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The Honorable Joseph P. Biden, Vice President of the United States of America and Gun Violence Commission Members:

The massacre of schoolchildren in Newtown, Connecticut on December 14, 2012, coming on the heels of mass homicides in Aurora (Colorado), Tucson (Arizona), and Oak Creek (Wisconsin), has fostered a new sense of urgency regarding the prevention of gun violence. Based on measures of violent crime such as assault and robbery, the United States is no more violent than many other industrial democracies. What does set the United States apart is the much greater likelihood of gun involvement in the violence that we do have, which leads the U.S. to have a homicide rate that is dramatically higher than that of other Western democracies that have similar rates of other violent crimes.[1] Medical treatment of gunshot wounds costs an estimated $2 billion annually, half of which comes from taxpayer dollars.[2] The total costs of gun violence to American society are on the order of $100 billion per year.[3]

The tragedy of gun violence is compounded by the fact that the usual methods for addressing a public health and safety threat of this magnitude—collection of basic data, scientific inquiry, policy formation, policy analysis and rigorous evaluation—are, because of politically-motivated constraints, extremely difficult in the area of firearm research. A blue-ribbon commission appointed by the National Academy of Sciences concluded that very little is currently known about effective ways to reduce gun violence.[4] One consequence is that our current approach of "muddling through" has led to little long-term progress in addressing this problem: While mortality rates from almost every major cause of death declined dramatically over the past half century, the homicide rate in America today is almost exactly the same as it was in 1950.

As researchers in the areas of crime, medicine, public health, economics and public policy, we are writing to offer our assistance to the Commission and to provide our collective recommendations to help ensure there can be "meaningful action," as was promised in the Commission's creation. We also summarize two key recommendations for immediate actions that command broad and deep consensus within the violence-prevention research community.

RECOMMENDATION ONE: We call for the removal of the current barriers to firearm-related research, policy formation, evaluation and enforcement efforts.

RECOMMENDATION TWO: We call on the federal government to make direct investments in unbiased scientific research and data infrastructure.

Below we elaborate on both of these recommendations.

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[1] Zimring, F. E., & Hawkins, G. (1999). *Crime is Not the Problem: Lethal Violence in America*. New York: Oxford University Press.
[2] Cook, P. J. (2012) "Updated estimates for the medical costs of gunshot injuries in the US, building off Cook and Ludwig 1999, JAMA." Unpublished working paper, Sanford School of Public Policy, Duke University.
[3] Cook, P. J., & Ludwig, J. (2002). *Gun Violence: The Real Costs*. New York: Oxford University Press.
[4] Wellford, C. F., Pepper, J. V., & Petrie, C. V. (2004). *Firearms and Violence A Critical Review*. Washington: National Academies Press.

<u>RECOMMENDATION ONE</u>: Remove the current barriers to firearm-related research, policy formation, evaluation, and enforcement efforts.

- **Lift existing restrictions on the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) regarding the study of firearm-related injuries**. Gun policy research and evaluation should be carried out through the normal processes of scientific peer-review employed in other important areas of clinical medicine and public health. Removal of constraints on research would send an important message to both federal officials and the research community regarding their independence from political and ideological interference in the research process. It is especially important to reinforce this message given the particular history of gun policy, which includes efforts to eliminate or de-fund CDC's firearm injury research.[5] The CDC is the nation's premier public health agency, but its website lacks specific links to information about preventing firearm-related violence, despite the fact that firearm violence is a leading cause of death in the United States and *the* leading cause of death for African Americans age 15-24.

  Subsection c of section 503 and 218 of FY2013 Appropriations Act governing NIH and CDC funding still contains the language: "None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."[6,7] Federal scientific funds should not be used to advance ideological agendas on any topic. Yet that legislative language has the effect of discouraging the funding of well-crafted scientific studies.

- **The Federal Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) should be provided the resources and authority to more effectively address firearm-related crime. Of particular importance to the research community is lifting the restrictions on release of ATF firearm trace data.** The Tiahrt Amendments, originally passed in 2003 as part of the ATF's federal appropriations and passed in some version every year since, hinder law enforcement efforts to aggressively pursue criminals who buy and sell illegal guns and greatly limit the development of effective policy. Historically, ATF trace data analysis carried out by trained researchers and analysts has been an important tool to help develop policy and enforcement approaches to help curb illegal trafficking. ATF's annual "Youth Crime Gun Interdiction Initiative Trace Reports" (1997-2002) and the 2000 report "Following the Gun: Enforcing Federal Laws Against Firearms Traffickers," for example, provided valuable analysis of thousands of gun trafficking investigations which helped law enforcement and policy makers understand the channels through which guns are trafficked, which guns are typically trafficked, and the common characteristics of persons involved in trafficking.

  The ATF has also been hampered in multiple other ways from accomplishing its mission related to firearms. It has lacked a permanent director for more than six years—since the National Rifle Association successfully lobbied Congress to require the position of director go through Senate confirmation. ATF's budget has been unduly limited, stagnating while other federal law enforcement agencies, such as the Federal Bureau of Investigation (FBI), have seen dramatic expansions in their budget. Today ATF has fewer agents than it did nearly four decades ago. ATF also lacks sufficient regulatory authority needed to address gun crime. For example ATF lacks the authority to require regular inventory checks to detect loss and theft

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[5] http://jama.jamanetwork.com/article.aspx?articleid=1487470
[6] http://www.cdc.gov/obesity/downloads/Anti-Lobbying-Restrictions-for-CDC-Grantees-July2012-508.pdf
[7] http://grants.nih.gov/grants/guide/notice-files/not-od-12-034.html

of guns from licensed gun dealers,[8] and has not been allowed to computerize records of gun sales despite the growth of the gun industry and the nation's population.

RECOMMENDATION TWO: Make direct investments in unbiased scientific research and data infrastructure.

- **Congress should increase funding to relevant federal agencies for the specific purpose of studying, developing and evaluating policy and practice aimed at reducing firearm violence.** As shown in Figure 1 below, existing federal funding is far below the levels warranted by the enormous impact of gun violence in the United States. In the absence of such funding, basic and applied research in this area has been paltry and to the extent it has been carried out it has been only through the support of a small group of private philanthropic funders which is hardly a reliable, sustainable or responsible means for our nation to tackle one of the most pressing public health problems we currently face. NIH has a tremendous opportunity and an imperative to provide sustained support for high-quality, credible research in this area.

Figure 1: Major NIH research awards and cumulative morbidity for select conditions in the US, 1973–2012[9,10,11]

Condition	Total cases	NIH research awards
Cholera	400	212
Diphtheria	1337	56
Polio	266	129
Rabies	65	89
Total of four diseases	*2068*	*486*
Firearm injuries	>4,000,000	3

- **The National Violent Death Reporting System should be implemented in all 50 states.** The CDC's National Violent Death Reporting System (NVDRS) is not yet fully implemented, despite the National Academy of Sciences strong endorsement of this program and call for full scale implementation in its 2004 report on firearm violence. This state-based unified surveillance system collects facts from different sources (death certificates, police reports, coroner/medical examiner reports, and crime laboratories) about the same violent incident for use by state and local violence prevention practitioners. NVDRS currently only operates in 18 states. A fully-implemented NVDRS would greatly improve the data infrastructure for violence prevention research.

The Gun Violence Commission can help open doors for research organizations and government agencies to collect and disseminate timely, accurate, and complete information about firearm violence in the United States. This will enable researchers in criminology, public policy, public health, and allied fields to judiciously assess what works and what does not work in preventing mass shootings, but also in preventing the much more

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[8] A 2007 investigation found that 30,000 guns were missing from dealer inventories after an inspection of only 9.3% of firearms dealers (http://www.mayorsagainstillegalguns.org/html/federal/tiahrt.shtml)

[9] Branas, C., Wiebe, D., Schwab, C. & Richmond, T. (2005) Getting past the "f" word in federally funded public health research, *Injury Prevention* 11(3): 191.

[10] http://projectreporter.nih.gov/reporter.cfm

[11] Calculated updated numbers for 2002 -2012 for cholera and rabies using average case occurrences per year

common forms of homicide, suicide, and other gun violence that account for the preponderance of gun deaths and injuries. The current data-access and funding obstacles highlighted in this letter hamper law enforcement efforts to keep guns out of the hands of criminals, youth and other prohibited possessors. They also impede homeland security efforts to keep military-style weapons out of the hands of potential terrorists and participants in transnational organized crime. These obstacles also interfere with the efforts of medical and public health professionals to provide sound advice about gun access and storage to patients and the general public.

The recommendations offered in this letter are crucial for data-driven policy, practice, and evaluation, which have become the norm in most other areas of public policy, and they command broad consensus among leading scholars within the public health, medical, criminology, economics, and public policy fields. Acting on these recommendations is crucial for building the evidence necessary to reduce gun crime and violence in the United States.

Signed, [†]

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