Use public health approach to reduce U.S. gun violence

On March 14 of this year, students across the U.S. left class for 17 minutes - one minute for every person killed in the Marjory Douglas Stoneman High School massacre. It is a bit disheartening to realize that, if the students had instead chosen to stay out of class one minute for every person killed by gunfire in the U.S. during one year, they would have skipped school for nearly five months - the rest of the spring semester and a couple of months into the fall term.

Gunfire is a public health problem that accounts for an average of about 35,000 deaths a year in this country, and about twice that number of non-fatal injuries. And as a public health problem, a public health approach is the best way to attempt to reduce the casualties. A public health approach has been used in addressing other causes of death and injury and has not required that the causative instrument be outlawed or confiscated. Take, for instance, automobiles.

Cars are a major source of death and disability, but we don’t ban them. By innovation, regulation, and public acceptance of that regulation, we have reduced road deaths from 9.35 per 100 million miles travelled in 1946 to 1.18 in 2016. We did this by offering, then requiring, seat belts, child safety seats, and air bags. We introduced federal safety standards and mandatory reporting of defects by carmakers. There was pushback against many of the requirements when they were first proposed, but eventually they came to be accepted and embraced by most of the public.

But motor vehicles - unlike guns -- are essential to our daily lives, so perhaps a better example is tobacco. Smoking is responsible for over 400,000 deaths per year, but we do not ban tobacco. Rather, we have taken steps such as requiring warning labels on cigarette packages, raising tobacco taxes, enforcing age limits, expanding educational programs, and instituting smoke-free workplaces, restaurants, and airplanes. In so doing, we have reduced smoking rates from around 50 percent of adults in the 1950s to about 15 percent currently.

If we took a public health approach, there are many things that we could do to reduce gun-related death and injury short of banning or confiscating guns. These include universal background checks (currently 22 percent of gun sales take place without one), age limits on gun purchases (at least 21 for all guns), ending immunity for firearms manufacturers (much as tobacco companies do not have immunity), and taking advantage of available technological safety measures to make safer guns.

Perhaps the most important factor in the reduction of smoking rates has been the change in public perspective and the general lack of acceptance of smoking. In the 1950s and 1960s, it was the norm to smoke almost any place and any time. Now, the few remaining smokers must often stand out on the sidewalk to light up, even in bad weather.

Similarly, a change in public perspective will be an essential component of the struggle to reduce deaths from gun violence. The “March for Our Lives” this past March, another school walkout in April, and demonstrations outside the NRA convention in May may be the first events in this shift. But education, as with other public health problems, will also be a big part of changing that perspective. For instance, more gun-related education may help expose the folly of keeping a gun in the home for protection. It is far more likely that the person to be shot will be a friend or relative rather than an intruder.

Ultimately, it is this change in public perspective that will facilitate the election of public officials who are willing to consider tighter regulations on gun safety and gun sales - just as it was a change in public perspective that facilitated the election of public officials who were willing to consider restrictions on tobacco use and sales.

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