

# GUN VIOLENCE IS A PUBLIC HEALTH CRISIS



In the United States, gun violence is a major public health problem and a leading cause of premature death. Preventing death, disability and injury from gun violence requires a public health approach that involves data collection and surveillance, research to understand which policies and programs are effective in decreasing gun violence, initiatives to implement those measures that are shown to work and continued surveillance and evaluation.

## Burden of Gun Violence

The burden of gun violence in the United States vastly outpaces that in comparable countries:

- Of 29 high-income, high population countries, the U.S. ranks number one for firearm homicide deaths based on data from 2013 to 2019. Compared to the countries that are the next four highest, the U.S. rate is 4.5 times that of Chile, 6 times that of Israel, 6.5 times that of Canada, and 11 times that of France.<sup>1</sup>
- In 2022, 48,117 individuals died as a result of gun violence and many more suffered nonfatal gun injuries.<sup>2</sup>

Gun violence affects people of all ages and races in the U.S. but has a disproportionate impact on young adults, males and racial/ethnic minorities:

- In 2022, Black children and teens were 20 times as likely to die by firearm homicide compared to their white counterparts.<sup>3</sup>

Guns are a weapon of choice for homicide and suicide:

- Suicides involving firearms soared in 2022, increasing from 26,320 to 27,024 total deaths, the highest annual suicide rate since 1968. Meanwhile, disparities continue to exist with Native American and Alaskan Native people having the highest gun-related suicide rate among young adults under 45.<sup>4</sup>
- While most gun violence does not involve a mass shooting, in 2023 there were 656 reported mass shootings, killing 759 people and injuring another 2,685 victims.<sup>5</sup>

Gun violence costs the U.S. \$557 billion annually:<sup>6</sup>

- The societal costs of firearm assault injury include long-term medical care, criminal justice system resources, lost wages, lower worker productivity, and diminished quality of life for victims and their families.

## Gun Violence is Preventable

Gun violence is not inevitable. It can be prevented through a comprehensive public health approach that keeps families and communities safe.

A public health approach to preventing gun violence recognizes that violence is contagious and can become epidemic within a society.<sup>7,8</sup> Primary prevention involves the use of core public health activities to interrupt the transmission of violence: (1) conducting surveillance to track gun-related deaths and injuries, gain insight into the causes of gun violence and assess the impact of interventions; (2) identifying risk factors associated with gun violence (e.g., poverty and depression) and resilience or protective factors that guard against gun violence (e.g., youth access to trusted adults); (3) developing, implementing and evaluating interventions to reduce risk factors and build resilience; and (4) institutionalizing successful prevention strategies.<sup>9,10</sup>

Importantly, prevention does not require predicting who will be violent. Just as aviation safety regulations make air travel safer for everyone, commonsense measures to prevent gun violence make communities safer for everyone.

## What Can We Do?

To enhance the nation's public health response to gun violence, we need:

- **Continued Surveillance.** In fiscal year 2024, Congress provided \$24.5 million to the National Violent Death Reporting System to fund all 50 states, Puerto Rico, and the District of Columbia. Data from surveillance of all 50 states, Puerto Rico and D.C. will provide a more complete picture of gun violence in the United States. Congress should increase funding for NVDRS to \$50 million by FY 2027.
- **More Research.** We are extremely pleased that from FY 2020 to FY 2024, Congress has provided a total of \$25 million annually to the Centers for Disease Control and Prevention and the National Institutes of Health for gun violence prevention research. We must expand the collection of data and research related to gun violence and other violent crime deaths and injuries in order to better understand the causes and develop appropriate solutions. In FY 2025, Congress should increase its investment in this research by providing \$35 million to CDC and \$25 million to NIH for research into the causes of gun violence.
- **Commonsense Gun Policies.** APHA supports requiring criminal background checks for all firearms purchases, including those sold at gun shows and on the Internet. Currently unlicensed private firearms sellers are exempt from conducting criminal background checks on buyers at gun shows or over the Internet, giving felons, the severely mentally ill and others prohibited from owning firearms access to weapons. APHA also support reinstating the federal ban on assault weapons and high-capacity ammunition magazines, which expired in 2004. In March 2021, the U.S. House of Representatives passed H.R. 8, the Bipartisan Background Checks Act, which would expand background checks for all firearm purchases with limited exceptions. The Senate did not pass the bill before the end of the 117th Congress. The Bipartisan Background Checks Act has been reintroduced in the 118th Congress as H.R. 715, and we urge both chambers to pass this important legislation without delay.
- **Extreme Risk Protection Orders.** ERPOs allow family members or law enforcement to petition a judge to temporarily remove a firearm from a person deemed at risk of harming themselves or others. Nineteen states and the District of Columbia have laws authorizing courts to issue an ERPO. Incentivizing more states to enact ERPO laws could prevent further gun violence.

## References

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- 3 Ibid.
- 4 Ibid.
- 5 Gun Violence Archive. (2022). Past Summary Ledgers. Gun Violence Archive 2022. Washington, DC: [www.gunviolencearchive.org/past-tolls](http://www.gunviolencearchive.org/past-tolls).
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- 7 Christoffel KK. (2007). Firearm injuries: epidemic then, endemic now. Am J Public Health, 97(4), 626-629.
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