

Congress of the United States
House of Representatives
Washington, D.C. 20515

January 11, 2013

The Honorable Mike Thompson
Chair
House Democratic Caucus Gun Violence Prevention Task Force
231 Cannon House Office Building
Washington, DC 20515

Dear Mike:

Thank you for your leadership in developing responsible gun violence legislation. I know you are considering important proposals to reduce gun violence by requiring background checks for all firearm and ammunition purchases, limiting the size of ammunition feeding devices, fixing the straw purchaser loophole, and banning assault weapons. But experts agree: the prevalence of guns and gun violence in our society is not just a criminal justice problem; it is also a public health and safety problem.¹ Accordingly, as part of any initiative to address gun violence in this country, we should also advance public health and safety initiatives.

In the area of public health and safety, I recommend three specific sets of actions.

Gun Safety Standards

In 2011, there were over 30,000 deaths and over 70,000 injuries from firearms.² Too many of these were accidental. Just one week before the Newtown massacre, seven-year-old Craig Loughrey was killed when his father's gun accidentally discharged in the car.³ In 2007, the year for which there is the most recent data, over 100 unintentional deaths and over 4,000 unintentional injuries of children and teens occurred by firearms.⁴ In addition to these

¹ *Public Health Approach: Physicians Aim to Prevent Gun Violence*, American Medical News (Sept. 10, 2013); *The Science of Violence: Trigger Points*, Washington Post Magazine (Mar. 29, 1998); Jay Dickey and Mark Rosenberg, *We Won't Know the Cause of Gun Violence Until We Look for It*, Washington Post (July 27, 2012); David Hemenway, *Private, Guns Public Health* (2004); and Marilynn Marchione, *Doctors Target Gun Violence as a Social Disease*, Associated Press (Aug. 11, 2012).

² Centers for Disease Control and Prevention, *Deaths: Preliminary Data for 2011* (Oct. 10, 2012); Centers for Disease Control and Prevention, National Center for Injury Prevention and Control WISQARS Nonfatal Injury Reports (2011).

³ *We Have the Technology to Make Safer Guns. Too Bad Gunmakers Don't Care*, Slate (Dec. 18, 2012).

unintentional incidents, studies confirm access to unsecured firearms is associated with increased suicide risk.⁵

These deaths and injuries could be reduced with reasonable safety standards on guns, such as trigger locks or fingerprint recognition technologies.⁶ But under current law, the Consumer Product Safety Commission (CPSC) has been stripped of the authority to set product safety standards for guns or even to research potential safety standards.⁷ This loophole should be closed.

Public Health Research

Approaching these deaths and injuries from a public health and safety perspective means promoting science-based research. Some important studies have occurred. For example, we know that there is a three-fold greater risk of homicide and a five-fold greater risk of suicide for residents in homes with firearms compared to those in similar homes without firearms.⁸

Unfortunately, these research initiatives have been stymied by congressional funding direction and riders that have effectively shut down public health agencies such as Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) from conducting or sponsoring certain kinds of gun-related research.⁹ In addition, Congress has placed limitations on health professionals who participate in insurance plans under the Affordable Care Act (ACA) or who are members of the Armed Forces, as well as civilian employees of the Department of Defense, from gathering relevant information regarding the

⁴ National Safety Council, *Injury Facts* (2011); Centers for Disease Control and Prevention National Center for Injury Prevention and Control WISQARS Nonfatal Injury Reports (2011).

⁵ Harvard School of Public Health, Means Matter Campaign, *Firearm Access is a Risk Factor for Suicide* (online at www.hsph.harvard.edu/means-matter/means-matter/risk/).

⁶ *We Have the Technology to Make Safer Guns. Too Bad Gunmakers Don't Care*, Slate (Dec. 18, 2012). See also Stephen P. Teret and Patti L. Culross, *Product-Oriented Approaches to Reducing Youth Gun Violence*, *The Future of Children* (Summer/Fall 2002) and *Unintentional and Undetermined Firearm Related Deaths: A Preventable Death Analysis for Three Safety Devices*, *Injury Prevention* (2003).

⁷ Consumer Product Safety Act, Pub. L. No. 92-573; Consumer Product Safety Commission Improvements Act of 1976, Pub. L. No. 94-284.

⁸ Art Kellerman et al., *Gun Ownership as a Risk Factor for Homicide in the Home*, *New England Journal of Medicine* (Oct 7, 1993).

⁹ Consolidated Appropriations Act, 2012, Pub. L. No. 112-74 (similar language regarding CDC has been included in Department of Health and Human Services appropriations laws since 1996).

presence of firearms in the home.¹⁰ The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) has likewise been limited in its ability to share Firearm Trace System Data.¹¹ The result is that there has been far too little research to create a clear scientific consensus on the best approach to reducing unnecessary deaths and injuries from guns.

Two key steps should be taken to address this problem. Congress and the Administration should:

- (1) Reinforce the authority of CDC, NIH, and ATF, and all other relevant agencies, to carry out appropriate research and to collect, and make publicly available, data related to gun violence;
- (2) Provide adequate resources for the CDC, NIH, CPSC, and ATF to carry out their various research and regulatory authorities as they relate to gun violence and gun safety.

Mental Health Research and Coverage

Another key component of the federal response should be support for mental health research and the provision of mental health treatment for people who suffer from mental illness.

Too many of the recent mass killings were accomplished by individuals with questionable mental health. Access to appropriate mental health services could have lessened the risk that these deranged individuals would resort to violence. One key step is ensuring access to appropriate and adequate mental health services to those in need. This can be accomplished in part by finalizing strong regulations under the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008* and vigorously enforcing the mental illness parity provisions in ACA.¹²

Conclusion

I wholeheartedly support and endorse the steps you are considering on background checks, ammunition feeding devices, straw purchasers, and assault weapons. Coupling them with the public health and safety initiatives I have outlined here provide a comprehensive blueprint for action in tackling one of the nation's most pressing public health problems. I urge you and the Task Force to adopt them as part of your final report.

¹⁰ Patient Protection and Affordable Care Act, Pub. L. No. 111-148 and Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152. Ike Skelton National Defense Authorization Act for Fiscal Year 2011, Pub. L. No. 111-383 (The National Defense Authorization Act for Fiscal Year 2013, Pub. L. No. 112-239 has slightly reduced these limitations when there are "reasonable grounds" to suspect a risk of suicide).

¹¹ Consolidated and Further Continuing Appropriations Act, 2012, Pub. L. No. 112-55 (similar language has been included in Department of Justice appropriations laws since 2004).

¹² Pub. L. No. 110-343.

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I commend you for your work on this vital initiative and thank you for considering these suggestions. I look forward to working with you to advance responsible gun-control policies to protect America's children from gun violence.

Sincerely,



Henry A. Waxman
Ranking Member
Committee on Energy and Commerce