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December 10, 2013

Dear Senator/Representative:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, I write to urge Congress to find a way forward and pass strong and comprehensive federal policy that addresses the public health threat of gun violence and its destructive effects in the lives of children.

This weekend we will commemorate the one year anniversary of the tragedy at Sandy Hook Elementary School in Newtown, CT that left 26 dead, including 20 children. The scourge of gun violence is unfortunately not an uncommon source of grief for American families. Pediatricians are all too aware of this fact because we see its myriad manifestations in our daily work; the children who come to our emergency rooms with life threatening firearm-related injuries, or whose easy access to firearms leads to the taking of their own lives, or who are unable to access needed mental health services, especially to address the effects of exposure to violence.

Gun violence is a major public health threat to American children. Firearm injuries are one of the top three causes of death among youthⁱ, killing twice as many children as cancer, five times as many as heart disease, and 15 times as many as infectionsⁱⁱ.

A comprehensive public health approach to this problem is essential to protecting children from gun violence and ensuring those who are victims of violence or are exposed to it are able to access the health services they need. The time is now for Congressional action to enact policies to prevent future families from suffering the crushing loss caused by gun violence. As with other successful public health initiatives, efforts to prevent and address gun violence must encompass a long-term, multifaceted approach that prioritizes protection for vulnerable populations, including children, adolescents, and women.

Policymakers must stand resolute and pursue robust policies that encompass the same value of scientific evidence and effective interventions that we employ in the pursuit of solutions to other national public health issues. Such an approach should include: investment in federal gun violence prevention research; support of community-based violence prevention programs; efforts to expand access to mental health and substance use disorder screening and treatment; enactment of common-sense gun laws; and public education efforts.

Research is the foundation upon which successful public health initiatives are crafted. Comprehensive research uncovers the etiology and epidemiology of health threats and provides insight into how best to develop policy solutions to address them. The dearth of gun violence research has prevented meaningful progress in reducing the public health burden of gun violence. We urge Congress to provide funding to support robust gun violence prevention public health research and surveillance at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

Suicide is a major contributor to gun deaths among youth, and the presence of a gun in the home increases the risk of adolescent suicide, even among those without a preexisting mental health conditionⁱⁱⁱ. One in five children in the U.S. suffer from a diagnosable mental health disorder, but only 20-25 percent of affected children receive needed treatment^{iv}. Additionally, exposure to violence has significant effects on children's mental health. Policy responses to the issue of gun violence should also seek to expand access to important mental health and substance use disorder screening and treatment, enhance the integration of mental health in the primary care setting, and foster the provision of trauma-informed care.

The AAP strongly supports common sense efforts to strengthen gun laws and make it more difficult for those who would obtain or use firearms for violence to have access to them. Universal application of background checks to all firearm sales would ensure that individuals who are barred by current law from purchasing or possessing firearms, including felons and perpetrators of domestic violence, can no longer obtain guns through abuse of loopholes in the current background check system. Strengthening the law to address the practice of straw purchasing of firearms on behalf of prohibited purchasers by those who can legally purchase guns would also help stanch the flow of illegal firearms to criminals.

Public education will also play an important role in reducing the public health toll of firearm-related injuries and deaths. This will require broad ranging partnerships between private and public sector stakeholders to address topics such as safe firearm storage and the prevention of homicide and suicide. Policymakers should support federal involvement in efforts to sustain and improve public education and engagement on this critical issue.

Last year's tragedy in Newtown, CT was a stark reminder of the devastating toll of gun violence. America's pediatricians remain undeterred and united in our desire to see significant policy change to address this public health crisis.

Sincerely,



Thomas K. McInerney, MD, FAAP
President

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ⁱ American Academy of Pediatrics, Council on Injury, Violence, and Poison Prevention Executive Committee. *Firearm-related injuries affecting the Pediatric Population*. Pediatrics 2012;130(5):e1416-e1423.

ⁱⁱ WISQARS (Web-based Injury Statistics Query and Reporting System). Atlanta: Centers for Disease Control and Prevention (www.cdc.gov/ncipc/wisqars).

ⁱⁱⁱ American Academy of Pediatrics, Council on Injury, Violence, and Poison Prevention Executive Committee. *Firearm-related injuries affecting the Pediatric Population*. Pediatrics 2012;130(5):e1416-e1423.

^{iv} American Academy of Child and Adolescent Psychiatry Committee on Health Care Access and Economics Task Force on Mental Health. *Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration*. Pediatrics 2009;123;1248. DOI: 10.1542/peds.2009-0048.