

## Collecting Data on Gun Violence

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All of this session's presentations have raised serious concerns about how scientific freedom and human rights are threatened by our contemporary political and funding climate on gun violence. I'd like to contribute a few comments about why I think increasing support for gun violence research is essential to an effective and ethical public health practice in the United States.

From my perspective, the most ethically troubling consequence of limits on gun violence research is the ultimate impact of this lack of data on the public's health and well-being. In 2002, the American Public Health Association adopted 12 principles to guide the ethical practice of public health (Thomas et al. 2002). Focusing on 6 out of these 12 principles offers a useful framework to examine how the current scarcity of gun violence data poses significant ethical concerns.

The first principle expresses the core mission of public health: "Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes."

Gun violence is a prominent cause of death and disability in the United States; it reduces male life expectancy more than colon and prostate cancers combined (Lemaire 2005). To the extent that we continue to lack data on the fundamental causes of gun violence—from access to guns and gun storage practices to structural factors that influence how the police interact with the public—public health practitioners will remain unable to adequately understand and address these fundamental causes.

Another set of public health principles address the importance of data to implementing public health programs and policies. The fifth principle states that public health should seek the information needed to implement effective policies and programs that protect and promote health. According to the sixth principle, public health institutions should provide communities with the information they have that is needed for decisions on policies or programs. Furthermore, they should obtain the community's consent for the implementation of public health programs.

Constraints on researchers' ability to collect systematic, nationwide data on the causes and consequences of gun violence mean that public health is failing to measure up to both these key principles. We are not seeking adequate information to guide evidence-based policies to protect against gun violence. Furthermore, we are unable to provide communities with this information. In other words, in our democratic society, citizens lack information they need to make shared, informed decisions about policies relevant to their health and safety.

The seventh principle expresses a related concern: "Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public."

The longer we fail to collect relevant gun violence data, the longer the delay in our ability to implement and evaluate evidence based policies. Our lack of data is preventing us from acting in a timely manner to address a major public health problem based on research.

Two additional principles address matters of equity and justice. According to the fourth principle, public health should advocate for, or work for the empowerment of, disenfranchised community members, ensuring that the basic resources and conditions necessary for health are accessible to all people in the community.

In many ways, gun violence disproportionately affects some of the most vulnerable community members in the United States. These include racial and ethnic minorities, children and youth, women victims of intimate partner violence, people living in rural environments with limited access to mental health or other health services, and many other vulnerable groups (Nance et al. 2010). What data we do have available point to a number of stark human rights issues underlying these discrepancies, notably systemic racism. For example, data from WISQARS, a CDC database, indicates that African-Americans are consistently disproportionately affected by gun violence as compared to Caucasian and other racial groups (Kalesan 2014). But as long as researchers are unable to fully study the factors influencing the risk of gun violence among these vulnerable populations, public health will be hindered in its ability to ensure that the conditions necessary for health and safety are accessible to everybody.

The lack of funding and other constraints impeding gun violence research most greatly harm already vulnerable populations. This is a serious ethical and human rights concern relating to equity, justice and community trust. This further raises ethical issues addressed by the twelfth principle: “Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.”

The lack of data on gun violence, and the relative silence of leading public health agencies on the topic, has led to a significant erosion of trust among the public. In fact, in July 2016, CNN reported that a number of African American health officials have been calling on the U.S. Centers for Disease Control and Prevention (CDC) to break its relative silence on gun violence (Cohen 2016). Their comments highlighted the lack of trust and damage caused by failing to conduct research and take action on the issue. For example, Dr. Swannie Jett, the president of the National Association of County and City Health Officials, stated, “I'm sure [Tom Frieden, the director of the CDC] values African-American lives and the African-American community, but I think there's real damage in not taking a stand and effectively using his platform to reduce gun violence.”

Similarly, Dr. Lovell Jones, executive director of the Health Disparities Education, Awareness, Research and Training Consortium, stated that silence on the issue “really sends a negative message in terms of how one values human lives.” In fact, the CNN report continued, “Several African-American public health leaders interviewed by CNN drew a parallel between Frieden's silence on guns and President Ronald Reagan's silence on AIDS in the 1980s as the disease killed tens of thousands of gay men” (Cohen 2016). For any of us involved in public health work, this is surely a striking and damning comparison. If nothing else, the analogy highlights the social impact of *failing* to address and collect data on a public health threat disproportionately affecting a vulnerable community. A political refusal to study gun violence is an ongoing denial of communities

that need and are calling for empowerment and resources to address this public health problem.

It is worth noting, of course, that this lack of trust extends to institutions beyond public health. The absence of oversight of state-sponsored violence, as highlighted by Laurel Eckhouse's presentation on police gun violence, contributes to distrust of our police and criminal justice system.

For all these reasons, restrictions on CDC research and an ongoing lack of funding pose serious ethical concerns. The current climate limits researchers' scientific freedom, threatens the public's health, disproportionately harms vulnerable populations, and erodes trust in key institutions intended to protect Americans' well-being.

These are some of the reasons it is important that researchers continue to speak out about the need to conduct better data on gun violence. And as discussed by David Hemenway and Ted Alcorn, there are some signs of positive trends, such as increased media attention to restrictions on gun violence research, and an uptick in research articles published in recent years.

I would also like to highlight several other indications of a shift in the conversation around gun violence, particularly in the wake of several horrific mass shootings in the last few months, particularly the one in Orlando. In June, the American Medical Association voted to lobby Congress over gun research. In his comments on the decision, the association's president, Dr. Steven Stack, emphasized the importance of data and a public health perspective:

“Even as America faces a crisis unrivaled in any other developed country, the Congress prohibits the CDC from conducting the very research that would help us understand the problems associated with gun violence and determine how to reduce the high rate of firearm-related deaths and injuries. An epidemiological analysis of gun violence is vital so physicians and other health providers, law enforcement and society at large may be able to prevent injury, death and other harms to society resulting from firearms” (AMA 2016).

In addition, Congressman John Lewis led a sit-in on the floor of the U.S. Congress calling for action, while several LGBTQ organizations joined with gun violence prevention advocacy groups in promoting a movement called Disarm Hate (Walsh 2016).

Particularly given this opportunity of increasing public awareness, health researchers and their professional organizations should prioritize the need for robust funding and support of gun violence research. The AMA's new emphasis on lobbying around this issue is a positive sign. I also support engaging in collaborations and affiliations with community groups advocating for gun safety, such as Everytown for Gun Safety and Disharm Hate, as another positive step toward building trust with communities, and communicating even more effective arguments for the importance of collecting data on the topic.

In fall 2015, after a mass shooting at a community college in Oregon, President Obama emphasized that the issue of gun violence “is something we should politicize. It is relevant to our common life together, to the body politic” (White House 2015). It is undeniable that gun violence affects thousands of bodies in our body politic, and that gathering robust data is an essential to inform gun violence and prevention efforts.

Statisticians have an important role to play in urging the importance of supporting trained researchers in collecting and analyzing relevant data. Although researchers often like to think of their work as neutral and detached from politics, in this instance, it is clear that a highly politicized climate is preventing researchers from carrying out their work. Emphasizing the scientific freedom, public health and human rights implications of the current climate on gun violence is a key part of understanding why it is so difficult to collect data on this topic, and it underscores the importance of the data that we are still missing.

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