

A public health approach to gun violence

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Violence of all kinds is a public health issue. When you have large numbers of people dying from preventable causes, that's a health care issue. That's a public health issue. – U.S. Surgeon General Vivek Murthy

Our national conversation about the epidemic of gun violence and what to do about it is typically animated by horrific mass shootings and the predictable arch of handwringing by politicians and pundits. Lost in the headline-grabbing tragedies of each massacre is the comparatively mundane, yet staggering daily carnage of gun violence in our country.

According to the Brady Center on Gun Violence, an average of 306 Americans are shot every day – 90 people will die from gun violence and another 216 people will survive intentional and unintentional gun injuries. All told, nearly 33,000 Americans, including an estimated 2,600 kids and teens, will die as a result of firearm violence this year.

Victims of gun violence also include the estimated 79,000 people who will suffer non-fatal gun injuries this year. The annual societal costs of firearm injuries and trauma – medical and mental health care, emergency transport, work loss and employer costs, police and criminal justice activities – is an estimated \$230 *billion*.

In contrast to the fatalism of many partisans in firearms policy debates, a public health approach begins with the premise that gun violence is preventable. Or, in the words of former Surgeon General David Satcher, “violence is a problem to be solved – not a fact of life.”

A public health approach demands better surveillance on gun-related deaths and injuries, as well as better research on the relationship between changes in firearms policies and gun-related violence. Providing adequate and unrestricted funding for the Centers for Disease Control and Prevention and other scientific agencies to research the causes of gun violence and develop prevention strategies is one step Congress could take immediately to improve prevention efforts.

A public health approach to preventing gun violence also requires the careful implementation and evaluation of common-sense, upstream measures and policy to prevent the occurrence of bad things happening downstream. For instance, the public health community currently supports evidence-based measures – such as Question 1 on the upcoming November ballot in Nevada – requiring criminal background checks for all firearms purchases. In Nevada and other

states, unlicensed private firearms sellers are exempt from conducting background checks on buyers at gun shows or over the Internet, giving felons, domestic abusers, the mentally ill, and others prohibited from owning firearms easier access to weapons.

Lastly, a prevention-oriented strategy to gun violence would expand access to mental health services – over 20,000 Americans will die this year from gun-related suicides and account for half of all suicide deaths – and dedicate more resources to community-based prevention and gun safety technology.

Dr. Georges Benjamin, executive director of the American Public Health Association, concludes that reversing the gun violence epidemic is no longer a debate about gun control or the constitutionality of firearms: “This is a debate about how to reduce the death and disability that occurs with guns. This is about how we keep people alive and safe with the technology that exists in our world.”

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