

**MINNESOTA PUBLIC HEALTH ASSOCIATION
POLICY RESOLUTION**

GUN VIOLENCE PREVENTION, 2017

WHEREAS, firearm injuries and the use of firearms in violent acts are a threat to the wellbeing of Minnesota residents across the state; and,

WHEREAS, 410 firearm fatalities occurred in 2015 in Minnesota¹; and,

WHEREAS, between 2010-2014, there were 1,559 firearm suicide deaths reported in Minnesota²; and,

WHEREAS, it is estimated that about 500 Minnesota residents are hospitalized or receive emergency care as a result of firearm injuries each year³; and,

WHEREAS, fatal and non-fatal gun injuries cost Minnesota \$764 million per year in healthcare costs, criminal justice expense, employer costs, and lost income⁴; and,

WHEREAS, this cost increases to an estimated \$2.2 billion per year with the addition of reduced quality of life caused by pain and suffering⁴; and,

WHEREAS, a study by the Urban Institute found that one less gun homicide in Minneapolis in a given year was associated with the creation of 80 jobs and an additional \$9.4 million in sales across all businesses in the following year⁴; and,

WHEREAS, the cost of gun violence in Minnesota is equal to 11% of the state's yearly general fund spending⁴; and,

WHEREAS, firearm related death rates are seven times higher in the states with the highest rates of household gun ownership when compared to states with the lowest rates of household gun ownership⁵; and,

WHEREAS, people who live in a home with a gun are more likely to die by suicide than those without access to a firearm²; and,

WHEREAS, In the United States, approximately 1.7 million children live in a home with access to an unlocked, loaded gun⁶; and,

WHEREAS, a 1996 congressional appropriations bill stipulated that "none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention (CDC) may be used to advocate or promote gun control." Similar restrictions were extended to other agencies (including the National Institutes of Health), although the legislation does not ban gun-related research outright^{7,8}; and,

WHEREAS, in two places in Minnesota state law there are prohibitions against the collection of data regarding guns, which prevents essential public health research from taking place⁹; and,

WHEREAS, states that require background checks for all gun sales report a lower rate of suicide¹⁰, domestic violence homicide¹¹, and police killed with handguns¹²; and,

WHEREAS, in Minnesota, no background check is required to purchase through a private sale or transfer, which makes it easy for those who are prohibited from possessing a gun under federal and state law, to obtain a firearm⁴; and,

WHEREAS, three laws most strongly associated with reduced homicide-specific firearm mortality are universal background checks for firearm purchase, background checks for ammunition, and firearm identification¹³; and,

WHEREAS, laws requiring firearm identification are associated with reduced suicide-specific firearm mortality¹³; and,

WHEREAS, devising an effective public health approach for Minnesota must recognize both the health impact of the misuse of firearms and the right of law-abiding citizens to own and use firearms; and,

WHEREAS, previous MPHA gun violence prevention resolutions have supported state and federal legislation that would: (1) limit the access to handguns and high-powered assault pistols; (2) maximize the ability to limit firearm permits to only those who are legally permitted to own one; (3) minimize the number of permits to carry loaded, concealed weapons; (4) limit the purchase of handguns to a maximum of one per month; (5) prevent firearms from entering the illegal gun market; and (6) maximize the ability of law enforcement to identify and penalize those who provide firearms to young people and others who are prohibited from possessing them.

THEREFORE, the Minnesota Public Health Association resolves that:

First, funds should be allocated to conduct surveillance for all forms of violent injury and research regarding the role of firearms in violence, and the effectiveness of different types of firearm laws and prohibitions in Minnesota state law against collecting gun-related data should be overturned so that data can be collected for the sole purpose of public health research and policy development;

Second, firearm owners should store guns unloaded and locked, with ammunition locked separately, to reduce unintentional injury and suicide risk.

Third, background checks should be implemented universally, including firearm purchases and exchanges, coordinated with national efforts to close all loopholes in the current system, including online, gun show, and individual firearm sales;

Fourth, firearms sellers should be held accountable by law enforcement and statute when selling to prohibited purchasers;

Fifth, all agents selling and exchanging firearms should be licensed and tracked; in the event that a non-licensed seller wishes to sell a firearm, it should take place at a Federal Firearm Licensee location;

Sixth, ammunition purchases should be taxed to fund firearm injury prevention efforts;

Seventh, “military-style assault weapons” with magazines in excess of ten rounds should be banned because of the potential of these firearms to be used in mass shootings; and

Eighth, MPHA opposes the carrying of concealed and non-concealed firearms in public places, except those carried by law enforcement.

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- ¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014) Available at: <http://www.cdc.gov/injury/wisqars/index.html>.
- ² 2. Brady Center to Prevent Gun Violence. The Truth About Suicide & Guns. Available at: <http://www.bradiycampaign.org/the-truth-about-suicide-guns>
- ³ 3. Minnesota Department of Health, Injury and Violence Prevention Unit. Web-based Minnesota Injury Data Access System (MIDAS) [online]. (2016) Available at: <http://www.health.state.mn.us/injury/midas/violence/index.cfm>
- ⁴ Minnesota Coalition for Common Sense. The Economic Cost of Gun Violence in Minnesota: A Business Case for Action. (2016). Available at: <http://americansforresponsiblesolutions.org/files/2016/12/The-Economic-Cost-of-Gun-Violence.pdf>
- ⁵ Harvard School of Public Health: Harvard Injury Control Research Center. Homicide – Suicide – Accidents – Children and Women. Boston: Harvard School of Public Health. (2009). Available at: <http://www.hsph.harvard.edu/research/hicrc/firearms-research/guns-and-death>
- ⁶ Brady Center to Prevent Gun Violence. The Truth About Kids & Guns. Available at: <http://www.bradiycampaign.org/the-truth-about-kids-guns>
- ⁷ Kellermann AL, Rivara FP. Silencing the science on gun research. JAMA. 2013;309(6):549-550.
- ⁸ Rubin R. Tale of 2 agencies: CDC avoids gun violence research but NIH funds it. JAMA. 2016;315(16):1689-1691.
- ⁹ MN Statute 144.05 and 625.714
- ¹⁰ Everytown for Gun Safety. State Background Check Requirements and Suicide. Available at: <http://every.tw/1Aj9CVz>
- ¹¹ Everytown for Gun Safety. State Background Check Requirements and Rates of Domestic Violence Homicide. Available at: <http://every.tw/1Aj9HZj>
- ¹² Everytown for Gun Safety. State Background Check Requirements and Rates of Firearm Homicide Against Law Enforcement. Available at: <http://every.tw/1Aj9JAY>
- ¹³ Kalesan, Bindu et al. Firearm legislation and firearm mortality in the USA: a cross-sectional, state-level study. Te Lancet, 2016;387(10030):1847–1855.