



**Statement of the  
American College of Surgeons**

**Presented by**

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**Before the  
Subcommittee on Labor, Health and Human Services, Education and Related Agencies  
of the  
Committee on Appropriations  
United States House of Representatives**

**RE: Addressing the Public Health Emergency of Gun Violence**

**March 7, 2019**

Chairwoman DeLauro, Ranking Member Cole,

related deaths in 2014.<sup>3</sup> Breaking this data down further illustrates suicides remain relatively unchanged at 63 percent of all firearm-related deaths, and homicides comprise approximately 37 percent of firearm deaths.

Significant progress has been made in reducing the incidence of death from other injuries through public health interventions and federal policies, but similar trends have not been observed in mortality rates due to firearm injuries, leaving room for interventional strategies in this area.<sup>4</sup>

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.<sup>5</sup> 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.<sup>5</sup> 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.<sup>5</sup>

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 increasing frequency of mass casualty shootings, the ACS believes a more comprehensive 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.

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<sup>3</sup> 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](http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf).

<sup>4</sup> 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

<sup>5</sup> Centers for Disease Control and Prevention. National Violent Death Reporting System. Available at: [www.cdc.gov/injury/wisqars/nvdrs.html](http://www.cdc.gov/injury/wisqars/nvdrs.html).

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.<sup>6</sup>

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 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 enw T\* [(m 27.63 0 Td 2( c)4(a)kan <</(og)10)-2(e(t)-2(r)3(a)4(t)-2(e)-6(g)10(i(a)-6(\* [(m)-6

recommendation before it could be included in the final set. The 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. This was the first of recommendations from this workgroup who will continue to meet with the goal of implementing measures which would preserve freedom, while simultaneously making our Country safer, stronger and healthier.

Consensus was reached on all of these recommendations through a variety of interactions, including multiple surveys among surgeons, internal town hall meetings, focus groups, conference calls, and numerous small group meetings across the country.<sup>7</sup> The ACS COT and other physician groups have called for a public health approach to the problem, viewing community engagement for interventions as a key step toward a solution that will move the nation toward more responsible ownership and use of firearms.

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.

### **Recommendations from the ACS Committee on Trauma and the FAST Workgroup**

The recommendations of the FAST Workgroup include guiding principles and the rationale for important issues such as: obtaining ownership, firearm registration, licensure, education and training of firearm owners, responsible ownership, mandatory reporting and risk mitigation, safety innovation and technology, addressing a

Though we believe all the recommendations to be crucial to achieving firearm injury prevention and reducing firearm violence, today we are primarily focused on the critical importance of firearm injury prevention research.

The ACS was a co-author of a 2015 article in the *Annals of Internal Medicine*, **Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association**. In this article, 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.<sup>8</sup>

At its core, the foundation of medicine, surgery and public health rests on



We believe the report of the FAST Workgroup sums this up well when they described the principle on which their research recommendations are based: Research to understand health conditions underpins the modern practice of medicine and is essential to improve care and develop effective interventions for all health care conditions. Therefore, they recommend that research for firearm injury and firearm injury prevention must be federally funded at a level commensurate with the burden of the disease without restriction. They emphasized that research must be conducted in a non-partisan manner



- 4.) Effective firearm safety counseling and training.
- 5.) Evaluate effectiveness of restricting access to firearms by violence-prone individuals.
- 6.) Epidemiology of highest-risk populations (subset based on mechanism and intent) for suicide, homicide, mass shootings, intimate partner violence, unintentional injury, and other subsets of firearm violence.
- 7.) An assessment of firearm lethality differences based on specific type of firearm and numbers of deaths and injuries per unit time.

These recommendations are only a starting point, but the recommendations do demonstrate that knowledgeable and expert firearm owners who are also expert physicians and surgeons strongly believe increased funding for research is critical.

The ACS works closely with our physician community colleagues, and like-minded organizations, who are dedicated to addressing this public health crisis. The ACS has 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 (

will be published soon in a proceedings of this historic meeting. ACS sees this as a critical first step in working together with the entire professional community around workable solutions to gun violence.

## **Conclusion**

Firearm violence is a major public health problem in the U.S. It is a public health emergency and it requires research. 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