August 22, 2019

The Honorable Mitch McConnell  The Honorable Charles Schumer
Majority Leader    Minority Leader
317 Russell Senate Office Building  322 Hart Senate Office Building
Washington, DC 20510   Washington, DC 20510

Re: Senate Action on Gun Safety Legislation and Prevention Research Funding

Dear Majority Leader McConnell and Minority Leader Schumer,

As members of the Big Cities Health Coalition (BCHC), a forum for leaders of America’s largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents, we the undersigned, urge the Senate to take immediate action to (1) fund public health-based gun violence prevention research, and (2) enact the bipartisan gun safety legislation recently passed in the U.S. House of Representatives. Collectively, BCHC member health departments impact the lives of nearly 62 million, or one-in-five, Americans.

Guns killed nearly 40,000 Americans in 2017. Already in 2019, there have been over 250 mass shootings. The tragic events in El Paso and Dayton the weekend of August 3rd are the most recent reminders that the federal government must act to protect the American people as it has done in other epidemics. That same weekend, more than 40 people were injured and nine lives were lost in Chicago alone to gun violence not classified as a “mass shooting.”

This level of violence in our communities is unacceptable. BCHC’s policy priorities to address and prevent violence (attached) include enacting commonsense laws to reduce access to guns, particularly among youth and those most at risk of harming themselves or others, positions that the vast majority of Americans support as well.

Local health departments are responsible for protecting the health and well-being of residents within their jurisdictions. They address the epidemic of violence, and its consequences, each and every day. Health officials work to implement best practices around violence interruption, such as intervening to stop retaliatory violence, supporting trauma-informed care, and addressing the social determinants of health, i.e. income, housing, and education.

Approaching violence as a public health issue means searching for the root causes of this epidemic and using data, tools, and evidence-informed best practices to address those causes. It means creating communities where residents can be healthy and safe, with access to quality education for kids and good jobs for families.

Often, our work is hindered by a lack of resources to research gun violence prevention efforts. This scarcity of research, and funding for research, is particularly troubling, as deaths due to firearms in the U.S. continue to rise. We urge Congress to provide CDC with a minimum of $50 million per year specifically for firearm prevention research, as part of the appropriations process. If provided annually, this funding could support the creation of 10 to 20 large multi-year studies each year (or even more single-year studies), and the rebuilding of a research community that has shrunk in the decades since the Dickey Amendment was enacted.
What research has been done provides evidence that background checks reduce violent crime, homicide, and suicide. In February, the House of Representatives passed two responsible, practical, firearm safety bills with bipartisan support. H.R. 8, the Bipartisan Background Check Act, would close loopholes in the background check system, and H.R. 1112, the Enhanced Background Checks Act, would extend the background check review period from three to 10 business days to ensure that background checks are completed before weapons are sold. This bill would close the “Charleston loophole,” wherein the shooter at the Emanuel AME Church in Charleston should have failed his background check, but because it was still being processed after three days, the dealer lawfully proceeded with the sale.

Swift passage of these bills, as well as funding true public health prevention research related to firearm injury, is a critical step in reducing gun violence injury and death. The Big Cities Health Coalition is ready to work with Congress, the Administration, and others to develop and enhance evidence-based, data-driven solutions to address violence across the country. We look forward to working with you to best protect our residents from this devastating epidemic.

Please do not hesitate to reach out to Chrissie Juliano, Executive Director of BCHC (juliano@bigcitieshealth.org or 301-664-2989) on our collective behalf for additional information.

Sincerely,

Kelly Colopy, MPP
Chair, BCHC and Director, Long Beach Department Health of Health and Human Services

Oxiris Barbot, MD
Co-Chair, BCHC Violence Working Group and Commissioner, New York City Department of Health and Mental Hygiene

Gretchen Musicant, MPH, BSN
Co-Chair, BCHC Violence Working Group and Health Commissioner, Minneapolis

CC: The Honorable Richard Shelby
  The Honorable Patrick Leahy
  The Honorable Lindsay Graham
  The Honorable Dianne Feinstein
Rex Archer, MD, MPH
Director of Health, Kansas City

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Public Health Director, Alameda County Public Health Department

Stephen Williams, MEd, MPA
Director, Houston Health Department

1: CDC, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Aug 8,

2: https://www.gunviolencearchive.org/