

Question Report - Special Public Health Grand Rounds: 11th Annual Bernard Guyer Lecture - Firearm Violence: Where We Stand, What We Can Do

#	Questions	Answers
1	Is this data pre-pandemic? Do you expect these death rates by race/ethnicity to be different than the one displayed here for year 2020/2021/2022?	The initial slides presented data for 2020, the first year of the pandemic. Preliminary estimates are that rates increased in 2021, particularly for suicide. I expect that the increases will reflect growing disparity.
2	How many respondents were there to this survey?	8,620
7	What are your suggestions for increasing safety in medical settings including your thoughts on metal detectors at the doors for all patients and visitors? Do you feel signs with icons of crossed out guns/knives are effective?	There's lots of controversy on this. Screening might be most effective in venues with lots of traffic and high acuity, such as emergency departments. Signage helps establish a climate--violence and weapon carrying are unacceptable--but will not stop a determined assailant.
12	What are effective ways of decreasing the number of guns already in the public and dealing with home production of illicit guns?	Decreasing the number: probably not a realistic target, at least in the short run. Slowing the rate of increase might be better. This will involve creating conditions under which firearms seem less necessary--the work of generations. In the meantime, I'm a proponent of comprehensive background check and permitting strategies and of programs that recover firearms from people who purchased them legally but are now prohibited from owning them.
13	Do we know the percentage of fire arms involved in violence that are legally procured vs those purchased in the underground economy?	More complicated than it sounds, because "legally purchased" can include purchases from retailers and purchases from private parties. The Bureau of Justice Statistics surveys inmates and has reported many times that only a small minority of convicted firearm offenders bought the firearms they used for the crimes that put them in prison from licensed retailers. Enhanced efforts to disrupt firearm trafficking (the intentional diversion of firearms into the illegal market) would be helpful.
14	How do you think gun control advocates can better publicize the success that California has had in their gun control efforts?	The image I displayed is pretty compelling, and there's some sophisticated statistical work coming from RAND. Advocacy groups know how to get messages out better than I do; I'd just recommend that this be one of the messages.
15	As a clinician who is not a gun owner, what are the best practices for gun safety in the home that clinicians can recommend?	Practice 1: don't have a firearm at home. Practice 2: if there is one, store it locked and unloaded--ideally with the ammunition in a separate location. That last might not be considered smart advice by an owner who wants the gun available in a few seconds in the middle of the night.
17	Do you foresee the social determinants that are now highlighted widely also impacting the risk for violence?	Absolutely.
18	All politics aside, we all know that a lot of times it takes police as long as 4-5 minutes to arrive at the scene of an active shooting and it often takes the gunman less than 2 minutes to cause mass casualties. Concealed carry holders who are "in the right place at the right time" can put effort into stopping the gunman and end the active shooting situation before police arrive. However, the recent NY State firearm law makes it difficult for "law-abiding citizens" to carry guns into different places most likely to be sensitive to mass shootings.  I'm curious what are general opinions of emergency medical professions concerning this? Should they try to convince legislatures to relax firearm laws so that law-abiding citizens at the right place and right time can put effort in stopping these mass shootings? Do emergency medical professions overall support self-defense laws? State governors in their law enforcement responsibility have 24/hour state police protections so I'm not sure they understand what it's	There are good data on this; very few active/mass shooters are stopped by other civilians with firearms, even in states where carrying is common. They're stopped more often by unarmed civilians, or by killing themselves. In the Giffords shooting, an armed civilian had to be persuaded not to shoot the unarmed civilian who had just disarmed the shooter.
20	Hospitals and community health organizations, interface with incidents of domestic violence, that may involve guns. Have you studied incidents of violence at hospitals and community centers and examined whether staff were informed and prepared to file ERPO? What can you tell us about education regarding ERPO and how to file ERPO, and whether hospitals, and community health centers are informed and knowledgeable of ERPO as a gun violence prevention tool?	To my knowledge, Maryland is the only state that allows health professionals to petition in their capacity as health professionals. I'm not aware of a health professional survey, but a relevant general population survey is here: <a href="https://jamanetwork.com/journals/jama-health-forum/fullarticle/2780806">https://jamanetwork.com/journals/jama-health-forum/fullarticle/2780806</a> . There's lots more information specific to health professionals at the BulletPoints Project ( <a href="https://www.bulletpointproject.org/">https://www.bulletpointproject.org/</a> ).