

Guns have potential to greatly amplify violence, as they can inflict serious — often deadly — injuries on many people in a short time. In the United States, gun violence is a major public health problem and a leading cause of premature death.

Burden of Gun Violence

The burden of gun violence in the United States vastly outpaces that in comparable countries:

- Eighty percent of all firearm deaths in about two dozen populous, high-income countries — Australia, France, Italy, Spain, the United Kingdom and 18 others — occur in the U.S., and 87 percent of all children ages 0-14 killed by firearms in this group of nations are U.S. children killed in the United States.¹
- Each year, 38,000 people in the United States die as a result of gun violence, and almost 85,000 more suffer non-fatal gun injuries.²

Gun violence affects people of all ages and races in the U.S. but has a disproportionate impact on young adults, males and racial/ethnic minorities:

- Among U.S. residents ages 15-24, homicide is the fourth leading cause of death for non-Hispanic whites. For those 15-34, homicide is the second leading cause of death for Hispanics and the leading cause of death for non-Hispanic blacks.³

Guns are a weapon of choice for mass homicides and suicide:

- While most gun violence does not involve a mass shooting, in 2017 there were 346 mass shootings, killing 437 people and injuring another 1,802.⁴
- Guns are the leading method of suicide in the U.S., accounting for half of all suicide deaths. Although most people attempting suicide choose drug overdose, only 2 percent of these drug overdose attempts end in death, compared with 85-91 percent of gun suicide attempts.⁵

Gun violence cost the U.S. \$229 billion in 2015, or an average of \$700 per gun in America:⁷

- The societal costs of firearm assault injury include work loss, medical/mental health care, emergency transportation, police/criminal justice activities, insurance claims processing, employer costs and decreased quality of life.

Gun Violence is Preventable

Gun violence is not inevitable. It can be prevented through a comprehensive public health approach that keeps families and communities safe.

A public health approach to preventing gun violence recognizes that violence is contagious and can become epidemic within a society.^{8,9} Primary prevention involves the use of core public health activities to interrupt the transmission of violence: (1) conducting surveillance to track gun-related deaths and injuries, gain insight into the causes of gun violence and assess the impact of interventions; (2) identifying risk factors associated with gun violence (e.g., poverty and depression) and resilience or protective factors that guard against gun violence (e.g., youth access to trusted adults); (3) developing, implementing and evaluating interventions to reduce risk factors and build resilience; and (4) institutionalizing successful prevention strategies.^{9,10}

Importantly, prevention does not require predicting who will be violent. Just as aviation safety regulations make air travel safer for everyone, common-sense measures to prevent gun violence make communities safer for everyone.

What is Needed?

To enhance America's public health response to gun violence, we need:

- **Better Surveillance.** The National Violent Death Reporting System currently collects data from 40 states, the District of Columbia, and Puerto Rico. Information on firearm fatalities from all 50 states and the District of Columbia would provide a more complete picture of gun violence in the United States.¹¹ The surveillance data collected would prove invaluable for the design of targeted gun violence prevention strategies. But to do that, it must expand from its current 40 states, D.C. and Puerto Rico. In fiscal year 2017, Congress provided almost \$16 million in funding for NVDRS. This increase helped move the surveillance system closer to national implementation.
- **More Research.** Several laws have effectively restricted federally funded research related to gun violence, as well as access to complete crime gun data.^{12,13,14} Yet information is needed to fill critical research gaps. For example, there is almost no credible evidence that right-to-carry laws increase or decrease violent crime, almost no empirical evidence to support dozens of violence prevention programs for children, scant data on the effects of different gun safety technologies on violence and crime, and scant data on the link between firearms policy and suicidal behavior.^{15,16} We must expand the collection of data and research related to gun violence and other violent crime deaths in order to better understand the causes and develop appropriate solutions. Congress should provide unrestricted funding to the Centers for Disease Control and Prevention for research into the causes of gun violence.
- **Common-Sense Gun Policies.** APHA supports requiring criminal background checks for all firearms purchases, including those sold at gun shows and on the Internet. Currently unlicensed private firearms sellers are exempt from conducting criminal background checks on buyers at gun shows or over the Internet, giving felons, the mentally ill and others prohibited from owning firearms access to weapons. We also support reinstating the federal ban on assault weapons and high-capacity ammunition magazines, which expired in 2004.
- **Expanded Access to Mental Health Services.** Funding for mental health services has been declining, and funding for the Substance Abuse and Mental Health Services Administration continues to be threatened by budget cuts including cuts due to sequestration. We must ensure that state, local and community-based behavioral health systems have the resources they need to provide much-needed care.

- **Resources for School and Community-Based Prevention.** APHA supports comprehensive measures in community and school-based prevention, early intervention strategies and preparedness initiatives to prevent gun violence and prepare our communities and schools in the event of an emergency. We support providing on-site mental health services, including through school-based health centers, a common-sense approach to ensure that children and youth are able to access appropriate treatment and services. SBHCs also support all students' mental health by creating school-wide programs that address bullying, violence, anger, depression and other social and emotional issues that impede academic achievement.
- **Gun Safety Technology.** Although specialized gun trigger locks and safes are on the market today,¹⁷ more needs to be done; there is little ongoing investment and research into gun safety technology. APHA supports innovative technology that can prevent unauthorized gun access and misuse, including unintentional shootings.

References

- ¹ Hemenway D, Richardson EG. (2011). Homicide, suicide and unintentional firearm fatality: comparing the United States with other high-income countries, 2003. *J Trauma*, 70(1), 238-43.
- ² CDC. WISQARSTM. Report run 24 February 2018. Atlanta, GA: CDC National Center for Injury Prevention and Control. Available at: http://webappa.cdc.gov/sasweb/ncipc/dataRestriction_inj.html.
- ³ National Center for Injury Prevention and Control, CDC. Web-based Injury Statistics Query and Reporting System (WISQARS) Leading Causes of Death Reports, National and Regional, 1999-2010. Atlanta, GA: http://webappa.cdc.gov/sasweb/ncipc/leadcaus10_us.html. Data accessed 24 February 2018.
- ⁴ Gun Violence Archive. (2018). Past Summary Ledgers. Gun Violence Archive 2015. Washington, DC: www.gunviolencearchive.org/past-tolls.
- ⁵ Brady Center to Prevent Gun Violence. (2015). The Truth About Suicide & Guns. Washington, DC: The Brady Center to Prevent Gun Violence Available at: <http://www.bradycampaign.org/sites/default/files/Truth-About-Suicide-Guns.pdf>. Accessed 7 March 2016.
- ⁶ Follman M, Lurie J, Lee J, West J. The true cost of gun violence in America. Mother Jones. Available at: <http://www.motherjones.com/politics/2015/04/true-cost-of-gun-violence-in-america>. Accessed Feb 29 2016.
- ⁷ Christoffel KK. (2007). Firearm injuries: epidemic then, endemic now. *Am J Public Health*, 97(4), 626-629.
- ⁸ Institute of Medicine and National Research Council. (2012). Contagion of Violence: Workshop Summary. Washington, DC: The National Academies Press.
- ⁹ Ibid.
- ¹⁰ Christoffel KK. (2007). Firearm injuries: epidemic then, endemic now. *Am J Public Health*, 97(4), 626-629.
- ¹¹ CDC. National Violent Death Reporting System. Atlanta, GA: <http://www.cdc.gov/ViolencePrevention/NVDRS/index.html>.
- ¹² Omnibus Consolidated Appropriations Act, 1997, Pub. L. No. 104-208, 110 Stat. 3009, 3009-244 (1996).
- ¹³ Consolidated Appropriations Act, 2012, Pub. L. No. 111-74, § 218, 125 Stat. 786, 1085 (2011).
- ¹⁴ Mayors Against Illegal Guns. (2013). Access Denied.
- ¹⁵ Committee on Law and Justice, National Research Council. (2004). Wellford CF, Pepper JV, Petrie CV, Eds. *Firearms and Violence: A Critical Review*. Washington, DC: The National Academies Press.
- ¹⁶ Hahn RA, Bilukha O, Crosby A, et al. (2005). Firearms laws and the reduction of violence: a systematic review. *Am J Prev Med*, 28(2S1), 40-71.
- ¹⁷ Aaron Smith. (2016). Smart guns, fingertip vaults and steel safes: Tech to make guns safe. CNN online. Available at: <http://money.cnn.com/2016/01/07/technology/obama-gun-control-gun-tech/>. Accessed 24 February 2016.



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