



Oregon Public
Health Association

Oregon Public Health Association

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Sen. Floyd Prozanski, Chair
Members of the Senate Judiciary Committee
900 Court St. NE, Salem 97301

Dear Chair Prozanski and Members of the Committee,

Thank you for allowing the Oregon Public Health Association to submit testimony in support of Senate Bill 797 and Senate Bill 868.

Founded in 1944, OPHA is made up of over 425 health professionals, academics, students, community leaders, and citizens from across the state. The Oregon Public Health Association is an affiliate of the American Public Health Association, the largest public health advocacy group in the nation. We prioritize legislation that advances the public's health in Oregon. SB 797 and SB 868 are critical to meeting this mission.

BACKGROUND

Gun violence is a public health issue like vaccine preventable diseases, smoking cessation and traffic safety and as such we need a comprehensive public health response. We need to start viewing gun violence from this perspective because the statistics are staggering and if they were about an illness or disease, lawmakers would take notice.

Nationally, 33,000 people die every year by firearm (CDC 2016) and more than 400 die in Oregon (OHA 2016). Between 2010 and 2014, this added up to 2,280 Oregonians lost to gun violence (OHA 2016). Nationally, every year more than 81,000 nonfatal injuries are due to firearms (CDC 2016) and in 2011, 467,300 people were victims of nonfatal crimes with guns (Bureau of Justice Statistics 2013). According to researcher Daniel Webster, this is likely an under reporting because the survey does not cover high risk populations very well (Webster 2014). Since 2009, firearm fatalities in Oregon have exceeded traffic fatalities. In 2010, 317 people in Oregon died as a result of traffic accidents and 455 people from firearms. In 2011, we lost 331 people in traffic accidents and 421 to firearms (ODOT Quick Facts, OVDRS 2016).

The US firearm homicide rate is 25.2 times higher than other high-income countries (Grinshteyn and Hemenway, 2016). However, we have similar rates of other types of violence and risk factors for violence including: non-firearm homicide rates, urban crime rates, mental illness, adolescent fighting, bullying, teen alcohol abuse, and use of violent media. This tells us that guns are an important factor in our country.

How do we address a problem of this scope? Public health gains rarely come from a single intervention. Progress in vehicle safety was made not by getting rid of cars, but rather through multiple interventions such as seat belts, safer roads, speed limits and driver education. The same can be true for gun safety. These bills are critical steps towards a comprehensive public health approach to preventing gun fatalities in Oregon. SB 797 strengthens our current background check system, gives additional tools to law enforcement, closes a loophole that allows guns to be transferred before a check is completed and furthers protections for victims of domestic abuse and stalking. SB 868 is a temporary but critical intervention to help those in crisis, giving families and law enforcement a process to restrict access to firearms when someone shows clear evidence that they are at risk of self-harm or harm towards others.

Support for SB 797

Research shows us that states with more comprehensive firearm legislation have lower rates of homicide and suicide due to firearms (Fleeger 2013, Lee 2017). SB 797 would close a loophole in our background check

system and allow law enforcement time to complete a complicated background check. This bill represents an important next step in line with previous legislation that instituted universal background checks.

SB 797 would also strengthen protections for victims of intimate partner violence by prohibiting abusive dating partners and stalkers from owning a gun. Research shows us that stalking and presence of a gun significantly increases the likelihood of homicide (Campbell, 2003). Research also shows us that public policy can help change that. A review by Webster found that domestic violence firearm prohibitions and reduced access were associated with lowering intimate partner homicide rates (Webster 2015).

Support for SB 868

Between 2010-2014, the vast majority of gun deaths in Oregon, over 80%, were suicides (OHA 2016). For the last 30 years, Oregon's rate of suicides has exceeded the national average (OHA 2015). We must do more to prevent suicides in Oregon. We know that states with higher rates of gun ownership have higher rates of both gun suicide and suicide death overall (Miller 2008). We know that suicidality is often transitory, and if people survive their suicide attempt the vast majority do not attempt suicide again (Miller 2008). Firearms are the most lethal method of suicide; their use robs people of a second chance. Reducing access to lethal means such as firearms is critical to preventing suicide (Miller 2008). SB 878 gives families a way to temporarily remove firearms so that people in crisis can get the help they need before they harm themselves or others.

In the implementation of Connecticut's extreme risk protection law, researchers estimated that one suicide was prevented for every 10 to 20 orders. They also found people received needed care. In more than half the cases, people were seen immediately in the hospital or ER. In addition, nearly one third received critical treatment in the year after the intervention (Swanson 2016).

Previous public health successes demonstrate that over time change can come. Motor vehicle deaths dropped, not because we eliminated cars, but because they became safer to operate, speed limits reduced deaths and we worked to keep those who should not be behind the wheel off the road. These bills add to the tool kit for gun violence prevention in Oregon and add to the goal of health for all Oregonians. We at OPHA urge you to support SB 797 and SB 868.

Thank you for your consideration of this important public health issue and thank you for your service to Oregon.

Sincerely,

Jessica Nischik-Long, Executive Director
Jessica Quarles, OPHA Member since 2013

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