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**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, and Members of the Subcommittee, on behalf of the more than 80,000 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 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. As surgeons caring for patients who have suffered traumatic injury as a result of firearm violence, we are honored to share our perspective on preventing firearm violence at this hearing on *Addressing the Public Health Emergency of Gun Violence*.

I am a trauma surgeon and serve as the Medical Director of the Committee on Trauma (COT) within ACS. For 96 years, the COT has worked to comprehensively improve the care of injured patients in areas such as EMS, trauma centers, and disaster response systems, resulting in dramatic improvements in care and outcomes. While we work on all issues related to the treatment and prevention of traumatic injury, for the past five years, we have focused much of our efforts on implementing a public health approach to reduce firearm violence in order to improve the health of our patients and the resilience of our Country.

A public health crisis, firearm violence accounted for 38,658 U.S. deaths in 2016 and continues to be a leading cause of death for individuals 10–24 years old.¹ The age-adjusted death rate due to firearm injury by all intents, after remaining stable for several years, increased by 7.8 percent in 2015.² The U.S. Centers for Disease Control and Prevention (CDC) data shows that deaths from firearm injury accounted for almost 17 percent of all injury-

¹ Center for Disease Control and Prevention: National Center for Health Statistics. Available at: <https://www.cdc.gov/nchs/fastats/injury.htm>

² Murphy SL, Xu J, Kochanek KD, Curtin SC, Arias E. Deaths: Final data for 2015. Natl Vital Stat Rep. 2017;66(6):1-75.

related deaths in 2014.³ 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.⁴

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.⁵ 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.⁵ 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.⁵

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.

³ 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.

⁴ 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

⁵ Centers for Disease Control and Prevention. National Violent Death Reporting System. Available at: 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.⁶

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 College of Surgeons Committee on Trauma Firearm Strategy Team (FAST) Workgroup released a set of 13 recommendations aimed at achieving an effective and durable strategy for reducing firearm injury, death, and disability in the United States.

The FAST Workgroup represents a diverse group of surgeons, 18 of whom are passionate and expert firearm owners with a broad range of experience with firearm ownership and use. The membership makeup included hunters, sport shooters, self-defense proponents, a law enforcement professional, surgeons with previous military experience and ACS leadership from a geographically representative sample from 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 as an advisory perspective, developed by strict consensus among the FAST Workgroup. All 22 surgeons in the FAST Workgroup needed to agree on a

⁶ Stewart, R.M., Kuhls, D.A., Rotondo, M.F., and Bulger, E.M. Freedom with responsibility: a consensus strategy for preventing injury, death, and disability from firearm violence. *J Am Coll Surg.* 2018; 227: 281–283

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.⁷ 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 culture of violence, examining social isolation and mental health, and research.

⁷ Talley, Cynthia L. et al. Recommendations from the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup: Chicago Consensus I. *J Am Coll Surg*. Volume 228, Issue 2, 198 – 206.

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.⁸

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 truth as best we can determine it. This approach absolutely requires research. The ACS knows research saves lives, and strongly believes (based on both data and previous experience) the number of firearm related deaths can be reduced through federally-funded firearms research. As with other injury prevention related efforts, public health research is essential in reducing the number of firearm-related injuries and deaths. ACS knows that CDC research provides necessary data to inform efforts to reduce firearm-related injuries and deaths.

The ACS supports an appropriations request of \$50 million specifically for firearm morbidity and mortality prevention research through the CDC as part of the fiscal year (FY) 2020 appropriations package. If provided on an annual basis, this funding could support the creation of 10 to 20 large multi-year studies. Robust research on automobile related injury and automotive safety, followed by subsequent legislation helped save hundreds of

⁸ Weinberger SE, Hoyt DB, Lawrence HC, Levin S, Henley DE, Alden ER, et al. Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association. *Ann Intern Med.* ;162:513–516. doi: 10.7326/M15-0337

thousands of lives through public health interventions including seat belts and other safety features. ACS believes a similar approach could reduce firearm-related injuries and deaths in our communities.

The ACS believes the request of \$50 million is critical, but the ACS understands this amount of research funding does not come close to the goal of matching research support to the burden of injury or the importance of the problem.

We encourage Congress to lift restrictions on research, and specifically direct the research agencies of the U.S. government to address the problem in a non-partisan fashion by developing a long-term plan to fund research at a level commensurate with the burden of the health problem. To do so will require new dollars for research funding, but the ACS believes these dollars will generate a return on investment in improved health, increased productivity, innovative products and decreased cost which will far exceed the investment.

We also believe the magnitude and importance of the problem demands bi-partisan support and our work over the past five years leads us to believe that this is possible. Surgeons who have diverse and occasionally conflicting views regarding the role of firearms in society, can and have come together as colleagues to develop common-ground, consensus-based solutions and programs. By working together, these surgeons have come up with improved, innovative, and durable solutions, programs and recommendations. To translate this approach into improved health requires a better understanding of the root causes of violence and innovative and science-based solutions to make firearm ownership safer.

The guiding principle of the FAST Workgroup on this specific issue is that 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. The ACS recommends that research for firearm injury and firearm injury prevention be federally funded at a level commensurate with the burden of the disease.

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, and the research agenda should broadly address 1.) firearm safety including safe storage and safe use, 2.) violence intervention and control research, 3.) serious mental illness and firearm violence, and 4.) improving treatment of patients injured from firearms

The recommendation from the FAST Workgroup on the research agenda includes:

- 1.) Root causes of violence. These research endeavors should be focused on identifying intervention programs and strategies to prevent actions of violence involving a firearm, as well as all other mechanisms. This research should address social determinants of health and structural violence which lead to increased rates of firearm injury, homicide and suicide. There are hospital and community-based violence intervention programs which are making a difference, but these efforts require data, science and funding so that these programs can reach their full potential.
- 2.) Effect of media content (i.e. social media, television, movies, and video games) on interpersonal violence. This research should investigate the effects of exposure to high level of violence in modern media. The research should be sufficiently rigorous to determine whether this exposure is causally related to actual violence and should be powered to examine the effect of this exposure in high-risk subsets.
- 3.) Effective forms of safe storage and safe guns. Technologic changes (such as biometric locks) to firearms could prevent their unintended use by those other than the legal owner. Effective, safe storage mechanisms in the home or vehicle could prevent unintended injury and death.

- 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 (affirm). These organizations along with the ACS are committed to making a real difference in advancing the state of science, reducing needless firearm injury and improving the care of the victims of firearm violence.

On February 10th and 11th of this year, the ACS hosted 43 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 were focused on understanding and addressing the root causes of firearm violence while making firearm ownership as safe as possible. The group identified opportunities to collaborate in the areas of research, education, and targeted injury prevention initiatives. As a next step, these organizations are compiling a group of consensus-based recommendations and

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 we also know, if we use the power of medical science, technology, innovation and partnership, these complex problems are completely manageable and even curable. While our country appears currently paralyzed by the political polarization of these issues, we hope that our recent work of reaching consensus with a broad range of surgeon stakeholders provide a hopeful guide that solutions can be reached if all parties come to the table and focus their efforts on working together to reduce unnecessary injury, death and suffering. If we respect and listen to each other, we can find a clear path forward that will preserve or even enhance freedom, while making our Country safer, stronger, healthier and more resilient.