Whereas, Gun violence is a public health and medical issue of immediate importance and our responsibility as a medical community is to contribute to the solution of prevention; and

Whereas, In 2013 our AMA joined 51 other specialty societies in letters to our President and congress to highlight mental health issues involved in violence prevention, and in 2017 our AMA came together with the American Bar Association to discuss the crisis of gun violence in Chicago, we prioritized lifting the ban and restoring funding to the CDC and federal agencies to study gun violence and in the interim our statistics come from other sources; and

Whereas, Currently an average of 7 children and teens under 20 are killed by guns every day and more than 1 in 5 US teenagers (14-17 years old) report having witnessed a shooting, and an average of 34 Americans are murdered with guns every day and 151 are treated for gun assaults every day in an emergency room;¹ and

Whereas, 60% of gun sales occur with a background check, yet those states with weaker gun laws on average lead to more gun deaths;¹ and

Whereas, America is an outlier on gun violence because it has many more guns than other developed nations with 4.4% of the world’s population but almost half of the civilian owned guns around the world;² and

Whereas, Change is imperative with rampant gun violence in both urban communities and mass shootings; with 1,600 mass shootings since Sandy Hook elementary school in 2012 with a total of 1,800 killed and 6,400 wounded; therefore be it

RESOLVED, That our American Medical Association advocate that a valid permit be required before the sale of all rapidly-firing semi-automatic firearms (New HOD Policy); and be it further

RESOLVED, That our AMA study options for removing access to firearms for those who may be a threat to themselves or others (Directive to Take Action); and be it further

RESOLVED, That our AMA study options for improving the mental health reporting systems and patient privacy laws at both the state and federal levels and how those can be modified to allow greater information sharing between state and federal government, law enforcement, schools and mental health professionals to identify, track and share information about mentally ill persons with high risk of violence and either report to law enforcement and/or the National Instant Criminal Background Check System, with appropriate protections. (Directive to Take Action)
REFERENCES
2. Harvard School of Public Health Injury Control Research Center, https://www.hsph.harvard.edu/hicrc/firearm-researcher-surveys/
3. http://www.gunviolencearchive.org/Gun Violence Archive compiled database since 2013 tracing reported shooting events (esp. Since CDC recent data is behind)

Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Firearm Availability H-145.996
Our AMA: (1) Advocates a waiting period and background check for all firearm purchasers; (2) encourages legislation that enforces a waiting period and background check for all firearm purchasers; and (3) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.

Increasing Toy Gun Safety H-145.974
Our American Medical Association (1) encourages toy gun manufacturers to take further steps beyond the addition of an orange tip on the gun to reduce the similarity of toy guns with real guns, and (2) encourages parents to increase their awareness of toy gun ownership risks.
Citation: (Res. 406, A-15)

Prevention of Unintentional Shooting Deaths Among Children H-145.979
Our AMA supports legislation at the federal and state levels making gun owners legally responsible for injury or death caused by a child gaining unsupervised access to a gun, unless it can be shown that reasonable measures to prevent child access to the gun were taken by the gun owner, and that the specifics, including the nature of "reasonable measures," be determined by the individual constituencies affected by the law.
Citation: (Res. 204, I-98; Reaffirmed: BOT Rep. 23, A-09)

Firearms as a Public Health Problem in the United States - Injuries and Death H-145.997
Our AMA recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths. Therefore, the AMA: (1) encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms; (2) urges that government agencies, the CDC in particular, enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths; (3) urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns; (4) urges the Congress to support recent legislative efforts to ban the manufacture and importation of nonmetallic, not readily detectable weapons, which also resemble toy guns; (5) encourages the improvement or modification of firearms so as to make them as safe as humanly possible; (6) encourages nongovernmental organizations to develop and test new, less hazardous designs for firearms; (7) urges that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun-violence prevention; and (8) strongly urges US legislators to fund further research into the epidemiology of risks related to gun violence on a national level.
Citation: (CSA Rep. A, I-87; Reaffirmed: BOT Rep. I-93-50; Appended: Res. 403, I-99; Reaffirmation A-07; Reaffirmation A-13; Appended: Res. 921, I-13)

Gun Safety H-145.978
Our AMA: (1) recommends and promotes the use of trigger locks and locked gun cabinets as safety precautions; and (2) endorses standards for firearm construction reducing the likelihood of accidental discharge when a gun is dropped and that standardized drop tests be developed.
Citation: (Res. 425, I-98; Reaffirmed: Res. 409, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Reaffirmation A-13)

See also: