Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

In today's COVID-19 Update, Megan Ranney, MD, MPH, a practicing emergency physician, researcher and national advocate for innovative approaches to public health discusses gun violence and how physicians can play a role in preventing it.

Learn more at the AMA COVID-19 resource center.

Speaker

Megan Ranney, MD, MPH, director, Brown-Lifespan Center for Digital Health and cofounder, Get Us PPE

Transcript

**Unger:** Hello, this is the American Medical Association's COVID-19 Update. Today, I'm excited to talk to Dr. Megan Ranney, a practicing emergency physician, researcher and national advocate for innovative approaches to public health. She is the director of the Brown-Lifespan Center for Digital Health, co-founder of Get Us PPE, an organization that gets PPE to those who need it, and is calling in from East Greenwich, Rhode Island. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Ranney, thank you so much for joining us today. I remember a year ago when you co-founded Get Us PPE, and you've been working on a lot of stuff since then, including dispelling myths about vaccination. And then we're going to turn attention to talk about gun violence as well. But just think back a year ago and what we were going through in this pandemic. How are you now thinking about the impact that you had through Get Us PPE and looking at where we are today?

**Dr. Ranney:** So I think that the organization Get Us PPE just serves as a lovely example of how we
as health care providers, particularly physicians, can help make a difference in the health of our nation. We were a group of doctors who got together a little over a year ago saying we couldn't get adequate supplies of personal protective equipment at our own hospitals or clinics, and we knew that our colleagues across the country were facing the same shortages, and we weren't willing to tolerate it. We'd used all the traditional channels of writing our governmental officials and talking to our hospital supply chains and writing pieces for major medical journals. It hadn't come to anything. And we decided we needed to take matters into our own hands.

And I look at the success of that grassroots coalition, the number of people that we brought together, ranging from medical students, to coders, to maker groups, to media professionals. We've now delivered well over 10 million pieces of personal protective equipment that were donated to us, to those who were most in need across the country. And I figure every piece of personal protective equipment that we donated probably saved at least one person from sickness, and possibly many more. It's a thing that gave me great hope, but also pride that we managed to do that work.

Unger: Well, I'm going to tell you, it inspired me, back then. It really set us out to help showcase the voices of physicians and show what they can do together. So thank you again, for all of that work. I'm going to ask you now about something that you were passionate about even before the pandemic, but has now taken on even greater significance, which is gun violence. It seems like we have a new shooting almost every day. Has gun violence grown during the pandemic or are we just hearing about it more? What's happening?

Dr. Ranney: So preliminary data suggests that there's somewhere between a 10 and 20% increase in the number of firearm-related deaths in 2020 compared to 2019. The final numbers aren't out yet. But we are seeing that there was more firearm homicide and there may have been more firearm suicide as well. And now of course, as the restrictions are lifting, we're having more mass shootings, again, more of those things that kind of catch the media attention. But Todd, here's the thing. There are so many shootings that happen every day that never make it on the news, that most of us never hear about. There are more than 300 people who are injured and more than a hundred who are killed every day across the United States, including during the pandemic. This is an underlying epidemic that seems to have worsened, but certainly has not gone away during COVID-19.

Unger: I guess what you're saying, it's an epidemic within the pandemic, which is doubly bad, obviously. Can you talk about how you've experienced the convergence of those two things? That has to be a mind-blower from your vantage point as an emergency room physician.

Dr. Ranney: Yeah, I mean, I think it's tough that gun violence, like many other ongoing public health problems, kind of got forgotten about at the beginning of COVID-19. We were all concentrating all of our efforts on PPE or the newest medication protocols, or just how to protect ourselves and our families. And we almost forgot about all these other things, whether it was the opioid overdose epidemic or firearm injury, or just things like getting people mammograms and their regular vaccines.
But as COVID-19 became part of our fabric of health care, again, this firearm injury epidemic reared its head again. And my fear, as of that of other firearm injury prevention folks as well, was that it was going to get worse as the pandemic got better. And unfortunately, it seems like our fears were well-founded.

**Unger:** Well, you've called gun violence a uniquely American epidemic. What do you mean by that?

**Dr. Ranney:** You know, firearm ownership is woven into the fabric of our country. It's obviously the second amendment in our constitution. It's part of our myth of how the West was settled, the idea of cowboys. It is part of this self-made man, Ronald Reagan-esque mythology about what American settlers were like. And Americans have more firearms in private hands than in any other developed nation. As a result, our rate of firearm injuries and deaths are higher than that in any other developed nation. But the answer to fixing it, because of the degree to which firearms are kind of woven into our fabric, is not to say we're just going to get rid of guns. That's not possible in our country. But rather we're going to have to come up with different solutions that respect and take into account the ways in which America is different from other countries.

**Unger:** And I guess it shouldn't be surprising, but when we think about gun violence, and this goes back to 2016, it's not just a problem. This is an actual public health crisis, and that is what the AMA deemed it to be back in 2016. So can you talk ... you've talked to physicians about this. What's your perspective in terms of how this is more than a problem, and it's something that physicians need to pay attention to and get involved in addressing it?

**Dr. Ranney:** Absolutely. And I want to give kudos to the American Medical Association for being one of the first medical organizations to step up and say that firearm injury was a public health crisis or an epidemic back after Sandy Hook. We've had, since 1996, when the infamous Dickey Amendment was passed that restricted funding to the CDC for firearm injury prevention research, since 1996 up until 2020, there were $0 appropriated to the CDC for firearm injury prevention research. And part of my, and the AMA's, mission in saying this as a public health crisis is calling attention to the fact that we have a problem that affects Americans across the United States. This is not limited to rural Americans or urban Americans. This is not a Black problem or a white problem. This is not a female or a male problem. This is all of us. And it is getting worse. Year after year, as I give talks about this, it gets worse and worse.

And when we call it a public health crisis, that then gives us the ability to use the tools of public health, the same tools, P.S., that we're using to help reduce the incidence of COVID infection and death, but to use those same tools to reduce the number of firearm injuries and deaths across this country. It takes it out of the political realm, although of course, politics will always be part of it and policy will always be part of it, but puts it back into the hand of this as a health problem and we can fix it using these same standard health tools which physicians are at the forefront of doing.

**Unger:** Yeah. I mean, that lack of research that you mentioned there before, which is a long time for a
lack of research from the CDC’s perspective on gun violence. And your perspective is it is a public health crisis. It's a public health problem, and let's use the same tool set rooted in science to combat this challenge. So what does that look like to you?

Dr. Ranney: So it's a few things. The first is, is that we need accurate data on how many people are getting injured. Who's getting injured, where and why, and ditto for the number of people that are getting killed. Believe it or not, we do not have accurate estimates of injuries. There was a great paper published this past year in JAMA by some researchers at Penn that estimated the number of firearm injuries in a year. But that's step one, is we need data. Step two is we need to know what are the risk and protective factors. So what puts someone at greater risk? What helps to protect someone, all other things considered, from being a victim of firearm injury or death? And then the third thing is to develop interventions and test them. We don't want to put stuff out there that's going to make things worse. We want to do things that are actually going to make a difference.

And as physicians we can imagine what kind of things those might be. It's doing anticipatory guidance, the same way that we do for kids. We talk to parents about putting their kids in car seats or locking up the poisons underneath the sink. We talk to teens about safe driving and wearing seatbelts. We talk to our adult patients about drunk driving or about hypertension medications, or about having a fence around their pool. It's the same sort of steps that we might take around firearm injury to reduce the risk, not just for our patients, but also for their families and their communities. The trouble is again, we've been lacking data. So the few things that we can recommend at this point are based on less data than I would like or are very simplistic recommendations. And I'm hoping that over the next few years, we'll have better, more easy to implement recommendations for my fellow physicians across the country.

Unger: Well, speaking of data, we know starting at the very early side of the pandemic, that there was a huge lack of data regarding kind of the health equity implications of COVID-19. We’re probably, I’m assuming, facing the same lack of data and health equity related implications for gun violence as well. Is that right?

Dr. Ranney: That is absolutely true. And many of the same structural inequities, particularly structural racism that increased rates of COVID-19 among Black and Brown Americans and put them at higher risk of infection and death are the same things that put young minority males at a disproportionate risk of being victims of gun homicide. And so many of those same structural issues are also what put rural white men at much higher risk of firearm suicide. And we have to talk about those barriers, whether it be racism, whether it be stigma or lack of access to mental health care, whether it be easy access to a unsecured firearm, whether it be economic hopelessness that leads to someone picking up a gun and shooting themself or a loved one. We need to talk about all of those as part of the drivers of firearm injury, so that we can stop these shootings long before they happen.

Unger: Well, last question. You have really made advocacy such a big part of your job as being a
physician, and you've really shown that using your voice really matters and can have impact. What would you tell other physicians out there about using their voices to address public health challenges like gun violence or any of the myriad of other issues that we're facing today?

**Dr. Ranney:** So I would say a couple of things. First is show up and do it. We need all of our voices out there. And I think COVID has highlighted that for us, but it's true for firearm injury. It's true for racism. It's true for opioids. Name the issue, people need to hear about our experiences and about the importance of addressing these issues. The second thing is to do it as part of a community. This is not something you're going to be successful at being alone.

I will say it's one of the places that the AMA has been helpful to me, but I've also had collaboratives of other physicians who I exchange ideas with, who I work with, whether it's the group AFFIRM Research, which the AMA is a partner organization with that works on firearm injury prevention, whether it was groups like Get Us PPE or whether it's more informal groups of direct messages on Twitter or WhatsApp groups that I use to help trade ideas. Having that community around you is critical to your success in advocacy. But gosh, we need to be out there. Because if we're not, our voices and our perspectives won't be heard and our patients won't get as good care without that advocacy happening.

**Unger:** That's absolutely true. Thank you for using your voice and making such a difference. That's it for today's COVID-19 Update. Dr. Ranney, thanks again for being with us today. For more information on COVID-19. Visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.