Society of Behavioral Medicine (SBM) position statement: restore CDC funding for firearms and gun violence prevention research

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Abstract

The Society for Behavioral Medicine (SBM) urges restoration of Centers for Disease Control and Prevention (CDC) funding for firearms and gun violence prevention research. Gun violence in the United States is an important and costly public health issue in need of research attention. Unfortunately, there have been no concerted CDC-funded research efforts in this area since 1996, due to the passage of the Dickey Amendment. To remedy the information-gathering restrictions caused by the Dickey Amendment bans, it is recommended that Congress remove 'policy riders' on federal appropriations bills that limit firearms research at the CDC; expand NVDRS firearms-related data collection efforts to include all fifty states; fund CDC research on the risk and protective factors of gun use and gun violence prevention; fund research on evidence-based primary, secondary, and tertiary prevention and treatment initiatives for communities that are seriously impacted by the effects of gun violence; and support the development of evidence-based policy and prevention recommendations for gun use and ownership.

Keywords

Gun violence, Firearms research, CDC funding, Policy, Prevention

INTRODUCTION

The Society for Behavioral Medicine (SBM) urges restoration of the Centers for Disease Control and Prevention (CDC) funding for firearms and gun violence prevention research. Gun violence in the United States is an important and costly public health issue in need of research attention [1, 2, 3], yet there has been no concerted CDC-funded firearms research since the passage of the 1996 Dickey Amendment [4–9]. The funding ban has resulted in a dramatic reduction of studies on the correlates and predictors of gun violence, including research on what leads to accidental gun deaths, homicides, and suicides, and the policies and practices that can prevent them [10, 6, 11]. SBM urges the restoration of CDC funding for firearms investigations to better understand the factors associated with gun deaths and injuries and to inform the development of evidence-based recommendations for firearms policies and use.

Implications

Practice: The outcomes of unfettered and objective peer-reviewed research can be used to determine best practices for the development of effective, evidence-based clinical and community-based prevention and intervention efforts which aim to prevent gun-related injuries and deaths and inform recommendations for safer gun use and storage.

Policy: The outcomes of peer-reviewed firearms studies can be used to inform the development and implementation of effective policies regarding the nature of gun sales, the screening of potential buyers, the registration and tracking of firearms purchases, and laws regulating gun ownership.

Research: Firearms research needs to be vigorously funded to better elucidate the factors associated with gun deaths and injuries and to inform the development of evidence-based recommendations for firearms policies and use.

Background

Firearms injuries are a leading cause of non-medical deaths in America, surpassing motor vehicle fatalities in twenty-one states and the District of Columbia [12]. Note the breadth and scope of this problem:

- **Data from 5 years of CDC statistics estimate that 91 Americans are killed every day** by gun violence [13], with over 33,000 deaths per year [14]. The CDC's 5-year average of gun-related injury data (2010–2014) found that, annually, 78,815 individuals are injured by guns in the U.S. [14]. Guns also account for nearly 70% of U.S. homicides [15]. More Americans lose their lives to gun violence compared to citizens from similarly developed countries [10, 16, 17]. The U.S. makes up about 5% of the world's population yet, in the last decade, has suffered nearly a third of the world's mass shootings [18]. The pervasiveness

of this problem is startlingly illustrated in a 2016 study, which found that the likelihood of an American knowing a gun violence victim within their personal network over the course of their lifetime is between 98 and 99.9% [19].

- **Gun violence statistics reflect marked health disparities in the United States.** The likelihood of witnessing a gun-related threat or injury was found to be significantly higher for Black or Latino children [20]. In 2013, African Americans suffered over 57% of all firearms deaths, even though they comprised only 13% of the U.S. population [1].
- **Gun ownership increases the risk of completed suicides and domestic violence deaths and injuries.** Gun injuries account for more completed suicides compared to all other means combined [21]. The presence of guns in the home also increases the severity and deadliness of domestic violence [2, 22–25].
- **Gun violence is a leading cause of injury and death in American children and youth.** The Gun Violence Archive, a clearinghouse of gun violence statistics, reports that, in 2016 alone, 446 children (aged 0–12) and 2,072 teenagers were injured or killed in gun violence incidents [26]. Gun violence is the leading cause of death among African American males 15–34 years of age [1]. In 2014, firearms caused 88% of teen homicides and 41% of teen suicides [27, 28].
- **Finally, gun violence exacts a financial toll on individual and community resources** [1, 3, 29]. Nationally-reported direct and indirect costs of gun violence are estimated to range from approximately \$100 billion to \$229 billion dollars per year [1, 3].

Firearms deaths and injuries comprise a serious public health problem. Yet, the CDC has not comprehensively funded firearms research since the passage of the 1996 Dickey Amendment [4–9, 13]. Though many efforts have been undertaken to restore CDC funding for gun use/gun violence research [4, 8], concerns persist in some circles regarding alleged threats to Second Amendment protections and perceived gun control research bias [10, 4–5, 30–33]. Hence, attempts to reinstate CDC funding have failed, despite repeated efforts by various legislators, the spate of American mass shootings (e.g., Columbine, Aurora, Blacksburg [home of Virginia Tech], Sandy Hook, and Orlando), and even a reversal of position by former Representative Jay Dickey (R-Ark), who originally sponsored the Dickey Amendment [5, 6, 8, 17, 31, 32, 34].

The U.S. Courts, including the U.S. Supreme Court, have asserted that the Second Amendment is consistent with and does not bar a broad array of sensible laws to reduce gun violence [35, 36]. Nevertheless, we currently have insufficient evidence or research to inform lawful efforts in this direction.

ASSESSMENT OF CURRENT POLICIES

Lack of funding has resulted in a 20-year gap in sustained information-gathering regarding the

correlates and predictors of gun violence, including what leads to accidental gun deaths, homicides, and suicides. Funding gaps not only impact the financing of straightforward examinations of gun use but also impede studies that utilize gun-related information or examine gun-related factors as part of their investigations.

- The CDC's National Violent Death Reporting System (NVDRS), a clearinghouse on violence-related data, is seriously underfunded, and collects data from only 32 of 50 states [8, 10].
- The CDC's Injury Center Core State Violence and Injury Prevention Program (Core SVIPP), funds state-level initiatives to reduce injury and violence, yet will not fund investigations on gun-related suicides or gun-related intimate partner homicides [37].

Consequently, research efforts on gun violence have fallen dramatically [6, 10, 11]. In the absence of sustained funding, not enough researchers conduct firearms studies. A report from the Mayors Against Illegal Guns [10] observed that academic publications on firearms “fell by 60 percent” between 1996, when the Dickey Amendment was enacted, and 2010 (p.6). The funding ban has discouraged new researchers and programs from launching investigations in this area [10, 11, 38]. Garen Wintemute, MD, a nationally-recognized expert on gun violence research, asserted that “counting all academic disciplines together, no more than a dozen active, experienced investigators have focused their careers primarily on firearms research” [33, 38, 39]. Moreover, the private sector does not make up for the firearms research funding gap. Wintemute noted that fewer than five private foundations currently fund firearms research [40]. Hence, not enough is known about what contributes to gun violence injuries and deaths and what policies and practices can prevent them.

RESEARCH GAPS AND RECOMMENDATIONS

Without the reinstatement of funding for firearms research, these gaps in knowledge are expected to continue and grow increasingly more critical. As such, there is a strong need to better understand the risk factors that contribute to incidents of accidental death, homicide, and suicide. An urgent need also exists for more and better data to guide best practices and policies for safe gun ownership and use. Studies examining the impact of existing laws that aim to curb gun trafficking, ban military-style assault weapons, and restrict firearms in public places are needed. Research examining current strategies and policies, as they relate to gun-related morbidity and mortality [33], especially with respect to child and community health and safety and health disparities among children and communities [30, 41], is particularly needed.

SUMMARY AND POLICY RECOMMENDATIONS

Public health research has a proud and storied history of contributing to reductions in deaths and injuries from, among other causes, motor vehicle accidents, drownings, fires, and tobacco use [6, 10, 13, 31, 33, 42]. As Kellerman and Rivara [6] noted, “This progress was achieved without banning automobiles, swimming pools, or matches. Instead, it came from translating research findings into effective interventions” (2013, p.549). Similar public health impacts are possible for gun-related deaths and injuries if researchers are properly funded to conduct meaningful studies on the correlates and predictors of safer gun practices and policies.

To remedy the information-gathering restrictions caused by the bans imposed by the Dickey Amendment, it is recommended that Congress:

- Remove “policy riders” on federal appropriations bills that limit firearms research at the CDC [10].
- Expand NVDRS firearms-related data collection efforts to include all 50 states.
- Fund CDC research on the risk and protective factors of gun use and gun violence prevention.
- Fund research on evidence-based primary, secondary, and tertiary prevention and treatment initiatives for communities that are seriously impacted by the effects of gun violence.
- Support the development of evidence-based policy and prevention recommendations for gun ownership and use.

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P.B., C.A.R., S.R., T.L.N., N.B., and D.P. declare that they have no conflicts of interest. This project was not funded. This manuscript is not being simultaneously submitted elsewhere. All procedures were conducted in accordance with ethical standards.

Compliance with Ethical Standards

This article does not contain studies with human participants performed by any of the authors. This article does not contain any studies with animals performed by any of the authors.

On March 29, 2017, a shorter version of this manuscript was posted, in policy brief format, on the Society for Behavioral Medicine’s Twitter and Facebook pages.

The authors have full control of the entire content of this manuscript and allow the journal to review the information and sources.

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