

Opinion: America's gun epidemic and what public health can (and should) do to end it

June 15 2016, by James Michiel

James Michiel is an American public health technologist and writer. He holds an MPH in Epidemiology from the Boston University School of Public Health, is currently a Senior mHealth Analyst at Emory University's Rollins School of Public Health and also serves as a Senior Technical Consultant for NCDFREE. In this brief essay, he responds to the Orlando tragedy with an examination of the impact of America's epidemic of gun violence and how we might use Public Health and Policy to change it.

On November 14, 2013, the eminently qualified Harvard physician, Dr. Vivek Murthy, was nominated by President Barack Obama to become the 19th United States Surgeon General. His nomination was immediately met with fierce opposition from Republican lawmakers who, with backing from the National Rifle Association (NRA), raised objections over comments regarding gun violence in America. Among the offending statements was a Tweet from the previous fall: "Tired of politicians playing politics w/ guns, putting lives at risk b/c they're scared of NRA. Guns are a health care issue. #debatehealth." Murthy's Tweets from that time are unabashedly political—he criticized Mitt Romney and (presciently) Donald Trump while offering support to Obama. They are the thoughts of a concerned and politically engaged physician who didn't realise (or didn't care) how intertwined politics and public health had become.

The political firestorm Dr. Murthy found himself in after his nomination began well before his Tweets from the previous year—the NRA's involvement in politics dates back to the 1930s and their current



platform, focusing on lobbying against any restriction (real or imagined) of Second Amendment rights, dates from the mid- to late-1970s. For public health researchers and medical practitioners, the NRA's involvement in politics took on a sudden relevancy in 1996 when the NRA successfully lobbied Congress to pass a spending bill that included the following language: "none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control." This set off a funding freeze from one of the most prominent grantors of public health research, that nearly two decades later, has continued to cripple research on the effects of gun ownership and violence on mortality and morbidity in the United States.

Failure in the Shadow of Tragedy

We do know from the limited research and data collection that has occurred, that America bears a <u>disproportionately large burden of disease from gun violence when compared to other developed nations.</u>

Tragically, we also know this from experience – while gun violence is unexpected and shocking in nations like Japan, the United Kingdom and Australia – Americans have <u>become accustomed to President Obama addressing the wake of mass shooting</u> after mass shooting. Of the 14 addresses President Obama has made in the immediate wake of mass shootings since he took office in January 2009, his speech following the shooting of 27 innocent victims at the Sandy Hook Elementary School in Newtown, Connecticut, including 20 school children, is particularly chilling:

While Obama did not say the word gun, he did say that "we're going to have to come together and take meaningful action to prevent more tragedies like this, regardless of the politics." As with Dr. Murthy's 2012 Tweets, the President's seemingly innocuous use of the word action was met with swift opposition from from his political opponents, most



notably when NRA CEO Wayne LaPierre notoriously claimed that "the only thing that stops a bad guy with a gun, is a good guy with a gun." With that, the battle lines were drawn and, four months later, in the immediate aftermath of a defeated assault weapon ban and universal background check bill, the President angrily vented the frustration shared by millions of Americans:

It seems clear, given the failure of common-sense gun control in the aftermath of a mass shooting involving 6- and 7-year old children, that emotion alone will not carry the day to enact meaningful action and legislation to address gun violence in America. In hindsight, it seems plausible and even likely that the sadness and rage following tragedies like Newtown have only increased partisanship when it comes to guns in the United States. Given how adeptly the NRA and other pro-gun special interest groups have proven themselves in the face of intense, short-term mobilisation by those that would enact meaningful and common sense gun control in the aftermath of mass shootings, it seems unlikely that this epidemic will be successfully addressed as a result of a single catastrophic tragedy.

A role for public health and research

As public health practitioners and researchers, we work to improve the health of the populations we serve. In the case of gun violence, this must include building a consensus on the causes of and remedies for this epidemic. To achieve this consensus, we must strive for the following:

- We must build acceptance and support for gun violence research by continuing to encourage institutional donors to support research that relates to gun violence.
- Research must not be released into a vacuum, or worse yet an echo chamber. Knowledge dissemination and public advocacy must be an essential component of the research cycle; it must be



- required by funders and embraced by practitioners. We cannot just deliver results to an academic journal or funding institution, findings must be delivered to the citizens whose lives are most affected and endangered by gun violence
- We must ask difficult questions. Regardless of our (perhaps well-founded) convictions about what will solve America's gun violence epidemic, we must be transparent and maintain equipoise by designing research questions that allow for outcomes that we do not expect or agree with. The failed attempts at reform during the Obama administration have shown that further entrenching the left while continuing to alienate the right is ineffective at best and counterproductive at worst.

More than anything, though, we must be political. Like climate change, chronic diseases and poverty, we must embrace the way politics have intersected with science and health. It is no longer enough to stay "above the fray," public health professionals must become willing and active participants in the American political process if we are ever to see progress made against this devastating but preventable epidemic.

N.B. Throughout this essay, I refer to gun violence as an epidemic. I realize that this is perhaps a contentious point, but I agree with Sandro Galea's concise and eloquent commentary on the subject that can be found here.

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Citation: Opinion: America's gun epidemic and what public health can (and should) do to end it (2016, June 15) retrieved 4 May 2024 from https://medicalxpress.com/news/2016-06-opinion-america-gun-epidemic-health.html



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