

Violence in America: A Public Health Emergency

Time to Bite the Bullet Back

Violence, according to one dictionary, is defined as "(1) exertion of any physical force so as to injure or abuse, (2) injury by or as if by distortion, infringement, or profanation, (3) intense, turbulent and often destructive action, or force." In his book *Powershift* Alvin Toffler identifies violence or the threat of violence as one of the three fundamental sources of all human power, the other two being money and knowledge. Toffler convincingly argues that these power sources influence every person and all groups including government. Of the three, violence is the lowest form of power because it can only be used to punish. Knowledge and money are far more versatile and can be used in an infinite variety of positive as well as negative or manipulative ways.¹ The violence referred to in this issue of *JAMA* is the interpersonal kind rather than such types as war or that produced by forces of nature.

Response to *JAMA's* Call for Papers

The response to a call for papers on any aspects of interpersonal violence, made last August on behalf of the editors of *JAMA* and all nine AMA specialty journals, was extraordinary.² *JAMA* alone received 131 topical papers for peer review and consideration. Of these, 12 appear in this issue; one relevant paper has been published in each *JAMA* since May 5, and another cluster of papers emphasizing domestic violence will appear in the June 17 issue. The specialty journals also received a great many manuscripts and published from one to 12 articles each in their June issues, in total 59. This outpouring of manuscripts not only confirms what we all know—that violence in the United States is a major issue—it underscores that violence is also a medical/public health issue, which is keenly felt by innumerable physicians and subject to medical/epidemiologic research.

The 1985 Surgeon General's Conference

One of us (C.E.K.) convened the Surgeon General's Workshop on Violence and Public Health at Leesburg, Va, in Oc-

tober 1985. The recommendations of the 150 assembled experts were reported by the Surgeon General to the Senate Committee on Children, Families, Drugs and Alcoholism.³ Regional, state, and local workshops followed to create a new awareness of the possibilities for understanding and dealing with violence provided by multidisciplinary approaches. Pediatricians, psychiatrists, and other physicians, along with administrators and the public, were challenged to consider violence as a public health issue and to seek out its root causes and best treatments.

Seven years later, violence in our country has not diminished; instead, violence makes constant headlines. In fact, the incidence of violence has increased, especially among some groups.

- One million US inhabitants die prematurely each year as the result of intentional homicide or suicide.
- From 1960 to 1980 the population of the United States increased by 26%; the homicide rate due to guns increased 160%.
 - The leading cause of death in both black and white teenage boys in America is gunshot wounds.
 - The number of deaths due to firearms is seven times greater in the United States than in the United Kingdom.
 - The death rate from trauma in France is 66% that of the US rate, and the rate in the Netherlands is only 39%.
 - Armed assaults in California schools are on a sharp increase.
 - One third of students in 31 Illinois high schools have brought some weapons to school for self-defense.
 - Suicide is the third leading cause of death among children and adolescents in the United States, a rate that has doubled in the last 30 years, the increase almost solely due to firearms.
 - Of the fatalities in the 1992 Los Angeles, Calif, riots, the vast majority occurred as a result of gunshot wounds.

New Research in Firearm Fatalities/Deaths by Gunshot Wounds

- In this issue of *JAMA*, Fingerhut and colleagues^{4,5} document extraordinarily high firearm fatality rates in many core metropolitan counties, with rates for black male and female teenagers increasing sharply in recent years to reach alarming levels.

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• Saltzman et al⁶ demonstrate that firearm-associated family and intimate assaults in Atlanta, Ga, are 12 times more likely to result in death than nonfirearm assaults.

• Weil and Hemenway⁷ document in a national sample that large numbers of handgun owners keep their guns loaded in their homes and that many loaded weapons are not locked up, even if children are in the household. This dangerous behavior seemed not to be altered with training.

• Callahan and Rivara⁸ show that one third of Seattle, Wash, high school students report easy access to handguns, 6% own a handgun and 6% of males have carried a handgun to school.

These research findings, together with other articles in these issues, and an array of related data paint a grotesque picture of a society steeped in violence, especially by firearms, and so numbed by the ubiquity and prevalence of violence as to seemingly accept it as inevitable. We do not agree. No society, including ours, need be permeated by firearm homicide. This is unacceptable. Prior solutions have not succeeded. New approaches are required. Two such are included in adjacent commentaries.^{9,10}

What Now?

Regarding violence in our society as purely a sociologic matter, or one of law enforcement, has led to unmitigated failure. It is time to test further whether violence can be amenable to medical/public health interventions.

We believe violence in America to be a public health emergency, largely unresponsive to methods thus far used in its control. The solutions are very complex, but possible. We urge all persons in authority to take the following actions:

1. Support additional major research on the causes, prevention, and cures of violence.
2. Stimulate the education of all Americans about what is now known and what can now be done to address this emergency.
3. Demand legislation intended to reverse the upward trend of firearm injuries and deaths, the end result that is most out of control.

Proposed New Legislation

Automobiles, intended to be a means of transportation, when used inappropriately frequently become lethal weapons and kill human beings. Firearms are intended to be lethal weapons. When used inappropriately in peace time, they, too, frequently kill human beings.

In the state of Texas in 1990, deaths from firearms, for the first time in many decades, surpassed deaths from motor vehicles, 3443 to 3309, respectively, as the leading cause of injury mortality.¹¹ In the 1970s and 1980s, defining motor vehicle casualties as a public health issue and initiating intervention activity succeeded in reversing the upward trend of such fatalities, without banning or confiscating automobiles. We believe that comparable results can be anticipated by similarly treating gunshot wound casualties. But the decline in fatalities will not occur overnight and will require a major coordinated effort.

The right to own or operate a motor vehicle carries with it certain responsibilities. Among them are that the operator meet certain criteria:

- be a certain age and physical/mental condition;
- be identifiable as owner or operator;
- be able to demonstrate knowledge and skill in operating the motor vehicle safely;
- be subject to performance monitoring; and
- be willing to forfeit the right to operate or own a vehicle if these responsibilities are abrogated.

We propose that the right to own or operate a firearm carries with it the same prior conditions, namely, that the owner and operator of a firearm also meet specific criteria:

- be of a certain age and physical/mental condition;
- be required to demonstrate knowledge and skill in proper use of that firearm;
- be monitored in the firearm's use; and
- forfeit the right to own or operate the firearm if these conditions are abrogated.

These restrictions should apply uniformly to all firearms and to all US inhabitants across all states through a system of gun registration and licensing for gun owners and users. No grandfather clauses should be allowed.

Anticipated Resistance and Support

We recognize the enormous amount of change and expense necessary to effect any major proposal such as this having to do with guns. But we believe that anything short of this proposed registration and licensing for gun ownership and use would be too little action to recommend at this time. We also believe that there is great public sentiment in support of this proposal.

A vast lobby of special interests supports the utterly unfettered ownership and use of firearms. It is certain vigorously to oppose this proposal at any cost. One of us (G.D.L.) has met with representatives of the National Rifle Association in Washington, DC, to discuss ways to counter the acknowledged epidemic of firearm homicides. We invite that organization and any other dissenting persons and groups, to make their own rational proposals for countering this acute public health emergency of injuries and homicides, especially those occurring in young black men and women. We can wait no longer to act.

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1. Toffler A. *Powershift*. New York, NY: Bantam Books Inc; 1990:2,17,38,467-469.
2. Lundberg GD, Koop CE. The AMA scientific journals—theme issues on violence: call for papers. *JAMA*. 1991;266:1126.
3. Surgeon General. *Surgeon General's Workshop on Violence and Public Health, Leesburg, Va, October 27-29, 1985*. Rockville, Md: Office of Maternal and Child Health, Bureau of Maternal and Child Health and Resources Development, Health Resources and Services Administration, US Public Health Service, US Dept of Health and Human Services; 1986. Report to the Senate Committee on Children, Families, Drugs and Alcoholism.
4. Fingerhut LA, Ingram DD, Feldman JJ. Firearm and nonfirearm homicide among persons 15 to 19 years of age: differences by level of urbanization, United States, 1979 to 1989. *JAMA*. 1992;267:3048-3053.
5. Fingerhut LA, Ingram DD, Feldman JJ. Firearm homicide among black teenage males in metropolitan counties, 1983 through 1985 to 1987 through 1989. *JAMA*. 1992;267:3054-3058.
6. Saltzman LE, Mercy JA, O'Carroll PW, Rosenberg ML, Rhodes PH. Weapon involvement and injury outcomes in family and intimate assaults. *JAMA*. 1992;267:3043-3047.
7. Weil DS, Hemenway D. Loaded guns in the home: an analysis of a national random survey of gun owners. *JAMA*. 1992;267:3033-3037.
8. Callahan CM, Rivara FP. Urban high school youth and handguns: a school-based survey. *JAMA*. 1992;267:3038-3042.
9. Rosenberg ML, O'Carroll PW, Powell KE. Let's be clear: violence is a public health problem. *JAMA*. 1992;267:3071-3072.
10. Teret SP, Wintemute GJ, Beilenson P. The Firearm Fatality Reporting System: a proposal. *JAMA*. 1992;267:3073-3074.
11. Zane DF, Preece MJ, Patterson PJ, Svenkerud EK. Firearm-related mortality in Texas (1985-1990). *Tex Med*. 1991;87:63-65.