President’s Message

Now Is the Time to Talk…and Act
THOMAS E. KOTTKE, MD

I was planning to publish my thoughts about the ethical obligation of physicians to assure that women have access to sexual health services, but the school shooting in Parkland, Florida and the daily gun violence reported in the newspaper compels me to write about the actions that we must take if we are to protect our children from the epidemic of gun violence.

Gun violence in my life is a mirror of the American experience. When I was in high school, a life-long friend committed suicide with his father’s pistol. When I was in college, the gallery in the state capitol laughed at a man as he testified that his wife was murdered while dining in a Dinkytown restaurant. As with the school shootings, it was a random act of violence.

When my oldest daughter was in elementary school, one of her classmates went to the morgue one day instead of class because he had been shot in the head by a toddler who had found a pistol under a pillow. A few years later, a family friend, a retired anesthesiologist, shot himself with his shotgun while sitting in his recliner at home. In 2012, a 4 year-old shot and killed his younger brother across the street from my clinic in the Riverside neighborhood of Minneapolis.

These are my stories, but they are also the statistics of Minnesota. Nearly 80% of Minnesotans who die of gun shot wounds—young to middle aged men--die by their own hand. Most have no history of mental illness. In the US in 2015, toddlers shot 58 people. Every day, on average, two dozen children are shot in the United States. In 2018, there have been more school shootings in the US that have resulted in death or injury than there have been weeks in the year.

Gun rights advocates and the gun lobby consistently and persistently steers the conversation away from reducing the number of guns out in the public. They would have us believe that the public is too emotional to hold a rational discussion after a mass shooting; that reducing the number of guns owned by the public is not possible; that more guns make us safer. We just need to accept firearm violence as a fact of life. They argue that any action that will not be totally effective is without value. They would have us believe that hardening targets or focusing on the mentally ill can solve the problem. They prevent the public from knowing the facts by promoting laws that prohibit analysis at the state level and electing members of Congress who intimidate researchers at the CDC. Looking at all of the shooters, there are only two things they have in common: they have one or more guns and they intend to kill indiscriminately.

The experience of other countries and other states demonstrates that firearm violence can be curbed without impinging on their citizens’ sense of freedom or legitimate desire to hunt.

Steps that might be taken to reduce (albeit, not eliminate) the terror of gun violence include:

- Prohibiting civilians from possessing semi-automatic military-style assault weapons.
- Closing the Minnesota loophole that allows a private seller to sell a gun without performing a background check. Half of this transaction, the purchase, is illegal if the purchaser is prohibited from purchasing a firearm for any reason.
- Amending Minnesota law to allow the Minnesota Department of Health to collect data for public health and epidemiologic investigation so that the public can better understand how to reduce the burden of gun violence.
- Supporting those most at risk from the physical and psychological trauma of gun violence—in particular, youth in communities of color. Focus on investing, not arresting.

A public health and public safety approach has markedly reduced the death rate per mile driven in cars. The same strategy could to reduce the burden of epidemic gun violence, but we need to talk about reducing the number and killing power of guns that are available to the public. The time to talk is now. The time to act is now. We must continue to talk and continue to act until the epidemic is under control.