

REPORT OF THE BOARD OF TRUSTEES

B of T Report 2-I-22

Subject: Further Action to Respond to the Gun Violence Public Health Crisis
(Resolution 246-A-22)

Presented by: Sandra Adamson Fryhofer, MD, Chair

Referred to: Reference Committee F

1 At the 2022 Annual Meeting, the House of Delegates (HOD) referred Resolution 246, “Further
2 Action to Respond to the Gun Violence Public Health Crisis,” to the Board of Trustees (Board) for
3 a report back to the HOD at 2022 Interim Meeting. Resolution 246, introduced by the Medical
4 Student Section, asked that our American Medical Association (AMA) convene a task force for the
5 purposes of: “working with advocacy groups and other relevant stakeholders to advocate for
6 federal, state, and local efforts to end the gun violence public health crisis; identifying and
7 supporting evidence-based community interventions to prevent gun injury, trauma, and death;
8 monitoring federal, state, and local legislation, regulation, and litigation relating to gun violence;
9 and reporting annually to the HOD on the AMA’s efforts to reduce gun violence.” The reference
10 committee heard mixed testimony on whether a task force was necessary to develop actionable
11 recommendations for our AMA to be a leader in responding to the firearm violence crisis; similar
12 testimony was offered during the HOD floor debate. This report therefore addresses recent AMA
13 activities on preventing firearm violence and makes a recommendation about creating a task force.
14

15 BACKGROUND

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17 The AMA declared firearm violence a public health crisis at the 2016 Annual Meeting, which
18 convened in the aftermath of the mass shooting at the Pulse nightclub in Orlando where 49 people
19 were killed. Immediately before the 2022 Annual Meeting, two mass shootings occurred within 10
20 days at an elementary school in Uvalde, Texas and a grocery store in Buffalo, New York. In the
21 AMA’s press statement after the Uvalde shooting, then AMA President Gerald Harmon, MD,
22 stated, “The shooting yesterday at an elementary school is horrific and sadly—and unacceptably—
23 all too familiar in the United States. A week after Buffalo, 10 years after Sandy Hook, 23 years
24 after Columbine; the places and cities change, but the story is the same—too-easy access to
25 firearms, inaction on wildly popular, common-sense safety measures like background checks, and
26 countless lives lost or changed forever.” Dr. Harmon further stated, “More and more it is clear no
27 place is safe—malls, schools, movie theaters, places of worship, and grocery stores have all been
28 targeted.... We call on lawmakers, leaders, and advocates to say enough is enough. No more
29 Americans should die of firearm violence. No more people should lose loved ones.”
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32 In remarks at the 2022 Annual Meeting, Dr. Harmon declared that “Gun violence is a plague on our
33 nation. It is a public health crisis, and much of it is preventable.” Also at the Annual Meeting, then
34 AMA Board Chair Bobby Mukkamala, MD, addressed the HOD to reaffirm that the Board is fully
35 committed to continuing to work on preventing firearm violence as a top AMA advocacy priority.
36 With over 45,000 firearm-related deaths in 2020 and a continuing string of mass shootings, the
37 Board recognizes this public health crisis needs heightened efforts and new strategies. According to
the Gun Violence Archive—an independent, non-profit data collection and research group that

1 provides free online public access to accurate information about gun-related violence in the U.S.—
2 there have been 393 mass shootings in 2022 (as of August 4, 2022) and a total of 26,300 deaths
3 from firearm violence from all causes. Recent data from the Centers for Disease Control and
4 Prevention (CDC) indicate that firearm deaths are increasing, and disparities are widening, with
5 young people, males, and Black people experiencing the highest firearm homicide rates. These
6 statistics are clearly unacceptable, especially since firearm injuries and deaths are preventable.
7

8 RECENT AMA ADVOCACY ACTIVITIES
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10 During the 117th Congress, our AMA has advocated for evidence-based, commonsense legislative
11 proposals to address firearm violence. The AMA expressed support for H.R. 8, the “Bipartisan
12 Background Checks Act of 2021,” (Thompson, D-CA/Upton, R-MI), which would expand the
13 existing background check system to cover all firearm sales, including those at gun shows, over the
14 internet and through classified ads, while providing reasonable exceptions for law enforcement and
15 family and friend transfers. This bill was passed by the U.S. House of Representatives on
16 March 11, 2021, but has not been considered by the U.S. Senate. The AMA also supported
17 H.R. 7910, the “Protecting Our Kids Act,” (Nadler, D-NY), an omnibus package of eight
18 previously introduced bills focused on preventing firearm violence. This bill was passed by the
19 House of Representatives on June 22, 2022, but also was not considered by the Senate.
20

21 However, Congress succeeded in passing the first major firearm legislation in over 30 years with
22 S. 2938, the “Bipartisan Safer Communities Act” (Murphy, D-CT/Cornyn, R-TX), which the AMA
23 supported. President Biden signed this bill into law on June 25, 2022, and AMA Board Chair
24 Sandra Fryhofer, MD, attended the signing ceremony. Key provisions of the bill include:
25

- 26 • Providing grants for states to establish or strengthen extreme risk protection orders;
- 27 • Adding convicted domestic violence abusers in dating relationships to the National Instant
28 Criminal Background Check System (NICS);
- 29 • Requiring the NICS to contact authorities to see whether an individual under the age of 21 has
30 a “disqualifying” juvenile record for buying a firearm;
- 31 • Making it a federal crime to buy a firearm on behalf of an individual who is prohibited from
32 doing so; and
- 33 • Including new spending for school security and mental health treatment.

35 In the AMA’s statement following the Act’s enactment into law, AMA President Jack Resneck, Jr.,
36 MD, noted that this law will save lives, and stated “The measures in this law—funding for red flag
37 programs, closing the so-called ‘boyfriend loophole,’ and expanding background checks on people
38 between the ages of 18 and 21 seeking to buy a gun—will keep weapons out of the hands of people
39 wishing to do harm. This law isn’t a panacea, and more work remains to prevent firearm violence,
40 but it is an important, critical step in the right direction.” Our AMA is now focused on advocating
41 to ensure that the new funding authorized in the new law is actually appropriated, advocating for
42 states to establish or strengthen extreme risk protection orders, and ensuring that the other
43 provisions are properly and quickly implemented.
44

45 The AMA is also working to ensure that Congress appropriates increased funding for research to
46 prevent firearm violence. The AMA is working with medical specialty societies, including the
47 American Academy of Pediatrics (AAP), to support \$60 million in funding for the CDC and the
48 National Institutes of Health (NIH) to conduct public health research on firearm morbidity and
49 mortality prevention. This would double the amount of funding provided last year. Our efforts have
50 been successful so far: the House 2023 Labor-HHS Appropriations bill that passed out of the
Appropriations Committee on June 30 includes the \$60 million for the NIH and CDC firearm

1 injury and prevention programs funding. The Senate Appropriations Committee released the
2 Chairman's mark of all 2023 appropriations bills on July 28; the summary document listed the
3 same \$60 million for firearm injury and mortality prevention research at NIH and CDC. Our AMA
4 will continue to monitor appropriations developments and advocate to ensure that this funding is
5 approved by Congress.

6
7 In addition, our AMA is advocating our policy through the courts. Most recently, the U.S. Supreme
8 Court in *New York State Rifle & Pistol Association Inc., et al. v. Bruen* struck down a New York
9 law limiting the concealed carrying of firearms in public to those who demonstrated proper cause
10 for needing to do so—such as documented threats of physical violence against them in a 6-3 ruling.
11 The Litigation Center of the American Medical Association and State Medical Societies, the
12 Medical Society of the State of New York, American Academy of Pediatrics and the American
13 Academy of Child and Adolescent Psychiatry had filed an amicus brief urging the Supreme Court
14 to uphold a lower-court decision and arguing that the law's requirements do not violate the Second
15 Amendment. The amicus brief from the AMA and others argued that New York has the right to
16 "enforce its reasonable licensing requirements for individuals who wish to carry concealed
17 handguns in public spaces, including our streets, highways, stores, shopping malls, movie theaters,
18 Little League games, hospitals, subway cars, concert halls, football stadiums, outdoor festivals,
19 bars, restaurants, basketball courts, parks, political rallies, houses of worship, and other crowded
20 venues filled with children and adults alike." The brief also noted that more than 8,800 New
21 Yorkers died of firearm-related injuries between 2010 and 2019, and that firearm violence "is a
22 grave public health crisis that must be addressed by measures such as New York's concealed carry
23 law." The AMA noted its deep disappointment with the Court's "harmful and disturbing decision"
24 to rule against the law, which it described as an "appropriate and constitutional response to the
25 scourge of firearm violence" in New York communities.

26
27 In addition, our AMA will work to implement the new policies approved by the HOD at the recent
28 2022 Annual Meeting. With the rising availability of homemade "ghost guns," the AMA called on
29 state legislatures and Congress to subject these weapons to the same regulations and licensing
30 requirements as traditional firearms (Policy H-145.967, "Regulation of Homemade Firearms").
31 New policy was also adopted that our AMA support legislation requiring that packaging for any
32 firearm ammunition produced in, sold in, or exported from the United States carry a boxed
33 warning. At a minimum, the warning should be text-based statistics and/or graphic warning labels
34 related to the risks, harms, and mortality associated with firearm ownership and use. It also should
35 include an explicit recommendation that ammunition be stored securely and separately from
36 firearms (Policy H-145.968, "Support for Warning Labels on Firearm Ammunition Packaging").

37
38 Another policy adopted is focused on ensuring that active-shooter and live-crisis drills consider the
39 mental health of children (Directive D-145.993, "Addressing Adverse Effects of Active-Shooter
40 and Live-Crisis Drills on Children's Health"). With school shootings continuing at a troubling pace
41 and few regulations in place to address the country's firearm crisis, some schools prepare faculty
42 and children to respond. While well-intentioned, there are concerns that the style of drill may have
43 unintended harmful effects on children's mental health. To address these concerns, the policy
44 adopted encourages active-shooter and live-crisis drills to be conducted in an evidence-based and
45 trauma-informed way that takes children's physical and mental wellness into account, considers
46 prior experiences that might affect children's response to a simulation, avoids creating additional
47 traumatic experiences for children, and provides support for students who may be adversely
48 affected. Our AMA will work with relevant stakeholders to raise awareness of ways to conduct
49 active-shooter or live-crisis drills that are safe for children and developmentally appropriate. The
50 AMA will also advocate for research into the impact of live-crisis exercises and drills on the

1 physical and mental health and well-being of children, including the goals, efficacy, and potential
2 unintended consequences of crisis-preparedness activities involving children.

3
4 **COLLABORATIONS**

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6 Our AMA is a partner organization of AFFIRM at The Aspen Institute, which is a non-profit
7 dedicated to ending the American firearm injury epidemic using a health-based approach. AFFIRM
8 combines health expertise with the knowledge and traditions of responsible firearm stewardship to
9 achieve consensus recommendations. AFFIRM is committed to reducing the rate of firearm injuries
10 and deaths. AFFIRM also builds partnerships with non-medical organizations that are equally
11 committed to preventing firearm injury, including groups committed to firearm safety and shooting
12 sports.

13
14 The AMA has joined the American College of Physicians (ACP), American Academy of Family
15 Physicians, AAP, American College of Surgeons (ACS), American Psychiatric Association (APA),
16 and American Public Health Association in calling for policies to help stem firearm-related injuries
17 and deaths in the United States. The organizations endorsed the article, Firearm-Related Injury and
18 Death in the United States: A Call to Action From the Nation's Leading Physician and Public
19 Health Professional Organizations, published online in *Annals of Internal Medicine* on August 7,
20 2019.

21
22 Our AMA is actively participating in monthly meetings convened by the AAP on advocacy related
23 to doubling last year's appropriations funding for research on preventing firearm violence. The
24 AMA also participated in a 2019 meeting on firearm violence organized by ACS and will be
25 actively participating in a follow-up Medical Summit on Firearm Injury Prevention being
26 sponsored by ACS in collaboration with the ACP, the American College of Emergency Physicians,
27 and the Council of Medical Specialty Societies. The objectives of the 2022 summit are to use a
28 consensus-based, non-partisan approach to selecting recommendations for executive action and/or
29 legislation at the federal, state, and municipal levels that would decrease firearm-related injuries
30 and identify elements of the most effective programs that can be implemented by physician
31 practices/clinics/hospitals/health systems in partnership with their communities to effectively lower
32 the risk of violence, with an emphasis on marginalized communities that are disproportionately
33 impacted by violence.

34
35 The AMA is also scheduling meetings with representatives of law enforcement and education
36 organizations to see where consensus might be reached on possible solutions to reducing firearm
37 violence and preventing firearm injuries and deaths. Our AMA is also planning federation calls to
38 follow-up on the Medical Summit on Firearm Injury Prevention and plans to convene an informal
39 advisory group of physicians to brainstorm additional ideas on how to prevent and reduce injuries
40 and deaths from firearm violence.

41
42 **EDUCATION**

43
44 In 2017, the AMA and the American Bar Association held a joint conference in Chicago,
45 "Preventing Gun Violence: Moving from Crisis to Action." This conference led the Council on
46 Science and Public Health to initiate a report on "The Physician's Role in Firearm Safety," which
47 was adopted by the House of Delegates at the 2018 Annual Meeting. At that meeting, the Council
48 also co-sponsored an educational session with the AMA's Advocacy Resource Center focused on
49 "Preventing Gun Violence: What Physicians Can do Now." The session focused on describing the
50 trends in morbidity and mortality associated with firearm violence in the U.S., identifying
51 evidenced-based strategies available to reduce firearm morbidity and mortality, and defining the

1 physician's unique role in promoting firearm safety and preventing firearm violence. Featured
2 speakers included Marian "Emmy" Betz, MD, MPH, MPH, University of Colorado School of
3 Medicine; Garen Wintemute, MD, MPH, University of California-Davis School of Medicine; and
4 Megan Ranney, MD, MPH, Warren Alpert Medical School, Brown University. Dr. Betz,
5 Dr. Wintemute and Dr. Ranney then collaborated with the AMA to develop an enduring CME
6 module, "The Physician's Role in Promoting Firearm Safety," which was published on the AMA
7 Ed Hub in December of 2018.

8
9 The AMA also recognizes the need for state-specific guidance for physicians on how to counsel
10 patients to reduce their risk for firearm-related injury or death, including when and how to ask
11 sensitive questions about firearm ownership, access and use, and clarification on the circumstances
12 under which physicians are permitted or may be required to disclose the content of such
13 conversations to family members, law enforcement, or other third parties. To inform this work the
14 AMA conducted research to: (1) understand physician's barriers and emotions related to firearm
15 safety discussion with patients; (2) co-create with physicians and partners on relevant tools or
16 methods to help improve firearm safety; and (3) recommend a path forward for the AMA to aid
17 physicians in having firearm safety conversations. Six interviews were conducted with subject
18 matter experts working in the field of firearm safety and violence prevention and four two-hour
19 co-creation groups were held exploring current barriers to firearm safety conversations, physicians'
20 emotions, and functional and emotional design needs. The four co-creation groups were convened
21 by specialty (pediatrics, primary care (adult), psychiatry, and emergency physicians). Each group
22 included four physicians.

23
24 The findings of this research have informed the development of a resource to help physicians
25 effectively screen and counsel patients at risk of firearm related injury and mortality. The resource
26 is an online tool containing guidance on when and how to ask sensitive questions about firearm
27 ownership, access, and use, as well as state-specific legal information about discrete legal topics
28 related to firearms, such as laws governing physician speech about firearms, physicians'
29 obligations to disclose confidential patient information, safe storage and child access prevention
30 laws, and laws governing the possession and transfer of firearms. The tool is expected to be
31 launched by the end of 2022.

32
33 EXISTING AMA POLICY

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35 In addition to the newly adopted policies noted above, the AMA has developed and adopted over
36 [30 policy recommendations](#) over the past two decades to reduce firearm trauma, injury, and death.
37 These include:

38
39 • [A waiting period for firearm availability, and](#)
40 [Background checks for all firearm purchasers, Policy H-145.996](#)
41 • [Firearm safety and research and enhancing access to mental health care, Policy H-145.975](#)
42 • [Gun safety education and regulation of interstate traffic of guns, Policy H-145.997](#)
43 • [Distribution of firearm safety materials in the clinical setting, Policy D-145.996](#)
44 • [Limit and control the possession and storage of weapons on school property, Policy H-145.983](#)
45 • [Firearm safety counseling with patients, Policy H-145.976](#)
46 • [Trigger locks and gun cabinets to improve firearm safety, Policy H-145.978](#)
47 • [Data on firearm deaths and injuries, Policy H-145.984](#)
48 • [Prevention of unintentional shooting deaths among children, Policy H-145.979](#)
49 • [Ban on handguns and automatic repeating weapons, Policy H-145.985](#)
50 • [Prevention of firearm accidents in children, Policy H-145.990](#)

- 1 • [Waiting period before gun purchase, Policy H-145.992](#)
- 2 • [Restriction of assault weapons, Policy H-145.993](#)
- 3 • [Mandated penalties for crimes committed with firearms, Policy H-145.999](#)
- 4 • [Public health policy approach for preventing violence in America, Policy H-515.971](#)

5
6 DISCUSSION
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8 The Board believes that the above policies and additional policies that have been adopted by the
9 HOD provide abundant opportunity to advocate at the federal, state, and local levels and with other
10 stakeholders for evidence-based policy solutions to respond to the current public health crisis of
11 firearm violence. The challenge in achieving legislative success, especially at the federal level, is
12 not the lack of sufficient or adequate AMA policy but rather the political realities in the current
13 Congress, especially advancing specific legislation through the U.S. Senate. Congress regards the
14 passage and enactment of the Bipartisan Safer Communities Act as the high bar on what firearm
15 related laws can be achieved at the federal level in the current political environment. Therefore,
16 while seeking opportunities at the federal level to further advance comprehensive legislation,
17 including expanding background checks to all firearm purchasers or restricting assault weapons
18 and large capacity magazines, the AMA will continue to advocate for timely implementation and
19 adequate funding of the recently enacted Bipartisan Safer Communities Act, with a particular focus
20 at the state level in expanding Extreme Risk Protection Order (ERPO) laws.

21
22 The Board acknowledges the impassioned testimony expressed during reference committee and on
23 the floor of the HOD about the need to create an AMA task force to develop actionable
24 recommendations for the AMA to be a leader in responding to the gun violence crisis. As
25 summarized in this report, however, our AMA is already engaged in the advocacy, litigation, and
26 coalition activities similarly called for in Resolution 246 and in accord with existing AMA policy.
27 The Board concludes, therefore, that a task force, as called for in Resolution 246, is not necessary
28 for the AMA to remain a leader and strong advocate for state and federal legislation and
29 regulations to reduce firearm violence. Furthermore, the Board remains committed to seeking new
30 solutions (through advocacy, litigation, education, and coalition activities) to reduce firearm
31 violence, and can accomplish this in a more responsive and nimble manner than through a new task
32 force. Accordingly, the Board recommends that Resolution 246 not be adopted. However, in order
33 to keep the Federation of Medicine and the HOD up-to-date on developments in this space, the
34 AMA will make readily available on the AMA website the comprehensive summary of AMA
35 policies, activities, and progress regarding the public health crisis of firearm violence.

36
37 RECOMMENDATION
38

39 The Board of Trustees recommends that the following be adopted in lieu of Resolution 246 and
40 that the remainder of the report be filed:

41
42 Our AMA will make readily accessible on the AMA website the comprehensive summary of AMA
43 policies, plans, current activities, and progress regarding the public health crisis of firearm
44 violence. (New HOD Policy)

Fiscal note: None.