

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 17-18

INTRODUCED BY: Medical Student Section  
MedChi Public Health Committee  
Baltimore City Medical Society

SUBJECT: Support Gun Buyback Programs in Order to Reduce the Number of  
Circulating Unwanted Firearms

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Whereas, Existing AMA-policy states “gun violence represents a public health crisis which requires a comprehensive public health response and solution” (D-145.995); and

Whereas, A survey of 186 people in Massachusetts who turned in 339 weapons (and received between \$25-75 for doing so) for which 109 (59%) responded found that 54% turned in guns for safety reasons, 47% for no longer needing or wanting their guns, and 13% for concern that the gun(s) were accessible to children<sup>1</sup>; and

Whereas, 87% of respondents in the survey felt that the buyback program helped encourage neighborhood awareness of firearm safety<sup>1</sup>; and

Whereas, gun buyback programs have also been utilized in Maryland, with motivating factors including recent school shootings and a desire for guns to be removed from circulation so they do not end up in the wrong hands and cause harm to others;<sup>2,3,4</sup> and

Whereas, Following the massacre of 35 people in Australia in 1996 by a lone gunman using a semi-automatic weapon, Australia instituted several measures among which were compulsory buybacks of the banned guns<sup>5</sup>; and

Whereas, Australia’s national firearm stockpile decreased by 1/3 following the passing of this legislation, rates of total gun deaths have declined, public mass shootings stopped, and it was estimated that at least 200 deaths and \$500 million was being saved annually<sup>5</sup>; and

Whereas, The UK has used a few approaches to stemming gun violence, among which is a gun

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<sup>1</sup> Green J, et al. Are “goods for guns” good for the community? An update of a community gun buyback program. J Trauma Acute Care Surg. 2017;83:284-288.

<sup>2</sup> Duncan I. Baltimore buyback takes in 461 guns in wake of Conn. shooting. <http://www.baltimoresun.com/news/maryland/crime/bs-md-ci-gun-buyback-20121215-story.html> Accessed 26 March 2018.

<sup>3</sup> Duncan I. Gun buyback event draws hundreds in Howard County. <http://www.baltimoresun.com/news/maryland/howard/columbia/bs-md-howard-gun-buyback-20130316-story.html> Accessed 26 March 2018.

<sup>4</sup> Baltimore Holds City-Wide Gun Buyback Program. <http://baltimore.cbslocal.com/2014/07/26/baltimore-holds-city-wide-gun-buy-back-program/> Accessed 26 March 2018.

<sup>5</sup> Dudley MJ, et al. The Port Arthur massacre and the National Firearms Agreement: 20 years on, what are the lessons? Med J Aust. 2016;204:381-383

buyback program<sup>6</sup>; and

Whereas, It was estimated in 2010 that there were 3.78 guns per 100 people in the UK while the US had 101 guns per 100 people, and that there have been 50-60 gun-related deaths per year in the UK while the US, with about 6 times more people, has more than 160 times as many gun-related homicides<sup>3</sup>; therefore be it

Resolved, that MedChi support gun buyback programs in order to reduce the number of circulating unwanted firearms; and be it further

Resolved, that MedChi submit a resolution to our American Medical Association for support of institution of gun buyback programs.

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As amended and adopted by the House of Delegates at its meeting on April 29, 2018.

**References:**

<http://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/minimum-age/#federal>

**Relevant AMA Policy:**

**Prevention of Unintentional Shooting Deaths Among Children H-145.979**

Our AMA supports legislation at the federal and state levels making **gun** owners legally responsible for injury or death caused by a child gaining unsupervised access to a **gun**, unless it can be shown that reasonable measures to prevent child access to the **gun** were taken by the **gun** owner, and that the specifics, including the nature of "reasonable measures," be determined by the individual constituencies affected by the law.

**Firearms as a Public Health Problem in the United States - Injuries and Death H-145.997**

Our AMA recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths. Therefore, the AMA: (1) encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms; (2) urges that government agencies, the CDC in particular, enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths; (3) urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns; (4) urges the Congress to support recent legislative efforts to ban the manufacture and importation of nonmetallic, not readily detectable weapons, which also resemble toy guns; (5) encourages the improvement or modification of firearms so as to make them as safe as humanly possible; (6) encourages nongovernmental organizations to develop and test new, less hazardous designs for firearms; (7) urges that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for **gun** safety education and **gun**-violence prevention; and (8) strongly urges US legislators to fund further research into the epidemiology of risks related to **gun** violence on a national level.

**Gun Safety H-145.978**

Our AMA: (1) recommends and promotes the use of trigger locks and locked **gun** cabinets as safety precautions; and (2) endorses standards for firearm construction reducing the likelihood of accidental discharge when a **gun** is dropped and that standardized drop tests be developed.

**Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care H-145.975**

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<sup>6</sup> Weller C. These four countries have nearly eliminated gun deaths - here's what the US can learn.

<http://www.independent.co.uk/news/world/americas/gun-deaths-eliminated-america-learn-japan-australia-uk-norway-florida-shooting-latest-news-a8216301.html> Accessed 14 March 2018

1. Our AMA supports:

- a) federal and state research on firearm-related injuries and deaths;
- b) increased funding for and the use of state and national firearms injury databases, including the expansion of the National Violent Death Reporting System to all 50 states and U.S. territories, to inform state and federal health policy;
- c) encouraging physicians to access evidence-based data regarding firearm safety to educate and counsel patients about firearm safety;
- d) the rights of physicians to have free and open communication with their patients regarding firearm safety and the use of **gun** locks in their homes;
- e) encouraging local projects to facilitate the low-cost distribution of **gun** locks in homes;
- f) encouraging physicians to become involved in local firearm safety classes as a means of promoting injury prevention and the public health; and
- g) encouraging CME providers to consider, as appropriate, inclusion of presentations about the prevention of **gun** violence in national, state, and local continuing medical education programs

2. Our AMA supports initiatives to enhance access to mental and cognitive health care, with greater focus on the diagnosis and management of mental illness and concurrent substance abuse disorders, and work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior.

#### **Gun Violence as a Public Health Crisis D-145.995**

Our AMA:

- (1) will immediately make a public statement that **gun** violence represents a public health crisis which requires a comprehensive public health response and solution; and
- (2) will actively lobby Congress to lift the **gun** violence research ban.

#### **Physicians and the Public Health Issues of Gun Safety D-145.997**

Our AMA will request that the US Surgeon General develop a report and campaign aimed at reducing **gun**-related injuries and deaths.

#### **Safety of Nonpowder (Gas-Loaded/Spring-Loaded) Guns H-145.989**

It is the policy of the AMA to encourage the development of appropriate educational materials designed to enhance physician and general public awareness of the safe use of as well as the dangers inherent in the unsafe use of nonpowder (gas-loaded/spring-loaded) guns.

#### **Guns in School Settings H-60.947**

Our AMA recommends:

- (1) all children who take guns or other weapons to school should receive an evaluation by a psychiatrist or an appropriately trained mental health professional; and
- (2) that children who are determined by such evaluation to have a mental illness should receive appropriate treatment.

#### **Guns in Hospitals H-215.977**

1. The policy of the AMA is to encourage hospitals to incorporate, within their security policies, specific provisions on the presence of firearms in the hospital. The AMA believes the following points merit attention:

A. Given that security needs stem from local conditions, firearm policies must be developed with the cooperation and collaboration of the medical staff, the hospital security staff, the hospital administration, other hospital staff representatives, legal counsel, and local law enforcement officials. Consultation with outside experts, including state and federal law enforcement agencies, or patient advocates may be warranted.

B. The development of these policies should begin with a careful needs assessment that addresses past issues as well as future needs.

C. Policies should, at minimum, address the following issues: a means of identification for all staff and visitors; restrictions on access to the hospital or units within the hospital, including the means of ingress and egress; changes in the physical layout of the facility that would improve security; the possible use of metal detectors; the use of monitoring equipment such as closed circuit television; the development of an emergency signaling system; signage for the facility regarding the possession of weapons; procedures to be followed when a weapon is discovered; and the means for securing or controlling weapons that may be brought into the facility, particularly those considered contraband but also those carried in by law enforcement personnel.

D. Once policies are developed, training should be provided to all members of the staff, with the level and type of training being related to the perceived risks of various units within the facility. Training to recognize and defuse potentially violent situations should be included.

E. Policies should undergo periodic reassessment and evaluation.

F. Firearm policies should incorporate a clear protocol for situations in which weapons are brought into the hospital.

2. Our AMA will advocate that hospitals and other healthcare delivery settings limit guns and conducted electrical weapons in units where patients suffering from mental illness are present

#### **Gun Regulation H-145.999**

Our AMA supports stricter enforcement of present federal and state **gun** legislation and the imposition of mandated penalties by the judiciary for crimes committed with the use of a firearm, including the illegal possession of a firearm.

#### **AMA Campaign to Reduce Firearm Deaths H-145.988**

The AMA supports educating the public regarding methods to reduce death and injury due to keeping guns, ammunition and other explosives in the home.

Waiting Period Before Gun Purchase H-145.992

The AMA supports legislation calling for a waiting period of at least one week before purchasing any form of firearm in the U.S.

#### **Firearm Availability H-145.996**

Our AMA:

(1) Advocates a waiting period and background check for all firearm purchasers;

(2) encourages legislation that enforces a waiting period and background check for all firearm purchasers; and

(3) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.

#### **Waiting Periods for Firearm Purchases H-145.991**

The AMA supports using its influence in matters of health to effect passage of legislation in the Congress of the U.S. mandating a national waiting period that allows for a police background and positive identification check for anyone who wants to purchase a handgun from a **gun** dealer anywhere in our country.