

Policy Statement

Gun Violence – A Public Health Issue

February 2013

Patients have long trusted physicians to advise them on more than short-term clinical needs. This relationship of trust is of such importance that many look to the profession to guide policy-makers on health threats to the American public. Patients expect physicians to work within the science and evidence base to support policies that protect the health of the public.

Gun violence is a public health issue that has reached epidemic proportions in this country, affecting our patients, our neighbors, our communities—indeed all Americans: "The Newtown tragedy is galvanizing a national understanding of the pervasive threats that guns pose and the toll they take."ⁱ

Improving access to mental health care services and establishing true mental health parity are important and necessary aims in response to our gun violence epidemic, but policy-makers should not confuse or substitute proposals in this area for additional evidence-based and urgently needed gun violence prevention measures.

Gun violence is indisputably an issue of health, where science and evidence must guide policy.

A guiding principle of the National Physicians Alliance is that ***health is determined by a wide variety of influences beyond biology, including familial, social, psychological, environmental, economic, political, legal, cultural and spiritual factors. Understanding and addressing these complex connections is a duty of our profession.***

The causes of gun violence and mass shootings are indeed complex; physicians must present evidence-based facts on the subject to the American public and policy-makers:

- According to the Centers for Disease Control and Prevention, guns kill more than 31,000 people each year in the U.S., including more than 11,000 homicides. The U.S. homicide rate is seven times the average of other high-income countries.ⁱⁱ
- The firearm homicide rate in the U.S. is 20 times higher for all individuals and 43 times higher for 15-24-year-olds than in other industrialized countries.
- American children are 17 times more likely to be murdered by a firearm, 10 times more likely to die by suicide involving a firearm, and 9 times more likely to die from unintentional firearm injury than are children in other industrialized countries.ⁱⁱⁱ Importantly, American children living in states with more guns are more likely to be killed by a firearm than those in states with fewer guns.^{iv}
- There is no evidence that armed guards or police officers in schools make children safer.
- A gun in the home makes the likelihood of homicide three times higher, of suicide three to five times higher, and of accidental death four times higher. The increase in death depends on demographic factors such as age and how the gun is stored.^{v, vi}
- Brief counseling from a physician can favorably influence how patients store guns.^{vii}
- Other countries with the same or greater level of violent video game use as the United States have far less gun violence.



United across medical specialties, the National Physicians Alliance was founded in 2005 to restore physicians' primary emphasis on the core values of the profession: service, integrity, and advocacy. The NPA works to improve health and well-being, and to ensure equitable, affordable, high quality health care for all people. The NPA strictly refuses financial entanglements with the pharmaceutical and biomedical industries.

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Given the facts, science, and existing evidence-base regarding gun violence, the NPA strongly endorses the following gun violence prevention policy measures (many of them with credit to American and international physician and public health experts' recommendations^{viii, ix, x}):

1. Establish a universal system that requires a background check for, all persons buying or transferring a firearm or purchasing ammunition, with a requirement to report all lost or stolen firearms.
2. Prohibit high-risk individuals from purchasing firearms by focusing on the evidence which demonstrates that people with a history of violence, threats of violence, or alcohol/substance abuse have an increased risk of violence. Those individuals who have a history of stalking, a restraining order, or drug-trafficking also should be prohibited from buying firearms.
3. Federal restrictions on gun purchases with regard to mental health should focus on the dangerousness of the individual, and states should be encouraged to provide information to the federal background check system about disqualifying conditions/episodes.
4. Enact comprehensive state and federal bans on assault weapons and high capacity ammunition magazines.
5. Financial incentives should be provided to gun manufacturers to develop childproof and personalized guns.
6. Expand the jurisdiction of the Consumer Product Safety Commission or the Bureau of Alcohol, Tobacco and Firearms to regulate guns as consumer products and establish regulations requiring product safety features, such as childproof and personalized guns.
7. Protect the patient-physician relationship by removing all gag rules that apply to clinical encounters. The patient and physician must be free to discuss any issue, including gun safety.
8. Build an evidence-based approach to gun violence prevention, which includes restoration of robust funding and training for epidemiological research in this area (e.g. through the National Institutes of Health and the Centers for Disease Control and Prevention) and gathering data that tracks gun-related deaths and injuries, safety interventions, and the impact of measures to reduce the incidence of gun violence over time.
9. Ensure that violence prevention including gun safety is a core part of the training and continuing professional education of doctors, nurses, social workers, chaplains, teachers, and other professionals.
10. Help communities examine and take action on the multiple factors that shape their health and safety, by providing funding for research at local, state, and national levels that addresses prevention of gun violence and the root causes contributing to trauma, injury, and death by guns.

Conclusion:

We applaud the recent Executive Orders made by President Obama, many of them recommended by NPA^{xi}, but believe legislative action must also be taken at the federal and state levels to prevent gun violence. NPA's policy recommendations are supported by the evidence, international experience, and the vast majority of the American public. Reducing gun violence will be the work of generations, and we stand with the public, our patients, and all who have been affected by gun violence, and call on policy-makers to take immediate actions to save lives.

ⁱ. Palfrey JS, Palfrey S: Preventing Gun Deaths in Children; N Engl J Med 2013;368:401-403

ⁱⁱ. Richardson, Hemenway: Homicide, Suicide, and Unintentional Firearm Fatality: Comparing the United States with Other High Income Countries; The Journal of Trauma Injury, Infection, and Critical Care; January 2011 Vol 70

ⁱⁱⁱ. Rates of Homicide, Suicide, & Firearm-Related Death Among Children -- 26 Industrialized Countries, Center for Disease Control Morbidity & Mortality Weekly Report, 1997

^{iv}. Miller, Azrael, Hemenway: Firearm availability and unintentional firearm deaths, suicide, and homicide among 5-14 year olds, The Journal of Trauma Injury, Infection, and Critical Care, 2000.

^v. Grossman DC, Mueller BA, Riedy C, et al. Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA*. 2005;293(6):707-714.

^{vi}. Shenassa ED, Rogers ML, Spalding KL, Roberts MB: Safer storage of firearms at home and risk of suicide: A study of protective factors in a nationally representative sample. *J Epidem Community Health*. 2004;58(10):841-8.

^{vii}. Albright TL, Burge SK. Improving firearm storage habits: impact of brief office counseling by family physicians. *J Am Board Fam Pract*. 2003;16(1):40-46.

^{viii}. "Gun Policy Summit Recommendations." Johns Hopkins Bloomberg School of Public Health Gun Policy Summit, January 15, 2013.

Accessed at: <http://www.jhsph.edu/events/gun-policy-summit/recommendations.html>, February 12, 2013.

^{ix}. Special NPA Policy Committee Phone Call with Dr. Garen Wintemute, February 7, 2013.

^x. Wintemute, G. "Tragedy's Legacy." *New England Journal of Medicine*. 2013; 368:397-399.

^{xi}. Letter to Vice President Joe Biden. National Physicians Alliance, January 4, 2013.

Accessed at: <http://npalliance.org/wp-content/uploads/NPA-submission-to-the-Office-of-the-Vice-President-Taskforce-on-Gun-Violence-Prevention-Jan-4-2012-2.pdf>.