weapons protected were those “in common use at the time.” ... We think that limitation is fairly supported by the historical tradition of prohibiting the carrying of “dangerous and unusual weapons.”

⁵ *District of Columbia et al. v. Heller*, decided in 2008, <https://www.supremecourt.gov/opinions/07pdf/07-290.pdf>. That decision, in its discussion of the *Miller* decision, states, “... *Miller stands only for the proposition that the Second Amendment right, whatever its nature, extends only to certain types of weapons.*”

⁶ Scalia discussed the *Miller* decision earlier in his *Heller* decision, stating, “... *Miller stands only for the proposition that the Second Amendment right, whatever its nature, extends only to certain types of weapons.*”

HCAO-Action believes that a public health lens is most important for determining what sorts of limitations on the Second Amendment are appropriate. We encourage states to experiment with limitations that are expected to be constitutional under the Heller decision and for which there is some justification to expect a public health benefit. This sort of experimentation should inform further research.

Justice Scalia's use of the words "mentally ill" in the Heller decision should not be used to set gun policy. Joel Miller, Executive Director and Chief Executive Officer of the American Mental Health Counselors Association, writes,⁷ "*People with serious mental illness are rarely violent. Only 3 to 5 percent of all violence, including but not limited to firearm violence, is attributable to serious mental illness.*" He goes on to suggest that prohibitions on the possession of firearms should be expanded to include:

- More individuals with a history of violent behavior, which greatly increases the risk for perpetration of future violence toward others.
- Specifically, individuals convicted of violent misdemeanor crimes and those subject to *ex parte* domestic violence restraining orders should be temporarily prohibited from purchasing or possessing firearms.
- Individuals with a history of risky substance use, which heightens risk of violence toward others.
- Specifically, individuals convicted of multiple DWIs or DUIs and multiple misdemeanor crimes involving controlled substances should be temporarily prohibited from purchasing or possessing firearms.

In our quest for a more equitable healthcare system, HCAO-Action supports other efforts that lead to better health and health equity – among those are treating gun violence as the public health crisis that it is.

⁷ Joel Miller, October 3, 2017 post on the American Mental Health Counselor's Association site - <http://www.amhca.org/blogs/joel-miller/2017/10/03/gun-violence-and-mental-illnessmyths-and-evidence-based-facts>