How Surgeons Can Lead the National Conversation About Firearm Safety Forward

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In the 5 years since the Sandy Hook elementary school shooting that claimed the lives of 20 children and 6 of their teachers, we have witnessed intolerably more mass shooting events. In the intervening years, over 150,000 Americans have died because of firearm violence, 3 times the number who lost their lives during the Revolutionary War. In the last 2 months, we have been left reflecting on 2 more tragedies. The first came on October 1 in Las Vegas, at the Route 91 music festival where 58 were killed and over 500 injured by a single gunman. The second, on November 5, took place in Sutherland Springs, Texas (population 600) near San Antonio and claimed the lives of 26 men, women and children while they prayed. As was witnessed in Orlando and San Bernardino, these most recent mass casualty incidents strained first responders, law enforcement, and the state’s trauma systems to their breaking point.

Once again, we were left searching for the reasons behind these tragedies asking predictable questions: who did this and why? Was it part of a terrorist plot or a lone psychopath with a grudge? Were the weapons obtained legally, and why would anyone need so many? How can we stop this from happening again?

Within days of the tragic event in Las Vegas, although many victims remained hospitalized recovering from their wounds, Wayne LaPierre, the executive vice president of the National Rifle Association (NRA), issued a brief press statement on the organization’s behalf to address these questions. He characterized the deadliest mass shooting in modern US history as an expected “cost of our freedom.” Afterwards, many politicians including President Donald Trump proclaimed that gun access is not the problem and violence in America was a mental health problem, and nothing more. We know that neither explanation is correct.

As these shocking events recur, the public health crisis of firearm violence in America is becoming better defined. A WHO study compared the United States to 22 other nations, and found that the US has the highest rate of deadly violence (most of which is firearm related) and that Americans are 1) 10 times more likely to be killed by a gun, 2) 25 times more likely to be a victim of a gun-related murder, and 3) 8 times more likely to be involved in a gun-related suicide (approximately 20,000 suicides will be reported in America this year). In addition, 90% of the women killed by guns worldwide are American, over 90% of the children less than 14 years of age killed by a gun are American, and Americans between the ages of 15 and 24 years are 49 times more likely to die of gun violence. Approximately 100,000 people a year in America are shot by a firearm and of those 34,000 die—90 adults and 7 children each day.1 These statistics are alarming and stronger remedies to reduce this public health problem are vital.

In the aftermath of Sandy Hook, as Congress stalled in the debate about background checks and common sense gun restrictions, the American College of Surgeons (ACS) published a revised position statement to best address the public health crisis of firearm violence.2 In addition, the Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting events was convened in 2013 by the ACS.3 This committee was tasked with creating protocols to enhance survivability from active shooter and mass casualty events. In the ensuing years, this group would partner with the White House and other federal agencies to conceptualize both the “Stop the Bleed” (STB) and Bleeding Control (BCON) educational campaigns to train first responders and laypersons how to rapidly control bleeding to save lives. This forward-thinking program has been efficiently rolled out, and has been well received by hospitals, emergency service programs, and law enforcement agencies. In a short time, STB has been credited with saving many lives under many circumstances. There have been reports of tourniquets and hemorrhage control techniques applied at both recent mass casualty events and also after the shooting at the Congressional baseball practice in Alexandria, Virginia, when House Majority Whip Steve Scalise sustained a life-threatening gunshot wound. Since then, STB has served as a window to extend conversations with our elected officials beyond emergency preparedness to address the firearm violence epidemic in America. Although the STB/BCON programs have served as a successful starting point, many of our colleagues feel that the next logical step for the ACS should be to work on preventing the shooting incidents that result in life-threatening hemorrhage to begin with. A new campaign by the ACS titled “Prevent the Bleed” could address this expanded mission not only to support our national trauma systems but also to seek to prevent future tragedies through a transition in focus from treatment to prevention.

The American Medical Association stepped forward first after Las Vegas by calling for action to address the crisis of gun violence, especially access to weapons designed with the capability for mass killings. They were joined shortly by the American Public Health Association, American Academy of Pediatrics, and the American College of Physicians. An area of consensus appears to be the magnitude of the public health crisis related to firearm violence. Other organizations like the American College of Emergency Physicians focused on emergency preparedness to enable the nation to best manage the consequences of violent incidents, without a call for increased firearm regulation.

After the Las Vegas shooting, the ACS once again chose to share their 2013 Statement on Firearm Injuries, this time with the

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office of every Member of Congress. The ACS reaffirmed its commitment to these principles: limit the availability of assault weapons and high-capacity magazines; strengthen and enforce mandatory background checks; ensure that health professionals can screen for mental health conditions; and assist in the development of a federal database on firearm injuries. The ACS thoughtfully called for a bipartisan effort to reduce firearm injuries.

Focus on the following initiatives would be appropriate for the following reasons:

1. Background Checks. Ninety-four percent of Americans and 74% of NRA members support universal background checks, but more must be done here. The tragedy in Sutherland Springs resulted from a series of errors, which allowed an individual who had served time in a military prison for domestic violence (and escaped from a mental health institution), to acquire multiple firearms. Strengthening the existing federal system of background checks to prevent firearms from mistakenly falling into the hands of the wrong individuals is an essential and urgent priority.

2. Research. The ACS should work with other national coalitions to overturn the Dickey amendment, which restricts CDC research funding in firearm violence. Although we work to restore federal funding for firearm research, the ACS should consider directly supporting research to better understand the extent and epidemiology of firearm injuries in America by funding resident and faculty research fellowships. Ongoing research reveals that the rate of self-inflicted fatalities in older Caucasian men has increased over the years, while the overall homicide rate is decreasing. Better data would help to define the direction for stronger and more effective public health interventions.

3. Legislation. We should advocate to (1) reinstitute the assault weapons bans in America signed by both Presidents George H.W. Bush and Bill Clinton, (2) overturn the 2005 Protection of Lawful Commerce in Arms Act (PLCAA) legislation, which provided unique immunity to gun sellers and manufacturers by limiting their liability for the harm and damages inflicted by their products, and (3) reframe the firearm debate by incorporating the principles of accountability and responsibility in ownership to balance the Second Amendment right to bear arms. By doing these things, we would engage the firearm manufacturing industry as has been done with the Tobacco and Automobile industries, thus saving lives and reducing health care costs associated with preventable injuries.

4. Economics. As was done to the tobacco industry, we should encourage our leading medical universities and hospital physician organizations to divest themselves of investments in the firearm industry. Ultimately, disconnecting the influence of the firearm industry and NRA through political campaign contributions could be the key to solving the firearm violence crisis in America.

Five years have now passed since the tragic events of Newtown, Connecticut without substantive change in the alarming trends of firearm violence. Surgeons can choose to remain on the sidelines, or to lead the path toward new innovative solutions. Our trauma systems have been the final defense of public safety, and we are proud of the surgeons and health care professionals who have responded valiantly in the face of overwhelming patient need and trauma to treat and rescue the survivors. We believe that surgeons should take effective action to reduce the risk of firearm violence in America. The price of freedom should not be the blood of innocent victims. Stop the Bleed is helping to save the lives of the injured. By working in partnership with other professional physician organizations that are dedicated to public safety, even more lives can be saved if we “Prevent the Bleed.”

REFERENCES