

WASHINGTON STATE MEDICAL ASSOCIATION
HOUSE OF DELEGATES

Resolution: C-12
(A-20)

Subject: Formation of a National Bureau for
Firearm Injury Prevention

Introduced by: Gregory Engel, MD, MPH, FAAFP, Delegate
Amish Dave, MD, MPH, Delegate
King County Medical Society

Referred to: Reference Committee C

1 WHEREAS, the physician motto is to do no harm; and

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3 WHEREAS, physicians are often placed on the front lines of health crises; and

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5 WHEREAS, doctors can be encouraged to address firearm injury and death with the same tools
6 used successfully to confront other public health concerns for decades;(5 6) and

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8 WHEREAS, the National Highway Safety Bureau (NHSB) addressed the problem of motor
9 vehicle death by systematically using a public health approach, promoting and implementing
10 safety technology, supporting research into causes and contributing factors and fostering public
11 awareness of seat belt use;(3) and

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13 WHEREAS, the NHSB coordinated its activities to complement each other, acting
14 synergistically to reduce injuries resulting in a motor vehicle death rate which has fallen by two-
15 thirds;(1) and

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17 WHEREAS, the life-saving potential of seatbelts was realized due to the synergistic use of both
18 legislation that added laws and financial penalties for disobedience, as well as the use of media
19 to increase public awareness of the importance of seat belt wearing; and

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21 WHEREAS, in spite of persistent efforts to reduce firearm injury and death over the past twenty
22 years,(9) deaths from firearm injuries have increased by over 20%;(1) and

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24 WHEREAS, it is necessary to define firearm injury and death as public health crises, and use
25 public health methods for reduction methods that have been proven effective;(7) and

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27 WHEREAS, health professionals have actively participated in efforts to reduce firearm injury
28 by speaking out against “gag laws,”(6 4) restrictions on firearm injury research funding;(5 9)
29 and

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31 WHEREAS, there have been comprehensive, multidimensional strategies created, that provide
32 an extensive list of proposals designed to reduce firearm injury and death;(6 7) and

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34 WHEREAS, there was a “call to action” from eight health organizations and the American Bar
35 Association advocating for a series of measures aimed at reducing the health and public health
36 consequences of firearms;(4) and

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38 WHEREAS, significant reductions in firearm injury can be achieved with the coordinated use
39 of the modalities as was used to increase seatbelt use; and

References

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7. Hemenway, David. "A public health approach to firearms policy" in Mechanic, David; Rogut, Lynn B; Colby, David C; Knickman, James R. eds. Policy Challenges in Modern Health Care. New Brunswick, NJ: Rutgers University Press, 2005. pp. 85-98.
8. Hemenway, David; Miller, Matthew. Public health approach to the prevention of gun violence. New England Journal of Medicine. 2013; 368:2033-35.
9. Bailey C. More Americans killed by guns since 1968 than in all U.S. wars-combined. NBC News. <https://www.nbcnews.com/storyline/las-vegas-shooting/more-americans-killed-guns-1968-all-u-s-wars-combined-n807156>. October 4, 2017. Accessed October 5, 2017.

WSMA Policy

Background Checks and Waiting Periods

The WSMA supports criminal background checks for all firearm sales and transfers of ownership, with permissible exceptions, (e.g. gifts between immediate family members, antiques, and loans for lawful hunting or sporting activities.) (Res C-6, A-13) (Reaffirmed A-19)

The WSMA supports policy that provides for background checks and waiting periods for the purchase of firearms. (Res C-12, A-18)

Children

The WSMA supports restricting child access to firearms through safe storage and child access prevention laws. (Res C-3, A-12) (Reaffirmed A-19)

Development of Firearm Safety Policies

The WSMA support policy encouraging the Washington State Legislature to address firearm injury and deaths based on proven public-health practices, employing sound research to understand causes, direct interventions, and study the effects of those interventions. (Res C-21, A-19)

Extreme Risk Protection Orders

The WSMA supports the concept of Extreme Risk Protection Orders, which allow families and law enforcement to petition a court to temporarily suspend a person's access to firearms if there is documented evidence that an individual is threatening harm to themselves or others because of dangerous mental illness or at high risk of violent behavior. (Res C-6, A-16) (Reaffirmed A-19)

Gun Control

The WSMA endorses national and state legislation to ban the domestic manufacture, sale, possession and importation of any polymer plastic handguns or other firearms determined to be able to escape detection by standard airport security. (Reaffirmed A-17) (Reaffirmed A-19)

The WSMA supports appropriate legislation that would restrict the sale and private ownership of large clip, high-rate-of-fire automatic and semi-automatic firearms, or any weapon that is modified or redesigned to operate as a large clip, high-rate-of-fire automatic or semi-automatic weapon. (Res 29, C-87; Res 22, C-90) (Reaffirmed A-17) (Reaffirmed A-18) (Reaffirmed A-19)

The WSMA supports closing loopholes in gun purchases online and at unregulated gun shows. (Res C-9, A-18) (Reaffirmed A-19)

The WSMA supports measures to reduce gun violence. (Res C-9, A-18) (Reaffirmed A-19)

The WSMA supports policy that raises the minimum age to purchase a firearm to 21 years of age. (Res C-14) (Reaffirmed A-19)

Gun Safety Education

The WSMA encourages incorporating questions about firearms in and outside the home when documenting social history in the medical record. (Res C-7, A-13) (Reaffirmed A-19)

The WSMA supports encouraging physicians and health care workers to discuss safe storage of guns and the association of guns with risk of homicide, accidental shooting, and suicide, and counsel about risk. (Res C-9, A-18) (Reaffirmed A-19)

The WSMA supports the elimination of laws intruding on physicians' and patients' rights to discuss gun violence. (Res C-9, A-18) (Reaffirmed A-19)

The WSMA encourages its members to screen for risk factors of firearm injury and educate patients about prevention and safe storage. (Res C-15, A-18) (Reaffirmed A-19)

Guns as Public Health Issue

The WSMA supports policy to address firearm-related violence and injury as a public health issue. (Res C-11, A-18)

Reducing Firearm-Related Injury and Death, 2019 Updates

The WSMA support research to help us understand and reduce the multi-factorial causes and consequences of firearm-related injury and death. (Res C-23, A-19)

The WSMA support improved access to mental health care, while cautioning against broadly including all individuals with a mental health or substance use disorder in a category of individuals prohibited from purchasing firearms. (Res C-23, A-19)

The WSMA support policy that would prohibit those guilty of violence against a family member or intimate partner—including dating partners, cohabitants, stalkers, and those who victimize any family member—from purchasing or possessing firearms. (Res C-23, A-19)

Safe Storage

The WSMA supports policy that will encourage and promote the safe storage of firearms in homes where those firearms are kept. (Res C-13, A-18)

Trauma Prevention

The WSMA supports working with the Washington Chapter of the American College of Surgeons to enact safe and sane legislation relating to the purchase of firearms to include:

1. Firearm education and safety certification prior to purchase;
2. Licensure appropriate to the class of firearm desired for purchase; and
3. Establishment of an appropriate waiting period between application for purchase and/or licensure and purchase of the firearm.

Weapons-free Zones for Health Care Facilities

The WSMA supports policy that creates weapons-free zones for medical practice settings, allowing exceptions for law enforcement. (Res C-9, A-18)