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**Statement of the
American College of Surgeons**

Presented by

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**Before the
Subcommittee on Health of the Committee on Energy and Commerce
United States House of Representatives**

RE: A Public Health Crisis: The Gun Violence Epidemic in America

October 3, 2019

Chairwoman Eshoo, Ranking Member Burgess, and Members of the Subcommittee, on behalf of the more than 82,000 members of the American College of Surgeons (ACS), I wish to thank you for inviting the ACS to participate in this hearing. The ACS is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. As surgeons caring for patients who have suffered traumatic injury as a result of firearm violence, we are honored to share our perspective on preventing firearm violence at this hearing on *A Public Health Crisis: The Gun Violence Epidemic in America*.

I am a trauma surgeon and serve as the Medical Director of the Committee on Trauma (COT) within ACS. For 96 years, the COT has worked to comprehensively improve the care of injured patients in areas such as EMS, trauma centers, and disaster response systems, resulting in dramatic improvements in care and outcomes. While we work on all issues related to the treatment and prevention of traumatic injury, for the past five years, we have focused much of our efforts on implementing a public health and medical approach to reduce firearm violence in order to improve the health of our patients and the resilience of our Country.

A public health crisis, firearm violence accounted for 39,773 U.S. deaths in 2017 (the latest year available) and continues to be a leading cause of death for individuals 10–24 years old.¹ The age-adjusted death rate due to firearm injury by all intents, after remaining stable for several years, increased by 17% percent since 2014.² The U.S. Centers for Disease Control and Prevention (CDC) data shows that deaths from firearm injury accounted for almost 17 percent of all injury-related deaths in 2014.³

¹ Center for Disease Control and Prevention: National Center for Health Statistics. Available at: <https://www.cdc.gov/nchs/fastats/injury.htm>

²Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. <https://wonder.cdc.gov/controller/saved/D76/D66F943>

³ Centers for Disease Control and Prevention: National Vital Statistics Reports, Volume 65, Number 4. Deaths: Final data for 2014. Available at: www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf.

- Of the 39,773 people who died as a result of firearm-related injury, 23,854 people died as a result of suicide (60%).
- 14,542 people died as a result of homicide (36.6%). 553 people died as a result of legal intervention (1.4%).
- 486 people died as a result of unintentional discharge of a firearm (1.2%). 338 people died from the use of a firearm where the intent was undetermined (0.9%).

Through a public health and medical approach, significant progress has been made in reducing the incidence of death from other injuries. As an example, and in contrast to firearm related injury, motor vehicle crash death rates have decreased by more than 20% while firearm violence death rates have increased by more than 20% since 1999.⁴

In addition to the public health costs, firearm-related injuries add significant financial burdens to the U.S. health care system and result in reduced productivity of U.S. workers. According to the National Violent Death Reporting System (NVDRS), in 2010 the medical costs for the approximately 30,000 people killed by firearms were an average of \$5,891 per person and nearly \$186.6 million overall.⁵ The 38,500 injured individuals who survived firearm-related injuries but required hospitalization accrued nearly an additional \$852.9 million and more than \$3 billion in lost wages.⁵ This number is likely a significant underestimate due to the limitations in tracking this data. Another group of patients whose injuries were less severe and were discharged without inpatient admission had medical and lost wages expenses totaling an additional \$200 million.⁵

ACS Action

Given the number of firearm related injuries trauma surgeons see, the ACS has had a statement on reducing firearm injury since 1991. In light of the pervasiveness of gun violence and the dramatic increase in frequency

⁴ Stewart RM, et al. Freedom with Responsibility: A Consensus Strategy for Preventing Injury, Death, and Disability from Firearm Violence *Journal of the American College of Surgeons*. 2018; 227(2):281-283

⁵ Centers for Disease Control and Prevention. National Violent Death Reporting System. Available at: www.cdc.gov/injury/wisqars/nvdrs.html.

of mass firearm-related murders, the ACS believes a comprehensive public health solution is necessary. We did not come to this opinion based on our personal beliefs or political affiliations. We came to this recommendation following decades of study and five years of collective effort, inclusive dialogue and research regarding firearm-related injury.

Over the course of 5 years, the ACS COT developed its consensus strategy around 3 guiding principles:

1. Advocate and promote a public health approach to firearm injury prevention;
2. Implement evidence-based violence prevention programs through the network of ACS COT-verified trauma centers; and
3. Provide, foster and promote a forum for civil dialogue within our own professional organization with the goal of moving toward a consensus on programs or intervention aimed at reducing firearm injuries and deaths.⁶

Through this dialogue, we came to realize that the community of firearm owners are often approached as a part of the problem, but less commonly approached as a part of the solution. As a part of the public health model, community and stakeholder engagement strategies for public health interventions are a core step in implementation and are recommended by major international public health organizations. The degree of community engagement can make a critical difference in efficacy or lack of efficacy of a public health program. As such, in November of 2018, the American College of Surgeons Committee on Trauma Firearm Strategy Team (FAST) Workgroup released a set of 13 recommendations aimed at achieving an effective and durable strategy for reducing firearm injury, death, and disability in the United States.

ACS Committee on Trauma and the FAST Workgroup

The FAST Workgroup represents a diverse group of 22 surgeons, 18 of whom are passionate and expert firearm owners with a broad range of experience with firearm ownership and use. The membership makeup included hunters, sport shooters, self-defense proponents, a law enforcement professional, surgeons with previous military experience and ACS leadership from a geographically representative sample from across the country.

⁶ Stewart, R.M., Kuhls, D.A., Rotondo, M.F., and Bulger, E.M. Freedom with responsibility: a consensus strategy for preventing injury, death, and disability from firearm violence. *J Am Coll Surg*. 2018; 227: 281–283

In the *Recommendations from the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup* 13 recommendations are put forth as an advisory perspective, developed by strict consensus among the FAST Workgroup. All 22 surgeons needed to agree on a recommendation before it could be included in the final set. The FAST Workgroup acknowledges that it does not represent the views of all firearm owners, or all surgeons for that matter, but it does strongly believe that action on these recommendations will increase public safety and decrease deaths without a decrease in liberty. This was the first of recommendations from this workgroup that is continuing to meet with the goal of implementing measures which would preserve freedom, while simultaneously making our Country safer, stronger and healthier.

In developing our FAST Workgroup recommendations, we did not just create new policy recommendations, we also closely considered the value of better enforcement of existing laws and strengthening current statutes and regulations, many of which are viable ways to keep firearms away from people who endanger themselves or others. We acknowledge that better enforcement requires additional resources and support across communities, and we encourage further support for existing programs.

The final article published in the Journal of the American College of Surgeons (JACS) describes the FAST Workgroup's approach and methods, and summarizes consensus recommendations for strategies and tactics to increase firearm safety, reduce the probability of mass shootings, reduce firearm-associated violence, address mental health factors, and encourage federally funded firearm injury research, while preserving the right to own and use a firearm. The article of recommendations is attached to the end of this statement and I encourage you review it.

Reaching Broader Consensus

The ACS works closely with our physician community colleagues, and like-minded organizations, who are dedicated to addressing this public health crisis. The number of professional organizations supporting addressing the crisis as a major public health initiative continues to grow. The ACS was a co-author with 8 of the largest professional organizations in the country in 2015 and contributed to a follow-on report in 2019, both published in the *Annals of Internal Medicine*. In these articles, we highlighted the rising number of firearm-related deaths each year, classified firearm-related violence as a public health crisis, and reiterated ACS' support for being part of the solution to reducing the number of firearm-related injuries and deaths.^{7,8}

The ACS partners with organizations committed to improving and advancing research related to firearm injury and firearm injury prevention. We work in concert with the Coalition for National Trauma Research (CNTR) and the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM). These organizations along with the ACS are committed to making a real difference in advancing the state of science, reducing needless firearm injury and improving the care of the victims of firearm violence.

Medical Summit on Firearm Injury Prevention

In a historic meeting on February 10th and 11th of this year, the ACS hosted 44 organizations for a Medical Summit on Firearm Injury Prevention.⁹ The attendees met to identify opportunities for the medical community to reach a consensus-based, non-political approach to firearm injury prevention. The discussions were focused on understanding and addressing the root causes of firearm violence while making firearm ownership as safe as possible.⁹ The group identified opportunities to collaborate in the areas of research, education, and targeted injury prevention initiatives. Forty-seven of the leading medical, public health and injury prevention

⁷ Weinberger SE, Hoyt DB, Lawrence HC, Levin S, Henley DE, Alden ER, et al. Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association. *Ann Intern Med.* ;162:513–516. doi: 10.7326/M15-0337

⁸ McLean RM, Harris P, Cullen J, et al. Firearm-Related Injury and Death in the United States: A Call to Action From the Nation's Leading Physician and Public Health Professional Organizations. *Ann Intern Med.* [Epub ahead of print 7 August 2019] doi: 10.7326/M19-2441

⁹ Bulger EM, Kuhls DA, Campbell BT, et al. Proceedings from the Medical Summit on Firearm Injury Prevention: a public health approach to reduce death and disability in the US. *J Am Coll Surg.* 2019. [PMID: 31108194] doi:10.1016/j.jamcollsurg.2019.05.018

organizations in the country support nine consensus-based recommendations which were published this month in the Journal of the American College of Surgeons.¹⁰

The objectives of this summit were to:

1. Identify opportunities for the medical community to reach a consensus-based, non-partisan approach to firearm injury prevention;
2. Discuss the key components of a public health approach and define interventions this group will support;
3. Develop consensus on actionable items for firearm injury prevention using the public health framework.

47 organizations support the following:

1. Firearm injury in the US is a public health crisis.
2. A comprehensive public health and medical approach is required to reduce death and disability from firearm injury.
3. Research is needed to better understand the root causes of violence, identify people at risk, and determine the most effective strategies for firearm injury prevention.
4. Federal and philanthropic research funding must be provided to match the burden of disease.
5. Engaging firearm owners and populations at risk is critical in developing programs and policies for firearm injury prevention.
6. Healthcare providers should be encouraged to counsel patients and families about firearm safety and safe storage. Educational and research efforts are needed to support appropriate culturally competent messaging.
7. Screening for the risk of depression, suicide, intimate partner violence, and interpersonal violence should be conducted across all healthcare settings and in certain high-risk populations (such as those

¹⁰ Bulger EM, Stewart RM. Opinion: A public health approach reduced deaths from car crashes. It can do the same for gun violence. SEP. 13, 2019. <https://www.latimes.com/opinion/story/2019-09-13/public-health-approach-gun-violence-deaths-firearms>

with dementia). Comprehensive resources and interventions are needed to support patients and families identified as high risk for firearm injury and who have access to a firearm.

8. Hospitals and healthcare systems must genuinely engage the community in addressing the social determinants of disease, which contribute to structural violence in underserved communities.

9. Our professional organizations commit to working together and continuing to meet to ensure these statements lead to constructive actions that improve the health and well-being of our fellow Americans.

At its core, the foundation of medicine, surgery and public health rests on two key principles: A dedication to the service of humanity, and a commitment to base our actions on objective scientific truth as best we can determine it. This approach absolutely requires addressing a public health crisis that claims the lives of 39,773 Americans as a public health problem with the resources necessary to avert this health problem. To effectively address this crisis requires a common, nonpartisan approach. This approach is facilitated by a common narrative regarding preventing firearm injury, disability and death. This common narrative acknowledges two facts that firearm ownership is a constitutionally protected right, and we have a major firearm injury and violence problem.

We can significantly reduce unnecessary death and suffering by a commitment to work together to

1) make firearm ownership as safe as reasonably possible (for those who own firearms and for those who do not), while 2) working to understand and address the root causes of violence in America. This is the essence of a public health approach to reduce preventable firearm deaths and injuries. The ACS knows a public health and medical approach saves lives, and strongly believes (based on both data and previous experience) the number of firearm related deaths can be reduced through federally-funded firearms research and support for non-partisan public health and medical policies, such as those advocated for by the Firearm Strategy Team of the American College of Surgeons Committee on Trauma and 47 of the leading medical, public health and injury prevention organizations in the Country. Those forty-seven medical, public health and injury prevention organizations are

continuing to work together to address this problem and are committed to working with you to make our patients and communities safer and stronger.

The ACS FAST Workgroup continues to work on strategies to make firearm ownership as safe as possible. A second, related ACS Committee on Trauma workgroup (Improving Social Determinants of Health to Attenuate Violence, I-SAVE), is working to develop strategies to better understand and meaningfully reduce violence in vulnerable communities. The I-SAVE workgroup is committed to working with vulnerable communities as a part of the solution to this public health crisis and addressing structural violence with the goal of significantly reducing harm to our patients and their communities. We will implement these strategies through our network of 554 ACS verified trauma centers across the United States, and we are committed to working with policy makers at the federal, state and local areas to reduce unnecessary death and suffering as a result of firearm related injury.

Conclusion

Firearm violence is a major public health problem in the U.S. It is a public health emergency and it requires a public health approach. The ACS represents surgeons who care for the patients who suffer, die and are survivors of firearm injuries. We understand that there is no simple solution to these problems and that the issues are complex, but we also know, if we use the power of medical science, technology, innovation and partnership, these complex problems are completely manageable and even curable. While our country appears currently paralyzed by the political polarization of these issues, we hope that our recent work of reaching consensus with a broad range of stakeholders provide a hopeful guide that solutions can be reached if all parties come to the table and focus their efforts on working together to reduce unnecessary injury, death and suffering.

A good starting point to implement a durable, nonpartisan and effective national strategy to reduce firearm related deaths and injuries would be to begin to implement the FAST Workgroup recommendations along with the recommendations supported by almost every single medical and public health organization in the United

States. Making firearm ownership as safe as possible while working to understand and address the underlying causes of violence in America is inclusive of both political parties' approaches to this problem. It really requires no significant compromise and is supported by a very large majority of Americans. The time is now to do this, and it can be done across philosophic and party lines. If we respect and listen to each other, we can find a clear path forward that will preserve and enhance freedom, while making our Country safer, stronger, healthier and more resilient.

ATTACHMENTS:

Recommendations from the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup: Chicago Consensus I

Proceedings from the Medical Summit on Firearm Injury Prevention: A Public Health Approach to Reduce Death and Disability in the US