

AAST statement on firearm injury

The American Association for the Surgery of Trauma (AAST) Board of Managers

On behalf of the American Association for the Surgery of Trauma (AAST), its Board of Managers wishes to express our deepest sympathy to the countless families and communities affected by the senseless violence and injury involving the use of firearms. As trauma surgeons, we see and abhor this pain and suffering on a daily basis. Trauma remains the leading cause of death for Americans up to age 45 years. Firearms account for over 38 000 deaths and at least 85 000 non-fatal injuries annually in the USA. The root of the problem is a complex interaction of firearm access, behavioral health, and a culture tolerant of aggression, and represents an unacceptable public health problem. It is a crisis that must be addressed systematically with research, innovation, technology, and most importantly, cooperation—much like the approaches that reduced motor vehicle crash deaths by 27% during the last 20 years. In an attempt to stem the tide of deaths from firearm violence and support safe firearm ownership, we challenge all branches of government and professional organizations to address the following:

- ▶ Substantially strengthen the National Instant Criminal Background Check System and require a background check on all firearm sales.
- ▶ Standardize a waiting period for firearm sales.

- ▶ Promote responsible firearm ownership, including training of new firearm owners, use of safe storage devices, and application of practical technology safety strategies.
- ▶ Strictly regulate the sale of high-capacity magazine-fed semiautomatic rifles (including but not limited to the AR15, M-1A, AK-47, and MAC10).
- ▶ Strictly regulate the sale of bump stocks and trigger actuators.
- ▶ Strictly regulate high-volume ammunition sales.
- ▶ Require reporting of all firearm sales—both public and private—to the appropriate agency.
- ▶ Require firearm owners to report lost or stolen weapons to law enforcement.
- ▶ Remove firearms from accused perpetrators of intimate partner violence and those threatening violence to others until the case is adjudicated.
- ▶ Encourage and train physicians to counsel their patients about firearm safety and the health risks associated with firearm ownership.
- ▶ Improve access to quality medical care for all patients, including behavioral health services to reduce suicide and gun-related violence.
- ▶ Mandate new federal funding from the National Institutes of Health and the Centers for Disease Control and Prevention for research on firearm injuries and injury prevention strategies commensurate with the burden of the disease.

Correspondence to Dr Martin A Croce, Department of Surgery, University of Tennessee Health Science Center, Memphis, TN 38163, USA; mcroce@uthsc.edu

- ▶ Create a National Trauma Care System.
- ▶ Support bleeding control training for the public and public access to bleeding control kits.

The AAST recognizes that firearm ownership is a constitutionally protected right; however, we think it is imperative that we work together to make our population safe from injury due to firearm violence. These actions, while not definitive, are a start toward a safer, stronger, and more united America.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Commissioned; internally peer reviewed.



OPEN ACCESS

Open access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

© Author(s) (or their employer(s)) 2018. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.



To cite *Trauma Surg Acute Care Open* 2018;3:e000204. doi:10.1136/tsaco-2018-000204

Received 2 July 2018

Accepted 3 July 2018

Trauma Surg Acute Care Open 2018;3:e000204. doi:10.1136/tsaco-2018-000204