

## Part I

### Introduction and Overview

On November 6th, 1998, I attended an all-day conference entitled “Guns and Kids: Shaping Public Policy, Protecting Public Health”. This conference was sponsored by several groups, led by the Michigan Partnership to Prevent Gun Violence (MPPGV), the leading gun control organization in our state. The conference was a real eye-opener for me. It helped me to better understand the perspectives of some of the participants, highlighted a number of emerging threats to our gun rights, and suggested to me that we can be very effective in countering these threats if we go about it properly.

The conference attendees were primarily members of the professions of law, medicine, and public health. The unifying theme of the conference was the movement to view “gun violence” as a public health issue, and to address it through the application of traditional public health mechanisms. This approach is no accident. The public health approach has three advantages for anti-gunners: First and foremost, it cloaks civilian disarmament initiatives in a new mantle of respectability. Well-meaning but misinformed medical professionals, concerned mainly with preventing injury, lend their reputations and professional status to the misguided, ineffective, and destructive ends of the anti-gunners.

Secondly, the medical and public health establishments wield a substantial amount of political power. Doctors’ opinions on medical issues are naturally respected by political decision makers. Public health authorities may impose quarantines or ban foods or other substances based on threats of disease or other public health hazards. If “gun violence” comes to be viewed as primarily a public health issue, these people will be in a position to substantially influence or even completely bypass the normal political process with respect to firearms regulation. This is a dangerous state of affairs for gun owners.

The third and most important advantage of this approach for disarmament activists is that it shifts the terms of debate from a philosophical and political issue based on individual rights into a series of technical cost-benefit analyses based on medical and public health considerations. I believe that even on these terms, proper analysis of responsibly gathered data will show that the benefits of civilian firearms ownership far outweigh the costs. We have seen the data to support this view in several works by Prof. Gary Kleck and Prof. John Lott. Nonetheless, it is critically important to remember that whatever the outcome of this sort of cost/benefit analysis, **the issue of civilian ownership and use of firearms is primarily an issue of individual rights.** We must never lose sight of this fact, nor allow our elected representatives to forget it. We hold the moral high ground in this debate. The disarmament activists know this, so they are simply trying to achieve their ends by other means.

In the remainder of this article, I will discuss my understanding of this movement and its participants, some of the specific threats it poses, and some possible courses of action we can take to minimize its negative impact on gunowners' rights.

### **What is “Gun Violence”?**

First of all, I would like to examine the term “gun violence”. This term combines several distinct categories of incidents involving injury or death with firearms, including accidents, suicides, and homicides. Homicides (which are quite often lumped together as “murders” when data are repeated second- and third-hand) include both justifiable homicides such as police and self-defense shootings, accidental shootings in which someone dies, and criminal shootings which are properly termed “murder”. The use of the term “gun violence” is problematic, because blurring these distinctions serves to inflate the perception of firearms as harmful to society, conceal the evidence of their utility, and ignore the concept of moral agency. While MPPGV claims in their literature that they do not include lawful uses such as self-defense in their definition of “gun violence”, this claim is not borne out in practice.

“Gun violence” is the most recent catch phrase the anti-gunners have chosen to use in their efforts at civilian disarmament. I believe it was carefully (and brilliantly) selected because it simultaneously mobilizes an entirely new constituency for civilian disarmament and morally undermines supporters of gunowners' rights. Those who might otherwise shy away from involvement in efforts to effect civilian disarmament can more easily be persuaded to work to reduce “gun violence”. At the same time, it becomes more difficult to oppose these efforts without being perceived as being an unreasonable extremist. (Who can be in favor of “gun violence”? How can you not be against it?)

I will continue to place “gun violence” in quotation marks throughout this article so that we do not forget that it really represents a variety of types of incidents of differing moral status, which should in fact be analyzed and addressed separately from each other.

### **The Medical Profession's View of “Gun Violence”**

We are all probably at least somewhat aware of the constant barrage of anti-gun propaganda to which doctors are subjected in their professional literature. The Centers for Disease Control, Johns Hopkins University, The Journal of the American Medical Association, The New England Journal of Medicine, and others present “study” after “study” purporting to show a variety of negative effects of guns on society. It is not my purpose in this article to directly address these institutions or the studies and statistics they produce. I mention them merely to highlight the fact that there is a substantial effort on the part of a number of influential institutions and individuals to make “gun violence” a public health issue. This effort is not going to diminish or fade away simply because we disagree with it. If we wish to prevent or minimize its negative effects, we will have to work to understand it and address it on its own terms.

The speakers at this conference were leading professionals, highly accomplished and respected in their fields. The conference was organized by a gun control organization, and the speakers seemed to be firmly committed to this approach to gun regulation. I believe, though, that the major underlying motivation of both the invited speakers and most of the attendees was the prevention of injury. As public health and medical professionals, they see gunshot wounds not in terms of crime, self-defense, or constitutional rights, but individually as medical traumas and collectively as a “disease” which requires medical intervention. If we wish to be able to constructively engage them and prevent serious erosion of our rights, I think it is important to try to understand their perspective.

The parallel most often mentioned in justifying this approach to “gun violence” was automobile safety. They pointed out that through the 1950’s, car accidents and the resulting injuries and fatalities were more or less accepted as a fact of life. It was not until the 1960’s that national authorities began to question automobile safety standards, conduct systematic studies of highway injuries and fatalities, and eventually make policy recommendations and pass laws requiring various safety features in cars as well as regulating behavior such as drunk driving. This entire effort was resisted by the industry and the public, until public opinion, helped along by people like Ralph Nader, was conditioned to accept it.

This parallel to the history of automobile safety features and laws permeated the presentations at the conference. Many in the public health and medical communities see this as an ideal approach to take in addressing firearms injuries and fatalities (“gun violence”), and this is what they are in the process of educating their professional colleagues to do. Many surgical and medical societies have bought into this approach, and are pushing it through their own channels with their own members.

### **The Public Health Approach**

One of the speakers (Professor Stephen Hargarten, MD, of the Medical College of Wisconsin) outlined the “Public Health Triad”, which seems to be a commonly-used model for understanding disease. The three parts of this triad are the host, the agent (or vehicle) and the environment. If you draw these as points on a triangle, you will have a schematic model of the way a medical professional approaches a disease. To treat the disease, one looks at the way these three factors interact, and finds ways to intervene to prevent the disease.

If we were speaking of a real disease, the host would be a person, the agent or vehicle would be the germ, and the environment the home, office, or wherever. To treat the disease, one might try to kill the germ directly with drugs, or one might try to alter the environment (say, by filtering the water or cleaning up filth), or one might try to make the host more immune (say, by exercise or vaccination).

In the case of “gun violence”, they see the host as the person who is affected (this includes both the shooter and the person shot), the agent or vehicle as the gun and ammunition, and the

environment as the home, school, or wherever the person is located. Because they view the world using this public health triad, they see it as perfectly justifiable to address any of these elements of the triad in their campaign to eradicate the “disease”. The question of whether or not they have the moral right to interfere with these aspects of people’s lives simply does not enter into their thinking - they simply assume they have the right to intervene, and proceed to do so.

Just as we have seen radical changes in automobiles and driving habits over the past thirty years due to safety and environmental concerns, the participants in this movement aim to cause substantial changes in firearms and firearms usage, in the name of eradicating the “disease” of “gun violence”. They view this as a “public health emergency”, and will certainly use all the power at their disposal to effect the changes which they believe to be necessary.

As part of his discussion, Dr. Hargarten spoke of the “public health approach” to dealing with public health issues. This involves four phases or steps:

- 1) Surveillance - Gathering data about the problem
- 2) Risk Factor Identification - Isolating specific causal or contributing factors
- 3) Intervention Evaluation - Figuring out what to do
- 4) Implementation - Doing it

A number of specific instances were given of how this can work in the context of “gun violence”. For example, the data gathered by surveillance may be analyzed to show that a high number of 15-to-24-year-old males are shot on the street with small-caliber revolvers having barrels of 4 inches or less. With these “risk factors” identified, they may then evaluate the effectiveness and political feasibility of intervention at different points in the triad (educating the host, eliminating the agent, modifying the environment). In this case, they might attempt to get laws passed restricting ownership or production of revolvers with barrels shorter than 4 inches.

I know that we can all find the flaws in the reasoning in this scenario, and I do not intend to address them here. I merely include it to serve as a very real, concrete example of the results obtained by this mode of thinking. We can expect to see much more of it.

The other major speaker at the conference was Dr. C. William Schwab, Director of the Trauma Center at the University of Pennsylvania. His presentation consisted of a combination of heavily emotional appeal featuring descriptions of dead kids and pictures of bullets, and a variety of statistics designed to promote the view of “gun violence” as a public health emergency. His approach was to encourage medical professionals to view themselves as advocates within their communities, with the purpose of reducing the “epidemic of gun violence”. I will not take the time or space here to try to detail his injury and death statistics, especially as I have only partial notes.

Three things about Dr. Schwab's presentation bear repeating here, however. One is his focus on the cost of care for non-fatal firearms injuries. He placed this figure at \$47M over a two year period in his city, with over 80% of that money being public funds. This cost can be a powerful lever for disarmament activists to use to influence politicians and justify government intervention, and that is exactly how they intend to use it. Another interesting fact was that he suggested that handguns should be the primary focus, as rifles and shotguns seem to have little impact on the numbers. Finally, he outlined a number of specific recommendations for policies, laws, and further actions, which I will cover in the "Specific Threats" section.

### **The Real Anti-Gunners ("Pay no attention to that man behind the curtain!")**

As I said earlier, most of the people at the conference seemed to be primarily motivated by the desire to prevent injuries and fatalities. The driving force behind this movement, however, is clearly the hard-core anti-gun contingent with which we are all familiar. They were present at this conference in the form of MPPGV and a speaker from a group called "Join Together". This group was founded in 1991 to address substance abuse. They have been quite successful in disseminating information and creating alliances to help community groups fight drug and alcohol abuse. In 1996 they expanded their focus to include "gun violence". With a grant from the Joyce Foundation (which also supports MPPGV) they expanded their website publishing activities to include information on firearms.

This information is, as you might imagine, heavily slanted against guns and gun ownership. From blatantly false and misleading "historical" information disputing the "imaginary" prevalence of guns in early America and pushing the collective interpretation of the Second Amendment, through the usual assortment of misleading statistics and factoids, it's all there in an easy-to-use format designed to support local anti-gun activists. In the words of Bruce Willis when he talks about the terrorists in the movie "Die Hard": "They're slick and well-financed, and they mean business". I suggest that you take a look at it if you have access to the web, at <http://www.jointogether.org>. In addition to the anti-gun information, there is some very good advice on local organization, coalition-building, and suggested activities, which will help you to see who they may be targeting in your area.

The one bright spot in these presentations was when one speaker emphasized that these initiatives must be undertaken at the state and local level. He stated that the national gun lobby (i.e., the NRA) is too strong for them to get anything accomplished in Washington D.C., so they have to focus on bottom-up instead of top-down action. This speaks well for the effectiveness of our national lobbying organization, but it also highlights the importance of MCRGO in maintaining a focus closer to home.

**In the next issue: Specific Threats and What We Can Do**

**Part II**

**Specific Threats to Guns and Gunowners**

I would like to address some of the specific threats that we as gunowners face from this movement. These are specific stated activities, goals, and objectives which were covered at the conference. I will cover some in more detail than others, but this section must, as a whole, be regarded merely as an advance warning of what we can expect to see in the future.

**A. Gun Injury Surveillance System**

One of Dr. Hargarten’s major accomplishments at the Medical College of Wisconsin seems to be his work in developing a system for tracking information on firearms injuries. This is a system which is designed to standardize the information collected about firearms injury incidents, and collect this data in a central database for future analysis. This includes the type of incident, specific medical information on the injury, law enforcement information such as case number and circumstances, and crime lab information including specific technical data on the gun and ammunition.

This activity falls under the “surveillance” phase of the public health model, and the information collected naturally feeds into the other phases. This activity seems benign and reasonable. Medical professionals naturally want to know the nature of the problem they are dealing with, and information from such a system could be helpful to them, and could be just as informative and useful for pro-gun arguments as for anti-gun arguments. Such a system poses some serious potential threats to gunowners, however.

First, and most obviously, the information collected is susceptible to misuse. Like any data, it can be taken out of context, selectively presented, and manipulated to make a case for particular political ends. It is also possible that the data presented may be valid, but improperly used to arrive at irrational or silly conclusions. The earlier example of restricting short-barreled handguns is a prime example of this sort of fuzzy thinking. These dangers exist any time data are collected on anything, and should be able to be addressed by ensuring public access to the data so that it can be independently analyzed by people on all sides.

More fundamentally, the system itself is flawed in its design. Specifically, the model system has tremendous difficulties in linking the case disposition to the particular incident. At the very least, there is a long time lag (up to two years or longer) before such data can be linked. As a result, there is often no way to know if a particular injury was the result of a justifiable self-defense shooting or was part of a crime. To those who do not believe there is any such thing as a justifiable shooting, this is not a problem. They have their injury and death statistics, and can wave them around while shouting about how evil and dangerous guns are. This is a serious

problem for us, however, because it skews the statistics by lumping all the injuries and fatalities together, making it impossible to determine which are accidents, which are crimes, and which are justifiable shootings.

This flaw was evident in the data which was used at various points in the presentation to justify the whole exercise. Shootings were classified as “unintended” and “intentional”. “Intentional” shootings were all labeled as “violence”, and were then further divided into “interpersonal” and “self-directed”. No effort was made to further analyze the “interpersonal” shootings to determine which were justifiable. I think this is a key point, because it highlights a basic premise of this entire movement. No matter what they may say for public consumption (and MPPGV does specifically claim that they are not anti-self-defense), they do not regard self-defense as a legitimate use of firearms, and make no meaningful effort to distinguish such justifiable shootings in their data or to identify them in their analyses.

These types of information systems have been under development for some time. They exist in some cities around the country in different forms, and are funded by various sources at all levels of government. I think we can expect to see an effort to create such a system in Michigan, perhaps at the state level or perhaps in the larger metropolitan areas. This is an example of the kind of bottom-up action discussed in Part I of this article. They have so far failed to create such a system at a national level, so they are trying to create them at the state and local level, based on a standardized model.

## B. Misinformation and Disinformation

This is nothing new to gunowners and gun rights activists. We have all had to refute the same tired old lies, damn lies, and statistics over and over again. What is alarming is the sophistication with which the anti-gunners are using technology and public relations techniques to propagate their version of the “truth”. The website listed above, along with a variety of others, are available to anti-gun activists and anyone else who cares to look at them. There are also a wide variety of printed materials distributed by these groups. Most disturbingly, many of the same falsehoods and distortions are presented as fact by a number of leading medical journals and professional associations in their communications to their members.

Doctors and public health professionals are highly intelligent, highly educated people. They are fully capable of making sound, rational judgments about policy issues involving firearms, *but only if they are properly informed*. I heard medical professionals at this conference making authoritative pronouncements about the Second Amendment and about specific technical issues relating to firearms which were just plain wrong. I believe that in most cases, the problem is not that they are stupid or indifferent to facts, but merely that they just don’t know any better. They rely for their information on the sources which are accessible to them and which they trust. If these sources are feeding them false or misleading information, they cannot be expected to reach valid conclusions.

### C. Specifically Targeted Laws & Policies.

During the course of the conference, there were several sets of recommendations and policy goals which were discussed. I wrote down as many of these as I could, but this list cannot be regarded as comprehensive, nor is it in any particular order. It will, however, give you an idea of the direction which this movement is taking, and some idea of specific initiatives we can expect to see taking shape in the near future:

1. Government regulation of firearms design.
2. Requiring the same standards for imports as for domestic firearms.
3. Mandatory childproofing of all new firearms (built-in locks)
4. Mandatory personalization of all new firearms (“smart guns”)
5. Mandatory magazine disconnect safeties on all new firearms
6. Mandatory loaded-chamber indicators on all new firearms
7. Permanent prohibition of firearms ownership for certain misdemeanors
8. Child access protection laws with criminal penalties if a child gets your gun
9. Treating firearms as a consumer product (regulation and liability)
10. Mandatory training for firearms owners
11. Restrictions on handgun ownership
12. Allocation of further public funds to research “gun violence”
13. Attacks on state-level preemption laws which prohibit localities from enacting strict gun control laws.
14. Attempts to use the cost of gun-related injuries to justify intervention
15. Control of ammunition distribution
16. Restrictions on semiautomatics
17. Education in elementary schools against “gun violence”
18. Questioning and counseling of patients by doctors about gun ownership.

### **What can we do?**

The specific actions we may wish to take are as varied as the specific threats we face. There is not space in this article to discuss every aspect of the above-mentioned items, although we may address some of them in more detail in future articles. For now, I would like to suggest a few things that we can do which will position us to be more effective in addressing this general public health approach to gun control.

As a general outline, I would suggest that we employ the public health model. Since gun control itself is a social “disease”, it seems appropriate to use their own methods in our efforts to defend ourselves. If it works for them, it will work for us!

#### A. Surveillance

As you can see from this article, MCRGO has already begun this phase by taking an active role in monitoring the activities of the anti-gun groups. We will continue to do this at the state level to the best of our ability. You can participate in this in your own area by paying attention to the activities of the medical and public health practitioners. What kinds of services and counseling are being offered by local clinics and hospitals? Are the doctors politically active in firearms issues? What about the coroner or medical examiner? What do they think about private ownership of firearms? Does your pediatrician ask you or your kids about guns? Are conferences or workshops of the kind held in Detroit being planned for your area? Monitor the websites of the anti-gun groups (mppgv.org and jointogether.org both contain pages with extensive links to other anti-gun sites, and post calendars of upcoming events. Join Together also has an email alert service). Write to these and other anti-gun groups as an interested party to request information on activities in your area. Their addresses are: MPPGV, 1501 North Shore Drive, Suite B, East Lansing, Michigan 48823, and Join Together, 441 Stuart St, Boston, MA 02116. (Be sure to request the “Gun Violence Prevention: Policy Recommendations Report” from MPPGV). Please inform your chapter delegate and/or an MCRGO officer or director of any overt anti-gun public health initiatives you observe in your area.

#### B. Risk Factor Identification

We are entering this phase at the state level, as the MCRGO Board discusses which of these areas seems to pose the greatest threat to us at this time. You can do the same thing locally, as you observe and gather information about your local doctors and public health officials and their activities. As you identify which ones are hostile to gun ownership, you will have a better idea of what threats you may face.

This can also work the other way, as you identify members of the medical and public health professions who may be gunowners and shooters themselves, or who may at least be supportive of our viewpoints. They may be valuable allies later on if we need experts to testify in committee hearings, write letters, etc. Members of these professions are better able to communicate with each other, as they speak the same professional language. Additionally, many people have a tendency to be very credential-conscious, and may pay closer attention if the speaker has an appropriate collection of degrees and other professional qualifications in the field.

#### C. Intervention Evaluation

This step basically consists of figuring out what we can do to counter a particular threat in the most effective and efficient way possible. We will each have our own individual style and approach, as well as our own particular expertise to draw on. At this early stage it is too soon to say which of the above threats we are likely to face in the near future in Michigan. It is fair to say, though, that doctors and public health officials are being targeted by aggressive informational campaigns (I should say “disinformation campaigns”) by the anti-gun groups and also by and through their own professional associations and publications. Therefore I would

suggest that one of the most valuable and effective steps we can take at this time is to be proactive in our own efforts to provide them with information which presents the real facts, as well as our own perspectives on the issues.

Which facts, about which of the issues, and how to go about providing them, are issues that each of us will have to address. MCRGO will be working to try to identify specific sources of information relevant to each of these issues and make them available, probably via the website and perhaps also in future newsletter articles. Naturally, the NRA is a good source of information. We would welcome any help in this regard from other members who may have or know of information relating to any of the topics listed above.

#### D. Implementation

In a word, do it! Be prepared with information, and be prepared to talk about it with doctors and public health professionals, as well as writing letters on the issues to newspapers and politicians. Talk to your own family doctors, especially your kids' pediatrician. You may also wish to encourage your shooting and gun-owning friends to do the same. Even if your doctors are not particularly active or interested in the issue when you speak with them, if you express your interest to them and offer yourself as a resource, they may very well come back to ask your opinion when such issues do come before them. I have recently had this happen to me, based on a conversation I had with my kids' pediatrician several years ago.

I believe that 99% of these people are honest and well-meaning. They are intelligent, rational professionals who want to do the right thing. But if they are misinformed, they will naturally be susceptible to making unsound recommendations and decisions. MPPGV has a very slick presentation, and they have tried to position themselves as a kind of centrist, moderate, reasonable group merely concerned about "gun violence", and dealing with it in a responsible way. But this is a mere facade, which serves to fool those who are well-meaning but misinformed, and serves as camouflage for those who know better. They are the major voice of the civilian disarmament movement in Michigan. We must be proactive in presenting a counterbalancing view, or we will find that our opponents have made an end run right past us.