In 2015, Detroit suffered a record number of deaths of children who accidentally killed themselves after accessing guns in their own homes. That same year, the Journal for Urban Health conducted a survey estimating that at least 7% of U.S. children (4.6 million) live in a home with at least one firearm that is stored loaded and unlocked. (This number was more than twice that reported in 2002.) The most recent National Vital Statistics Report shows something never before seen in the United States—life expectancy decreasing for the second consecutive year with increasing mortality from unintentional injuries, homicides, and suicides. In 2016, 38,658 Americans suffered firearms related deaths, raising this age-adjusted rate by 6.3%. Some would say this is only a problem in major large cities, but according to the CDC, the age-adjusted firearm death rates in 2017 were highest in more rural places, such as Alaska (24%), Montana (22.5%), and Alabama (21.5%).

Being not only a primary care physician in Michigan but also a human in America, I have personally been affected by firearms. Growing up in the lower-middle class Detroit suburb of Inkster, Michigan, I had friends caught in the cross-hairs of drive-by shootings; I’ve had to drop to the floor in my living room to avoid windows so that my family and I would not be innocent victims of gun violence. As a student at Michigan State University, a friend from Northern Michigan accidentally killed himself from playing with his father’s rifle at home. Not to least mention being a medical student at Wayne State University in Detroit on a Trauma Surgery rotation at Sinai Grace Hospital, the hospital that cares for the highest number of penetrating trauma in the city. This is why the #ThisIsMyLane social media campaign from physicians in response to the NRA’s #StayInYourLane messages hit home for me.

In response to my #ThisIsMyLane post on Facebook, internationally recognized Wayne County Prosecutor, Kym Worthy, and star of the HBO documentary I Am Evidence, asked me what we could do about firearm-related deaths and why this was not a mandatory part of a medical history? As a LEAHP (Leadership in Health Policy Program) Scholar, my response was...we write a resolution! As a county delegate to the Michigan State Medical Society, we embarked on writing two resolutions: the first, to mandate physician training in safe firearm storage and patient counseling; the second, the addition of firearm safe storage questions to preventative health visits for all ages in the state of Michigan, and ultimately all states in this country. Based on current American Medical Association (AMA) policy statements, we needed to start at the state level. If it gets through the state AMA House of Delegates, we will have a chance to take it to the national AMA House of Delegates.

How can these actions help curb unintended firearm-related deaths in America? First, we must confirm we are not stepping on, or taking away anyone’s rights! According to the American Bar Association, Second Amendment rights are not affected by asking and counseling about firearms. Literature shows that counseling by physicians, performed in a non-biased and non-judgmental way, has a positive effect on patients’ firearm storage habits; reports show that up to 64% change gun storage practices and up to 12% percent of patients who received counseling removing firearms from their homes.

How does a full-time physician, wife, mother of two, and part-time Harvard MPH student get this all done? As assistant professor at Wayne State University (WSU) School of Medicine, I was able to engage student participants in our student chapter of the American

continued on page 2
Medical Association. The Medicine & Political Action in the Community (Co-Curricular program) was eager to assist in the research, writing, and presentation of the two resolutions, led by innovative WSU faculty Jennifer Mendez, Ph.D. I shared the premise of the resolutions and the social media conversation between myself and Wayne County Prosecutor, Kym Worthy, along with two key articles, “Gun Violence Is a Health Crisis: Physicians’ Responsibilities” and “Yes, You Can: Physicians, Patients, and Firearms”. We used these articles as our foundation for a literature review, searched the AMA Policy Finder for similar resolutions and policies making sure of the uniqueness of our endeavor. The existing policies they found were too broad, generalized, and focused on developing further plans on local or state levels. These passionate students attended a resolution writing workshop on a Saturday morning in December, and attended county AMA medical society meetings to witness the process of reviewing and approving resolutions to prepare for state AMA house of delegate meeting in late spring. Subsequently, we discussed the importance of being non-partisan and non-judgmental in the language of the resolution. In the words of the WSU School of Medicine students in the local AMA student chapter, “the focus is not a matter of guns; rather, it is a matter of ensuring patient safety and enhancing provider knowledge.” The students kept this in mind while writing the resolution. They presented the resolution to the county AMA chapter, the Wayne County Medical Society, on February 13, 2019, and received a strong support for the premise of both resolutions, but some resistance to one. The resistance was not to mandating questions about having guns in the home but to requiring more physician “training.” Though all physicians in the room, except for one, raised their hands stating that they felt they could benefit from additional training in safe gun storage and methods of counseling patients, their frustration with required Continuous Medical Education credits and Maintenance of Certification caused them to propose a friendly amendment. In order to gain traction on this important issue, the medical students accepted the amendment to provide and develop materials for physicians to counsel patients on safe gun storage.

It is absolutely time for physicians to #StayInOurLane by working together with law enforcement agencies and politicians to advocate for our patients and ourselves. It is sickening to witness preschoolers’ terror during “Active Shooter Drills” or to resuscitate toddlers who are victims of drive-by shootings on local freeways. We will continue doing our jobs caring and advocating for our patients. Without a trace of doubt, our job includes the following:

1. telling our aging patients to remove the bullets from their guns;
2. reminding them to store bullets and guns separately; and
3. stressing the importance to lock weapons out of reach of children/grandchildren.

All of these measures matter for their own safety as well of that of their loved ones. Active advocacy from all professional and community groups will hold those who represent us in Washington accountable!

References