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THE FUTURE OF SMART GUN TECHNOLOGY

Since firearms cause tens of thousands of unintentional deaths each year, it is a public health priority to keep guns out of the hands of unintended users. Smart gun technology could bring the field closer to achieving this goal by preventing the weapon from discharging unless it's being

handled by an authorized operator. At least three products have been developed by private sector companies and are ready to enter the market. However, critics argue that the technology needs further development before it should be available for purchase.

The "smart" in smart

gun refers to an authentication mechanism that must be activated before the weapon will fire. Many different technologies have been proposed such as biometrics, proximity sensors, radio-frequency identification (RFID) and microchips. However, none of the existing technologies

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PHYSICIAN GAG LAWS

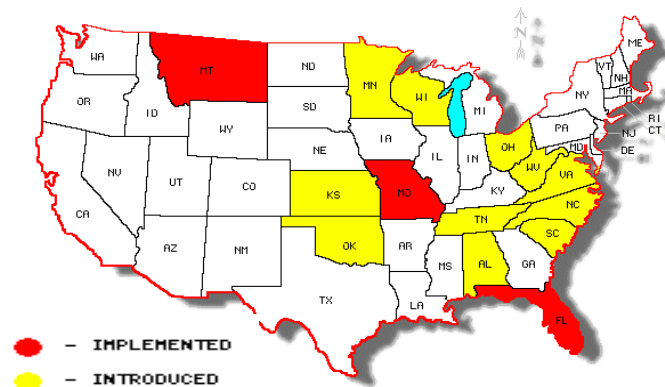
Physician counseling on proper gun storage is recommended by the American Medical Association and American Academy of Pediatrics, although doctors' ability to do so has come under fire in some states. In 2010, Florida pediatrician, Dr. Chris Okonkwo, asked the mother of a 7-year-old patient, whether she had guns in the home, to which the mother replied

it was none of his business.

This incident spurred the introduction of a NRA-

sponsored bill by Florida Representative Jason Brodeur, which proposed making it a felony for health care practitioners to ask patients about firearm ownership, with penalties of up to 5 years in prison and 5 million dollars in fines. A less extreme version of the bill, Florida Statute 790.338, was ultimately signed by Florida Governor Rick Scott and

(continued on page 3)



INSIDE THIS ISSUE: GUNS

SMART GUN TECHNOLOGY	1
PHYSICIAN GAG LAWS	1
JUSTIFIABLE HOMICIDES	2
INTERVIEW WITH PEDIATRICIAN FOR GUN SAFETY	3
UNDERREPORTING OF CHILDHOOD FATALITIES	3
COLLEGE CAMPUSES	4
ASSAULT WEAPON BAN	4
THE RELATIONSHIP BETWEEN FIREARM VIOLENCE AND GUN CONTROL	5
GUNS IN NATIONAL PARKS	6
HEALTH PROFESSIONS CALL TO ACTION	6
NEW PA STATE LAW CHALLENGES CITIES	7



The Knotted Gun Sculpture, located at the United Nations in New York, was a gift of Luxembourg to the UN. It is a bronze work depicting a .357 magnum revolver by Swedish sculptor, Carl Fredrik Reuterswärd. It has become the symbol of the Non-Violence Project in 15 countries. The sculptor was reportedly a fan of Beatle musician, John Lennon, who was gunned down in NYC in 1980 at age 40. It was moved from the Strawberry Fields Memorial in Central Park in 1988 to the UN.

SMART GUNS (CONTINUED FROM PAGE 1)

are without their flaws. For example, fingerprint scanners can become unreliable when the user's hands are sweaty or dirty and mechanisms that rely on short wave radio transmission are subject to interference, unintentional or otherwise. These shortcomings are particularly important to consider in light of a 1996 report sponsored by the U.S. Department of Justice that found the number one concern among police officers was the reliability of

smart gun devices. Officers are unwilling to use weapons in the field that have a chance, no matter how small, of failing in critical moment

The smart gun debate is particularly complicated because of a 2002 New Jersey law which mandates that within three years of the sale of the first smart gun anywhere in the U.S. all new guns sold in New Jersey must be smart guns. The

bill's sponsor, Senate Majority Leader Loretta Wienberg, said, "[the] purpose of the law was to encourage development and to say 'look, we'll have a great marketplace here once such a gun is developed.'" The law has drawn heavy criticism from second-amendment advocacy groups. In May, Wienberg offered to compromise with the NRA by repealing the bill in exchange for their cooperation on smart gun issues.

MANY DIFFERENT TECHNOLOGIES HAVE BEEN PROPOSED SUCH AS BIOMETRICS, PROXIMITY SENSORS, RADIO-FREQUENCY IDENTIFICATION (RFID) AND MICROCHIPS.

Smart weapons are not yet available for purchase. Two stores in the U.S. said that they would carry smart guns, but were forced to reconsider due to counter-campaigns organized by the NRA and the receipt of death threats.

JUSTIFIABLE HOMICIDES REPORTED TO BE ON THE RISE

Stand Your Ground self-defense laws have proliferated amongst various states over the past decade. In general, these laws extend the protections of the "Castle Doctrine" to public spaces. States with Stand Your Ground laws remove the duty to retreat from an assailant if an individual reasonable believes that the use of deadly force is necessary to prevent imminent death or great bodily harm to himself, herself, or another person or to prevent the commission of a forcible felony. Proponents of these laws have argued that it protects individuals from undue prosecution for justifiable self-defense, but critics have labeled them "Shoot First" laws and have argued that the laws may make people more likely to resort to deadly force in situations that do not merit it and lead to excess injury and mortality.

Research has identified an association between

Stand Your Ground laws and an increase in both justifiable homicide and overall homicide rates. A study by Mayors

jumped 53 percent in 22 states that adopted Stand Your Ground laws between 2005 and 2007. An Urban

higher rates of justifiable homicides than states that do not, also noting evidence of racial disparities in justifiable homicide determinations. The increase in justifiable homicides could be due to an actual increase in deaths, or a shift in measurement resulting in the labeling of more deaths as justifiable homicides.

Stand your ground laws have also been shown to impact overall homicide rates. Economists from Georgia State University, interestingly, found states that introduced Stand Your Ground laws had a net increase in firearm related homicides among white male victims (McLellan C and Tekin E, 2012). Researchers from Texas A&M also noted a net increase in overall homicides, challenging the notion that the laws have a deterrent effect on crime (Hoekstra M and Cheng C, 2013).



Against Illegal Guns and The National Urban League found that justifiable homicide rates

Institute study corroborated this, finding that states with the laws have statistically

PHYSICIAN GAG LAWS (CONTINUED FROM PAGE 1)

went into effect on June 2, 2011. In addition to Florida, thirteen other states (MT, KS, OK, MN, MO, WI, OH, WV, VA, NC, SC, TN, AL) have reportedly introduced similar legislation, which has mostly failed, with the exception of successful adoption of

the law in Montana and Missouri.

Shortly after the Florida law was passed, six physicians and several medical professional associations challenged the law in federal court, upon which a judge granted a preliminary injunction blocking

the law in September 2011, and a permanent injunction against the law on June 2012. The ruling was appealed to the Eleventh Circuit Court of Appeals, however, and in July 2014, the Appeals Court up-

held the law as constitutional. The doctors and medical professional organizations have asked the Appeals Court to re-hear the case before a full panel and are still waiting to hear back. Until they do hear back, the injunction against the law still stands.

INTERVIEW WITH PEDITRICIAN FOR CHILD FIREARM SAFETY

We interviewed Dr. Judy Schaechter, one of the parties challenging the Florida Privacy of Firearm Owners Act in court (Dr. Bernd Wollschlaeger et al. v. Governor of the State of Florida et al). She had the following comments regarding the limits this law places on physicians trying to protect the health and safety of their young patients.

the patients' rights to information— parents' rights and adolescent patients' rights. Who has the right to keep that from them?

this is ever not relevant. It is relevant in terms of preventing childhood injury. So we're starting with a misunderstanding of what a serious practitioner is trying to

appeal was heard and won. When the law first initially passed, it had an immediate chilling effect. The Board of Medicine sent out a memo saying it was mandatory and would be enforced. Doctors are afraid to ask because they think they could be harmed or they are afraid of how it will affect their medical license.

I have to have the ability to talk about a patient's gallstones and gonorrhea — why not screen for the risk of Grandpa's unlocked and loaded gun?

What larger implications does this issue have for the medical and public health fields?

The issue is not only about our ability to talk about things as health care providers. When people try to restrict speech that's helpful, they also restrict people who might want to hear it. The issue is not only about the physician's right to speak, but also about

What do you make of the exception in the law related to "relevance"?

Relevance should be determined by the practitioner and not second-guessed by people that are not in the room or who are not the doctor or patient. Firearm death is the second leading cause of death for teens and the third leading cause for young adolescents. For people to question relevance— I don't know how

do in terms of health, safety and prevention in pediatrics.

What are physicians in Florida currently legally entitled to ask patients?

While we're waiting to hear back from the appeal, the injunction against the law stands. A lot of people don't know that. Unfortunately, a lot of physicians in Florida think that they are not allowed presently to ask because the

UNDERREPORTING OF UNINTENTIONAL CHILD FIREARM INJURY

The unintentional discharge of a gun poses a special danger, particularly to children and young people. Children

that come across unsecured, loaded guns in the home may be tempted to play with them, resulting in potential tragedy. As Dr. David Hemenway

notes in his influential book, *Private Guns, Public Health*, "Whatever their cause, accidental firearm

injuries disproportionately affect children."

(Continued on page 5)

COLLEGE CAMPUSES: POSSIBLE NEW HOT ZONE OF CONCEALED CARRY WEAPONS

As debates continue about firearms and availability, multiple states have introduced or already passed legislation allowing guns on college campuses. The debates echo the broader social issues on gun control in this country. Florida, Nevada, Indiana, Montana, Oklahoma, South Carolina, South Dakota, Tennessee, Texas and Wyoming have proposed laws that allow concealed carry on campuses, while Colorado, Idaho, Utah and Mississippi have already passed legislation allowing guns on campuses.

DOES THE THREAT OF A FIREARM DIFFUSE OR ESCALATE SITUATIONS?

The theme is intended to be self-defense, but the question is whether a perceived threat of firearms tends to diffuse or escalate situations. Theoretically, the shooter at

the recent Florida State University library shooting could have been stopped sooner if a student had a gun to control the situation. But University of South Florida assistant police Chief Chris Daniels argued, "True control comes from people who are trained to handle dangerous situations. Not with everyone running around waving guns."

As the rhetoric in public health changes from paternalistic control to harm reduction, personal safety is the new avenue for laws. While



multiple mass shootings have not gathered momentum in terms of legislative action, recent high-profile campus sexual assaults have spurred the NRA to encourage young women to arm themselves for

protection. While compelling on the surface, the flip side is that any person committing the assault could also be carrying a concealed weapon.

If the theory held that violent and sexual predators could more easily prey on the non-gun owning students on a college campus, one would suspect that the current firearm ban would lead to a higher rate of homicide in a location with everyone unarmed. However, the US Department of Education estimates the college campus homicide rate at 0.07 per 100,000 people, compared to the national rate for persons 17 to 29 at 14.1 per 100,000 people (Thompson A, et al., 2013).

If college campuses are one of the safest places for young people, then we must ask what evidence there is to suggest arming students will deter violence. Asking over 400 University presidents showed that 95% were not supportive of concealed carry on campuses (Price JH, et al., 2014).

WHAT EVIDENCE IS THERE THAT ARMING STUDENTS WILL DETER VIOLENCE?

Even assuming that mass shootings were stopped or prevented by the presence of more guns, there would also be increases in accidental shootings, successful suicides, and other criminal gun behavior. College students already engage in higher risk behaviors like binge-drinking and drug abuse that would not be helped with more guns on campus. About 24,000 college students attempt suicide but only 1,100 are successful (Price JH, et al., 2014). If firearms are the suicide method most likely to be lethal, and most attempts are impulsive (Shenassa ED., 2013), then arming more students seems counterintuitive for public health the imposition of new laws.

ASSAULT WEAPON BAN



The 10-year federal assault weapon ban from 1994 to 2004 prohibited certain semi-automatic firearms and large capacity magazines for civilian use. Multiple legislative attempts to renew the ban following the its expira-

tion were unsuccessful. After the Sandy Hook shooting, Senator Diane Feinstein introduced an assault weapon ban without an expiration date and with a narrower definition of an assault weapon. On April 17, 2013, the ban failed in a

Senate vote of 40 to 60, as did another bipartisan amendment to extend background checks to private and Internet gun sales, which failed by a vote of 54 to 46. sales, which failed by a vote of 54 to 46.

Discussion to reintroduce the legislation reportedly centers on not having the votes in both the Senate and the U.S. House to pass such legislation.

THE EVIDENCE-BASED RELATIONSHIP BETWEEN FIREARM-RELATED VIOLENCE AND GUN CONTROL

Firearm related violence has become endemic in the United States. According to data provided by the Centers for Disease Control and Prevention (CDC) more than 32,000 Americans are killed by firearms each year. This equates to a firearm related fatality rate of roughly 10.21 per 100,000 persons per year. In relation to other countries, the US has a firearm related homicide rate nearly 20 times that of any other high-income nation. Additionally, several high-profile tragedies, such as the shootings at Sandy Hook Elementary, temporarily galvanize the nation to call for measures to control firearm related violence.

Despite these alarming trends, gun control policy remains a profoundly contentious issue. The intensity of this controversy is highlighted

in our political landscape. In 1996, Congress, under powerful lobbying influence, passed an appropriations bill



amendment that prohibited the CDC from allocating any funds for injury prevention to be used to “advocate or promote gun control.” This legislative action was enacted after several studies purported an association between gun ownership and firearm related violence and resulted in substantially reduced support for firearm injury research. Since the bill’s enactment nearly half a million Americans have died from gunshot wounds, ironically highlighting the

need for empirical investigation into the causes and potential solutions to this public

health dilemma.

While many claims are made about the efficacy of gun control laws in preventing firearm related violence, conclusive supporting evidence is scant. The differences in both gun control policy and rates of firearm violence between states, however, provide a comparative means to investigate this relationship. Data from the CDC shows that the annual rate of firearm related fatalities rang-

es from 3.02 per 100,000 persons in Hawaii to 18.62 per 100,000 persons in Louisiana.

With respect to gun control policy, considering the idiosyncrasy of state law, interstate comparison is not as simple. In collaboration with the Brady Campaign, The Law Center to Prevent Gun Violence analyzes firearm legislation differences between states using a weighted scoring system whereby points are awarded for legislation supporting various aspects of gun control policy, such as background checks or the banning of assault weapons. Recently, Flegler EW, et al., 2013, categorized these scores into quartiles, reflecting a state’s overall legislative strength. The report revealed that states among the lowest

Continued on page 6

UNDERREPORTING OF UNINTENTIONAL CHILD FIREARM INJURIES AND FATALITIES (CONTINUED FROM PAGE 3)

In 2013, 69 children ages 0-14 died and 538 were injured from unintentional firearm discharges according to the CDC. Undercounting of deaths is suspected however, mainly due to discrepancies in medical examiner classifications across the country. A review of firearm death conducted by the New York Times found unintentional shootings occurred roughly twice as often as public death

certificate data indicated. An investigation by two nonprofits, Everytown for Gun Safety and Moms Demand Action for Gun Sense in America, identified 100 unintentional gun deaths in 2013 using available news reports (compared to the CDC’s statistic of 69). They estimated that 70% of the cases could have been prevented by responsible storage of firearms.

Everytown’s 2014 “Innocents Lost” report cites

research that pediatric unintentional firearm related injuries predominantly occur at home, and that an estimated 1.7 million children in America live in homes with guns that are loaded and unlocked. Many states have child access prevention laws that mandate safe storage of firearms in homes where there are children, including securing firearms with trigger locks or storing them in a securely

locked container. Their recommendations to reduce unintentional firearm fatalities among children include instituting stronger criminal charges against adults for unsafe gun storage, engaging the medical community in gun safety, increasing Congressional funding for injury surveillance and emerging gun safety technology, as well as wider public education efforts.

EVIDENCE (FROM PAGE 5)

quartile had a firearm related fatality incidence rate 1.7 times higher than states in the highest quartile.

Several studies that have investigated particular gun control legislation have shown mixed results, suggesting a complex relationship between firearm policy and violence. In order to better understand this relationship, there is a need for further study into the particular effectiveness of certain gun control legislative measures.

Data collection initiatives are underway to expand the National Violent Death Reporting System (NVDRS) nearly doubling the number of participating

states that contribute data. In 2002, the CDC established the NVDRS, in a small segment of states that has since expanded to 32 states, which aims to link data on violent deaths from multiple sources (law enforcement, coroner, medical examiner, vital statistic, and crime laboratories) and improve timeliness of reporting. The new system captures more info about underlying factors involved in deaths, and also enables linking records in incidents where there are multiple deaths.

PAGE 6

GUNS IN NATIONAL PARKS



Laws governing firearms in national parks changed in 2010. Since then, National Park visitors are permitted to possess firearms within parks as long as they are in compliance with state and local laws appropriate to the park they are in. Professionals have not noticed a significant increase or decrease in violence associated with the new law, but a formal examination was not available at this writing.

HEALTH CARE ORGNIZATIONS SUPPORT FIREARM INJURY PREVENTION

On February 24, 2015, a call to action was published in the *Annals of Internal Medicine* from the several professional organizations: the American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American Congress of Obstetricians and Gynecologists, American College of Physicians, American College of Surgeons, and American Psychiatric Association, the American Public Health Association, and the

The consensus-based recommendations to address guns include:

- Supporting universal background checks for all firearm purchases, including gun show sales and private sales
- Opposing physician gag laws
- Supporting access to mental health care and early intervention
- Proposing prohibitions on gun ownership be applied appropriately to individuals who may harm themselves or others
- Cautioning against blanket prohibitions on firearm purchases for people solely on the basis of a mental health or substance use disorder
- Ensuring health professional mandated reporting laws of patients who may harm themselves or others is confidential and doesn't deter help seeking.
- Restricting civilian use of assault weapons and large capacity magazines
- Advocating for adequate funding for gun injury research

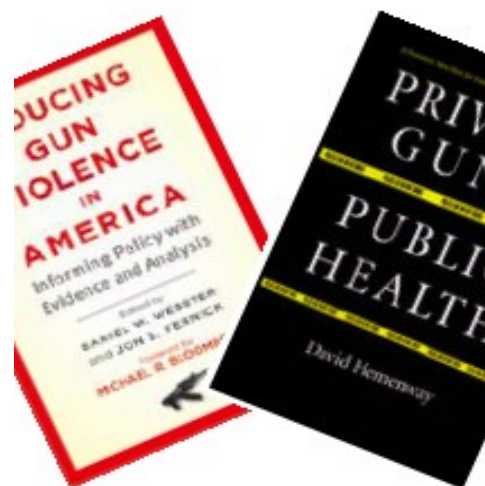
Opponents say "They really believe that background checks stop criminals from stealing guns, buying them on the black market, and hiring 'straw purchasers' to buy guns for them?"

TOP PRIORITY IS UNIVERSAL BACKGROUND CHECKS

American Bar Association.

The groups' top priority is universal background checks.

Although a 2013 survey in the New England Journal of Medicine found 74% of NRA members support the universal background check requirement, the NRA official stance remains skeptical of the medical communities proposal.



Evidence shows gun trafficking is abetted by weak federal regulation of gun sales and that the loopholes in the current law weaken accountability among gun dealers and enable the existence of an unregulated secondary market (Braga AA and Gagliardi PL, 2013). Researchers have called for more experimental research to determine whether interventions limiting illegal transfer of firearms actually reduces gun violence.

AS CITIES BATTLE GUN VIOLENCE, NEW PA STATE LAW ADDS NEW CHALLENGES BY PERMITTING LAW SUITS AGAINST CITIES

The NRA and municipalities in Pennsylvania are battling over a new state law that allows state residents and guns-rights organizations, like the NRA, to sue cities over their municipal gun laws. Pennsylvania has long had a law (Section 6120a) that barred municipalities from imposing their own gun regulations exceeding the state law. Many municipalities, however, ignored this and instituted gun regulations that extended past state law, for instance banning guns in public parks or requiring that stolen or lost weapons be reported. Some municipalities argue that the municipal laws are necessary to battle increasing gun violence, while gun rights groups state the local laws are redundant and impose unnecessary fines on gun owners.

The recent law, ACT 192, permits lawsuits against cities for imposing municipal gun laws that are stricter than the states, and enables challengers to seek financial damages. This law is unique in its scope; prior to the new law, you had to prove harm in order to challenge a city law in court.

The NRA, and two other pro-gun rights organizations have already filed suits against Philadelphia, Pittsburgh, Lancaster, and Harrisburg, regarding their municipal gun laws. Meanwhile, many cities and towns in Pennsylvania are repealing their local gun laws in order to avoid expensive lawsuits. This new law raises a unique precedent and could have implications nationally in the battle over what branch of government has precedence over gun regulation.

HONOR ROLL: FIREARM CALL TO ACTION

American Public Health Association

American Bar Association

American Academy of Pediatrics

American College of Surgeons

American Academy of Family Physicians

American College of Emergency Physicians

American Congress of Obstetricians and Gynecologists

American College of Physicians

American Psychiatric Association



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The Injury Times-Serving Public Health Service Region II and Beyond

The Injury Times is primarily focused on legislative and policy issues that impact public health service Region II and beyond. Our inaugural issue focuses on legislative initiatives for motor vehicle and road safety. Future issues are for pharmaceuticals and poisoning. Send newsletter ideas, story leads, articles or news to the Editor.

The geographic scope of PHS Region II covers New York, New Jersey and the tri-state more broadly. Some may also find it surprising to learn that this region also includes the territories of Puerto Rico and the U.S. Virgin Islands. In this and subsequent issues, we will highlight national issues for an injury prevention area in each issue with particular attention on the leading legislative efforts that are in motion to strengthen the injury prevention initiatives across Public Health Service Region II and those beyond that have lessons for us locally.

Our mission is to improve population health by reducing the morbidity and mortality from unintentional and intentional injuries through research, dissemination and translation of scientific discoveries, development of innovative and multilevel training and education programs, and promotion of best practices and evidence-based interventions.

Our objectives are to integrate expertise and other resources across academic divisions, facilitate interdisciplinary collaboration, forge diverse and far-reaching partnerships, and accelerate the advancement of science and practice in the injury control field.