

## AMA to form task force focused on firearm violence prevention with Gerald E. Harmon, MD

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AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

### Featured topic and speakers

**Editor's Note:** This episode was filmed prior to the mass shooting in California on Jan. 21, 2023. Our thoughts go out to all those who have been impacted by this tragic event—and to the many others who continue to be affected by gun violence.?

In today's AMA Update, Gerald Harmon, MD, immediate past president, AMA, and family medicine specialist in South Carolina, discusses the heartbreaking realities of gun violence in America—and the impact it has on the health care workforce. During the November Interim Meeting of the House of Delegates, the American Medical Association adopted policy to establish a task force focused on firearm violence prevention, including firearm-involved suicide. AMA Chief Experience Officer Todd Unger hosts.

Read more about the AMA's task force and ongoing efforts.

### Speaker

- Gerald Harmon, MD, immediate past president, AMA

### Transcript

**Unger:** A quick programming note for today's episode. This episode was filmed prior to the mass shooting in California, this past weekend. Our thoughts go out to all of those who have been impacted

by this tragic event and to the many others who continue to be affected by gun violence.

Hello and welcome to the AMA Update video and podcast. Today's topic is gun violence and how a newly created AMA task force will continue efforts to combat this public health crisis. I'm joined today by the AMA's immediate past president, Dr. Gerald Harmon, a family medicine specialist in Pawleys Island, South Carolina. I'm Todd Unger, AMA's chief experience officer, in Chicago. Dr. Harmon, welcome back.

**Dr. Harmon:** Thank you, Todd, welcome back. Look forward to a busy and productive new year for all of us.

**Unger:** Well, back in 2016, that seems about a long time ago, at this point, the AMA declared gun violence a public health crisis. And since then it's only gotten worse. Why is it important to name and treat this as a public health crisis?

**Dr. Harmon:** Well, Todd, if we've learned anything over the past six years, we've learned that firearm-related injury and death is just a public health problem that can affect everybody. It's pervasive. It's systemic. It requires a comprehensive public health response and a solution to it.

The meeting in 2016 that you alluded to actually was held in the immediate aftermath of a mass shooting event at the Pulse nightclub, in Orlando. Almost 50 people were killed there, and six years ago, this past June, our annual meeting was preceded by mass shootings at a school in Uvalde, Texas, and a grocery store in Buffalo, New York. And so it's an omnipresent event.

Physicians themselves have not been spared. We've recently had a Dr. Husen and Dr. Preston Phillips, have been shot and killed at their offices, in Tulsa, Oklahoma. And Dr. John Cheng was killed while attending a church, attending a church in California. Heck, we've had over 600 mass shootings in this past calendar year alone. This is really an unacceptable health care crisis.

**Unger:** And naming it a public health crisis clearly makes this a physician issue, which you so clearly pointed out there. There are some that argue that physicians don't belong in the conversation, and it's, quote, "Out of our lane." Talk about why that's wrong. Why is this in the physician's lane?

**Dr. Harmon:** Well, you're right and some of us do think, well, doctors, you just stick to medicine. Well, this is a health care crisis. Firearm injury, it happens in, unfortunately, many forms—self-harm, intimate partner violence, unintentional injury and even mass shootings. We've seen movie theaters, houses of worship, hospitals, big cities, small towns shattering any sense of safety or security by firearm violence.

And we've actually had a problem with disparities. The largest increase in firearm homicides has been among Black folks, almost 40%. The largest increase in firearm suicide was among American Indian

and Alaska Native people, 42%.

We can't continue to do this and physicians are at the front lines. It's not only in the trauma surgeons, emergency rooms. It's physicians like me in family medicine and in rural America and all across America.

Over half the firearm deaths are due to suicide, 60%. So when someone has access to guns, to firearms, and is at increased risk for harm, clinicians need to help reduce this risk. So I would say and I'd argue that not only do physicians belong in this conversation, but they need to be part of the solution.

**Unger:** Now, with the numbers that you cite at the beginning, it's easy to say like that can feel like a very overwhelming problem for physicians to help be part of that solutions. When you talk to your fellow physicians, what do you tell them that they can do to help? How do they get involved?

**Dr. Harmon:** Well, much as we have to somehow convince those critics who say doctors need to stay in their lane, some of my doctor colleagues, understandably, might feel uncomfortable. Don't have experience with firearms and really don't know how to ask. They might even feel that they need help and instructions in doing it.

The AMA, for the last many several years, since 2016, 2018, has had an online video, what we call it our Ed Hub, Educational Hub, of videos. We have a STEPS Forward video that you can go to on the AMA website and you can look at a video and a PowerPoint platform, an online platform, that tells you how to ask what might be an uncomfortable situation for you as a physician. Ask about firearms. Ask about firearm safety. Ask about the potential of firearm violence and take an active role at intervening in this public health crisis.

**Unger:** Well, the latest move by the AMA came at an interim meeting of the House of Delegates, back in November, with the creation of this new task force that's in formation right now. Can you tell us a little bit more about that?

**Dr. Harmon:** Well, this task force we decided to form. The house told us to form just a couple of months ago, it's not the beginning of the AMA involvement. We talked about it. It's a continuation of efforts following years of policy and advocacy.

We have more than 30 policy recommendations that have been adopted by the House of Delegates, over the past 20 years, to reduce firearm violence, reduce firearm trauma, injury and death. And the last policy was put forth and supported by them, in large part, by the Academy of Pediatrics delegation and the Medical Student Section of the AMA House of Delegates.

And we've asked, basically, four things—to establish a task force to focus on gun violence prevention, including gun-involved suicide; to collaborate with industry, state and specialty societies to increase engagement related to firearm safety; to support and consider providing grants, evidence-based firearm violence, perhaps interruption programs in communities and schools, hospitals and even health care systems. And then to report annually back to the House of Delegates on our efforts to it relating to legislation, regulation and litigation at the federal, state, and local levels, preventing gun violence. So we've got very identifiable metrics we need to report back on, but this does build on our existing house policy.

**Unger:** Now, just to that point, you mentioned this is not a new thing for the AMA. We've got 30 policy recommendations that are already in existence on gun violence. We don't need to go through each and every one of those, but I'm curious, in your mind, how do you see the task force building on those efforts that have already been made?

**Dr. Harmon:** Well, number one, addressing the public health emergency of gun violence. It can't be an all-or-none, check-the-box phenomenon. It's going to be a complex—it is a complex issue, requires a comprehensive public health response and approach.

So the AMA's policies has adopted some real reasonable recommendations, like including a waiting period for firearm availability, background checks for all firearm purchases. We support risk protection orders, allowing for temporary removal of a firearm from a workplace or a home or when there's a higher imminent risk for violence. Some of our recent policies include asking for warning labels on ammunition, just as you might have on cigarettes.

Text-based statistics or graphic pictures on the warning labels related to the risk and mortality associated with firearm ownership and use. This is a reasonable public health initiative that's been shown to be effective in the case of tobacco packaging. We need to apply common sense reforms to ammunition, to firearms, to safety and we've even taken an issue, most recently, with—what we unfortunately have had to do is have active shooter drills in our schools.

If you have an active shooter drill, and you should if you're a responsible community of education ... educators, you need to think about how we can do this in a protective, organized manner without scaring children's physical and taking into account their emotional and physical wellness. Because it can be very scary to talk about firearm violence to some of our children, without thinking it through. What we're teaching them, we're teaching them that this should happen to be safe but not scaring them. So you've got to take into account, in a very evidence-based manner, how to do this in a safe manner for their emotional support.

**Unger:** Well, obviously, this conversation is taking place in a broader context, highly-politicized environment out there. And I think there are probably people out there that believe that owning guns and advocating for responsible gun laws are mutually exclusive. What would you say to people like

that?

**Dr. Harmon:** Well, gun owners are and want to be a part of the solution. I think any reasonable gun owner supports—most gun owners, in fact, the evidence shows, support sensible firearm laws. We have there buy-in. It's not an adversarial situation.

Within the home, gun owners know that secure storage of firearms is important to keep children, adolescents and others safe. They should be stored, unloaded, in a locked device. Ammunition should be stored in a locked, separate location, and so they're common sense changes that we expect, not only in regulations and in statute but in just behavioral characteristics.

So the most responsible gun owners, and most are responsible, understand and already practiced these gun safety issues by themselves. So what we need to do is make sure we advertise, we disseminate, we educate the public. We educate our regulators and educate our physicians and health care workers about what we need to be doing.

**Unger:** Well, given the intensity and the continuation of this public health crisis, we obviously have a huge amount of work to do. When you look ahead to 2023 and beyond, what do you hope to see the AMA and this task force in particular accomplish?

**Dr. Harmon:** Todd, if it were easy, we'd have already done it. We understand that. So you need to take it seriously.

One of the things we expect the AMA to do and the task force to accomplish is to make sure that information sharing is more easily accessible on, let's say, AMA websites, AMA digital health spaces. Make sure we get gun violence up there in the front and center, so we understand this is a public health crisis. And it does remain and should be front and center in the physician's lane.

You notice, I talked about in the opening statements here and opening questions, it's not just emergency room doctors. It's not just the trauma surgeons that are seeing it. It's not just the public health physicians. It's everyday American doctors who are seeing this.

I practiced medicine for many decades, and unfortunately, it's continued to happen over decades of my practice, where someone has harmed themselves with a firearm and so it's always there. It's always in the back of my mind. We as physicians, every doctor needs to think about the possibility of firearm violence, when you're dealing with a stressful situation. We have enough behavioral health initiatives and concerns already in America, and this certainly ties in with the possibility of firearm-related violence.

So one of the things we can capture people's attention and energize our work force with is personal stories and personal experiences. As a family medicine doc this past year, I had two of my patients

that harmed themselves intentionally with self-inflicted wounds from firearms. And these are folks I've known for a long time and I knew they were having emotional crises, as it were. I knew they're concerned, and I always do a hindsight check.

All of us have the 2020 hindsight. I should have asked. I should have been more involved. Could I have done more to recognize that this person might have a thought of self-inflicting a wound or something?

And so could, if we can keep an awareness of that in the front of our minds, if we can feel comfortable addressing that without feeling like we're intruding on someone, all of us would be an effective weapon to use, to use the term weapon, against this dangerous onslaught of firearm violence. We need to counter the risk with appropriate interventions that physicians in every level, at every opportunity, can make. So educating ourselves that we can be a solution for it.

Educating our patients that we're doing the right thing for their safety, not to intrude, not to take away their Second Amendment rights, because that's always one of the contingencies some of the naysayers would say. We're doing the right thing for public health. We're doing the right thing for our patients and for our physician's oath.

**Unger:** Well, Dr. Harmon, thank you so much for being here today and sharing your perspectives on this public health crisis. We'll continue to keep everyone updated, as work comes out of the task force and AMA policy. If you'd like to see more information on the AMA's task force addressing this, visit our site at [ama-assn.org](http://ama-assn.org). You can find all our videos and podcasts at [ama-assn.org/podcasts](http://ama-assn.org/podcasts). Thanks for joining us today and please, take care.

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