

STATEMENT
of
DOCTORS FOR RESPONSIBLE
GUN OWNERSHIP
to the
Subcommittee on the Constitution
of the
Judiciary Committee
of the United States Senate
Presented by
Timothy Wheeler, MD
RE: S. 1882
March 23, 1994

Senator Metzenbaum, Senator Hatch and Members of the Committee, my name is Timothy Wheeler, MD. I want to thank this Subcommittee and its Members for allowing me the opportunity to express my views before you today.

I specialize in the field of medicine known as otolaryngology in Fontana, California. I am also the Chair of Doctors for Responsible Gun Ownership, a physician based grassroots organization that was formed for the purpose of assuring balance and credible research in the debate on firearms ownership as a public health issue.

Our organization's mandate is not an easy one to accomplish, because, frankly, there is a great deal of bias and politicization of the issues surrounding the debate within the medical community on private firearms ownership. This lack of objectivity that I speak of is reflected in much of the medical literature addressing issues of firearm violence.

The contemporary view of firearm violence in the medical literature is a simple one: guns are by their very nature a fundamental part of our nation's crime problem. Citizens' access to them should therefore be strictly limited, or even forbidden.

The proponents of that view have held out the complex issue of firearm crime as a public health problem, an infectious disease. The metaphor calls for eradicating guns to end gun violence, much the same as one would eradicate the virus that causes smallpox.

This procrustean approach, chopping off the legal constitutional issues of gun ownership and fitting the remains into a medical model, has played well with those doctors who abhor guns. Advocates of guns for citizen self-defense do not get far with these medical researchers, who tend to lump them together with criminals.

And the hard data supporting lawful gun ownership are ignored by these doctors, often with the stated justification that the data are not peer-reviewed by physicians.

The U.S. Bureau of Justice Statistics has reported injury rates in several categories of robbery and assault victims. Those victims who resisted their attackers by unarmed force suffered injuries in fifty-one percent (51%) of the cases. Forty percent (40%) of victims using a knife for defense were injured. Thirty-five percent (35%) of those who fled or resisted nonviolently were injured, and twenty-five percent (25%) of the victims who submitted passively to the assault were still injured.

But of those victims who used a gun to resist their attackers seventeen percent (17%) were injured. Of all the possible ways of dealing with a predatory attack, resistance with a gun was the best for preventing injury of the victim.

In other research Dr. Gary Kleck of Florida State University's School of Criminology and Criminal Justice has comprehensively studied armed citizen self-defense. In his peer-acclaimed book Point Blank Kleck has

shown that Americans use firearms to defend themselves 606,000 to 960,000 times in the course of a year. The author's subsequent direct survey of a randomly selected, nationwide population sample has resulted in a upward revision of those figures to between 800,000 and 2.4 million defensive gun uses per year.

Two professors of sociology at the University of Massachusetts, James Wright and Peter Rossi, surveyed imprisoned felons on their views on the armed potential victim. Fifty-six percent (56%) of the criminals agreed with the statement "a criminal is not going to mess around with a victim he knows is armed with a gun." Another item read "a smart criminal always tries to find out if his potential victim is armed." Eighty-one percent (81%) agreed with that. Yet another item read "most criminals are more worried about meeting an armed victim than they are about running into the police." Fifty-seven percent (57%) of the criminals agreed with that statement. Thus, experienced predators recognized the risk to themselves from the armed citizen.

But why have we not seen these studies acknowledged in the medical literature on guns and violence? Why have these researchers and the editorial staffs who publish their work seemingly ignored vital data showing the life-preserving, injury preventing benefits of guns?

Perhaps the answer is illuminated by the editor of the New England Journal of Medicine in his response to being informed that fewer than 3% of gun crimes involved the use of "assault weapons." The author stated "I am unmoved by the argument that these weapons (automatic and semiautomatic weapons) account for only a small fraction of deaths." In supporting a ban on the sale of those firearms this leader of academic medicine rejected facts in favor of emotion, science in favor of sentiment.

This bias is certainly reflected, unjustifiably, in both the Centers for Disease Control's (CDC) research and its policies. Leading the charge is Mark Rosenberg, M.D., M.P.P., of the National Center for Injury Prevention and Control, a division of the CDC.

Dr. Rosenberg and the National Center for Injury Prevention and Control are not shy about expressing their negative views on firearms. In a recent issue of *Rolling Stone*, Dr. Rosenberg suggested that to regulate the lethality of guns, technological advances may play a role. He cited the, "possibility of manufacturing a gun trigger with sensors that recognize and respond to only one hand. (The owners hand would probably have to be implanted with a chip)."

It's hard for us to conceive of how any public health official can realistically suggest that any American would permit their privacy interests to be violated to the point of having a government micro-chip implanted in their body.

Certainly, however, this thinking is merely the natural extension of the policy that was suggested in the CDC's May 1993 *Injury Control in the 1990's: A National Plan for Action*, which states:

New legislative and regulatory efforts to be considered are to prohibit the manufacture, importation, and sale of handguns except in special circumstances; establish a national waiting period for all purchases of firearms, coupled with a mandatory criminal record background check; establish nationwide restrictive licensing of handgun owners whereby a handgun license would be granted only when a clear, legitimate need for possessing a handgun is demonstrated (e.g. for professional use); and enact an excise tax on firearms and ammunition at a rate sufficient to cover the public cost of firearms injuries.

The document shows that it was printed by the Association for the Advancement of Automotive Medicine (AAAM) as a part of the "conference materials for the Second World Conference on Injury Control." The endorsements page of the document at page vi of the report lists among its supporters Handgun Control, Inc.

When asked about this matter, Health and Human Services' Secretary Donna Shalala stated that the report's recommendations are subject to the report's disclaimer that the recommendations "are those of the contributors and do not necessarily represent the policy of the Centers for Disease Control and Prevention or any other federal agency." Perhaps that is true in a technical sense, but then why would the U.S. taxpayer pay \$100,000 to develop the entire report's recommendations, and nearly \$749,000 to have the U.S. participants present them at the Second World Conference on Injury Prevention and Control?

To me the answer is clear. Through whatever artifice it takes, anti-gun researchers are motivated more by their feelings about guns than by a real desire for the truth.

Any reasonable assessment of the risks of firearm ownership must include the known benefits. And those benefits are measured in terms of the deaths averted and injuries avoided by lawful defensive uses of firearms. Limiting responsible gun ownership will not control criminal gun violence. You can be sure that criminals will get guns.

No waiting period and no other laws that severely prohibit felons from ever touching a firearm will stop them. Even one of our more noted criminologists, Professor James Q. Wilson from UCLA, stated not too long ago that "the Brady bill, which I support, may affect the probability that one or two lunatics will get guns and go off on a killing spree, but the chances that the Brady bill or any feasible gun control measure will really take guns out of the hands of serious criminals, I think, is quite farfetched."

Last summer a felon serving time in a Maryland state prison wrote the *Washington Post*, and said among other things, that the first thing a released violent criminal will do "is get a gun," no matter what laws are on the books. If he is right--and he ought to know--then measures like Washington's "3 Strikes and You're Out," Arizona's law to end parole and early release programs, and doubling prison time for violent offenders in Texas make a good deal of sense. These approaches certainly make more sense than going down the same failed path of passing more

laws that only affect the law abiding.

Do we really want to face the real problems causing violence in our society? America is asking that question, and so am I. America has had plenty of gun control, but very little violence control. It is a lot tougher to deal with the person behind the gun than the gun itself. Guns are not the root cause of violent behavior.

If this gun ban passes, or any variant of it, you can be sure that a victory will be declared by the bill's supporters in the fight against violent crime, even though the bill does not provide one cent to improve state and local law enforcement efforts, or really cut crime. The felons at the Maryland State Penitentiary will receive the news of the bill's passage from television. When they do, a knowing smile will appear on their faces. It will be business as usual. In fact, business will be better than usual, because the law abiding citizen will be disarmed.

I urge you instead to empower America's law abiding citizens, and reject the notion that gun bans will effectively deal with our nation's public health problems.