Statement on Gun Violence

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Gun Violence

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**Introduction**

The Student National Medical Association (SNMA) is the nation's oldest and largest organization focused on the needs and concerns of medical students of color. Eliminating disparities in health care delivery, disease morbidity, and disease mortality are among the highest priorities of the SNMA. These priorities evolved from its continuing mission to improve the quality of life of all individuals, including underserved communities. Gun violence is a particularly important issue facing minority individuals. From the Reagan Administration war on crime and drugs in the 1980’s, the relative prosperity of the 1990’s, to the recent resurgence of violent acts influenced by alcohol and drugs carried out through guns in this country, guns have remained a constant in urban areas and have become increasingly present in America. The crime rates of this generation persist across all races, but especially among African Americans. Recently the world has been witnessing a rise in school shootings and mass murders. This current situation has forced the world to view gun violence in a different light. Violence and violent injury from guns have become a major health issue for minority communities in the United States. The consequences for those who experience firearm related violence are serious, and its effects can be felt across all geographic and socioeconomic boundaries. The SNMA remains committed to gun violence prevention and will continue to advocate for activities aimed at decreasing the morbidity and mortality that result from firearms and their numerous detrimental sequelae. The SNMA recognizes the impact of firearm related violence and the importance of two areas to decrease morbidity and mortality: social intervention and gun control.

**Background**

The age-adjusted firearm mortality rate in 2016 was 11.8 per 100,000 persons; the state specific firearm mortality rates range from 3.4 per 100,000 persons in Massachusetts to as high as 23.3 per 100,000 persons in Alaska.\(^1\) This is a slight increase compared to the age-adjusted firearm mortality rate of 10.2 per 100,000 persons calculated for 2010-2012,\(^2\) which correlates to 32,000 deaths from firearm injury; with a substantial amount being the result of suicide, which is twice the rate of homicide related firearm death.\(^2\) Young adults between the ages of twenty-five to thirty-four have the highest firearm related mortality of 15.1 per 100,000 persons, meanwhile
the second highest mortality associated with individuals from the ages of fourteen to twenty-four come in the second highest rate of 14.4 per 100,000 persons. Despite the nationwide decrease in crime related firearm injury and death from 2000, recent flux in homicide rates in Chicago.³

There is also an increasing trend in suicide death by firearm. Suicide rate by firearm is associated with age; the highest rate was found individuals 65 and older having the highest suicide by firearm death rate of 10.9 per 100,000 persons; age group 55-64, and 45-54 had suicide by firearm death rates of 9.4 and 9.2 per 100,000 persons, respectively.²

From a racial ethnic perspective, the highest firearm mortality rate between 2010 and 2012 was 18.1 per 100,000 persons specific for non-Hispanic blacks; this rate accounts heavily for the rate of to the homicide associated firearm deaths in the non-Hispanic black group, which is 14.8 per 100,000 persons.² According to the United Nations office on drugs and crime, the U.S. percentage of homicides by firearm by the year 2010 was 67.5%.⁴ Historically, black and Latino youths have been the major victims of firearm violence.⁵,⁶ Although blacks constitute only 12% of the population, roughly 38% of children who were killed by firearms in the year 2000 were black.⁷ Latino males between the ages of 15 and 24 were shown to have a homicide victimization rate of 97.3 per 100,000 as compared to 185.1 for African Americans and 10.0 for whites. Native Americans are also much more likely to be victims and perpetrators of lethal violence than are people of European ancestry.⁸

In 2015, 36,563 firearm fatalities were reported across the country, 35.8% of which were not related to law-enforcement, and 60.74% were due to suicide.⁹ Between 2015 and 2016, the number of deaths caused by guns increased by over 2000 people. Not including many suicides, around 15,549 people in the united states were killed by a gun in 2017.⁵ There were also 22-school shootings across the country, and were caused by fifteen-adolescents and ten adults.⁹ As the numbers continue to rise it becomes harder for society to ignore the issue of gun violence. A history of systematic discrimination, stagnant economic conditions, gang wars, and the flood of illegal drugs destroyed poor communities in the late 1970's and early 1980's. Such problems continue today as studies show that much of the racial disparities in homicide can be accounted for by differences in socioeconomic status, residential segregation, and neighborhood environmental hazard.¹⁰ Gun violence is a tragedy that has transcended age groups.
Approximately 11-12 young people are killed by gun violence on an average day in America. Homicide is the leading cause of death for black males and the second leading cause of death for Latino males aged 15 to 34. Adolescents and young adults, however, are not alone in this national tragedy. In 2013, adolescents who are freshmen or sophomores in Chicago were more likely to carry a firearm than those in New York City and Los Angeles. Unintentional use of guns by children has become a deadly yet daily occurrence. The national rate of nonfatal victimization at school in 2014 for ages 12-18 was 841,100, and 545,100 for victimization outside of schools.

In the year 2016, 38,658 individuals died as a result of firearm related violence; high concentration of these shootings were located in the various parts of the country such as Santa Fe, Texas, Maryland and Annapolis. Of the 15070 homicides reported in 2016, 7882 of the victims were African Americans while 6576 of the victims were white; 80% of all homicides occur as a result of gun related injury.

Approximately 30,000 hospitalizations each year are a result of gunshot wounds. Approximately 6,000 African American men die every year due to gun violence. Those victims who survive face significant psychological trauma. This may manifest as stress, fear, paranoia, distrust, insomnia, anorexia and depression. Such psychological symptoms can further be manifested as Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD). Psychological stress often consumes many facets of victims’ lives, adversely affecting job performance, ability to sustain employment, and everyday interaction with family and associates. Moreover, the families of fatally injured victims often suffer many of the same psychological tolls. Individuals who are victims of gun violence, especially during adolescence are more likely to carry guns as an adult.

Financial costs because of gun violence are considerable and continue to rise. 267,265 patients were admitted for firearm-related injuries from 2006 through 2014, and the cost of initial hospitalizations for their injuries averaged $734.6 million per year. According to the Pacific Institute of Research and Evaluation, the estimated cost of gun violence in the US in work lost, medical care, insurance, criminal-justice expenses and pain and suffering amounted to $174 billion in 2010. Many survivors not only have to undergo months of reconstructive surgery and
physical and occupational therapy, but also psychological counseling to deal with subsequent Post-Traumatic Stress Disorders. Such services are not without considerable financial expense. The average annual cost of firearm injury healthcare is $4 billion, with the estimated cost per fatal incident exceeding $14,000. Without intervention, the prevalence of gun-related injury will increase significantly.

**Scope of the Problem**

*Current Legislation*

The lack of state legislation concerning gun laws is disturbing. Thirty-five states have neither licensing nor registration for any type of gun. Only one state, Massachusetts, has both licensing and registration for all guns. Thirty-two states require no background checks when a handgun is purchased from an unlicensed seller. Twenty-eight states have no waiting period for handguns. Forty-three states require no license or registration for assault weapons such as AK-47's. Seven states have no legal minimum age for a child buying rifles or shotguns from an unlicensed seller. Eighteen states have no minimum age for possession of such guns, and 13 states have a minimum age between 12 and 16. Only 4 states have laws requiring guns to be kept locked or unloaded. Even in states with strong gun laws, neighboring states that have weaker laws allow easier gun purchasing which can be brought into the former states and exacerbate gun violence. For example, 94% of the guns used by youth to commit crimes in New York City were traced to other states. Enforcement of gun licensing legislation could represent a national acknowledgment of the necessity for firearm safety, hindering the acquisition of firearms by individuals with a history or criminal activity or mental illness. At the same time, strict registration (record of sale) requirement could demand gun seller/buyer responsibility and facilitate the tracking of these weapons by law enforcement officials.

The recent tragedies at Sandy Hook Elementary in Newton, CT, the movie theater shooting in Aurora, Colorado, the Sikh Temple in Oak Creek, Wisconsin and record homicides in Chicago, Illinois have shed new light on gun violence and the necessity of its prioritization. Innocent lives are being lost daily. We as a country must redouble our efforts to decrease gun violence.
Regardless of one’s perspective on the factors contributing to firearm injuries, they are preventable. Health education campaigns and social interventions are available. Health care professionals should be aware of the importance of their roles as providers and advocates and use their credibility to promote practices and policies based on accurate data that will contribute to firearm violence prevention. The need for firearms safety has received growing attention in the medical profession as trauma surgeons, emergency physicians, and forensic pathologists are witnessing firearm cases with shocking regularity. Studies show that young patients and their parents are willing to hear from their physicians about the health hazards of firearms and would like to follow guidelines about such matters (e.g., limiting children’s access to guns). A growing number of medical institutions and associations are now urging future physicians to be better informed about firearms and to educate their patients about the risk of firearms.12

Gun violence must be recognized, researched and acted upon as a serious public health concern because of its obvious deleterious effects on individuals, their families and communities. The SNMA believes in the elimination of health-related morbidity and mortality and the improvement of the quality of life of those in under-served communities. Every person has the right to the most basic of American rights, including life and liberty. People should live not with the anticipation of destruction and violence, but rather revel in the comfort of their personal liberties. The actions and policies supported by the SNMA are a “common sense” approach to gun violence prevention; they exemplify the desire to develop and/or support effective intervention strategies and legislation. In those situations where gun violence has occurred, the SNMA also supports programs for survivors and families of gun violence. Since these initiatives cannot be enacted without continued public support, education and community outreach are paramount. These actions have the potential to enhance and secure everyone’s personal liberties, thereby strengthening our commitment to our communities and our country. Although in recent years there has been a tapering of deaths from firearm injury overall, the rates have dropped more slowly among young people.9 While a minimum age for gun ownership might partially tackle this tragedy, firearm safety features may also greatly decrease unintentional deaths.

STATEMENT OF POSITION AND RECOMMENDATIONS
The Student National Medical Association (SNMA) was established in 1964 by medical students of Meharry Medical College and Howard University. The SNMA is the nation's oldest and largest organization focused on the needs and concerns of medical students of color. For more than thirty-five years, SNMA has implemented programs and activities aimed at decreasing health related morbidity and mortality and improving the quality of life in under-served communities. Through mentoring, education, and legislative advocacy, SNMA continues to address numerous health-related issues and their associated detrimental outcomes. The SNMA recognizes the impact of psychosocial health, and as such, has established a Violence Prevention Protocol and a position statement on Police Brutality. As under-served and minority communities are often disproportionately subject to the effects of gun violence, the SNMA strongly opposes the improper use of firearms and the associated untoward physical and mental outcomes of their misuse.

As gun violence is a serious and complicated public health issue, we should take our cue from other public health successes when addressing gun violence. Just as motor vehicle safety, tobacco use and unintentional childhood poisoning were identified and addressed through legislation and a change in culture, so must we tackle gun violence. For example, just as taxation was able to stem tobacco use, we must tax gun and ammunition to better reflect the overwhelming cost to society. Moreover, much like crash safety standards on vehicles are in place to protect, we must place restrictions on magazine clip sizes and rapid-fire assault rifles. We, the members of the SNMA, recognize the threat that gun violence poses for the minority community. It comprises the physical and mental health of victims, their families, and even its perpetrators. This dilemma has become more than an issue of social dogma; it is a matter of public health.

The Student National Medical Association (SNMA) supports:
1. Identification of risk factors for gun violence, and the development of appropriate and effective interventional strategies. This shall include increased federal support of firearm-related violence research and the removal of all federal restrictions.
2. Revamping of the approach to gun violence to incorporate a public health approach (e.g. gun safety research, surveillance, data collection).
3. Increasing public awareness of the danger of guns through community outreach and education.

4. Addressing the culture of violence in the United States through the reduction of exposure to violence in media (television, movies, music and video games) and support of violence-free programming for children and adolescents.

5. Creation and implementation of programs addressing violence prevention.

6. Increasing screening for mental illness and access to mental health care services, including greater coverage under Medicaid and the Affordable Care Act.

7. Increasing the number of support programs for survivors of gun violence and the families of victims.

8. Advocacy for and support of gun control legislation that will:
   a. Regulate access to include the adoption of a ban on assault weapons and high capacity magazines.
   b. Ensure proper use of firearms through mandatory background checks, including sales at gun shows.
   c. Establish appropriate minimum age requirements, mandatory licensing and training, and child access prevention.

9. SNMA supports increase research efforts on the impacts of gun violence in minority communities.

10. Increasing efforts from state officials to implement gun retrieval programs.

11. Encouraging states to conduct education for gun owners on proper storage, and safe method to utilize when carrying a gun, and to prevent children from accessing guns.

12. Encouraging enforcement of laws to enable research on gun sales, transfers and its impact at the local community, city, state and national level.
REFERENCES

1. NCIPC. 2013. WISQARS injury mortality reports.


Appendix

Number of Deaths Due to Injury by Firearms per 100,000 Population: Firearms Death Rate per 100,000, 2016

Source: Kaiser Family Foundation’s State Health Facts.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released 2017.
Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on February 26, 2018.