

Facts

- Every day, 100 Americans are killed with guns. 44% of American adults report knowing someone who has been shot.¹
- Gun violence costs the American economy at least \$229 billion per year, \$8.6 billion of which is attributed to direct costs such as medical care.²
- Compared to other leading causes of death, firearms injury research received less than 2% of the federal funding it should have when considering its mortality rate.³

Background

In the early 1990's, the National Center for Injury Prevention and Control was established at the Centers for Disease Control (CDC) to lead gun violence prevention research. One of their studies showed evidence that individuals that lived in households with guns were 2.7 times more likely to be victims to homicide.⁴ Threatened by the potential implications of these findings, the National Rifle Association (NRA) and gun lobby industry launched a campaign to discredit the study and dissolve the research initiative. In 1996, the Dickey amendment was passed and blocked government spending on firearms safety and injury prevention research that advocated for and promoted gun control.⁵ Multiple other federal funding resources were also restricted from supporting firearms injury research.³ Since then, research related to firearms safety and injury prevention has received 1.6% of the federal funding predicted based on its mortality rate when comparing it to other major causes of death.³

With gun deaths and injuries reaching a record high in 2017, it is imperative that additional funding be allocated to investigate causes of gun violence to guide future public health interventions.⁶ It has been clarified by the Secretary of Health and Human Services, Alex Azar that the CDC "has the authority to conduct research on gun violence."⁷ Due to the public's growing concern for the unprecedented rates of gun violence, Congress had reached a compromise in passing an omnibus spending bill in 2018 that included a report firmly detailing the Dickey Amendment does not prohibit federal funding for research on the causes of gun violence, however, the need for increased and adequate federal funding remain.⁸ In the absence of a large federal investment in gun violence research, smaller private institutions have attempted to support such studies without much success.⁹

Rationale

75% of voters believe that Congress needs to do more to reduce gun violence in America.¹⁰ However, federal funding of such research is a necessary component of developing any evidence-based health policy.¹¹ Research is critical to shaping how physicians and other health professionals can address public health issues.

As such, AMSA strongly encourages all members of Congress to support the allocation of \$50 million federal research funding towards firearm safety and injury prevention.

Efforts to develop an evidence-based approach include:

- 1) Restoring funding and training for epidemiological research of gun-related injuries and deaths.
- 2) Supporting the gathering of data that tracks gun-related injuries and deaths, public safety interventions, and the impact of measures to reduce the incidence of gun violence over time.
- 3) A **\$50 million annual investment** to allow increased research studies and increased infrastructure for firearm safety research at the CDC.¹¹
 - a) A \$50 million annual investment will support 10-20 high-quality research studies per year and will revive the Injury Center's firearm research.¹²

As future physicians, in addition to caring for and treating victims of firearm injury, it is our responsibility to prevent further gun deaths and injuries. AMSA wholeheartedly supports all efforts to increase federal funding allocated towards understanding the causes of gun violence and implementing evidence-based policies to end gun violence in America.

AMSA Policy Recommendations

AMSA strongly urges our U.S. Senators to join with U.S. House Representatives to appropriate \$50 million to the CDC & the NIH for gun violence prevention research that will equip the medical community with evidence-based solutions and tools necessary to address this public health crisis.

Sources:

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