

Written by Gun Owners
Friday, 16 January 2009 03:07

By Richard W. Stevens**

Headlines scream:

"School Violent Deaths Soar - Guns Kill Most Victims"

or:

"Study Confirms Link Between Guns and School Killings"

or:

"Guns are Prime Suspect in 77% of School Violent Deaths"

Data from one recently published study in the *Journal of the American Medical Association (JAMA)* could provoke headlines like these¹. Few reporters will check the facts behind such headlines. Readers (and viewers) will likely not question the conclusions of a published scientific study. A news article will seldom do more than summarize the article's key data and conclusions. Gun prohibitionists can use the "scientific" to press for stronger "gun control" laws.

Gun rights advocates might respond by asserting that a study is "biased" or "bogus." Some might fall back on the old argument that "an occasional murder is the price of the Bill of Rights." These sorts of arguments lack substance, and never convince anyone but believers.

How can thoughtful gun rights advocates reply to unfavorable "evidence" from "scientific" studies? There are at least three ways: (1) Understand the "public health" approach behind the studies, (2) Know the methods and terms of the studies, and (3) Identify the key flaws and limitations in the studies. We show you how to apply these methods using one influential study as an example.

Making Crime a Public Health Issue

When people start to view a problem as a "disease," people naturally turn to doctors to "cure" it. Lawyers, criminologists, philosophers, clergymen, and politicians do not cure diseases. The tendency to trust in doctors to diagnose and treat disease offers financially or politically ambitious doctors a clear incentive to call social problems "diseases." Turn a problem into a disease, and doctors become the healers.

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Doctors who oppose private ownership of firearms jumped at the chance to become "gun control" experts. The Founding Fathers considered firearms ownership an inalienable right.² They thought owning guns was a political, not a medical, matter. Recently, some doctors have made firearms ownership a public health problem.

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What brought the doctors into the subject of guns? Doctors got involved with firearms issues by declaring injuries "caused by" guns to be a "disease." The guns themselves became a factor in causing the "disease." If guns became a disease factor, then whoever possesses a gun is a carrier of a disease-causing agent.

One "gun control" advocate explains how they did it:

How on earth do handgun injuries relate to public health? *Anything that unnecessarily contributes to human disease, injury, or death is a proper concern of public health ...*

If enough people were injured and killed in hang glider accidents, hang gliders would become a concern of public health professionals (as, for example, motorcycles are today.)

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The Centers for Disease Control and Prevention (CDC) has led the movement to treat firearms injuries as a disease and to apply public health methods to suggest "treatment."⁵ The CDC's strategy has three main elements:

(1) Tracking "firearm deaths" and injuries to monitor changing rates and to define high-risk groups;

(2) Using epidemiological studies to define risk factors and to suggest "possible intervention strategies";

(3) developing and evaluating specific remedies.⁶

Put simply, whatever affects the health of "the public" is a "public health" issue. Firearms use causes a "disease" (injuries and deaths) affecting thousands of people. Therefore, the logic goes, the use of firearms is a public health issue.⁷

Epidemiology: Public Health's Chief Weapon

Epidemiology is often used to address a public health problem. Epidemiology is the study of how and why disease is distributed in a population. Epidemiology tells us how much disease there is, who gets it, and what specific factors put individuals at risk.⁸

Epidemiologists gather and use statistical data to explain disease conditions in a population. Epidemiological studies try, among other things:

(1) to calculate the number of diseased persons there are;

(2) to predict the number of diseased persons there will be in the future;

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(3) to predict the future costs of treating and caring for the diseased persons;

(4) to isolate the cause(s) of the disease;

(5) to determine how the disease is transmitted.⁹

The gun prohibitionists used a clever ploy to gain "scientific" support for their position and then multiply its public relations value. First, the doctors devised and published epidemiological studies in medical journals, which showed that the problem of gun injuries is large and serious. Then, follow-up studies and articles would quote the earlier studies' conclusions as fact, without ever mentioning the limitations or qualifications on those conclusions.

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How Epidemiological Studies Work

Epidemiology has a good reputation for helping to find the causes and modes of transmission of some kinds of occupational and endemic diseases.¹¹ The epidemiological study measures the incidence of disease.¹²

There are several types of epidemiological studies.¹³ One common type is the "retrospective" study. A retrospective study looks at the occurrence of disease in the past. By contrast, the "prospective" study starts in the present and charts the occurrence of disease in the future.

The retrospective type of study begins with the researchers precisely defining the "disease."¹⁴ The researchers then select the possible risk factors that might be causing the disease. Next, the researchers choose a population to study. They will try to find a relationship between the risk factors and the disease in this selected population. Finally, they select a study method.

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Researchers often conduct "retrospective case-control" studies. Here is how such a study works. From the selected population, the researchers:

(1) Gather a list of persons who have the disease;

(2) Gather a list of persons who do not have the disease, but whose relevant characteristics match those of the first (diseased) group;

(3) Interview every person on both lists -- ask questions to determine whether each person has been exposed to the suspected risk factor or not; if the person has been exposed, try to determine how much exposure the person has had;

(4) Using standard statistical methods, compare the percentage of diseased persons who were exposed to the risk factor, to the percentage of "healthy" (non-diseased) persons who also were exposed to the risk factor.

[Researchers compared the percentage of lung cancer patients who had smoked, to the percentage of lung cancer patients who had never smoked. The researchers found that a much larger number of lung cancer patients had been smokers than had been non-smokers.]

(5) If the statistics show that persons exposed to the risk factor were more likely to develop the disease than persons who were not exposed to that risk factor, then there is a "positive association" between the risk factor and the disease.

[Researchers did find a "positive association" between exposure to the risk factor (smoking) and the disease (lung cancer).] ¹⁶

The 1993 Kellermann Study: Guns as Homicide Risk Factor

A. The Headliners

One well-known researcher, Arthur C. Kellermann, M.D., with a variety of co-authors, has published several articles based on epidemiological studies which promote "gun control."¹⁷ One such article was "Gun Ownership as a Risk Factor for Homicide in the Home," published in the widely-cited New England Journal of Medicine in 1993.¹⁸ The headline-grabbing conclusions of that article were:

... "Having a gun in the home was strongly and independently associated with an increased risk of homicide."

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Disease :

**Anti-Social Behavior
Self-Destructive Behavior**

Symptoms :

**History of Violence
History of Drinking
History of Drug Use**

End Results :

**Personal Disputes
Violence
Homicide of Victim**

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(2) *Revised definitions of statistical recording*

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From the results, overall policy impacts and responses to the various shocks faced by the Indian public, various critical dimensions to the health and life-sustaining of the socio-economic system.¹⁷ The following are the key findings of the analysis: (i) the impact of the various shocks on the health and life-sustaining of the socio-economic system; (ii) the impact of the various shocks on the health and life-sustaining of the socio-economic system; (iii) the impact of the various shocks on the health and life-sustaining of the socio-economic system.

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