

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Dear Senator,

As a diverse group of health professionals, public health, and child advocacy organizations, we urge you to make addressing the health effects of gun violence a central component of the ongoing debate of the Safe Communities, Safe Schools Act of 2013 (S. 649) and its related amendments. We ask that you consider the needs of children and their families to be safe within their homes, schools, and communities, free from the destructive effects of gun violence. Our nation's children deserve the protection of strong federal policies that help reduce their risk of injuries, homicides, and suicides.

Gun violence is one of the great public health challenges facing America, particularly for children and at-risk youth. 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 infectionsⁱ. More children are shot and killed in the U.S. than in any other industrialized nation. Among children younger than 15, the U.S. has a firearm-related death rate 12 times higher than 25 other industrialized nations combinedⁱⁱ.

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 immunizations, public sanitation, and motor vehicle safety. Reducing injury and mortality through research and evidence-based prevention and intervention strategies has been proven to improve health, safety, and life expectancy. This includes ensuring federal agencies can support research, surveillance, public education, and anti-violence initiatives. This public health problem demands a public health solution.

Ensuring that criminals and other dangerous individuals cannot easily obtain firearms is a common sense policy proven to reduce the number of gun injuries and fatalities. Recent research conducted at Johns Hopkins University found that states that apply background checks to all gun purchases had reductions in domestic violence homicides of up to 19 percent. In addition, fewer guns were diverted to the illegal market, where criminals who commit acts of violence frequently obtain themⁱⁱⁱ. Signed into law in February 1994, the Brady Handgun Violence Protection Act implemented a background check system that has prevented over 2 million prohibited persons from obtaining firearms from 1994 through 2010^{iv}. Clearly, strong background check laws are effective in saving lives.

Suicide is a major contributor to gun deaths among youth, and the presence of a gun in the home increases the risk of adolescent suicide, even among those with no preexisting mental health condition^v. One in five children in the U.S. suffer from a diagnosable mental health disorder, but only 20-25 percent of affected children receive needed treatment^{vi}. As the Senate continues debate on this issue, we also encourage you to support the Mental Health Awareness and Improvement Act (S. 689). The Act would give children access to prevention and intervention services in schools, including positive behavioral interventions and supports and mental health services, and would provide educators and other professionals with vital training to recognize early warning signs of serious mental illness. The bill would reauthorize the National Child Traumatic Stress Initiative, which supports a national network of child trauma centers, including university, hospital, and community-based centers and affiliate members. Also included in the bill is a reauthorization of the Garrett Lee Smith Memorial Act, which would improve suicide prevention programming, an important means of reducing the impact of gun violence on youth. Improvements in safe storage and access to mental health services will help reduce

youth suicides. Following safe gun storage practices can reduce youth firearm injury and suicide by up to 70 percent^{vii}. Federal law should support these policies that have a proven positive public health effect.

As the Senate moves forward in debating gun violence proposals, it is vital to remain mindful of the need for children and their families to live in safe communities and be free from the risk of injury or violence. For more information, please contact the American Academy of Pediatrics at 202-347-8600.

Sincerely,

Academic Pediatric Association
American Academy of Pediatrics
American College of Preventive Medicine
American Pediatric Society
American Psychiatric Association
American Psychological Association
American Public Health Association
Association of Maternal and Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of State and Territorial Health Officials
Brady Campaign to Prevent Gun Violence
Doctors for America
Futures Without Violence
National Assembly on School-Based Health Care
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Association of Social Workers
National Down Syndrome Society
Safe States Alliance
Society for Pediatric Research
Society for Adolescent Health and Medicine

ⁱ WISQARS (Web-based Injury Statistics Query and Reporting System). Atlanta: Centers for Disease Control and Prevention (www.cdc.gov/ncipc/wisqars).

ⁱⁱ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, *Rates of Homicide, Suicide, and Firearm-Related Deaths Among Children- 26 Industrialized Countries*. February 7, 1997. <http://www.cdc.gov/mmwr/pre-view/mmwrhtml/00046149.htm>

ⁱⁱⁱ Sargent, Greg. *Why expanding background checks would, in fact, reduce gun crime*. The Washington Post. April 3, 2013. <http://www.washingtonpost.com/blogs/plum-line/wp/2013/04/03/why-expanding-background-checks-would-in-fact-reduce-gun-crime/>

^{iv} Bureau of Justice Statistics, U.S. Department of Justice, *Background Checks for Firearm Transfers, 2010–Statistical Tables*, at <http://bjs.gov/content/pub/pdf/bcft10st.pdf>.

^v American Academy of Pediatrics, Council on Injury, Violence, and Poison Prevention Executive Committee. *Firearm-related injuries affecting the Pediatric Population*. Pediatrics 2012;130(5):e1416-e1423.

^{vi} American Academy of Child and Adolescent Psychiatry Committee on Health Care Access and Economics Task Force on Mental Health. *Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration*. Pediatrics 2009; 123; 1248. DOI: 10.1542/peds.2009-0048.

^{vii} American Academy of Pediatrics, Council on Injury, Violence, and Poison Prevention Executive Committee. *Firearm-related injuries affecting the Pediatric Population*. Pediatrics 2012;130(5):e1416-e1423