

PUBLIC HEALTH  
DEPARTMENT

**Public Health Department  
FIREARM VIOLENCE PREVENTION  
EDUCATIONAL SYMPOSIUM**

**February 20, 1997**

**Purpose:** Educate policy makers regarding firearm violence in Santa Clara County and potential prevention strategies from a public health perspective.

6:30	Opening/Introductions	Dena Dickinson, Deputy Director Public Health Department
6:35 6:45	Welcome/Intro Elected Officials	Susan Hammer, Mayor, San Jose James T. Beall, Jr., Chair, Board of Supervisors
6:50	Public Health Approach to Firearm Violence	Dena Dickinson
7:00	Police Chiefs Association Report	Chief Larry Todd Los Gatos/Monte Sereno Police Department
7:10	Experiences in Trauma Medical Care	Dr. Luther Cobb Chief of Trauma, VMC
7:20	Family/Victim Perspective	Tony Hernandez
7:30	Youth Perspective	
7:40	East Bay Corridor Experience	Andres Soto, Policy Director Pacific Center for Violence Prevention
7:50	NRA Report on Firearm Safety	Daryl Davis, President-Elect NRA Members Council of Silicon Valley
8:00	Legal Perspective	Barrie Becker, Executive Director Legal Community Against Violence
8:10	Questions and Public Comment	
9:00	Adjourn	

# INITIATIVES

## VIOLENCE PREVENTION: A Vision of Hope

### Final Report of Attorney General Daniel Lungren's Policy Council on Violence Prevention, 1995

#### **MEDIA**

Promote policies and strategies that increase the constructive use of media to deglamorize violence and promote nonviolent social norms.

#### **FIREARMS**

Promote policies and strategies that reduce deaths and injuries from firearms.

#### **ALCOHOL**

Promote policies and strategies that reduce violence associated with alcohol.

#### **COMMUNITY**

Promote policies and strategies that strengthen communities and schools by expanding local ownership and control.

#### **FAMILY**

Promote policies and strategies that support families, recognizing them as the basic institution for developing and nurturing children.

#### **RELATIONSHIPS**

Promote policies and strategies that foster and support violence-free relationships.

#### **YOUTH**

Promote policies and strategies that ensure the development of healthy and responsible youth.

#### **RESPECT for DIVERSITY**

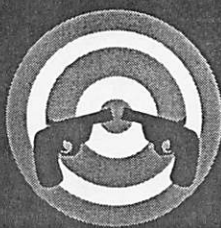
Promote policies and strategies that recognize that all people matter, fostering a respect for diversity.

#### **PERSONAL & SOCIAL RESPONSIBILITY**

Promote policies and strategies that advance personal and social responsibility.

#### **RESEARCH & EVALUATION**

Promote policies and strategies to support violence prevention research and evaluation based on the public health model.



## FIREARMS IN SANTA CLARA COUNTY

In 1993 and 1994, over half (58%) of all homicides in Santa Clara County (SCC) were committed using firearms<sup>1</sup>. Of assault injuries, 14% were a result of firearms<sup>1</sup>. Also in 1993 and 1994, 56% of males committing suicide used a firearm, and 18% of female suicides resulted from a self-inflicted gunshot wound<sup>1</sup>.

Handguns are the leading killers of kids in California<sup>2</sup>. In Santa Clara County between 1993 and 1994, 76% of homicides killing people aged 21 years and under were committed using firearms<sup>1</sup>. During that same time frame in SCC, firearms were involved in 20% of all homicides and assault hospitalizations, most of which occurred among males aged 15-34<sup>1</sup>.

Control measures such as stricter industry regulation, zoning laws banning residential handgun dealers, or policies requiring trigger locks and safety boxes can help reduce fatalities and injuries associated with firearms.

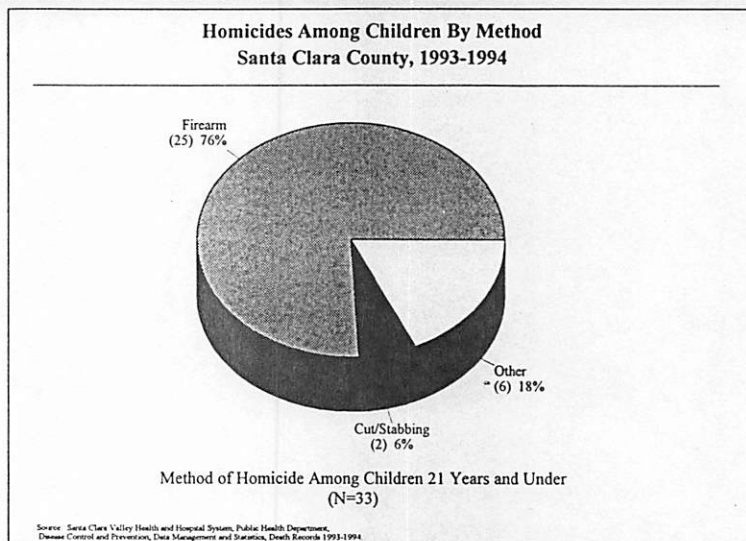
A 1996 telephone survey showed that awareness about handgun-related crime is low in Santa Clara County. It found, however, that once informed of firearm injury and death facts, the majority of Santa Clara County residents vocalized support for gun control legislation<sup>3</sup>.

# FIREARM ACTS

PUBLIC HEALTH DEPARTMENT

Santa Clara County

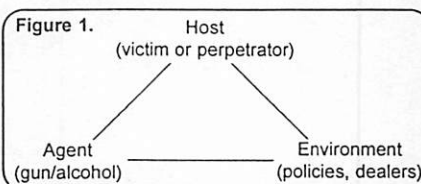
**Firearms were responsible for 76% of homicides against children.**



## The Public Health Approach to Violence Prevention

When people working in public health approach a problem not only do they consider the consequences of an issue, such as deaths due to guns, but they also examine the various causes of a problem, such as joblessness or access to firearms.

This process typically includes three key elements, as shown in Figure 1.



The issues surrounding any of these elements ~ host, agent, environment ~ are interrelated and each element contributes to the greater problem.

Viewing violence within this framework requires that several processes, disciplines and approaches be incorporated to create a cohesive, multidisciplinary prevention plan.

Episode tracking, community data analysis, program planning, development, implementation, and evaluation are critical to a violence prevention effort.

Just as issues are viewed from multiple perspectives, solutions (or interventions) should be designed to address different levels as shown in the graphic below. Some interventions for gun violence could include: community outreach and education, conflict resolution training, parenting training, youth diversion, identification and assessment of potential victims, as well as policies regulating firearm availability and safety.

### The Spectrum of Prevention

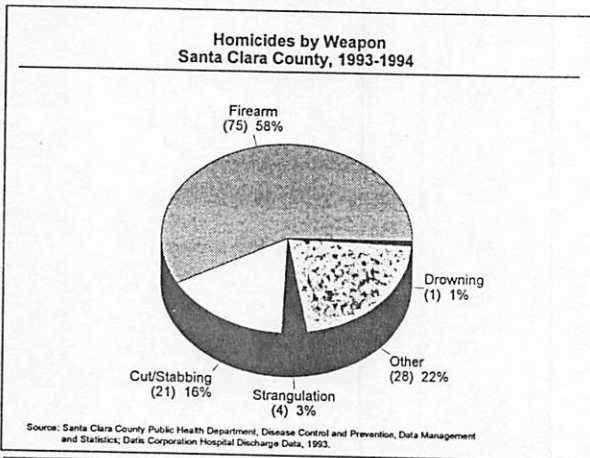
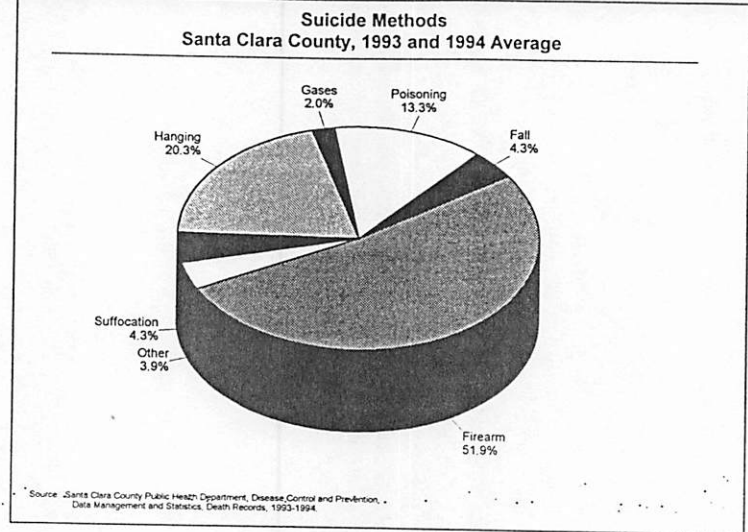
Influencing policy & legislation
Changing organizational practices
Fostering coalitions & networks
Educating providers
Promoting community education
Strengthening individual knowledge & skills

## Suicides & Firearms

Relative to other means, the rate of success in suicide attempts is much higher when firearms are used<sup>4</sup>. Overall, firearms are used in over half of all suicides in the county<sup>1</sup>. By gender, guns are used by over half of all males, 56%, committing suicide, and guns account for 4% of self inflicted injury hospitalization in males<sup>1</sup>. Among females, 18% of female suicides are due to gun shots<sup>1</sup>. Gun shot wounds account for 0.4% of all self inflicted hospitalizations among females<sup>1</sup>.

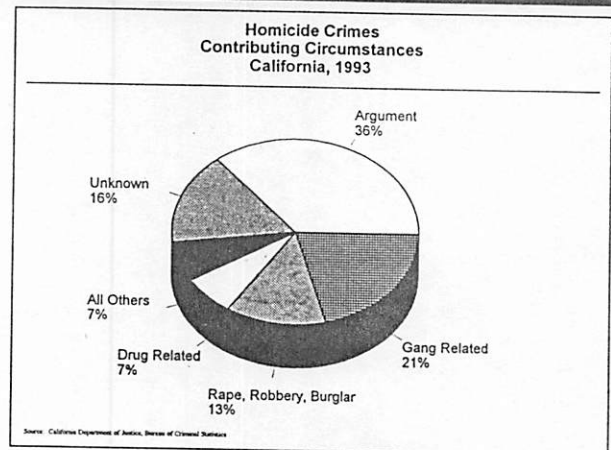
Much debate surrounds the question whether limiting access to handguns would prevent some suicides. Studies among juvenile populations, however, have shown that decreased availability through more restrictive gun control laws is associated with a reduced suicide rate among youth<sup>15</sup>.

## Over half of all suicides were committed with a gun.

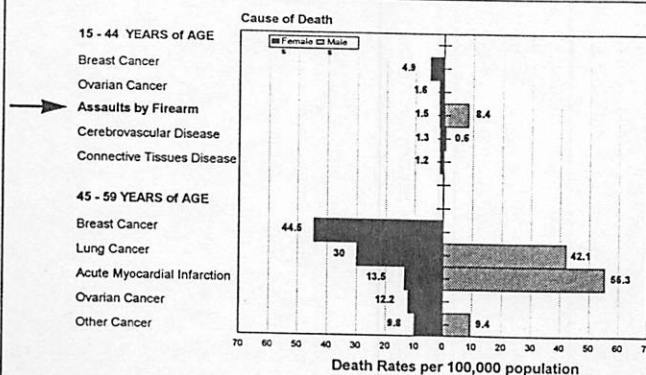


**58% of all homicides in Santa Clara County were carried out with a firearm.**

## 36% of all California homicide crimes were precipitated by an argument.



**Top Five Causes of Death in Females by Age, as Compared to Males**  
Santa Clara County, 1992-1994



## FIREARMS: Targeting Women

Firearm assaults are the third leading killer of Santa Clara County females aged 15 to 44 years<sup>1</sup>. Firearms kill women in this age group more frequently than do motor vehicle crashes (see chart)<sup>1</sup>.

Data show that the greatest threat to a woman comes from the people and guns within her own home<sup>5</sup>. More women (28%) in California are killed by their current or former partner than by strangers (14%)<sup>17</sup>.

Nationally, between 1976-1987, more than twice as many American women were shot and killed by their husbands or boyfriends as were murdered by strangers using guns, knives or any other means<sup>5</sup>. More women are killed by their husbands than men are killed by their wives<sup>5</sup>.



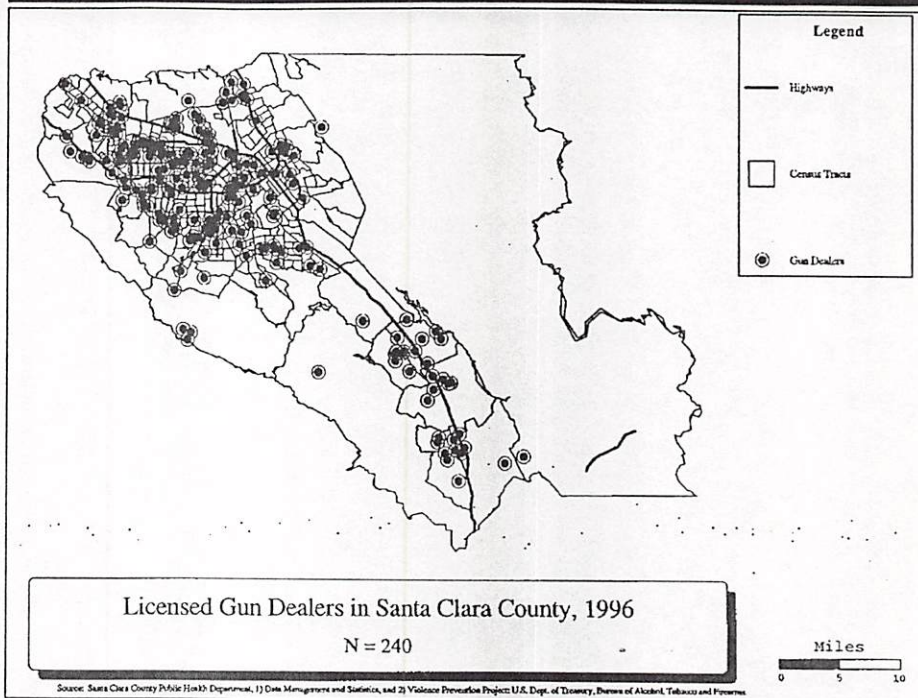
## Firearm Manufacture & Sales

Guns are subject to fewer safety regulations than cars, baby cribs, or teddy bears ~ toy guns are even more strictly regulated than real guns<sup>6</sup>. American-made guns are not subject to federal safety standards<sup>12</sup>. Although technology has been available for over 50 years to make guns child-resistant, incorporation of such safety devices has been resisted by the industry due, in part, to concern about costs<sup>4</sup>.

In 1994, 13,478 handguns were legally sold in Santa Clara County ~ that is more than 36 guns purchased each day, or 1.5 guns per hour<sup>7</sup>. Easy availability of handguns is one factor abetting violent acts such as homicides, assaults, and suicides.

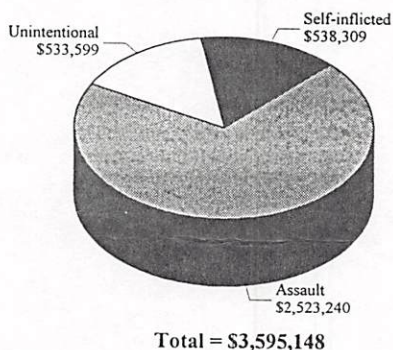
In Santa Clara County, 240 dealers are licensed to sell guns<sup>8</sup>. This compares to 53 high schools, 29 libraries, and 55 McDonalds<sup>11</sup>. Some dealers sell guns out of their homes, leading to concern about proximity of residential firearm dealers to sensitive sites such as schools or day care centers. Recent legislation, which increased dealer license fees and mandated background checks, has led to a decreased number of gun dealers in Santa Clara County ~ in a three month period during 1996 the number of dealers decreased by 26%<sup>8</sup>.

## Santa Clara County is home to 240 licensed gun dealers.



## Estimated annual weapons stolen in California: 100,000<sup>9</sup>

Hospitalization Costs of Firearm Injuries by Intent  
Santa Clara County, 1993



Source: Santa Clara County Public Health Department, Disease Control and Prevention, Data Management and Statistics; Data Corporation Hospital Discharge Data, 1993.

## Costs of Firearms to Society

Not only do guns inflict emotional and physical terror on victims, but firearm-related deaths and injuries cost California taxpayers over \$176 million dollars annually<sup>16</sup>.

The average cost of a gunshot wound requiring hospitalization is \$33,000<sup>10</sup>. Of this cost, 80% is borne by taxpayers<sup>4,10,14</sup>. These are simply direct costs, and do not take into account lost years of productivity, reduced quality of life, or emotional burdens firearms inflict on families and communities. When those costs are factored in, the estimated cost per survivor of a gunshot wound due to assault was \$260,000<sup>10</sup>.

In Santa Clara County the costs of violent injuries totalled \$13,679,360 in 1993<sup>13</sup>. Of that sum, direct hospitalization costs for firearm-related injuries in SCC

reached \$3.6 million<sup>13</sup>. These figures, however, do not include the cost of emergency room (ER) or trauma center (TC) care, therefore costs for those patients treated for a gunshot wound in the ER or TC, but not admitted to the hospital, are not included in these sums. Most of these costs fall to public funds<sup>4,10,14</sup>.

### Sources for pages 1-3.

1. Santa Clara County Public Health Department, Disease Control & Prevention, Data Management & Statistics.
2. State of California, California Department of Health Services, Death Records, 1995.
3. Passion & Policy: As facts replace feelings in the handgun debate, more voters support efforts to reduce access to handguns. October, 1996. EDK Associates.
4. Pacific Center for Violence Prevention, Policy Paper "Preventing Youth Violence."
5. Kellerman, A. & Mercy, J. (1992). Men, Women, and murder. *Journal of Trauma*, 33:1-5.
6. Tucker, C. "Guns are a Hazard." *Chronicle*, 12/7/96.

7. California Dept. of Justice, Div. of Law Enforcement.
8. Bureau of Alcohol, Tobacco & Firearms, Licensing Division, 1996.
9. California Department of Justice, AFS Section.
10. Miller & Cohen, (1995). "Costs of Penetrating Injury," *Textbook of Penetrating Trauma*. Ivatury & Cayten, Eds. Philadelphia: Lee & Cività.
11. The Campaign to Prevent Handgun Violence Against Kids.
12. Bureau of Alcohol, Tobacco and Firearms. (1993). Printout, BATF Office of Public Affairs.
13. Santa Clara County Public Health Department, Disease Control & Prevention, Data Management & Statistics.

14. Datis Hospital Discharge Data, 1993.
15. General Accounting Office. (1991). *Trauma Care: Lifesaving System Threatened by Unreimbursed Costs and Other Factors*. (GAO/HRD-91-57). Washington, DC: General Accounting Office.
16. Brent, D., Perper, J., Allman, C., Mortiz, G., Wartella, M., Zelenak, J. (1991). The presence and accessibility of firearms in the homes of adolescent suicides: a case-control study. *JAMA*, 266, 2989-95.
17. Wintemute, F., Wright, M. (1992). Initial and subsequent hospital costs of firearm injuries. *Health Affairs*, 12(4):262-4.
18. California Department of Justice, Homicide File, 1990-1995.



# Arresting Facts about Firearms

## SANTA CLARA COUNTY

- A gun is purchased every 1.5 hours<sup>1</sup>.
- Firearm assaults are the third leading killer of Santa Clara County females aged 15 to 44 years<sup>2</sup>.
- Overall, firearms are used in over half of all suicides in the county<sup>2</sup>.
- In 1993 and 1994, over half (58%) of all homicides were committed using firearms<sup>2</sup>.
- Between 1993-1994, 76% of youth (<21 years) homicides were committed using firearms<sup>2</sup>.
- Hospitalization costs for firearm injuries totaled \$3.6 million<sup>2</sup>.
- There are 240 gun dealers in the county, many of whom sell guns from their homes<sup>3</sup>.



## CALIFORNIA

- Firearms have surpassed motor vehicle crashes and diseases as the number one killer in the age group of 15-24 years old<sup>4</sup>.
- Carrying a concealed handgun can be a misdemeanor or a felony. However, carrying a knife or other less fatal weapon is punishable as a felony.
- The leading contributing circumstance for homicides is argument<sup>5</sup>.
- Firearm injuries cost California taxpayers over \$177 million annually<sup>6, 16</sup>.

## UNITED STATES

- A gun in the home is 43 times more likely to kill a family member or friend than it is to be used in self-defense<sup>7</sup>.
- Three times more people are murdered during arguments than robberies<sup>8</sup>.
- An estimated 30% of all unintentional shootings could be prevented by the presence of two safety features: trigger locks and loading indicators<sup>9</sup>.
- Few guns have trigger locks and loading indicators because no law requires them<sup>10</sup>.

- Most children unintentionally kill themselves or other children while playing with a gun they found in their home or the home of a family member or friend<sup>11</sup>.
- Over half of all handgun owners keep their guns loaded at least some of the time<sup>12</sup>. In one study, 53% of gun owners surveyed did not keep their guns locked up<sup>13</sup>.
- In 1992, about 78% of murder victims were killed by someone they knew<sup>8</sup>.
- Suicide is the 3<sup>rd</sup> leading cause of death for adolescents and young adults in the US, after car crashes and homicides<sup>14</sup>. In 1990, 3,165 youths aged 15-24 killed themselves with guns. Guns are now used in about 60% of all teenage suicides<sup>15</sup>.
- More firearm murders occurred in two years, than deaths in the 9 year Vietnam War<sup>16</sup>.
- The average medical cost of a gunshot wound is \$33,000. Eighty percent of those costs are borne by taxpayers<sup>17</sup>.

## What you can do to prevent further firearm injuries and deaths...

- Write, telephone, fax or e-mail your local, state, and national representatives to let them know your concerns about the toll firearms take on your community.
- Express your views to your elected official on the following:
  - ban sales of handguns from residential dealers
  - advocate for stricter regulation of the firearm industry
  - ban the sale of Saturday Night Specials in your area
  - require back ground checks on people working for gun dealers
  - require trigger locks

- If you are a parent or teacher: Sensitize yourself and your children or students to violent images in the media. Explain to them that although TV doesn't show the consequences, guns do cause pain, death, and disability. Remind your children/ students that what they see on television or in movies is not real life.

- If you are a gun owner:
  - get a trigger lock and loading indicator
  - store ammunition separately from the firearm
  - take a gun safety course

**For more information contact:**  
Violence Prevention Program  
Santa Clara County  
Public Health Department  
1-408-885-4202

### Sources (for information on this page):

1. California Department of Justice, Division of Law Enforcement.
2. Santa Clara County Public Health Dept., Disease Control & Prevention, Data Mgmt & Statistics.
3. Bureau of Alcohol, Tobacco and Firearms, Licensing, 1996.
4. State of California, California Department of Health Services, Death Records, 1995.
5. California Department of Justice, Bureau of Criminal Statistics.
6. Pacific Center for Violence Prevention, Policy Paper "Preventing Youth Violence."
7. Kellerman, A. & Reay, D. (1986). Protection or Peril? New England Journal of Medicine, 314:1557-60.
8. FBI, (1993). Crime in the US. Uniform Crime Reports, 1992. Washington D.C.: US Department of Justice.
9. U.S. General Accounting Office (1991). Accidental Shootings: Many Deaths and Injuries Caused by Firearms Could Be Prevented. Washington D.C.: US General Accounting Office.
10. Wintemute, G., Hancock, M., Loftin, C., McGuire, A., Pertschuk, M., Teret, S. (1992). Policy Options on Firearm Violence. In Samuels, S. and Smith M. (Eds).

Improving the Health of the Poor: Strategies for Prevention (pp 79-96). Menlo Park, CA: Kaiser Family Foundation.

11. Wintemute, G. Teret, S. and Kraus, J. (1987). When Children Shoot Children, 88 unintended deaths in California. Journal of the American Medical Association 267: 1557-1560.
12. The Gallup Organization. (1991). Handgun Ownership in America. Princeton NJ. Distributed by the Los Angeles Times Syndicate, May 29, 1991.
13. Weil, D. and Hemenway, D. (1992). Loaded guns in the home: Analysis of a national random survey of gun owners. Journal of the American Medical Association, 276: 3033-3037.
14. Fingerhut, L., National Center for Health Statistics. Personal Communication, 1991 data.
15. Fingerhut, L. (1993). Firearm mortality among children, youth, and young adults 1-34 years of age, trends, and current status: United States, 1985-1990. Advance Data from Vital and Health Statistics, No. 231. Hyattsville, MD: National Center for Health Statistics.
16. Vietnam War Almanac; FBI Crime Reports.
17. Miller & Cohen, 1995. "Costs of Penetrating Injury," Textbook of Penetrating Trauma. Ivatury & Cayten, Eds. Philadelphia: Lee & Civa.
18. Wintemute, F., Wright, M. (1992). Initial and subsequent hospital costs of firearm injuries. Health Affairs, 12(4):262-4.

## **SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT**

### **VIOLENCE PREVENTION PROGRAM**

#### **PROGRAM DESCRIPTION**

In May, 1996, the Public Health Department received a two year grant from the David and Lucile Packard Foundation for work in the violence prevention area, **Project HALT (Health Approach Lessens the) Violence**. The mission of Project HALT Violence is to help change the culture of violence in our community and to help reduce crime in Santa Clara County.

The Santa Clara County Public Health Department in concert with numerous other project partners believes that violence within our county community can be reduced through a multi-faceted, mid- and long-term preventive approach. The Public Health Department is committed to working with existing groups which are addressing violence prevention and will support and complement their efforts by contributing the strengths of a public health perspective.

Specifically, Project HALT Violence's objectives include the following:

- ◆ Establish an identified role for Public Health in the area of violence prevention
- ◆ Compile a broad-based resource inventory in order to identify strengths/services
- ◆ Assess gaps in services in the community
- ◆ Initiate a population-wide community education project for violence prevention
- ◆ Participate in community coalitions to promote collaboration and enhanced efforts
- ◆ Work with the community to develop a community action plan for violence prevention
- ◆ Plan and advocate for public policy to control the incidence and impact of violence.

#### **CURRENT PROGRAM EFFORTS AND COMMUNITY COLLABORATION**

In July, 1996, the Public Health Department hired a Violence Prevention Coordinator, to organize and facilitate the project's activities under the direction of the Deputy Director of Public Health. The Department has identified four major areas where violence prevention work needs to be initiated and /or better coordinated:

- ◆ **Reducing and Preventing Firearm Violence** -Public Health is currently working with Supervisor Jim Beall's Office, the Mayor Hammer's Office, the Police Chiefs Association, and others to convene a series of meetings designed to educate the community about the need to reduce and prevent firearm violence.
- ◆ **Developing and promoting a comprehensive approach to school/community-based violence prevention programs**, working through the Domestic Violence Council, Child Abuse Council, and Office of Human Relations.
- ◆ **Expanding efforts to educate the community about the need to decrease children's exposure to media violence.** Public Health is working with the Medical Association, Catholic Diocese and others to present a symposium on media literacy in the fall, 1997.
- ◆ **Creating a framework for ongoing collection and analysis of violence-related data.** As part of ongoing data collection efforts, Public Health has compiled an inventory of violence prevention resources available in Santa Clara County.

In addition, active participation has been established in other coalitions, such as the Mayor's Gang Task Force and the Domestic Violence Council. In the near future, Public Health plans to partner with the Drug and Alcohol Bureau and others to address the prevention of alcohol-related violence through an initiative designed to reduce youth access to alcohol.

## **VIOLENCE PREVENTION PROGRAM FIREARMS**

### **Why is Public Health focusing on firearms when it is not that big of a problem in Santa Clara County?**

The Public Health Department Violence Prevention Program is taking a broad approach to violence prevention, and reducing access to firearms is only one aspect of a comprehensive program.

Additional aspects include the development of a data surveillance system and resource inventory to assess community needs and strengths, assessment and support of effective school and community based violence prevention programs including PeaceBuilders, working with the Domestic Violence Council and Child Abuse Council to promote and support prevention aspects, working with other organizations on addressing media violence, and working with the San Jose Gang Prevention Task Force and Latino Youth Forum in the area of youth violence. We are using the State Attorney General's Report, **Violence Prevention: A Vision of Hope**, as one of the sources that guide action planning from a comprehensive perspective, consistent with the public health approach.

### **Why do we need any firearm violence prevention effort in Santa Clara County when we don't have a significant problem with violence?**

A core tenet of the public health approach is **PREVENTION**. We do not want to wait until we have more injuries and deaths to take action. Any amount of violence carries a significant emotional toll, as well as cost to the medical and judicial systems. See **Santa Clara County Firearm Facts** for more detail on specific data.

### **Why not wait for the State to pass legislation regarding firearm control?**

The State Legislature has not taken action to pass effective legislation, despite having bills introduced each year. The effects of violence and costs are mostly felt at the local level, and local action is necessary.

### **Have any other counties or areas taken such actions in relation to firearms?**

Alameda and Contra Costa Counties have taken county-wide action to control firearm violence, as part of the East Bay Public Safety Corridor. Consistent ordinances are being passed by cities within those jurisdictions. Also, similar efforts are occurring throughout the State and nation to reduce injuries and deaths resulting from guns.

### **Do ordinances work in reducing injuries and deaths due to firearms?**

The passage of ordinances to control firearm violence has occurred relatively recently, not allowing for longitudinal studies to be conducted yet. Preliminary data from Alameda and Contra Costa Counties indicate a reduction in firearm-related crime, injuries and deaths. In Boston, a comprehensive violence prevention community plan has led to a 80% decrease in the number of young people murdered with guns between 1990-1995.

### **What are the parameters of the model ordinances that will be considered across Santa Clara County cities?**

The ordinance addresses the following issues:

- Banning the sales of Saturday Night Special "junk" guns
- Requiring trigger locks at point of sale
- Requiring background checks on employees of gun dealers
- Ban residential gun dealers



**Are the model ordinances consistent with State and Federal law?**

Yes. The Legal Community Against Violence (LCAV) has thoroughly researched the legality of the local ordinances and confident that they are consistent with and supplement existing State and Federal law. LCAV has offered to do pro-bono work to support local jurisdictions.

**Why is it necessary to have county-wide effort when some areas do not have high crime rates?**

Having uniform ordinances in all 15 cities and the County will prevent gun dealers or purchasers from moving from one jurisdiction to another within the County to avoid regulation. In addition, firearms are the leading vehicle for suicide among men, a tragedy that occurs in all areas of the county.

**Can the County pass ordinances that affect the cities?**

No. The County ordinances will only affect the unincorporated areas of Santa Clara County.

**How many licensed gun dealers are there in Santa Clara County?**

As of February, 1997, there are 240 licensed gun dealers in the County. This number represents a decrease from 323 registered in 1996, with the drop probably being due to new regulations and fees in the National Crime Bill and the Brady Bill.

**How does the Firearm Violence Prevention effort and the ordinances affect sporting/recreational use of firearms?**

It does not affect responsible recreational or sporting firearm use.

**How can you enforce these ordinances and how much will it cost?**

It is not anticipated that there will be any significant cost associated with enforcement. Enforcement of the ordinances will occur within each jurisdiction as with other regulations such as seat belt law and sales of tobacco. There are already lists of "junk guns" established and available through the State law enforcement agencies.

**How does the public feel about regulating firearm availability?**

A recent public opinion poll, conducted by EDK Associates, surveyed 300 registered voters in Santa Clara County and found that, upon understanding the issues involved, the majority of people support firearm regulations and would be motivated to contact an elected official to express their concern..

**What is or can be the role of the Public Safety and Justice Committee with this effort?**

Public Health would be very interested in participating on the Public Safety and Justice Committee to add a health perspective to the existing focus on law and justice. The causes of violence are complex, and, therefore, the necessary solutions will also need to be complex, with many parts of the community working together. The Committee can enhance collaborative efforts in the community by promoting the County agencies working closely in partnership with each other, and with community organizations in all areas of the continuum, prevention - intervention - treatment - suppression.