



**Student National Medical Association  
Statement on Gun Violence**

Health Policy and Legislative Affairs Committee

# Statement on Gun Violence

## Third Revision

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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 “crack wars” of the 1980’s, the relative prosperity of the 1990’s, to the recent resurgence of violent acts carried out through guns in this country, guns have remained a constant in urban areas and have become increasingly present in suburban America. 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**

In 2007, gun violence accounted for 31,224 deaths in the United States.<sup>1</sup> Of these, 17,352 were suicides, 12,632 were firearm homicides, 613 were unintentional shootings, and 276 were of undetermined cause.<sup>1</sup> Consistently, the United States has the highest firearm related homicides rate of any industrialized country—19.5 times higher in 2003.<sup>2</sup> 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%. This accounted for 9960 lives lost by firearm in that year alone.<sup>3</sup> Historically, black and Latino youths have been the major victims of firearm violence. Although blacks constitute only 12% of the population, roughly 38% of children who were killed by firearms in the year 2000 were black.<sup>4</sup> 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.<sup>5</sup> 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.<sup>2</sup> 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.<sup>6</sup> Homicide is the leading cause of death for black males and the second leading cause of death for Latino males aged 15 to 34.<sup>7</sup> Adolescents and young adults, however, are not alone in this national tragedy. Unintentional use of guns by children has become a deadly yet daily occurrence.

Children are gaining access to handguns that have either no or poor safety features, often resulting in death or disabling injuries. In the year 2000, 3,761 children and teens were killed by gunfire: 2,184 were murdered and 262 died from accidental shootings. This translates to the death of one child every 2 1/2 hours.<sup>4</sup> Moreover, the Centers for Disease Control reports that one child died every three days from accidental incidents between 2000 and 2005.<sup>8</sup> A child is 12 times more likely to die from gunfire in the United States than in the next 25 largest industrialized countries combined. These statistics are unacceptable. The risk of firearm death is highest for adolescents. Firearms killed more than 64 times as many young people aged 0-19 as all the vaccine-preventable diseases combined. Although in recent years there has been a tapering of deaths from firearm injury overall, the rates have dropped more slowly among young people.<sup>9</sup> While a minimum age for gun ownership might partially tackle this tragedy, firearm safety features may also greatly decrease unintentional deaths.

In addition to increased mortality, there are roughly 84,000 non-fatal injuries to guns every year in this country, leading to substantial morbidity resulting from gun violence.<sup>10</sup> 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.<sup>11</sup>

Financial costs as a result of gun violence are considerable and continue to rise. Economic costs of firearm injuries in 1990 were estimated to be \$1.4 billion for direct expenditures on health care alone, and more than \$20 billion in total.<sup>12</sup> Fast-forward to 2010 and, 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.<sup>13</sup> This is higher than the total for U.S. alcohol related vehicular collisions in 2006 (\$129.7 billion).

### **Scope of the Problem**

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.<sup>9</sup> 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.<sup>12</sup>

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 each individual's

personal liberties, thereby strengthening our commitment to our communities and our country.

### **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 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.<sup>14,15</sup> 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.<sup>7</sup>

Firearm injuries are the second leading cause of injury death in the United States and have killed more than 30,000 people every year since 1972.<sup>16</sup> Firearms increase the lethality of violent incidents and are associated with roughly 70% of all homicides and 60% of all suicides; among youth aged 15 to 19 the proportions are even higher (80% and 68% respectively; 5 and 6). In 2010, homicide was the fourth leading cause of death for youth aged 10 to 24, causing 14.9% of deaths.<sup>20</sup> The 2003-2013 records of the Centers for Disease Control and Prevention estimate that the number of homicides from firearm related violence among Latino ages 10-24 was 10,415.<sup>21</sup> Within Native American populations this number was estimated to be 368.<sup>18</sup> Within African American populations this number was estimated to be 29,581.<sup>18</sup> Unintentional shootings constitute 1-2% of gun fatalities, with a staggering number of these being children. Within five years, firearms are expected to surpass motor vehicle accidents as the leading cause of death among children.<sup>16</sup> In addition, there are roughly 84,000 non-fatal injuries to guns every year in this country. Twenty to 25 percent of nonfatal gunshot injuries result in

permanent, primarily neurological damage, in children.<sup>10</sup> Furthermore, survivors and their families endure lingering effects of firearm violence. 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 Disorder, depression, nightmares, insomnia, and emotional disturbances.<sup>11</sup> 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.<sup>1</sup> Without intervention, the prevalence of gun-related injury will increase significantly.

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.<sup>19</sup>

We, the members of the SNMA, recognize the threat that gun violence poses for the minority community. It compromises 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

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