

**Senator Dick Durbin**  
**Chair, Senate Judiciary Committee**  
**Written Questions**  
**Hearing on “Constitutional and Common Sense Steps to Reduce Gun Violence”**  
**March 30, 2021**

**Questions for Dr. Selwyn Rogers**

1. Over the last two years, Congress has allocated \$25 million per year for the Centers for Disease Control and the National Institutes of Health to spend on gun violence research. This was the first time since 1996 that the CDC and NIH had spent money for gun violence research because the so-called Dickey Amendment was interpreted to prohibit it. We’ve clarified that now, and the fact that we have been able to achieve some funding is progress.

**But is \$25 million per year enough for gun violence research, particularly in light of the fact that overall the NIH spends over \$42 billion per year on medical research?**

**I wholeheartedly agree that a significantly greater amount of the NIH budget should be allocated to addressing firearm-related injury. Because the impact of intentional firearm injury disproportionately affects a younger population, the total number of life-years lost is considerable. If federal research funding was more commensurate with years of life lost compared with funding for cardiovascular disease, for example, significantly greater dollars would be allocated to this public health problem. Furthermore, the solutions for firearm related injuries will differ between intentional injuries and self-inflicted injuries. Cost econometric analyses could be an approach to balance the scales of resource allocation instead of the result of lobbying. Cancer and cardiovascular disease get the most funding. However, trauma from all mechanisms is the leading cause of death from ages 1-44.**

2. Hospitals treat gunshot patients after they are injured, and we are grateful for it. But hospitals can also play a role in helping prevent violence in the neighborhoods in which they are located.

A few years ago, I started going around to the major hospitals in Chicago to see how they could help address the root causes of the gun violence crisis.

Since our health is fundamentally shaped by the dynamics of where we live, work, and learn, we started talking about ways that hospitals could reach out beyond their walls into the surrounding neighborhoods. For example, how they could hire more neighborhood residents, give preference to vendors and suppliers who locate in the neighborhood, and take public health into the streets to try to find out why there is a 16 year difference in life expectancy within several stops along the Blue Line in Chicago. This effort became what is now known as the HEAL Initiative.

**Can you discuss what hospitals can do to help address root causes of gun violence?**

**Hospitals play a critical and essential role in treatment of firearm related injuries AFTER they have occurred. However, hospitals and health systems can play larger roles in both patient’s recovery but, perhaps more importantly, in primary prevention. Hospitals can invest in hospital-based violence intervention programs that attempt to prevent retaliatory violence through utilization of community “interrupters” or community based organizations that help to mediate conflicts and avert retaliatory violence. These same programs can provide wrap around services that assist patients and their families with accessing mental health services, vocational training, and other social network services. Given that intentional violence is often driven by social and structural determinants of health such as poverty, educational disparities, social cohesion, living conditions, and access to quality medical care. Hospitals are powerful organizations in most communities and can also serve as an advocacy arm for the communities that they serve around policies that lead to a more just and fair system. Finally, hospitals can serve as a convener for groups that want to engage the community on issues of firearm injuries whether from interpersonal conflict or suicides.**

3. There has been a dramatic increase in gun sales during the COVID-19 pandemic. There was a 64 percent increase in gun sales in 2020 compared to 2019, with 23 million guns sold overall last year.

At the same time, COVID has exacerbated many stresses in American life – increased unemployment, social isolation, kids home from school, and of course more than half a million Americans dead from this awful disease.

**Can you talk about the challenges we face when you have all these stress factors combined with the increased presence of guns in the home?**

Undoubtedly, Covid-19 has been a world-wide disrupter to our health, social fabric, and economic base. The common end result is increased stress on everyone. Although a large segment of the United States population believes that gun ownership makes them feel more safe and provides added protection for personal property, especially during uncertain times, in fact, data supports that gun ownership makes individuals and households with guns less safe. The risk of guns not properly secured leads to accidental discharges that lead to harm. Furthermore, given that the majority of suicides are conducted by guns, possession of a gun places individuals who have suicidal ideation at more risk of killing themselves. As the pandemic has marched on, the mental health impacts continue to reverberate. I would be concerned that the rates of suicides will only increase during the pandemic and persist long after the pandemic ends.

**Questions for the Record from Senator Charles E. Grassley**  
**Hearing on “Constitutional and Common Sense Steps to Reduce Gun Violence”**  
**March 23, 2021**

*Dr. Selwyn O. Rogers, Jr.*

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1. You have stated we should view gun violence as a public health crisis and must address it with the same urgency as COVID-19. During the last year, Americans have made tremendous sacrifices in their daily lives and freedoms at the recommendation of medical experts. In retrospect, not all of those limitations were necessary or helpful. Should medical experts have a greater voice than other Americans on what the limits of the Second Amendment should be?

First, I must address that the fact that Covid-19 was a novel virus where there was a great deal that was not known. By its very nature, science is an iterative process. The challenge of getting a person to the moon required multiple scientific breakthroughs and some failures along the journey. Science is not infallible but medical professionals, public health experts, and scientists made the best recommendations for a new disease based on information that was available. As to the premise that medical experts should have a greater voice than other Americans on what limits there should be on the Second Amendment, this is a false assertion. Medical experts are committed to providing the highest level of care to the patients that they serve. It just so happens that over 40,000 Americans are killed each year by firearms, including homicides and suicides, and many thousands more are harmed with lifelong harmful effects. My remarks were not meant to construe restraints on any individual’s second amendment rights. With that in mind, my individual views are no greater than those of other voices. However, as a trauma surgeon who sees the ravages of gun violence and the impact on families and communities, I speak up so that we can find solutions to the problem that is a uniquely American one. Addressing social determinants of health such as poverty, educational and economic disparities would be an important remedy to move upstream to tackle the problem. Addressing mental wellness and providing mental health services as well as passage of laws that make it more difficult for those with suicidal ideation to own or purchase a gun would decrease the morbidity and mortality from firearm possession.

2. You have compared the problem of gun violence to the problem of tuberculosis, both having seemed intractable at some point. As you well know, tuberculosis has largely been contained within the United States through a combination of vaccination and medication. With gun violence, the vector of transmission is crime. Crime is treated by police officers, rather than doctors. Do you agree? If you agree, isn’t the best cure for gun violence a fully funded police force?

Thank you for extending this analogy. As it turns out, unlike infectious diseases, firearm injuries are much more complicated as there is not a single vector. Suicide, which takes twice as many lives as intentional firearm related injury, cannot be averted by a fully funded police force.

Having a police officer in everyone's home is not practical nor fundable. As to the issue of crime as a vector, intentional violence is multifactorial and complex. The combination of social and structural determinants such as racism, discrimination, lack of economic opportunities, educational disparities, adverse childhood experiences to trauma, the built environment and lived experiences all contribute to intentional gun violence. Without tackling those issues, intentional violence continues. In my own city of Chicago that invests billions of dollars on its police force, the homicide clearance rate hovers around 20%. As Chicago Police Department Superintendent Brown asserts, the police cannot be effective without stronger community partnerships. It is challenging for police departments to solve crimes if there is not trust in the police department. I am not advocating for defunding of police but would argue for re-imagining the police in the context of public safety.

