REPORT OF THE BOARD OF TRUSTEES

Subject: Removing Restrictions on Federal Funding for Firearms Violence Research
(Resolution 201-I-16)

Presented by: Gerald E. Harmon, MD, Chair

At the 2016 Interim Meeting, the House of Delegates (HOD) adopted Policy D-145.994, “Removing Restrictions on Federal Funding for Firearms Violence Research,” which called on our American Medical Association (AMA) to “provide an informational report on recent and current organizational actions taken on our existing AMA Policies (e.g., H-145.997) regarding removing the restrictions on federal funding for firearms violence research, with additional recommendations on any ongoing or proposed upcoming actions.” This report fulfills that directive.

BACKGROUND ON RESTRICTIONS ON FEDERAL FUNDING FOR FIREARMS VIOLENCE RESEARCH

Since the late 1990s, language has been inserted into either annual funding bills for the Departments of Labor, Health and Human Services, and Education or included into omnibus appropriations bills that has effectively limited federally-funded research related to firearm violence. Under the Public Health Service Act (PHSA), the Centers for Disease Control and Prevention (CDC), the lead public health agency for the federal government, is charged with conducting and providing grants for research “relating to the causes, mechanisms, prevention, diagnosis, treatment of injuries, and rehabilitation from injuries….” (42 U.S.C. § 280b(a)). From 1985 until 1996, the CDC’s National Center for Injury Prevention and Control (Injury Center) researched firearm violence or funded research that studied firearm violence as part of CDC’s statutory mandate. Many of these studies researched questions related to gun ownership and use. In 1993, after a CDC-funded study published in The New England Journal of Medicine concluded that guns in the home put people at greater risk of homicide, the National Rifle Association (NRA) argued that the CDC was advocating for gun control and that the Injury Center should be stripped of all funding.

Congress eventually decided to retain the Injury Center, but redirected $2.6 million (the exact amount spent on gun research the previous year) from its budget. Subsequently, in September 1996, Congress included a rider in the Omnibus Consolidated Appropriations Bill for Fiscal Year (“FY”) 1997 that stated that “none of the funds made available for injury prevention and control at the [CDC] may be used to advocate or promote gun control” (P.L. 104-208; September 30, 1996; 110 Stat. 3009, 3009-244). This language was sponsored by the late Representative Jay Dickey (R-AR) and is known as the Dickey Amendment or Rider. The Dickey amendment language has been included in each subsequent funding bill. Although in recent years such bills have rarely actually become law, the Dickey amendment has been included in the continuing resolutions or omnibus funding bills at the end of the year. For FY 2012, Congress expanded this limitation so that it applies to National Institutes of Health (NIH) funding as well. While attempts have been made to delete the amendment language, including in the immediate aftermath of the Charleston, South Carolina church shooting that killed nine people, such attempts have been rejected by appropriators.

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While the Dickey amendment does not specifically prohibit research on the causes of firearm violence, for the past 20 years the language has had a chilling effect on the CDC. The Obama Administration maintained the position that research on the causes of firearm violence does not constitute “advocacy” and that such research would not be in violation of the Dickey amendment, and in fact directed the CDC to conduct such research. However, the CDC did not do so. According to a white paper prepared in August 2016 by the law firm of Covington & Burling LLP for the Law Center to Prevent Firearm violence, “CDC’s interpretation of the appropriations rider has had a dramatic effect on firearm research by effectively halting federally funded research on gun-related injuries. From 1996 to 2013, CDC funding for firearm injury prevention fell 96 percent.”

AMA ADVOCACY ACTIVITIES

AMA Policy and advocacy activities have strongly urged Congress to take action on curbing firearm violence generally, and to allow and fund firearm violence research specifically. In April of 2016, the AMA, along with over 100 other medical organizations, sent a joint letter to Congress urging federal funding for research on firearm violence. In response to policy adopted at A-16 (D-145.995), the AMA issued a public statement that firearm violence represents a public health crisis that requires a comprehensive public health response and solution. That same policy directed the AMA to actively lobby Congress to lift the firearm violence research ban. Consequently, on June 15, 2016, the AMA sent a letter to the entire Senate advocating for federal support for research into the epidemiology of firearm violence and effective methods to reduce injury and death. Furthermore, the AMA continues to support two federal bills (S. 834 and H.R. 1832) that would authorize federal funds to the CDC for conducting or supporting research on firearm violence prevention.

AMA policy (H-145.975) also supports increased funding for the expansion of the National Violent Death Reporting System (NVDRS) to all 50 states and U.S. territories, to inform state and federal health policy. NVDRS is a state-based surveillance system that provides jurisdictions with a better understanding of violent deaths to guide decisions about violence prevention and track progress over time. In FY 2016, CDC received funding to expand NVDRS to a total of 42 jurisdictions. The FY 2017 omnibus appropriations bill provided level funding for NVDRS. Despite the fact that the FY 2018 President’s budget request for CDC was an estimated $1.2 billion (17 percent) below the FY 2017 continuing resolution level, the budget request maintained level funding for NVDRS.

In addition, AMA policy supports state research on firearm-related injuries and deaths (H-145.975). In the absence of federal funding for firearm violence research, at least one state has passed a budget that allocates funding for firearm violence research. In 2016, the California legislature allocated $5 million for the creation of a Firearm Violence Research Center at the University of California, Davis.

Policy was adopted at the 2016 Annual Meeting supporting a waiting period and background check for all firearm purchasers (H-145.996). As a result, the AMA endorsed a call to action on firearm-related injury and death in the U.S. issued in 2014 by eight medical organizations—including the American College of Physicians, the American Academy of Family Physicians, and the American Academy of Pediatrics—and the American Bar Association (ABA). More than 50 organizations have since endorsed the call to action, which includes a recommendation supporting federally-funded firearms research. On March 24, 2017, the AMA and the ABA, along with a number of local, state, and specialty medical societies, presented a program in Chicago on Preventing Firearm violence: Moving from Crisis to Action. The program explored a workable public health response to reducing firearm violence, including priorities for a research agenda.
The AMA continues to seek opportunities to advocate for federally-funded firearm violence research. The current leadership in Congress and the current Administration, however, oppose federal funding for such research. Thus, in the current political environment there is little expectation that federal legislation, such as S. 834 and H.R. 1832, could pass in Congress, or that the Administration would direct the CDC to conduct such research. Your Board has reviewed our extensive policy and believes that the AMA is well positioned to support any future legislative or regulatory proposals to provide funding for research, and to engage with other stakeholders to continue to educate policy leaders and the public that firearm violence remains a public health crisis and requires a comprehensive public health response and solution. Therefore, the Board is not recommending additional policy on this topic at this time.