



FROM THE EDITOR

A GUN VIOLENCE MOONSHOT

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"But let's be clear: At some point, we as a country will have to reckon with the fact that this type of mass violence does not happen in other advanced countries. It doesn't happen in other places with this kind of frequency. And it is in our power to do something about it."

—President Barack Obama,
June 18, 2015, after the shooting at Emanuel
AME Church in Charleston, South Carolina

Columbine, CO, Sandy Hook, CT, Aurora, CO, Sutherland Springs, TX, Killeen, TX, Pittsburgh, PA, Las Vegas, NV, Orlando, FL, El Paso, TX. Some of these places I've visited and some I've never heard of before. At least not before they hit the news as places where mass shootings have occurred. The Gun Violence Archive, a nonprofit research group that tracks shootings in the United States, defines a mass shooting as an incident in which four or more people, excluding the shooter, are shot and/or killed in the same location, at roughly the same time.¹ Unfortunately, gun violence no longer seems like a statistically rare event that we will never encounter. At least it's no longer a rare event in the United States. Because of this trend, this month's SGIM Forum is dedicated to the issue of gun violence, its effect on patients and our profession, and what is the role of the general internist.

I used to live in one of the above-mentioned cities. Pittsburgh is a remarkably intimate city where somehow everyone seems to know everyone else. There, one such shooting resulted in the death of the father of my neighbor and another occurred at a synagogue where my family once celebrated the Bat Mitzvah of a family friend. Although these losses did not involve my family or me, they were nonetheless too close. In this issue, one of our colleagues, Dr. Jason Persoff, recalls his nightmare when his son was locked inside school during an active shooter situation. Dr. Persoff uses his experience to reach out to those who advocate for guns to support funding research in gun violence.

You would think that something that has affected so many so profoundly would engender a clear and positive response from our elected leaders to prevent further injury and deaths. But unfortunately, the response to gun violence as a public health issue has become a politically charged one whereby gun advocates argue that restrict-

ing guns equates to restricting personal freedoms and constitutional rights. This has even affected the ability of the scientific community to study it. Drs. Frank and Powell outline in their article the untoward effect of the Dickey Amendment on preventing any federal funding to support research on the causes of gun violence or how to alleviate its effects. It seems that the only thing that can stop a good person with an idea to curb gun violence and its effects is a misguided lobbyist and an amendment.

The National Rifle Association (NRA) unintentionally inspired a new rallying cry when it admonished the American College of Physicians (ACP) to "stay in their lane" after it published a position paper calling for more research on gun violence and its causes. The entire medical community denounced the NRA's admonition and SGIM members were among its most energetic voices. More recently, after even more recent mass shootings, Michael Dowling, CEO of Northwell Health, urged healthcare CEOs to take a stand and take the necessary steps to deal with guns in our patients and to hold our elected officials accountable.²

I hate to think that the most recent momentum after the most recent mass shooting (no need to specify since when we go to press it may already have been supplanted) will be for naught. We have an opportunity as individual healthcare providers, and collectively as organizations, to have an impact by asking our patients about guns in the home, studying the drivers of the current epidemic, and learning how to intervene. If we devoted the same amount of energy and resources that we do to cancer or heart disease, then maybe, just maybe, we may save lives. In 1962, President John Kennedy simply stated, "We choose to go to the Moon." That same conviction and determination is needed now.

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Also in this issue, Drs. Leung and Pendharkar discuss the role of the internists in preventing gun related suicide deaths, a book review of *Trauma-Informed Healthcare Approaches: A Guide for Primary Care*, the remarkable story of the pioneering lives and work of Drs. Sabin and Ford, and a Morning Report of a not-so-typical fever.

References

1. Gun Violence Archive. General methodology. <https://www.gun-violencearchive.org/methodology>. Accessed September 15, 2019.
2. Dowling M. Enough is enough. I'm calling on health care CEOs to take a stand on gun control. CNN Business Perspectives. https://www.cnn.com/2019/08/22/perspectives/gun-control-healthcare-ceo/index.html?dm_i=1Y9P,6FZI9,M-5CICD,PJR8J,1. Published August 22, 2019. Accessed September 15, 2019.

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