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| June XX, 2013  The Honorable Tom Harkin  Chair  Senate Appropriations Subcommittee  Labor, Health and Human Services, Education, and Related Agencies  731 Hart Senate Office Building  Washington, DC 20510 | The Honorable Jerry Moran  Ranking Member  Senate Appropriations Subcommittee  Labor, Health and Human Services, Education, and Related Agencies  354 Russell Senate Office Building  Washington, DC 20510 |
| The Honorable Jack Kingston  Chair  House Appropriations Subcommittee  Labor, Health and Human Services, Education, and Related Agencies  2372 Rayburn Office Building  Washington, DC 20515 | The Honorable Rosa DeLauro  Ranking Member  House Appropriations Subcommittee  Labor, Health and Human Services, Education, and Related Agencies  2413 Rayburn Office Building  Washington, DC 20515 |

Dear Chairman Harkin, Ranking Member Moran, Chairman Kingston, and Ranking Member DeLauro:

As organizations representing the nation’s pediatricians, we write to respectfully request your support of research investments to address the public health crisis of gun violence. We urge you to **provide at least $10 million in new funding to the Centers for Disease Control and Prevention (CDC) in FY 2014 along with sufficient new funding at the National Institutes of Health to support research into the causes and prevention of gun violence**.

Firearm injuries are one of the top three causes of death among youth, killing twice as many children as cancer, five times as many as heart disease, and 15 times as many as infections[[1]](#endnote-1). In 2010, an average of seven youths ages 1-19 died daily from firearm-related injuries, totaling 6,570[[2]](#endnote-2). Federal policy should address the gun violence crisis with the same dedication applied to other successful public health initiatives over the past 25 years, such as motor vehicle safety, immunizations, and public sanitation. Doing so will require strong federal investments in gun violence research to support evidence-based prevention efforts.

The CDC outlines four steps for a public health approach to violence prevention: 1) define and monitor the problem; 2) identify risk and protective factors; 3) develop and test prevention strategies; and 4) assure widespread adoption[[3]](#endnote-3). The bedrock of this approach is unencumbered research that analyzes a broad array of data related to the circumstances surrounding incidences of violence to identify trends and craft the most effective evidence-based interventions. A recent *New England Journal of Medicine* article posits that, in addition, any public health approach to violence prevention must also: be population based; focus on prevention and aim to prevent as far upstream as possible; use a systems approach; be broad and inclusive; and emphasize shared responsibility over blame[[4]](#endnote-4). Research is essential to such an approach.

On June 5, the Institute of Medicine released a [report](http://books.nap.edu/openbook.php?record_id=18319) outlining a research agenda for addressing firearm-related injuries and deaths as a public health issue. The report highlights five key areas for research on this topic: characteristics of firearm violence; risk and protective factors; firearm violence prevention and other interventions; impact of gun safety technology; video games and other media. The IOM’s report notes that this agenda would be essential to developing policies to reduce the public health impact of firearms in the same manners as approaches that have found success in other realms, such as motor vehicle safety.

Since the 1950s, a research-based public health approach aimed at promoting motor vehicle safety has contributed to an 80 percent reduction in fatalities per mile driven[[5]](#endnote-5). The motor-vehicle-related death rate is down from a peak of over 25 deaths per 100,000 people in the late 1960s to 10 per 100,000 today and it is steadily dropping[[6]](#endnote-6). Research investments resulted in new knowledge that allowed industry and policymakers to develop safer products and driving environments. This in turn allowed for public education efforts that changed social norms, resulting in an exponential increase in seatbelt use and a reduction in drunk driving. The public health approach to motor vehicle has been so effective because it translated extensive research into prevention and systems change. The gun-related death rate is down from a high of 15 per 100,000 in the mid-1990s, it has since plateaued at 10 per 100,000 in 2000 remained steady[[7]](#endnote-7). It is estimated that in 2015, the rate of gun deaths will surpass the rate of motor vehicle accidents[[8]](#endnote-8).

Clearly, research can contribute to fewer lives lost, reductions in injuries and changes in social norms. Federal infrastructures already exist to establish prevention and harm reduction strategies. Significant research investments could address these issues by helping provide a more accurate understanding of the problems associated with gun violence and to determine how best to reduce the high rate of firearm-related deaths and injuries. Unfortunately, in 1996 Congress eliminated all funding for CDC research on gun violence and accompanied the cut with language barring any research that would “advocate or promote gun control.” Renewed annually and subsequently expanded to include all of HHS, this language had a chilling effect and resulted in a dearth of research on this critical topic. Since the cut and restrictions took effect, 427,000 Americans have died as a result of firearms[[9]](#endnote-9), which is more than all U.S. soldiers killed in action from World War II through today[[10]](#endnote-10). The research limitations have also drastically limited the workforce of researchers dedicated to gun violence prevention. It is estimated that fewer than 20 academics in the U.S. currently focus on gun violence research, and most of them are economists, criminologists, or sociologists[[11]](#endnote-11).

We are encouraged that the Obama Administration clarified that no current law prohibits CDC research on gun violence and heartened by the Institute of Medicine research priority development process. However, without adequate funding CDC will not be able to conduct any of the crucially necessary research it has the authority to do. **We urge Congress to provide $10 million in new funding in FY 2014 to support the president’s recommendation for CDC research on the causes and prevention of gun violence, along with sufficient new funding at the National Institutes of Health to support research into the causes and prevention of gun violence**. Funding at both CDC and NIH would an important step towards realizing a robust research agenda and developing public health interventions that could protect children and keep them safe from gun violence.

As Congress moves forward with the FY 2014 appropriations process, we welcome the opportunity to work with you to reinstate gun violence research. For more information, please contact Sonya Clay at 202-347-8600.

Sincerely,

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2. Palfrey, Judith and Palfrey, Sean. *Preventing Gun Deaths in Children*. New England Journal of Medicine. 388; 5. 401-403. January 31, 2013. [↑](#endnote-ref-2)
3. Centers for Disease Control and Prevention. *The Public Health Approach to Violence Prevention.* March 5, 2008. <http://www.cdc.gov/violenceprevention/overview/publichealthapproach.html> [↑](#endnote-ref-3)
4. Hemenway, David and Miller, Matthew. *Public Health Approach to the Prevention of Gun Violence*. New England Journal of Medicine. May 23, 2013. 368; 21. [↑](#endnote-ref-4)
5. Hemenway, David and Miller, Matthew. *Public Health Approach to the Prevention of Gun Violence*. New England Journal of Medicine. May 23, 2013. 368; 21. [↑](#endnote-ref-5)
6. Wadman, Meredith. *The Gun Fighter*. Nature. Vol. 496. April 25, 2013. [↑](#endnote-ref-6)
7. Wadman, Meredith. *The Gun Fighter*. Nature. Vol. 496. April 25, 2013. [↑](#endnote-ref-7)
8. Christoff, Chris and Kolet, Ilan. American Gun Deaths to Exceed Traffic Fatalities by 2015. Bloomberg Government. December 19, 2012. <http://www.bloomberg.com/news/2012-12-19/american-gun-deaths-to-exceed-traffic-fatalities-by-2015.html> [↑](#endnote-ref-8)
9. Kellerman, Arthur and Rivara, Frederick. *Silencing the Science on Gun Research*. Journal of the American Medical Association. 309; 6. 549-550. [↑](#endnote-ref-9)
10. PBS. The Great War: U.S. Casualties in Major Wars. <http://www.pbs.org/greatwar/resources/casdeath_pop.html> and U.S. Department of Defense. Casualties: Operation Iraqi Freedom, Operation New Dawn, and Operation Enduring Freedom. Updated May 28, 2013. <http://www.defense.gov/news/casualty.pdf> [↑](#endnote-ref-10)
11. Wadman, Meredith. *The Gun Fighter*. Nature. Vol. 496. April 25, 2013. [↑](#endnote-ref-11)