

The Role of Medical Providers in Prevention of Gun Violence

Jenna Wolff

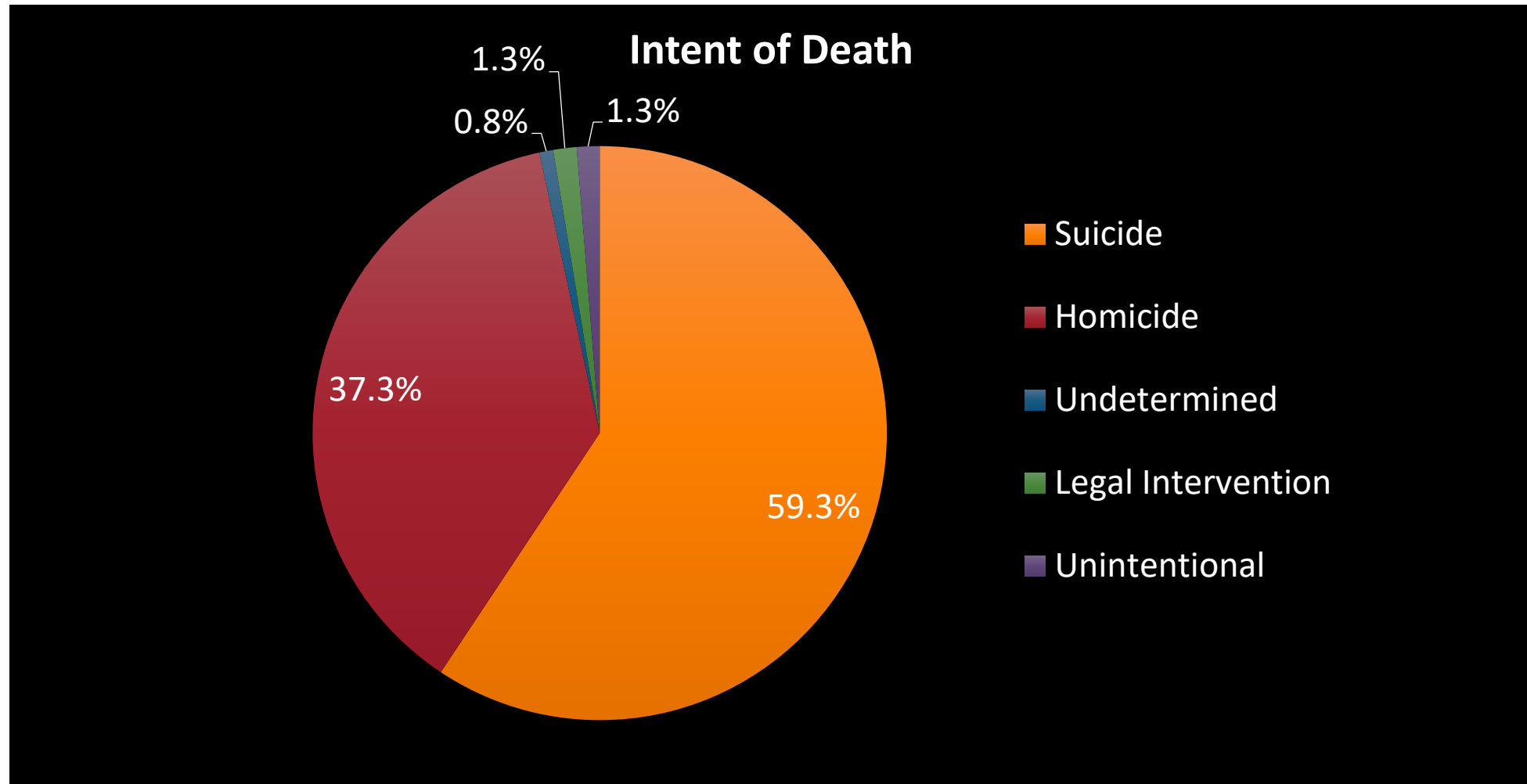
Clinical Research Coordinator II

Center for Deployment-Related Lung Disease/Miners Clinic of Colorado

National Jewish Health

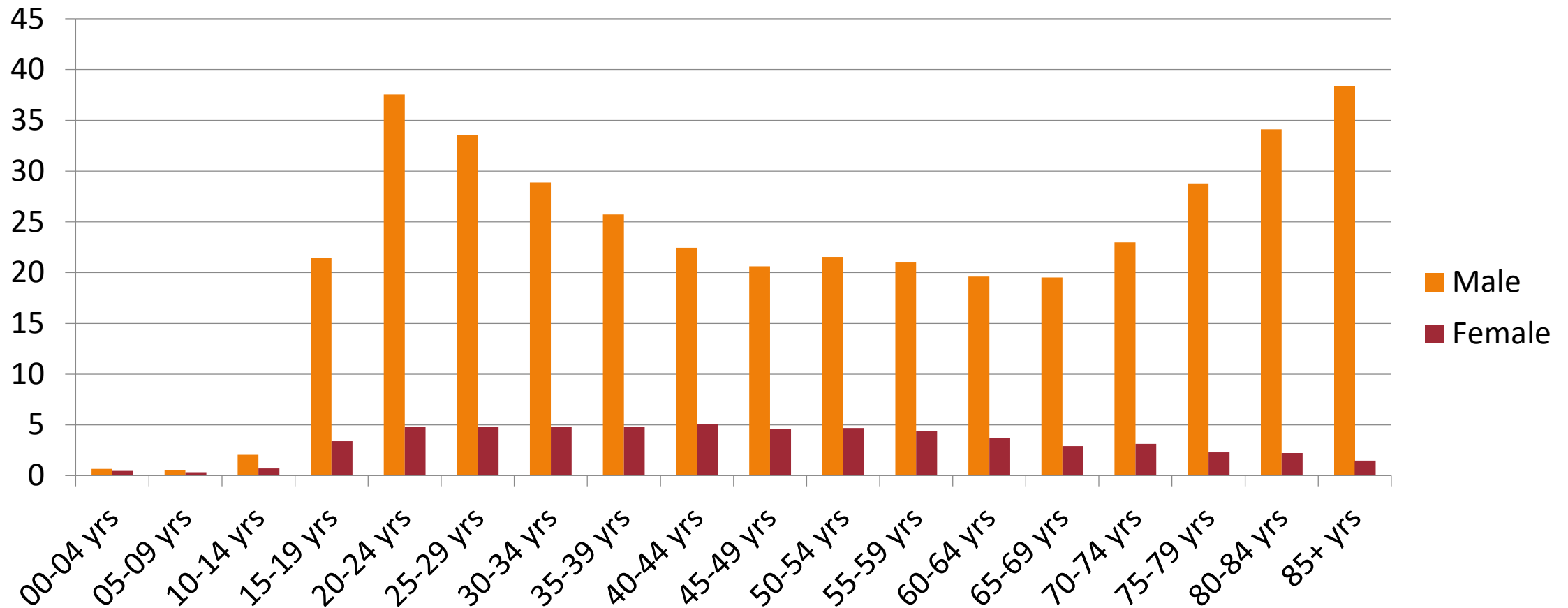
WestON Quick Takes – September 14th, 2018

In 2016, the CDC reported 38,658 firearm deaths.



- This data does not include nonfatal firearm injuries, which totaled 116,414 in 2016

Firearm Deaths by Age and Sex: Rates per 100,000



Chicago

QUESTIONS? CALL 1-800-TRIUNE

FRIDAY, FEBRUARY 10, 2015

End of watch: Bauer 'cared about the city'

Slain police commander's family and friends remember him as a steady force who was dedicated to serving others

By CHRISTY GUTOWSKI and VIKKI ORTIZ HEALY | Chicago Tribune

On Sunday, Chicago police Cmdr. Paul Bauer and his family took their usual seats in the front pew at a West Loop chapel, where police officers gather twice a month to pray for fallen comrades and to support the ones still protecting Chicago's streets.



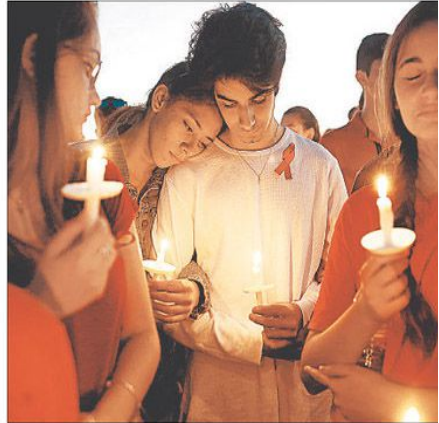
Bauer's longtime friend and the director of Chicago Police Chaplains, who was leading the Mass, recalled Thursday with a bit of a chuckle. "And Paul said, 'You're stuck with me.'"



Paul Bauer on Facebook

The Bauers were such regulars at the casual, familial gatherings that Bauer's 13-year-old daughter, Grace, often delivered the Scripture readings. But on that morning, Grace was recovering from a sore throat. Without hesitation, Bauer took the Bible up to the lectern and began to read.

"When Paul got up instead of Grace, an old guy from the back of the '84, '84 down," the Rev. Daniel Brant, while on duty, the highest-ranking official killed on the job in decades. He was fatally shot Tuesday after he thrust himself into the pursuit of a four-finger felon carrying a gun outside the Thompson Center, authorities said. The police commander, who had long been promoted above the riskier responsibilities of a street cop, had no official obligation to enter the scuffle,



Students join 1,000 mourners at a vigil Thursday at Pine Trails Park for the victims of Wednesday's school shooting.

Gunman fired 'well over 100 rounds in 3 min'

Arrest reports show man confessed in school slaying of 17

By DAVID FLESHER, PAULA McMAHON, LISA A. HIRASHI and LINDA TRISCHETTA South Florida Sun-Sentinel

has since spoken with detectives. As he walked through the school, shooting students, teachers and staff, he fired "well over" 100 shots, according to a law enforcement source. The shooting lasted three minutes.

At least 1,000 mourners gathered near the school in Parkland on Thursday night for a vigil. At one point, crowd members

Obama: 'Feds won't go after Washington'

SATURDAY, DECEMBER 15, 2012

The Seattle Times

THURSDAY, FEBRUARY 15, 2015

\$1.00

THE TRAGEDY



People react with shock and anguish Friday after 20 children and six adults were killed in a Connecticut school.

THE REACTION



"Our hearts are broken," an emotional President Obama said. "We have been through this too many times."

UNTHINKABLE



Connecticut State Police lead frightened children out of Sandy Hook Elementary School in Newtown, Conn., after a gunman.

Gunman kills 20 'beautiful little kids,' 6 adults in elementary-school rampage



BY JAMES BARROW The New York Times
A 20-year-old man wearing combat gear and armed with a rifle killed 26 people — 20 of them children — in an attack Friday in an elementary school in Connecticut. Witnesses described a horrific scene as the gunman, who burst efficiency, drove his victims in two specific classrooms while other students fled under desks and hid in closets.

Hundreds of worried parents gathered at Sandy Hook Elementary School in Newtown, about 65 miles north of New York City, after news of the shooting spread. Many arrived at other schools because they recognized him on the way. He was shot, each with a hand

on the shoulder of the child in front. Start by their eyes, all victims were shot and most were dead, as was the gunman, identified as Adam Lanza, who committed suicide. The slain children were said to be from 5 to 10 years old. A 26th person, found dead in a house in the news, was also believed to have been shot by Lanza. The victim, now law enforcement official said, was Lanza's mother, Nancy Lanza, 52, who worked at the school. She apparently owned the gun he used, she legally owned five weapons. The school principal had issued Adam Lanza because she recognized him on the way. He was shot, each with a hand

The Boston Globe

"All the News That's Fit to Print"

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The New York Times

MONDAY, JUNE 13, 2016

PRAISING ISIS, GUNMAN ATTACKS GAY NIGHTCLUB, LEAVING 50 DEAD IN WORST SHOOTING ON U.S. SOIL



Friends and relatives of shooting victims consoled one another on Sunday outside the Police Headquarters in Orlando, Fla.

'We Will Not Give In to Fear,' Obama Says as Florida Aches

By LIZETTE ALVAREZ and RICHARD PÉREZ-PEÑA

ORLANDO, Fla. — A man who called 911 to proclaim allegiance to the Islamic State terrorist group, and who had been investigated in the past for possible terrorist ties, stormed a gay nightclub here Sunday morning, shooting an assault rifle and a pistol, and carried out the worst mass shooting in United States history, leaving 50 people dead and 53 wounded.

The attacker, identified by law enforcement officials as Omar Mateen, a 29-year-old who was born in New York, turned what had been a celebratory night of dancing to salsa and merengue music at the crowded Pulse nightclub into a panicked scene of unrecognizable slaughter, the floors slicked with blood, the dead and the injured piled up one another. Terrified people poured onto the darkened streets of the surrounding neighborhood, some carried wounded victims to safety, and police vehicles were pressed into service as makeshift ambulances to rush people to hospitals.

Parents waited for any news about students after a shooting at Marjory Stoneman Douglas High School in Parkland, Fla.

TERROR, AGAIN, IN SCHOOL

Expelled teen opens fire on fleeing students in Florida, killing 17, officials say

By Andrea D.S. Burch and Patricia Mazzei

PARKLAND, Fla. — A heavily armed teen barged into his former high school about an hour northwest of Miami on Wednesday, opening fire on terrified students and teachers and leaving a death toll of 17 that could rise even higher, authorities said. Students huddled in horror in classrooms and closets, with some of them training their cellphones on the carnage, capturing sprawling bodies, screams, and gunfire that began with a few shots, then more and more. The dead included students and adults, some were shot outside the school and others inside the three-story building. The gunman, armed with a semi-automatic AR-15 rifle, was identified as Nikolas Cruz, 19, who had been expelled from the school, authorities said. He began his shooting rampage outside Marjory Stoneman Douglas High School in this suburban neighborhood shortly before dismissal time around 2:40 p.m. He then went inside and proceeded down hallways he knew well, firing at students and teachers who were scurrying for cover, the authorities said. "Oh my God! Oh my God!" one student yelled over and over in one video circulating on social media, as more than 40 gunshots boomed in the background.

By the end of the rampage, Cruz had killed 12 people inside the school and three outside, including someone standing on a street corner. Broward County Sheriff Scott Israel said. Two more victims died of their injuries in hospitals. The aftermath at the school was an eerie shrine, with chains upended, a computer screen shattered with bullet holes, and floors stained with blood. "This is catastrophic," said Israel, who has three children who graduated from the high school. "There really are no words." It was the nation's deadliest school shooting since a gunman attacked the Sandy Hook Elementary school in Newtown, Conn., in 2012.

WBUR fires Ashbrook after inquiry into bullying

By Mark Arsenault

Tim Ashbrook, the talk show host and public radio personality, was dismissed Wednesday from his nationally syndicated program, "On Point," after a review of workplace complaints concluded he had created an abusive environment at WBUR-FM. The 11-hour station, which produces "On Point," had placed Ashbrook on leave in December after 11 former employees of the show — men and women — accused him of "verbal

Last Call, and Shots Ring Out: In the Bathroom, 'He Has Us'

By MARC SANTORA

It was nearing last call. A man, identified by law enforcement officials as Omar Mateen, had come to the club to kill. And over the course of the next three hours, until he was shot and killed himself, he executed dozens of people. By the time the shooting ended, it would rank as the deadliest mass shooting in American history. Inside the club, there were 99 people, and 53 were killed. There were 99 people along with the gunman, who was killed around 11 a.m. after a shootout with the police. Nine more people died either at hospitals or on their way to them. Another two bodies were discovered on the street just outside the club, according to Mayor Buddy Dyer of Orlando, Fla. Five other people were wounded. Even in a post-Columbine world, where mass shootings have become so frighteningly common that the phrase itself is now a part of the lexicon, the bloody rampage at a small nightclub in Central Florida was shocking not only in its brutality but for the seemingly methodical fashion in which it was carried out. One out of every three people in the club was either wounded or



A Kevar health, with a bullet hole, saved an officer's life.



Investigators from the office of the medical examiner at the Pulse nightclub, where a gunman opened fire early Sunday.

Deadliest Mass Shootings in American History



Note: Numbers do not include shooter deaths.

A Tie to ISIS? Uncertainty As a Strategy

By RUKMINI CALLIMACHI

PARIS — The revelation that the 29-year-old man who opened fire Sunday in a gay nightclub had dedicated the killing to the Islamic State has prompted a now-familiar question: Was the killer truly acting under orders from the Islamic State, or just seeking publicity and the group's approval for a personal act of hate?

For the terror planners of the Islamic State, the difference is money irrelevant. Influencing distant attackers to pledge allegiance to the Islamic State and then carry out mass murder has become a core part of the group's propaganda over the past two years. It is a powerful sharing of the line between operations that are planned and carried out by the terror group's core fighters and those carried out by its sympathizers.

The attacker, Omar Mateen, sold a 911 operator that he was pledging allegiance to the Islamic State in the group's approval of the killing, that pledge is a central part of the ISIS protocol. The Orlando killing was the first in the loyalty pledge was known to

F.B.I. Studied Shooter Years Before Attack

This article is by Alan Blinder, Jack Healy and Richard A. Oppel Jr.

FORT PIERCE, Fla. — Omar Mateen's life seemed to be on a successful trajectory a decade before he carried out one of the worst cases of mass murder in American history.



Omar Mateen

and bought a home. Soon, though, signs of troubles emerged. His wife, an immigrant from Uzbekistan, divorced him in 2011, after she alleged that he was pledging allegiance to the Islamic State in the group's approval of the killing, that pledge is a central part of the ISIS protocol. The Orlando killing was the first in the loyalty pledge was known to

Continued on Page A12

MORE COVERAGE

POLITICAL REACTION | "I said this was going to happen," Donald J. Trump said, while attacking Hillary Clinton. The FBI: The gunman carried a version of a weapon widely used by the military. PAGE A5

STONEMAN INN | A landmark of gay rights activism in New York City. The gunman carried a version of a weapon widely used by the military. PAGE A5

Continued on Page A12

'Black Panther' blasts tl

President Trump called on

Death by Gun Violence—A Public Health Crisis

Howard Bauchner, MD; Frederick P. Rivara, MD, MPH; Robert O. Bonow, MD, MS; Neil M. Bressler, MD; Mary L. (Nora) Disis, MD; Stephan Heckers, MD; S. Andrew Josephson, MD; Melina R. Kibbe, MD; Jay F. Piccinillo, MD; Rita F. Redberg, MD, MSc; John S. Rhee, MD, MPH; June K. Robinson, MD

The shooting in Las Vegas, Nevada, that killed 60 people and wounded 10 times that number wounded, and though the psychological distress from being present and a witness is still being felt, the shooting is a once again a reminder of what we should do about guns. The solution lies in Las Vegas and the hundreds of other mass shootings that have occurred in the United States in the last 10 years. It is important to underscore that on average almost 100 people die in the United States from gun violence. The Centers for Disease Control and Prevention reported that 5 people died from gun violence in the United States have more individuals in the United States have died in battle during all the wars than since its inception.²

Guns do not make individuals, they make them safer and they result in far more deaths than any other intruder intending to cause harm.³ Of the 60.7% of the gun deaths in 2015 in the United States, 16% were suicides.¹ Means used to attempt suicide include pills or wrist cutting will be unsuccessful 90% of the time. The majority of people who attempt suicide but survive the attempt will not attempt suicide⁴; if the attempt is with a gun, the chance at life.

The journals of the JAMA Network are dedicated to improving the health of people across the globe. We do so by addressing the most important public health problems harming people and publishing the best science that can be done. The journals have published important work on gun violence; in the past year this has included studies on differences in gun use during terrorist attacks in the United States compared with other countries,⁵ the effect of exposure to gun violence in the media on children's

automatic rifles.¹⁰ Since 1996, there has not been a mass shooting on that continent.

Guns kill people. More background checks; more hotel, school, and venue security; more restrictions on the number and types of guns that individuals can own; and development of "smart guns" may help decrease firearm violence. But the key to reducing firearm deaths in the United States is to understand and reduce exposure to the cause, just like in any epidemic, and in this case that is guns.

VIEWPOINT

Physician Counseling on Firearm Safety A New Kind of Cultural Competence

Marian E. Betz, MD, MPH
Department of

The Centers for Disease Control and Prevention estimates that 33 636 deaths and 84 258 nonfatal injuries from firearms occurred in the United States in

multiple subpopulations of gun owners whose perspectives and preferences may vary based on their reasons for owning firearms.

“Physicians and other health care professionals can do more... As with any epidemic, prevention is important. clinicians and others should ask about guns in the home, especially for high-risk patients, and advise about removal and safe storage. Good evidence has shown that safe storage of firearms is effective in reducing misuse.”

Patients who own firearms, especially those who have interactions with physicians who seem uncomfortable or intolerant of another's perspective, do not view physicians as trustworthy sources of information about firearms. Some physicians are uncomfortable talking about firearms, especially those who own firearms or have their own familiarity with guns.⁵ How often physicians own guns may be related to those who do not to counsel patients about firearm safety.⁷ The solution is not for every physician to purchase a firearm or become a gun owner. Physicians who own guns should be leaders in developing cultural competence in firearm safety counseling, rather than being marginalized or silenced within the physician culture. Physicians should recognize knowledge gaps or biases and work to address them, while simultaneously considering how best to educate and communicate with patients. Physicians should already use this approach for counseling about other controversial behaviors that may have health consequences, such as the use of helmets and seat belts, and childhood immunizations, and other medical practices.

Recent evidence on the perceptions of gun safety communication with physicians. From the available literature, several suggestions emerge.

Physicians should adopt respectful counseling that are simultaneously individualized to the patient and routine for certain high-risk patient

populations. High-risk populations include patients with suicidality, given the clear link between firearm access and elevated risk of suicide because of the high lethality of firearm suicide attempts. Other groups potentially at higher risk of firearm injury include children, patients with cognitive impairment, and survivors or perpetrators of domestic violence. Explaining the context for asking about firearms can help physicians preserve an individualized approach when routinely assessing firearm safety when indicated. Approaches might be further tailored to the context for counseling.

Corresponding
Author: Marian E. Betz,
MD, MPH, Department

of General Internal Medicine, University of Michigan Medical Center, Ann Arbor, Michigan. Cultural competence is a "set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."⁴ Fundamental components of cultural competence include respect for variation among cultures, awareness of a person's own beliefs and practices, interest in learning about other cultures and in developing skills to enhance cross-cultural communication, and acknowledgment that culturally competent practices support delivery of quality

Death by Gun Violence—A Public Health Crisis

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The shooting in Las Vegas, Nevada, that left 59 people dead and 10 times that number wounded, and thousands of people suffering from the psychological distress from being present at the shooting and after the mass shooting once again raised the question of what we as a nation should do about guns. The solution lies in not just focusing on Las Vegas and the hundreds of other mass shootings that have occurred in the United States in the last 14 months, but also to underscore that on average almost 100 people die in the United States from gun violence. The 36 252 deaths from firearms in the United States in 2015¹ exceeded the number of deaths from motor vehicle traffic crashes that year. That same year, the US Centers for Disease Control and Prevention reported that 5 people died from terrorism. So more individuals in the United States have died from gun violence than in battle during all the wars the country has fought since its inception.²

Viewpoint

Guns do not make individuals, their families, or communities safer and they result in far more deaths to loved ones than an intruder intending to cause harm.³ Often forgotten is that 60.7% of the gun deaths in 2015 in the United States were suicides.¹ Means used to attempt suicide matter; gun use results in suicidal deaths well over 90% of the time, while ingestion of pills or wrist cutting will be unsuccessful 90% of the time. The majority of people who try to commit suicide but survive the attempt will not go on to commit suicide⁴; if the attempt is with a gun, there will be a 50% chance at life.

The journals of the JAMA Network are dedicated to improving the health of people across the globe. We do so by identifying the most important public health problems harming people and publishing the best science that can be done. The journals have published important work on gun violence; in the past year this has included studies on differences in gun use during terrorist attacks in the United States compared with other countries,⁵ the effect of exposure to gun violence in the media on children's

school, and venue security; more restrictions on the number and types of guns that individuals can own; and development of "smart guns" that may help decrease firearm violence. But the key to reducing firearm deaths in the United States is to understand and reduce exposure to the cause, just like in any epidemic, and in this case that is guns.

“Clinicians should respectfully educate patients about firearm safety, including known statistics about the risks of injury or death; written educational materials with resources may support this less judgmental approach...Ideally, gun safety counseling could incorporate a range of safe storage options from which patients could choose the most acceptable and feasible option.”

work in cross-cultural situations.” Fundamental components of cultural competence include respect for variation among cultures, awareness of a person's own beliefs and practices, interest in learning about other cultures and in developing skills to enhance cross-cultural communication, and acknowledgment that culturally competent practices support delivery of quality

VIEWPOINT

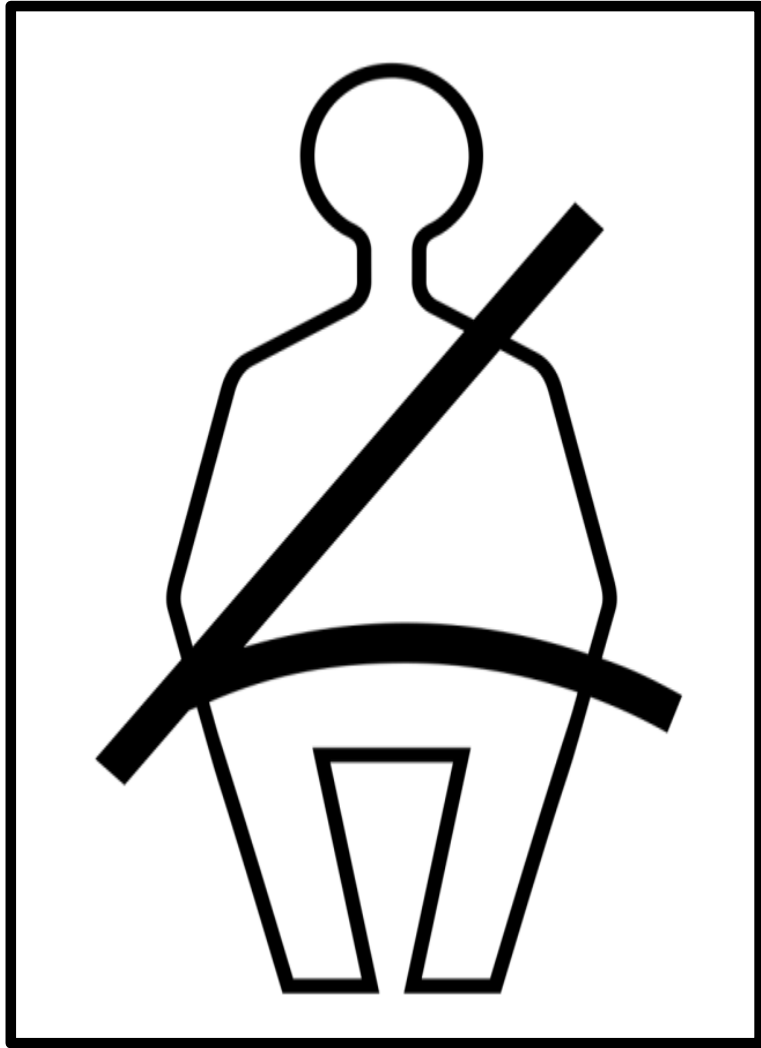
Physician Counseling on Firearm Safety A New Kind of Cultural Competence

Some subpopulations of gun owners whose perspectives and preferences may vary based on their reasons for owning firearms.

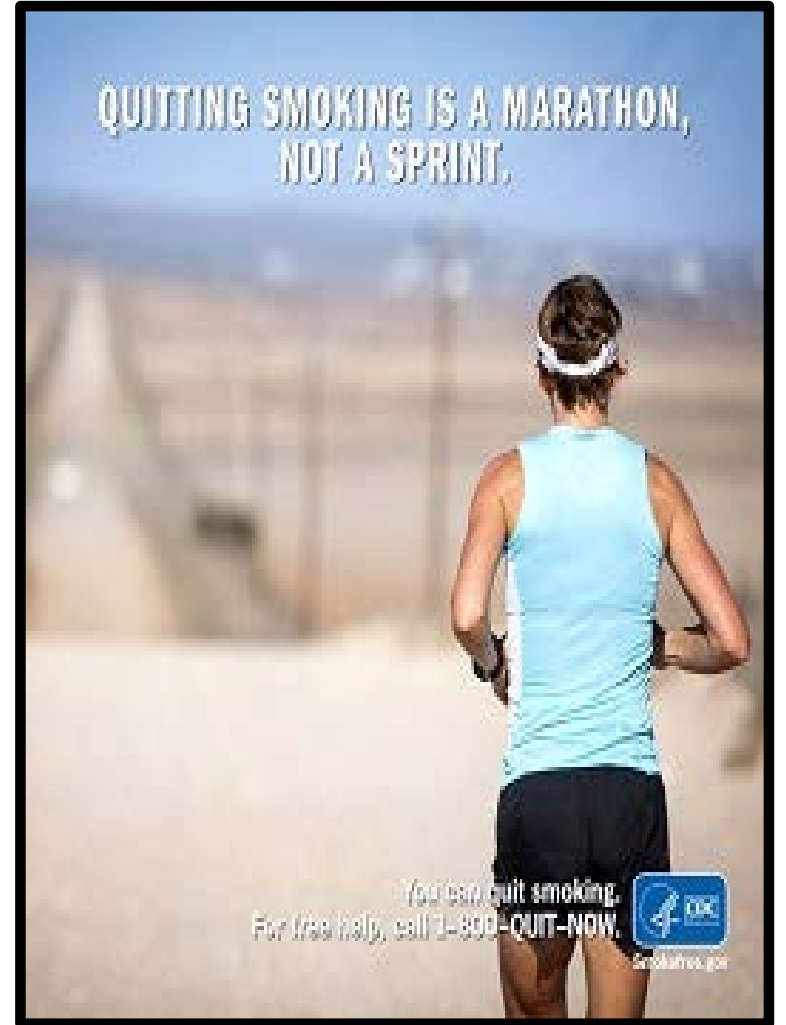
Some patients who own firearms, especially those who have had interactions with physicians who seem unaware of the issues or intolerant of another's perspective, may not view physicians as trustworthy sources of information about firearms. Some physicians may be uncomfortable talking about firearms because of their own unfamiliarity with guns.⁵ However, an estimated 13% to 41% of physicians own firearms,^{5,6} and physicians who own guns may be more likely than those who do not to counsel patients about firearm safety.⁷ The solution is not for every physician to purchase a firearm or become a gun expert. Rather, physicians who own guns should be asked to provide leadership in developing cultural competence in firearm safety counseling, rather than being marginalized or silenced within the physician culture. Physicians should recognize knowledge gaps or biases and work to reduce them, while simultaneously considering how best to educate and communicate with patients. Physicians already use this approach for counseling about other controversial behaviors that may have health consequences, such as the use of helmets and seat belts, acceptance of childhood immunizations, and reliance on naturopathic remedies.

There is limited evidence on the perceptions of gun owners about communication with physicians. From the few studies available, several suggestions emerge.

First, physicians should adopt respectful counseling behaviors that are simultaneously individualized to the patient⁸ and routine for certain high-risk patient populations. High-risk populations include patients with suicidality, given the clear link between firearm access and elevated risk of suicide because of the high lethality of firearm suicide attempts. Other groups potentially at higher risk of firearm injury include children, patients with cognitive impairment, and survivors or perpetrators of domestic violence. Explaining the context for asking about firearms can help physicians preserve an individualized approach when routinely assessing firearm safety when indicated. Approaches might be further tailored to the context for counseling;

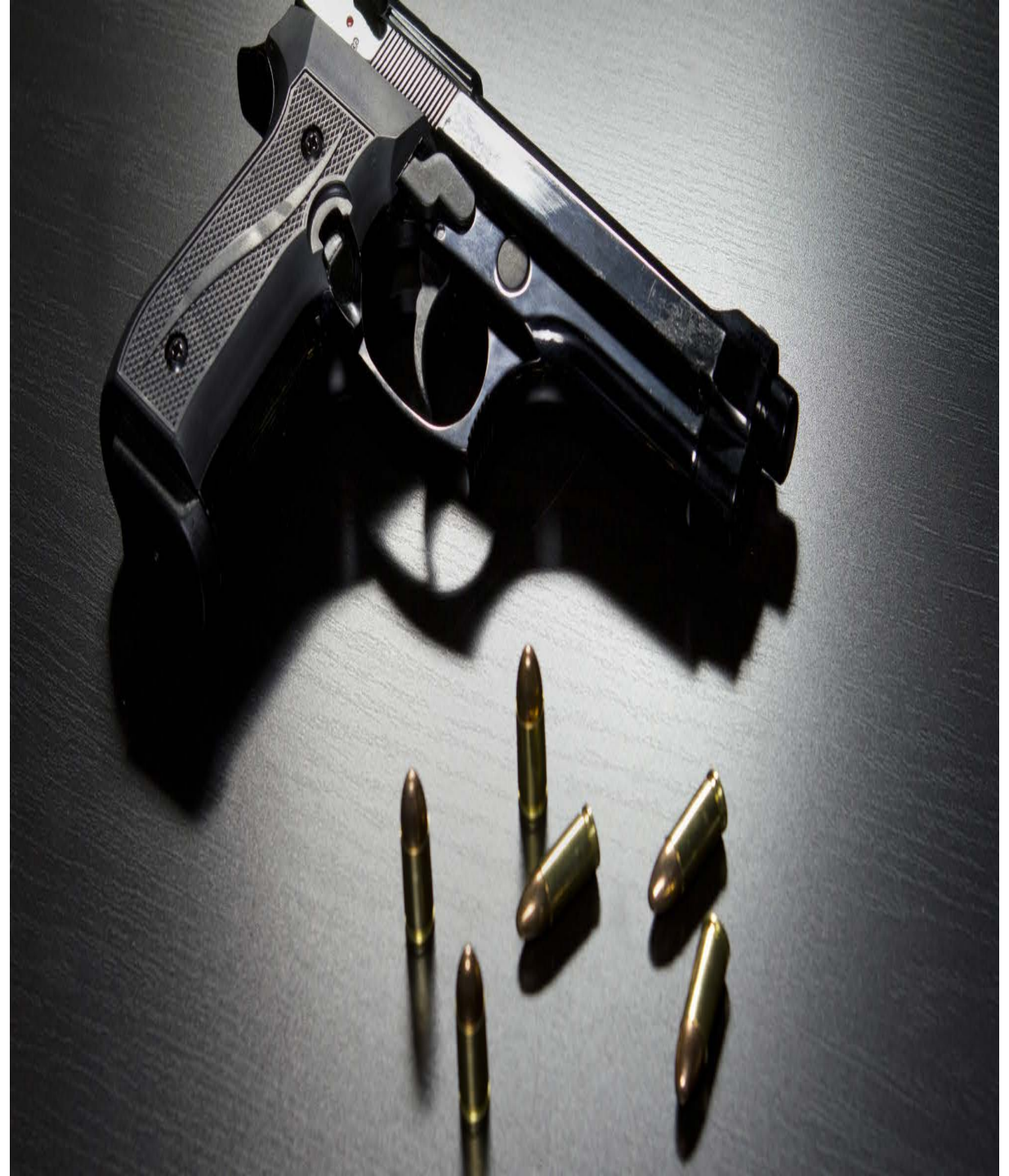


https://en.wikipedia.org/wiki/Seat_belt_use_rates_in_the_United_States



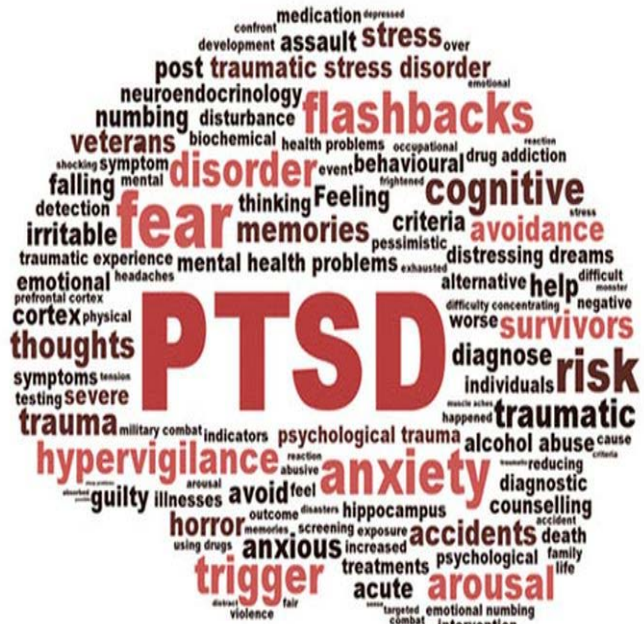
<https://www.pinterest.com/pin/421508846350069579/?lp=true>

Gun violence is a public health epidemic and the key to reducing firearm deaths is to understand and reduce exposure.



Suicide Risk Factors:

- Post Traumatic Stress Disorder (PTSD)
- Depression
- Feelings of hopelessness
- History of trauma
- Suicidality
- Physical illness
- Access to firearms



<https://www.washingtontimes.com/news/2016/jan/21/emery-popoloski-military-caregivers-ptsd-and-domes/>



<https://thinkoily.com/wp-content/uploads/2016/11/depression.jpg>



blog.cheaperthandirt.com

Our patient population includes two high risk groups:

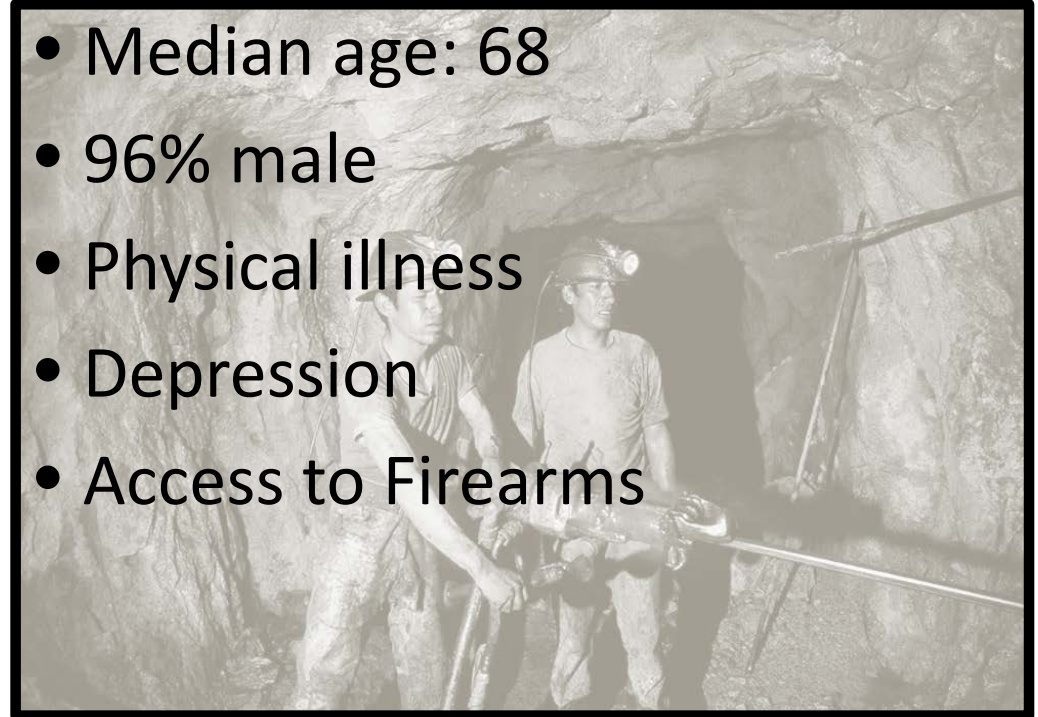
Military Personnel/Veterans

- Median age: 37
- 86% male
- PTSD
- Physical illness
- Depression
- History of Trauma
- Access to firearms



Miners

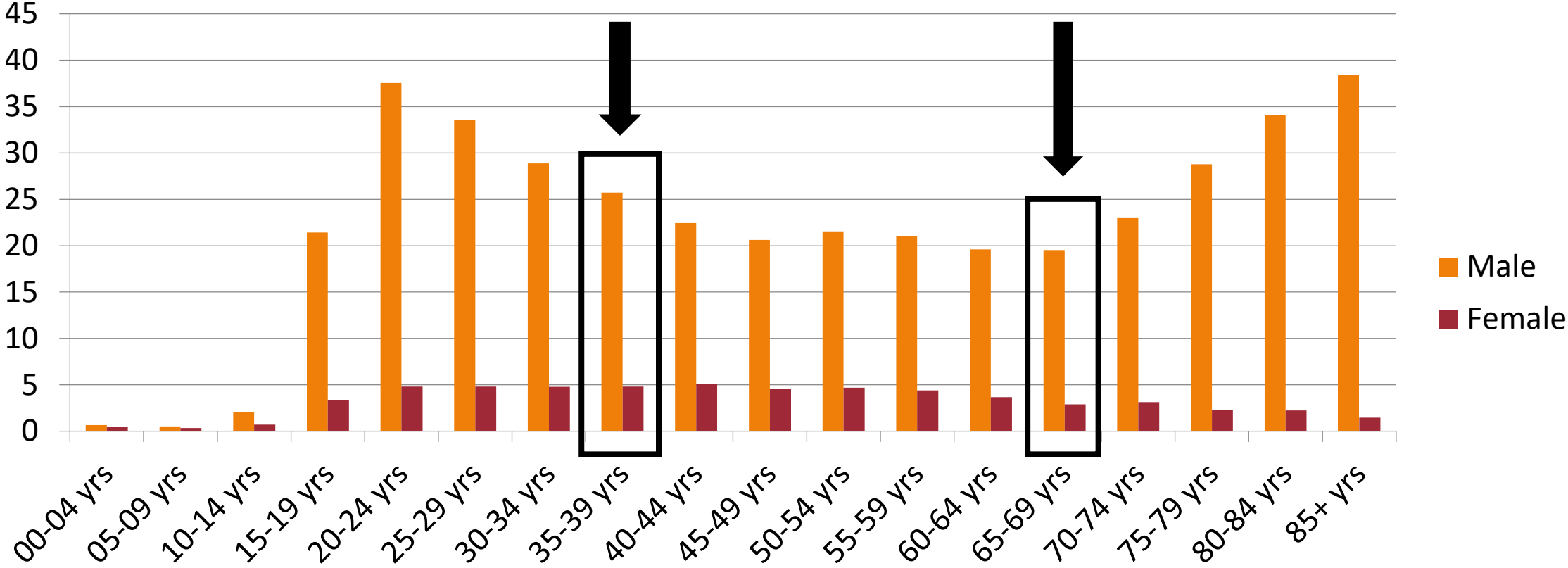
- Median age: 68
- 96% male
- Physical illness
- Depression
- Access to Firearms



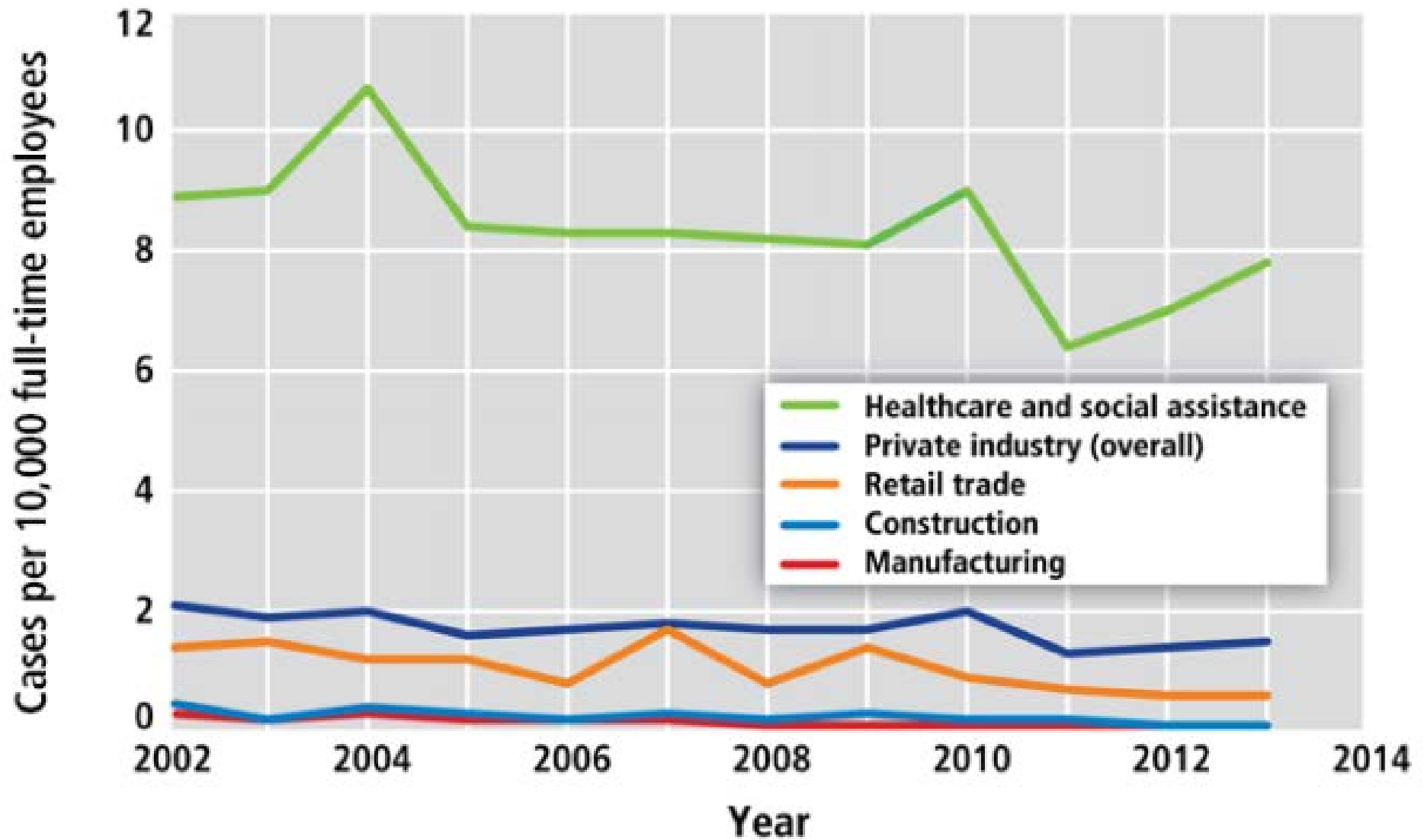
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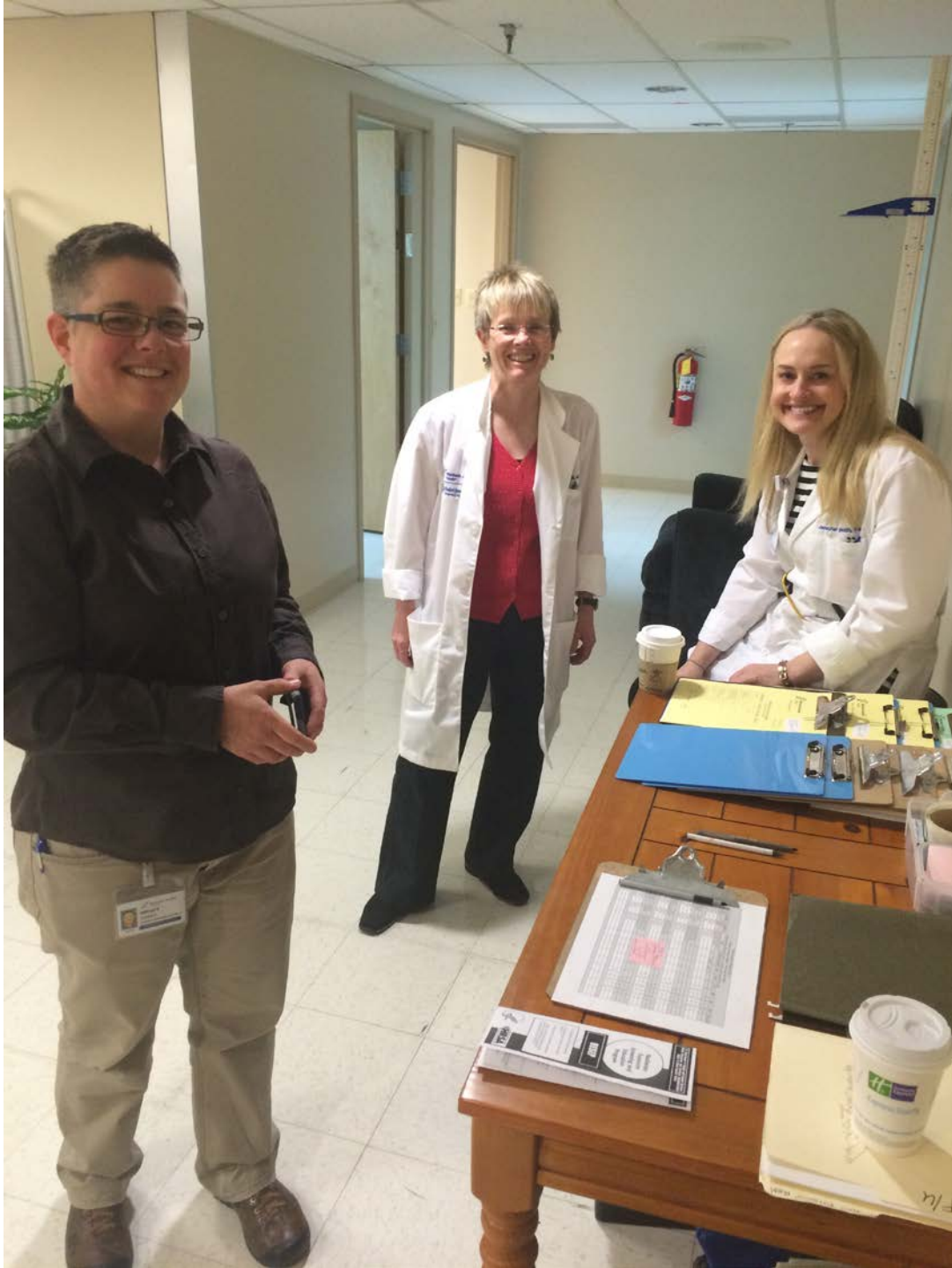
Military Personnel/Veterans

Miners



Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013





Health care providers should be trained to ask about guns in the home and give advice about safe storage and removal.

Our approach in our Miners Clinic of Colorado and our Center for Deployment-Related Lung Disease

HEALTHY LIVING

1. Do you use seatbelts when riding in an automobile or truck? Yes No
2. Do you have a gun in your home? Yes No
If YES, do you have any questions about safe gun storage? Yes No
3. Would you like more information about diabetes or healthy eating? Yes No
4. Would you like more information about exercise, balance, or stretching? Yes No

Gun Safety

7. Do you have a gun in your home? Yes No
- If yes, do you have any questions about safe gun storage?: Yes No

Thank you for completing this questionnaire.

Our approach in our Miners Clinic of Colorado and our Center for Deployment-Related Lung Disease

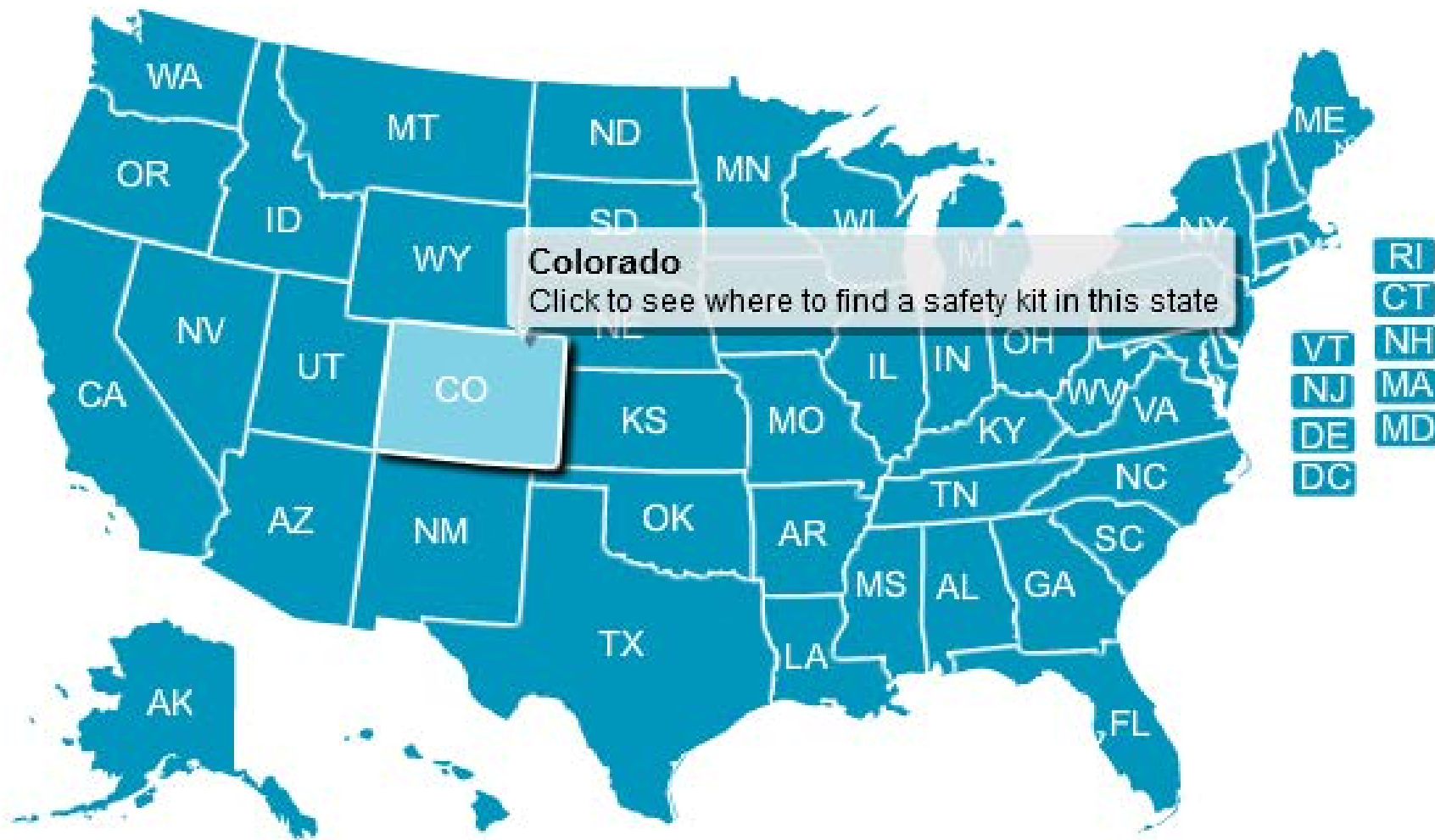
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Thank you for completing this questionnaire.



Colorado
Click to see where to find a safety kit in this state

- RI
- CT
- NH
- MA
- MD
- VT
- NJ
- DE
- DC



[DONATE](#)

PROJECT CHILDSAFE LAW ENFORCEMENT PARTNERS IN COLORADO

Contact an agency below to inquire about a free Safety Kit from Project ChildSafe.

1. [📄 Lock Instructions \[English\]](#)
2. [📄 Instrucciones del candado \[en español\]](#)

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

[View All](#)

A

Alamosa

Alamosa County Sheriff's Office

Aurora

Aurora Police Department

D

Del Norte

Rio Grande County Sheriffs Department

Delta

Delta Police Department

Denver

Denver Police Department

Denver

Bureau of Alcohol, Tobacco, Firearms & Explosives

Denver

ATF

Dove Creek

Dolores County Sheriffs Department

Durango

Durango Police Department



CABLE LOCK

Price Range: \$10–\$50

A cable lock can be used on most firearms, allows for quick access in an emergency and offers security from theft. The cable runs through the barrel or action of a firearm to prevent it from being accidentally fired, requiring either a key or combination to unlock it.

 AFFORDABLE

 ACCESSIBLE

 THEFT
DETERRENT



FULL SIZE AND BIOMETRIC GUN SAFES

Price Range: \$200–\$2,500

A gun safe protects its contents from the elements and allows owners to safely store multiple firearms in one place. Gun safes of all sizes are now available with biometric options to ensure only certain people have access.

 THEFT
DETERRENT

 PROTECTS
FROM DAMAGE



Additional Gun Safety Campaigns

- End Family Fire
- Brady Campaign to Prevent Gun Violence
- Colorado Gun Shop Project (sponsored by the Colorado Department of Public Health and Environment)
- Be Smart

'End Family Fire' Campaign Hopes to Combat Accidental Child Gun Deaths



An image from the campaign, which hopes to educate the public on the importance of safe firearm storage. Ad Council

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