

Statement of

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.

- 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 execution (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 (0.8%).

ACS Action

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

ACS Committee on Trauma and the FAST Workgroup

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

In the *Recommendations from the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup* 13 recommendations are put forth from an advisory perspective, developed by strict consensus among the FAST Workgroup. 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 encourage you review it.

Reaching Broader Consensus

The ACS works closely with our physician community colleagues, 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 honored 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, ACS 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.

The ACS partnered 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

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. The attendees met to identify opportunities for the medical community to reach a consensus-based, non-political approach to firearm injury prevention. The discussions focused on understanding and addressing the root causes of firearm violence while making firearm ownership as safe as possible.¹⁰ 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 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...

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 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 communities and address 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 evidence as best we can determine it. This approach absolutely requires addressing this 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. Effectively addressing 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: 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 together to

- 1) make firearm ownership as safe as reasonably possible for those who own firearms for those who do not.

related deaths can be reduced through federally funded firearms research and support for nonpartisan public health and medical policies such as those advocated 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.

Conclusion

Firearm violence is a major public health problem in the US. 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 this problem.

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