Freedom with Responsibility: A Consensus Strategy for Preventing Injury, Death, and Disability from Firearm Violence

Ronald M. Stewart MD, FACS
UT Health San Antonio, stewartr@uthscsa.edu

Deborah A. Kuhls MD, FACS
University of Nevada, Las Vegas, deborah.kuhls@unlv.edu

Michael F. Rotondo MD, FACS
University of Rochester Medical Center

Eileen M. Bulger MD, FACS
University of Washington

Follow this and additional works at: https://digitalscholarship.unlv.edu/som_fac_articles

Repository Citation
Freedom with Responsibility: A Consensus Strategy for Preventing Injury, Death, and Disability from Firearm Violence

Ronald M Stewart, MD, FACS, Deborah A Kuhls, MD, FACS, Michael F Rotondo, MD, FACS, Eileen M Bulger, MD, FACS

We are surgeons who have committed our personal and professional lives to reducing needless suffering from injury. As leaders in the American College of Surgeons Committee on Trauma (ACS COT), we have put our hearts and souls into reducing firearm violence, yet we continue to experience the senseless tragedy of mass shooting events and the daily impact of violence on our patients and our communities. Two of us (DK, RMS) personally cared for innocent victims in 2 of the largest mass shootings in modern American history: the Las Vegas, NV and Sutherland Springs, TX tragedies, which, within a little more than a month, left 84 dead and 871 injured.

We seek to provide a constructive path forward to reducing violent injury and death based on an effective and durable public health approach. Moving forward requires a new and inclusive narrative that resonates with a large percentage of Americans. We do not come to this opinion based on our personal beliefs or political affiliations. We come to this recommendation after decades of advocacy and 5 years of collective effort, inclusive dialogue, and research regarding firearm-related injury.

BRIEF SUMMARY OF THE FACTUAL DATA: BURDEN OF DEATH BY INTENT AND FIREARM MECHANISM

Because the facts are often debated, we provide a summary of data regarding violent death in the US. In 2016, the latest year available from Centers for Disease Control and Prevention, there were 63,979 intentional injury deaths: an average of 175 deaths every day. Of these, 44,876 (70%) were intentional self-harm deaths (suicides); 19,103 (30%) were assault-related (homicides). Of the suicides, the mechanism of injury involved a firearm in 22,938 (51%). Of the homicides, 14,415 (75%) involved a firearm; so, of the total intentional injury deaths, 37,353 (58%) involved a firearm. Since 1999, age-adjusted data have revealed a 17% increase in firearm-related intentional injury death rates, and a 20% increase in intentional injury death rates from all mechanisms (Fig. 1). For context, traffic-related death rates decreased by 22%.

OVERCOMING POLITICAL POLARIZATION AND CONFIRMATION BIAS

Historically, the ACS COT and others have advocated for effective prevention; however, past efforts universally became mired in political debates around personal liberty and second amendment rights.

A majority in the US adhere to 1 of 2 contrasting narratives about firearm ownership. The first narrative is that firearms are beneficial, necessary, and a protected right. From this group’s vantage point, firearms are emblematic of freedom. The strongest adherents link very tightly to this view, so that the term gun control synonymously translates into freedom control. The second dominant view is that firearms are harmful, generally unnecessary in civil life, and decrease personal liberty because of increased risk of harm. From this group’s perspective, firearms are emblematic of violence. Strong adherents to this narrative tightly associate guns with violence; for them, gun control synonymously translates into violence control.

When faced with a perceived stress or crisis, those who view firearms as important for personal freedom push for greater availability and tend to purchase more firearms. Those of the second view push for increased firearm restriction, and generally protest the violence. Both sides appear convinced they are absolutely correct, and both react to each other by reinforcing their own position, while simultaneously villainizing the other. In his book, Choosing Civility: The Twenty-five Rules of Considerate Conduct, PM Forni states, “There are at least two ways of showing disrespect for others on account of what they think. One is by telling them that their opinions are crazy, stupid, worthless, and the like. The other is by assuming that what we think...
must be what they think also. In our experience, the propagators of these conflicting narratives repeatedly use these communication strategies in their interactions with each other, ostensibly with the goal of convincing others to agree with their position.

Worse than ineffective, incivility, and its language of disrespect, is a precursor to psychological and physical violence. Proclaiming another human being as stupid and worthless is the first step to dehumanization—a common tool the physically violent use to justify their actions. For those prone to violence, the belief that the other person must think only the way they think becomes a justification for forced interpersonal control—psychological and then physical.

Sadly, rather than effectively addressing violence, the 2 conflicting narratives are a war of words that, at least to us, foreshadows violence. The time is now to end this nonconstructive debate. To do so requires crafting a common, inclusive narrative that resonates with most Americans.

THE AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA PUBLIC HEALTH APPROACH

Reducing violence-related intentional injury requires a multifaceted, integrated public health approach. Beginning 4 years ago, we implemented a firearm injury prevention strategy by leveraging 3 guiding principles: a commitment to approach firearm violence as a public health problem, not a political problem; evaluation of evidence for violence prevention programs, particularly those that could be implemented through a network of trauma centers; and a commitment to create a forum for a civil, collegial, and professional dialogue centered on reducing death and suffering.

Over the past 4 years, we have evaluated and published our firearm injury prevention strategies, surveys of surgeons' views, and implementation strategies for a national trauma action plan. Moreover, we have convened national town hall meetings, and met with stakeholder groups across the spectrum of views to calibrate potential policy development opportunities for firearm injury prevention. We have learned that a majority across the spectrum believe preventing firearm injury should be a high priority; that violence is a proximate cause of most firearm injuries, violence-related injury is more common than realized; therefore, violence intervention strategies are critical; and last, most agree on a wide-range of policies that balance personal freedom and responsibility.

THE 3 MOST IMPORTANT LESSONS LEARNED

1. Violent intentional injury is the most poorly addressed public health problem in America. Although complex, there are many readily correctable factors. The resources to address the problem should match the burden of disease.
2. Those on the 2 polar sides of the discussion can and must work together. Both groups abhor the needless death and suffering, and both agree the focus must be on reducing deaths and injuries.
3. Both sides agree that a common goal should be to make firearm ownership as safe as reasonably possible. This approach enables partnership opportunities and the power of technology and innovation to reduce injury death and disability.

CONCLUSIONS

Effective violence-related injury prevention requires engagement, responsibility, and partnership across disciplines, geographic regions, and philosophic differences. A commitment to the values of civility, professionalism, humility, and mutual respect is required. The time is now for political differences to be set aside, for polarizing and incendiary language to be avoided, and for our energies to be devoted to thoughtful policy development and specific actions in the context of a public health model.

We all own the epidemic of violence in the US, and courageous leadership is needed. Firearm owners, those who do not own firearms, advocacy groups across the spectrum, the faith community, our legislators, industry, the science and technology community, professional societies, activists, organizers, and the general public must commit to working together. For this we need a new and common narrative that is inclusive of the broad conflicting narratives in the US.
We propose the following as a starting point: Firearm ownership is a liberty protected by the US Constitution. Violence toward ourselves and others is a major cause of unnecessary death and suffering in America; however, we can reduce this violence if we all work together to make firearm ownership as safe as is reasonably possible (for firearm owners and those who do not own firearms). This means inclusively developing effective solutions using the power of innovation, technology, research, and responsible policy development. In broad policy terms, we agree:

1. Anyone who is a danger to themselves or others should not have a firearm.  
2. Responsible ownership includes safe storage, education, training, and a commitment to keep firearms out of the hands of family members at high risk of self-harm, unlawful purchasers, and violent offenders.  
3. Mental health access, mental health hygiene, and treatment must be improved.  
4. We must identify, understand, and address proximate causes of violence.

If we come together, focusing our efforts on reducing violence while making firearm ownership as safe as reasonably possible, we can and we will save thousands of American lives every year.

Author Contributions
Study conception and design: Stewart, Kuhls, Rotondo, Bulger
Acquisition of data: Stewart, Kuhls, Bulger
Analysis and interpretation of data: Stewart, Kuhls, Rotondo, Bulger
Drafting of manuscript: Stewart
Critical revision: Stewart, Kuhls, Rotondo, Bulger

REFERENCES